



EMN Ad-Hoc Query on BE AHQ: Part I - Reception of Vulnerable Applicants for International Protection with Special Reception Needs

Requested by Jolandie CLEMENTE on 26th March 2018

Miscellaneous

Responses from Austria, Belgium, Croatia, Cyprus, Czech Republic, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Slovak Republic, Sweden, United Kingdom, Norway (22 in total)

Disclaimer:

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

Background information:

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

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

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



The Belgian Reception model provides reception in collective reception centres as a rule and the reception in individual reception facilities is reserved for specific groups: beneficiaries of international protection (during the so-called transition period in which they go from life in a reception facility to independent living), applicants likely to be granted international protection (nationalities with an average recognition rate of 90%) and applicants with certain special needs with the aim to install a clear link between reception and the procedure for international protection. In February 2018, the average length of stay of an asylum seeker in the reception network was 12,76 months.

Please note that this AHQ is not about procedural needs in relation to the application for international protection, but is about the legislation and identification in the context of reception (AHQ Part I) and the care and accommodation (AHQ Part II) of applicants for international protection with special reception needs.

Questions

1. 1.a. Are vulnerable persons specifically mentioned in the existing legislation (and other applicable regulations and instructions) relating to the reception of applicants for international protection? Please clarify how and since when vulnerable applicants are defined?
2. 1.b. Are there provisions in the legislation (and other applicable regulations and instructions) relating to the reception and/or registration of vulnerable applicants?
3. 2.a. At what moment (s) are applicants for international protection screened / identified for vulnerability and special needs?
4. 2.b. By which actors are applicants for international protection screened / identified for vulnerability and special needs?
5. 2.c. With which procedures and tools are applicants for international protection screened / identified for vulnerability and special needs?
6. 3. Could you provide the name and the details of the person to contact in case of further questions?

Responses

	Country	Wider Dissemination	Response
	Austria	No	
	Belgium	Yes	<p>1. Yes, several articles of the Reception Act of 12 January 2007 (available in French and Dutch on http://www.ejustice.just.fgov.be/cgi_loi/change_lg.pl?language=fr&la=F&cn=2007011252&table_name=loi) mention vulnerable persons. The 2007 Reception Act transposed the European Reception Directive of 2003 into Belgian law, this directive also referred to the various categories of vulnerable persons. The articles concerned were therefore part of the Belgian Reception Act from the start in 2007. Article 36 of the Reception Act provides a non-exhaustive list of persons who can be considered vulnerable: “ ... vulnerable persons such as minors, unaccompanied minors, single parents accompanied by minors, pregnant women, persons with disabilities, victims of trafficking, victims of violence or torture or the elderly”. Although Article 36 of the Act on Reception Law only provides a non-exhaustive list, it will be adapted to include the additional examples of vulnerable persons mentioned in Directive 2013/33/EU with the aim of drawing additional attention to these vulnerable people. Will therefore be explicitly included: persons with serious illnesses, persons with mental disorders and persons who have undergone torture, have been raped or have been subjected to other serious forms of psychological, physical or sexual violence, such as victims of female genital mutilation. The article 36</p>

will be adapted with the entry into force of the law, foreseen on 22 March 2018.


2. The provisions in the legislation (Reception act of 12 January 2007) relate to the reception (care and accommodation) of vulnerable applicants: Article 11 with regard to 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. 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. Article 36 of the Reception Act states what has to be done in order to meet the special reception needs of vulnerable persons and gives a non-exhaustive list of who can be considered vulnerable: “In order to meet the special reception needs of vulnerable persons such as minors, unaccompanied minors, single parents accompanied by minors, pregnant women, persons with disabilities, victims of trafficking, victims of violence or torture or the elderly, the Fedasil, or the reception partner of Fedasil, closes agreements with specialized institutions or associations. If the beneficiary of the reception is accommodated by one of these institutions or associations, the Agency or the reception partner will ensure that the administrative and social follow-up from the place assigned as a compulsory place of registration (the reception place the person concerned was originally assigned to) is ensured and that the material aid is guaranteed”. Article 37 to art. 42 describe the special provisions in place for (unaccompanied) minors. 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 mandatory registration place (reception structure), 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, a change of the mandatory place of registration (reception structure) can be made. 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. The evaluation of the personal situation of the beneficiary of the reception is continued throughout his/her entire stay in the reception network. The Receptions Act does not mention provisions on the registration of vulnerable persons.

