



AD HOC QUERY ON 2019.70 Actions undertaken in the EU Member States to improve consideration of asylum seekers' and refugees' vulnerabilities throughout their migratory pathway

Requested by Lucie Fabiano on 12 July 2019

Compilation produced on 25 September 2019

Responses from Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Slovakia, Sweden, United Kingdom plus Norway (24 in Total)

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1. Background information

2. Questions

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- 1. What are the most commonly detected forms of vulnerabilities in your country?**
- 2. What is the legal and procedural framework relating to the evaluation of vulnerability?**
- 3. Which measures/procedures have been implemented to meet vulnerable people specific needs in terms of material reception conditions and special procedural guarantees? In other words, are the reception / processing asylum applications conditions different for vulnerable groups and how so?**
- 4. What are the key strengths and weaknesses of the current vulnerability assessment and care system in your country?**
- 5. Are there actions/ good practices currently implemented in order to improve vulnerability assessment and care system in your country?**

We would very much appreciate your responses by **19 August 2019**.

3. Responses

1

		Wider Dissemination ²	
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¹ If possible at time of making the request, the Requesting EMN NCP should add their response(s) to the query. Otherwise, this should be done at the time of making the compilation.

² A default "Yes" is given for your response to be circulated further (e.g. to other EMN NCPs and their national network members). A "No" should be added here if you do not wish your response to be disseminated beyond other EMN NCPs. In case of "No" and wider dissemination beyond other EMN NCPs, then for the Compilation for Wider Dissemination the response should be removed and the following statement should be added in the relevant response box: "This EMN NCP has provided a response to the requesting EMN NCP. However, they have requested that it is not disseminated further."

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	EMN NCP Austria	No	
	EMN NCP Belgium	Yes	<p>1. According to the Office of the Commissioner General for Refugees and Stateless Persons (CGRS), responsible for assessing the applications for international protection, the most frequent type of vulnerable applicants are unaccompanied minors and applicants who invoke gender based violence. The CGRS has specific coordinators for those two types of vulnerable applicants. However, there is no exhaustive list of groups of vulnerable persons. Moreover, an applicant can have several characteristics making him a vulnerable person with specific procedural needs. (Still input expected from the Immigration Office and Fedasil)</p> <p>2. <i>Please see also BE AHQ: 2018.1292 & 2018.1294 - Part I and Part II - Reception of Vulnerable Applicants for International Protection with Special Reception Needs (March-April 2018)</i></p> <p>Legal framework</p> <p>Art. 1, 12° Immigration Act defines “vulnerable persons” as “(un)accompanied minors, persons with disabilities, aged persons, pregnant women, single parents with minor children and persons who have been subjected to torture, rape or other serious forms of mental, physical or sexual violence”. The definition does not refer to other categories of vulnerable persons, e.g. LGBTI or seriously ill persons. (http://www.ejustice.just.fgov.be/cgi_loi/change_lg.pl?language=fr&la=F&cn=1980121530&table_name=loi)</p> <p>Art. 36 Reception Act contains a more extensive, yet non-exhaustive list of categories of vulnerable persons, namely “(unaccompanied) minors, single parents with minor children, pregnant women, persons with disabilities, victims of human trafficking, elderly persons, persons with serious illnesses, persons with mental disorders and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence, such as victims of female genital mutilation”. Article 36 of the Reception Act states that in order to meet the special reception needs of these vulnerable persons the Reception Agency (Fedasil), or the reception partner of Fedasil, can make agreements (collaboration conventions) with specialised institutions or associations for the care and/or reception of vulnerable applicants. If the beneficiary of the reception is accommodated by one of these institutions or associations, Fedasil will ensure that the administrative and social follow-up of the persons concerned</p>

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		<p>are ensured and that the material aid is guaranteed. Article 37 to art. 42 describe the special provisions in place for (unaccompanied) minors. (http://www.ejustice.just.fgov.be/cgi_loi/change_lg.pl?language=fr&la=F&cn=2007011252&table_name=loi)</p> <p>Art. 48/9 Immigration Act describes the procedure to determine "special procedural needs" in the international protection procedure, inserted by the Law of 21 November 2017 to transpose EU Directive 2013/32. (http://www.ejustice.just.fgov.be/cgi_loi/change_lg.pl?language=fr&la=F&cn=1980121530&table_name=loi)</p> <p>Art. 11 and 22 of the Reception Act contain provisions related to the determination of "special needs" in the context of reception (accommodation and care) (http://www.ejustice.just.fgov.be/cgi_loi/change_lg.pl?language=fr&la=F&cn=2007011252&table_name=loi).</p> <p>Article 11 concerning the allocation of an applicant for international protection to a reception structure states that when allocating a mandatory place of registration (a reception facility), the Belgian Reception Agency (Fedasil) shall ensure that this place is adapted to the beneficiary of the reception and this within the limits of the number of places available.</p> <p>The assessment if the reception place is adapted, is based, in particular, on criteria such as the family situation of the beneficiary of the reception, the state of health, the knowledge of one of the national languages or the language in which the procedure is conducted. And in this context, the Reception Agency shall pay particular attention to the situation of vulnerable persons as referred to in Article 36.</p> <p>Art. 22 states the provisions applicable to the examination of the personal situation of the beneficiary of reception. During the thirty days following the allocation of the reception facility, the personal situation of the beneficiary of the reception is examined to determine whether the reception is adapted to his/her special needs. If this does not appear to be the case, the person concerned can be transferred to another, more adapted, reception facility. During the examination of the personal situation of the resident, the staff of the reception structure tries to identify not immediately visible signs of possible vulnerability, such as in the case of persons who have been subjected to torture or have been exposed to other serious forms of psychological, physical or sexual violence.</p> <p>At the same time as the examination of the specific reception needs, the existence of special procedural needs as referred to in Article 48/9 of the Immigration Act of foreigners is examined by the staff of the reception facilities. With the permission of the applicant, Fedasil can make recommendations to the</p>
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		<p>Immigration Office and the Commissioner General for Refugees and Stateless Persons regarding the special procedural needs. The evaluation of the personal situation of the beneficiary of the reception is continued throughout his/her entire stay in the reception network.</p> <p>Procedural framework</p> <p>Applications for international protection are registered and lodged at the Immigration Office. During registration, the officer of the Immigration Office assesses if there are any (visible) indications of vulnerability which s/he can indicate on a special registration form which mentions the categories: minor, +65 year, pregnancy, medical problems, psychological problems, with minor child(ren), single woman, victim of human trafficking, LGBTI, victim of violence (physical, psychological, sexual). There is also a free space on the registration form for further explanations and remarks. In practice, this free space is used to identify people who are considered to be 'very vulnerable'. The higher degree of vulnerability is mainly estimated on the basis of acute needs. Women who are in last months of their pregnancy or applicants who have immediate medical needs, can be treated with priority during the next steps of the registration procedure (see question 3).</p> <p>The completed registration form, with the indication of vulnerability as assessed by the Immigration Office is added to the administrative file of the applicant and transferred to the CGRS. The Dispatching Department of Fedasil, responsible for the allocation of reception places, will also receive a copy and will take into account the registered vulnerabilities when allocating a reception facility.</p> <p>Each file that the Immigration Office hands over to the Office of the Commissioner General for Refugees and Stateless Persons (CGRS) is screened for individual special procedural needs or vulnerabilities. Where there are elements that could prevent the applicant from fully participating in the asylum procedure, the CGRS will provide appropriate support.</p> <p>The determining of the special procedural needs is based on:</p> <ul style="list-style-type: none">• the questionnaire "special procedural needs" that was submitted to the applicant by the Immigration Office (during the registration process) and which contains questions such as "Do you think there are certain elements or circumstances that may make it difficult to tell your story or participate in the asylum procedure (e.g. physical difficulties or limitations, psychological or mental difficulties or points for attention, etc.)".• the applicant's statement at the Immigration Office and the preparatory questionnaire of the CGRS (during the registration process)
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| | | <ul style="list-style-type: none">• any documents that were submitted (medical certificates, etc.)• possible recommendations of procedural needs based on a medical examination• any recommendations transferred by the reception facility |
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It is primarily up to the applicant to introduce elements, but the asylum authorities may also identify elements that indicate that an applicant has special procedural needs. It is possible to inform the CGRS about additional elements at a later stage of the procedure. The CGRS always examines the influence of the additional elements on the procedure and on the reliability of the information already obtained. In principle, the procedure is not restarted.

The aim is identify procedural needs systematically and as early as possible, through the detailed questionnaire on procedural needs to be filled out at the Immigration Office but also through the detection of special needs in the reception facilities. This means that while Fedasil assesses whether an applicant has any special needs regarding reception, it also examines whether the applicant has special procedural needs. With the permission of the applicant, Fedasil can make recommendations to the Immigration Office and the Commissioner General for Refugees and Stateless Persons regarding the special procedural needs.

Concerning special reception needs, the Dispatching Department of Fedasil also has its own means to identify vulnerabilities.

Firstly, each applicant undergoes an initial screening with the Medical Unit of Dispatching Department (thoracic radiography, monitoring and administration of missing vaccinations) at the time of registration of his application for international protection. For applicants who have been categorised as vulnerable by the Immigration Office, a brief medical examination follows. Even if the Immigration Office did not register any vulnerability, the Medical Unit can carry out a medical examination of the applicant, for example, if there are visible indications of vulnerability or if the applicant provides medical information that was not mentioned at the time of registration. During the short medical examination, the nursing staff tries to collect as much information as possible in the short amount of time available and medical needs that require immediate medical care are examined. During the medical examination, questions are also asked that gauge psychological problems. No standard questionnaire or checklists are used. Personal contact between the applicant and the allocation staff of the Dispatching Department is a second channel for identifying vulnerabilities. The Dispatching employee provides information to the applicant on reception and has the opportunity to probe for vulnerabilities that are not already picked up either by the Immigration Office or by the Medical Unit.

