A report on a pilot study on destitution amongst the migrant community in Malta

Jesuit Refugee Service Malta

Malta, March 2010
This report contains the main findings of a qualitative pilot study undertaken by the Advocacy Network on Destitute Forced Migrants in order to gain a clearer picture of the situation of destitute migrants, or migrants at risk of destitution in Malta. It explores the correlation between current law and policy and the situation of destitute migrants in Malta. This study is based on twenty-six interviews with migrants, which collected detailed information on accommodation, health, employment, and education.

The study shows that there are several causative and contributing factors that increase migrants' vulnerability to destitution. These stem from the current legal situation which does not clearly specify the content of core welfare benefits to which asylum seekers and beneficiaries of subsidiary protection are entitled, and some elements in the current welfare policy affecting entitlements to accommodation and allowance benefits.

The main findings of this study show that the procedure for re-admittance into the welfare system, once a service agreement is terminated, only works on an exceptional basis making it very difficult for migrants who are in need to obtain some form of assistance. Another main finding is that the allowance benefits given are not enough to cover basic subsistence costs, and families with children do not benefit from children’s allowance in an adequate manner. Migrants also have difficulty in accessing certain medical services and have very limited alternatives with regards to accommodation once their service agreement with an open centre is terminated. In addition, the welfare system currently in place discourages self-sufficiency and creates obstacles to independence and integration by presuming that it is easy for migrants to find stable employment.

The report makes a number of recommendations which attempt to address the situation from a threefold perspective: short-term, medium-term, and long-term. There are four short-term recommendations dealing with the criteria for termination of service agreements and re-admission into the welfare system, the assessment of requests for re-admission, the linking of allowance benefits to status rather than accommodation in an open centre, and children’s allowance.

Medium-term recommendations focus on the revision of the per diem allowance which migrants who do not benefit from refugee status receive, incentives to move into independent accommodation, more effective access to medical care, and how the welfare system should take into account the temporary nature of migrant employment in Malta.

The long-term recommendations require a shift in the approach towards integration by suggesting that material conditions of open centres be improved, specialized support be given to vulnerable migrants, and educational entitlements be clarified. A revised welfare system should particularly address the needs of beneficiaries of subsidiary protection who have clear entitlements at law and who should be integrated into the national welfare system.
Advocacy network on destitute migrants (ANDES)

The ANDES project was initiated by the Jesuit Refugee Service (JRS) Europe some years ago. Building on its study of destitution in Europe entitled We Are Dying Silent, funded by the European Programme for Integration and Migration (EPIM), JRS Europe aims to create a coalition of key actors in this area to highlight the topic of destitution at EU level.

Under the EPIM 1 programme, which ran from 2006 until 2007, JRS Europe highlighted the situation of destitute forced migrants. The study We Are Dying Silent identified a large group of forced migrants – many of whom were people whose asylum claim was rejected, but who for good reasons, could not be returned. It highlighted a situation where migrants are caught in a legal vacuum and fall through the cracks of the system. The study showed that, for seven countries, there was a large group of people who, because of their non-status, had no access or only limited access to health care, housing, education, accommodation and social services. The prolonged poverty led to despair, withdrawal and depression. Human rights became dependent on legal status.

JRS Europe is building upon We Are Dying Silent under EPIM 2, which started in 2008 and will end in 2010. The aim is to inform press and policy makers that the poverty of migrants is a result of shortcomings of migration policies, and to promote the inclusion of destitute migrants in integration policies with relevant stakeholders. JRS Europe organised national events through the various JRS offices in order to bring together a large number of stakeholders, and to conclude with a European conference. Each JRS national office organized a national event addressing the problem of destitution amongst forced migrants, particularly in the areas of accommodation, healthcare, employment, and access to education.

The working definitions relative to this project are the following:

- **Destitution:** “Destitution” describes a situation of lack of means to meet basic needs such as shelter, food, health or education as a consequence of a State’s policy which excludes certain migrants from enjoying basic rights and receiving official assistance or severely limits their access to such assistance and, simultaneously, deprives them of any effective opportunity to improve that situation, resulting in a continuing denial of the dignity of the person.
- **Forced migrant:** A “forced migrant” is a person who is living in a country without holding the country’s citizenship and cannot return to the country of origin in safety and dignity because of reasons such as danger of political persecution or other human rights violations, danger for life or health, lack of travel documents, or lack of transport possibilities.

