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2025.40 Care of international protection applicants and beneficiaries of temporary protection in asylum facilities with serious health condition

**European Migration Network
Ad-hoc query**

October, 2025

AD-HOC QUERY ON 2025.40 CARE OF INTERNATIONAL PROTECTION APPLICANTS & BENEFICIARIES OF TEMPORARY PROTECTION IN ASYLUM FACILITIES WITH SERIOUS HEALTH CONDITION

REQUESTED BY EMN NCP SLOVAKIA ON 7 AUGUST 2025

Exported for: Unrestricted Dissemination

Responses from: EMN NCP Austria, 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 Germany, EMN NCP Greece, EMN NCP Hungary, EMN NCP Ireland, EMN NCP Italy, EMN NCP Latvia, EMN NCP Lithuania, EMN NCP Luxembourg, EMN NCP Netherlands, EMN NCP Poland, EMN NCP Portugal, EMN NCP Slovakia, EMN NCP Slovenia, EMN NCP Spain, EMN NCP Sweden **(24 in total)**

Disclaimer: The following responses have been provided primarily for the purpose of information exchange among EMN National Contact Points (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 Country.

BACKGROUND INFORMATION

Currently the Slovak Republic is in the process of reassessing the reception conditions provided for the applicants for international protection in the country. The Slovak Republic would like to find out how to better address specific needs of applicants with particular physical/mental health condition (or their combination). Asylum facilities in the Slovak Republic are not set up as social service facilities (with appropriate equipment and specialized social/medical staffing) for applicants in need of a particular

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specialized medical/social services who are unable to live independently. At the same time the Slovak Republic has limited experience with placing the applicants in such social service facilities. The same applies to some beneficiaries of temporary protection who, although with different protection status, are placed in the asylum facilities in Slovakia. Therefore, the Slovak Republic would like to approach the colleagues from other EMN countries and ask, what is their policy, procedure, protocols/guidelines and/or experience in this regard. Responses to this query would serve as a basis for further discussion in the Slovak Republic in order to improve the reception system.

Under social service facility we understand a specialized facility that provides social/medical services to individuals who are dependent on the assistance of another person, whose degree of dependency is at least certain degree as set up by the respective law, and who have a disability, in particular Parkinson's disease, Alzheimer's disease, pervasive developmental disorder, multiple sclerosis, schizophrenia, dementia of various types of etiology, deaf, blindness, AIDS, or severe organic psychosyndrome. These specialized facilities provide assistance when there is dependence on the assistance of another person, and e.g. medical care and rehabilitation, social counselling, social rehabilitation, accommodation, meals, ensures the development of work skills, assistance with employment, leisure activities, creates conditions for education, etc. If children are placed in such a specialized facility, they are provided with education.

WE WOULD LIKE TO ASK THE FOLLOWING QUESTIONS:

We would very much appreciate your responses by **11 September 2025**.

1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation
2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?
3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these

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cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?

4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?

5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)

6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.

RESPONSES

		Unrestricted Dissemination ?	
	EMN NCP Austria	Yes	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p> <p>In Austria, foreigners in need of assistance and protection (including asylum seekers) receive basic care, which include accommodation in suitable housing, the provision of health care</p>

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			<p>(payment of health insurance contributions), and measures for persons in need of care (Art. 2 para. 1 subpara. 1, Art. 6 para. 1 subpara. 5-7 Agreement between the Federal State and the Provinces on Basic Care - Art. 15a Federal Constitutional Act). In the Austrian context, both of the above-mentioned accommodation options are considered.</p> <p>In the federal care facilities, comprehensive intake interviews are conducted as part of the initial reception process in order to identify any vulnerabilities as early as possible and to be able to define medical and psychological needs. In addition, an initial medical examination and a chest X-ray (unless there are medical reasons not to do so) are also carried out as part of the initial reception process. (Displaced Persons from Ukraine. Summarizing overview of Austrian Measures in the Period February 2022 to June 2023, p.17).</p> <p>International protection seekers can generally be accommodated in special federal care facilities or cared for and provided for in external care facilities.</p> <p>---</p> <p>Source: Ministry of the Interior</p> <p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p> <p>As part of the accommodation in a federal care facility, medical and psychological needs are evaluated during the initial reception process. If necessary, there is the option of accommodation in the federal special care facility, where people can generally be cared for up to care level 4. Due to the medical focus, there are more medical professionals working in this facility who take measures according to individual needs. The services offered depend on individual care needs (accessibility, wound management, etc.), with medical treatments and therapies (chemotherapy, dialysis, etc.) being carried out exclusively in local hospitals and follow-up care and coordination being provided to a limited extent as part of federal basic</p>
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			<p>care. --- Source: Ministry of the Interior</p> <p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?</p> <p>During the admission procedure, applicants are housed in federal care facilities, where they also receive medical and psychological care. The Federal Agency for Reception and Support Services team consists of psychologists and nursing staff, as well as doctors on an ad hoc/fee basis (https://www.bbu.gv.at/en/what-we-do#care). --- Source: Ministry of the Interior</p> <p>4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?</p> <p>Individuals who fall under the jurisdiction of the federal basic care system and require nursing care due to their previously assessed care needs are accommodated in an external nursing home financed by the federal government. The Federal Agency for Reception and Support Services cooperates with an external stakeholder who arranges admission to a designated nursing home. Admission to a nursing home is organized by medical professionals at the Federal Agency for Reception and Support Services. In the event of prior care in a hospital,</p>
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			<p>the Federal Agency for Reception and Support Services endeavors to ensure seamless continued care in a nursing home, including transportation. The relevant legal clarifications and agreements for cooperation with the above-mentioned external partner have been made in accordance with public procurement law provisions. --- Source: Ministry of the Interior</p> <p>5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)</p> <p>The total costs of basic care (including accommodation) are divided between the federal government and the provinces on a 60:40 basis. This is based on maximum cost rates specified in the basic care agreement (Art. 9). With regard to persons with special medical/psychological care needs, this provision stipulates maximum cost rates for special accommodation (maximum EUR 112 per person per day) and for special care in organized accommodation (EUR 35 per person per day in addition to the maximum cost rate for accommodation and meals in organized accommodation). The costs of medical treatment, medication, and medical equipment are covered by health insurance, as is the case for Austrian citizens. --- Source: Ministry of the Interior</p> <p>6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also</p>
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			<p>interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.</p> <p>Beneficiaries of temporary protection who are in need of assistance and protection are also eligible for basic care benefits (Art. 2 para. 1 subpara. 3 Agreement between the Federal State and the Provinces on Basic Care - Art. 15a Federal Constitutional Act). However, with regard to access to social benefits, some of the rules applicable to this group differ from those applicable to persons seeking international protection. For example, persons entitled to temporary protection in Austria are entitled to long-term care allowance under the Federal Long-Term Care Allowance Act (Displaced Persons from Ukraine. Summarizing overview of Austrian Measures in the Period February 2022 to June 2023, p.15).</p> <p>---</p> <p>Source: Ministry of the Interior</p>
	<p>EMN NCP Belgium</p>	<p>Yes</p>	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p> <p>In Belgium, the Federal agency for the reception of asylum seekers (Fedasil) is responsible for the reception of applicants for international protection. Both systems (a and b) coexist. A cascade system is applied as follows: The applicant is first accommodated in the regular reception network (general reception places operated by the Agency or its partners).</p>

