



EMN Ad-Hoc Query on PART II – Reception and Care of Vulnerable Applicants for International Protection with Special Reception Needs

Requested by Martine HENDRICKX on 3rd April 2018

Miscellaneous

Responses from Austria, Belgium, Croatia, Cyprus, Czech Republic, Estonia, Finland, France, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Slovak Republic, Sweden, United Kingdom, Norway (21 in total)

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

Background information:

The Study and Policy Unit from the Directorate of Policy Support of the Federal Agency for the Reception of Asylum Seekers (Fedasil) is currently conducting the second phase of the study on vulnerable applicants for international protection with special reception needs. The aim of the study is to establish a detailed picture of the practices in the field relating to the identification of vulnerabilities and special reception needs, and the extent to which the particular needs of vulnerable persons within the reception network are taken into account in a general sense. The methodology used for this study therefore makes specific use of information collected in the field, namely among the staff in the reception facilities of the reception network and external organisations which - whether mandated by the Agency or not - are specialised in the housing and/or accompaniment of vulnerable persons with special needs.

The study will be carried out in two phases which comprise different activities. The literature study, legal analysis, observations and exploratory discussions and the survey among the staff of the social and medical units in the reception facilities form the basis for the summary report of the first phase published in December 2016 (in annex).

The second phase comprises in-depth focus groups with staff of the reception facilities, a survey among external organizations that provide care and sometimes accommodation to applicants for international protection and an analysis of European practices in relation to the protection of vulnerable applicants for international protection with special reception needs. This Ad Hoc Query fits within this last activity. Fedasil would like to receive information on the way in which Member States, within the context of reception, define and identify vulnerable applicants for international protection, as well as how the particular reception needs of these vulnerable residents are taken into account. The European good practices collected in this way will form an important basis for formulating recommendations for the Belgian context.

Please note that this AHQ is not about procedural needs. The focus is on institutional provisions rather than different practices, in the context of the definition, the identification and the care and accommodation of vulnerable applicants for international protection.

Questions

1. 1.a. What specific reception and care facilities are available for vulnerable applicants for international protection with special reception needs? How are such facilities implemented?
2. 1.b. What are the stages, steps and reasons for assigning applicants for international protection with special reception needs to specialized care and reception?
3. 2.a. Describe some very concrete examples of good practices related to the care and reception of vulnerable applicants for international protection with special needs? If possible, refer to reports/ existing studies/evaluations/other sources or information (only in Dutch, French, German and English).

4. 2.b. Describe some very concrete examples of bottlenecks/challenges related to the care and reception of vulnerable applicants for international protection with special needs? If possible, refer to reports/ existing studies/evaluations/other sources or information (only in Dutch, French, German and English).

Responses

	Country	Wider Dissemination	Response
	Austria	No	
	Belgium	Yes	<p>1. In order to meet the special reception needs of applicants for international protection it may, in certain cases, be sufficient to make a number of changes to the accommodation in the existing reception structure, for example transfer to a room on the ground floor or close to the sanitary facilities. In other cases, there is a need for specialized accompaniment and an appeal is made to external ambulatory services offered by non-profit organizations, NGOs, private organizations or government departments. Yet in other cases, residential care is required in an adapted facility, which can be part of the reception network (see below) or not (for example nursing homes for the elderly). Residential Care: while most reception places are generic, several places within the reception network of Federal Agency for the Reception of Applicants for International Protection (Fedasil) are adapted to special reception needs. Besides the specific reception structures for unaccompanied minors, Fedasil has some collective centres with separate wings for single women (with children). There are 90 medical reception places within the centres managed by Fedasil. It concerns rooms that have, for example, a hospital bed, allow for more privacy, have their own sanitary facilities, are adapted to people with reduced mobility and/or are located in the vicinity of a hospital. These reception places are labelled according the available facilities in terms of accompaniment and infrastructure. Certain labels apply to the entire reception structure and others concern the level of the individual room / reception place. (See also Part I of the AHQ). Another 82 medical reception places are managed by the NGO Ciré, which is one of Fedasil's reception partners. Other reception partners of Fedasil also offer places adapted to special reception needs. For example Les Logis de Louvranges for vulnerable</p>

women, managed by Caritas International (more information see question 2.a.), and 40 reception places for applicants of international protection with psychological problems in the psychological centre CARDA, managed by the Red Cross. There is a strong variation between the general facilities in these specialized reception facilities. For example, there is a variation in the degree of autonomy that is required from the residents. As far as daily needs are concerned (including food), this can vary from complete independence to complete dependence. This reflects the large variation of profiles that are accommodated within the specialized reception. Residential care can also be offered by organisations/institutions that are not part of the reception network of Fedasil. As stated in article 36 of the Reception Act, Fedasil, or the reception partner of Fedasil, can conclude agreements with specialized institutions or associations in order to meet the special reception needs of vulnerable persons. If the beneficiary of the reception is accommodated by one of these institutions or associations, Fedasil or the reception partner will ensure the administrative and social follow-up (this is the responsibility of the reception structure the person concerned was originally assigned to) and that the material aid is guaranteed. So agreements can be concluded with nursing homes for the elderly or with psychiatric institutions for example. In the framework of AMIF and the national funding by Fedasil, conventions can also be drawn up with associations, non-profit organisations and institutions that provide residential or ambulant care. Ambulant care: Fedasil and its reception partners can make use of external ambulant care in order to meet the special needs of their residents. It concerns for example need for help with washing and dressing, need for outpatient external psychological counselling, need for empowerment activities for women, counselling for victims of female genital mutilation, support for LGBTI applicants for international protection, etc.

2. As mentioned in Part I of the AHQ, if the staff (of the Medical Unit) of the Dispatching Unit identifies an applicant for international protection as having special reception needs, at the moment of the registration of the application for international protection, the Dispatching Unit can assign these applicants to adapted reception places in the reception network of Fedasil. Sometimes the applicants concerned can be assigned directly to this specific reception places, such as the Observation and Orientation Centres for unaccompanied minors, the adapted reception facilities for vulnerable single women, pregnant girls of teenage mothers, applicants with reduced mobility and other medical or psychological problems. But most of the time (except for unaccompanied minors), applicants for international protection are first assigned to generic reception centres before being transferred to specialised reception facilities. During the stay in the reception facility it can be determined, after an

			<p>individual assessment of the situation of the resident by the social worker, that the allocated reception place does not meet the needs of the resident. This may be due to the fact that a certain need was not detected at the time of allocation by the Dispatching Unit or that a new reception need is determined during the stay in the allocated reception structure. The specific need of the resident can be justified on the basis of the medical, social and / or psychological situation of the resident. Based on the identified needs, the social worker makes recommendations for the measures to be taken to meet these special reception needs. If this cannot be done by adapting the current reception facility of the resident nor by the provision of external ambulatory services, a transfer to another, adapted, reception facility is the next option. For what concerns the transfer of a resident to an adapted reception place, Fedasil has drawn up two instructions with regard to the medical reasons and the other reasons that justify the transfer to an adapted reception facility (to be implemented by the reception network this month). In both cases, the request for an adapted reception place can be submitted if the evaluation of the individual needs of the resident (see also AHQ Part I) shows that the reception place is not adapted. In the case of medical reasons, the application must be motivated on the assessment of the individual needs of the resident and on one or more of the eleven medical criteria listed in an appendix to the instruction, such as, severe disability; severe pathology (which requires the proximity of a reference hospital, e.g. chemotherapy, dialysis, ...); infectious diseases in the centre against which residents belonging to a risk group must be protected (e.g. measles, varicella, ...); toxicomania; psychiatric problems; severe medical cases that are continuously in need of care and for whom admission to a care institution is necessary (palliative care, residential care centre, MS clinic, ...), etc. In the case of other reasons, the demand for a transfer must be motivated on the basis of the individual assessment as well as the elements communicated by the reception facility (what has been done or what is not possible to do in order to meet the need of the resident) and one of the five criteria provided for in the instruction. These criteria are the language of schooling (if the child attending compulsory education has sufficient linguistic knowledge of one of the national languages to continue schooling in another linguistic region in Belgium); ‘family reunification’ with members of the nuclear family accommodated in the reception network or also with family members already settled in Belgium (a request can be made for a member of the extended family only in case of vulnerability, e.g. a single grandmother); employment following the signing of an employment contract (minimum one-month fixed-term contract and minimum part-time hourly plan); training (but only in the case of training offered by the Walloon (FOREM) or Flemish (VDAB) Public Employment Services under</p>
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			<p>the collaboration agreements signed with Fedasil or training in a college or university) and the criterion of isolation (in the case where the resident is the only national of his/her country within the reception structure or no other resident speaks the same language and this situation has an obvious impact on his/her well-being). In both cases, the initiative for a transfer is made by the social worker of the reception structure in consultation with the resident (in case of medical reasons, insofar as his/her state of health allows this). The resident (or a third party, e.g. the lawyer) can also submit a transfer request on his / her own initiative, even if this is not supported by the reception structure. In this case, the social worker must provide the resident with the necessary information and steps to take and will forward the completed documents by the resident and the necessary information the competent regional service of Fedasil. In case of medical transfers, the social worker will forward the medical checklist, the medical reports, the overview of treatments, the motivation and the application to one of the two regional medical service of Fedasil. Fedasil's regional medical services are responsible to analyse the application and to take a decision. The regional medical service can refuse the request for transfer if it is of the opinion that the current reception place meets the medical needs of the resident. In case the request is accepted, Fedasil will look for a reception structure that meets the special needs of the resident. How long it takes for the transfer to take place depends on the availability of places that meet the medical needs. The resident may refuse the transfer proposal, but cannot submit a new application afterwards for the same reason(s). A deterioration or a change in the state of health of the resident is regarded as a new element that justifies a new request for transfer. In case of transfers for other reasons, the social worker will introduce the request with the necessary documents to the competent regional coordination of Fedasil. If the resident or a third person wants to introduce the request even if the reception structure estimates the demand unfounded, the social worker will introduce the demand indicating the reasons why the reception structure does not support the request and will forward the necessary documents completed by the resident to Fedasil's regional coordination services. These services are responsible to analyse the application and to take a decision and will take in consideration the situation of the application for international protection and the reception facility of the resident (Dublin place, return place, ...). The regional coordination services will take a decision within 10 working days. The services can refuse the request if an adapted reception place is not available (the resident can introduce a new request but has to wait 30 calendar days to do so) or if certain criteria are not met. On the other hand, a resident may refuse the transfer proposal, but cannot submit a new application afterwards for the same reason (s). In case of a transfer</p>
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for medical and of other reasons, the new reception facility will be informed of the specific medical treatment and planned medical appointments of the resident and the resident will receive sufficient medication so that the treatment can be continued for five days in the new reception location to avoid an interruption of the current medical treatment.