3. Belgium has opted to repond to questions 2.a. + 2.b. + 2.c. in one answer: The Immigration Office

		<p>(responsible for the registration of the application for international protection) and the Dispatching Unit of Fedasil (responsible for the allocation of a reception place) are important initial actors in the identification of vulnerabilities among applicants for international protection. The identification of vulnerable persons already starts during the registration of the application for international protection at the Immigration Office. A registration form is completed with basic information regarding the applicant, including identity, family composition, family in Belgium, etc. In August 2016, the Immigration Office adapted its registration form in order to facilitate the early identification of vulnerabilities and allowing for the identification of vulnerabilities in a more standardized manner among both adults and children from the moment of registration. The following 'vulnerable groups' are probed during the registration by the Immigration Office, though at this early stage, usually only the most obvious are identified: • (Unaccompanied) minor • Elderly person (older than 65 years) • Pregnant woman • Person with medical problems • Person with psychological problems • Victim of human trafficking • Victim of violence (physical, psychological, sexual) • LGBT person • Single woman • Person accompanied by a minor child(ren). This registration form is added to the administrative file of the applicant for international protection, which is transferred to the Office of the Commissioner General for Refugees and Stateless Persons (CGRS), responsible for the treatment of the applications. And although this registration form is completed in the context of the international protection procedure, the Reception Agency (Fedasil) will also receive a copy and the Dispatching Unit of Fedasil will take into account the registered vulnerabilities when allocating a reception facility to the applicant. The medical unit of the Dispatching Service (3 administrative employees, 4 nurses and 1 physician) of Fedasil will also carry out a medical screening and an identification of the primary medical needs. All applicants are asked whether they have medical problems, even if no medical or psychological problems are mentioned on the registration form of the Immigration Office. If medical problems come to light, the medical staff will assess whether an adapted reception place is required. If this is the case, the staff will use the labels in the electronic database of the reception network (Match-IT) to search for a match between the reception needs of the applicant and an adapted reception place within the reception network of Fedasil. These labels do not provide for a thorough evaluation, but aim at finding a reception place for people with disabilities or serious medical problems, adapted to their needs in terms of mobility, help with daily life, hygiene, paramedical care/ medication counseling or psychological/psychiatric support. The Dispatching Unit can allocate these applicants directly to a reception place of which the medical labeling corresponds with the special reception needs of the applicant. The reception network counts a number of reception places which are labelled as medical reception places. This can be places adapted to people with reduced mobility as well as reception places in the vicinity of hospitals for residents in need of regular hospital visits, for example in the</p>
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		<p>case of dialysis treatment. In addition to the special reception places for people with a handicap or medical needs, the reception network also have places reserved for other vulnerable profiles such as vulnerable single women (with children), unaccompanied minors (other than the first reception in the Observation and Orientation Centres for unaccompanied minors), applicants with psychological problems, etc. In principle, applicants for international protection will only be assigned to these special reception places after an initial stay in the general collective reception centres (or Observation and Orientation Centres for unaccompanied minors). The next important actors in the vulnerability identification process are the employees in the reception facilities. The staff of the reception desk checks directly on arrival of the resident if s/he has special needs and within the first four 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 trajectory. The social file consist, among others, of the individual guidance plan (individueel begeleidingsplan (IBP)/plan d'accompagnement individuel (PAI), the reports of the regular multidisciplinary consultations between the differents services in the reception centres and, if applicable, external care givers (the so-called multi-disciplinary team meetings) and the reports of the daily briefings as far as the resident is concerned. The multi-disciplinary team meeting is the moment for exchange, where the focus is on the welfare and individual follow-up of every resident. These meetings are organized in a different way in the various reception facilities. The implementation of the multi-disciplinary team meetings differs in terms of the staff present, the number of times that such meetings are organised and the way in which the files of the residents are discussed. The briefing refers 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 not postponed until an multi-disciplinary team meeting. According to the Reception Act, the social worker must carry out an assessment of the needs of each resident within 30 days after the allocation of the reception place 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. The assessment is continued throughout the entire stay of the resident in the reception network by complementing the Individual Guidance Plan to assess the functioning of the resident and identify any potential needs (within the first 30 days and then at least every six months and before every transfer to another reception facility). The Individual Guidance Plan is intended to be a working tool throughout the various reception phases and structures, and to monitor the overall progression of the resident during his or her entire process. The Plan includes six different sections: • the history (track record</p>
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		<p>during his/her stay in Belgium, where has s/he has already been accommodated, ...); • the administrative procedure (state of affairs of the procedure for international protection or other statuses); • the psychosocial well-being (general well-being and health of the resident - mental and physical, does s/he have health problems that have an impact on the life in a reception center, does s/he speak with fellow residents, staff, or is s/he isolated, are there any known traumatic experiences and are they being followed up, are there mood swings, sleeping problems, ...); • the training, education and leisure (what is the educational level of the person involved, what competences does s/he have, is s/he (interested in) following courses, employment, volunteer work, ...); • the personal and social functioning within the center (does the resident have sufficient autonomy, does s/he participate in the center's activities, does s/he respect the internal rules and procedures, does s/he take up her/his parent role, can s/he comply with commitments made, does s/he have a network inside and / or outside the center) and • a section on the objective special needs / adapted reception place. In this part of the plan an evaluation is made of whether the resident has specific needs and whether the reception place is adapted accordingly. Any problems regarding hygiene and care, cognitive problems, as far as this is relevant for the stay of the resident in the center, its procedure and general wellbeing are taken into account. The staff will check if there are indications that the person involved has difficulty understanding his own situation, if there are language problems that makes it difficult for the resident to live and position him/herself socially within the center. The social worker is responsible for the management of the Individual Guidance Plan. The reception structure determines the internal agreements concerning the completion of the plan (e.g. employees with other functions as the social worker have a right to input the individual guidance plan). The Individual Guidance Plan is completed on the basis of information from conversations with the resident, observations in daily life and the input of the regular multi-disciplinary team meetings. Since the plan includes several aspects of the life of the resident (procedure, daily life, employment and training, wellbeing etc.), multi-disciplinary team meetings are necessary between social workers, educators, medical staff, and if necessary, external caregivers to permanently update the plan. However, other persons can play an important (informal) role in alerting issues and special needs, including on-call staff, volunteers, teachers and co-residents. On the basis of the information gathered in the Individual Guidance Plan it is decided if the reception place is adapted to the special needs of the resident. If this is not the case the social worker has to decide which measures should be taken. In certain cases it may be sufficient to make a number of changes to the accommodation in the existing reception structure, for example transfer to a room on the ground floor or close to the sanitary facilities. In other cases, there is a need for specialized guidance and an appeal is made to external ambulatory services or a transfer is provided to an adapted reception facility both inside and outside the reception network (more information in Part II of the</p>
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			<p>AHQ on Reception of Vulnerable Applicants for International Protection with Special Reception Needs). Within 5 days after arrival in the reception centres, a resident will also receive a medical intake to identify possible 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 the TB screening, the current diseases, the 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, ...). In addition, the medical intake list, which also provides for the possible identification of female genital mutilation (FGM), there are other standardised forms used in the reception centres. Under AMIF 2016-2017, Fedasil subsidised the project is 'FGM Global Approach' initiated by the non-profit organisations GAMS Belgium and Intact. In the context of this project, a standard operating procedure with checklist was developed to support and refer girls and women who are victims (or in danger of becoming victims) of female genital mutilation. The procedure is applied throughout the reception network. Social workers can also make free use of external tools and checklists such as the PROTECT Questionnaire (Process of Recognition and Orientation of Torture Victims in European Countries to Facilitate Care and Treatment), which has been developed to facilitate the early recognition of persons having suffered traumatic experiences, e.g. victims of torture, psychological, physical or sexual violence (http://protect-able.eu/).</p> <p>4. See above, Q.2.a.</p> <p>5. See above, Q.2.a.</p> <p>6. Martine HENDRICKX, Study and Policy Unit, Fedasil, martine.hendrickx@fedasil.be.</p>
	Croatia	Yes	<p>1. Yes. The Article 15 paragraph (1) in the Act of International and Temporary Protection ("Official Gazette" No 70/15 and 127/17) transposing EU Directive 2013/32/EU and EU Directive 2013/33/EU, regulates that through special procedural and reception guarantees, appropriate support shall be provided for the international protection 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</p>


other serious forms of psychological, physical or sexual violence. Vulnerable applicants are defined in Article 4 paragraph 14 Act of International and Temporary Protection, which entered into force 1 January 2018, as persons deprived of legal capacity, minors, unaccompanied minors, elderly and infirm persons, seriously ill persons, persons with disabilities, pregnant women, single parents with minor children, persons with mental disorders and victims of trafficking in human beings, victims of torture, rape or other psychological, physical and sexual violence, such as victims of female genital mutilation.


2. The procedure of recognising the personal circumstances of applicants referred to in the Article 15 paragraph (1) Act of International and Temporary Protection 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. The article 12 paragraph 1 in the Regulation on realization of material reception conditions (“Official Gazette” No 135/15) provides that special attention is paid to placing vulnerable applicants for international protection with special reception needs, with emphasis to providing adequate psychosocial support. The article 7 paragraph (3) in the Regulation on realization of material reception conditions regulates that vulnerable applicants for international protection with special reception needs may be placed in an appropriate institution or they can be placed in accommodation in accordance with the regulations of the Social Welfare, if the Reception Centre cannot provide adequate accommodation.

3. The screening and identification process starts during the registration of the application for international protection at the police station or at the border crossing. A registration form is completed with basic information regarding the applicant, including identity, family composition, etc. At this early stage, usually only the most obvious are identified; unaccompanied minor, elderly person, pregnant woman, person with medical problems, person with psychological problems, victim of human trafficking, victim of violence (physical, psychological, sexual), person accompanied by a minor child(ren). Identification process continues after placing applicants in the Reception centre, conducted by employees of the Ministry of Interior, but they can also take place at a later stage as some vulnerable groups, such as victims of torture or victims of trafficking, are sometimes harder to identify.


4. Specially trained police officers, employees of the Ministry and other competent bodies, the Medical and Psycho social support team of Reception Center, employees of Croatian Red cross, Medecins du Monde and other NGOs as a team are mainly responsible for the screening and identification of all persons entering the

			<p>Reception center.</p> <p>5. There are several procedures with purpose for screening/identifying vulnerability and special needs; identification procedures, health screening, screening interview, specific interview and regular activities and consultations with specially trained employees of the Reception Centre. All applicants are asked whether they have medical problems, even if no medical or psychological problems are mentioned on the registration form. If medical problems come to light, the medical staff of the Center will assess whether an adapted reception place is required. In March 2018, the Reception centre adapted PROTECT Questionnaire in order to facilitate the early identification of vulnerabilities and allowing for the identification of vulnerabilities in a more standardized manner among both adults and children from the moment of registration.</p> <p>6. Filip Stipić, Head of the Reception center for asylum seekers, email: fstipic@mup.hr</p>
	Cyprus	Yes	<p>1. Vulnerable persons are mentioned in the existing legislation and more specifically in Articles 9ΚΓ, 9ΚΔ, 9ΚΕ, 9ΚΣΤ and 10. According to article 9ΚΔ (1), the authorities take into account the special situation of the vulnerable persons, such as, the minors, the unaccompanied minors, the elderly, the pregnant women, the single parents, the victims of trafficking, persons with serious diseases, persons with mental disorders, victims of torture, rape, or other form of psychological, physical or sexual abuse, such as FGM victims.</p> <p>2. The reception and the registration of vulnerable applicants are provided in articles 9ΚΔ, 9ΚΕ, 9ΚΣΤ, 9ΚΖ and 10 of the Cyprus Refugee Law.</p> <p>3. A special (screening) form is completed by the Immigration officers as soon as the applicants complete their application for international protection. Based on the screening form, the Immigration Officers can, for example, identify someone as an unaccompanied minor, and therefore the Director of the Social Welfare Services is notified, who, according to the Refugee Law, acts as the minor's representative/guardian.</p> <p>4. At the very first step of the application for international protection, a special screening identification form is completed by the immigration officers. Also, the Asylum Service has established a screening procedure of the applications received by the District Immigration Offices of the Police.</p> <p>5. As above. Regarding unaccompanied minors, the Social Welfare Services act immediately as their guardians</p>