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1 The European Programme for Integration and Migration (EPIM) is an initiative of the Network of European Foundations (NEF). It was launched in 2005 by a group of foundations from different European countries with the aim of strengthening the role played by NGOs active on migration and integration issues in advocating for a European agenda that benefits migrants and host communities.
Due to the particularly sensitive nature of the subject of migration in Malta, where public opinion is very critical of irregular migrants and government expenditure on asylum and migration issues, JRS Malta opted to strengthen existing cooperation amongst NGOs and other organizations working in the field rather than hold a public event, since it was felt that this would be more effective and beneficial to migrants and asylum seekers in the long-term.

In September 2009, JRS Malta set up a network of local organizations called Advocacy Network on Destitute Migrants (named after the project itself and hereinafter referred to as ‘the Network’) to study the problem of destitution amongst migrants and advocate for changes in the law and policy that will ensure that migrants are able to live with dignity. The goal of the Network is to address the problem of destitution among undocumented migrants and persons linked to the asylum procedure, with a view to improving their access to education, healthcare, accommodation and employment.

The goal would be achieved through:

- Monitoring the problem of destitution and engaging in a social and legal analysis of the various issues involved;
- Exploring possible policy options and making policy recommendations to national authorities;
- Engaging in dialogue with national authorities with a view to obtaining policy changes at the national level, and encouraging consultation with as broad a range of stakeholders as possible in the creation of national policy;
- Organizing public events aimed at raising awareness of the issue and promoting policy changes;
- Working with other European partners to bring the issue of destitution of undocumented migrants and asylum seekers to the European level.

The Network aims to build a coalition for advocacy purposes by bringing together those who provide services to destitute migrants. It is hoped that the Network will continue to operate beyond the lifetime of the JRS Europe project since the ultimate aim is to establish a long-term mechanism to monitor destitution and make sound policy recommendations.

JRS Malta coordinates the Network. The organizations that are formally participating are: the International Organization for Migration (Malta Mission), Moviment Graffitti, and the General Workers’ Union (Migrants’ Section). The United Nations High Commissioner for Refugees (Malta Office) is assisting the Network on the first pilot study which was undertaken to assess the situation and the extent of the problems affecting destitute migrants.

In an attempt to document the reality on the ground and to try to obtain a deeper understanding of the underlying causes of destitution, the Network undertook a preliminary study between September 2009 and February 2010. It is hoped that this pilot study will develop into a larger research project in an attempt to have an even more comprehensive picture of the situation of destitute migrants.

The ANDES national event in Malta

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Aim of the study

The aim of this pilot study is to obtain a clearer picture of the extent of the problem of destitution amongst migrants in Malta, and to identify the most pressing issues which these migrants, a number of whom are beneficiaries of international protection, are facing.

The study covers migrants who are destitute or who are at risk of destitution. The working definitions used are those described in the definitions above. The purposes of recording cases of destitution are the following:

- To have a recorded sample of known cases and their nature;
- To identify the most pressing issues so as to be in a position to make recommendations;
- To present the relevant authorities with concrete examples when discussing specific issues.

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Forced migrant: A “forced migrant” is a person who is living in a country without holding the country’s citizenship and cannot return to the country of origin in safety and dignity because of reasons such as danger of political persecution or other human rights violations, danger for life or health, lack of travel documents, or lack of transport possibilities.
This pilot study spanned over a period of five months, from September 2009 until February 2010. The research is qualitative and delves into a number of issues: accommodation, health, employment, and education. During the study, a total number of twenty-six cases were recorded. JRS Malta recorded sixteen cases whilst IOM and UNHCR recorded five cases each. One of the cases was a married couple. However, for the purposes of data collection, couples were counted as individuals. All interviewees arrived in Malta in an irregular manner and were detained upon arrival.

The methodology used for the study varied depending on the location of the interview and the organization conducting the interview. JRS Malta conducted all interviews at its offices and used a purposive sampling strategy by applying prior knowledge to target individuals that fell within the given definition of destitution. IOM also conducted all interviews at its offices; however the selection of the sample was different. IOM staff asked migrants who visited the offices if they were willing to participate in the study without necessarily having prior knowledge as to whether the individuals fit the given definition or not. UNHCR conducted all interviews at open centers where it offered services and used a semi-random sample. Individuals were not selected on the basis of prior knowledge but only after they willingly approached the UNHCR representative to seek assistance on a particular issue. The UNHCR representative then assessed whether their situation fell within the given definition and the purposes of the pilot study. For the purposes of the study, the results were put together even though the methodologies used by the participating organizations were different.