3. 1. Collaboration with specialised reception partners for specific target groups (who are in need of more intensive, tailor-made reception and care than a generic reception facility can offer). For example the cooperation with the “Logis de Louvranges”, an initiative of Caritas International Belgium. Since 2010, they have been accommodating vulnerable single women with or without children. The project consists in accompanying, for the duration of their international protection procedure, those single women who are vulnerable because of what they have experienced in their country of origin or during their flight. Caritas offers private apartments (in total for 25 vulnerable women and 53 accompanying children) located on the same site, which brings a collective dimension and mitigates the feeling of isolation of these women. The main objective of the accompaniment is to enhance their autonomy and their empowerment, in order to prepare them better for the future "after Louvranges" in Belgium or elsewhere. In order to cover the costs associated with an intensive, tailored accompaniment of vulnerable women, Fedasil grants an increased reception rate of EUR 81.86 a day (instead of EUR 38,53). Four categories of vulnerable women are eligible under the label of “vulnerable women” to be accommodated in the reception facilities of Louvranges. Two categories concern women who need an adapted reception place for medical reasons / age or psychological reasons combined with another medical need such as external paramedical care required once a day or daily intake of medication (e.g. Methadone) in pharmacy. The two other categories concern women who need an adapted reception place because of a problematic parent-child relationship or a problematic experience during pregnancy (examples: situations of physical or psychological violence within the family, neglect, pregnancy as a result of rape) and because of a very high social vulnerability (examples: partner abuse, trafficking in human beings, women who solely take care of children with very serious psychological / medical problems). Employees of the medical coordination unit of Fedasil ascribe the label 'vulnerable woman' either at the moment of registration of the application for international protection (at the Dispatching Unit), or later on (in the case of a transfer to an adapted reception place). **2.** The reception facilities organise different, more or less formal, moments to exchange information regarding the residents between and within different services in the reception facilities. The combination of daily briefings to detect signals from vulnerable residents and

the systematic nature of the Multi-Disciplinary Team Meetings (MDM) in which the specific situation of residents is discussed is considered a good practice. The briefings refer to the daily, often practical, follow-up of the residents in the centre. A daily briefing can ensure, for example, that vulnerabilities and needs can be followed up immediately, and are not postponed until a multi-disciplinary team meeting. In the multi-disciplinary team meetings, the assigned social worker of the resident, the counsellor, the medical service, the person responsible for the schooling project and possibly the staff of the night-time permanence are present. In the case of unaccompanied minors, the guardian is invited. Each reception facility decides how and when (for example monthly) a MDM is organized. These meetings have some common principles: the MDM is broader than merely exchanging information between services (e.g. the resident is withdrawn), but includes the formulation of analyses (why does the resident behave in this way?), working hypotheses, and decisions on support actions; the presence of different services and opinions, enrich the result of the exchange; for complex situations, it is possible to invite external experts (e.g. psychologist, supervisor of the Time Out Project for unaccompanied minors, youth care service, etc.); all members of the MDM are responsible for actively participating in the consultation and sharing sufficient information so that each service can tailor its guidance to the needs of the resident.

3. Specific trajectory for victims of female genital mutilation (FGM) and the appointment of reference persons for FGM in the reception facilities . The trajectory aims to develop a common approach for the early identification of FGM, to implement effective accompaniment for (possible) victims of FGM in the entire reception network and to protect intact girls. In order to guarantee the concrete follow-up of the trajectory, a trained reference person was appointed in each of the reception facilities. Every woman in the reception network who has undergone FGM or runs the risk of FGM is informed about the trajectory, but the woman decides for herself whether or not to follow it. The trajectory describes in different steps which actions should be undertaken: the identification (when, by who, ...), the psycho-medical-social guidance (information on FGM, proposition of medical examination, medical attestation, consultation in specialised centres for FGM, group or individual counselling), the legal guidance (contact with lawyer and with a specialised organisation), counselling in case of international protection (reminder Belgian legislation concerning FGM and reminder follow-up by the competent authority for granting international protection).

4. 1. Ratio of specific reception places in relation to the total reception network: the availability of care does not meet the identified needs. In numerical terms, the number of generic reception places is

			<p>much larger than the number of specific reception places. There are also few criteria that legitimize a transfer to an adapted reception facility. It is therefore more important to appeal to external organizations than to request a transfer in order to differentiate the care in function of the special needs of residents. However, reception actors have no control over the offer of external partners. Furthermore, the external facilities are not distributed homogeneously geographically, leaving some regions without an accessible offer. And, the use of actors outside the reception network also poses significant coordination problems, in particular with regard to professional secrecy and compensation.</p> <p>2. The medical confidentiality (medical professional secrecy) makes follow-up by social workers difficult. There are two forms of professional secrecy. The 'shared' professional secrecy applies if the transmission of information is necessary for the provision of assistance, if it is in the interests of the resident, if employees pursue the same best interest principle, provided that the information remains internal. In addition, there is 'medical' professional secrecy or medical confidentiality, where information is only exchanged between medical staff. Monitoring the boundaries of the shared professional secrecy is a reason to exclude certain employees (such as kitchen staff) from part of the multi-disciplinary team meetings. And even in the more closed sessions of the multi-disciplinary team meetings, the medical staff can then decide not to share certain information. In practice it is often not easy to evaluate which form of professional secrecy applies. The medical confidentiality is often seen as a hindrance by social workers for proper support for residents. Social workers often want more information about the physical and mental health of the resident because this has also repercussions on the behaviour and the well-being of a resident in the reception facility. Conversely, certain physical complaints are sometimes psychosomatic, so medical follow-up is not necessarily the best or only guidance. Furthermore, when referring residents to external professional organizations, a shared professional secret is usually applied in practice by the staff of the reception facility. However, the information sharing in both directions proves challenging. And if volunteers are called in, for example to interpret or as buddies, the boundaries of professional secrecy are even more difficult. In principle, no confidential information is shared with volunteers, but this is often hard to accept by them because it makes their relationship with residents difficult or partial.</p> <p>3. Communication and other barriers to properly identify and attend to vulnerabilities: staff of the reception centres point out that different factors hinder the identification of vulnerabilities in a general sense, namely a lack of time, the language and communication barrier and lack of qualified interpreters, the need to raise subjects with people which could be sensitive and the difficulties of building up a relationship of trust with the</p>
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			<p>residents. For example, social workers indicate that, despite the training they receive, they find it difficult to discuss certain topics. It concerns subjects such as psychological problems, sexual violence, including FGM, partner abuse, etc. Not only is there a taboo around these themes in several cultures, it also happens that social workers do not address these problems because they themselves do not know how to find a suitable solution within the framework of the reception of applicants for international protection. Certainly in sensitive areas, such as psychological problems or female genital mutilation, it can be very difficult to persuade the residents to give their consent for referral to external assistance.</p>
	Croatia	Yes	<p>1. Reception Centre in Kutina is aimed at the accommodation of vulnerable applicants, but with the increase in numbers of asylum seekers during 2016, vulnerable asylum seekers are also accommodated in one part of Reception Centre in Zagreb. In Kutina, members of the same family are accommodated in the same room, if there are more than 6 members of one family, they are given 2 rooms if possible. Unaccompanied children and single women are accommodated separately in rooms, while in Zagreb a maximum 4 persons can share a room. There are sufficient showers and toilets and facilities are cleaned on a regular basis. We are always taking into account the special reception needs of vulnerable groups, so that if there is an applicant with reduced mobility he will be placed on the ground floor in order to ensure access to sanitary facilities and restaurant. Unaccompanied children are accommodated at the Residential Child Care Institutions in Zagreb, Split, Rijeka and Osijek, and Child Reception Units. Many international and non-governmental organisations such as IOM, UNICEF, Save the Children, and national NGOs (Croatian Red Cross, Croatian Law Centre, JRS, but also Centre for Peace Studies, Rehabilitation Centre for Stress and Trauma, Are You Syrious) were present in both Reception Centres. Various social and educational activities such as various workshops for women and children were also provided by organisations present in both Reception Centre. Croatian language courses are organised by the Croatian Red Cross, the Centre for Peace Studies and JRS.</p> <p>2. The process of identifying asylum seekers with special reception needs is conducted by professionals who provide psychosocial support in the Reception Centre, and if necessary, the competent Centre for Social Welfare participate in the assessment. The Centre for Social Welfare involved in the procedure of identifying asylum seekers with special reception needs shall notify the</p>