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			<p>If the regular reception network is insufficient to meet the applicant's medical needs, they are accommodated in specific medical centres.</p> <p>If the medical needs cannot be met in a specific medical centre, the applicant is accommodated in an external specialised care network (e.g. a nursing home, an institution for children with disabilities, or a psychiatric hospital).</p> <p>Within Fedasil's reception network (operated directly by the Agency or by its partners), there are medical reception places. These are rooms equipped, for example, with a hospital bed, greater privacy, private sanitary facilities, adaptations for persons with reduced mobility, and/or proximity to a hospital. Such reception places are labelled within the network according to the available facilities in terms of support and infrastructure.</p> <p>In addition to these medical reception places within the general reception centres, there are dedicated specialised reception centres. For instance, the Red Cross, as a reception partner, manages the CARDA Centre, which specialises in supporting applicants for international protection with psychological difficulties. Fedasil itself also operates a reception centre dedicated to people with medical issues and their accompanying family members.</p> <p>Accommodation can also be provided by organisations or institutions outside Fedasil's reception network. As stated in Article 36 of the Reception Act, Fedasil or one of its reception partners may conclude agreements with specialised institutions or associations in order to meet the special reception needs of vulnerable persons. For example, agreements may be concluded with nursing homes for the elderly or with psychiatric institutions. If a beneficiary of reception is accommodated by such an institution or association, Fedasil or its partner remains responsible for administrative and social follow-up, and for ensuring that material assistance is guaranteed.</p> <p>Unfortunately, waiting lists are common, and language barriers make it difficult to obtain therapeutic admission, particularly for psychiatric care.</p> <p>Fedasil also runs the POZAH project, in collaboration with Sint-Alexius Psychiatric Hospital in Grimbergen. This has made access somewhat easier, but available places remain limited and</p>
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			<p>insufficient to meet demand. (Source : Fedasil)</p> <p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p> <p>Depending on the profile, a multidisciplinary team assesses the needs of each applicant. This team, comprising medical staff (nurses and internal or external doctors), social workers, and day support workers, provides support tailored to their respective areas of expertise. For individuals requiring assistance with daily hygiene, a home care nurse can be included in the healthcare plan.</p> <p>As part of the Agency's medical policy, there is a strong focus on psychosocial support and health promotion. Additionally, guidelines have been developed for specific target groups, including individuals who are blind or have hearing impairments.</p> <p>Regarding infrastructure, efforts are made to find the most suitable accommodations. Adapted facilities are available for wheelchair users, while smaller centres can provide a quieter environment with more rest for applicants who need it. Where a specific treatment cannot be provided in every hospital, a medical transfer to a reception centre located closer to the relevant hospital may also be arranged.</p> <p>(Source: Fedasil)</p> <p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?</p>
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			<p>Reception centres are required to employ medical staff to safeguard the well-being of residents. They must also ensure effective access to general healthcare, either by collaborating with one or more general practitioners or by employing GPs directly within the centres. Every resident should have access to a GP, either on site or within a reasonable distance.</p> <p>With regard to psychological support, reception centres must prioritise the early identification of mental health needs and guarantee access to appropriate psychological care. Depending on the situation, residents may be referred to internal healthcare staff, specialised associations, or external psychologists.</p> <p>(Source: Fedasil)</p> <p>4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?</p> <p>The Medical Unit of Fedasil's Dispatching Service (responsible for allocating reception places to applicants for international protection) identifies applicants with special reception needs. These applicants may be assigned to adapted reception places within the reception network. In most cases, they are first placed in a general reception centre (with the appropriate label), and later transferred to a specialised facility if required (see question 1, cascade system). During their stay, a multidisciplinary assessment may reveal that the allocated reception place does not adequately meet a resident's needs. This may occur if certain needs were not identified at the time of allocation, or if new needs arise during the stay. Based on these findings, the multidisciplinary team issues recommendations on the measures required to address the special reception needs. If these cannot be met by adapting the current reception facility or through external outpatient services, a transfer to an adapted reception facility</p>
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			<p>becomes necessary. Any request for transfer must be supported by an assessment of the resident's individual needs and must refer to one or more of the eleven medical criteria set out in internal instructions for reception centres. These criteria include: severe disability, serious pathologies requiring proximity to a reference hospital (e.g. chemotherapy, dialysis), infectious diseases that pose a risk to other residents (e.g. measles, chickenpox), substance addiction, psychiatric disorders, serious medical conditions requiring continuous care and institutional admission (e.g. palliative care, residential nursing care). The social worker compiles and submits the medical checklist, relevant medical reports, treatment overview, and a request to one of Fedasil's two regional medical services. The regional service may refuse a transfer if it considers that the current reception place adequately meets the resident's medical needs. If the request is accepted, Fedasil will identify a reception facility suited to those needs. The time required for transfer depends on the availability of appropriate places. Specialised reception centres are usually managed by dedicated partner organisations but remain part of Fedasil's official reception network. As noted in Question 1, accommodation may also be provided by external organisations or institutions outside the Fedasil network. In such cases, Fedasil or its reception partner remains responsible for administrative and social follow-up and for guaranteeing material assistance. (Source: Fedasil)</p> <p>5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)</p>
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			<p>Fedasil or the reception partner, covers the costs for healthcare services. (Source: Fedasil)</p> <p>6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.</p> <p>Applicants for Temporary Protection (ATP) fall under the responsibility of the three Regions in Belgium and not under Fedasil. ATPs are not accommodated within the reception network for applicants for international protection in Belgium but rather in social housing or small-scale reception initiatives organised by cities and municipalities. However, Fedasil is responsible for providing temporary transit places to bridge the period while awaiting the reception place in a city or municipality.</p> <p>Temporary protection status entitles beneficiaries to immediate access to the Belgian social security system, giving them the same rights as Belgian citizens. This includes compulsory enrolment in a health insurance fund (mutualité/mutualiteit) and the possibility of taking out optional supplementary insurance. Under the compulsory health insurance scheme, all medical costs are reimbursed, except for the statutory patient co-payment and any additional supplements charged by healthcare providers.</p> <p>During the transit period, ATPs stay at specific reception places within a general reception centre that hosts applicants for international protection. This ensures the availability of a medical service capable of providing minimal and urgent care. If a transit location does not meet the needs of a specific medical profile, it is assessed whether the individual qualifies for another centre in Brussels, funded by Fedasil and operated by Ukraine Voices on behalf of the</p>
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			<p>Brussels Region.</p> <p>During the transit period, Fedasil covers the medical costs while awaiting registration in a city or municipality. If enrollment in the mandatory health insurance is deemed necessary (due to high medical expenses or a need for treatment not covered by Fedasil), an exceptional early registration in the mandatory health insurance can be arranged during the transit period. For specific medical profiles (e.g., a place in a care home), it is the responsibility of the regions to provide appropriate reception facilities and to cover the associated costs. (Source: Fedasil)</p>
	<p>EMN NCP Bulgaria</p>	<p align="center">Yes</p>	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p> <p>a) in an asylum facility with other applicants.</p> <p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p> <p>Applicants for international protection are accommodated in registration-and-reception centres of the State Agency for Refugees after an assessment of their health condition. The applicants undergo a medical examination and tests. The medical examination establishes whether the</p>

