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<u>Ad-Hoc Query on 2024.8 Recording vulnerability of applicants for international protection in national internal information systems of Member States</u>

<u>Requested by EMN NCP Slovak Republic on 26 February 2024</u>

<u>Responses from EMN NCP Belgium, EMN NCP Bulgaria, EMN NCP Croatia, EMN NCP Cyprus, EMN NCP Czech Republic, EMN NCP Estonia, EMN NCP Finland, EMN NCP France, EMN NCP Greece, EMN NCP Hungary, EMN NCP Italy, EMN NCP Latvia, EMN NCP Lithuania, EMN NCP Luxembourg, EMN NCP Netherlands, EMN NCP Poland, EMN NCP Portugal, EMN NCP Serbia, EMN NCP Slovakia, EMN NCP Slovenia, EMN NCP Spain, EMN NCP Sweden (22 in Total)</u>

1. BACKGROUND INFORMATION

The Slovak Republic (SK) plans to upgrade the national internal information system of the Ministry of Interior of the Slovak Republic called MIGRA, which contains records of proceedings, e.g. in the area of residence, expulsion or international protection with different extents of granted access.

Within the upgrade, there is a plan to incorporate also collection of data related to vulnerabilities of applicants for international protection. The aim is to ensure the possibility to exchange information on vulnerabilities to the necessary extent among different departments of the Migration Office of the Ministry of Interior of the Slovak Republic (office responsible for asylum proceeding), for which such information is relevant. In addition to that, the aim is to be able to generate various statistical reports, e.g. on the number of vulnerable applicants for international protection in the reporting period, by types of vulnerability, in line with GDPR.
For this reason, the Slovak Republic would like to obtain information on MS' experience with recording data on the vulnerability of applicants for international protection and creating statistical reports.

We would like to ask the following questions:

1. Does your Member State collect data on the vulnerability of applicants for international protection? YES/NO. If YES, can you please indicate what data regarding vulnerability does your Member State record in your national internal information system(s) (apart from basic data such as age, unaccompanied minor, single parent with child)?

2. If you answer YES to Q.1, what types of possible statistical reports related to vulnerability can your Member State generate with this information?

3. If you answer YES to Q.1, is your MS able to generate a report on the number of persons having more than one vulnerability indicator selected from different categories? (E.g. woman with physical disability identified also as a victim of human trafficking)?

4. Are the data imputed limited to basic categories (e.g. health condition) or does it admit subcategories (e.g. chronic illness, physical disability, mental illness, mental disorder, etc.),? If possible, can you please provide the "decisional structure" of the system in the

vulnerability area (can be also in the national language). Note: By decisional structure, we mean set of categories and subcategories/questions contained in your information system.

5. If you answered YES to Q.1, which profession/job title familiar with the case (e.g. registration officer, decision maker, psychologist, reception centre worker) have access and what level of access to the vulnerability section of the information system (e.g. full access – the person can enter and edit data, or informative access – read only)?

6. If you answer YES to Q.1, when the vulnerability changes in time, how is this change related to statistical report in the selected period? Note: E.g.: If the vulnerability changes during the international protection procedure/ ceases to exist and this change is thereupon recorded in the information system, does the information system retrospectively include it in the report for the monitored period, when it was still valid at that time?

We would very much appreciate your responses by **25 March 2024**.

2. RESPONSES

		Wider Dissem ination	
	EMN NCP Belgium	Yes	1. Yes. The three relevant government bodies in this regard are the Immigration Office, the Office of the Commissioner General for Refugees and Stateless Persons (CGRS), and the Federal Agency for the Reception of Asylum Seekers (Fedasil). The Immigration Office manages access to, removal from, and residence and settlement on the Belgian territory, and is responsible for the registration of applications for international protection. It also decides on the application of the Dublin Regulation. Applications for international protection, subsequent applications and applications for international protection for which Belgium is responsible under the Dublin Regulation, are transferred to the CGRS for examination. The CGRS is an independent federal administration exclusively responsible for the first-instance procedure in terms of examining and granting, refusing or

withdrawing refugee and/or subsidiary protection. Fedasil is the organization responsible for the reception of applicants for international protection and other target groups, and it coordinates voluntary return programmes.

The **Immigration office**, when registering the applications, assesses whether the applicant for international protection has vulnerabilities and/or specific procedural needs. Possible vulnerabilities include:

- Age (-18 or +65)
- Single woman
- Parent with minor child(ren)
- Pregnant
- LGBTQIA+
- Medical issues
- Psychological issues
- Victim of violence
- Victim of human trafficking

These vulnerabilities can be further specified (e.g., specific medical issues, type of violence).

With the exception of age and unaccompanied minors, the information collected at the Immigration Office level does not consist of structured data from which statistical reports can be generated.

It is possible to produce statistics on the number of individuals with special procedural needs. However, statistics cannot be produced on the nature of procedural needs or the support measures taken.

The application is subsequently transferred to the **CGRS**, which on this basis encodes the following elements regarding vulnerabilities. These encodings have a direct and automatic impact on planning. From these elements, simple statistics can also be derived:

- Are there vulnerabilities: yes or no?
- Should support measures be granted: yes or no?
- Person cannot be summoned between certain dates. Gender: if the applicant mentions at least four asylum motives concerning gender issues (= only very serious gender-related cases).
- Need for a female or male interpreter.
- Need for a female or male protection officer.