			<p>Reception Centre of all measures and actions taken. After identifying, vulnerable groups are placed in the Reception centre in Kutina, renovated completely during 2014, with a maximum capacity of 100 applicants. In the Reception centre in Kutina, vulnerable groups have access to medical care to meet all their special needs, psychological counselling, creative workshops for women and children, orientation and Croatian language course, fitness for women and children, legal guidance, English language course, special workshops for children and other various activities and workshops by NGO's. In practice, during regular work and communication with asylum seekers as well as on individual and group support, Croatian Red Cross employees can observe the needs of vulnerable groups and, where there is a need, can accordingly propose changes in the reception of particular asylum seekers to the Head of Reception Centre (for example, a person may need to be accommodated in a single room, or with other persons, or may need to be relocated to the Reception Centre for Asylum Seekers in Kutina, which is specifically designed for vulnerable asylum seekers). Those suggestions were usually taken into consideration. However, with the increase in the numbers of asylum seekers, vulnerable asylum seekers who need single room may face difficulties as there are no available places so people can rarely be accommodate in single room, in such cases, we are trying to find other solutions.</p> <p>3. Since 2004 Ministry of Interior continuously and successfully collaborates with Croatian Red Cross (CRC) in the field of reception, accommodation and providing psychosocial support for every applicant, with special emphasis on care and reception of vulnerable applicants for international protection with special needs. Activities carried out by employees of the Croatian Red Cross in the Reception centres for asylum seekers in Zagreb and Kutina are trying to respond to the psychosocial, educational and humanitarian needs of vulnerable applicants for international protection with special needs. In order to achieve that goal CRC organizes special program that consist providing courses of learning Croatian language, psychological consultations, job centre, technical workshop, computer workshop, children's playroom and fitness for women, which are held on a weekly basis. For example, children continuously participate on numerous events, thematic workshops for children, exhibitions, theatres and other sport activities for children. Other example of good practices related to the care and reception of vulnerable applicants for international protection with special needs is a collaboration between Croatian Law Centre, Croatian Red Cross and UNHCR on the project entitled "Protection of Victims of Torture among Vulnerable Groups of Migrants", funded by The United Nations Voluntary Fund for Victims of Torture (UNVFVT), which is directed principally towards</p>
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			<p>providing direct assistance to identified victims of torture among vulnerable groups of migrants. Main goal of this project is early identification of victims, regulation of their status, and their referral to national institutions for appropriate assistance. Project includes providing psychological support (individual and group consultation), social assistance and legal aid and it is continuously carried out since 2010. Another example of good practise related to the care and reception of vulnerable applicants for international protection with special needs is a collaboration between Croatian Law Centre and Social Welfare Service in Zagreb and Kutina, on project entitled “Improving the Protection of the Right of the Unaccompanied Children”, funded by Ministry of Demography, Family, Social policy and Youth. This project was conducted from November 2016 till October of 2017. Main goal of this project is improving protection of unaccompanied children by informing them and educating personnel in charge of them. Unaccompanied children are the most vulnerable category of migrants. Ways in which children find themselves separated from their parents are different. Some of them are separated during long and dangerous journeys, while some of them their parents surrender them in the hands of smugglers in desperate desire to give them “better life”. Even before they leave their country these children are exposed to trauma and poverty. Croatian Law Centre developed information materials for unaccompanied children in audio format available in Farsi, Arabic, Pashto, English and Croatian language in which they explain their rights and which organizations they can turn for help and advice. In the Reception centre for asylum seeker children are available promotional materials (leaflets and posters) on all forms of violence which they can be exposed. Also, in the Reception Centre, journalism workshop by Jesuit Refugee Service is conducted during which applicants for international protection issued newspaper titles “Paths” in which they address the topics of the dangers of human trafficking and smuggling, sexual violence and etc. The goal is to teach them in a customized and user-friendly way about their rights and possibilities.</p> <p>4. One of the challenges related to the care and reception of vulnerable applicants for international protection with special needs is confidentiality, which is very difficult for vulnerable applicants to acquire, especially on subjects which are difficult to discuss such as psychological problems, sexual violence and etc. Other challenges are language and communication barrier, lack of interpreters, access to educational system and information sharing between all actors included in providing care and reception of vulnerable applicants for international protection with special needs. When NGOs achieve first contact with asylum seekers in the reception centres they may identify vulnerabilities and inform the authorities accordingly. However, sometimes information exchange does not take place</p>
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			systematically and communication may often depend on the individual caseworker.
	Cyprus	Yes	<p>1. Cyprus is in the process of opening a Special Reception Centre for vulnerable applicants. Currently there is only one general Reception facility in Cyprus with a capacity of 400 beds.</p> <p>2. Applicants, who after the relevant screening, fall in the category of persons with special reception needs, are not referred to the General Reception Centre currently operating in Cyprus (which does not have the necessary structure) and instead are referred to the Social Welfare Services.</p> <p>3. N/A</p> <p>4. As already mentioned, there is no Reception facility for vulnerable applicants. Cyprus is in the process of establishing such a facility within 2018.</p>
	Czech Republic	Yes	<p>1. Applicants for international protection in the Czech Republic are concentrated at one reception centre, which is wheelchair accessible and we have external nursing staff on call when it is needed, and two accommodation centres, which are not currently wheelchair accessible, but there is a reconstruction of some buildings at both of them which should lead to better accessibility for disabled applicants. During the initial interview are applicants screened for vulnerability and special needs and then they are given the care which is adequate to their condition. If there is an applicant whose special needs we are not able to handle by ourselves, we have to find the facility (public or private) that can provide the necessary care [medical and social care].</p> <p>2. We are trying to provide necessary care to every applicant for international protection with special reception needs by our social workers and with the help of external nursing staff or psychologist on call when it is needed in the first place. The only reason we are using specialized care for our clients is when we are not able to handle it so the next step is to find the special facility and sign a contract with it.</p> <p>3. Applicant for international protection from Cuba, 58 years old, has been diagnosed brain hemorrhage and the need for all-day care that we were unable to provide in our reception centre. After</p>

			<p>assessing his state of health, he was transferred to the hospital for long term sickness next day and we have to find suitable care facility within 3 months at the latest. We addressed 50 Homes with Special Regime, Home for the Elderly and the Alzheimer Centres across the country. 17 of them rejected our client, others accepted a request for care with a waiting time of even several months. Reasons for refusal were full capacity, the fear that the staff will not understand the client, or it was not their target group. After two months of searching we managed to find facility, which is run by Caritas CR, that was able to handle the care about the client, he was relocated there and now he receives the necessary care. So as you may see, a lot of effort with unpredictable result must be performed to meet the needs of a client.</p> <p>4. The main challenge is to find the appropriate facility that can provide the special care for applicants who need it. The main reasons why these facilities are refusing us are the lack of capacity and inability to work with foreigners (see example above).</p>
	Estonia	Yes	<p>1. There are no specific reception and care facilities for vulnerable applicants for international protection with special needs with the exception of unaccompanied minors and victims of trafficking in human beings who are accommodated in special facilities. Other applicants for international protection are accommodated in the accommodation centre where they are provided with all the necessary services taking into account applicant's special needs. The special needs are being assessed and the services are provided accordingly. Men and women are accommodated separately and families are usually accommodated in a different building of the accommodation centre. Access to a general practitioner and if necessary to a specialized doctor and psychologist is guaranteed and translation during medical services is provided.</p> <p>2. According to the legislation all the administrative authorities and persons who are in contact with an applicant shall observe the special need of the applicant and consider it systematically and individually during the whole international protection proceedings, taking also account of the special need which has become evident in a later stage of the international protection proceedings. The Police and Border Guard Board shall communicate the information on a special need of an applicant to other administrative authorities and persons who are in contact with the applicant to the extent which is necessary for taking into account a special need of an applicant. If another administrative authority</p>

			<p>identifies a special need of an applicant or notices a circumstance indicating a special need, it shall immediately notify the Police and Border Guard Board thereof. Hence the assessment of special needs is a continuous process. The care for unaccompanied minor starts from the moment the Police and Border Guard Board identifies an unaccompanied minor. After the Police and Border Guard Board informs the Social Insurance Board about the unaccompanied minor, the UAM is transferred to the alternative care service provider. UAMs are accommodated in the family homes or substitute homes depending on the age of the UAM. The service standard is the same as for other children. In case of victims of trafficking in human beings the Police and border Guard Board informs the Social Insurance Board about the victim who is then referred to the institution responsible for providing services for the victims. The services are provided on the needs base. Other applicants with special needs are usually accommodated in the accommodation centre where the special needs are being considered and the services are provided accordingly taking into account the individual circumstances.</p> <p>3. There are no reports/studies/evaluations available in this matter.</p> <p>4. There are no reports/studies/evaluations available in this matter.</p>
+	Finland	Yes	<p>1. Within the reception system emphasis is put on flexible accommodation solutions that take into account the special needs of the customers. Unaccompanied minors have their own smaller facilities. Men and women have their own separate accommodation spaces within the facilities. There is a special unit with 20 places for persons with special needs relating to mental health and substance abuse problems. Gender and sexual minorities are taken into account in the accommodation solutions if they feel the need for it. In case of grave health problems, it is even possible to be accommodated in hospitals.</p> <p>2. When it comes to unaccompanied minors, age is the determining factor. Access to the special unit with 20 places mentioned in response 1.a. is through the Reception Unit at the Finnish Immigration Service. The same unit also directs customers in an especially vulnerable position to the reception facilities who are best equipped to cater to their special needs. Actors in specialized health care decide whether a customer needs to be transferred to a hospital.</p>