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			<p>applicant belongs to a vulnerable group and whether he or she has special needs. In such a case, identification and assessment of needs are carried out, and a support plan is drawn up if necessary. Additionally, an early identification questionnaire has been developed for applicants who have experienced traumatic experiences in order to determine their special needs and to facilitate referral to adequate psychological or medical assistance. The law requires that vulnerability be taken into account when making a decision on accommodation. Practical measures have been introduced to provide medicines or nutrition necessary for certain serious chronic diseases, such as diabetes, epilepsy, etc. Social experts, employees of the State Agency for Refugees, support access to healthcare for persons seeking international protection by consulting them on health issues; registering them with a general practitioner; accompany them to hospitals; issue official notes to the National Revenue Agency for health-insured persons, etc. Presently, all reception centres are equipped with health offices and provide medical services. Part of the activities that the health offices carry out include initial examinations upon registration, constant medical supervision, provision of medical first aid. Medicines and medical supplies are provided for persons accommodated in the registration-and-reception centres of the State Agency for Refugees. A mobile office - ambulance is part of the means of additional health care for asylum seekers accommodated in the registration-and-reception centre in Sofia. The specialised vehicle, with a nurse providing health counseling and basic medical care, is available to transport patients to health facilities. The initiative is being implemented with the assistance of Caritas - Sofia under a project funded by the Asylum, Migration and Integration Fund, implemented in partnership with UNICEF Bulgaria.</p> <p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-</p>
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			<p>time, external specialists on an ad hoc or regular basis?</p> <p>The activities at health offices can be carried out by a doctor, nurse or medical assistant. Asylum seekers receive emergency medical care, free of charge and regardless of the availability of health insurance. All medical institutions provide the necessary volume of emergency medical care to any person in need, regardless of their citizenship, place of residence and health insurance status.</p> <p>The social experts who support access to health care are full-time employees of the State Agency for Refugees. One of the activities they perform is to assist asylum seekers in being registered with a general practitioner, who, if necessary, issues referrals for examination by a specialist. The visit to a specialist is covered by the Health Insurance Fund, with the patient only paying a user fee.</p> <p>4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?</p> <p>N/A</p> <p>5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)</p> <p>Asylum seekers are entitled to the same level of health care as nationals. Under the law, the</p>
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			<p>State Agency for Refugees has the obligation to cover from its budget the health insurance fees of asylum seekers.</p> <p>6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.</p> <p>Beneficiaries of temporary protection are not accommodated in the registration-and-reception centres of the State Agency for Refugees.</p>
	<p>EMN NCP Croatia</p>	<p align="center">Yes</p>	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p> <p>a) in an asylum facility with other applicants</p> <p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p>