A recording tool was developed to document particular cases involving destitute migrants or migrants at risk of destitution. Individuals were asked open-ended questions about the situation with reference to their health, accommodation, employment, and education, and their answers were then recorded. Particular emphasis was made on any problems or difficulties they faced in any of the four areas described and whether the situation was solved or not. They were also asked to explain and describe what means of survival they have available for themselves and whether they get any assistance.

The identity of the individuals interviewed is confidential and the data given by these individuals to the participating organizations is used solely for the purposes of this pilot study.

LIMITATIONS OF THE STUDY
The sample of individuals interviewed is not representative of all the migrant population in Malta. It is a small sample since this a pilot study that sought to obtain detailed data on certain issues in order to identify the causative and contributing factors to migrant destitution in Malta. It is hoped that this pilot study will encourage further research in the hope of developing policy tools to reduce the risks of destitution within the migrant population.

The sample does not contain an equal number of men and women. In fact, only four women were interviewed in this pilot study. The reason for this is that it was decided a priori that gender difference at this stage of the research would not be a determining factor. It was considered that identifying the main issues leading to destitution would be the overriding factor in this pilot study, and gender issues would be explored at a later stage.

The results of this study must be interpreted in the context of the different methodologies used by the various organizations. Essentially, the organizations involved were approached by migrants who had some kind of problem and needed specialized assistance. This fact alone restricts the sample, since those migrants who approached the respective organizations are those who are not integrated within mainstream society.
The following are the basic details of the recorded cases:

### Country of origin

<table>
<thead>
<tr>
<th>Country of origin</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>West African countries</td>
<td>5</td>
</tr>
<tr>
<td>East African countries</td>
<td>19</td>
</tr>
<tr>
<td>Maghreb countries</td>
<td>2</td>
</tr>
</tbody>
</table>

### Sex

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>23</td>
</tr>
<tr>
<td>Women</td>
<td>4</td>
</tr>
</tbody>
</table>

### Age

The age of the interviewees ranges from 20 to 50, with the majority of interviewees being in the 31 - 40 age bracket.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 – 20 years</td>
<td>1</td>
</tr>
<tr>
<td>21 – 30 years</td>
<td>9</td>
</tr>
<tr>
<td>31 – 40 years</td>
<td>13</td>
</tr>
<tr>
<td>41 – 50 years</td>
<td>4</td>
</tr>
</tbody>
</table>

### Legal status

<table>
<thead>
<tr>
<th>Status</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asylum Seekers</td>
<td>3</td>
</tr>
<tr>
<td>Subsidiary Protection</td>
<td>17</td>
</tr>
<tr>
<td>Temporary Humanitarian Protection</td>
<td>1</td>
</tr>
<tr>
<td>Rejected Asylum Seekers</td>
<td>6</td>
</tr>
</tbody>
</table>

### Accommodation

<table>
<thead>
<tr>
<th>Accommodation Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>AWAS open centre (including Marsa open Centre)</td>
<td>9</td>
</tr>
<tr>
<td>Non-AWAS homes</td>
<td>7</td>
</tr>
<tr>
<td>Independent accommodation</td>
<td>7</td>
</tr>
<tr>
<td>Homeless</td>
<td>4</td>
</tr>
</tbody>
</table>

For the purposes of this research, the category of homeless persons includes those who are living on the street, those residing with friends, and those unofficially residing at open centers.

### Financial situation

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full allowance only</td>
<td>11</td>
</tr>
<tr>
<td>Reduced allowance only</td>
<td>3</td>
</tr>
<tr>
<td>Reduced allowance and aid from family/friends</td>
<td>2</td>
</tr>
<tr>
<td>No allowance but aid from family/friends</td>
<td>7</td>
</tr>
<tr>
<td>No allowance</td>
<td>6</td>
</tr>
</tbody>
</table>

Some interviewees fall within more than one description depending on their experience.