			<p>3. The accommodation system includes applicants with mental health challenges, to which a regular reception facility cannot provide the necessary help and services. Specialized health care experts do not foresee the need for psychiatric treatment at a hospital for them, so these applicants are referred to the specialized care unit with 20 places mentioned in responses 1.a. and 1.b. The aim is to improve the mental and physical wellbeing of the person so that he/she can return to the regular reception facility.</p> <p>4. Applicants have difficulties in gaining access to some medical services, which are provided outside of the reception facilities, due to limited provision capacities. The situation regarding these services is the same for the general population.</p>
	France	Yes	<p>1. Access to medical care is systematic for all asylum seekers. If an emergency situation arises, they are dealt with by the emergency care system. For all other diseases, asylum seekers have access to the same services as nationals. In terms of treating psycho-traumatic conditions, the Ministry of the Interior provides funding to specialised associations. The circular of 09 November 2015 regarding implementation of the European relocation programme specified the methods for receiving individuals from the European relocation programme. In the context of this mechanism, relocated asylum seekers will be accommodated in CADAs around six reception areas. From this perspective, the information of 10 November 2015 regarding the creation of 8,630 new places in Reception centre for asylum seekers (CADAs) in 2016 provides for the creation of places dedicated to implementing the European relocation programme. Regarding the European resettlement programme and the EU-Turkey agreement, at each stage of the process - upstream in the initial reception country and downstream in the départements - all the concerned actors are mobilised to deal with this growing of the re-installation process: an increase in the number and frequency of OFPRA missions in initial reception countries, mobilisation of French consular posts, acceleration of territory leaving procedures in association with the IOM, increased coordination by the Asylum Directorate, and improvements to the reception and administrative procedures in the départements. As part of this mechanism, a targeted AMIF call for projects was launched in May 2016 by the Asylum Directorate. It enabled the selection of 11 specialised national operators likely to intervene in the territories to look for suitable accommodation and to provide social support to refugees, and particularly care for the most vulnerable people. From their arrival in France, the resettled people are admitted to international</p>

			<p>protection by OFPRA. Once their civil status has been verified by the Office, they are very rapidly issued the corresponding residence permit. They are directed to housing and benefit from specific overall support implemented from their arrival on the territory by the national associative operators. This support aims to promote the best possible integration of the refugees: rapid opening of social rights, school registration for children, health monitoring, professional integration, access to employment and rapid signature of the Republican Integration Contract (CIR) allowing access to language training. In terms of readability, effectiveness and fluidity of the schemes, there are three levels of management for the organisation of accommodation for asylum seekers and refugees: - The creation of 200 places in reception and assessment centres (centres d'accueil et d'évaluation des situations, CAES) per region (900 in the Île de France) with the possibility of assessing administrative situations. These places may be within the Reception and Orientation Centres (CAO); - appropriate accommodation, notably for people covered by the Dublin procedure and the accelerated procedure; - enhanced support within the reception centres for asylum applicants (CADA), which are the mainstay of accommodation, particularly for asylum applicants under the standard procedure. As regards the creation of new places, in compliance with the migrant plan were created 12,500 new places, including 7,500 places from 2018 (3,000 places in temporary accommodation centres (centres provisoires d'hébergement, CPH) , 2,000 places in the CADAs, and 2,500 emergency accommodation places for asylum applicants through calls for local projects). In this way, more than 10,000 places will be created by 2019.</p> <p>2. see above</p> <p>3. - Direct access to housing, which is the main characteristic of resettlement in France, is implemented by all operators involved in these programmes, notably through the sliding rental agreement. This consists of a rental practice which aims to help resettled people move towards autonomous accommodation. - Effective management upon arrival in France : Resettled persons are met at Charles de Gaulle airport in Paris by the IOM and operators who then accompany them on the next part of their journey. This mechanism is the same for all the programmes. The presence of operators upon arrival at the airport is increasingly common and is welcomed by the IOM. It reassures the resettled persons and means the single-point-of-contact can manage the resettled persons from the point of arrival onwards. - Development of coordination schemes : Strengthening of the interministerial coordination in order to respond to the challenges of receiving resettled persons.</p>
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Although the Directorate for Asylum manages the resettlement programmes, the Ministry for Housing as well as the Ministry for Social Affairs and Health and, by extension, those responsible for education, access to rights and employment are also involved. Two dedicated Prefects have also been appointed as coordinators for the reception of refugees (one was dedicated to Syrian refugees). for more information, you can read the FR EMN study on resettlement and humanitarian admission programmes. - In 2017, the Minister of the Interior also published flyers on the resettlement of Syrian refugees (June 2017) and sub-Saharan refugees (November 2017) aimed at presenting the programme and the procedure to local actors. - The asylum application for vulnerable people is dealt with by specially trained agents at the OFPRA and since 2013 specialised support groups have been implemented on five issues: unaccompanied minors; sexual orientation and gender identity; torture; violence to women; trafficking in human beings. The referents in these groups may be contacted by OFPRA agents for all questions related to the problems, in order to receive a centralised, harmonised response. For this, under OFPRA's harmonisation committee, they produce assessment support tools suited to the examination of the specific protection needs of the five categories of vulnerable people indicated above: internal guidelines on doctrine, procedures, interview techniques, processing of asylum applications presented by LGBTI people, victims of human trafficking, forced marriages, domestic violence, torture. Since 2013 their expertise feeds from a regular exchange and discussion mechanism with relevant external associative and institutional contacts for the five themes. see the OFPRA site and the 2017 activity report

4. The expected volume of resettled persons and the simultaneous arrival of several families represent challenges for the operators in terms of managing the availability of accommodation which is appropriate to families' needs and ensuring a personalised welcome. The arrival of many families presenting significant medical conditions means that operators need to have good information beforehand and that the medical records are sent to the right people so that the condition can be treated as soon as possible. Integration of resettled persons is currently limited to around 10 to 15% of people entering the labour market due to a poor grasp of the French language and the physical and psychological traumas they have experienced. for more information, you can read the FR EMN study on resettlement and humanitarian admission programmes. The increase in the number of UAMs and the variety of profile imply to develop new care and support process dedicated to this public.



Greece

Yes

1. Under the existing legal framework, Reception and Identification Service (RIS) is assigned the responsibility to establish and manage Reception and Identification Centers (RICs) in border areas but also, to establish, operate and supervise open temporary reception/accommodation centres. Under the responsibility of RIS, six RICs are operational in the islands of Lesbos, Chios, Samos, Kos and Leros, as well as in Evros region, in Fylakio. All of them, except Fylakio, are operating also as open temporary accommodation centres for asylum seekers and vulnerable third country nationals. In addition, under RIS responsibility, five accommodation centres have been formally established in the mainland and on the islands: the open temporary accommodation site of Elaionas (Attica), the open temporary reception site of Schisto (Attica), the open temporary accommodation site of Attiko Alsos (Attica), the open temporary reception site of Diavata (Thessaloniki), and the open temporary accommodation site PIKPA in Leros island. The open temporary accommodation site of Elaionas is established for the accommodation of asylum-seekers and vulnerable groups of third country nationals. Within all the above mentioned sites under RIS supervision, separate areas are set up for third-country nationals or stateless persons belonging to vulnerable groups, in particular for unaccompanied minors and female single-headed families. Moreover, reception and identification services take special care to cater for the particular needs and the referral of vulnerable individuals and families with children under the age of 14, especially infants and babies, to the competent social support and protection institution.

2. Upon their arrival, all third country nationals are medically screened, by the Medical and Psychosocial Support Unit of RIC. If deemed necessary, a psychosocial follow up also takes place soon after. During the vulnerability assessment, the special reception needs are also identified by the Medical and Psychosocial Support Unit of RIC. The RIS evaluates whether the special reception needs of vulnerable individuals can be addressed inside RIC and if not, the vulnerable persons may be referred to the competent body for accommodation in more appropriate facilities outside the RIC. In case adequate reception measures cannot be taken on the island, RIS may refer the vulnerable individuals to improved accommodation facilities and dedicated shelters in the mainland, where they can be accommodated in accordance to their reception needs and have access to the relevant health care and psychosocial support providers.

3. An example of good practice related to the care and reception of vulnerable persons with special needs is the adoption of a protocol of cooperation among the General Secretariat for Gender Equality,

			<p>the General Secretariat of Reception, under which falls the Reception and Identification Service (RIS), and other competent authorities, laying down a common framework of procedures for the identification, referral, accommodation and provision of counseling services and activities to refugee women, victims or potential victims of violence and their children, as well as to refugee women who are single mothers heads of households. Please find the protocol of cooperation below: http://www.isotita.gr/wp-content/uploads/2017/12/Protocol-on-Cooperation-for-Refugee-Women.pdf</p> <p>4. RIS and its regional services, the RICs and the open accommodation sites under its responsibility, faces challenges related to the reception of unaccompanied minors, considering the continuous arrivals of unaccompanied minors and the lack of space in adequate facilities, despite the open call to increase the existing shelter capacity. In addition, the reception of unaccompanied minors, who are turning 18 years old, while being hosted inside the RICs or in the safe zones within open accommodation sites remains challenging, given that adequate reception measures can be taken at this transitional phase from childhood to adulthood.</p>
	Hungary	Yes	<p>1. All our facilities have separate accommodation possibilities for persons with special needs. Some of them are designated to house especially certain groups (families) and some other have the possibility to satisfy the needs of persons with disabilities.</p> <p>2. During reception when housing is assigned as mentioned above age, medical conditions, but also nationality, gender, religion etc are taken into account. Men and women, single men and families are all accommodated separately. Based on previous experiences and personal preferences of the new arrivals we try to accommodate everyone as they wish.</p> <p>3. Most of the above mentioned practices (separate housing, special medical care, food etc) are part of our good practice, but we would also like to add special activities for children according to their age and psychological development, which do not only include mandatory schooling from age 3 to 16, but also leisure time and sports activities in cooperation with charity organizations and NGOs.</p> <p>4. Hungary is a transit country, thus the biggest challenge for us regarding vulnerable applicants is that even so we try to provide the appropriate care, most of them only want to move onward to Western Europe. We have had persons with severe illnesses leaving despite proper medical care has</p>