If the staff (of the Medical Unit) of the Dispatching Unit identifies an applicant as having special

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		<p>reception needs, they can assign the applicant to an adapted reception place in the reception network of Fedasil (see below). Sometimes the applicants concerned can be assigned directly to this specific reception place, 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.</p> <p>Within the first days after arriving in the reception centre a social intake is done by the social workers of the social service and a medical intake by the staff of the medical service. During the social intake, the social worker will draw up a social file. The social file contains all the elements that are useful for the guidance/support of the resident during his/her stay in the reception network. It allows a follow-up of the overall evolution of the resident during his/her entire reception trajectory. The medical intake assesses special reception needs on the medical and psychological level. During the medical intake, a medical file is drawn up with the medical history, the risk factors, allergies, etc. The medical service checks current diseases and current treatments and / or care and takes the necessary measures (treatment, diet, additional examinations). During this intake, the health status of the newcomer is reviewed using a standard medical intake list. The medical file also follows the resident throughout his/her entire reception trajectory. Because of the medical professional secrecy, the medical file is only accessible to medical staff. Note that the resident does not have to wait until the medical intake for urgent medical assistance to be provided at arrival of the resident (including medicines, medical care, ...).</p> <p>Within 30 days after the allocation of the reception place the social worker has to carry out an assessment of the needs of each resident in order to determine whether the reception place is adapted to the needs of the resident in relation to his/her medical, social and psychological situation.</p> <p>When specific reception needs are identified needs on the basis of the medical, social and / or psychological situation of the resident, the social worker makes recommendations for the measures to be taken to meet these needs. If this cannot be done by adapting the current reception facility (for example transfer to a room on the ground floor or close to the sanitary facilities), nor by the provision of external specialised ambulatory services (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 the 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, etc.), a transfer to another, adapted, reception facility, which can be part of the</p>
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reception network or not (for example nursing homes for the elderly), is the next option.

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) and 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.

The reception partners of Fedasil also offer places adapted to special reception needs, for example 'Les Logis de Louvranges' for vulnerable women, managed by Caritas International and reception places for applicants of international protection with psychological problems in the psychological centre CARDA, managed by the Red Cross.

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 specialised 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 its reception partner will ensure the administrative and social follow-up and guarantee that material aid is provided. This way, agreements are concluded with nursing homes for the elderly or with psychiatric institutions for example.

For what concerns the **transfer of a resident to an adapted reception place**, Fedasil has drawn up an instruction with regard to the medical reasons allowing for a transfer and an instruction with regard to the other reasons that justify a transfer to an adapted reception - see *question 2 of the 2018.1294 BE AHQ PART II – Reception and Care of Vulnerable Applicants for International Protection with Special Reception Needs*.

3. During the registration of the asylum application:

The Medical Unit of Fedasil's Dispatching Unit can recommend, based on its investigation, that the full submission of the application for international has to be done on the day of first registration with the Immigration Office (with other words the asylum application of very vulnerable persons is immediately lodged with the making of the asylum application - within the same day instead of over several days/weeks), for example in case the applicant has a serious physical or mental illness or reduced mobility. In almost all cases, the Immigration Office will follow the recommendation of the Medical Unit

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of the Dispatching Department.

During the processing of the asylum application

Each file that the Immigration Office hands over to the Office of the Commissioner General for Refugees and Stateless Persons (CGRS) is screened for individual special procedural needs or vulnerabilities. Where there are elements that could prevent the applicant from fully participating in the asylum procedure, the CGRS will provide appropriate support.

The support measures of the CGRS cover various aspects of the procedure:

- the preparation or organisation of a personal interview: an adapted convocation letter, a specific date, a priority or delayed handling of the request, the sending of a written request for information, a personal interview on an alternative location, an additional medical examination or request for medical recommendations, ...
- the terms of the personal interview: assistance by a guardian in the case of unaccompanied minors, a protection officer with special expertise, an adapted phrasing of the questions (interview method), a brief personal interview or several hearings, assistance by an interpreter sign language, the gender of the protection officer in charge and / or interpreter, ...
- the follow-up after the personal interview: providing extra time to send medical evidence, etc.

The border or accelerated procedure is not applied to applicants who have special procedural needs, unless this would not jeopardize their rights or hinder them from fulfilling their obligations under the asylum procedure. This assessment lies with the CGRS and is done on an individual basis. The assessment of the special procedural needs remains valid for a subsequent request for international protection unless there are concrete indications that there are, or no longer, special procedural needs. The assessment of special procedural needs is in itself not open to appeal.

Concerning reception

In principle, applicants for international protection will be assigned to collective reception centres. However certain groups – such as vulnerable applicants – can be assigned immediately to an individual reception place.

If the staff (of the Medical Unit) of the Dispatching Unit identifies an applicant 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

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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 and the adapted reception facilities for applicants with reduced mobility and other medical or psychological problems. But most of the time, applicants for international protection (with the exception of unaccompanied minors) 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 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 and s/he must be transferred to a more adapted reception facility (see question 2 above).

4. *Please do also consult the study by Fedasil on the Fedasil's website: "Vulnerable applicants with specific reception needs: Definition, identification and care" (available in French and Dutch on https://www.fedasil.be/sites/default/files/content/download/files/fedasil_etude_personnes_vulnerables.pdf).*
 - a) During the process of submitting an application for international protection, the vulnerability of the applicant is immediately assessed by the Immigration Office, the medical service of Dispatching Unit of Fedasil and the service of allocation to the reception facilities of the Dispatching Unit of Fedasil. The assessment is rudimentary and focuses mainly on the identification of two (visible) vulnerable target groups, persons with medical problems (including psychological needs) and vulnerable women/mothers, which are taken into account in the allocation process. The Dispatching Unit of Fedasil receives the Immigration Office's registration form from containing the information on the suspected or proven vulnerability. This information may be taken into account by the Dispatching Unit in the allocation of an adapted reception facility.
 - b) The identification of special procedural needs: previously, the evaluation of the applicant for international protection by Fedasil concerned only the specific needs regarding reception. Article 22§1/1 of the Reception Act now provides that at the same time as the assessment of the specific reception needs, the special procedural needs within the meaning of Article 48/9 of the Immigration Act must also be examined. Fedasil may, with the consent of the person concerned, make recommendations with regard to address the special procedural needs to the Immigration Office and the CGRS. The way in which this new competence will be exercised in practice still has to be defined in collaboration with the asylum administrations.
 - c) Continuous assessment of vulnerability and specific reception needs of a person, including a fixed

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		<p>evaluation after the first 30 days. Possibility to transfer an applicant to a more adapted reception facility after assessments of his/her reception needs. But: Reception structures are supposed to meet the care and accompaniment of all kinds of vulnerabilities that they identify. This can be done in the first place by adapting the guidance internally, for example by means of specialisation (for example: involvement of reference persons for Female Genital Mutilation, for Psychosocial Needs or victims of Human Trafficking). The second option is to call on external services, both ambulatory and residential (this possibility is foreseen by law). The possibility of changing the reception facility is a third option and, although foreseen by law, is used rather exceptionally. The option of transfers is closely monitored and priority is given to the other options.</p> <p>Furthermore, transfers to individual reception facilities to limit the damage caused by persons who have spent more than six months in a collective reception centre are not taken into account.</p> <p>And in the event of an increased inflow (and occupancy rate) in the reception facilities, transfers to adapted places can be temporarily reduced or put on hold.</p> <p>d) The 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 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.</p> <p>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>e) 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</p>
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		<p>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>f) 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 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> <p>5. In no specific order, a number of good practices:</p> <p>a) For several types of vulnerable applicants such as unaccompanied minors, victims of human trafficking, LGTBI and gender related applications and applicants with psychological problems the CGRS has specialised protection officers who are responsible for handling these applications. These protection officers receive specific training. For unaccompanied minors for example, in addition to the basic training and at least two years interviewing experience, these protection officers have also received training to handle applications for unaccompanied minors. The training focuses, in particular, on: - Belgian and European legislation, directives, provisions and the legislation on guardianship - the principle of the best interest of the child - the phases in children's development and the different levels</p>
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		<p>of maturity - the functioning of children's memory - indicators of vulnerability in children - the possible mandate of a child - the position of a child in the different cultures and intercultural communication with children - child-specific forms of persecution. Also for other types of vulnerable groups, a number of protection officers have received specific training, such as the EASO training module Interviewing Vulnerable Persons and/or the EASO Training module on "Gender/Gender Identity & Sexual Orientation".</p> <p>And the CGRS guideline on applications for international protection from victims of sexual violence for protection officers. This document offers a theoretical basis (definitions, traumatic consequences, legal framework) and concrete instructions for conducting the personal interview and taking a decision in cases of victims of sexual violence.</p> <p>A number of interpreters working for the CGRS also received a training entitled 'Interpreting gender-related asylum stories'. This training enabled interpreters to become better aware of the topic of LGBT asylum seekers and other asylum grounds related to gender (realities which are often taboo and perceived negatively in many cultures of origin), to express themselves about the specific difficulties they encounter when translating gender-related asylum stories, and to receive guidelines and instructions for coping with emotional, linguistic and other types of difficulties.</p> <p>b) 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.</p>
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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).

c) 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.

d) 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,

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			<p>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). Note that at the moment similar trajectories (financed by AMIF) are being developed for victims of other forms of gender based violence (such as forced marriages, domestic violence, child abuse, sexual exploitation).</p> <p>e) In 2018, the CGRS has issued an internal directive on the identification of special procedural needs and the provision of support. The directive explains how indications of special needs should be assessed and gives examples of possible support measures.</p> <p>In progress:</p> <p>Development of an early screening tool</p> <p>In 2018, the Study and Policy Unit of Fedasil has developed a tool which will allow social workers of the Arrival Centre to make a first identification of vulnerable applicants for international protection with special reception needs. It consists of a computerised list with a series of vulnerability and resilience indicators to be completed during a first interview with the applicant. On the basis of this identification, a reception facility that best corresponds to the reception needs of the person concerned can be sought and the designated reception centre can already begin to prepare the most appropriate support in advance of the arrival of the applicant. For the moment, the tool is in the testing phase and the way in which this tool can be integrated into the Fedasil's automated management system, Match-it system, is examined.</p>
	EMN NCP Bulgaria	Yes	<ol style="list-style-type: none">1. The most common categories of vulnerable persons are unaccompanied minors and persons with health problems.2. The basic legislative act is the Law on Asylum and Refugees (LAR). According to the Law on Asylum and Refugees, §1, p.17 "persons from a vulnerable group" are: minor or underage persons,

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unaccompanied minor and underage persons, elderly people, pregnant women, single parents with underage children, victims of human trafficking, people with serious health problems, people with mental disorders, and people who are victims of torture, rape or other serious forms of mental, physical or sexual violence. In compliance with the Law on Asylum and Refugees, accelerated procedure is not applicable to unaccompanied children. Unaccompanied who are minors or under the legal age are provided accommodation until they become of legal age with the family of relatives or close acquaintances, a foster family, a social service – a residential-type institution or a specialized institution, under the terms and procedure laid down in the Child Protection Law. A representative from the municipal administration is assigned for every unaccompanied minor or under the legal age foreigner who is seeking or has been granted international protection shall be assigned.