### Returnees

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never travelled</td>
<td>19</td>
</tr>
<tr>
<td>Dublin II returnee</td>
<td>7</td>
</tr>
<tr>
<td>Voluntary returnee</td>
<td>1</td>
</tr>
</tbody>
</table>

### Family situation

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>9</td>
</tr>
<tr>
<td>Single with family</td>
<td>1</td>
</tr>
<tr>
<td>Married and spouse/family in Malta</td>
<td>6</td>
</tr>
<tr>
<td>Married and spouse/family abroad</td>
<td>11</td>
</tr>
</tbody>
</table>

### Employment

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployed</td>
<td>16</td>
</tr>
<tr>
<td>Short-term/seasonal employment</td>
<td>2</td>
</tr>
<tr>
<td>Irregular employment</td>
<td>2</td>
</tr>
<tr>
<td>Stable employment</td>
<td>1</td>
</tr>
<tr>
<td>Cannot do heavy manual jobs</td>
<td>6</td>
</tr>
</tbody>
</table>

### Health situation

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy</td>
<td>12</td>
</tr>
<tr>
<td>Chronic diseases</td>
<td>4</td>
</tr>
<tr>
<td>Non-chronic diseases</td>
<td>5</td>
</tr>
<tr>
<td>Serious injury</td>
<td>6</td>
</tr>
</tbody>
</table>
Main findings of the study

All the persons interviewed were facing situations of severe hardship and the following emerged as causative or contributing factors that increased their vulnerability to destitution.

1. Lack of consistency in the criteria employed by open centres for the termination of the service agreement

An Integration and Service Agreement between the Agency for the Welfare of Asylum Seekers (AWAS) and its residents guarantees accommodation and allowance and it can be terminated once it expires. However, it can also be terminated for the following reasons: if there is a failure to register at the relevant centre for 3 weeks, or failure to pay the contribution for 3 weeks. Failure to abide by the centre’s rules also leads to termination of the agreement.

This study shows that in practice, the reasons given to residents for the termination of their service agreement are not always explicitly stated, and at times they seem not to take into account a resident’s vulnerability. There is a lack of consistency in the criteria adopted by open centres when terminating a resident’s service agreement, with some centres appearing to adopt a far more restrictive approach than others.

2. Persons are re-admitted into the AWAS system only on an exceptional basis

It is extremely difficult for individuals who lose their place in an AWAS open centre, and who consequently have no place to sleep and no allowance to sustain themselves, to be re-admitted into the system after making their request to the AWAS main office.

One interviewee claimed, “When I was released from detention I was placed in the Hal Far Tent Village. I left the tent village after four months and went to live in the Marsa Open Centre because it was cold and I could not stand the conditions at the tent village. At the time I was working in construction so I just left. Eventually I had to stop working in construction because of a serious back problem. I tried woodwork but even that started causing problems to my back. I went to Block C [AWAS main office] and to Hal Far to ask them to give me an allowance again. But I never received anything.”

3. Limited follow-up by AWAS

The results of the study show that there is limited follow-up by AWAS when migrants themselves request to be re-admitted into the AWAS system, or when referring organizations make the request on their behalf. The reasons for the rejection of the request are not always clear or, in some cases, not given at all. Feedback from AWAS is difficult to obtain, although referring organizations at times receive concrete replies on specific cases and on an exceptional basis.

4. Receiving an allowance is dependent upon accommodation

As a rule, migrants only receive an allowance if they are residents in an open centre. Residents in open centres have different forms of legal status, yet all are subject to losing their allowance once their service agreement is terminated. At the time of interviewing only one interviewee had been re-admitted into the system. This situation causes problems, as individuals might still need an allowance even after they are no longer residing in an open centre.

Persons who have temporary or seasonal jobs have no access to an allowance in between jobs or during periods of time when their job is on hold. In addition, some AWAS open centres are not adequate for the needs of particular vulnerable people with little or no alternatives offered to them. Consequently, some people are forced to live with friends in the community thus losing all their allowance benefits.

With the current system that is in place, it is not possible to get some form of allowance unless an individual is re-admitted into the AWAS accommodation system, in spite of the possibility of being able to live in independent accommodation with friends until work is available.
5. The allowance is not sufficient to cover basic needs

The study shows that the allowance given to persons who do not benefit from refugee status, who have medical conditions, or who have a disability, is not sufficient. A number of persons with medical vulnerability are being requested to purchase their own medicines and to pay for certain medical services. At times, these individuals are also receiving the reduced allowance because they are returnees. One beneficiary of subsidiary protection said, “I have a medical certificate certifying I am a diabetic and I take medication three times daily. Due to my low allowance I cannot afford to the right food. This certificate also specifies that I need a special diet…”