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			<p>Asylum seekers are accommodated in reception centers for applicants for international protection. After an initial medical examination and an assessment of their health condition, the location of the reception center where they are placed can be changed if needed, based on their needs. One of the possibilities, when accommodating international protection applicants, is that if the doctor deems it medically necessary, the applicant will be accommodated alone in a room until the doctor determines that this is no longer required.</p> <p>Each applicant has access to a doctor, as well as, if necessary, a psychologist and a psychiatrist. The doctor, medical technician, and psychologist (employees of Médecins du Monde) are present at the Reception center in Zagreb every day, while the psychiatrist visits twice a week.</p> <p>At the reception center in Kutina, the doctor visits once a week; however, a permanent nurse employed by the Ministry of the Interior is on-site.</p> <p>In addition to the above-mentioned, Médecins du Monde also organizes specialist medical examinations for applicants in hospitals, and, together with the Croatian Red Cross, ensures transportation to these appointments. Médecins du Monde also collaborates with the local health center (Dom Zdravlja) to provide comprehensive healthcare services.</p> <p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?</p> <p>MDM-BELGIQUE is an NGO that provides multidisciplinary and linguistically adapted medical and mental health care to applicants for international protection. Among persons employed by MDM, there are a doctor, medical technician (Nurse), psychologists, social workers etc. The staff of Médecins du Monde are present at the reception center from 8 AM to 4 PM on weekdays, with additional afternoon shifts from 12 PM to 8 PM. There are also rotating shifts</p>
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			<p>on weekends from 8 AM to 2 PM. Psychosocial support to applicants is also provided by the Croatian Red Cross.</p> <p>4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?</p> <p>n/a</p> <p>5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)</p> <p>The costs of the health care are borne by the ministry responsible for health care, and from the state budget.</p> <p>6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.</p> <p>Temporary protection beneficiaries are not accommodated within the reception centres in the</p>
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			Republic of Croatia.
 EMN NCP Cyprus		Yes	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p> <p>Applicants with special reception needs are accommodate both in Kofinou reception center but also in serious cases via the Social Welfare Services (SWS) in private accommodation. Applicants who are functional and can live independently – although they have a particular physical/mental health condition - are not accommodated by the authorities. Kofinou Reception Center accommodates vulnerable applicants however it does not accommodate applicants who do have severe vulnerabilities or special reception needs. Applicants who need special care/assistance due to their particular physical/mental health condition are referred by Asylum Service to the Social Welfare Services who provides accommodation, either in houses that are owned/rented by the government or covers the cost of that special accommodation.</p> <p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p> <p>At the moment there are no special personalized services in private accommodation. However, during their short stay in FRC Pournara (for the completion of the asylum application and</p>

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			<p>reception procedures) people with special reception needs are offered special accommodation. E.g. there are rooms easily accessible to people with physical disabilities, accommodation in the 'safe zone' area of the center, dedicated for vulnerable persons and especially women, which is 24/7 guarded by female security officers and social workers are available. In addition, in reception centres, there are social workers, caretakers and medical personnel (doctor weekly and nurses daily) in cases of need. For psychological support, the social workers can request appointment outside of the centre.</p> <p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?</p> <p>There are on-site doctors, nurses and a technologist radiologist (only at First Reception Center Pournara), at the Reception/Accommodation centers of the Cyprus Asylum Service employed by the Ministry of Health and the State Health Services Organization. Also, social workers who can follow up on their needs, doctor's appointments and reception requests.</p> <p>4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?</p> <p>As stated above, the SWS are in charge of this and further details can be requested by them.</p>
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			<p>5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)</p> <p>For option 1a) The cost is covered by the government</p> <p>6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.</p> <p>BoTP in Cyprus are not accommodated in asylum facilities or any other facility that is provided by the Government. They can apply for a rent subsidy provided by the Social Welfare Services to assist them with finding private housing.</p>
	<p>EMN NCP Czech Republic</p>	<p align="center">Yes</p>	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p> <p>Both options are possible. It depends on the individual needs of the client.</p>

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			<p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p> <p>Clients in the asylum facility have access to a social worker who can connect them with relevant specialists/organizations/institutions. They may be accommodated in facilities that provide meals and offer accessible (barrier-free) accommodation. In all the facilities, there are staff working with clients 24 hours a day, 7 days a week.</p> <p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?</p> <p>Although clients are covered by public health insurance, they are also provided with psychological assistance on an ad hoc basis (via an external specialist).</p> <p>4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?</p> <p>The law allows to place clients in specialized facilities if the client meets the requirements of the given facility (usually based on a medical assessment). The role of the RFA (Refugee Facilities Administration of the Ministry of the Interior) is to conclude a contract with the specialized facility. Social, medical, psychological, and other follow-up care is the responsibility of that facility.</p>
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			<p>5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)</p> <p>Applicants for international protection are covered by public health insurance. The RFA covers accommodation, meals, social care, and optionally provided services.</p> <p>6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.</p> <p>Applicants for temporary protection are not placed in asylum facilities. Accommodation is provided only to newly arrived persons and only for a period of three months. In the Czech Republic, cooperation has been established with Caritas, which is able to arrange and finance the necessary services.</p>
	<p>EMN NCP Estonia</p>	<p>Yes</p>	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p>

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			<p>Applicants for an international protection are accommodated in an accommodation centre for applicants for international protection, which offers various services to support applicants during the procedure.</p> <p>All people in Estonia, including applicants for international protection, have access to unavoidable help (emergency care) in case of serious or life-threatening health problems. In accommodation center they have access to need-based healthcare services as determined by the centre's contracted partner, who can decide person's need to be referred to a specialized facility (e.g care home). The accommodation centre may also address the mental health needs of applicants to a psychiatrist, psychologist, or other mental health specialists. Health care professionals can decide on hospitalization.</p> <p>We don't have specialized accommodation, only specialized facility (e.g care home or hospital).</p> <p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p> <p>In some parts of the accommodation centre we are modified to meet the needs of applicants with movement disability.</p> <p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?</p>
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			<p>Please see our answer to Q 1.</p> <p>4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?</p> <p>We don't have specialized accommodation, only specialized facility (e.g care home or hospital).</p> <p>If dealing with severe medical case (physical/mental), health care professionals are deciding on hospitalization. Accommodation center support the person with necessary intake procedures if needed. Costs are covered from centres budget or in case of emergency care then per national legislation – emergency care is mainly free of charge.</p> <p>Applicants might be placed in care homes in case there are some health issues and/or we see that person is not capable of independent daily activities and self-care, thus in need of personalized care services which the centre cannot offer. In such cases person is referred to care home, care home is identified based on available places, costs are fully covered from centres budget, unless the person has sufficient means.</p> <p>5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)</p> <p>The performance of the functions of the accommodation centre for applicants for international protection are ensured by the Estonian National Social Insurance Board and cost are covered</p>
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			<p>from state budget.</p> <p>6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.</p> <p>We have unified social protection rights of beneficiaries of temporary protection (have received Estonia’s residence permit under temporary protection) with the same rights as other applicants/beneficiaries for international protection. Thus, the system works the same way. Once applicant has received residence permit, they are fully integrated into mainstream system, thus they can apply to determine the severity of their disability, to receive related social benefits and services for the disabled person provided from state budget.</p>
+	EMN NCP Finland	Yes	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p> <p>a) in an asylum facility with other applicants</p>