			<p>and provide the unaccompanied minors with accommodation services specifically designed for them. Moreover, the Asylum Service has specially trained experts who have been assigned the task of examination of cases of unaccompanied minors and give priority to the examination of the applications submitted by UAMs.</p> <p>6. Regarding vulnerable applicants please contact Irene Demosthenous (idemosthenous@papd.mof.gov.cy, +22451757), regarding unaccompanied minors Irene Theodorou (itheodorou@asylum.moi.gov.cy , +22445261), Konstantina Konstantinou kkonstantinou@papd.mof.gov.cy, +22445273).</p>
	Czech Republic	Yes	<p>1. The Asylum Act provides for a general definition of vulnerable persons – i.e. for all purposes (detention, special reception needs, special procedural needs). The definition is as follows: a vulnerable person means especially an unaccompanied minor, a parent or family with a minor child or a parent or family with an adult child with a medical disability, a person over 65 years of age, a person with a medical disability or a serious illness, a pregnant woman, a victim of human trafficking or a person that has suffered torture or rape or been subjected to serious forms of mental, physical or sexual violence. This generally applicable definition was introduced as a consequence of transposition of APD and RCD in December 2015. Since then this definition is relevant not only to detention as before the 2015 amendment of the Asylum Act but also for examining whether the applicant has special procedural or reception needs.</p> <p>2. Yes. As a consequence of 2015 amendment of the Asylum Act there is a special provision on identification of potential special reception needs. Section 81 par. 2 states as follows: Within its powers and for purposes of performance of tasks pursuant to this Act, the operator of an asylum facility shall establish whether an 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 establish whether such applicant for international protection has any special needs, establish the nature of such needs and shall take into account such specific needs for the duration of accommodation of such applicant for international protection in the asylum facility.</p> <p>3. The first moment applicants for international protection are screened for vulnerability and special needs is during the initial interview conducted by social workers. This interview should under internal rules take place no later than three working days from the applicant's arrival to the reception centre and is conducted with every new applicant. There may be already some indications from the police which is the first contact point in the reception centre administrating „making of the application for international protection“. Moreover all applicants</p>


			<p>are subject to a medical screening done by medical professionals in the first days upon arrival to the centre.</p> <p>4. Primarily by social workers, but all of employees working with applicants at reception centres (kindergarten educators, leisure time workers) should be able to identify client with special needs. The police is also advised to make a first check. Moreover all applicants are subject to a medical screening done by medical professionals upon arrival to the centre. Psychologists are available in case we find it necessary.</p> <p>5. The procedures are initial interview and continuous monitoring of applicants, tools are the education, experience and the professional assessment of social workers. Psychologists are available in case we find it necessary.</p> <p>6. Michal Tetauer, email: mtetauer@suz.cz</p>
	Estonia	Yes	<p>1. Yes, vulnerable persons are specifically mentioned in the Act on Granting International Protection to Alien. According to the mentioned Act 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. This provision was included into the legislation on 01.05.2016.</p> <p>2. Yes, there are some specific provisions in the Act on Granting International Protection to Alien. According to Article 151 (1) the specific situation of a vulnerable person and the special needs arising therefrom are taken account of in the international protection proceedings. (2) 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.</p> <p>3. The special need shall be identified as soon as possible after the submission of the application.</p> <p>4. 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. (3) Where necessary, other administrative authority or expert shall be involved in the identification of a special need. The Police and Border Guard Board shall fix the special need of</p>


			<p>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.</p> <p>5. The identification is done through interview and/or medical evaluations.</p> <p>6. Triin Raag, head of international protection policy, Ministry of Social Affairs. Triin.raag@sm.ee</p>
+	Finland	Yes	<p>1. Yes. It has been included in the current legislation since 2011 and has been amended in 2015. Act on the Reception of Persons applying for International Protection (746/2011) Section 6 Applying the Act to persons in a vulnerable position (unofficial translation of the section) When this Act is applied, consideration shall be given to the special needs that arise from the vulnerable position of a person applying for international protection, a beneficiary of temporary protection and a victim of trafficking in human beings, such as his/her age or physical or psychological condition. The vulnerable position and special needs relating to this are investigated individually within a reasonable time frame from the time of application. The special needs are taken into account during the processing of the application for international protection, and during the duration of temporary protection, as well as during the time period when a victim of human trafficking receives assistance according chapter 4 of this Act (Assistance system for victims of human trafficking).</p> <p>2. Please see response to 1.a. Finland also has many internal instructions (e.g. regarding reception, disappearances of unaccompanied minors, municipal placement, self-destructive behaviour etc.) where the applicants in a vulnerable position are taken into account.</p> <p>3. The process of identifying special needs of the applicants starts immediately upon arrival at a reception facility and is a continuous process. The medical check (including mental health) as well as the general</p>


			<p>expertise of the staff enables to pinpoint special needs and possible vulnerabilities and plan the provision of services to the applicants accordingly.</p> <p>4. The staff at the reception centre (including the units for unaccompanied minors) as well as private and public service providers outside the reception facilities. The needs assessment is an ongoing process and includes several phases and involves different actors (e.g. medical personnel outside of the reception facility).</p> <p>5. In the provision of social services, so called individual customer plans are used to identify the needs of the customer and plan the service provision accordingly. These plans can be amended if needed. The applicant is met by staff immediately upon arrival in the reception system, and even after this it is possible to meet with staff in a quick and flexible manner. Regarding medical services, an initial health inspection is conducted very early on. Social workers and health care workers are constantly on call at the reception facilities. They monitor the wellbeing the applicants and arrange for services also outside of the reception facilities if needed.</p> <p>6. Olli Snellman, Head of Section, Reception Unit, Finnish Immigration Service, e-mail: olli.snellman@migri.fi</p>
	France	Yes	<p>1. The law on reform of asylum of 29 July 2015 introduced the notion of vulnerability into French law, with a non-exhaustive list of vulnerable people that transposes the one in the European Asylum Procedures Directive: minors, unaccompanied minors, disabled people, elderly people, pregnant women, single parents with minor children, victims of human trafficking, 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.</p> <p>2. Once their application has been registered at the one-stop shop and once they have accepted their place, all asylum seekers are eligible for material resources (accommodation and allocation of an allowance) as well as socio-administrative support from operators funded by the State (Article L.744-1 of CESEDA). The law of 29 July 2015 states in Article L.744-6 of the Code on Entry and Residence of Foreign Nationals and Right of Asylum (CESEDA) that an assessment of the needs of asylum seekers must be carried out to see if there is any need for material resources (particularly housing). It transposes Articles 21 and 22 of the 2013/33/EU Directive. The Law on Asylum specifies that the specific needs in terms of receiving vulnerable people are ‘also taken into account if they become clear at a later stage of the asylum process’ to complete the initial assessment. This stage is thus referred to in the new specifications for reception centres for asylum seekers (CADAs) created by</p>


the Decree of 29 October 2015.