6. Reduction of the allowance for returnees

A resident’s allowance is reduced if he/she has travelled abroad and returned to Malta. The reduction of the allowance is difficult to justify as there is no legal or logical basis for reducing a very minimal allowance intended for subsistence (particularly for beneficiaries of international protection), simply because one has travelled outside of Malta. An interviewee who is a beneficiary of subsidiary protection recounted his experience after he returned from abroad, “I went abroad to find a job since I couldn’t find one in Malta. I spent two months there, and then returned voluntarily. My fingerprints were not taken. I paid for my flight, I came back by myself. The problem is that they deducted my allowance from €130.48 to €81.48 because I left Malta. I have to take medicine because of my condition… how am I supposed to manage like this? I need money to buy food… I cannot work since I am an old man. I cannot work in construction like other migrants.”

Another interviewee who also has subsidiary protection explained that he travelled abroad to meet his wife and child. His allowance was reduced and he does not have a job.

The study suggests that the policy of reducing allowance for returnees exacerbates the vulnerability of some individuals, for example those who need to purchase medicines or who have some other special needs.

7. Families with children do not receive children’s allowance

Families with children that are not within the AWAS system, where one spouse works and the other looks after the children, do not receive any kind of children’s allowance. In addition, if a family is no longer receiving any allowance because their service agreement has been terminated, this also means that the children are not getting any allowance or benefits at all.

8. Difficulty accessing medical services

Individuals without refugee protection, including beneficiaries of subsidiary protection, in a number of cases, do not have access to free medical services and must purchase their medicines using their allowance, which is not even enough for their daily subsistence. One interviewee claimed that the only way he can obtain medicine is through charity, “I have health problems so I cannot work easily. So my friends have to work and take care of me. The doctor gave me prescription medicine but I could not afford to pay for it. I managed to get my medicine thanks to a non-governmental organisation that paid for it.”

There is also a lack of clarity on medical entitlements. Another interviewee suffering from diabetes and who is a beneficiary of subsidiary protection said, “The government pharmacy told me that I cannot get the medicine I need for free because I do not have refugee status. Free medicine is only available to people with refugee status.”

Another problem is that health authorities do not always respond in time to migrants’ needs, especially those with mental health issues. An interviewee who is a beneficiary of subsidiary protection told of his experience of depression after he was released from detention: “I told the doctor about the conditions of the open centre. He said it is up to the management of the open centre and not up to him. I then told him about my depression problems and my situation and he completely ignored me, he didn’t refer me to anyone or give me another appointment. I went several times and then I managed to find another doctor who gave me an appointment five months later. Then my agreement was terminated and my situation got much worse before I saw the doctor.”
9. Very limited alternatives to open centres
There are very limited alternatives for migrants with regards to accommodation. The most vulnerable persons face constant doubt as to whether their service agreement will be renewed. An asylum seeker, whose service agreement had expired, said, “When we were living in the open centre we were ordered to leave because other people were going to be placed there so we have to give up our place. I told the management that I do not have any money but my husband is looking for a job.” Since the family’s service agreement was terminated they were no longer entitled to an allowance, “We cannot afford anything. I have to use cloth instead of nappies for the children. When I went to Block C in Floriana [AWAS main office] to ask for an allowance for the baby, they said they couldn’t help… Till today, I have not found any help.”

The system presumes that it is easy for migrants to find work and that work is available during all times of the year. Conversely, most work available for migrants is temporary and on a seasonal basis. It is therefore clear that individuals are very likely to be unemployed on a regular basis, and the current system fails to acknowledge this reality. As one interviewee put it, “I do not have a job and I am 50 years old. I don’t think I will be able to find a job in construction. I walk to different towns everyday to look for a job. But until today I have not managed. I cannot be self-sufficient and have to rely on charity.”

Another interviewee claimed that doctors told him he has a muscular problem so he cannot do any heavy lifting. This excludes him from being able to get a job in construction or other manual jobs which are usually available to migrants.