			been provided for them.
	Italy	Yes	<p>1. Vulnerable applicants for international protection may be beneficiaries of specific reception programs, referred to in Article 17 of Legislative Decree 142/2015, which take into account the profile of the specific needs of vulnerable people (i.e unaccompanied minors, disabled persons, elderly people, victims of human diseases, people suffering from mental illness, people for whom it has been established that they have suffered torture, rape or other serious forms of psychological violence, physical or linked to sexual orientation or gender identity, as well as victims of genital mutilation). In particular, within first and second reception centers, specific reception and care facilities are foreseen for vulnerable people, bearing special needs, with the purpose of guaranteeing special assistance, care and medical measures as well as adequate psychological support, in collaboration with the local health authority in charge.</p> <p>2. As referred to in Article 17 of Legislative Decree 142/2015, identification procedures, health screening and identification of vulnerability cases are carried out in temporary structures located near the landing sites, for a very short duration of reception. Once the existence of vulnerability conditions is ascertained, the transfer to first reception centers or, in case of unavailability of free places, to other temporary structures located throughout the national territory, is carried out. The existence of special needs is communicated by the manager of the center to the Prefecture, where the competent territorial Commission is established, for the possible preparation of special procedural guarantees pursuant to Article 13, paragraph 2, of Legislative Decree 28 January 2008, n. 25. Assistance facilities, appropriate medical and psychological care are foreseen, according to the guidelines referred to in article 27, paragraph 1-bis, of the legislative decree 19 November 2007, n. 251: holders of refugee status, of subsidiary protection status and vulnerable people are entitled to the same treatment recognized to the Italian citizen as regards social and health assistance. Moreover, the existence of the vulnerability conditions is periodically checked by qualified personnel, who receive specific training and are obliged to maintain confidentiality.</p> <p>3. As stated in the Annual Report on Migration part 1, a series of best practices can be identified as regards several categories of vulnerable groups. Unaccompanied minors • Article 1 of Law No. 47/2017 introduced the principle of equal treatment for the unaccompanied foreign minors, compared</p>

			<p>to minors of Italian or European Union citizenship. Law No. 47/2017 also provided for the possibility for the unaccompanied foreign minors to be able to appoint their own lawyer or to avail of the free legal aid of the State in case of involvement in a judicial proceeding. Furthermore, for unaccompanied foreign minors that are victims of trafficking, a specific program of assistance was provided to ensure adequate reception conditions and psycho-social, health and legal assistance, providing for long-term solutions, even after reaching the age of majority". Moreover, Law No. 47/2017 provides specific unaccompanied minors communities included in the Protection System for Asylum Seekers and Refugees (SPRAR). Moreover, the law provides that all the unaccompanied foreign minors, regardless of the application for international protection, may have access to the Protection System for Asylum Seekers and Refugees (SPRAR) in order to implement the same approach provided by the D.lgs. 142/2015. This law then set some deadlines, bringing from 60 to 30 days the maximum period of detention in primary reception centres and setting a deadline of 10 days for the identification procedures. Article 6 also provides that the person in charge of the facility in which the unaccompanied foreign minor is accommodated is entitled to carry out the necessary formalities for the application for a residence permit and for the submission of an application for international protection until a guardian has been appointed. Law No. 47/2017 also prohibited the refusal of entry to an unaccompanied foreign minor at the border and has also placed a further condition for their possible expulsion providing that, if the conditions are met, it requires a further order from the Juvenile Court to be made within 30 days from the request of the Chief Constable (Questore) and after a concrete assessment that it does not involve a risk of serious damage to the child. • On February 24, 2017, the Ministry of Labour and Social Policies published the Guidelines in relation to the issuing opinions for the conversion of the residence permit of unaccompanied foreign minors on their reaching the age of majority. • On 6 January 2017, the Prime Ministerial Decree (DPCM) No. 234/2016 came into force, namely the Regulation defining the mechanisms for determining the age of unaccompanied child victims of trafficking, implementing Article 4 paragraph 2 of the Legislative Decree of 4 March 2014, No. 24. In particular, Article 4 provides for the obligation to inform unaccompanied foreign minors that are victims of trafficking of their rights and the procedures for applying for international protection. Additional best practices can be described referring to the report "The initiatives for good reception and integration of migrants in Italy - Models, means and actions", which displays the following practices as regards unaccompanied minors: http://www.interno.gov.it/it/sala-stampa/pubblicazioni/initiatives-good-reception-and-integration-</p>
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			<p>housing conditions, food and health care for the recipients and, subsequently, the continuation of social assistance and integration. Single program for identification, assistance and social integration for foreigners and citizens - in paragraph 6-bis of Art. 18 of the Legislative Decree of 25 July 1998, No. 286, referred to the victims of the crimes covered by Articles 600 and 601 of the Penal Code, or who fall into the categories referred to in paragraph 1 of the same Art. 18 (Article 1, paragraphs 1 and 3, of the Prime Ministerial Decree (DPCM) of 16 May 2016). • The Prefectures have signed Memoranda of Understanding with some Municipalities and third sector actors in order to establish coordinated intervention in this field with the aim to protect the international protection seekers that are victims of smuggling and exploitation. • The Territorial Commissions have signed Memoranda of Understanding with some Municipalities and third sector Associations aimed at fostering the exact identification and the adequate protection of the victims that apply for of the international protection • Some projects in the field of Voluntary Assisted Return (VAR) have been financed both by European Funds (AMIF 2014-2020) and by National Funds that, even if are not specifically addressed to human trafficking victims allow the access to these because of their vulnerable status. • On 30 June 2017, a call for tenders was signed for the financing of projects, implemented at territorial level, aimed at ensuring, on a transitional basis, adequate accommodation, food and health care for recipients, as well as the continuation of assistance and social integration - a single program of identification, assistance and social integration for foreigners and citizens referred to in paragraph 6 bis of Art. 18 of the Legislative Decree of 25 July 1998, No. 286, for the victims of the crimes foreseen by Articles 600 and 601 of the Penal Code, or that they fall into the categories referred to in paragraph 1 of the same Article 18. Additional best practices can be described referring to the report “The initiatives for good reception and integration of migrants in Italy - Models, means and actions”, which displays the following practices as regards vulnerable groups: • The Silver project (Innovative Solutions for the vulnerability and social reintegration of migrants), funded by the Asylum Migration and Integration Fund, targets migrants in conditions of social and health vulnerability, victims of psychological traumas due to the dramatic conditions of travel or to the context in the country of origin. The strength of the project is the use of transcultural psychology and cultural anthropology to identify physical and psychological problems of the recipients. The project consists in the creation of a multi-disciplinary team (with two psychologists, a psychiatrist, a social worker or anthropologist or sociologist and a cultural mediator) that will be based in a mental health clinic at the Azienda Sanitaria Provinciale (Provincial Health Unit) and will reach the relevant centres with a mobile unit.</p>
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Training activities for social and healthcare workers will also be organized within the project. The lead partner is the Provincial Health Unit of Trapani, with the participation of 7 Sicilian local health units and a network of 11 third sector organisations, and the support of the World Health Organization, the Regional Department for Health and the Prefectures of Sicily; • The Prefecture of Grosseto has coordinated the governance of unaccompanied minors with the local Police and local healthcare authorities (COeSO – healthcare company of the District of Grosseto). The initiative culminated in the elaboration of a technical and operational handbook (with special focus on how to determine age in doubtful cases). • In Palermo, the university hospital of Palermo and the PENCH centre (Anthropology and Clinical Psychology) have reached agreements on the assistance of migrants with psychological problems hosted in the CAS; • With regard to the fight against the trafficking and exploitation of human beings, the Prefecture of Rome reported an initiative for the monitoring of potential trafficked persons seeking asylum. The Metropolitan City of Rome, the Police, the Municipality of Rome and the Territorial Committee for the recognition of international protection status have developed a protocol to regulate the monitoring activity. In addition, with a view to capacity building, the managing bodies of CIEs, CARAs, CAS and SPRAR participated in training activities (workshops on “Asylum seekers and trafficked persons”) in Rome from 4 to 11 May 2016; • In Taranto, the strengthening of institutional competences in multi-level actions was achieved by defining a shared protocol for the qualified reception of women and underaged girls (who are also allegedly victims of human trafficking) with IOM and Save the Children. The protocol follows an operational workflow that facilitates the identification and support of trafficked persons, with defined times and procedures; • On 28 June 2016, the Territorial Committee for the recognition of international protection status of Bari undersigned a memorandum of understanding with the main local anti-trafficking associations, for the identification and protection of asylum seekers and alleged victims of human trafficking and serious exploitation, hosted in first reception state centres. A preferential procedure has been designed to ascertain the legal position of women, minors and the most vulnerable. The memorandum signed has already had a positive impact since some of the alleged victims were able, in a protected and confidential environment, to tell their story and, in some cases, to express their intention to leave the reception centre.