- Does follow-up for FGM need to be done?
- Can the accelerated or border procedure be continued or not due to certain vulnerabilities?
- Are there vulnerabilities of which the reception should be aware when the applicant comes for their personal interview? Is assistance needed when the applicant comes to the CGRS? (e.g. wheelchair, risk of epilepsy attacks, severe psychological problems…): this is an encoding that can be indicated. At the time the personal interview is scheduled, the Security and Local Planning services receive a notification so they can take the necessary precautions. This encoding does not provide details. There is an open field where the exact circumstances can be described. Consequently, the details regarding this cannot be inferred from statistics.

If there are vulnerabilities, at the time of screening (or later in case of a change in the situation), a record is kept detailing the specific procedural needs, and whether any support measures need to be granted. The elements listed below can be indicated in this record. However, specific circumstances and details can only be recorded via a description in open fields. Details about the specific situation of the applicant cannot be represented in statistics:

- Adjusted duration of hearing
- Priority treatment
- Postponed treatment
- Sign language interpreter
- Protection officer with special expertise (minors, gender, vulnerable individuals) Special hearing room (e.g. XL room, near elevator for visually impaired or less mobile individuals, near toilet)
- Personal interview necessary on location (e.g. due to physical limitation)

If a personal interview is not possible due to medical reasons, the following can be encoded:

- Persistent conditions beyond the control of the requesting party (e.g. serious illness, psychosis, dementia…)
- Verifiable elements to support the persistent conditions (e.g. recommendations from Fedasil or the Immigration Office, medical documents…)
- Possibility of a personal interview with a family member
- Possibility of submitting a written request for information (requesting party, family member, third party)

Fedasil collects data on the 'vulnerability' of applicants for international protection within the scope of its legal responsibility to identify and assess special reception needs of applicants. Article 36 of the Belgian Reception Act specifies a non-

exhaustive list of several categories of vulnerable profiles that can potentially have special reception needs. It concerns minors, pregnant women, disabled persons, victims of trafficking, elderly persons, persons with serious illness, persons with mental disabilities, survivors of torture, and victims of serious psychological, physical or sexual violence, such as female genital mutilation.

Fedasil has **internal guidelines to distinguish special reception needs according to specific labels**. These **labels define the functional needs** of beneficiaries of reception. A distinction is made between **labels that refer to needs in terms of infrastructure:** type of reception infrastructure – collective or individual; infrastructure of reception facility or room; kitchen; location and mobility. And there are the **labels that refer to special types of assistance:** autonomy (assistance with daily life); care (assistance with personal hygiene); medical care; permanent medical assistance; permanent general assistance; psychological needs; adapted social assistance and if there is a need for transfer to an adapted reception place or need for isolation (for example in case of COVID-19).

Apart from specific needs labels, Fedasil **classifies target groups of persons to whom multiple specific labels apply**. This is the case for persons with multiple, serious, or complex medical and/or psychological needs. Within the medial target group, a distinction is made between unaccompanied minors and adults. Unaccompanied minors who are pregnant or have a child also receive **a specific target group label**. Two additional target groups can be assigned (vulnerable women and vulnerable person with status), although no validated definitions exist to date.

 It is important to emphasise that **the purpose of recording special needs is to respond to them accordingly**, for instance by adapting reception conditions, appointing/referring to specialised care providers and finding or adapting suitable accommodation. So, collecting aggregated data is not the main purpose of labelling and recording. Information on the specific labels and target groups is recorded in the **resident database 'Match-it'**. The main purpose is to ensure that the allocated reception place meets the special needs of the persons concerned. The database makes it possible to match residents' criteria to the characteristics of the different reception facilities and types of accommodation).

The application of labels draws on **personal information about residents registered in their social and medical files**. The **social file is part of Match-it** and allows to record all personal information which can be relevant for the social counselling of the person concerned. There are specific fields (such as psychosocial situation) in the file where social assistants can record relevant information. Most of the information in the social file is not structured according to specific categories. Therefore, the social file cannot easily be used to obtain data on vulnerability. Social workers are expected to make use of the information in the social file to attribute needs labels if necessary. However, they do not have editing rights for needs and target group labels

and should ask Coordination staff to add or change label information (see question 5).

For each resident, also a **medical file** is created **in a separate database, called 'Daktari'**. The database allows to register specifical medical diagnoses according to a long list of official medical pathologies. In theory, the system allows to collect aggregated data on pathologies. Fedasil's ICT infrastructure is currently too outdated to fully exploit the analytical capabilities of the database. Based on the medical information, medical staff are expected to assign needs labels when necessary. Unlike social workers, medical staff have full access to specific needs and target group labels (see question 5).

2. **Immigration Office**: /
CGRS: see question 1.
Fedasil is able to produce statistical reports that combine basic personal information and needs labels / target group labels for each resident within the network. However, the data is generally not reliable as the assignment of needs labels is often flawed. In particular, reception partners with whom Fedasil works to provide reception to applicants for international protection have little incentive to complete needs labels. Only specific reception partners, who provide reception to a specific vulnerable target group, benefit from registering specific needs and target group labels.

3. **Immigration Office**: /
CGRS: The details regarding the personal situation and circumstances of the applicant are placed in open fields in the record "Special Procedure Needs". This means that this information cannot be converted into statistics.
Figures related to the given example "woman with physical disability + victim of human trafficking" cannot therefore be generated unless filtered in the open text fields. This would again be complicated by the fact that a particular vulnerability can be described in various ways.
Fedasil: Fedasil is able, in theory, to provide statistical information on persons with several specific needs. It is important to point out that information on the functional needs does not contain information on the underlying cause(s). For instance, in terms of functional needs, a blind person and a person in a wheelchair will be labelled in the same way as persons with reduced mobility. Information about the underlying causes for the special needs is contained in the social and/or medical file. However, as described previously, the respective databases do not allow or are difficult to navigate to do data collection and analysis on an aggregate level.