10. The system discourages self-sufficiency
Some individuals leave the AWAS open centres because they manage to find temporary employment and rent their own accommodation. Upon losing their job, they can no longer pay the rent and have no other alternative but to try and be re-admitted in the AWAS system, which is, in itself, extremely difficult. This situation is discouraging migrants from becoming self-sufficient and moving into independent accommodation due to the lack of financial security when they are made redundant. They feel they are better off not working and keeping a bed and allowance, than working for a short while and living on their own while risking remaining with nothing. In addition, many of the migrants in this situation are beneficiaries of subsidiary protection and are therefore entitled to “core welfare benefits” according to the EU Qualification Directive.4

According to the Integration and Service Agreement unemployed residents must register at their respective open centre every Monday, Wednesday, and Friday between 0930 hrs and 1300 hrs. However, those who do venture out and look for a job risk having their agreement terminated and losing their allowance. One interviewee said, “I resided in Hal Far Tent Village for one week after I was released from detention and then moved to the Marsa Open Centre because it is easier to look for work from there. I only got one cheque because after that I never signed regularly at the open centre because I was out looking for work.” The current registration system is therefore creating further obstacles for migrants to take the initiative and seek employment.

11. Material conditions in open centres
Some of the AWAS open centres are not adequate for vulnerable persons, especially those with particular medical conditions. The material conditions in some of the open centres are detrimental to the health some individuals, and there is no alternative accommodation. In addition, some individuals cannot work because of their medical condition and consequently do not have the possibility of moving into independent accommodation which would be minimally adequate for their needs.

One interviewee claimed that he could no longer reside in a particular open centre because he had a medical condition and he was not getting better due to the material conditions in the centre: “In the beginning I was taking my medication from

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4 Council Directive 2004/83/EC of 29 April 2004 on minimum standards for the qualification and status of third country nationals or stateless persons as refugees or as persons who otherwise need international protection and the content of the protection granted.
the social worker… I had explained to him that the conditions in the centre were not good and I cannot stay there because of my medical situation and asked to be moved to another place. I even presented a doctor’s certificate saying that I needed to be moved to another place… This went on for months so I went to live with some friends until I get better. Eventually the social worker told me that he will try and arrange for me to start signing in Floriana [main AWAS office]. The social worker told me that he would speak to his superiors, but I never heard anything about the situation again. Some time later I asked him whether there were any developments and he said that he is still looking into it. By then, I was asked to leave the open centre.”

12. Lack of clarity on the content of right to education
Access to state education is hindered by the lack of clarity on the content of the rights of beneficiaries of subsidiary protection and asylum seekers, both on the part of beneficiaries and asylum seekers themselves, as well as educational institutions.

All the migrants interviewed claimed that they are not aware of their entitlements to education. In addition they claimed that even though they would like to get an education, they have more immediate problems relating to accommodation and basic survival, and before these can be addressed they feel they will never be in a position to have access to education.
The population of migrants at risk of destitution is made up of people with different forms of legal status, including asylum seekers, beneficiaries of subsidiary protection, and rejected asylum seekers who cannot be returned to their country of origin.

Some of the above-mentioned persons have specific rights at law. Although national law provides that beneficiaries of subsidiary protection shall enjoy “core social welfare benefits” and “core state medical care”, it fails to accurately identify and specify the content of such “core benefits”. Therefore, there is an absence of clarity on what the rights of beneficiaries of subsidiary protection actually consist of in practice.

The Preamble to the EU Qualification Directive states that: “(34) With regard to social assistance and health care, the modalities and detail of the provision of core benefits to beneficiaries of subsidiary protection status should be determined by national law. The possibility of limiting the benefits for beneficiaries of subsidiary protection status to core benefits is to be understood in the sense that this notion covers at least minimum income support, assistance in case of illness, pregnancy and parental assistance, in so far as they are granted to nationals according to the legislation of the Member State concerned.”

Article 28 of the same Directive states:
“1. Member States shall ensure that beneficiaries of refugee or subsidiary protection status receive, in the Member State that has granted such statuses, the necessary social assistance, as provided to nationals of that Member State.

2. By exception to the general rule laid down in paragraph 1, Member States may limit social assistance granted to beneficiaries of subsidiary protection status to core benefits which will then be provided at the same levels and under the same eligibility conditions as nationals.”

The findings of this pilot study and the experience of the organizations working in the field clearly shows that the current system does not provide the necessary social assistance or welfare benefits to beneficiaries of subsidiary protection. According to the Social Security Act Maltese nationals receive social assistance considered to be the minimum required to live with dignity. A household of only one eligible member receives a minimum of €87.67 per week, i.e. €12.53 per day. This can be understood to be a core benefit, in other words the minimum financial support required for survival. It is therefore difficult to reconcile a situation where beneficiaries of subsidiary protection who receive a daily allowance of €4.66 to the provisions of Article 28 of the EU Qualification Directive.