4. Below, some concrete examples of bottlenecks/challenges related to the care and reception of unaccompanied minors are displayed. The Italian care and reception system is expected to face several challenges concerning this category of vulnerable applicants due to the increasing of arrival

			<p>and presence of unaccompanied minors. The Ministry of Interior, specifically the office in charge of the management of unaccompanied minors care and reception, highlights the need of: • Harmonising the territorial distribution of unaccompanied minors, since they are mainly concentrated in the disembarkation areas; • Increasing the number of first and second reception centers, in order to ensure an adequate availability of reception facilities within the national territory; • Implementing national standard for services provided in first and second reception centers ; • Ensuring the completion of necessary procedures within the legal timeframe (i.e. identification, residence permits, health, age definition, protection). The flow of unaccompanied minors arriving in Italy is characterized by a high presence of young migrants approaching the age of majority, thus it is advisable to strengthen the measures and services aimed at favoring their employment and social integration. According to the Monitoring report “Social-work integration of unaccompanied foreign minors and young migrants” of the Ministry of Labour and Social Politics, it would be necessary to improve: • Delivery of language courses; • Procedures for identification and enhancement of soft skills; • Coordination and integration of vocational training and work orientation services.</p>
 	Latvia	Yes	<p>1. An unaccompanied minor shall be accommodated at the accommodation center for asylum seekers, placed in a childcare institution or in a foster family. A decision to accommodate an unaccompanied minor at the accommodation center for asylum seekers, placement in a childcare institution or in a foster family shall be taken by the Orphan's court in co-operation with the social service, by ascertaining the opinion of the Office. An unaccompanied minor is accommodated at the accommodation center for asylum seekers or childcare institution until the moment when he or she is ensured appropriate care with a guardian or in a foster family, or it is established that appointing of a guardian or placement in a foster family is not appropriate for the particular unaccompanied minor. In evaluating the best interests of the child, the Orphan's court shall take into account the possibility of family reunification of the minor, the welfare and social development of the minor, particularly his or her origin, protection and safety considerations, especially the probability that the minor is a victim of human trafficking, and also the interests and opinion of the minor according to his or her age and maturity. In the accommodation center for asylum seekers are accommodated families with children, unaccompanied minors, single parents, single women, single men, elderly people and people with movement disorders. Unaccompanied minors are accommodated in a separate room, single men living rooms are arranged separately from the families' rooms. The accommodation center is adapted</p>

			<p>for disabled people, specially equipped living rooms, adapted shower rooms and amenities. Through the center is easy to navigate with a wheelchair. The accommodation centre ensures the initial health examination of an asylum seeker if he or she has not undergone it before, establishment and maintenance of a medical cabinet of The Accommodation center of Asylum Seekers is provided by the Health Centers Association. The necessary diagnostics and treatment takes place outside the accommodation center, in medical institutions, in hospitals and in clinics, as necessary. In medical cabinet which is located in accommodation center, one family doctor and two certified nurses or a certified medical assistant is provided. After the initial health examination, the doctor can determine the asylum seeker's state of health and the necessary treatment or rehabilitation, if required. For vulnerable applicants for international protection with special reception needs has the right in accordance with the procedures laid down in the laws and regulations to receive emergency medical assistance, primary health care, outpatient and inpatient psychiatric assistance in case of serious mental health disorders, and also any medical assistance to minors, non-provision of which may pose a threat to the development and health of the child, from the State funds, taking into account the special reception needs of the asylum seeker. For example, long-term social care and rehabilitation are provided to people with severe mental disorders, from the age of 18 to the end of their life in Riga Psychiatry and Addiction Centre in the Centre for Long-Term Social Care.</p> <p>2. After the initial health examination, the doctor of accommodation centre of Asylum seekers can determine the state of health and the necessary treatment or rehabilitation, if required. If a vulnerable applicant for international protection with special needs has all the necessary medical documents available, the doctor evaluates the authenticity of the documents and signs a treatment or examinations.</p> <p>3. An excellent cooperation with the Society Integration Fund (SIF) has been established, which aims to financially support and promote social integration. SIF also supports the implementation of public and non-governmental sector development programs and projects. Association "Want to help the refugees" the aim is to provide practical, immediate and voluntary assistance, integrated into the economic, social and cultural context, based on the needs identified by refugees, asylum seekers and persons with alternative status. Association has helped many people, a vulnerable applicant for international protection, to find homes, necessary goods for home and living. Collaboration with specialised reception partners for specific target groups as Centre "MARTA" is a non-governmental</p>
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			<p>organization that aims to provide support to women in Latvia – non-citizens and migrants, women with low income and unemployed women, female victims of human trafficking and of domestic violence. The Association "Latvian Red Cross" is engaged in providing charity assistance to vulnerable people. The objective of the "Latvian Red Cross" is to provide health promotion and social care services to those people who need them most of all: senior citizens, lonely people, ill people, persons with special needs, families with children by promoting their social integration. The “Latvian Red Cross” helps people irrespective their religious beliefs, political views, nationality and other factors.</p> <p>4. Communication and other barriers to properly identify and attend to vulnerabilities: staff of the reception centre points out that different factors hinder the identification of vulnerabilities in a general sense, namely a lack of time, the language and communication barrier, the need to raise questions to people which could be sensitive and the difficulties of building up a relationship of trust with the residents of the centre. For example, social workers and staff of accommodation centre indicate that, despite the training they receive, they find it difficult to discuss certain topics. It concerns topics as psychological problems, sexual violence, including FGM, partner abuse, etc. Not only is there a taboo around these themes in several cultures, it also happens that social workers, staff of accommodation centre do not address these problems because they themselves do not know how to find a suitable solution within the framework of the reception of applicants for international protection. Certainly, in sensitive areas, such as psychological problems or female genital mutilation, it can be very difficult to persuade the residents to give their consent for referral to external assistance.</p>
	Lithuania	Yes	<p>1. During an application procedure applicants for international protection are accommodated in the Foreigners’ Registration Centre (URC). URC provides qualified psychologist and medical assistance. A doctor's examination is performed at the general practitioner's office. Psychological assistance is provided daily (on weekdays) at the center. A psychologist assesses the psycho-emotional status of URC residents, performs psychological diagnostics, identifies vulnerable persons who may be traumatized / tortured; provides individual psychological counseling, arranges group psychological and artistic therapy sessions - music, art therapy, game therapy, children's activities. Asylum seekers with special needs can also be accommodated at the Refugee Reception Center in Rukla. Similarly, if there are specific needs for asylum seekers residing in the URC, they can be moved to the Refugee</p>

			<p>Reception Center in Rukla.</p> <p>2. Article 69 (1) p. 4 of the Republic of Lithuania Law on the Legal Status of Aliens, obliges the public servant authorized by the state institution to assess whether the applicant for international protection has special needs. In accordance with paragraph 22.11 of the Description of Procedure (approved by the Ministry of the Interior of the Republic of Lithuania in 24 February (Order No IV-131)), an authorized civil servant carries out an initial assessment of the vulnerability of the applicant for international protection and completes the initial form of assessment of the vulnerability of the applicant. An assessment of the vulnerability of an applicant for international protection is a continuous process, i.e. such an assessment is carried out not only at the request of the asylum authorities, but at subsequent stages of the procedure, as well as by civil servants of the Migration Department and, where appropriate, a social worker, medical doctor and psychologist. A representative of the Migration Department, in the light of the special needs of the applicant, establishes special procedural guarantees for an applicant with special reception needs, e.g. to organize applicant's medical examination; to assess application as a priority; to ensure the participation of a psychologist in applicant's interview; to accommodate an applicant accommodation facilities meeting his special needs administered by non-governmental organizations; to allow an applicant to reside with close adult relative or representative, who is legally staying in the territory of the Republic of Lithuania, etc.</p> <p>3. In order to ensure the best interests of the child and given that minors are one of the most vulnerable group, families with minors applying for asylum are detained only in exceptional circumstances. Minors have the opportunity to attend a pre-school.</p> <p>4. Currently, the greatest challenge is the ability to identify and provide all appropriate assistance to those who have suffered from torture. Cultural differences, lengthy contact between the client and the interviewer (researcher, psychologist, social worker), the consequences of the trauma and mistrust, the inexperience of the experts to properly assess specific traumatic experiences leads to a lack of more appropriate assistance.</p>
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	Luxembourg	Yes	<p>1. At the moment there are no specific reception and care facilities for vulnerable applicants for international protection, with the exception of unaccompanied minors (UAM). UAM who arrive are as soon as possible transferred to a special hosting facility for UAM and according to their age and other characteristics transferred after the deposit of their asylum request to one of three hosting facilities for minors. Red Cross manages also one hosting facility (Redange) for single women or single women with children who show a certain vulnerability. The identification of the special reception needs (medical, psychological, schooling of the children,...) begins from the hosting in the forts reception center (hosting facility phase 1). It will continue when the persons will be transferred, after 24 or 48 hours, to a hosting facility of phase 2 and even when they will be transferred to the sustainable hosting structures of phase 3. During the first two phases the special reception needs (medical, psychological, schooling of the children,...) are identified. After this identification, the persons will be directed to the adequate services. In some of the facilities of phase 3, some beds are available for unaccompanied minors or persons with disabilities and reduced mobility. The Red Cross has an ethno-psychological team consisting of 8 professionals (psychologists, nurses, psychiatric nurses) to find out the vulnerabilities of applicants for international protection as soon as possible, to ensure adequate care and assistance and ensure the transition to the health care system, especially to medical specialists. For this reason, some applicants for international protection are hosted in facilities which are covered by this ethno-psychological team. For the new arrivals, especially the INSA (Inspection Sanitaire) is available and offers medical consultations with a medical team.</p> <p>2. See answer to question 1.1.a.</p> <p>3. There are not yet reports, studies or evaluations on the subject.</p> <p>4. The problem is more generally (for everybody) that there are waiting times for appointments with medical specialists. Probably, the number of acute care beds in clinics and generally speaking the therapy offers and places in Luxembourg may not be sufficient.</p>
	Malta	Yes	<p>1. National legislation transposes literally the recast Reception Conditions Directive regarding the definition of applicants with special needs and provides that “an evaluation by the entity responsible for the welfare of asylum seekers (that is the Agency for the Welfare of Asylum Seekers), carried out in conjunction with other authorities as necessary shall be conducted as soon as practicably possible”.</p>

According to the new reception system, upon arrival alleged unaccompanied minors, family groups with children and other manifestly vulnerable persons are processed first and AWAS takes charge of them. They are accommodated at the Initial Reception Centre (not closed centre) and the alleged vulnerable persons will undertake either an age assessment or a vulnerability assessment. AWAS is responsible for implementing government policy regarding persons with special reception needs and is in charge of the assessments. When someone will be deemed to be vulnerable, he or she will immediately be accommodated in open centres or apposite centre for unaccompanied minors. Single women and unaccompanied minors are generally accommodated in a dedicated reception centre that is Dar il-Liedna, where they receive appropriate and adequate support. The centre is staffed by support workers with three members on each shift, coordinator and social workers. Families are accommodated in another two centres for families. In one of the centres there is a specific room which is situated in the ground floor and can accommodate a person with disability. All other vulnerable individuals are treated on a case-by-case basis by AWAS social workers, with the view to providing the required care and support.