3. The State Agency for Refugees with the Council of Ministers (SAR) implements policies and takes measures in the field of international protection, taking into account the special situation of applicants for international protection.

Measures to be applied to vulnerable persons seeking international protection in the Republic of Bulgaria include:

- Early identification of specific vulnerability, needs assessment and provision of timely care and services that continue during the procedure;
- Provision of psychological support for women and girls subject to discrimination on grounds of sex;
- Provision of special care for women and girls subject to discrimination on grounds of sex;
- Ensuring safe and welcoming environment for women and children seeking international protection, incl. unaccompanied girls in order to prevent gender-based violence.

Trainings for implementation of measures related to vulnerable persons is organized for and interpreters and the staff of SAR working with women and girls.

The current priority areas of SAR are aimed at improving existing systems for monitoring, setting policy goals related to the protection of the rights of women and girls and at monitoring the impact at the systems for monitoring. In this context, we are working to disseminate more information about methods that prevent their rights being violated.

In cooperation with UNICEF, UNHCR and other organisations the Agency works in the field of exchange of good practices, cooperation and communication with national institutions, responsible for the protection and promotion of their rights, representatives of the local government and the non-governmental sector with the view to improving the situation of vulnerable asylum seekers. Protection

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			<p>measures tailored to their specific needs include: searching for families; provision of appropriate social, health and psychological care; the right of access to compulsory education, which includes language courses, access to a complaints mechanism; legal advice; translator; conducting interviews and consultations.</p> <p>4. A social expert is present during the registration of persons seeking international protection. He identifies the vulnerability and assesses the needs of those persons, enabling persons with special needs to be assisted at an early stage.</p> <p>5. A good practice currently implemented is the preparation of a prompt and complete assessment of the needs of unaccompanied minors and to refer the unaccompanied minors to specialized care (medical and psychological).</p>
	EMN NCP Croatia	Yes	<p>1. The most commonly detected forms of vulnerabilities in Croatia are minors, unaccompanied minors, elderly and infirm persons, pregnant women and single parents with minor children. Less commonly detected forms of vulnerabilities would be persons with disabilities, persons with mental disorders and victims of trafficking in human beings, victims of torture, rape or other psychological, physical and sexual violence. We had few cases of victims of female genital mutilation, persons divested of legal capacity and seriously ill persons. Statistical data on vulnerable people are being collected since the beginning of the year 2019.</p> <p>2. According to Act on International and Temporary protection through special procedural and reception guarantees, appropriate support shall be provided for applicants in relation to their personal circumstances, amongst other things their age, gender, sexual orientation, gender identity, disability, serious illness, mental disorder, or as a consequence of torture, rape or other serious forms of psychological, physical or sexual violence. Evaluation of vulnerability is being done for exercising the rights and obligations referred to in the Act on International and Temporary Protection.</p>

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		<p>The procedure of recognizing and evaluating the personal circumstances of applicants shall be conducted continuously by specially trained police officers, employees of the Ministry and other competent bodies, from the moment of the expression of intention to apply for international protection to the service of the decision on the application.</p> <p>Accelerated procedure and Procedures at border crossings or in transit zone according to Act on International and Temporary protection shall not apply to applicants who are in need of special procedural guarantees, especially victims of torture, rape or another form of serious psychological, physical or sexual violence, if it is not possible to provide the appropriate support.</p> <p>3. According to the Ordinance on the realization of material reception conditions, when accommodating an applicant, the reception center will pay special attention to gender, age, the position of vulnerable groups as well as those with special needs and family integrity.</p> <p>Applicant with special needs can be accommodated in an appropriate institution or can be accommodated according to the social welfare regulations if he or she cannot be accommodated in the reception area in accordance with his or her needs.</p> <p>When accommodating an applicant, it is necessary to adapt the conditions of accommodation to the needs of the applicant, and to provide psychosocial assistance, in particular, to the care of those with special needs reception.</p> <p>Professionals who provide psychosocial care at the Reception Center will conduct the process of recognizing special needs of applicants. Where it is appropriate, the social welfare center on whose territory the applicant is located may be included in the assessment process.</p> <p>The Social Welfare Center involved in the process of recognizing special needs of applicants will inform the Reception Center of all measures taken and actions taken.</p> <p>4. Social workers, social pedagogues and nurses are in charge for recognizing and evaluating the personal circumstances of applicants and making decision about whether person can be considered vulnerable or not.</p>
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			<p>The information on each particular case is entered in a particular table that is available to all employees in the Reception Center.</p> <p>Based on these data, further support, actions and activities are intended to make sure vulnerable persons will exercise their rights and obligations under the Act on International and Temporary protection.</p> <p>Key strengths of the current vulnerability assessment and care system would be the fact that people working with vulnerable persons in Reception centers are social workers, nurses and social pedagogues and they are trained to work with vulnerable groups of people. In accordance with the possibilities they are regularly educated and informed about this work area.</p> <p>Weaknesses of the current vulnerability assessment and care system is Reception center for accommodating vulnerable persons which is not completely adapted (common sanitary nude) and insufficient number of professionals who would be employed to work only with vulnerable groups.</p> <p>5. Not at this moment.</p>
	EMN NCP Cyprus	Yes	<p>1.</p> <ul style="list-style-type: none">• Unaccompanied minors• Single women with children• Pregnant women• Trafficking victims• People that suffered torture, rape or any other type of psychological physical or sexual abuse and consequently possible post-traumatic stress disorder <p>3. There is no difference concerning the asylum and reception procedures (it is determined by the</p>

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			<p>Cyprus Refugee Law), although different evaluation forms and other relevant documents may be used e.g. at the First Reception Centre, at the District Immigration offices of the Police or at the Reception and Accommodation Centre for Applicants for International Protection</p> <p>4. No official evaluation has taken place considering this matter, however, in the framework of the EASO Operating Plan to Cyprus, any possible weaknesses are dealt with, while the strengths are further improved (e.g. with SOPs and internal guidelines). Weaknesses may include, time consuming procedures emanating from lack of dedicated staff and difficulties in communication between the different departments involved.</p> <p>5. As mentioned above, procedures are improved in the framework of internal discussions, and also in the framework of the EASO OP to Cyprus, while the drafting of new evaluation forms is currently being discussed, as well as the creation of a new reception center for vulnerable persons.</p>
	EMN NCP Czech Republic	Yes	<p>1. The most commonly identified forms of vulnerabilities in the Czech Republic are:</p> <ul style="list-style-type: none"> • vulnerabilities based on the age (group of parents or a family with a minor child), • or handicap (family with a disabled adult child). <p>2. The procedural framework is based primarily on the Asylum Act. The respective law provides an overview of vulnerable persons (in accordance with Recast RCD): Vulnerable persons include, in particular, an unaccompanied minor, a parent or a family with a minor child or a parent or a family with a disabled adult child, a person over 65 years of age, a disabled or seriously ill person, the victim of trafficking in human beings or a person who has been tortured, raped or subjected to other serious forms of psychological, physical or sexual violence.</p> <p>Furthermore, the Act stipulates that the Asylum System Operator shall determine, within the scope of its powers and for the purpose of performing tasks under this Act, whether the applicant for international protection is a vulnerable person. In the case of an applicant for international protection who is a vulnerable person, the operator shall further determine whether that applicant has specific needs,</p>

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			<p>determine the nature of those needs and take them into account throughout the stay of the applicant for asylum in the asylum facility.</p> <p>3. Important measures include sheltered accommodation in the protected zone of the facility, which is inaccessible to other clients, increased monitoring of social workers and the related extended range of social services that follows individual needs of a client.</p> <p>4. There are no weaknesses in determining vulnerabilities – identification is clearly defined and established.</p> <p>5. The system of assessment and vulnerability assessment remains the same, and we are constantly striving to improve our approach to providing social services and meeting specific needs.</p>
	EMN NCP Estonia	Yes	<p>1. In Estonia the number of applicants for international protection is small, hence the number of applicants with vulnerabilities is even smaller. The forms of vulnerabilities detected in recent years have been elderly persons, pregnant women, single parents with minor children, person with mental health problems.</p> <p>2. According to the Act on Granting International Protection to Aliens the specific situation of a vulnerable person and the special needs arising therefrom are taken account of in the international protection proceedings. An applicant with special needs is, in particular, a vulnerable person, such as a minor, an unaccompanied minor, a disabled person, an elderly person, a pregnant woman, a single parent with minor children, a victim of trafficking, a person with serious illness, a person with mental health problems and a victim of torture or rape or a person who has been subjected to other serious forms of psychological, physical or sexual violence.</p> <p>A person is deemed to be an applicant with special needs when the Police and Border Guard Board have established his or her special need. In such case all the specifications provided for in this Act shall be applied to him or her and he or she shall be enabled the support corresponding to his or her special need. When identifying the special needs the EASO online IPSN (EASO tool for identification of</p>

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persons with special needs) is being used.

Where necessary, other administrative authority or expert shall be involved in the identification of a special need. The special need shall be identified as soon as possible after the submission of the application. The Police and Border Guard Board shall fix the special need of an applicant in writing. 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 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.

All the officials and employees who are in contact with the applicants for international protection shall comply with such competency requirements which enable them to observe a special need and take it into account. The involved institutions are: Accommodation centre, social worker, health care authorities (doctor of the applicant), psychologist and other experts who might be involved.

3. The specific situation of a vulnerable person and the special needs arising therefrom are taken into account in the international protection proceedings. The cases of vulnerable groups are proceeded as a priority, if possible.

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 into account of the special need which has become evident in a later stage of the international protection proceedings.