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			<p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p> <p>There are no specialised reception centres in Finland offering specialised care. Every client is registered in a reception centre while unaccompanied minors are accommodated in group homes for minors. Individual vulnerability assessments are conducted by the social and health care professionals in the reception centres for the entire duration of the clients stay in the reception system. When a client has special needs, which are deemed requiring services, those services will be provided. This includes providing services to the reception centre facilities as well as providing outside institutional care when needed.</p> <p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?</p> <p>Finnish reception centres employ professionals with different backgrounds such as social and health care professionals (social workers, social counsellors and registered nurses) as well as specialised reception centre counsellors. Reception centres can also employ teachers. The larger reception centers may also have crisis and family workers present.</p> <p>4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?</p> <p>Not applicable in Finland.</p>
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5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)

The incurred financial costs are covered in the following way:

- Fixed/offered price: € / day / client +
- In-billing system that is based on annual budgeting (e. g. reception allowance, health care, child protection or other special individual care)

6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.

In Finland, temporary protection beneficiaries are in the reception system for one year before they have a possibility to transfer to the municipality. They will be provided with the same services as asylum seekers with the exception that temporary protection beneficiaries receive better health care services.

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	<p> EMN NCP France</p>	<p>Yes</p>	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p> <p>If an international protection applicants has special reception needs due to their particular physical or mental health condition, they are accommodated in an asylum facility with other applicants.</p> <p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p> <p>In France, healthcare is provided to asylum applicants as for the rest of the French population or any legally residing foreign national in France, by health professionals, in public (hospitals) and private (hospitals, clinics) health establishments.</p> <p>Pending their registration with the Social Security system, adult asylum applicants can access urgent care free of charge, which includes:</p> <p>Care that, if not provided, would be life-threatening or could lead to serious and lasting damage to their health or that of an unborn child. Care intended to prevent the spread of disease to those around them or to the community. All care for pregnant women and newborns: preventive examinations during and after pregnancy, childbirth. Termination of pregnancy (voluntary or for medical reasons). The provision of certain medications</p> <p>For non-urgent care, applicants may access it, but they will have to cover the costs themselves.</p> <p>Once registered with the Social Security system, asylum applicants have access to more</p>
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			<p>healthcare, benefiting from partial reimbursement by health insurance, including: Medical consultations, Medicines, Hospitalisation, Specific care (cover for dental and optical care, etc.).</p> <p>Since 2021, the government has implemented a vulnerabilities plan aimed at establishing a health appointment as soon as the asylum application is registered, creating a network of vulnerability focal points among asylum stakeholders (French office for immigration and integration - OFII - and First Reception Center for Asylum Applicants – SPADA - staff) and promoting the early identification of vulnerabilities as soon as the asylum procedure begins. The French Office for Immigration and Integration (French office for immigration and integration - OFII) offers a free, optional medical examination first-time asylum applicants who have been residing in France for less than four months and are among the most vulnerable. This examination is carried out by an OFII doctor and a nurse, with the possibility of benefiting from an interpreter if necessary, in order to assess the applicant's physical and psychological health. This examination allows for the identification of any health problems, including mental disorders, and referral for treatment if necessary. Furthermore, the doctor may recommend updating vaccinations and screening for certain infectious diseases (e.g. HIV, hepatitis A and C, tuberculosis).</p> <p>In addition, professionals working in reception centres for asylum applicants are tasked with facilitating access to healthcare services. This involves developing collaboration or partnerships with general practitioners, hospitals, medical-psychological centers, PASS (Permanences d'accès aux soins de santé - Health care access points) and maternal and child protection services, to ensure that minors receive proper health care. Moreover, asylum applicants can receive support in their registration with the French social security system through their reception center within the national reception system or through the relevant SPADA (Structure de premier accueil des demandeurs d'asile - First Reception Center for Asylum Applicants). These structures offer them social, legal and administrative support throughout their asylum procedure.</p>
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			<p>A number of places accessible to people with reduced mobility has been determined (2% of the total by the end of 2023). In addition, some associations provide access to dental, ophthalmological or psychological care.</p> <p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?</p> <p>A declarative survey was carried out among the national reception centres (Dispositif national d'accueil - DNA) in 2022. They declared that they had a medical presence in the DNA (at least once a month, repeatedly) or a paramedical presence. In these facilities, individuals identified as vulnerable benefit from reinforced medical support and follow-up provided by associations specialising in the support of vulnerable persons (victims of trafficking, violence, trauma, etc.).</p> <p>4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?</p> <p>N/A.</p>
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			<p>5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)</p> <p>The funding of healthcare services falls under common law and is not specific to asylum applicants.</p> <p>PASS services for people in precarious situations are funded under the Regional Intervention Fund (FIR), by the compulsory health insurance schemes, the National Solidarity Fund for Autonomy (Caisse Nationale de Solidarité pour l'Autonomie) responsible for managing the autonomy branch of the social security system - and the French state.</p> <p>The PUMa (Protection universelle maladie - Universal health protection) entitles anyone working or living in France to reimbursement of healthcare costs (excluding cash benefits), with no special formalities required. Contributions depend on situation and resources. It is financed by contributions from the insured and by social security funding, ensuring that basic medical expenses are covered.</p> <p>In addition to the PUMa, low-income asylum seekers can benefit from the C2S (Complémentaire santé solidaire - Complementary Health Solidarity), a supplementary health cover financed by the French state and contributions. Depending on the asylum seeker's level of income, he or she may be required to make a financial contribution to C2S. As of April 1, 2025, the annual ceiling for C2S coverage without contribution was set at €10,339 for a single person, while a contribution was required for incomes up to €13,957.</p> <p>6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also</p>
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			<p>interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.</p> <p>In France, people benefiting from temporary protection are not accommodated within the national reception system for asylum applicants.</p> <p>Regarding access to healthcare and social service establishments, they fell under common law. They are immediately entitled to PUMa, without any additional procedure to be completed. They are also covered by complementary health insurance for a period of one year upon presentation of their temporary residence permit, enabling the coverage of their healthcare costs.</p>
	<p>EMN NCP Germany</p>	<p>Yes</p>	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p> <p>Accommodation is the responsibility of the Federal States (Länder) which share this responsibility with the local level of governments. Therefore, the details of how applicants are being accommodated may vary between the Federal States and between cities and districts as well. However, in general, applicants for international protection with special physical or mental health conditions are accommodated alongside other applicants in asylum facilities. These individuals may be provided with smaller, barrier-free or low-barrier accommodation or single rooms, provided their needs can be met through accessibility and outpatient care provided by an external service provider. In cases where this is not possible (e.g. due to</p>