2. During their stay at the Initial Reception Centre (IRC), migrants shall be assessed by AWAS professionals with a view to identifying possible vulnerabilities through the Vulnerable Adults Assessment Procedure (VAAP), also known as the Adult Referral Assessment Tool. AWAS accepts referrals for assessment from any and all the entities that come in contact with migrants. Referrals could be made on various grounds, including: • Serious chronic illness; • Psychological problems, stemming from trauma or some other cause; • Mental illness; • Physical disability; and • Age (where the individual concerned is over 60). These referrals are usually accompanied by medical certificates or other supporting documents. An Initial Assessment is done by social workers for every migrant the day they arrive at the IRC. This basic assessment is designed to collect basic information about the applicant. It is supposed to help the care team and can be used as a base for the vulnerability assessment. According to the policy, the vulnerability assessment procedure shall take into account potentially traumatic experiences undergone by the individual migrant. If necessary, AWAS professionals may call on the assistance of other specialized professionals whilst conducting vulnerability assessments. The length of time taken to conclude assessment procedures varies. As a rule, cases concerning referrals on grounds of mental health or chronic illness are likely to take longer to determine than cases where vulnerability is immediately obvious, e.g. in the case of physical disability. When an applicant is deemed vulnerable, the result shall be communicated to the Police

			<p>authorities so that the applicant in question shall not be subject to a detention decision according to the amended legislation. They shall be instead immediately accommodated in open centres. According to the authorities, in those cases where vulnerability emerges only after an asylum seeker has been detained, the result shall be communicated to the Police authorities so that the detention order is withdrawn with immediate effect. The applicant shall then be released from detention and offered accommodation at an open centre.</p> <p>3. Every centre caters for different migrants-single males/single females/families and UMAS. The most vulnerable applicants are assigned a social worker to follow up their case more closely.</p> <p>4. The number of residents in the centre is sometimes a big number and certain vulnerable applicants are not fully reached.</p>
	Netherlands	Yes	<p>1. The Central Agency for the Reception of Asylum Seekers (COA) has the possibility to shelter vulnerable asylum seekers (e.g. LGBTs, Christians, minorities etc) in separate and safe accommodation if their safety cannot be guaranteed. At some locations vulnerable individuals are already sheltered together and sometimes even in a separate part of the reception facility. In some cases, vulnerable persons will be assigned an individual room or near the entrance of the reception facility (and therefore close to the security staff). Every case is assessed individually to come to a suitable solution. During this assessment, it should be taken into consideration that specific reception for a vulnerable individual should not lead to social isolation or to rewarding intolerance behavior of other asylum seekers. Lastly, there is also a possibility to relocate a vulnerable person to another reception center or, as a last resort solution, to relocate an individual in a crisis location ('crisisplaatsing') outside a reception center. With regard to children, the following is of relevance: - activities are regularly organized for children - COA offers courses to children such as resilience training - there are special computer rooms and playgrounds for children There is also specific policy for unaccompanied minors (UAMs). If they are under the age of 15 they are directly placed in a foster family until they become 18. This is the responsibility of the Nidos Foundation. UAMs of the age 15-17 are sheltered at safe and small reception locations with special caretaking and supervision. The UAMs are supervised by specialized personnel. They support the minors to strengthen their capacities. UAMs who have been victim of human smuggling or human trafficking are sheltered at</p>

			<p>safety houses. At these locations there is even more supervision and safety provided. COA provides special living units within the reception locations for disabled asylum seekers.</p> <p>2. COA has the authority to assess whether an individual is a vulnerable person. If a person is a vulnerable person, COA assesses each case individually to decide what the best approach is for that particular individual (as described above).</p> <p>3. - COA provides a specific program ‘residing and living at a COA-facility’ (Wonen en leven op een COA-locatie) to all asylum seekers who stay at a reception center. A core aspect of this program is to inform asylum seekers about the fundamental right in the Netherlands to be whoever you want to be, regardless of your religion, political opinion, sexual orientation, sex etc. (anchored in article 1 of the Dutch constitution). See for more information: https://www.coa.nl/nl/asielopvang/wonen-op-een-asielzoekerscentrum/begeleiding-en-voorlichting/programma-wonen-en-leven-op - At each COA reception center there is a confidential adviser/staff member. In addition one staff member has a coordinating function with regard to the safety at the reception center. These employees are supposed to follow a special training to improve knowledge with regard to a safe reception. A letter by the State Secretary about this topic can be consulted here: https://zoek.officielebekendmakingen.nl/kst-33042-25.html</p> <p>4. There has been quite some debate in terms of how to shelter vulnerable persons and how to deal with nuisance directed to vulnerable persons. The government has always taken the view that separate reception of vulnerable persons (in case of LGBTs and minorities) should be the last resort, because it may reward the asylum seekers who are causing the problems. Furthermore, it would send a wrong signals to other asylum seekers with regard to the Dutch values and freedoms; minorities should not be harassed and if this happens, wrongdoers should be punished, not the victims. You can find a letter of the State Secretary that touches upon this topic here: https://zoek.officielebekendmakingen.nl/kst-19637-2179.html</p>
	Poland	Yes	<p>1. Chapter 4 (Articles 61-69) of the Act of 13 June 2003 on granting protection to foreigners within the territory of the Republic of Poland regulates proceedings regarding unaccompanied minor and other people with special needs. For the needs of the Department of Social Assistance of the Office for Foreigners, on the 2nd of November 2015, Procedure No. 1/2015 was created. This procedure</p>

describes all stages of social assistance to vulnerable persons - foreigners requiring special treatment - with a division into categories. In order to implement appropriate identification and medical care for people with so-called vulnerable groups, in the contract with the entity providing health services appropriate provisions have been provided. The provisions of the contract include the obligation of medical personnel to participate in the process of identifying foreigners who require special treatment in proceedings for international protection or in connection with social assistance provided to them, in particular as regards accommodation and meals through: a) doctor's participation during examination in the framework of the Epidemiological Filter, b) psychological consultations, c) participation of a psychologist in a hearing conducted as part of proceedings for international protection. Assessment of whether a foreigner is a person requiring special treatment in the proceedings for protection in the territory of the Republic of Poland or in the field of social assistance can be done by: a) a doctor during examination in the Epidemiological Filter, b) a psychologist, if during the examination the foreigner reports psychological problems and will be referred to a psychologist's consultation, c) a psychologist, at the request of an employee of the Department of Social Assistance of the Office for Foreigners, if there are new circumstances during the use of social assistance by a foreigner, d) a psychologist, at the request of an employee of the Department of Refugee Proceedings of the Office for Foreigners, if there are new circumstances during the procedure for granting international protection.

2. According to art. 68 of the Act of 13 June 2003 on granting protection to foreigners within the territory of the Republic of Poland, the scope of social assistance provided to foreigners who require special treatment, including people with mental distress, disabilities or elderly, include among other things, accommodation in a single room in a given center, as well as a center adapted to the needs of people with disabilities. Each foreigner who applies to the reception center passes through the identification procedure for special needs during testing as a part of the epidemiological filter procedure. The employee of the center provides the list of residents of the center containing data of foreigners, including the number of the room they reside to a psychologist who is on duty at the center and keeps the list updated on newcomers - no later than one week after the arrival of new residents, unless the next psychologist's appointment does not allow to keep this period. In some centers children's psychologists also perform duties. In the case of obtaining information that the foreigners is a person requiring special treatment from a psychologist, a doctor or a nurse during the social assistance, it is determined with medical staff to what extent in relation to social assistance the