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

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			<p>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>4. As the number of asylum applicants with vulnerabilities is small, there is little experience on this topic. At the same time the low number of persons with vulnerabilities gives an opportunity to better concentrate on the assistance of the persons.</p> <p>5. No information available.</p>
	EMN NCP Finland	Yes	<p>1. Basically every form of vulnerability have been detected in Finland. The most commonly detected forms of vulnerabilities in Finland are mental health problems and vulnerabilities related to age, gender and family composition. There are various problems in concept of vulnerability and discussion concerning it would be highly needed in European level. For example in background information of this inquiry it portrayed that various people and groups are so called vulnerable individuals or groups. But in this question it is formed like there are various vulnerable processes, situations or even features, but in a sense vulnerability is not non-changing entity and vulnerability is not persons trait for life. Vulnerability as a more fluid concept and as a thing that could change and as a thing that do not dictate persons needs and life trajectory could be more advisable. This still could mean that person might have needs. Also situations that possible vulnerability and specific needs are evaluated should be scrutinized when there is nothing to give to applicant.</p> <p>2. In Finland, basic idea in legal framework is not to evaluate vulnerability, but possible specific needs arising from it (so basically we are not talking about "vulnerability assessment"). Vulnerability concept at the moment seems to be so 'catch all' concept that virtually most of the asylum seekers fell to it. But belonging to pre-defined vulnerable group do not necessary mean that person has specific needs or persons possible needs are something that needs some kind of help. This needs assessment and need to do that is on-going / non-stop procedure and happens all the way, not just when person enters to</p>

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			<p>system. Not all needs are evaluated in reception centers but also in outside reception centers (various health care issues).</p> <p>3. Living arrangements, social workers, nurses and crisis and family workers in reception centers (in-house, easy access), health care check-ups (need assessment), social care evaluation (need assessment + client plans), decent staff/client ratio in reception centers, outside reception centers services and clear steering practices, various instruction plus trainings from Finnish Immigration Service. This do not mean that reception conditions or services are different to all members to some pre-defined vulnerable groups, but means the needs and situation is evaluated in non-stop manner and conditions and services might differ. This also means that persons situation and needs might change during process, but also as result from organized services.</p> <p>4. Well steered system, good client / staff ratio, educated staff in reception centers plus outside services, well-defined procedures. There are needs that would probably need more help, but there are no services or queues are long. There could also be few more specifically defined centers to some applicants</p>
	EMN NCP France	Yes	<p>1. In France, the profiles of asylum seekers have significantly changed since the migratory crisis. There are fewer families and more young, low skilled and non-francophone single men. In addition, vulnerable profiles such as persons with reduced mobility, people suffering from psycho-trauma, women victims of trafficking for the purpose of sexual exploitation or asylum seekers / refugees members of the LGBTI community, are more important. Furthermore, various studies carried out by NGOs on the ground tend to suggest that vulnerability situations can persist or arise for some groups once arrived in France. Some studies showed that women asylum seekers and women refugees could remain exposed to various situations of violence once on the national territory such as sexual assaults, sexual exploitation, arranged marriages or pregnancies in order to facilitate the obtention of accommodation places or domestic violences from their partners.</p>

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Finally, the pervasiveness of mental dysfunctions among the population of asylum seekers is unanimously underlined by the epidemiology of asylum seekers and refugees health

2. Article L.744-6 Ceseda (Code on Entry and Residence of Foreigners and on Asylum) refers to the identification of vulnerability, in particular, of children, unaccompanied children, disabled persons, the elderly, pregnant women, single parents with minor children, victims of trafficking, persons with serious illness, persons with mental disorders, and victims of torture, rape and other forms of psychological, physical or sexual violence, such as victims of female genital mutilation.

The law does not refer to vulnerability on account of sexual orientation or gender identity. In France, vulnerability and special needs of asylum seekers are assessed by OFII (French Office for Immigration and Integration) which is responsible of this evaluation in a "reasonable timeframe". This evaluation, that concerns all asylum seekers, takes the form of an interview which follows the registration of the asylum application at the single desk for asylum seekers (GUDA). The objective is to determine whether the person has special reception and procedural needs. The assessment of vulnerability particularly concerns the categories listed in Article L. 744-6 Ceseda. At this stage, no vulnerability linked to asylum claim should be discussed. During the interview with OFII, the asylum seeker is informed that he or she can benefit from a free medical examination. Any information collected by OFII on the vulnerability of an applicant is subsequently sent to the French Office for the Protection of Refugees and Stateless Persons (OFPRA – competent for the refugee status determination), if the applicant so agrees. When the asylum seekers benefit from legal and social assistance, from orientation platforms for example, it is possible for them to address OFII with a medical certificate. It is also possible to notify OFII of any vulnerability element identified after the "interview" conducted at the stage of the single desk.

For asylum applications made at the border or in detention, OFPRA has developed a system for the signaling of vulnerabilities in places of detention. Any person authorized to be present in waiting zones, including the NGOs accredited to that effect, can alert OFPRA of the existence of vulnerabilities through a functional email address.

4. The vulnerability assessment is carried out by OFII officers specifically trained on vulnerability assessment and identification of special needs. However, currently, only directly verifiable vulnerabilities by OFII officers are assessed during this interview. Therefore, the most commonly detected forms of

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			<p>vulnerabilities are the ones related to age (youngsters and elders), physical health condition (pregnancy, chronic disease, apparent disabilities) and family composition (families or single parents with young children). The vulnerability assessment has thus a limited impact on the early identification of vulnerable persons such as victims of torture and of physical, mental or sexual violence, victims of human trafficking or violence due to their sexual orientation and/or gender identity.</p> <p>Moreover, if OFII has the possibility to orientate vulnerable people towards "adapted" accommodation centers, the French national reception system continues in practice to be marked by its "generalist character". If there were until now some few existing reception centers for asylum seekers dealing with specific issues such as violence against women, there were no existing centers within the national reception scheme specifically dedicated to accommodate vulnerable persons such as female asylum seekers victims of human trafficking or sexual violence or people victim of social exclusion/ ostracism or violence du to sexual orientation and/or gender identity.</p> <p>Finally, there is a scope to improve information-sharing among the actors involved in the detection/screening process. For instance, as so far, there is no formalized information transmission system between OFII and OFPRA when a vulnerability situation, that should request material reception conditions to be adapted, is assessed by OFPRA officers after the interview conducted by OFII officers (existing information exchanging process only for the most "severe" cases and on "an ad hoc basis").</p>
	EMN NCP Germany	Yes	<p>1. Preliminary remark:Please note that the Federal Office for Migration and Refugees is only responsible for the asylum procedure in Germany. Therefore, most answers refer only to this process. The reception, stay and also the forced return of foreigners lie within the responsibility of the Federal States.</p> <p>Answer 1:</p> <p>The Federal Office does not register such data. Generally spoken, a wide range of vulnerabilities within the asylum procedure has been detected in the previous years. Depending on the country of origin, examples include unaccompanied minors, victims of human trafficking, of rape, torture and gender based violence, LGBTI-individuals, persons with serious illnesses or mental disorders etc.</p>

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| | | <p>2. The internal guidelines of the Federal Office make reference to EU regulations 2013/32/EU und 2013/33/EU when stipulating the duty of all staff members to make any effort in identifying vulnerable persons at any stage of the asylum procedure and to provide any help necessary and possible to applicants. In this regard the German Asylum Act also obliges authorities such as the Federal States and the Federal Office to provide relevant information to other respective authorities (for example, the Federal States - or the body designated by it - may transmit personal information about a foreigner's physical, psychological, mental or sensory impairment which the Federal Office needs to duly carry out the personal interview). The coming amendment of the Asylum Act (the amendment has just passed the German Parliament) will introduce a voluntary and independent procedural counseling for all applicants under the responsibility of the Federal Office. The counseling is comprised of two stages: a group information session with general information on the asylum procedure and return possibilities conducted by the Federal Office, followed by individual counseling sessions for every applicant conducted by the Federal Office or social welfare organizations. In general, the counseling will be provided before the formal lodging of an application. Information on vulnerabilities brought up by the applicant during an individual counseling session can be taken into account in the following asylum procedure (if the applicant has approved to the transfer of such information).
The amendment also stipulates that the Federal States are obliged to establish appropriate measures with regard to the accommodation of women and vulnerable persons in order to protect them.</p> <p>3. With regard to material reception conditions see introductory remark under 1. and answer under 2. Generally, vulnerability can be taken into account at any stage of the asylum procedure. For example, staff involved in the process of lodging an application shall inform the decision-maker in charge about detected vulnerabilities. The decision-maker will decide on necessary measures, in particular with regard to the personal interview in order to safeguard that specific needs are met.
The Federal Office also employs "specially-commissioned" decision-makers for some particularly vulnerable groups such as unaccompanied minors, victims of human trafficking, victims of gender-specific persecution – this includes LGBTI-individuals – and victims of torture and/or trauma. These "specially-commissioned" decision-makers have received additional training and have special knowledge with regard to the specific needs of the respective vulnerable group.</p> <p>4. In the field of reception, asylum, stay and return the responsibilities between the Federal States and the Federal Government are shared (see introductory remark). Moreover, different procedures are</p> |
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			<p>applied in the 16 Federal States in Germany and cooperation between the different stakeholders can be challenging with regard to uniform approaches.</p> <p>5. The current amendment of the German Asylum Act (see above under 2.) includes some measures to improve the vulnerability assessment. Constant training of decision-makers is also a key element.</p>
	EMN NCP Greece	Yes	<p>1. According to law 4375/2016 six vulnerability categories are defined and mentioned a) Unaccompanied children, b) persons of old age, c) persons suffering from serious or incurable diseases or with severe disabilities, d) women who are pregnant or have just given birth, e) single parent families with underage children, victims of torture/sexual violence/any other form of violence or exploitation/ suffering from PTSD, f) Wreck the survivors and their families.</p> <p>2. The process to define vulnerability began with a tool that was based on a simple distinction of the cases as Vulnerable and Non-Vulnerable. Although the two degrees of vulnerability were originally adopted so as to prioritize the different cases according to each one's severity, there have been adjustments upon the template's use and that has already changed. A new vulnerability template tool and a manual to provide guidance for the procedure were completed in July 2018. It was a joined effort from the reception authorities, asylum service and healthcare services (RIS-KEELPNO-GAS-EASO). The implementation of the new tool is active on the RICs , Aegean islands. There were changes in the old tool regarding the levels of vulnerability (from 2 to 3, (A-B-C depending on the level of the vulnerability) as a means for the medical staff to be able to assess a vulnerable person more specifically.</p> <p>Much effort is placed to try and move the more vulnerable in accommodation places outside RICs. Trainings from KEELPNO have been done in order for the employees to understand and manage vulnerability. Vulnerability assessment is not given from NGOS doctors, it can only be signed from KEELPNO officials, national authority. All transactions regarding the vulnerability procedure are done with respect to the TCNs personal data, in accordance to law 2472/1997. Assessments are now required to take place a week after arrival in the RIC.</p>

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After the vulnerability assessment, a written statement is given to the RIC director reporting on the reasons that this person was considered vulnerable, providing all details necessary to justify this claim. The director, having this essay from the medical and psychosocial unit is able to send the person to the appropriate care facility when available. In case the director disagrees with the medical team they can request a re-examination by submitting an essay of their reason for this request.