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			<p>disability or care needs), attempts are made to provide specialised accommodation in regular institutions for health and/or elderly care (e.g. for people with disabilities or care needs).</p> <p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p> <p>Support with registration and contact with various authorities and agencies, such as the local job centre, the local social welfare office and local medical care providers, can be provided as personalised internal services. Care services are provided by external staff, such as social workers, who are supplied by external service providers and associations.</p> <p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?</p> <p>The staff of reception and accommodation facilities consists mainly of administrative staff and social workers. Some facilities may have also be supported by a local asylum group on a volunteer basis. External specialists are employed for medical care on a contractual on-call and needs basis. These contracts are usually linked to the formal maximum housing capacity of the individual facility and are regulated by state and/or local ordinances.</p> <p>4. 4. If you selected option 1b) what is the placement procedure in such facility like, including</p>
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			<p>which stakeholders are involved, their roles and responsibilities?</p> <p>There are no separate facilities for applicants for international protection with specific physical or mental health conditions. If special needs are identified (e.g. mental limitations and particularities), an individual solution is sought by the competent local authorities. This may lead to the placement in an elderly home or a clinic, if that is needed.</p> <p>5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)</p> <p>Germany has a clearly regulated system for applicants of international protection, essentially governed by the Asylum Seekers Benefits Act (AsylbLG). Responsibilities are divided between the federal government, state governments and local authorities. The federal states cover the costs of the initial reception facilities. Following redistribution to local authorities, cities and districts are responsible for providing accommodation, such as shared housing or flats. Funding is provided by state laws, which regulate lump sums or cost reimbursements to local authorities.</p> <p>Medical care is regulated in Sec. 4 and Sec. 6 of the AsylbLG. This covers treatment for acute illnesses and pain, as well as pregnancy, childbirth, vaccinations and preventive medical check-ups. This constitutes limited basic care. Once protection status has been granted, benefits under the AsylbLG cease and general social welfare laws (SGB II or SGB XII) and statutory health insurance (SGB V) apply instead.</p>
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			<p>6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.</p> <p>As part of the initial care process, refugees are accommodated and looked after in an initial reception centre. Once the asylum application has been submitted, the next steps in the process begin, including registration and distribution, as well as follow-up accommodation and the granting of benefits, if applicable. For integration purposes, the aim is to move into one's own flat, particularly if there is a good chance of staying in the country long term. Social workers in the accommodation facilities support this process. If the applicants need to stay in this facility after receiving a residence permit because they cannot find their own accommodation, they will receive the same basic support services as those offered to people still going through the asylum process.</p>
	<p>EMN NCP Greece</p>	<p>Yes</p>	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p> <p>[BOTH a AND b ARE APPLICABLE] Reception and Identification Service of the Ministry of Migration and Asylum Individuals entering Greek territory without complying with the legal formalities are transferred by the competent authorities to the Centers, in order to undergo Reception and</p>