			<p>person requires special treatment. In the case where a person requires a special diet, it is possible to obtain a cash equivalent in exchange for meals, or to receive meals or food products adapted to the physician's written recommendations regarding the diet. When it is necessary to provide additional equipment (such as a wheelchair, layette for a newborn or a pram), it is possible to provide it to a person in need for free (if it is in a warehouse) or co-financing (in the case of a wheelchair) by the Office for Foreigners. In a special situation when foreign unaccompanied minors are applying for international protection proceeding with them is regulated in Sections 4 and 5 (in the field of medical care) of the Act on granting protection to foreigners within the territory of the Republic of Poland and in the Act of 15 December 2011 on supporting families and the foster care system. In the case if the unaccompanied minor submitted declaration of intention to apply for international protection, the Border Guard which accepted the declaration acts immediately to the guardianship court with jurisdiction over the place of residence of a minor with a request to appoint a guardian to represent the minor in the proceedings on granting international protection, transferring to another Member State under Regulation 604/2013, to provide social assistance and to help in voluntary return to the country of origin. An application for international protection on behalf of an unaccompanied minor may be submitted by a curator or a representative of an international organization or NGO devoted to providing assistance to foreigners, including legal aid on the basis of an individual assessment of the unaccompanied minor and when this organization considers that they may need such protection. After submitting on behalf of a minor an application for international protection, the Border Guard authority shall submit a request to place him/her in foster care. An unaccompanied minor resides in a professional foster family who performs the function of a family emergency service or an intervention-type educational institution until the judgment is issued by the guardianship court. The Head of the Office, if possible, undertakes activities aimed at finding relatives of an unaccompanied minor. In the case of obtaining information from a psychologist, a doctor or a nurse during the provision of social assistance, that the alien is a person requiring special treatment, it is being determined to what extent in relation to social assistance the person requires special treatment. In the case where a person requires a special diet, it is possible to obtain a cash equivalent in exchange for meals, or to receive meals or food products adapted to the physician's written recommendations regarding the diet. Foreigners with disability applying for international protection are accommodated in centers for foreigners with appropriate adjustments, i.e. driveways and rooms with specially adapted bathrooms. In the case of a single woman with children coming to the reception center,</p>
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			<p>accommodation in general rooms is avoided, if possible. In addition, in order to improve the safety of single women and single mothers, in 2010 a center for Target group in Targówek in Warsaw was specially designated for this group of foreigners.</p> <p>3. The set of good practices in the area of care for foreigners who require special treatment has been introduced in 2015 - procedure for dealing with foreigners who require special treatment in the area of social assistance. The aim of the procedure is to indicate the procedure for the granting and implementation of social assistance to foreigners who require special treatment in the field of social assistance. In addition, another goal of this procedure is to standardize the treatment of the abovementioned group of foreigners and to maintain the quality of social assistance provided at the highest level, adapted to the special needs of foreigners. The procedure describes how to proceed with care, including elderly people, indicating the need to provide such help for foreigners, for example, transportation to the center, accommodation in a room with a bathroom, care for a proper diet and medical equipment if necessary. The procedure also includes guidelines for dealing with unaccompanied minors, including the need to safeguard their interests, in particular the possibility of family reunification, child well-being and social development, safety and security considerations, in particular when there is a risk that a minor is a victim of trafficking, according to his age and maturity. Another group of foreigners to whom the help procedure is applied are bedridden persons, who in case when the state of health requires it, are placed in a special facility such as a nursing care facilities, health care center, hospice. If necessary, additional help is organized for such persons, eg clothing, hygiene products.</p> <p>4. The biggest challenges refer to the institutional cooperation and financial issues.</p>
	Slovak Republic	Yes	<p>1. Immediately during the first contact with the asylum seeker it is determined whether the applicant is a vulnerable person (see Part 1, Q 2-3). Vulnerable persons are moved to accommodation centre for vulnerable persons from the reception centre after the medical examinations are concluded. In the accommodation centre psychological, social and legal counselling is provided as well as the necessary medical care. For the applicants with psychological diagnosis a cooperation with contracted doctor – psychiatrist is established. In case of serious diagnosis, applicants are hospitalised in the state hospitals. In case there are minors with special needs in the facility, special pedagogues are in place.</p>

			<p>NGOs financed via AMIF also take care for asylum seekers.</p> <p>2. See Part I, Q 2 a), b), c)</p> <p>3. As a positive example, information sharing among the concerned persons in the facility, especially in case of psychiatric diagnosis, can be mentioned. It has been proved useful in case of a client with schizophrenia that various subjects exchanged information during their regular meetings (social workers of the MO, case worker, nurses and NGO employees) as the client behaved differently to every subject, as well as to female, male, younger and older persons, state or third sector representatives. A quality social anamnesis that subsequently helped during the further work with client and served as a good basis for the doctor was created from the common outputs. All the information were recorded in the already mentioned Social profile.</p> <p>4. Among the biggest challenges we can count the complicated mental states and psychiatric diagnosis. The reception facilities in the SR cannot provide an adequate care for this type of vulnerable clients. Another challenge is the attitude of applicants to the psychological treatment of e.g. PTSD which is often culturally not accepted. Also the facilities should be better equipped to the address the needs of the physically disabled persons – no-barrier entrances, but also material requirements to carry out art therapy, musicotherapy etc.</p>
	Sweden	Yes	<p>1. The Swedish Migration Agency runs two safety accommodations with the purpose to decrease harassment in the SMA accommodations. The safety accommodations are placed in or nearby a big city where access to social networks for vulnerable persons is easier. Such vulnerable persons could for example be LGBTI-persons or the ones who are at risk of being harassed because of their age, sex, religion and physical or mental disability.</p> <p>2. When a co-worker at the Swedish Migration Agency either see a physical disability or if something comes up during a personal meeting, the person will be called to a social meeting/investigation where special needs will be assessed. The outcome of such assessment could for example be to refer the person to the health care clinic or to find an adapted type of accommodation.</p> <p>3. •People who live in a safety accommodation has expressed that they feel safer there than they did</p>

			<p>in their former accommodation. o Evaluation is only available in Swedish. •Accommodation and education for deaf and hearing impaired. o The application units always know who to contact and where to send these applicants</p> <p>4. • lack of available customized accommodations, especially for people with disabilities. • hard (close to impossible) to find apartments close to bigger cities.</p>
	<p>United Kingdom</p>	<p>Yes</p>	<p>1. In the case of unaccompanied children, UK local authorities have a statutory duty under the Children Act 1989 to ensure that they safeguard and promote the welfare of all children, regardless of their immigration status or nationality. Under these arrangements, unaccompanied asylum-seeking children are assessed with regard to their individual needs and provided with access to education, accommodation, and psychological and health services, as would be provided to any other looked after child in the UK. They are also provided with a personal social worker. Resettlement Individuals who are resettled through the VPRS or VCRS are provided with initial reception arrangements, casework and orientation support including English language provision by the receiving local authority (or community sponsor). Accommodation is also provided, but refugees are required to pay rent through a tenancy agreement. In addition, upon arrival, the local authority will assign a caseworker to every resettled family or individual who maintains close contact with the family for the first 12 months to support their well-being and integration. The caseworker will help the family to register with local schools or ESOL classes, attend Job Centre Plus appointments for benefit assessments, register with a local GP, provide advice around and referral to appropriate mental health services and to specialist services for victims of torture, and assist with access to employment. This support is funded by central government and reflects the fact that they have been referred for resettlement to the UK by the UNHCR on account of their particular vulnerability. Refugees resettled through Gateway are provided with a 12 month package of housing and integration support, including access to a local authority caseworker for the first 12 months. All costs of the refugees (including health, education and social benefits) for the first 12 months after their arrival are funded by central government.</p> <p>2. In the case of unaccompanied asylum-seeking children, see response to question 1(a).</p>

			<p>3. Information not available.</p> <p>4. Information not available.</p>
	Norway	Yes	<p>1. In Norway, the health care sector has responsibility to provide care and treatment (that can't wait) for asylum applicants while in Norway. Applicants for protection are entitled to the same health services as the general population, with a notable exception for certain care services. Thus, health care for physical and mental illness is the domain on the health care sector, not the immigration authorities. Vulnerable applicants are housed in various receptions centres, according to their needs. * Most of the ordinary reception centres are adequate for persons with physical disabilities, such as wheelchair users etc, in that they are built to meet demands for universal design. In some cases, the reception centres have specific apartments designed to house such applicants. There is also an option for the reception centres to apply for special grants from the government, which may be spent on adapting the housing condition and / or staff to care for applicants with special needs, be it renting an apartment or hiring qualified staff to care for a resident. If a special financial grant is to be given the reception centre must first apply to the Directorate of Immigration for the grant. Applications must specify the needs in detail and provide a budget. Grants are given for a fixed time period and effects are evaluated. * Specially Adapted Facilities (Norwegian: Tilrettelagt avdeling). In Norway there are a total of four (4) Specially Adapted Facilities (80 beds in total), which are reception centres for applicants in need of special care due to mental or physical ailments. These facilities are, unlike the ordinary centres, manned 24 hours a day, 7 days a week and staff includes trained nurses. Typically, an applicant is placed in a Specially Adapted Facility after having applied from the ordinary reception center. The application must spell out the needs of the applicant and the main objective sought accomplished by moving. The Directorate's regional offices handle the applications in their respective regions. * Women's Shelter. The Directorate of Immigration cooperates with women's shelters. Applicants who are victims of human trafficking or domestic abuse are moved to these protected shelters to ensure their safety. Shelters are used in emergency situations, to ensure the safety of the applicant. The Directorate makes the decision to move the applicant to a shelter, with minimal formal procedures. * AMOT – Alternative to Reception Centres. In some cases, the Directorate of Immigration will place an applicant in the care of the local municipality. This arrangement may be used due to special needs, such as physical health or mental issues. The given local municipality will</p>

assume all responsibilities concerned with caring for the applicant and receives a stipulated grant from the directorate to cover expenses. The process of placing someone in AMOT starts with an application from the person or his/her reception centre. Given approval from the Directorate, the directorate will initiate a dialogue with the local municipality to formally arrange the agreement.

2. 1. b. What are the stages, steps and reasons for assigning applicants for international protection with special reception needs to specialized care and reception? The process varies amongst the various arrangements. Please see 1.a.

3. * An Evaluation of Services to Asylum Seekers With Health Problems in Reception Centers in Norway, FAFO 2017 This study looks at the Facilitated Sections and evaluates them on safety, services, interaction with other services and efficiency. Report includes summary in English. * Report on Information About Health, Rights to Health and Healthcare Services for Asylum Seekers, FHI 2017 This report explores how information about health, rights to health and healthcare services is provided to asylum seekers staying in arrival and transit centres, in the first phase after a person applies for protection in Norway. Report includes summary in English. * A Safe Place to Wait. Care Practices in Reception Centres for Unaccompanied Minor Asylum Seekers. FAFO 2018 In this report FAFO investigate the provision of care to unaccompanied minor asylum seekers aged 15–18 who live in asylum reception centres in Norway. Report includes summary in English.

4. All of the studies above give concrete examples of challenges related to care and housing of vulnerable applicants. In addition, information management and sharing of information is an on-going challenge which concerns all aspects of caring for and housing applicants with vulnerabilities. In general, information concerning health and other vulnerabilities is sensitive information and the management and sharing of such information is thoroughly regulated, as it should be. This will in some instances lead to delays which may cause failure to provide adequate care in a timely manner. The number of agencies and institutions involved in the asylum process further complicates the picture. Vulnerabilities may be identified by a number of various actors, as described above. As the applicants move between reception centres the flow of information will sometimes lag behind and this can cause serious challenges for the reception centres, health care workers and the care for the applicant.