4. **Immigration Office**: /
CGRS: The CGRS limits itself to a few basic categories. See the structure in question 1. It is only possible to add a more detailed description via open text fields.
Fedasil: As mentioned in the response to question 1, the data are imputed according to specific subcategories that are needs-based. The social file does not operate on the basis of predefined categories. The medical file does contain a list of prescribed categories, which cannot easily be exported from the database. It consists of a very long list of specific pathologies.

5. **Immigration Office**: /
 CGRS: Everyone within the CGRS who works with the database has access to the record "special procedural needs" (PDF file). However, not everyone is authorized to write in the record. This is reserved to employees with the "role" (profile in the database) of "protection officer". However, this role is not exclusively used by protection officers. Over time, it has also been granted to other employees who may need to make changes regarding the encoding of "special procedural needs".
Authorized to write in the record of special procedural needs:

- Screener
- Case handlers: protection officer – supervisor – geographical coordinator
- Dispatching (scheduling personal interviews)
- Minor's Service (creating files and scheduling personal interviews for minors)

Services such as "Correspondence", "Reception", the Cedoca research department, etc., cannot make changes to the record.
The record "Special Procedural Needs" is an internal document and is not shared with other organizations (Immigration Office, Refugee Appeals Board, reception center).
Access to this information will be restricted in the future (with the introduction of the electronic file).
The determination of who will have the authorization to read and write is yet to be decided.
 Fedasil: In terms of needs labels and target groups registered in Match-It, there are two profiles who have full access, which means they can enter and edit data: staff of the Medical Unit and Coordination staff. The latter concerns staff who administer and appoint reception places. Social assistants, the personal referent of each applicant and the directions of the centers have access to information on both need labels and target groups, but they cannot modify them. Other reception staff only have access to target group labels and cannot see specific need labels.

Concerning the social file, social assistants and the social referent of each applicant have full access. However, some sections (for instance on the asylum procedure) are also accessible to the Coordination staff. Concerning the medical file, only staff of the Medical Unit have access.

To better understand how vulnerabilities are identified and assessed by Fedasil, a short description is provided below. The procedure to identify and assess special needs by Fedasil is organised along the distinct phases in the reception trajectory.

1) The **first stage of reception** takes place in the **Arrival Centre**. Applicants for international protection undergo an initial screening in the Arrival Centre. It concerns a medical and a social screening.

The **medical screening** is performed by the Medical Unit of the Dispatching Department of the Arrival Centre. The information is imputed as an annex in the Daktari database. On the basis of the screening, label information is inputted into the Match-It database. Although the Medical Unit can attribute specific needs labels and target group labels, in practice it only attributes specific needs labels. This is because there are few possibilities to allocate a target group reception facility at the beginning of the reception trajectory.

The **social screening** is performed by the staff of the Social Service of the Arrival Centre. The social assistants provide information to the applicant on reception and have the opportunity to probe for vulnerabilities that are not already picked up by the Medical Unit.

The staff of the Arrival Centre have received training on asylum and the reception of applicants and those in charge of the social screening are trained as social workers. Furthermore, they received LGBTQI Equality training organised by the non-profit organisation Safe Space and there is a system of Single Points of Contact (SPOCs) for vulnerable groups in place. Information obtained by social assistants is inputted in a temporary resident file system (called Django) and it is not automatically imputed in the social file in Match-it. On the basis of observations and with agreement from the resident some information can be transferred to the social file. In addition, in theory specific needs labels can be applied.

2) The **second stage** of reception consists of a **transfer from the Arrival center to a reception facility.** Within the first days after arriving in the reception center 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 residents during their stay in the reception network. It allows a follow-up of the overall evolution of the residents during their entire reception trajectory. If social assistants want to add or change a needs label or target group label, they have to consult the Coordination Team at the center who is charge of matching

residents and reception places.

The **medical intake** assesses special reception needs on the medical and psychological level. During the medical intake, a **medical file** is drawn up with the medical history, the risk factors, allergies, etc. The medical service checks current diseases and current treatments and / or care and takes the necessary measures (treatment, diet, additional examinations). During this intake, the health status of the newcomer is reviewed using a standard medical intake list. The medical file also follows the resident throughout his/her entire reception trajectory. Because of the medical professional secrecy, the medical file is only accessible to medical staff. Note that the resident does not have to wait until the medical intake for urgent medical assistance to be provided at arrival of the resident (including medicines, medical care, ...).

Within 30 days after the allocation of the reception place, the social worker has to **carry out an evaluation to determine whether the reception place is adapted to the needs of the residents** in relation to their medical, social and psychological situation. When specific reception needs are identified on the basis of the medical, social and / or psychological. situation of the resident, the social worker makes recommendations for the measures to be taken to meet these needs. If this cannot be done by adapting the current reception facility (for example transfer to a room on the ground floor or close to the sanitary facilities), nor by the provision of external specialised ambulatory services (Fedasil and its reception partners can make use of external ambulant care in order to meet the special needs of their residents – it concerns for example the need for help with washing and dressing, need for outpatient external psychological counselling, need for empowerment activities for women, counselling for victims of female genital mutilation, support for LGBTI applicants, etc.), a transfer to another, adapted, reception facility, which can be part of the reception network or not (for example nursing homes for the elderly), is the next option. If the applicant is accommodated by an external institution or association, Fedasil or its reception partner will ensure the administrative and social follow-up and guarantees that material aid is provided. This way, agreements are concluded with nursing homes for the elderly or with psychiatric institutions for example. 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 or during the stay in a specialized institutions as long as they are entitled to material aid according to the Reception Act.