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			<p>Identification procedures. Upon arrival, they are informed of their rights and obligations, including their right to apply for international protection, and are placed under short-term restriction of liberty until the completion of the registration and identification process. During this stage, a rapid assessment of the individual's physical, mental, and psychosocial condition is carried out to determine indicators for special reception measures. In exceptional cases, where such indicators are deemed life-threatening, the Director of the Center may lift the restriction of liberty and order immediate transfer to an external facility, including tertiary hospitals, psychiatric hospitals.</p> <p>The third stage of reception and identification procedures includes, inter alia: the medical examination of the individuals concerned and the provision of any necessary healthcare and psychosocial support, the care of persons belonging to vulnerable groups, in order to ensure the provision of specialized assistance and protection. In particular, the Director of the Reception and Identification Center, the Closed Controlled Access Center, or the relevant Unit shall, following a reasoned recommendation of the competent medical staff of the Reception and Identification Center or the Closed Controlled Access Center, refer such persons to the competent public authority responsible for social support or protection, as the case may be. A copy of the medical and psychosocial support file is transmitted to the Head of the respective authority where the individual resides or to which they have been referred. In all cases, continuity of medical treatment is ensured, where required.</p> <p>In general third-Country Nationals and stateless persons during their stay in our Regional Services are entitled to access the Medical and Psychosocial Support Unit of the Center for issues related to reception needs and their physical or mental health. Examinations are carried out free of charge, with the assistance of an interpreter or cultural mediator, under strict conditions of confidentiality. Where necessary, applicants are referred to the Public Health System for further evaluation, specialized examinations, or treatment. In cases where</p>
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			<p>specialized care cannot be provided within the Public Health System, or where reception conditions cannot be ensured within the Centers, applicants are referred through organized transfers to mainland accommodation facilities.</p> <p>In summary, as a rule, third-country nationals with special reception needs due to their physical or mental health condition are accommodated in reception facilities together with other applicants for international protection. Specific accommodation measures are provided for them, such as wheelchair ramps for persons with disabilities, private housing arrangements, psychosocial support, etc., taking into account their individual needs following an assessment. By way of exception, referrals are made to other facilities (for example, to hospitals for hospitalization or to shelters for abused women). Finally, it is underlined that unaccompanied minors are referred to long-term accommodation centers for unaccompanied minors.</p> <p>General Secretariat for Vulnerable Persons and Institutional Protection of the Ministry of Migration and Asylum</p> <p>The General Secretariat for Vulnerable Persons and Institutional Protection is the competent authority for all the issues regarding the unaccompanied minors in the country. Its responsibilities regarding unaccompanied minors include the management of accommodation requests for unaccompanied minors, the evaluation of hosting facilities and supervised apartments for minors, the safeguard of the institutional protection of unaccompanied minors, the coordination and supervision of the National Guardianship System and the support with regards to social integration of unaccompanied minors. At the same time, the General Secretariat aims to guarantee and safeguard the rights of all the vulnerable third-country nationals or stateless persons in the country. This includes coordination of actions, services and actors involved in issues of protection of vulnerable persons, interventions to enhance access to their rights as well as measures and initiatives to ensure these rights.</p>
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			<p>First, concerning the unaccompanied minors, the General Secretariat through the Accommodation and Relocation Requests Management Unit, coordinates and ensures the 2 placement of unaccompanied minors in suitable long-term accommodation facilities. These may include Accommodation Centers for Unaccompanied Minors or Supervised Apartments for Semi-Independent Living (SILs) for minors aged 16 and above. Children located either in Reception and Identification Centers (RICs) or in Closed Controlled Access Centres (CCACs) at the country's entry points, or in emergency accommodation facilities are transferred to long-term accommodation facilities, where they receive comprehensive support services.</p> <p>All the minors are accommodated regardless their legal status, taking into consideration specific individual factors, such as their age and gender. Simultaneously, the competent Unit manages vulnerable cases of unaccompanied minors requiring special care and collaborates with child protection agencies and competent authorities, coordinating all involved stakeholders, providing necessary guidelines and contributing significantly to the management of the said cases.</p> <p>It has to be noted that there are no specialized accommodation facilities for minors with particular physical or mental health condition. However, such information is taken into account during the process of selecting the appropriate facility, so that minors with increased medical needs are placed in facilities close to hospitals or other specialized healthcare services, in order to better meet their needs.</p> <p>In any case, under the Greek legislative and operational framework, all unaccompanied minors as soon as they are identified as such, are entitled to suitable accommodation with the appropriate care and receive a wide range of services inside the accommodation facilities, such as: representation, psychosocial support, educational activities, access to the public education system as well as the national healthcare system, from specialized staff in the</p>
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			<p>provision of child protection services, such as daily care providers, educators, psychologists and lawyers.</p> <p>Moreover, in many cases, the professionals within the facility refer minor's cases to external partner organizations that provide specialized services, such as mental health support or services related to drugs use etc.</p> <p>The operation of the accommodation facilities in Greece is mainly supported through funds with EU and national contribution.</p> <p>Finally, for cases requiring specialized medical treatment and care, the care facilities of the Ministry of Health take over.</p> <p>Additionally, the General Secretariat is initiating projects which aims to support unaccompanied minors with increased vulnerabilities. The project "PYXIDA – Complementary Mechanism for Supporting the National Strategy for the protection of unaccompanied minors in Greece" was designed to establish a supplementary support mechanism to address identified needs and structural gaps in the existing support framework for unaccompanied minors in the country. The latter is achieved through the operation of Specialised Support Services Centres, the provision of legal counselling and representation, mental health services, enhancing their participation in the educational process and supporting their smooth transition into adulthood.</p> <p>Secondly, the General Secretariat aims to design and develop an effective protective framework for vulnerable third-country nationals or stateless persons. For this reason, the "STIRIXIS" accommodation program will be implemented. The program aims to support and 3 ensure an adequate standard of living for extremely vulnerable third country nationals. The</p>
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			<p>project is expected to start in the next period, through which accommodation facilities will be made available for the housing of the said third country nationals and their families, addressing their specific protection and living needs. The design of the services includes both housing in appropriate accommodation adapted to their needs, as well as psychosocial support services, interpretation, escorting services and connecting them with public services and civil society organizations for complementary support services. For the purpose of the pilot accommodation programme buildings are expected to be found where the vulnerable third country nationals and their families will be temporarily hosted. The Pilot Accommodation Programme "STIRIXIS" is co-financed by the Greece Programme of the Asylum, Migration, and Integration Fund (AMIF) 2021-2027.</p> <p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p> <p>In general third-Country Nationals and stateless persons during their stay in our Regional Services are entitled to access the Medical and Psychosocial Support Unit of the Center for issues related to reception needs and their physical or mental health. Examinations are carried out free of charge, with the assistance of an interpreter or cultural mediator, under strict conditions of confidentiality. Where necessary, applicants are referred to the Public Health System for further evaluation, specialized examinations, or treatment. In cases where specialized care cannot be provided within the Public Health System, or where reception conditions cannot be ensured within the Centers, applicants are referred through organized transfers to mainland accommodation facilities.</p> <p>The services also encompass the provision of medical supplies, equipment, and consumables; prescribed and non-prescribed medicines; paramedical materials and services supporting</p>
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			<p>holistic health care; referral to secondary and tertiary health care; emergency transportation of beneficiaries and their accompanying support framework when necessary.</p> <p>Furthermore, within the framework of the sub-project, the necessary medical staff is included for the operation of the 8 Modular Clinics.</p> <p>In summary, RICs, CCACs & Open reception centers for asylum seekers can accommodate vulnerable individuals, considering whether they are accompanied by family members or are unaccompanied. In the latter case, the presence of a supportive environment within the facility plays a vital role and can greatly facilitate their adjustment. These cases are managed by the social service of the facility, which, in collaboration with the Administrative Team, makes referrals to appropriate services based on the individuals' needs. In this context, referrals may involve support for active PAAYPA through the Asylum Service or directing individuals to public services to obtain their AMKA (Social Security Number).</p> <p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?</p> <p>Support is provided by qualified professionals, including general practitioners, specialists (e.g. internists, pediatricians, gynecologists), nurses, midwives, laboratory technologists and radiology technicians, as well as social workers and psychologists.</p> <p>In addition, for the efficient operation of RIS facilities and the prioritization of vulnerable groups during the initial registration phase, mobile task forces are established, following a recommendation of the RIS Governor. These teams, composed of specialized medical and/or</p>
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			<p>psychosocial professionals of the implementing partner, are deployed on a monthly basis and operate with flexibility, responsiveness, and methodological precision in locations requiring targeted support.</p> <p>4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?</p> <p>Referrals to other services are made using referral forms, which include, among other things, key elements of the applicant's history, the reasons for the referral, and the specific needs identified. The responsibilities and roles of the entities to which applicants are exceptionally referred depend primarily on the nature of each entity. For example, when a referral is made to a hospital, the entity is responsible for providing medical care; when a referral is made to a shelter for abused women, the entity is responsible for ensuring protection and addressing the specific needs of the abused woman, and so on.</p> <p>5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)</p> <p>Funding is provided through national and European resources. Furthermore, the Ministry of Migration and Asylum generally enters into public contracts for the provision of services in accordance with national and European legislation.</p>
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			<p>6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.</p> <p>As soon as they apply for the temporary protection card, they simultaneously obtain a unique health number (AMKA), corresponding to that of Greek citizens. In this way, they have access to the National Health System and its respective services. The practical contribution of the RIS is crucial and essential, whether in emergency situations or in serious chronic cases evaluating the cases personalized each time (tailor-made intervention).</p> <p>According to article 129, of Law 4939/2022, the Ministry of Migration and Asylum ensures that beneficiaries of Temporary Protection who reside in accommodation facilities of the Reception and Identification Service and who do not possess sufficient resources to sustain themselves, are provided with food, clothing and any other possible social support.</p> <p>Short-term accommodation is available in the reception facility of Sintiki for those who wish, until the process of issuing travel documents, where required, is completed. The office of Promahonas has a rest area for mothers with their babies as well as a personal care area for the latter, fully equipped with the necessary consumables (diapers etc.). Also, it has a children's activity area, full of creative toys.</p> <p>Long-term accommodation is provided in existing Controlled Access Facilities for Temporary Accommodation of Asylum Seekers, namely in Lagkadikia (Northern Greece), as well as in the in Schisto (Attica).</p>
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	<p>EMN NCP Hungary</p>	<p align="center">Yes</p>	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p> <p>a) in an asylum facility with other applicants</p> <p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p> <p>Basic healthcare services and medication are available on site if needed, as well as emergency medical treatment in hospital.</p> <p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?</p> <p>Full-time social workers.</p> <p>4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?</p>