3. The identification of vulnerabilities is carried out at the one-stop shop using a questionnaire managed by OFII agents (OFII - French office for immigration and integration) who are trained to this effect. The information indicating a situation of vulnerability are communicated, with the asylum applicant's agreement, to OFPRA (French Office for the Protection of Refugees and Stateless Persons) which decides on a case-by-case basis whether the asylum procedure should be adjusted. The OFFI is bound to 'proceeding, within a reasonable timescale and after an individual interview with the asylum seeker, with an assessment of the vulnerability of the individual (Article L. 744-6 of CESEDA). This assessment is conducted on the basis of a questionnaire (set out by Decree of 23 October 2015). With the applicant's agreement, OFII communicates this information to OFPRA, given that OFPRA alone is able to identify vulnerabilities relating to the reason for requesting protection (Article L.723-3 of CESEDA). Article L.723-3 of the CESEDA stipulates that, throughout the duration of the application assessment procedure, the OFPRA may "define the specific assessment modalities that it deems necessary for the exercise of the applicant's rights due to his/her specific situation, minority or vulnerability": thus, vulnerable asylum applicants have their application examined by protection officers trained in their specific needs and benefit from support and expertise from groups of contacts dedicated to their issue. They are interviewed with assistance from interpreters, also made aware of their specific needs. The duration of processing may be adapted, either with a priority ruling or to leave a longer assessment period to enable the person's story to be collected and suitable psycho-social or medical support to be implemented - this legally allows the OFPRA to declassify applications registered in accelerated procedures where it considers it necessary for the appropriate assessment of the application; applications from unaccompanied minors are examined by specialized protection officers; asylum applicants may be interviewed by a protection officer and interpreter in their choice of gender, if this is justified by the basis for their application. For asylum seekers followed by mental health professionals, support during the interview by the psychiatrist, doctor or psychologist that generally cares for the person may be accepted to reassure the applicant - this option that is not provided for by law is considered by OFPRA on a case by case basis . The asylum application for vulnerable people is dealt with by specially trained agents at the OFPRA and since 2013 specialized support groups have been implemented since on five issues: - unaccompanied minors; - sexual orientation and gender identity; - torture; - violence to women; - trafficking in human beings. Since 2003, OFPRA has been committed to a reform which led to the creation of a group of 23 reference points on children applying for asylum in order to harmonise practice. This is a group to which all OFPRA agents can turn for advice. The three actions carried out by this working group are as follows: - 28 protection officers were appointed to specifically deal with UM applications

			<p>and were trained by the reference group. The ‘Interviewing Children’ training by the European Asylum Support Office (EASO) began in 2015 and will continue in 2016. - Following internal work on determining the age of applicants, OFPRA takes into account, for the purposes of registering and processing asylum applications, elements from the social evaluation of minority set out in the circular by the Minister of Justice on 31 May 2013 and the interministerial circular of 25 January 2016 (social interview, checking any civil status documents produced and, in the event of any doubt over the individual’s age, the results of medical examinations ordered by the authorities); - Tools to support processing were established to help protection officers conduct interviews with children. Work on communicating information to associations and departmental councils also took place in 2013 with the publication of a guide on asylum application procedures for UMs. The referents in these groups may be contacted by OFPRA agents for all questions related to the problems, in order to receive a centralised, harmonised response. For this, under OFPRA’s harmonisation committee, they produce assessment support tools suited to the examination of the specific protection needs of the five categories of vulnerable people indicated above: internal guidelines on doctrine, procedures, interview techniques, processing of asylum applications presented by LGBTI people, victims of human trafficking, forced marriages, domestic violence, torture. Since 2013 their expertise feeds from a regular exchange and discussion mechanism with relevant external associative and institutional contacts for the five themes.</p> <p>4. See above</p> <p>5. See above</p> <p>6. Please contact the FR EMN NCP: emn@interieur.gouv.fr</p>
	Greece	Yes	<p>1. Vulnerable persons are specifically mentioned in the existing legislation and namely: • In Presidential Decree 141/2013, transposing EU Directive 2011/95/EU, articles 2, 28, 31-35. • In Presidential Decree 113/2013, transposing EU Directive 2005/85/EU, articles 11, 35. • In Ministerial Decision 92490, published in Government Gazette 2745/B’/2013 regarding medical control and psychosocial screening and support of third country nationals as well as the procedures used for age assessment of unaccompanied minors. • In Law 4375/2016, transposing EU Directive 2013/32/EU, article 9, paragraph 1, in relation to the reception and identification procedures when TCN’S enter a Reception and Identification Center, article 14, paragraph 8-9, articles 17, 34, 36, 45. • In Ministerial Decision 13257, published in Government Gazette 3455/B’/2016, article 1, paragraph 5, regarding the implementation of the provisions of Law 4375/2016, article 60, paragraph 4. The</p>

			<p>competent state authority to initially identify vulnerable TCN's and ensure that their special needs are met, is the Reception and Identification Service. Vulnerability is defined according to the provisions of Law 4375/2016, transposing EU Directive 2013/32/EU.</p> <p>2. The identification and registration of vulnerable persons are initially executed by the Reception and Identification Service, in Reception and Identification Centers, according to Law 4375/2016, articles 9, 11, 14. According to the provisions of the aforementioned Law, the Reception and Identification Procedures ensure that special attention is given to vulnerable persons in order to receive proper and specialized care and support by the medical and psychosocial support unit. Vulnerable TCN's reside in safe zones inside the centers, and according to the Law, doctors receive training in order to be able to identify victims of torture in collaboration with International Organizations like UNHCR, EASO etc. Vulnerable persons may also be transferred to other more appropriate Accommodation facilities for the procedures to be completed, if deemed necessary.</p> <p>3. The screening and identification process begins the moment they arrive at a Reception and Identification Center but they can also take place at a later stage as some vulnerable groups, such as victims of torture or victims of trafficking, are sometimes harder to identify.</p> <p>4. The Medical and Psychosocial support team of every Reception and Identification Center or Accommodation facility, is mainly responsible for the screening and identification of all persons entering the Reception and Identification Centers run by the Reception and Identification Service, and/or Accommodation facilities. However, other members of personnel can also contribute to the identification of vulnerability.</p> <p>5. The medical and psychosocial support unit of each Reception and Identification Center follows procedures and tools according to the legislation and SOPs of the Reception and Identification Service.</p> <p>6. Mr. George Paramanidis, head of Department of Legal Support and International Cooperation and Ms Kyriaki Petrocheilou, employee, Department of Legal Support and International Cooperation can be contacted in case of further questions. email: g.paramanidis@immigration.gov.gr, petroxeilouk@gmail.com Also through the EL EMN NCP emn@immigration.gov.gr</p>
	Hungary	Yes	<p>1. The latest definition of vulnerable persons was added to the LXXX. Act on Asylum of 2007 in 2010. By this definition a vulnerable persons are especially unaccompanied minors, minors, disabled people, elderly people,</p>

			<p>pregnant women, single parents with minor children and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence, of whose unique situation it can be individually determined that they require special needs.</p> <p>2. Yes. The Asylum Act states that special needs have to be taken into consideration during reception of vulnerable applicants. Housing is provided with special attention to age and medical condition.</p> <p>3. At the very first occasion they come in contact with an officer or social worker of the asylum authority, and continuously throughout the whole asylum procedure and reception as well.</p> <p>4. Depending on who they meet first, either an officer or social worker of the asylum authority.</p> <p>5. The PROTECT questionnaire is used to identify vulnerable persons with special needs.</p> <p>6. Arpad G Nagy drgnagy.arpad@ba-db.hu</p>
	Ireland	Yes	<p>1. Reception in Ireland is the responsibility of the Reception and Integration Agency - an administrative unit of the Department of Justice and Equality. Reception in Ireland is currently on an administrative basis rather than a legal basis. In November 2017, the Irish Government decided that Ireland would exercise its option to participate in the Reception Conditions Directive (2013/33/EU). This decision followed a very significant Supreme Court judgment regarding the right to work for asylum seekers. The case - NVH v Minister for Justice and Equality [2017] IESC 35 - concerned a challenge by an asylum seeker against the ban in Irish law on access to the labour market for asylum seekers in the Refugee Act 1996 and the International Protection Act 2015. The judgment found that the absolute prohibition on the right to work - in circumstances where there is no temporal limit on the asylum process - was contrary to the constitutional right to seek employment. Following parliamentary approval in January 2018, Ireland indicated to the European Commission its intention to participate in the Directive under Article 4 of Protocol 21 to the Treaty of Lisbon. There is an approximate four month period for formal approval by the European Commission of Ireland's application to participate. The Government also decided to establish an Implementation Group to oversee the opt-in procedure. Apart from the right to work for asylum seekers, Ireland is currently assessing the implications of opting into the Directive for its reception system. One of these implications is that the reception system will move from an administrative to a legal basis. The Directive will also involve vulnerability assessments for each applicant under Article 21 of</p>

