Vulnerability assessments and access to rights: continued segregation in Italy's reception system

Since European states began creating camps rather than granting rights to those arriving irregularly, accommodation in so-called 'Extraordinary Reception Centres' (Centri di Assistenza Straordinaria - CAS) has become the norm in Italy. These facilities, often large, repurposed buildings, are defined by isolation and inertia. Residents share bedrooms, have no access to cooking facilities, and are forced into a state of prolonged waiting.

A parallel system exists for those presenting recognised signs of vulnerability. In a lottery of suffering, women, families, and those with recognised illnesses might be transferred to SAI (Sistema accoglienza e integrazione). These smaller facilities offer legal and psychological support, and integrated physiological and medical care. Institutions, supported by organisations like the IOM, typically perform a rapid vulnerability screening at landing sites or in Hotspot. As such assessment shall be conducted in around 5 minutes per person, the system often fails to capture people with mental health issues who do not show clear signs of distress upon arrival.

As such failures are now of growing concerns even for national institutions, a solution has been recently proposed in institutional settings and is currently being trialled in Palermo. Those staying in CAS will be granted a second opportunity to qualify for SAI, through the implementation of an 8-question standardised survey. Those who affirm over four questions are flagged as vulnerable and theoretically become eligible for transfer to SAI.

At Porco Rosso, we condemn this approach as a dangerous and inadequate medicalisation of a political problem.

First, reducing profound psychological distress, often born of trauma and exacerbated by institutional neglect, to a simplistic checkbox exercise is unethical. Serious mental health conditions cannot be diagnosed by an 8-question test; this approach risks overlooking complex cases and reducing human suffering to a bureaucratic hurdle.

Second, this mechanism is a fiction. Even if the test correctly identified everyone in need, the SAI system in Palermo is already at capacity. Creating a new eligibility category without expanding resources merely creates a bottleneck, offering a promise of care that cannot be fulfilled and further frustrating those trapped in the CAS.

Third, and most fundamentally, this entire debate misses the point. The goal should not be to perfect the sorting mechanism between different types of camps. The goal must be to close the camps altogether. People who have arrived irregularly must be granted the right to work, to live independently, and to provide for themselves. Instead of creating parallel, ad-hoc systems of care, we must fight for universal access to healthcare, housing, and social services for all, regardless of administrative status. Access to healthcare isn't a privilege for the labelled vulnerable; it is a fundamental right for everyone.

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