The age assessment procedure, has been implemented to the national legislation through the joint ministerial decision 1982/2016 (National Gazette no. 335/B/16.02.2016). The age assessment tool – which is constantly developing through every day practice – is implemented whenever there is doubt whether a person is a minor during the UAM registration, in full cooperation with the doctors and the psychosocial team in every RIC and with the sole purpose to protect every minor that is hosted in the facility. In the case of an unaccompanied minor RIS contacts the local Prosecutor and the national system for the protection of unaccompanied children. Together they will direct the unaccompanied minor to either a temporary guardianship or a facility more suitable for children.

3. The person who is identified as belonging to a vulnerable group can stay in the RIC in a different and secure space if needed until all procedures are complete. Their needs are taken care of by appointed RIS staff. They can receive counselling or medical support if needed from the medical team or at the local hospital. Unaccompanied children live separately from adults and have police protection all day long. If anything occurs to a child they can refer to the police guards or the RIC employees.

SGBV focal points have been appointed to every RIC. SGBV incidents are being recorded and the SGBV monitoring tool is implemented to every RIC, in an attempt to identify gaps and best practices in SGBV prevention and response and the coordination mechanisms between different actors.

To be more specific, the MoMP and the Ministry of Interior are cooperating through a signed protocol between General Secretariat for Reception and General Secretariat for Gender Equality, in order to direct SGBV incidents as soon as possible to counseling centers, specialized housing facilities and emergency call centers.

Also, the SGBV incidents are located by the psycho-social personnel, which then provides support, assesses the risk and proceeds to actions (legal support, Hellenic Police, immediate transfer)

4. Defining the vulnerability system has given the procedures a faster and more organized way to operate. However the constantly high number of people entering the country is a great challenge

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			<p>5. There are some proposals worth investigating. It is very important to raise the number of available doctors who would be willing to work on the health programs that cover the camps. A connection of the program with the medical schools of Greece would be an idea, establishing cooperation with them so there can be an exchange of professionals and good practices.</p>
	EMN NCP Hungary	Yes	<p>1. Unaccompanied minors, family with minor child(ren), pregnant women, single parents with minor child(ren), elderly persons, persons with serious illnesses, persons with mental disorders, persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence and LMBTQ persons.</p> <p>2. Vulnerability is taken into account during the personal interview, and it has to be evaluated while considering refoulement too.</p> <p>Pursuant to Section (1)-(2) of paragraph 3 of the Government Decree 301/2007 (XI.9.) on the implementation of the Act LXXX of 2007 on Asylum, asylum authority shall assess whether the applicant is an applicant with special reception needs. Where relevant, specialised actors, such as psychologists or medical professionals, may be involved in the assessment of special needs depending on the nature of these needs.</p> <p>Asylum authority shall also assess whether the person who has been granted refugee status or beneficiary of subsidiary protection status is a person with special reception needs.</p> <p>4. It is a key strength that asylum seekers are supported by social workers in reception facilities and it is provided 24 hours a day. Thanks to the permanent social service, social workers can pay a special attention to persons with special needs.</p> <p>One of the weaknesses of the care system in place is that reception authority cannot ensure interpreters all day long – using English as intermediary language is generally a good solution, but</p>

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			<p>sometimes it isn't sufficient in case of persons with special needs.</p> <p>5. There are no actions or good practices implemented at the moment.</p>
	EMN NCP Ireland	No	
	EMN NCP Italy	Yes	<p>1. In Italy there isn't a public database regarding asylum seekers' and refugees' vulnerabilities. However, it could be said that the more detected and regulated form of vulnerability concerns foreign unaccompanied minors. During the 2018, 10.787 foreign unaccompanied minors have been registered and 3.676 international protection's applications have been submitted.</p> <p>2. At legislative level, only with regard to foreign unaccompanied minors, the law n.47/2017 (art.5) has provided a single identification procedure of minor, which establishes: an interview with specialized staff; a document attesting the age or, in absence of it, social-medical examination (with the minor's consent e with modalities as minimally invasive as possible); a presumption of minor age in case of doubt also after the medical control. However, the decision of attribution of aging is emanated by the Juvenile Court. For other forms of vulnerability - such as victims of trafficking or gender based violence – there specific operation guidelines have been adopted. The Guidelines set out the Standard Operating Procedures to be adopted during the process of granting international protection that takes place at the Territorial Commissions to facilitate the emergence and identification of special needs and vulnerabilities to allow applicants to take advantage, where possible, of appropriate assistance and protection measures. The UNHCR collaborates with the Italian authorities in defining standard procedures for the identification, referral and care of people with special needs, such as, for example, people who survived shipwreck, torture and extreme trauma, sexual violence and gender, single-parent families, disabled, elderly,</p>

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LGBTI.

3. Starting from the foreign unaccompanied minors, the law 142/2015 and in particular the article 19, provides that foreign unaccompanied minors have to be subjected to a targeted path since the first arrival and, already during the first reception, it is guaranteed to them an interview with a psychologist specialised for children and a cultural mediator with the aim to ascertain the personal situation of the minor, reasons and circumstances of the leave from their country of origin and of their travel toward Italy and their future expectations (art. 19 comma 1 of Law 142/2015). Moreover, with the purpose to guarantee the right to family unit, the Ministry of Interior stipulates conventions with international or intergovernmental organisations, humanitarian associations to implement programs aimed at identifying family members of the minor, taking into account his best interest (art 19 comma 7, law 142/2015). The law n. 47/2017 (which introduced a new legal framework focused on the best interest of the child) established a priority according to which - if adequate family members have been identified - the placement of the minor in the family should prevail over the placement in a community. So, after the consultations with the family, Ministry of Interior has to decide if to proceed with an assisted return decision or with a different measure of protection, such as family or community foster care. Law n. 47/2017 also established that the Ministry of Interior has the task to create specific first reception's facilities targeted to minors. The maximum stay time in first reception centers is halved-from 60 to 30 days and uniform standards for age verification have been established. After identification and examination of age, minors shall transfer to a second reception network, in which integration measures are granted. The law 132/2018 (Security Decree) – modifying the reception system (art. 12) - has provided that unaccompanied minors - who apply for asylum – have the right to remain in the Protection System until the decision on the international protections application. So, the second reception system (now called SIPROIMI and not more SPRAR) is reserved to beneficiaries of international protection and unaccompanied minors (also in pending of decision).

With regard to victims of trafficking, following the identification procedures, the territorial Commission (administrative authority competent to decide on asylum claim) – analyses the conditions trying to bring outshows the vulnerable situation/condition. The Territorial Commission's officers prepare the interview in order to bring the truth to light and to protect the victim in an appropriate way. The territorial commission's officer (who conducts the interview) and the interpreters shall be of the same gender of the applicant. In particular, the interpreter has to be specially trained and qualified to deal with these