			<p>the Directive. We expect matters to be finalised in the very near future.</p> <p>2. .</p> <p>3. .</p> <p>4. .</p> <p>5. .</p> <p>6. .</p>
	Italy	Yes	<p>1. Yes. Definition has been provided through Art. 8 of the Legislative Decree 140/2005, which states that “the reception is linked to the needs of asylum seekers and their families, in particular of vulnerable people such as children, disabled, elderly, pregnant women, single parents with minor children, persons for whom it has been ascertained that they have suffered torture, rape or other serious forms of psychological, physical or sexual violence..The Legislative Decree 140/2005 has been successively abrogated by the Legislative Decree 142/2015, that within Art. 17, provide the same definition.</p> <p>2. Yes. Provisions for reception and/or registration of vulnerable applicants are established by: • Unified Text for Immigration (Leg. Dec. 286/1998): o Art.9, clause 1-ter, concerning the issuance of long term residence permits; o Art. 19, clause 1-bis, 2, 2-bis of the, regarding the prohibitions of expulsion and rejection of vulnerable categories • Art. 17 of Legislative Decree 142/2015, concerning reception measures of people with special needs; • Paragraph B.9 of Hotspot Standard Operating Procedures (SOP), issued by the Ministry, establishing specific provisions for unaccompanied minors, other carriers of specific needs and potential victims of treaty.</p> <p>3. According to the several types of vulnerability (Art. 17, Leg. Dec. 142/2015), the screening and identification of vulnerable persons is an ongoing process that takes place at the arrival of persons at the hotspot/tracing place, at first reception centers, and at second-line reception centers.</p> <p>4. There are several actors that intervene for the screening/identification of vulnerability. Within the hotspots,</p>


			<p>according to paragraph A.2) of Standard Operating Procedures (SOP), Italian authorities (Police, health workers), International Organizations, European Agencies and NGOs work as an integrated team to assure standard procedures for the registration of immigrants and the identification of vulnerabilities. The same action is carried out at first and secondary reception centers by multidisciplinary team, NGOs and International Organizations.</p> <p>5. According to paragraphs B.3, B.5.1, B.5.5.1 and B.10 of the Standard Operating Procedures (SOP), there are several procedures (identification procedures, health screening, screening interview, specific interview, debriefing activities) aimed at tracking different information to register/identify possible or evident vulnerabilities, for each immigrant.</p> <p>6. Given the variety of vulnerability types, to refer to EMN NCP Italy</p>
	Latvia	Yes	<p>1. Vulnerable persons are mentioned in the Asylum Law which is accepted by The Parliament of the Republic of Latvia, (since January 19, 2016): Asylum seeker with special procedural or reception needs - 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 (Chapter 1, Section 1, Article Nr.10);</p> <p>2. The Asylum Law: • An unaccompanied minor shall express a wish to acquire refugee or alternative status in accordance with the procedures laid down in this Section. During the asylum procedure the personal and property relations of the unaccompanied minor shall be represented by the Orphan's Court or a guardian appointed thereby, or the head of a child care institution (hereinafter also - the representative of a minor) (Section 6, Article No. 6); • If the head of a child care institution, on the basis of an assessment of the personal situation provided by the unaccompanied minor, deems that the minor needs international protection, he or she has the right to submit an application on behalf of the minor in accordance with the procedures laid down in Paragraph two of this Section (Section 6, Article No. 7); • If an asylum seeker does not have sufficient resources to ensure living arrangements conforming to his or her health condition and his or her residence during the asylum procedure, he or she shall be accommodated at the accommodation centre for asylum</p>


		<p>seekers. The accommodation centre for asylum seekers is a unit of the Office. If accommodation is ensured by the Office, it shall, as much as possible, taking into account the opinion of the asylum seeker, preserve the unity of the family of the asylum seeker present in the Republic of Latvia (Section 9, Article No. 1); • The accommodation centre for asylum seekers is a joint dwelling for non-detained asylum seekers, in which the conditions necessary for everyday life are ensured, by taking also into account the special reception needs of the asylum seeker, and his or her physical and mental health is protected. The Cabinet shall determine the internal rules of procedure of the accommodation centre for asylum seekers (Section 9, Article No. 2); • An asylum seeker may be moved from one accommodation centre for asylum seekers to another only if needed and ensuring as much as possible that an asylum seeker of legal age with special reception needs is accommodated together with adult relatives who are already in the Republic of Latvia and are responsible for him or her in accordance with the laws and regulations of the Republic of Latvia. The Office shall provide an opportunity for the asylum seeker to notify his or her representative regarding transfer and the new address (Section 9, Article No. 4); • An unaccompanied minor shall be accommodated at the accommodation centre for asylum seekers, placed in a childcare institution or in a foster family. A decision to accommodate an unaccompanied minor at the accommodation centre for asylum seekers, placement in a childcare institution or in a foster family shall be taken by the Orphan's court in co-operation with the social service, by ascertaining the opinion of the Office. An unaccompanied minor is accommodated at the accommodation centre for asylum seekers or childcare institution until the moment when he or she is ensured appropriate care with a guardian or in a foster family, or it is established that appointing of a guardian or placement in a foster family is not appropriate for the particular unaccompanied minor. In evaluating the best interests of the child, the Orphan's court shall take into account the possibility of family reunification of the minor, the welfare and social development of the minor, particularly his or her origin, protection and safety considerations, especially the probability that the minor is a victim of human trafficking, and also the interests and opinion of the minor according to his or her age and maturity, in conformity with the following conditions: 1) an unaccompanied minor shall be accommodated together with adult relatives; 2) children from one family shall not be separated, except in cases where it is done in the best interests of the children; 3) the place of accommodation of an unaccompanied minor shall only be changed if it conforms with the interests of this person (Section 9, Article No. 6). • A minor asylum seeker is provided with opportunities for acquiring education in the official language in a State or local government educational institution. The Cabinet shall determine the procedures by which a minor asylum seeker shall be provided with opportunities for acquiring education (Section 9, Article No. 7). • An asylum seeker has the right to: In accordance with the procedures laid down in the laws and regulations to receive emergency medical</p>
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assistance, primary health care, outpatient and inpatient psychiatric assistance in case of serious mental health disorders, and also any medical assistance to minors, non-provision of which may pose a threat to the development and health of the child, from the State funds, taking into account the special reception needs of the asylum seeker (Chapter 3, Section 11, Article Nr.2). Internal Rules of Procedure of the Accommodation Centre for Asylum Seekers (26 July, 2016, No. 489) • An employee of the accommodation centre shall evaluate whether an asylum seeker is a person to be especially protected and has special reception needs within the meaning of the Asylum Law (Chapter 2, Section 6); • If an asylum seeker has special reception needs, an employee of the accommodation centre shall perform the necessary measures in order to take these needs into account during the asylum procedure (Chapter 2, Section 7); • The accommodation centre shall ensure the initial health examination of an asylum seeker if he or she has not undergone it before (Chapter 2, Section 8); • Establishment and maintenance of a medical cabinet of The Accommodation centre of Asylum Seekers is provided by the Health Centers Association. In medical cabinet and in a specially equipped group of premises for temporary medical observation (as needed), one family doctor and two certified nurses or a certified medical assistant is provided; • Upon placing asylum seekers, the reception needs of persons to be especially protected shall be provided as much as possible, also ensuring: 1. that members of one family live together; 2. that an unaccompanied minor live together with an adult relative if he or she has arrived in the Republic of Latvia together with him or her; 3. the needs of persons with functional limitations; 4. respect for religious, gender and age-specific considerations, as well as measures for preventing violence including gender or religious-based violence, also sexual assault and harassment (Chapter 2, Section 10);

3. Applicants for international protection for vulnerability are firstly identified during the screening interview done by the State Border Guard within the framework of registration procedure of the asylum application. The State Border Guard shall also evaluate whether the asylum seeker has special reception needs. If the asylum seeker is accommodated at the accommodation centre, initial health examination of an asylum seeker is done at the centre (if he or she has not undergone it before). During the main interview conducted by officers of the Citizenship and Migration Affairs special needs of the asylum seeker could also be identified and revealed.