Extra information: Exchange of information between the asylum services:

During the registration of the asylum application, the **Immigration Office also fills in a form on which ten categories can be**

		ticked. It concerns more easily identifiable potential vulnerabilities: minor, +65 years, pregnancy, medical problems, with minor child(ren), single woman, and some less easily identifiable potential vulnerabilities: psychological problems, victim of human trafficking, LGBTIQ, victim of violence (physical, psychological, sexual). This **form is transmitted by the Immigration Office to the Dispatching Department of Fedasil** in an Excel file, by email and /or by phone. Furthermore, **with the permission of the applicant, Fedasil can make recommendations to the Immigration Office and the Commissioner General for Refugees and Stateless Persons regarding special procedural needs**: according to Art. 22.§1/1 of the Reception Act "*special procedural needs, as referred to in Article 48/9 of the Immigration Act, are examined at the same time as the examination of specific reception needs. Fedasil may make recommendations regarding the special procedural needs that an asylum seeker may require to the Immigration Department and the Commissioner General for Refugees and Stateless Persons, subject to his agreement.* *§ 2. To this end, during the examination of the personal situation of the reception beneficiary, signs of possible vulnerability that are not immediately visible, such as in the case of persons who have undergone torture or have been subjected to other serious forms of psychological, physical or sexual violence, shall be probed in particular.*" The determining authorities have no direct access to this information. 6. <u>Immigration Office</u>: / <u>CGRS</u>: The initial data is overwritten in case of changes. In the past, the record "Special Procedural Needs" was printed so that there was a physical trail and overview available of any changes over time. However, this record is no longer printed now. <u>Fedasil</u>: In terms of labeling, the change of a needs or target group label will overwrite a previous label. This implies information on previous needs cannot be retrieved from the Match-it database. This also counts for the prescribed categories in the medical database Daktari. Other types of non-statistical information registered in the social and medical file are stored cumulatively, however they cannot be used for aggregate data analysis.
EMN NCP Bulgaria	Yes	1. Yes. During the registration of applicants for international protection, the applicant's belonging to a vulnerable group is established. According to the Law on Asylum and Refugees, "persons from a vulnerable group" are minors, unaccompanied minors, people with disabilities, the elderly, pregnant women, single parents with minor children, victims of trafficking in human beings, persons with severe health problems, persons with mental disorders and persons who have suffered torture, rape or other serious forms of mental, physical or sexual violence.

			2. The number of applicants for international protection who belong to a certain vulnerability category in a certain period of time. 3. If individuals have more than one vulnerability indicator, the information for the second indicator is entered in the 'other' section. 4. N/A 5. Registration officers, decision makers. 6. N/A
	EMN NCP Croatia	Yes	1. Yes. Croatia collects data on this types of vulnerability: minors, unaccompanied minors, elderly and infirm persons, seriously ill persons, persons with disabilities, pregnant women, single parents with minor children, persons with mental disorders, victims of trafficking in human beings and victims of SGBV. Under SGBV category, we collect information about sexual violence, physical violence, emotional and psychological violence, harmful traditional practices and socioeconomic violence. For every person we collect information about three different category of vulnerability (for example one person can be victim of sexual, physical and psychological violence) and we collect information about place where that violence was taken place (in the country of origin, in transit country or in Republic of Croatia). If there is an additional vulnerability for which we do not have a section provided, we enter it in the "other" section. 2. The number of applicants for international protection in a certain period of time who belong to a certain category of vulnerability. 3. Yes, we collect information for certain types of vulnerability. If some persons are having more than one vulnerability we put information about second vulnerability into section "comments". When generating the report, it is necessary to take into account the additional vulnerabilities of certain persons and include them in the statistical data.

			4. We collect information for certain types of vulnerability: minors, unaccompanied minors, elderly and infirm persons, seriously ill persons, persons with disabilities, pregnant women, single parents with minor children, persons with mental disorders, victims of trafficking in human beings and victims of SGBV. If there is an additional vulnerability for which we do not have a section provided, we enter it in the "other" section. If some persons are having more than one vulnerability we put information about second vulnerability into section "comments". 5. Social workers in reception centers have access to those data. 6. When the vulnerability changes in time this change is related to statistical report in the selected period. If the vulnerability changes during the international protection procedure and this change is thereupon recorded in the information system the information system do include it in the report for the monitored period.
	EMN NCP Cyprus	Yes	1. Yes. Vulnerability category and any additional vulnerabilities. The data recorded comes from the European Asylum Agency (EUAA) which is supporting Cyprus Asylum Service in several fields of the asylum process. As CAS (Cyprus Asylum Service) we are now upgrading our system so as to be able to record and collect all statistics necessary concerning vulnerabilities and vulnerable applicants. This system is still in progress. 2. • Interactive Dashboards: Quick, real-time visual data analysis. • Written Reports: Detailed insights and statistics for policy support. • PowerPoint Presentations: Summarized findings for wider audience communication. 3. Yes, our method allows for the inclusion of up to two vulnerability categories. 4. The vulnerability categories used are as follows:

		- Unaccompanied minors - Persons with mental disorders - Disabled people - Persons with serious illnesses - Elderly people - Pregnancy – Postpartum recovery period - Persons who have been subjected to torture - Persons who have been subjected to other forms of psychological, physical or sexual violence - Single parent with minor children - Others (please specify) - Victims of Human Trafficking - No Vulnerability Indicator - People with diverse sexual orientation and gender identity - Minors 5. EUAA Vulnerability Experts input data into the Registry of the First Reception Centre both for the screening part of the process and the formal assessments. Registration Experts have access to this information. 6. The information that is recorded at the time of the vulnerability assessment at the registration procedure, remains static for the entirety of the asylum process as it is intended to be a snapshot of the situation of the asylum seeker at that moment of their procedure. Vulnerability indicators may be reviewed during the refugee status determination interview or upon transfer to other reception centres.
EMN NCP Czech Republic	**Yes**	1. Yes.According to our Asylum Act, Section 2(1)(i), a vulnerable person is in particular: 1) an unaccompanied minor2) a parent or family with a minor child3) a parent or family with an adult child with a disability4) a person over 65 years of age5) a person with a disability or serious illness6) a pregnant woman7) a victim of trafficking in human beings8) a person who has been tortured, raped or subjected to other serious forms of psychological, physical or sexual violence,Of these categories, it is

			possible to identify and statistically work with categories 1 and 4 as regards our asylum system AZYL III. With more effort, it should be possible to identify data in category 3. As regards the other categories mentioned above, this information can be found only in our protocols and files, not in AZYL III. 2. See our response to question 1. 3. No. 4. N/I. 5. N/I. 6. N/I.
	EMN NCP Estonia	Yes	1. Information about vulnerability is recorded in the National Registry for Granting International Protection (RAKS2). The following data is recorded (besides basic data suc as age, unaccompanied minor, single parent with child): • Is the applicant pregnant? If yes, then the expected due date. • Does the applicant need assistance for daily living? If yes, then what kind? • Does the applicant have any disabilities? If yes, then what kind? • Does the applicant have any serious or chronic health problems? If yes, then what kind? • Does the applicant regularly take medication? If yes, then for what health problems and what kind? • Has the applicant been diagnosed with any psychiatric disorders by a healthcare professional? If yes, then what diagnosis(es)? • Has the applicant provided documents regarding health issues? • Has the applicant's situation been exploited? If yes, then how? • Has the applicant experienced torture or other serious physical, psychological, or sexual violence (including FGM)? • Does the applicant have any physical injuries? If yes, then what kind? • What did or does the applicant have to do to cover their travel expenses?

			• Does the applicant have any special needs related to the procedure, operations, or accommodation? If yes, then what kind? 2. Statistical data is reported only for basic data. 3. Currently, such a report generation script has not been created, but it is possible to develop one. 4. Subcategories are included. The exact questions contained in the information system have been included under Q1. 5. Officials who receive applications can insert data, which becomes available to them upon the acceptance of an international protection application. Officials with proceedings authority can view data and add information. All actions are logged. Additionally, there must be a need for any role application in the database. There are no external users for the database. 6. Yes, the changes are visible in the reports (changes can be made during the process), but once the individual's process is completed, no more data is added/modified in the view of international protection.
✚	EMN NCP Finland	**Yes**	1. No. When it comes to vulnerable groups, only data regarding unaccompanied minors and victims of trafficking in human beings are recorded in a way that it can be used in statistical reports. Data on other vulnerabilities of an individual may be recorded in the reception record system. However, this data is visible only for the personnel who need it in order to provide the appropriate services for the individual in question. No statistical data can be derived from the reception record system. For medical questions the reception sector has also a patient record system, but the same applies to this: information recorded in the patient record system is only in order to provide the appropriate services for the patient in question. No statistical data can be derived from it.

			The asylum sector does not collect data on vulnerabilities either which could be used for statistical reports. 2. Only data on the number of unaccompanied minors and victims of trafficking in human beings. 3. No. 4. N/A. 5. As a general principle, only personnel who need the vulnerability information in order to provide services for the individual in question have access to this information. 6. There are no statistical reports.
	EMN NCP France	Yes	1. YES. In France, the French Office for Immigration and Integration (OFII) is responsible for assessing the vulnerabilities and specific needs of applicants for international protection during the registration of their application at the one-stop shop for asylum seekers (GUDA) in the prefectures. All information on the vulnerabilities of applicants collected by the OFII is then transmitted, with the applicant's consent, to the French Office for the Protection of Refugees and Stateless Persons (OFPRA), the authority responsible for determining the refugee status, to request adjustments to the interview. Asylum seekers may thus be directed, for example, to dedicated accommodation (places for persons with reduced mobility, places dedicated to women victims of violence or victims of trafficking in human beings, or LGBT+ persons). The data collected during the asylum procedure to detect vulnerabilities includes information on pregnant women, persons with disabilities, unaccompanied minors, elderly persons, single parents accompanied by minor child(ren), victims of trafficking, persons with mental/psychological disorders, victims of torture or psychological, physical, or sexual violence (including female genital mutilation).