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		<p>vulnerable situations.</p> <p>In general, when a particular vulnerable state emerges (abused woman, minors, LGBT), the interview is conducted by a specialized staff.</p> <p>The National Commission for Asylum, within the Ministry of Interior, and the UNHCR have elaborated (in 2017) Guidelines to Territorial Commissions to identify asylum seekers victims of trafficking (https://www.unhcr.it/wp-content/uploads/2018/02/Linee-Guida-identificazi...).</p> <p>Specifically, if during the case studying or during the interview the Territorial Commission's officer recognises trafficking indicators – stated in annex B of the Guidelines - (such as young age, provenience, lack of details about the flight, type of route, frequent absence from the reception center or the refusal of the reception), he stops the interview and with the consent of the applicant, proceeds with the so called “referral mechanism”. The Territorial Commission contacts an antitracking institution, among those who realise the program of identification, assistance and social integration according to art. 18 comma 3 of law 286/1998 (financed by Ministry of Equal Opportunities) and with which the Commission has stipulated a memorandum of understanding. The antitracking institution carries out several talks with the potential victim and, at the end, sends a report to Territorial Commission, in which has to be highlighted if the applicant has asked or has accepted to adhere to a specific program of protection. Nevertheless, this last element shall not affect the decision of the Territorial Commission about asylum claim. In general, there are reception facilities addressed depending on gender, only for men and/or only for women (except cases in which there is a family group). With regard to trafficking victims, there are targeted reception facilities aimed to offer particular standard of protection (art. 18 law 286/1998). However, as regards this kind of vulnerability, Italy has adopted a single programme of social emergence, assistance and inclusion against trafficking in and serious exploitation of human beings.</p> <p>As regards the victims of forced marriage, Law 69/2019 has entered into force on the 9th August 2019 arranging specific provisions for the protection of victims of domestic and gender-based violence. On 22 December 2017, the Department for Equal Opportunities (which supports the Presidency of the Council of Ministers) has published “the Guidelines for the Early Identification of Victims of Female Genital Mutilation (FGM) or Other Harmful Practices”, such as forced marriage, with the aim to provide guidance to practitioner operating in reception centers. Identifying the victims of FGM or forced marriages is essential to ensure the access to their rights and may be referred to the relevant specialized services. This means that the victims will receive appropriate assistance, be fully informed</p>
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		<p>about their future options, and be put in touch with one or more organizations that can provide them with the support they need going forward.</p> <p>All interviews with the woman must take place in a private setting and the utmost confidentiality must be ensured. It is crucial in this kind of interview to avoid involving relatives, friends, or mediators from the woman's own community as interpreters, because this would prevent her from freely speaking about any situation of violence that she has undergone and would prevent her from openly asking for help.</p> <p>The interview must always be conducted in a place that the woman perceives as safe. All possible risk factors must be taken into consideration and evaluated in the course of the interview.</p> <p>The practitioner must briefly and clearly explain to the woman the forms of help that are available to her and possible legal solutions for her situation.</p> <p>For girls and young women who are identified as victims of gender-related persecution, including forced marriages, the main local resources are Anti-Violence Centres, and the services provided by local networks of anti-violence centres. In order to obtain a first response to their needs, useful information, and direction to the nearest anti-violence centres and both public and private social and healthcare services, women may call the national freephone number 1522.</p> <p>4. On the basis of the experience gained in the field, Italy is building an organic framework for the assessment of vulnerabilities, in connection with the provisions of Legislative Decree 142/2015, Art. 17 laying down provisions relating to the reception of people with vulnerabilities.</p> <p>For some specific categories, ad hoc Laws have been drawn up (law n.47/2017 for foreign unaccompanied minors; Law 69/2019 for the protection of victims of domestic and gender-based violence) in virtue of the vulnerability more easily to be detected. Moreover, Legislative decree 113/2018 established a new residence permit for victims of domestic violence who report the offender.</p> <p>For other types of vulnerability, operational guidelines aimed at trying to guarantee protection have been elaborated and adopted.</p> <p>With regard to weaknesses, the care system and the cooperation and sharing system at territorial level provided for in the single programme of social emergence, assistance and inclusion against trafficking in and serious exploitation of human beings could certainly be strengthened.</p> <p>5. According to article 9 of law 24/2014, on 26 February 2016 has been emanated the first National Plan</p>
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			<p>against human trafficking and exploiting for the period 2016-2018. This plan constitutes an instrument to define multiannual strategies for the prevention and the fight of trafficking and exploiting phenomenon and to set up initiatives of awareness, social prevention and social integration of victims. The Government has assured the allocation of 24 million (more than previous years) for the implementation of the new Plan for 2019-2020, which is being prepared. The Ministry of Equal Opportunities has created a monitoring center on trafficking (https://www.osservatoriointerventitratta.it/osservatorio/) with an informatic system to collect information about it (SIRIT). Furthermore, on 23 November 2017 the Italian Government has approved the National Plan against women's violence (2017-2020), elaborating by an ad hoc multilevel working group (local and central administrations, trade unions, National Research Committee, National Institute of Statistics). The document proposes three strategic axes defined in the Istanbul Convention (prevent, protect and support, prosecute and punish) and a transversal axe aimed to support the implementation of integrated policies. With regard to foreign unaccompanied minors, during 2018, 8 projects were launched by a group of 9 foundations called "Never Alone", with the aim to promote autonomy and inclusion of unaccompanied minors, respecting their rights and trying to find a new prospective of reception (https://minoristranieri-neveralone.it/). Moreover, Central Direction of Civil Services for Immigration and Asylum has signed with the European Commission, during 2018, the Grant Agreement of the project SAVE (Support Action for Vulnerability Emergence). This project had also the goal to ascertain the age of the foreign unaccompanied minors in doubtful cases, directly in the hotspots by a specialized team of experts, promoting targeted paths of protection and integration. Finally, AMIF allocated 30 million to support those municipalities which promote actions in favor of migrants in vulnerable conditions, such as family of third country nationals who do not enjoy reception and third country nationals with mental disorders or alcohol and drugs dependence. Actions are aimed to guarantee health and social assistance services.</p>
=	EMN NCP Latvia	Yes	<p>1. The most frequently detected forms of vulnerability are persons with mental health disorders, followed by such forms of vulnerability as pregnant women and single parents with minor children; less</p>

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		<p>frequently – unaccompanied minors and persons with serious illness.</p> <p>2. According to the Asylum Law asylum seeker with special procedural or reception needs can be considered: a minor, a disabled person, a person in the age, upon attainment of which an old-age pension is granted in the Republic of Latvia, a pregnant woman, a parent with a minor child, a victim of human trafficking, a person who needs special care due to the health condition, a person with mental disorders, a person who has suffered from torture, rape or other serious psychological, physical or sexual violence, or other person to be especially protected whose ability to benefit from the rights and to comply with the obligations during the asylum procedure is limited.</p> <p>The Asylum Law defines that the State Border Guard (responsible institution for identification and first interviews) and the Office of Citizenship and Migration Affairs (1st instance for decision making as well as responsible institution for the reception) shall evaluate whether the asylum seeker has special reception or procedural needs. As information on asylum seeker's vulnerability can emerge at different stages of the procedure (during the identification process or first interview, in the Reception center or during the personal interview) employees are trained to recognize signs of vulnerability.</p> <p>There is only one Reception center therefore appropriate material reception conditions are ensured within this center accordingly to the character of the vulnerability (specially arranged rooms for disabled persons, medical screening and consultations from psychologist or psychiatrist, etc). Decision on the best option for accommodation regarding unaccompanied minor is taken after consultations with legal guardian of minor. Decision on the appropriate accommodation for person with mental health issues is based on conclusion of medical experts.</p> <p>3. Please see previous question.</p> <p>4. Good cooperation between involved institutions, short procedural time-limits that leads to the early identification of vulnerability as well as trained staff members could be mentioned as points of strengths. Procedure of cooperation among the involved institutions is prescribed by internal rules, however - not all possible situations are foreseen by rules therefore staff members should tackle situations on ad-hoc basis.</p> <p>5. No particular actions with purpose to improve vulnerability assessment are planned at the moment (apart from participation in the EASO Training Curriculum as well as different seminars at the national</p>
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			level on topics linked with identification and assessment of vulnerabilities and aimed to maintain/refresh knowledge of staff members on this topic).
	EMN NCP Lithuania	No	
	EMN NCP Luxembourg	Yes	<p>1. Some of the most common types of vulnerability that are detected during the international protection procedure are: individuals with sexual orientation or sexual identity issues, as well as victims of trauma (i.e. victims of rape, torture and any other form of violence). Unaccompanied minors are also a big part of this group considered as vulnerable.</p> <p>2. The immigration and reception authorities are responsible for assessing vulnerable persons in the reception context. The staff includes amongst others social workers, an ethno-psychological team and health professionals as well as an experts for people with special needs.</p> <p>The legal framework for the evaluation of vulnerability is provided for by two laws: the Asylum Law and the Reception Law.</p> <p>According to article 19 (1) of the amended law of 18 December 2015 on international protection and temporary protection (Asylum Law), the evaluation of special procedural guarantees refer to international protection applicants because of their age, sex, sexual orientation or sexual identity, handicap, serious illness, mental disorders, or because they are victims of tortures, rape or other serious forms of psychological, physical or sexual violence (i.e. genital mutilation). Unaccompanied minors will also have special procedural guarantees (article 20 of the Asylum Law).</p> <p>According to article 15 of the law of 18 December 2015 on the reception of applicants for international protection and temporary protection (Reception Law), vulnerable persons are defined as minors, unaccompanied minors, disabled persons, the elderly, pregnant women, single parents with minor children, victims of trafficking, persons with serious illness, persons with</p>

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			<p>mental disorders, and victims of torture, rape and of other serious forms of psychological, physical or sexual violence, such as victims of female genital mutilation.</p> <p>Article 16 (1) of the Asylum Law states that if the Minister in charge of Immigration deems it relevant to the assessment of international protection in section 37 of the Law, he takes the necessary measures to ensure that the applicant, with his/her consent, undergoes a physical examination in order to discover signs of persecution or serious harm which occurred in the past. The medical examination is carried out at the expense of the State by a physician designated by the Minister and the results are communicated to the Minister as soon as possible. For the identification and documentation of signs of torture or other serious physical or psychological abuse, including sexual abuse, the medical examination will take into account the "Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment" (Istanbul Protocol).</p> <p>Article 19 (1) of the Asylum Law requires that the Ministry in charge of Immigration conducts an assessment of the procedural requirements that may be necessary for some applicants, in particular because of their age, their gender, sexual orientation or gender identity, disability, serious illness, mental health, or consequences of torture, rape or other serious forms of psychological, physical or sexual abuse. This assessment has to be conducted within a reasonable period of time and before a first instance decision is taken. This evaluation can also be conducted by the Luxembourg Reception and Integration Agency (OLAI) as part of the Applicant's Vulnerability Review to determine, if appropriate, his/her specific needs in terms of reception. The information gathered concerning special procedural safeguards shall be transmitted by OLAI, with the agreement of the applicant, to the Minister. Once the Minister has determined the need for special procedural guarantees, the applicant is granted an appropriate support and enough time in order to prepare his/her application. If these guarantees cannot be implemented in the fast-track procedure, this type of procedure cannot be applied to the applicant (article 19 (3)). Once the applicant is identified as being in need of special procedural guarantees, s/he is granted adequate support and sufficient time in order to create the necessary conditions to file the elements to support his request.</p> <p>It is important to mention that in Luxembourg some of the staff members are specially trained to take charge of cases involving vulnerable persons, including unaccompanied minors. In fact, in accordance</p>
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with article 3 (2) § 3 of the Asylum Law these agents must have the general knowledge of the issues that could affect the applicant's ability of being interviewed, in particular of elements relating to situations of torture. Furthermore, the agents treating the application of an unaccompanied minor must possess the necessary knowledge on the particular needs of children and have to adapt the interviews accordingly.

In the Reception Law: According to article 16 (1) of the Reception Law, the detection of vulnerable persons and the evaluation of their special reception needs take place within a reasonable time period and depending on the circumstances. The assessment takes place as of the first meeting with the social workers of the Luxembourg Reception and Integration Office (OLAI). But it is also done throughout the stages of the international protection procedure, while the persons are living in the reception centers (article 16 (3)).

This article also establishes that the detection can be made by the OLAI or by other competent authorities. These authorities are:

- a) the Ministry in charge of Immigration : In accordance with article 16 (1) and 19 of Asylum Law, for the evaluation of the international protection application;
- b) the physician of the Directorate of Health appointed by the Ministry of Health (Sanitary Inspection) who carries out the medical examination of the applicants for international protection in accordance with article 4 (1) (2) of the Reception Law. This medical examination must take place within six weeks following the entry of the territory.

The OLAI staff and its partners will receive, as far as possible, appropriate training related to dealing with vulnerable persons with specific needs.

Article 9 (1) of the Reception Law establishes that the material reception conditions are determined by the OLAI taking into account the special needs of vulnerable persons. According to article 9 (2) the applicant informs OLAI of his/her special needs or of one of the members of the household.

Article 25 (1) establishes that the persons working with applicants for international protection shall be adequately trained according to the Regulation (EU) No 439/2010 of the European Parliament and of the Council of 19 May 2010 establishing a European Asylum Support Office. According to article 25(2) the staff dealing with unaccompanied minors shall receive appropriate training.