Asylum seekers too are often at risk of destitution, in spite of the guarantees provided in the Reception of Asylum Seekers Regulations. Asylum seekers have a right to material reception conditions to ensure a standard of living adequate for the health of applicants and capable of ensuring their subsistence.

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5 In terms of the Procedural Standards in Examining Applications for Refugee Status Regulations, 2008, beneficiaries of subsidiary protection have specific statutory rights. They are entitled to freedom of movement and a residence permit for a period of one year; travel documents enabling him or her to travel especially when serious humanitarian reasons arise that require his or her presence in another state, access to employment, subject to labour market considerations, core social benefits, appropriate accommodation, integration programmes, State education and training, and to receive core State medical care, especially in the case of vulnerable groups of persons. Dependent family members of a person granted subsidiary protection, if they are in Malta at the time of the decision, enjoy the same rights and benefits as the person enjoying subsidiary protection.

6 Council Directive 2004/83/EC of 29 April 2004 on minimum standards for the qualification and status of third country nationals or stateless persons as refugees or as persons who otherwise need international protection and the content of the protection granted.

7 Sixth Schedule of Social Security Act, Chapter 318 of the Laws of Malta.
There are groups of rejected asylum seekers who cannot be returned to their country of origin and whose stay in Malta is tolerated by the immigration authorities. As their rights are not specifically regulated by law, and the support provided in terms of current policy is more limited than that provided to other categories of migrants, they are at even greater risk of destitution and poverty, including homelessness. This situation, in turn, could exacerbate an individual’s vulnerability to other forms of harm, such as prostitution or human trafficking.

“There from the beginning, since I was in detention, I was suffering from depression. I always told the doctors. But then after all this happened it got worse. I was without a job, without allowance, without a home, my situation got worse.”

Poverty and destitution may lead to severe psychological problems. This situation coupled with the traumatic experiences many migrants go through while travelling through the Sahara desert and making the perilous crossing of the Mediterranean, could lead to a prolonged feeling of hopelessness. It is difficult to imagine integration within Maltese society under these circumstances. The conditions in which migrants are living make it very hard for them to become self-sufficient, and if they attempt to start a new life in another country, they are returned to Malta with the consequence of facing a much harder reality.

The ultimate aim of any system should be the promotion of independence and self-sufficiency so as not to encourage reliance on allowance benefits forever. One way to do so could be by providing incentives for residents in open centres to leave and move into independent accommodations while providing sufficient guarantees of support in case of need.

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In the light of the findings of this study, the Network proposes a number of recommendations which attempt to address the situation from a threefold perspective: short-term, medium-term, and long-term. These recommendations were developed after consultation with other organisations working in the field, and more importantly, with a group of migrants, including beneficiaries of subsidiary protection, who at some point were destitute or are currently at risk of destitution.

The Network therefore recommends the adoption of the following measures in the short and medium-term, pending an overhaul of the whole system as, we believe, if implemented, will go some way towards improving the quality of life of the migrants affected.

**SHORT-TERM RECOMMENDATIONS**

**Clarification of criteria for termination of service agreements and re-admission into the AWAS system**

Residents in open centres and organizations working with migrants need to have more clarity on the criteria employed to decide about termination of service agreements and re-admission into the AWAS system.

Any criteria adopted should take into account all legal entitlements to accommodation and welfare benefits as well as the basic needs and vulnerabilities of the person involved. Moreover, they should be in the written form, easily and publicly available, and known to all residents and any referring organizations. In this way, consistency can be assured and transparency increased.

**Assessment of requests for re-admission**

A clear procedure for the assessment of requests to be re-admitted in the AWAS system needs to be made known. Each case, whether it is a self-referral or one referred by an organization, should be properly assessed according to clear and known criteria, and a decision (whether positive or negative) taken and communicated in writing to the interested parties together with the reasons for such decision.

**Allowance to be linked to status rather than accommodation**

There should be the possibility to continue to receive an allowance even if one is no longer residing in an open centre. This would be beneficial on two fronts: first, the individual concerned would not have to move back in an open centre once he has managed to find independent accommodation. Second, it would also decrease some of the burden on the open centres since residents would be encouraged to move out of the centres into independent accommodation knowing that they can still receive an allowance if they are no longer in employment.