The OFPRA also takes into account vulnerabilities throughout the asylum procedure. Thus, when informed of the existence of vulnerabilities by the OFII and/or by the applicant after the filing of their application, it defines the specific examination procedure it deems necessary for the exercise of the rights of an applicant due to their particular situation or vulnerability.
The OFII only reports information about individuals with disabilities (physical, visual and/or auditory, mental or intellectual), individuals with language disorders, pregnant women, and individuals likely to be regularly absent for medical reasons via the asylum information system, and these are included in a dedicated field in the OFPRA's database.
The asylum application form, digitised to be included among the documents of the applicant's electronic file, also includes a section dedicated to identifying vulnerabilities (physical, psychological, others) that may require special conditions for organising the interview.
The OFPRA also has a role in identifying vulnerabilities of asylum seekers regarding vulnerabilities related to the reason of the asylum application: violence against women, including domestic and marital violence, forced and early marriages, and female genital mutilation; human trafficking, as invoked in asylum claims, mainly concerning women and young girls declaring themselves victims of human trafficking for sexual exploitation; sexual orientation and gender identity, a basis for protection claimed particularly by women declaring themselves lesbian, bisexual, or transgender; minors; victims of torture and trauma. However, no data concerning the applicant's vulnerability status is entered into the OFPRA database if it is not present in any other information system.

2. N/A for the OFPRA
Waiting for more information from the OFII

3. N/A for the OFPRA
Waiting for more information from the OFII

4. The OFPRA database only includes a general field that the OFII agents fill in with basic information, occasionally supplemented with brief details as needed. There is no categorisation of vulnerabilities planned.

5. Each OFPRA protection officer in charge of the application during the procedure (from the filing of the application until the decision, including the examination of the merits of the application) has access to the information included in the database

			dedicated to vulnerability. 6. N/A for the OFPRA Waiting for more information from the OFII
	EMN NCP Greece	Yes	1. According to the current legislation (Article 1: Definitions: point LC) of Law 4939/2022 ("Asylum Code"), 'vulnerable individuals' specifically refers to minors (unaccompanied or not), direct relatives of those killed in shipwrecks (parents and siblings, children and spouses), disabled persons, elderly (over 65 years), women in pregnancy, single parent family with minor members, victims of human trafficking, people with serious illnesses, people with mental and emotional disability, people who have suffered torture, rape or other forms of psychological, physical or sexual violence, as well as victims of genital mutilation. The Information System of our Ministry, which facilitates the management and processing of International Protection procedures, is in full compliance with the current legislation. This system is endowed with distinct indicators designed to ascertain the specific vulnerable group(s) to which a third-country national, submitting an application for asylum, might be classified under. 2. The reports produced by our Ministry services are principally concentrated on, and encapsulate data pertaining to, asylum seekers identified as part of the particularly vulnerable cohort of unaccompanied minors. 3. Moreover, the capability of our system extends to the compilation of reports concerning individuals who are concurrently categorized under multiple vulnerability groups. 4. In general, the access rights of each user to applications and Information Systems are determined by their responsibilities, job scope, and position within the Service's organizational structure. 5. In general, the access rights of each user to applications and Information Systems are determined by their responsibilities, job scope, and position within the Service's organizational structure. 6. However, it should be noted that the system is not configured yet to archive any alterations in the vulnerability status of an

			individual subsequent to the initial assessment period.
🇭🇺	EMN NCP Hungary	**Yes**	1. Out of the vulnerability indicators listed in the query questions, vulnerability data if the person concerned is an unaccompanied minor, of his/her sex and age can be set as search and filter criteria within the Hungarian asylum registry. Other vulnerability data listed in the query questions cannot be set as search and filter criteria. With regards to unaccompanied minors, Hungarian asylum-related pieces of legislation incorporate particularly different provisions providing for specific cases. In case of persons accommodated in a reception facility, the PROTECT questionnaire is filled in, the asylum authority compiles its statistic reports on victims of trafficking in persons based on the questionnaires. With regards to health care services provided for the accommodated persons, statistic reports on health care services provided for the accommodated persons, with the data content laid down by law, in which statistical data provision is implemented on persons receiving health care services by a GP, a specialist doctor or in hospital care, or who are suffering from an infectious disease, are drug users, serve as the basis for the public health situation report. 2. No 3. N/A 4. See above 5. N/A 6. N/A
🇮🇹	EMN NCP Italy	**Yes**	1. The Department of Civil Liberties and Immigration, in agreement with the Department of Public Security, operates a reception management system (SGA). The aforementioned system enables the tracking of third-country notational in Italy since their arrival in the country and tracking their progress in the subsequent reception phase. The system provides a tool for reception planning at the central and peripheral levels, and in particular, Prefectures can have a

			tool that can facilitate the daily management and control of reception facilities located on the territory under their jurisdiction. There is a screen dedicated to the entry of vulnerabilities (by the staff of the Police Headquarters (Questure) at the time of formalization of the application for international protection). The types of vulnerability that can be included are the following: - Pregnant women - Minor - Disabled - Elderly - Single parents with minor children - Survivors of torture or other forms of severe psychological physical or sexual violence 2. Data in the SGA system can be extracted in order to generate statistical reports. 3. It is possible to cross-check different vulnerability variables and generate statistics. 4. There is no provision for subcategories. 5. N/A 6. The vulnerability change affects the current statistic but not the past one
	EMN NCP Latvia	**Yes**	1. Yes, we collect data on the vulnerabilities of applicants; however, only in basic categories. 2. Usage of information on vulnerabilities for statistical reports currently is limited – most frequently it is used to retrieve data on unaccompanied minors. As information on vulnerabilities structurally is linked with reception data – it is intended for planning/controlling distribution of different kind of support for those asylum seekers.