4. Officers of the State Border Guard, Office of Citizenship and Migration Affairs and employees of the accommodation centre are trained to identify vulnerability and special needs. Medical staff (of the Medical Unit at the Accommodation Centre for Asylum Seekers) identifies applicants for international protection for vulnerability and special needs during the initial health examination of an asylum seeker. In a one month period

			<p>each asylum seeker is assigned a social worker who also could identify person`s special needs.</p> <p>5. Screening interview during the registration of the asylum application; the main interview conducted by case workers and health checks for applicants for international protection for vulnerability and special needs in hospitals and/or medical centres. If asylum seeker has requested then it is possible to have a visit by psychologist.</p> <p>6. Pēteris Grūbe (reception), Head of the Accommodation Centre for Asylum Seekers, peteris.grube@pmlp.gov.lv The State Border Guard Return and Asylum Affairs Unit Chief Inspector Žanna Igaune (identification and screening during the registration of an asylum application), e-mail: return.latvia@rs.gov.lv</p>
	Lithuania	Yes	<p>1. Yes. According to the the law establishing the procedure of granting international protection and temporary protection, and regulating other questions concerning the legal status of aliens in the Republic of Lithuania (article 2, p. 182), vulnerable persons are defined as "persons with special needs (such as minors, disabled people, people over the age of 75, pregnant women, single parents with minor children, persons suffering from mental disorders, victims of trafficking in human beings, or persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence.". This term was introduced to this law from 01/02/2012. See: https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/57df8b40839211e5bca4ce385a9b7048?jfwid=-fxdp8bjh</p> <p>2. Yes. According to the Republic of Lithuania Law on the Legal Status of Aliens, "the best interests of <...> vulnerable persons should be the primary consideration when taking a decision in compliance with the provisions of this law" (article 67, part 5); asylum seeker identified as a vulnerable person in the Republic of Lithuania has a right to use the services that are in compliance with reception conditions designed to meet his/her special needs (article 71, p. 1.10); vulnerable persons and their family members can be accommodated in separate premises that are in compliance with their special needs; if possible, by the decision of Migration Department vulnerable persons shall as well be allowed to be accommodated with a close adult relative or representative who legally resides in the Republic of Lithuania (article 79, p. 5); vulnerable persons are not applied the circumstances that might determine the refusal to examine their asylum applications (article 77, p. 3).</p>

			<p>3. The primary assessment of asylum seeker's vulnerability is conducted during the first stage of asylum granting procedure when asylum seeker's application is received.</p> <p>4. Asylum applications are screened by the civil servants of the State Border Guard Service, territorial division of police institution, Migration Department, Foreigners' Registration Center, Refugees Reception Center or the employees of other competent organisations and institutions, and overseen by a social worker, a medical doctor and a psychologist.</p> <p>5. The procedure is conducted in accordance with order set by the Minister of the Interior: an institution in which the asylum application is filled, conducts the primary assessment of asylum seeker's vulnerability and fills in the vulnerability assessment form that is then transferred to the Migration Department. Taking in regard the vulnerability assessment form, Migration Department sets the special procedural guarantees for the vulnerable asylum seeker. Special procedural guarantees – measures designed to create the conditions that allow an asylum seeker who is a vulnerable person to effectively use the rights established in the law "On the legal status of aliens" as well as those set in the description of order of the Minister of the Interior, and accordingly execute the responsibilities these legal acts set, as long as they are related to asylum application examine procedure. After the conclusion conducted by the Foreigners' Registration Center, Refugee Reception Center or other competent organization on persons vulnerability and special needs (which is prepared with a social worker, a medical doctor and a psychologist participating in the making of the respective conclusions that, inter alia, include the assessment of asylum seeker's social skills, health condition and psychological state), Migration Department once more evaluates the need for special procedural guarantees. If an asylum application is examined in substance, Migration Department fills in a new vulnerability assessment form and once more evaluates the need for special procedural guarantees.</p> <p>6. Loreta Leimontaite, Migration Department, Head of the Control Division, e-mail: loreta.leimontaite@vrm.lt</p>
	Luxemburg	Yes	<p>1. Yes. The law of 18 December 2015 on the reception of applicants for international protection and temporary protection (Reception Law) has a specific chapter on vulnerable persons (chapter 4 and articles 15 to 21). Also article 2 j) defines the applicant with special reception needs as any vulnerable person in accordance with article 15, who is in need of specific needs in order to benefit of the rights and fulfil obligations foreseen by the law. This law entered into force on 1 January 2016. According to article 15 are considered vulnerable persons : minors, unaccompanied minors, disabled persons, elderly persons, pregnant persons, single parents</p>

accompanied by under-age children, victims of human trafficking, persons with a serious illness, persons suffering from mental disorders and persons who have been subject to torture, rape or other serious forms of psychological, physical or sexual violence, particularly female genital mutilation victims.


2. Yes. Article 9 (1) of the Reception Law establishes that the material reception conditions are determined by the Luxembourg Reception and Integration Agency (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) of the Reception Law establishes that the persons working with international protection applicants 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(1) the staff dealing with unaccompanied minors shall receive appropriate training.



3. Article 16 (1) establishes that the detection of vulnerable persons and the evaluation of their special reception needs take place in a reasonable time period and depending on the circumstances. In principle it takes place since the first meeting with the social workers of OLAI. But it can also be done during a later stage of the international protection procedure (article 16 (3)).

4. According to article 16 (1) of the Reception Law 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) of the Law of 18 December 2015 on international protection and temporary protection (Asylum Law) for the evaluation of the international protection application, the Minister may consider pertinent to take the measures for a medical evaluation of the applicant who shows signs of prosecution or serious harm suffered in the past; b) the physician of the Directorate of Health appointed by the Ministry in charge of Health (Sanitary Inspection) which 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 in the six weeks following the entering into the territory. The personnel of OLAI and its partners will receive, as far as possible, appropriate training related to the dealing with vulnerable persons with specific needs, including victims of human trafficking.


5. The identification is done through interviews and/or medical evaluations.


6. For the reception conditions : Luxembourg Reception and Integration Agency (OLAI) For procedural aspects

			: Directorate of immigration
	Malta	Yes	<p>1. The previous legislation (prior to 2015 amendments) featured a regulation which defined vulnerable persons: 2005 version 14.(1) In the implementation of the provisions relating to material reception conditions and health care, account shall be taken of the specific situation of vulnerable persons which shall include minors, unaccompanied minors and pregnant women, found to have special needs after an individual evaluation of their situation. 2015 version (regulation 14(1) as amended by virtue of legal notice 417 of 2015) In the Subsidiary Legislation 420.06-Reception of Asylum Seekers (Minimum Standards) Regulations, Part IV focus on the Provisions for Persons with Special Needs: 14. (1) In the implementation of the provisions relating to material reception conditions and health care, account shall be taken of the specific situation of vulnerable persons which shall include minors, unaccompanied minors and pregnant women, found to have special needs after an individual evaluation of their situation. (2) In the implementation of the provisions of these regulations, where these refer to minors, the best interests of the child shall constitute a primary consideration. Unaccompanied minors. 15. An unaccompanied minor aged sixteen years or over may be placed in accommodation centres for adult asylum seekers. The 2015 amendment is more concise.</p> <p>2. Yes</p> <p>3. Adults residing in the Initial Reception Centre can be referred for the Adult Referral Assessment Team when there are concerns about his/her wellbeing until they obtain their medical clearance. Also applicants for international protection could be identified as vulnerable while they are in the Initial Reception centre.</p> <p>4. In the Initial Reception Centre, the Coordinator is the person in charge to refer any applicant who is identified as vulnerable to the Adult Referral Assessment Team. Other referrals are received by the Police Immigration Officer, the Refugee Commission or NGOs.</p> <p>5. The Team use an Adult Referral Assessment-Vulnerable Assessment. During such assessment the Social Worker and the person being assessed: • Identify any concerns in relation to his/her current and general well-being. • Identify strengths/resiliency factors which are supportive to his/her general well-being. • Determine any issues that may be hindering the person's current situation. • Recommend or otherwise for early release from the Initial Reception centre.</p>