4. Weakness:

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		<p>Currently, several ad hoc tools are being used to evaluate the risk of vulnerability. OLAI is working on developing standardized operating procedures, including a screening tool that would allow for early detection of asylum seekers with non-visible vulnerabilities.</p> <p>The exchange of information on special needs between the different actors is currently not standard practice due to rights of privacy and medical confidentiality, however when required and with the consent of the applicant information is shared among the different services.</p> <p>Strengths:</p> <p>Different actors assess the asylum seeker throughout this whole procedure. The person is assessed right upon arrival to a reception center, as well as during the health examination, the different appointments with the immigration authorities and with the social workers.</p> <p>The identification of the special reception needs (medical, psychological, schooling of the children, etc.) begins from the hosting in the 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,etc) are identified. After this identification, the persons will be directed to the adequate services.</p> <p>In some of the facilities of phase 3, beds are available for unaccompanied minors or persons with disabilities and reduced mobility.</p> <p>The Red Cross has an ethno-psychological team consisting of 8 professionals (psychologists, nurses, psychiatric nurses) to detect possible vulnerabilities of AIPs as soon as possible, to ensure adequate care and assistance and ensure the transference to the health care system, especially to medical specialists. For this reason, some applicants are hosted in facilities, which are taken care of by this ethno-psychological team.</p> <p>For the new arrivals, the Health Inspection Department is available and offers medical consultations with a medical team.</p>
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			<p>In order to increase the sensitivity and efficiency of the staff, OLAI continuously trains its staff in charge of social supervision and monitoring on various topics, such as victims of human trafficking, victims of female genital mutilation or LGBTI persons. In order to evaluate whether an LGBTI person warrants the granting of international protection, the asylum unit of the Directorate of Immigration does a case-by-case analysis of, on the one hand, the legal situation in the country of origin, and, on the other hand, the daily life of LGBTI people in the country of origin.</p> <p>5. One good practice is the exchange of information on the results of the evaluation of vulnerability between the Directorate of Immigration and the OLAI. Furthermore, the Directorate of Immigration has implemented an identification procedure of vulnerable persons in the SHUK (semi-open return facility) in order to avoid accommodating these vulnerable individuals in this reception center.</p> <p>In 2018, an expert on people at risk of vulnerability was recruited by OLAI with the mission of developing an action plan for the assessment of vulnerabilities. A working group on vulnerable asylum seekers has also been set up within the OLAI in order to develop a systematic procedure on early identification of special reception needs. This working group is tasked with establishing a harmonised vulnerabilities assessment tool to be used throughout the asylum procedure. It is also in charge of setting the standards for identification and adequate support for asylum seekers with special reception needs.</p>
	EMN NCP Malta	Yes	<p>1. The Office of the Refugee Commissioner (the Maltese determining authority) is unable to answer this question since data concerning vulnerability is not collected for statistical purposes.</p> <p>2. Article 3 of Subsidiary Legislation 420.07 on Procedural standards for granting and withdrawing international protection defines vulnerable persons as persons in need of special care, support or protection because of age, disability, or risk of abuse or neglect, including minors, unaccompanied minors, disabled people, elderly people, pregnant women, single parents with minor children, victims of human trafficking, persons with mental disorders and persons who have been subjected to torture, rape</p>

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			<p>or other serious forms of psychological, physical or sexual violence.</p> <p>The Office of the Refugee Commissioner carries a vulnerability assessment at the time of lodging of the application. In this regard, it should be pointed out that this assessment is done by non-medical practitioners and is based solely on readily apparent signs and the applicant's oral declarations, including any documentary evidence that he/she might have.</p> <p>3. Depending on the circumstances of the case, the Office of the Refugee Commissioner might decide that the applicant is in need of special procedural guarantees in view of his/her vulnerability (e.g. an application could be prioritized or paused till the applicant is fit enough to continue with the asylum procedure).</p> <p>4. Strength – the Office of the Refugee Commissioner carries out a vulnerability assessment for all individuals that lodge an application for international protection, including accompanied minors and dependent adults. Weakness – this assessment is carried out by non-medical practitioners and is based solely on visible signs and the applicant's oral declarations.</p> <p>5. AWAS has two professional teams working frontline with the asylum seekers, the Care Team, composed of social workers, helps in identification and administering the Vulnerable assessment, whilst the Psychosocial Service supports in identification of vulnerable and provides therapeutic services when needed. Both teams cross refer. In addition AWAS works also very closely with NGOs, and they help too in seeking out vulnerables and referring them to us. This system is very effective since it creates a web of support and identification.</p>
	EMN NCP Netherland s	Yes	<ol style="list-style-type: none">1. This is not registered in our systems.2. In the Aliens Decree is stated that before or during the research on the asylum application, it is

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			<p>decided whether the migrant is in need of special procedural guarantees as is meant in Article 24 of the Procedure Directive. If the migrant needs special procedural guarantees, the appropriate support is offered during the research. In a work instruction for employees, the Immigration and Naturalization Service (IND) of the Netherlands has further clarified what appropriate support can possible entail in case of vulnerable migrants. For more information, see the answer to question 3.</p>
	EMN NCP Poland	Yes	<p>1. In Poland, there are following forms of vulnerabilities recognized by the law: minors, disabled persons, elderly persons, pregnant woman, single parents, victims of trafficking in human beings, bedridden persons, persons with mental disorder, persons subjected to torture, victims of psychological, physical and sexual violence, as well as due to gender, sexual orientation and gender identity. Among mentioned above group the most commonly detected forms of vulnerabilities in Poland are minors. It should be mentioned that Poland does not keep statistics on vulnerable groups. Although it is possible to mark in the internal electronic system functioning in the Office for Foreigners (the body responsible for asylum procedures in Poland) that the applicant is a minor, this is not a mandatory option so any statistics generated by the system would not be reliable. In general, Poland doesn't collect statistics on vulnerabilities due to the personal data protection regulation.</p> <p>2. Legal and procedural framework relating to the evaluation of vulnerability is based on Act of 13 June 2003 on granting protection to foreigners within the territory of the Republic of Poland (chapter 4: Proceedings involving unaccompanied minors and other people with special needs) which is based on the Council Directive 2003/9/EC of 27 January 2003 laying down minimum standards for the reception of asylum seekers. Based on art 68 above mentioned Act the "Procedure for dealing with foreigners requiring special treatment in the field of social assistance and organization of medical care" was developed.</p>

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		<p>3. In Poland the reception/processing asylum applications conditions are different for vulnerable groups. If the application for international protection concerns a person who may require special treatment, in particular who is: 1) a minor, 2) a disabled person, 3) an elderly person, 4) a pregnant woman, 5) a single parent, 6) a victim of trafficking in human beings, 7) a bedridden person, 8) a person with mental disorder, 9) a person subjected to torture, 10) a victim of psychological, physical and sexual violence, as well as due to gender, sexual orientation and gender identity - the Head of the Office for Foreigners (the body responsible for asylum procedures in Poland) assesses whether this person requires special treatment in international protection or social assistance proceedings. If yes, based on Article 69 above mentioned act, in the case of a foreigner who is a person who requires special treatment, acts in the procedure for granting international protection shall be carried out: 1) in conditions ensuring freedom of expression for the foreigner in a manner adapted to his psychophysical condition; 2) within a period adapted to his mental and physical condition, determined taking into account the dates of using the health service by the foreigner; 3) in the place of residence of the foreigner, if it is justified by his state of health; 4) if necessary with the participation of a psychologist, doctor or translator. 2. At the request of a foreigner who is a person requiring special treatment, in cases justified by his needs in the proceedings for granting international protection: 1) performed by a person of the same sex; 2) performed with the participation of a psychologist, doctor or interpreter of the sex indicated by the foreigner. Based on art. 66 above mentioned act activities in the procedure for granting international protection with the participation of an unaccompanied minor may be carried out only by a person who meets at least one of the following conditions: 1) completed a master's degree in law and has a 2-year work experience in institutions whose scope of activity includes care over children; 2) completed MA studies or higher vocational studies and has a 2-year work experience in public administration and received training in conducting proceedings for granting international protection with the participation of minors; 3) completed MA studies in the fields of pedagogy, psychology or sociology and has a 2-year work experience in public administration. In cases where the applicant for international protection requires a special diet, it is possible to obtain a cash equivalent in exchange for food or to receive foodstuffs adapted to the doctor's written recommendations. Foreigners applying for international protection who are disabled are accommodated in centers for foreigners with appropriate adaptations, i.e. ramps and rooms with specially adapted bathrooms. In addition, if necessary, foreigners can obtain medical equipment for people with disabilities. If foreigners require a visit to medical centers (rehabilitation, specialist medical care), transport is provided.</p>
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Foreigners whose health condition does not allow them to stay in the conditions of a center for foreigners who require 24-hour care are placed in specialized long-term care facilities (e.g. nursing and care institution, care and treatment institution, hospice)

In each center for foreigners, it is recommended to avoid, as far as possible, the accommodation of a single woman with children in the general rooms. In addition, in order to improve the safety of single women and single mothers, in 2010 a special center was created in Warsaw for single women or single women with children.

4. Currently operating procedures have more advantages than disadvantages, any disadvantages are not strictly systemic disadvantages, but rather indicate the possibility of occurrence - in each case - of factors that require high flexibility and mindfulness in the application of existing procedures. Such factors are difficult to eliminate due to the specificity of the migration situation and the adaptation of applicants in the new environment, which may affect the psychophysical state of the foreigner at every stage of the proceedings. As a possible disadvantage, there are too few interpreters of a given language, and in some languages, an insufficient number of female translators.

Advantages of the current system are as follows:

1. well-conducted cooperation with the Border Guard, which is responsible for receiving applications for international protection: a) thoroughly conducting the interview during the submission of the application, gathering as much information about possible violence, health, psychophysical state as possible - this facilitates the subsequent assessment of the need to use special procedure dedicated to vulnerable person b) cooperation in supporting applicants staying in detention: the possibility of psychological identification of a foreigner by a psychologist working in the center, who has the possibility to observe and monitor the person on a daily basis; the opportunity for the psychologist to provide the applicant with psychological support on a daily basis in the interview (this increases the sense of security of the interviewed person in the stressful situation of the interview).

2. Psychologists who support applicants during the interview are not employed by the Office for Foreigners, but by an external company providing services - this affects the independence of the psychologist's work.