			3. Several vulnerabilities can be indicated for one person (when information on particular vulnerability is not mentioned in the list – it can be included as a text in the notes – without possibilities to use it for statistical purposes). 4. Just basic categories. 5. Registration officers and reception experts are responsible for filling information on vulnerabilities as they enter data in the Register and they are the first ones to communicate with asylum seekers. Decision makers have "read only" access to these data, but they can point out necessity to update data on vulnerabilities in case if additional information arises during the personal interview. 6. Yes, it is planned that system include ceased vulnerabilities retrospectively within the monitored period.
	EMN NCP Lithuania	**Yes**	1. No. The Migration Department has developed an accommodation module in the Migration Information system, in which data on vulnerabilities will be recorded; however, this module is not fully functional yet and no data has been collected so far. 2. N/A 3. N/A 4. N/A 5. N/A 6. N/A

🏴	EMN NCP Luxembourg	**Yes**	1. No. The Asylum Department of the General Directorate of Immigration does not collect data on the vulnerabilities of the international protection applicants in the national internal information system. 2. N/A. 3. N/A. 4. N/A. 5. N/A. 6. N/A.
🏴	EMN NCP Netherlands	**Yes**	1. No. 2. N/A 3. N/A 4. N/A 5. N/A 6. N/A
🏴	EMN NCP Poland	**Yes**	1. NO 2. N/A

			3. N/A 4. N/A 5. N/A 6. N/A
	EMN NCP Portugal	Yes	1. Yes, regarding special needs relevant for the reception system (LGBTQIA+, reduced mobility, illness that requires proximity to hospital). 2. The information is only used for the matching process. 3. No – the information may not be complete for all cases – only for those that present vulnerabilities to be considered for matching proposals. 4. N/A 5. Staff from the Agency for Integration, Migration and Asylum (a government institute) who work with reception/ matching and the reception center workers. 6. No
	EMN NCP Serbia	Yes	1. In line with the Law on Asylum and Temporary Protection, special procedural and reception guaranties are ensured to specific categories of applicants. Those categories include minors, unaccompanied minors, persons with disabilities, elderly persons, pregnant women, single parents with minor children, victims of human trafficking, seriously ill persons, persons with mental disorders, as well as persons who have been tortured, raped or exposed to other severe forms of psychological, physical or sexual violence, therefore those facts are collected and entered into personal files. Since the status determination authority and

reception authority are two different state authorities (Asylum Office within Border Police Directorate in the Ministry of Interior and Commissariat for Refugees and Migration) separate answers by those two authorities are presented.

Asylum procedure – The asylum procedure starts with expression to seek asylum in front of authorised police officer when certificate on registration of an asylum seeker is issued. In that stage the record of registration of an unaccompanied minor is entered in annotation system. Further identification of vulnerability is ongoing through formal submission of formal asylum application (in line with the Rulebook on the content and appearance of the asylum application form and the content and appearance of the documents issued to the asylum seeker and the person granted asylum or temporary protection) that contains 26 questions, including those relevant for vulnerability (pregnant woman, disabled person, presumed or qualified victim of human trafficking, unaccompanied minor), interviews and decision. Apart the records on minors and unaccompanied minors, only record on identified victims of trafficking in human beings and form of exploitation are recorded within system.

Reception system – Based on the Law on Asylum and Temporary Protection, reception authority is authorised to collect data related to medical conditions if they are of importance for accommodation provision. The presence of some of listed conditions is entering in reception information system (it should be noted that status determination and reception authorities have two separated information systems that are not interconnected).

2. Asylum procedure – The Asylum Office generates reports on minors, unaccompanied minors and on asylum application based on the status of victim of human trafficking by the information system.

Reception system – Since the information about the existence of vulnerability is entered as a note, it is only possible to obtain the percentage of persons with special needs among the applicants. For a more detailed analysis, the data and information would have to be searched and analyzed specifically. The exemption is records on unaccompanied minors.

3. See answer to Q.2.

4. Asylum procedure – See answers to Q.1 and Q.2

Reception system – Decisional structure exists only for the category of minors. All other categories have been entering as a descriptive note.

5. Asylum procedure – The employees of the Ministry of Interior who have access to data through the AZIL application are

		employees of the Ministry in the headquarters as well as sub-district police administration, and employees of the Asylum Office. In the asylum procedure, the principle of confidentiality is strictly taken into account. The listed data can only be entered and changed by persons authorized by law within the Ministry according to the lines of work that deal with this matter. Reception system - Reception workers have full access to this data, but only for the application in their center. ITC staff have read only access in order to be able to prepare reports. Data processing has to be in line with the Law on protection of Personal Data. 6. Asylum procedure – All noted records are visible permanently. Reception system - As record on vulnerability is descriptive note, it is permanently visible in the system and in statistics (not applicable for minors).
EMN NCP Slovakia	Yes	1. The Slovak Republic has not yet registered vulnerability of the applicants for international protection in the national information system, so it has not been able to process statistical reports in this area. 2. NA 3. NA 4. NA 5. NA 6. NA
EMN NCP Slovenia	Yes	1. In order to ensure that vulnerable persons with special needs are treated as provided for by law, the Government office for Support and Integration of migrants and the Ministry of the Interior shall inform each other of the existence and nature of the identified special needs of the applicants. In the application for international protection there is a section where the official can