			6. Anne Marie Pisani Units Leader-Policy and Services AWAS Tel: +35625687200/+35679630129
	Netherlands	No	
	Poland	Yes	<p>1. Yes. Chapter 4 (Articles 61-69) of the Act of 13 June 2003 on granting protection to foreigners within the territory of the Republic of Poland regulates proceedings regarding unaccompanied minor and other people with special needs. The definition of an unaccompanied minor is provided in art. 2 point 9a of above Act. As persons who may require special treatment, the Act also mentions in art. 68, in particular: minors, people with disabilities, the elderly, pregnant women, single parents, victims of human trafficking, bedridden persons, people with mental disorders, people subjected to torture, victims of psychological, physical and sexual violence and also because of gender, sexual orientation and gender identity. The above catalog (Article 68) was introduced into the Act on November 13, 2015. The definition of persons who require special treatment is also included in an internal document which is operating in the Border Guard, entitled "The rules of conduct of the Border Guard with foreigners who require special treatment". Its purpose is to define the scope of the subject and to adopt the definition of foreigners who require special treatment, to define the conditions necessary to identify this category of foreigners while staying in a guarded center and to develop a procedure for identifying the aforementioned category of persons, with particular emphasis on the mode of operation, in the event of premises triggering dismissal from the center. Abovementioned document defines vulnerable foreigners as: minors, unaccompanied minors, disabled, elderly, pregnant women, single parents, victims of torture, rape or other serious forms of violence, victims / witnesses of trafficking in human beings and persons in need of support due to the poor state of health or special personal situation.</p> <p>2. An unaccompanied minor (applicant) shall be placed in foster care; the Act prohibits placing this category of foreigners into a guarded center. In addition - in accordance with art. 88a § 3 of the Act on granting protection to foreigners (...) the applicant or the person on behalf of who the applicant applies for, is not placed into a guarded center nor the arrest of foreigners is applied when it could cause a danger to their life or health or when their psychophysical condition may justify the presumption that they have been subjected to violence or are disabled. According to art. 68 § 2 of the Act on granting protection to foreigners (...) the applicant or the person on behalf of who the applicant applies for are considered to be persons in need of special treatment in the field of social assistance where it may be necessary to: 1) accommodate them in the center: a) adapted to the needs of people with disabilities, b) providing a single room, c) designed exclusively for women or women with</p>

			<p>children; 2) placing them in a care and treatment institution, a nursing and care facility or a hospice; 3) placing them in foster care corresponding to the psychophysical situation of these people; 4) adjusting the diet to their state of health.</p> <p>3. The first examination takes place at the time of receiving the application for international protection. Part III of the application includes information on the applicant's state of health and the persons on whose behalf the applicant is applying and also what was the violence they have experienced. In addition, identification of such persons may occur at any stage of the procedure.</p> <p>4. Border Guard (the authority accepting the application and leading the guarded centers) and the Head of the Office for Foreigners (the authority examining the application). According to art. 30 § 1 point 7 of the Act on granting protection to foreigners (...) the body of Border Guard competent to receive the application for international protection ensures that the medical examination of the person is carried out. In addition, the Head of the Office for Foreigners, in order to assess whether a person requires special treatment, may commission a medical or psychological examination. Such a person may also undergo such tests on their own initiative and at their own expense.</p> <p>5. See above answers.</p> <p>6. Mrs. Kinga Lewandowska , mail: kinga.lewandowska@udsc.gov.pl, Office for Foreigners</p>
	Slovak Republic	Yes	<p>1. a) Yes, vulnerable groups are defined in the Act on Asylum and also in the Act on Residence of Aliens. In the Act on Asylum vulnerable groups are mentioned with regards to the accommodation and care about the asylum seekers in reception centre and asylum facilities. This definition was introduced in the Act on Asylum in July 2015.</p> <p>2. b) The reception and registration of vulnerable groups is done in accordance with the Act on Asylum. In asylum facilities appropriate conditions for accommodation of asylum seeker and care must be created, taking into account the specific needs of vulnerable persons. There is also the Instruction of Migration Office Director according to which a so called "Social profile of a person applying for asylum" is created. This document contains all data and findings about an asylum seeker together with evaluation of vulnerability. Vulnerability of asylum seekers is evaluated according to specified criteria of vulnerability and is also reevaluated during the</p>

			<p>asylum procedure. Evaluation and re-valuation of vulnerability and subsequent care about asylum seekers are the most important features of this instruction.</p> <p>3. The identification for vulnerability and special needs of applicants starts immediately after arrival of an applicant to the asylum facility. The employees of Migration Office of the Ministry of Interior of Slovak Republic ((MO MoI SR) try to identify special needs of an applicant as soon as possible. The process of the evaluation/re-evaluation of vulnerability and special needs of an applicant runs through the whole time of his/her stays in asylum facility.</p> <p>4. The vulnerability of asylum seekers is identified by the employees of MO MoI SR who work in the asylum facilities. All the data and findings about the asylum seekers are written in the above mentioned “Social profile of a person applying for asylum”.</p> <p>5. When the applicant is registered in the reception centre, s/he is immediately identified for vulnerability and health examination is carried out. Asylum seekers are in quarantine and cannot leave the reception centre. After health examination is done, they are moved to another asylum facility - open asylum facilities where they are free to go outside. The vulnerable persons are moved to the specialized asylum facility for vulnerable persons. The most important tool for identification of vulnerability and special needs is the “Social profile of a person applying for asylum”. This documents is circulated among the employees involved in the process, from the first interview done by case worker to the social workers in the asylum facilities where applicant is accommodated. There are indicators according to which the vulnerability is evaluated and re –evaluated during the process of asylum procedure. Also Casuistic is created about an applicant where special needs and vulnerabilities are written down by social workers and transferred to other social workers when the applicant is moved from the reception centre to an asylum facility.</p> <p>6. Martina Grošaft Cebecauerová, Zuzana Spudilová, martina.cebecauerova@minv.sk , zuzana.spudilova@minv.sk</p>
	Sweden	Yes	<p>1. Only explicitly regarding unaccompanied minors.</p> <p>2. Not in legislation but in internal instructions for the Migration Agency</p>


			<p>3. First of all, when the registration of the application for international protection is made- at one of the Swedish Migration Agency (SMA) application centres. This first screening will be followed up by an individual meeting/appointment that will take place when the applicant has moved to the accommodation where he or she will stay during the asylum process (reception unit).</p> <p>4. By the SMA but sometimes also by health care institutions or other (external) actors.</p> <p>5. If special needs are not visible, like physical disability, the officer who meet an applicant will ask standard questions about physical or mental health issues. The answers will be registered so they can be followed up. Registration in the database will make it possible to follow up both statistically and at an individual level. We can register that someone has special needs but we can, due to data legislation, not register what kind of special need. For that, you need to read the specific, individual case.</p> <p>6. NA</p>
	<p>United Kingdom</p>	<p>Yes</p>	<p>1. The Immigration Act 2016 (section 67). The Modern Slavery Act 2015 (section 56(3)) defines a child as anyone under the age of 18. Throughout the asylum process the UK looks to identify asylum seekers who because of their special needs linked to a potential vulnerability require additional assistance in accessing the asylum procedural or reception arrangements. When the asylum claim is registered it is normal to complete the asylum questionnaire with the claimant at which time potentially vulnerable applicants will normally be identified. Recently published guidance on asylum screening and routing as well as other policies and guidance on the asylum process can be accessed through the government website .GOV.UK, it can be accessed here: www.gov.uk/topic/immigration-operational-guidance/asylum-policy Guidance on screening and routing can be accessed here: www.gov.uk/government/collections/asylum-screening-and-routing-guidance-asylum-instructions Guidance on the support arrangements for asylum seekers with special reception needs can be found on GOV.UK Of particular note are the instructions Healthcare Needs and Pregnancy Dispersal Policy, Asylum Seekers with Care Needs and Asylum Accommodation Requests Policy. www.gov.uk/government/publications/healthcare-needs-and-pregnancy-dispersal-instruction www.gov.uk/government/publications/asylum-seekers-with-care-needs-process www.gov.uk/government/publications/asylum-accommodation-requests-policy The National Transfer Scheme was launched in England in July 2016. In December 2017, the UK Government laid regulations that extended the scheme to Wales, Scotland and Northern Ireland, effective from February 2018. The UK also operates four</p>

resettlement schemes; the Vulnerable Persons Resettlement Scheme (VPRS), the Vulnerable Children's Resettlement Scheme (VCRS), Gateway and Mandate. No measures clarifying the definition of vulnerable groups have been introduced in 2017 other than unaccompanied children as detailed in:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656429/UASC_Statutory_Guidance_2017.pdf