5. Currently, no new activities / practices are being implemented to identify people who require special treatment, including how to assess belonging to this group. The currently functioning system of

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			<p>assessing foreigners requiring special treatment during the procedure for granting international protection - taking into account the individual needs of the foreigner and the system of care for these persons - comprehensively protects the special needs of foreigners.</p>
	 EMN NCP Slovakia	Yes	<p>1. Unaccompanied minors (UAMs), single pregnant women, single parent with minors, persons with serious illness or disabilities, persons with mental and psychological disorders, old persons in the retirement age, or close to retirement age</p> <p>2. The legal framework for vulnerability assessment is the internal regulation - Instruction of the Migration Office of the Ministry of the Interior of the Slovak Republic no. 4/2015 on keeping the documentation "Social profile of the personality of the asylum seeker". The Act on Asylum deals with vulnerability in the provisions on specific procedural guarantees and specific reception conditions - Section 39 of the Asylum Act. The Ministry creates appropriate conditions in asylum facilities for housing and care of foreigners, while taking into account the special needs of vulnerable persons identified on the basis of an individual assessment of their condition; appropriate conditions also include taking suitable measures to prevent attacks and violence as well as providing protection to victims of trafficking in human beings. For the purposes of this provision, vulnerable persons are, in particular, minors, disabled persons, the elderly, pregnant women, lone parents with minors, victims of trafficking in human beings, persons with serious mental illness, persons who have been subjected to torture; rape or other serious forms of psychological violence, physical violence or sexual violence.</p> <p>In addition, we use the information included in the applicant's file, information from the applicant during interviews, information from medical reports, the social profiles of the applicant's personality, and the case reports processed.</p> <p>3. In relation to special procedural conditions, the Act on Asylum provides that the Ministry of the Interior, in the framework of the asylum procedure, specifically treats applicants who need special procedural guarantees, which have been identified on the basis of an individual assessment of their status; the applicant in need of special procedural guarantees is a foreigner whose capacity to exercise</p>

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			<p>rights and fulfill obligations under this Act is limited due to the circumstances of the particular case. (Section 17a,b of the Act on Asylum)</p> <p>With regard to the reception conditions, see Q2.</p> <p>When placing a foreigner in an asylum facility, the Ministry of the Interior takes into account his/her age, health status, family relations and religious, ethnic or national particularities. Men and women are placed separately, while family relationships are taken into account. The transfer of a foreigner from one asylum facility to another asylum facility shall only take place where necessary. (Section 39 (2) of the Asylum Act)</p> <p>A special residential camp has been set up for vulnerable persons (in Opatovska Nova Ves).</p> <p>4. The strengths are well-developed methodologies for working with this category of asylum seekers and cooperation with other institutions and mutual exchange of information, Instruction of the Migration Office of the Ministry of the Interior of the Slovak Republic no. 4/2015 on keeping the documentation within "Social profile of the personality of the asylum seeker". Furthermore, they are methodological materials in which information on asylum seekers is processed, i.e. 'Case reports', which are developed throughout the period of asylum procedure starting from the application for asylum to the completion of integration in case of obtaining some form of international protection.</p> <p>The weakness is that the Migration Office does not have its own psychologists and that the part of the staff working in the facilities is not sufficiently trained to work with this category of applicants.</p> <p>5. Asylum facilities create suitable conditions for accommodation and care for applicants. In particular, the special needs of vulnerable persons shall be taken into account, measures shall be taken to prevent attacks and violence. Account is taken of age, health, family relationships, religious, ethnic or ethnic characteristics. Men and women are especially placed, but family relationships are taken into account. As regards unaccompanied minors asylum, they are placed in an institution for social and legal protection of children and social guardianship, even after an asylum application has been lodged. At the same time, at the discretion of the competent court, a guardian is appointed by the court, acting on behalf of the minor, in pursuit of his/her best interests.</p> <p>A separate Caritas project has been created for trafficked persons, but it is not used by asylum seekers; based on the statement of Caritas, it is used mostly by Slovaks who have been trafficked. Vulnerable persons may also be included in a specific program if they show interest and consent.</p>
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			<p>A special camp for vulnerable persons is set up to ensure greater protection for such persons and a special approach or accommodation. Psychologists are employed by Work agreement as part of the implementation of the project "Effective services to asylum seekers in the SR II". These psychologists provide psychological counseling to asylum seekers.</p>
	EMN NCP Sweden	Yes	<p>1. The Swedish Migration Agency has no legal possibility to seek out statistics and profiles about persons found to be vulnerable in the Swedish asylum process. However, it is possible to draw some conclusions of where the difficulties lie from the questions that have required legal solutions during the last years.</p> <p>Domestic violence within the asylum-seeking family has required solutions to protect women and children. (RCI 1/2015 Rättschefens instruktion angående individer med skyddade personuppgifter; KCI 7/2017 Kvalitetschefens instruktion om information gällande kvinnofridslinjen till utlämning, Rättsutredning angående Migrationsverkets ansvar för frågor rörande så kallat skyddat boende - diarienummer 1.3.4-2018-38994)</p> <p>The numbers of young married children have increased (Rättsutredning om vissa frågor rörande gifta barn dnr: 1.3.4-2017-27362).</p> <p>Mentally handicapped adults have required a solution regarding their legal representation (RCI 5/2012 Rättsligt ställningstagande angående handläggning av psykiskt funktionshindrade vuxnas ansökningar om uppehållstillstånd när det gäller förordnande av förvaltare eller god man)</p> <p>Age-assessment of unaccompanied (minors?) (Rättsligt ställningstagande SR 20/2018 om åldersbedömningar inklusive medicinska åldersbedömningar, DUA I-12/2018 Chefen för digitalisering- och utvecklingsavdelningens instruktion om standard för hantering av ärenden där barn utan vårdnadshavare fyller 18 år eller skrivs upp till myndig ålder)</p> <p>Unaccompanied minors (KCI 41b/2017 Kvalitetschefens instruktion om initialprocessen för barn utan vårdnadshavare i skyddsprocessen, OCI 5/2014 Hantering av övergivet barn i Dublinprocess)</p> <p>Persons in need for special lodging (i.e. LGBTI-persons, specially vulnerable victims) (KCI 67/2016 Kvalitetschefens instruktion om standard för identifiering av personer i behov av särskild boendeplacering, KCI 37/2016 Kvalitetschefens instruktion angående standard för boendeplacering av utlämning med särskilda behov)</p>

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			<p>2. Sweden has no specific legal framework for assessing vulnerabilities, but the Head of Quality within the Swedish Migration Agency has in an instruction described a standard for identification and documentation of special needs (KCI 78/2017 + 103/2017). The instructions have been implemented in the digital modules within the IT-system used by the case workers.</p> <p>3. According to the directive on Asylum procedure many aspects should be considered. This can be the personal interview where the applicant is given the possibility to privately and freely tell his/her reasons for applying for asylum. Here is also the question of interpreters and legal assistance addressed. There are also certain guarantees for applicants that due to personal circumstances have problem to defend their rights and because of that is entitled to special support. Special circumstances are addressed and the importance that these are investigated. The importance of staff having adequate education in order to meet the need of the applicant. Reception conditions is determined on a case by case basis.</p> <p>4. Weakness: time pressure Strength: that all applicants have a legal council to help them protect their rights.</p> <p>5. A lot of time and effort is put into the first contact between the applicant and the Swedish Migration Agency. For example when it concerns gender-based violence: In the first contact, the case-officer should ask questions about vulnerability. To encourage female applicants the Swedish Migration agency are giving information about gender-based violence. The intention is here to help the applicants to a self-identification. Currently the Migration Agency has written information about violence within the asylum process at two occasions and on the website. The information briefly summarizes what gender-based violence is and where help the applicants can get help in society. Information is also given verbally at one occasion. In all information, women and girls at risk of violence are referred to the appropriate services. For applicants who come to Sweden based on affiliation with someone they married, there is shorter information in a sheet provided by the foreign authorities. Information is also available on the website, where references are made to support organizations and the Swedish national help-line. Applicants can request for a female or male case-officer and interpreter. The main accommodation that the Migration Agency offer are apartments. There will be single women be</p>
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			<p>placed will placed together and the same for men. When the applicants live in greater facilities they have to share the same washrooms with others. The staff working in these facilities have recently been trained to pay attention to vulnerable applicants. If a woman is harassed by for example her husband, and want's help, the social service will help her to a shelter.</p> <p>Applicants can also choose to live in private accommodation (for example extended families) and that is a group, which is harder to reach.</p>
	EMN NCP United Kingdom	No	
	EMN NCP Norway	Yes	<p>1. The most commonly detected forms of vulnerabilities among asylum seekers in Norway are LGBTI-persons; victims of human trafficking; victims of, or potential victims of, female genital mutilation; victims of forced marriage or marriage to minors; victims of violence in close relationships; as well as people with physical disabilities or mental disorders. In Norway, unaccompanied minors are considered to be vulnerable as well, and in certain cases accompanied minors are also considered vulnerable. Norway has special procedures for UM throughout their entire asylum process: there are separate reception facilities and individualized interview methods, etc. In general, Norway has guidelines specially aimed at children's needs, as well as regulations in the Immigration Act which stipulate children's rights in Norway.</p> <p>3. In Norway, the health care sector has responsibility for providing 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 of the health care sector, not the immigration authorities.</p>

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			<p>Vulnerable applicants are housed in various receptions centres according to their needs.</p> <p>* 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.</p> <p>* 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.</p> <p>* 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.</p> <p>* 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 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</p>
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			<p>the local municipality to formally arrange the agreement.</p> <p>5. Norway is at present trying to introduce new regulations regarding witness protection which would make it easier to grant residence permits to victims who have cooperated with the police.</p> <p>The guidelines for measures to take/ how to go forward are relatively new (2016 & 2017).</p> <p>A new action plan against human trafficking was published 01.12.2016.</p> <p>A project where all of the relevant agencies, NGOs and experts in the field was completed in 2017. The main goal of the project was to ensure dignified treatment of victims of human trafficking, to facilitate an efficient management of human trafficking and to prosecute more persons operating human trafficking rings. A project report - Victims of Human Trafficking – a wholistic service for victims, was produced in February 2018 in Norwegian.</p> <p>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.</p> <p>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.</p> <p>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.</p>
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		<p>All of the studies above give concrete examples of challenges related to care and housing of vulnerable applicants.</p> <p>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.</p>
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