Asylum seekers and beneficiaries of subsidiary protection receive a total of €130.48 per month, whilst rejected asylum seekers receive a total of €97.72 per month. These amounts are clearly not enough to cover basic subsistence. Allowance should be linked to status and not accommodation, or whether one is a returnee or not, and would be granted for as long as a person is in need.

**Children’s allowance on a case-by-case basis**

Families with children who do not reside in the AWAS open centres but live in independent accommodation should be given children’s allowance to cover certain basic and necessary expenses. This would also encourage families to seek independent accommodation rather than remain in open centres.

**MEDIUM-TERM RECOMMENDATIONS**

**Revision of allowance**

The amount of per diem allowance persons who do not benefit from refugee status receive must be revised since it is not sufficient to cover basic subsistence costs of food, transport, and medical costs, particularly for those persons who have medical conditions and need medication on a regular basis.

**Incentives to move out of the open centres**

Some form of incentive could be introduced to encourage residents in open centres to move into independent accommodation and not remain dependent on the AWAS system. Such incentives could be, for example, introducing
a subsidy on rent which is proportional or dependent on the number of people renting out the accommodation.

Incentives to Maltese property owners to rent their property to migrants could also be considered. One of the major difficulties migrants in Malta face when attempting to find independent accommodation is the reluctance and unwillingness of Maltese property owners to rent their property to Africans.

**More effective access to medical care**

Medical care needs to be more accessible. National health authorities need to have clear instructions on the medical entitlements of migrants, especially those pertaining to beneficiaries of international protection. Asylum seekers and rejected asylum seekers should also have access to basic medical services and access to medicine.

More importantly, national health authorities need to be more consistent in their practices when giving treatment and medicine to migrants. The “yellow card” could be given to all who have chronic diseases, and the “pink card” could be given to those who cannot afford to buy medicines. Considering that the allowance is not sufficient to cover medical costs, polyclinics could give free medicines to all who have non-chronic diseases or other medical conditions, with the possibility of reimbursement if the medicine is not available in the government pharmacies.

**System is to take into account the temporary nature of migrant employment**

The system currently presumes that if a resident in an open centre is absent from the open centre or is not making use of his bed, even for just a few days, then he/she is in full and stable employment. It does not take into account that the employment most migrants find in Malta is, many times, irregular and/or temporary and seasonal.

A longer time period should be allowed when assessing a resident’s failure to register at an open centre. This would allow those persons who find irregular work for a few days to still remain within the system and not be struck off the open centre register.

**LONG-TERM RECOMMENDATIONS**

**Improvement of material conditions in open centres**

In order to have a sustainable and functioning integration policy, adequate living conditions must necessarily be provided to migrants. Some of the open centres which are currently being used fail to meet minimum standards, a few in particular falling short of providing the most basic facilities (Hal Far Hangar). It is extremely difficult for migrants to feel at home and prepared for the integration process when they are living in dire conditions.

**Specialized support for vulnerable migrants**

The possibility of open centres for vulnerable migrants could also be considered. The current system needs to have mechanisms in place to address the welfare of those migrants with psychosocial problems and whose service agreement is often terminated because their behaviour is detrimental to other residents or staff at the AWAS open centres. Beneficiaries of subsidiary protection and asylum seekers need to get the necessary specialised care and not be excluded from service provision.

**Education**

State educational institutions need to be clearly informed of the educational entitlements of migrants, whether they are beneficiaries of subsidiary protection, asylum seekers, or rejected asylum seekers. One suggestion could be for AWAS to have an education liaison officer who would have specialised knowledge on educational opportunities available and the organizations or entities which can provide education, as well as the entitlements of migrants and beneficiaries of international protection.

In addition, efforts towards increasing access by migrants to educational opportunities should be increased since education is an important element which leads towards self-sufficiency and integration.

**New approach towards welfare and integration**

The current system needs to be revised so as not to discourage those who are taking the risk and initiative to be self-sufficient and actually contribute to society by paying national insurance contributions and taxes. The lack of certainty and financial security act as a disincentive for residents in open centres to look for regular employment and alternative accommodation. The current system does not take into account that many jobs available to migrants are seasonal and unstable.

While promoting self-sufficiency and independence it is necessary that any system in place also provides adequate support in case of need. Beneficiaries of subsidiary protection with clear entitlements at law should be integrated into the national welfare system.
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