			indicate particular vulnerabilities of the applicant (e.g. person with disability, minor, UAM, pregnancy, victim of THB...). The officer responsible for registration of application for international protection also fills out a form on the determining special needs of the applicant. The form is forwarded to social workers of Government office for support and integration of migrants. 2. The section on vulnerability on the application for international protection is recorded as qualitative, not quantitative data. The only quantifiable data is the number of UAMs. Form determining special needs of the applicant is filled out in physical form only. 3. Slovenia can generate a statistical report on the quantifiable data – number of UAMs. 4. The section on vulnerability on the application for international protection is recorded on case by case basis. 5. According to International protection Act Ministry of the Interior is data controller for national repository on applicants for international protection. Government office for Support and Integration of Migrants has access and processing rights in the national repository. All data is processed in accordance with the reasons provided by the provisions of the International protection Act. 6. Not applicable
	EMN NCP Spain	Yes	1. Directive 2013/33/EU of the European Parliament and of the Council laying down standards for the reception of applicants for international protection states in Articles 21 and 22 that Member States shall take into account the specific situation of vulnerable persons, assess whether the applicant is an applicant with particular reception needs, ensure that they are covered if so and ensure their assistance throughout the asylum procedure.In addition, Royal Decree 220/2022, of 29 March, approving the Regulation regulating the reception system in the field of international protection, in its article 25 regulates the typology of resources of the system guaranteeing specialised attention to recipients who are in a situation of vulnerability. For access to the International Protection Reception System and during the development of the itinerary, the particular reception needs and the specific situation of persons seeking or benefiting from international protection in vulnerable situations are assessed. In practice, it translates into the fact that the entity conducts an interview and from there produces a social report that will help

for the allocation of the optimal place according to the individualised situation.Therefore, in compliance with national and European regulations, the Spanish State YES collects data on the vulnerability of applicants for international protection, through a computer application called SIRIA (Information System on Programmes for Refugees, Immigrants and Asylum Seekers), belonging to the Directorate General of Humanitarian Care and the International Protection Reception System of the Ministry of Inclusion, Social Security and Migration of the Government of Spain. This tool is used for the management of reception programmes aimed at asylum seekers, refugees, persons with international protection and immigrants. The types of vulnerability that are collected in the SIRIA system are as follows:

- Single-parent families with minors.
- Health care needs.
- Physical disability.
- Intellectual/psychic disability.
- Victim of torture/violence.
- Possible unaccompanied minor.
- Gender-based violence.
- Over 65.
- Illiteracy.
- Family with minors.
- LGTBIQ+.
- Pregnant women.
- VTSH (Victim of Trafficking in Human Beings).
- Coronavirus.
- Family with children (negative DNA).
- Psychic disorders.
- Others.

2. No general reports are developed. However, reports are being prepared internally on trafficking in human beings and gender-

			based violence. These documents collect the data on cases detected in the System, on a six-monthly basis and within the framework of their respective Protocols. Mental health and dual pathology reports are also carried out. The purpose of these internal reports, in any case, is argued in the study of trends for decision-making of the Directorate-General, in the allocation of the optimal position according to the individual situation and in the authorisation of extensions. 3. Yes, it is possible to identify and quantify people who have more than one vulnerability indicator. The computer application allows to extract and process that value. 4. Note: By decisional structure, we mean set of categories and subcategories/questions contained in your information system. The data are specified in basic categories of vulnerability, which are the following: single parent families with minors, need for medical care, physical disability, intellectual/psychic disability, victim of torture/violence, possible unaccompanied minor (MENA), gender violence, advanced age (+ 65), illiteracy, families with minors, LGTBIQ+, pregnant women, VTSH, coronavirus, families with lower DNA negative, psychic disorders, others. 5. Only users of the SIRIA application who have a profile with a privilege that allows to consult and edit vulnerability information can be accessed. 6. Note: E.g.: If the vulnerability changes during the international protection procedure/ ceases to exist and this change is thereupon recorded in the information system, does the information system retrospectively include it in the report for the monitored period, when it was still valid at that time? Specialised teams serving vulnerable beneficiaries monitor all those in specialised positions. In this way, a report is made on how many people have been treated, how many are pending the assessment of their case (to be transferred and assigned to an entity with vulnerable places), and how many have been assigned places in vulnerable entities. If the vulnerability changes during the procedure or ceases to exist, this change is recorded in the system, mainly for the allocation of places adapted to the new characteristics of the beneficiary.
	EMN NCP Sweden	Yes	1. YES In each individual case the Swedish Migration Agency decide whether there are special needs and document the assessment in the electronic case management system. Our IT-system allows three categories;

1. does not belong to a vulnerable group/no special need identified,
2. vulnerable individual without special needs, or
3. belongs to a vulnerable group and has special needs/special needs identified.

In each case the Swedish Migration Agency write a service note explaining the observation.

2. The Swedish Migration Agency can report statistics for people in the three categories specified above under question 1. There is no statistical reports detailing the specific needs that are identified.

3. The details about the individual vulnerabilities is outlined in the service note, and written in the individual case. It is not possible to generate statistics from the IT-system on the number of persons having a specific vulnerability.

4. There are no subcategories in the Swedish Migration Agency's information system. The case officer will have to explain why the applicant belongs to the selected category (see question 1) in the service note. The Swedish Migration Agency has established written routines that support the case officer in the assessment of whether the applicant is a person with special needs. The routine document contains examples of what conditions could constitute special needs.
The content in the routine document is legally supported by means of article 21 in the EU Reception Directive and article 29 in the EU Asylum procedures directive.

5. At the Swedish Migration Agency all staff working with case management can access the information that is recorded in the IT-system. However, it is not permitted to enter a case that you are not responsible to handle, and the IT-system records the individual staff workers' access data. The Swedish Migration Agency may share the information with external parties, such as public counsels or upon request. The Swedish Migration Agency always have to make a legal assessment before sharing information with external actors.

6. In the Swedish Migration Agency's statistical reports, it is possible to see data regarding specific periods. An individual with special needs will be included in the report for a specific period even if this need changes over time.

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