2. In recognition of the increasing number and specific needs of unaccompanied asylum seeking and refugee children, on 1 November 2017 the UK published a safeguarding strategy setting out additional actions the Government will take to safeguard and promote the welfare of unaccompanied asylum seeking and refugee children. The strategy can be accessed here:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/656425/UASC_Safeguarding_Strategy_2017.pdf Statutory guidance for LAs and professionals who support unaccompanied migrant children, who may be victims, or potential victims, of modern slavery can be accessed here:
<https://www.gov.uk/government/publications/care-of-unaccompanied-and-trafficked-children> Guidance on asylum screening (registration) and routing can be accessed here: [https:// www.gov.uk/government/collections/asylum-screening-and-routing-guidance-asylum-instructions](https://www.gov.uk/government/collections/asylum-screening-and-routing-guidance-asylum-instructions) The National Transfer Scheme protocol is explained here:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687226/NTS_Protocol_Final_-_March_2018.pdf

3. Guidance on asylum screening (registration) and routing can be accessed here:
www.gov.uk/government/collections/asylum-screening-and-routing-guidance-asylum-instructions People who wish to claim asylum in the UK are expected to do so at their port of entry. However, those who have not done so, as well as those whose circumstances have changed in their country of origin since arriving in the UK (refugee sur place) are required to attend a screening event at the Asylum Intake Unit (AIU) in Croydon. The majority applicants book an appointment to attend. The booking is made by phone, at which time the initial conversation allows for some initial identification of applicants with potential special procedural and reception needs. This allows the AIU to assess potential vulnerabilities and begin to make provisions for the applicant, including any appropriate onward referrals. The call may also highlight the need to make arrangements for screening away from the AIU an exceptional basis, including at a hospital. Newly arrived clandestine arrivals are screened in the Kent and Midland Intake Units. The location at which they are screened depends upon where they are encountered. As part of the initial booking process, the Home Office issues an information

		<p>leaflet titled ‘Information About Your Asylum Claim’ (the ‘point of claim leaflet’). This provides additional information about the asylum process, including how to contact a legal representative. It lists various organisations that may be assistance for claimants with special needs. As part of the in-person screening process the units will look to identify any vulnerabilities and make the relevant referral or liaise with the relevant bodies as needed in line with the screening questionnaire, and any visual indicators that may again indicate areas of concern. There is a Safeguarding Hub team embedded in AIU. Their role is to signpost priority issues for intervention before the applicant has been dispersed, such as making a referral to GP and social services teams aligned to our initial accommodation sites. When there are vulnerabilities highlighted that do not require urgent intervention, the AIU forward relevant details to the Safeguarding Hub team in the area where the applicant is dispersed. They will then refer to local NHS and social services as required. The purpose of this is to ensure should vulnerability issues come to light post reception (which it will as not everyone will be in a position to disclose all vulnerabilities at the start of the asylum process), the hub teams, which are aligned to the asylum decision making teams, can then assess and take the required intervention action. For procedural adjustments, the decision-making team will make suitable arrangements. For example, a pregnant asylum applicant will not have a personal interview (substantive asylum interview) 6 weeks before their expected due date (or earlier if they provide medical evidence they should not be interviewed. Where physical disabilities exist and accommodation is required the AIU will consider the suitability of such accommodation. In some rare cases where accommodation is not suitable AIU and the safeguarding hub will work with local social services to make sure that the person can access the process. The majority of unaccompanied asylum-seeking children (UASC) are referred to the Home Office via social services, having already been housed by them. In the case of UASC who arrive in AIU or Kent Intake Unit (KIU) without an appointment (the Midlands Intake Unit does not handle UASC), or children who show up with a guardian, the Home Office is the first responder and will conduct a welfare interview for the child to identify any safeguarding concerns as well as check any physical indicators (observation and the situation of encounter) to identify areas of concern and make the relevant referrals. All unaccompanied asylum-seeking children are referred to the relevant UK local authority children’s services (social services). Local authorities have a statutory duty under the Children Act 1989 to ensure that they safeguard and promote the welfare of all children, regardless of their immigration status or nationality. Under these arrangements, unaccompanied asylum-seeking children are assessed with regard to their individual needs and provided with access to education, accommodation and health services, as would be provided to any other looked after child in the UK. Refugees referred to the UK under one of our resettlement schemes are identified by UNHCR, who will conduct a full Refugee Status Determination and resettlement consideration in</p>
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			<p>the host country.</p> <p>4. In the case of adult asylum claimants (including those with minor children) see the response to question 2(a). Asylum seekers will be screened principally by the asylum intake units operated by UK Visa and Immigration. Additionally, asylum claimants will be screened by Border Force officers if they make their claim at port. If encountered in-country, such as encountered working illegally or encountered as an overstayed by Immigration Compliance and Enforcement (ICE) or the police, then the ICE team will screen the applicant. In the case of unaccompanied asylum-seeking children, see response to question 2(a). UNHCR is responsible for identifying and referring all refugees under our resettlement schemes.</p> <p>5. In the case of adults, the screening process which includes the completion of the screening questionnaire will illicit where possible the claimant’s vulnerability/special needs. Of course, some special needs are easier to spot or determine, for example a single parent would be easy to determine, but someone who has a mental health condition may not be ready to share such information. Officers that screen asylum applicants will be following the screening and routing guidance and as first responders they will be looking for indicators of modern slavery. Guidance can be found here: https://www.gov.uk/government/collections/modern-slavery In the case of unaccompanied asylum-seeking children, see response to question 2(a).</p> <p>6. Diksha Patel – Research Manager (Diksha.Patel5@homeoffice.gsi.gov.uk)</p>
	Norway	Yes	<p>1. The Norwegian Immigration act only has one provision that regulates the right to stay in a reception facility. Section 95 in the act reads as follows “a foreign national who applies for protection shall be offered accommodation. A foreign national whose application for protection has been rejected may be offered accommodation pending his or his/her exit”. Beyond this quite general provision in law, the entire framework for Norwegian reception arrangements are laid out in administrative guidelines, instructions and practice notes. UDI gives detailed guidelines for operators of receptions centers, including specific guidelines for identifying vulnerable asylum seekers. Vulnerable asylum seekers are identified at all stages, from the transit reception stages, during police registration, medical examination, asylum interview conducted by the directorate of immigration, by staff at the ordinary reception centres and even by IOM upon the immigrant applying for assisted return to her home country. We identify different categories of vulnerable applicants, for example unaccompanied minors (UAM), victims of trafficking and applicants with specific health needs. When it comes</p>

to UAM special needs are amongst others identified through thorough individual mapping conducted by the reception center staff.

2. In accordance with the Norwegian Immigration Act Section 95 “a foreign national who applies for protection shall be offered accommodation”. A foreign national whose application for protection has been rejected may be offered accommodation pending his or his/her exit. As mentioned above, in addition to these quite general provisions in the law and regulations, the entire framework for Norwegian reception and care arrangements are laid out in administrative guidelines, instructions and practice notes. The Norwegian Directorate of Immigration (UDI) provides detailed guidelines for operators of reception centres, for example specific guidelines for how reception centres should organise care for UAMs, outlined in circular RS 2011-034 (Requirements for care work for unaccompanied minors in reception centres).

3. As mentioned above, vulnerable asylum seekers are identified at many different stages: from the transit reception stages, during police registration, medical examination, asylum interview conducted by the Directorate of Immigration, by staff at the ordinary reception centres and even by IOM upon the immigrant applying for assisted return to his/her home country. We aim to identify different categories of vulnerable applicants, for example: unaccompanied minors (UAM), victims of trafficking and applicants with specific health needs.

4. Applicants are identified by the Immigration police, staff from the Directorate of Immigration (UDI), and by staff at the ordinary reception centres and even by IOM.

5. In general, Norway has few standardized procedures or tools for screening vulnerability and special needs. Norway does have procedures for screening applicants for tuberculosis upon arrival. There is a health office at the arrival centre and the medical staff seek to identify any applicants with obvious needs for health services. And as mentioned, we have standardized mapping procedures of UAM in reception centres.

6. Magnus Rønneberg Ruud could be contacted if you have further questions. His e-mail is mrru@udi.no .