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			<p>Not applicable</p> <p>5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)</p> <p>According to Section 26-28 of Government Decree no. 301/2007 (of 9 November) on Asylum, if an applicant does not have social insurance, he/she is entitled to free-of-charge basic healthcare, examination and medication as well as emergency medical treatment in hospital, psychotherapy, rehabilitation, clinical psychological care and compulsory vaccinations if necessary.</p> <p>6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.</p> <p>Temporary protection beneficiaries are not accommodated in asylum facilities in Hungary. They have access to the general health care system of Hungary.</p>
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	<p>EMN NCP Ireland</p>	<p>Yes</p>	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p> <p>Generally, international protection applicants are accommodated in a) an asylum facility with other applicants. [AM1]</p> <p>In Ireland, the International Protection Accommodation Service (IPAS), which is part of the Department of Justice, Home Affairs and Migration, provides accommodation and services for people applying for International Protection. Ireland accommodates international protection applicants (IPA) in both permanent accommodation centres across the State and in emergency accommodation centres, which have been used on a temporary basis due to lack of capacity within the permanent reception system. However, the accommodation provided by the International Protection Accommodation Service (IPAS) is not a care setting. Where persons cannot care for themselves and do not have a family member to assist, IPAS engages with the National Social Inclusion Office at the Health Service Executive (HSE) to seek an assessment or intervention, which may, for example, be 'home care' provided at the International Protection Accommodation or an alternative care setting.[1]</p> <p>Ireland operates a mixed public-private healthcare system. The publicly-funded healthcare system is managed by the Health Service Executive (HSE), which is funded through general taxation. To support protection applicants with complex medical needs, a Health Service Executive (HSE) staff member is co-located in the IPAS team and in the HSE National Social Inclusion Office (NSIO)[2], working with the IPAS Resident Welfare Team (social workers)[3]. This staff member provides guidance and support to IPAS when a priority medical condition is identified.[4]</p> <p>The IPAS portfolio of accommodation consists of accommodation for single males, single</p>
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			<p>females, couples and families. While single males and females may share rooms with other single residents of the same sex, couples and families are accommodated in separate units or rooms within its' centres.</p> <p>In accordance with S.I. No. 230/2018 - European Communities (Reception Conditions) Regulations 2018, IPAS is obliged to assess whether a recipient has special reception needs, and if so, the nature of those needs. A Vulnerability Assessment Programme is in place to assess special reception needs of families, couples and single females. The assessments are voluntary and applicants are not required to participate or to share information with IPAS. Where an applicant states that they, or their child, have a special need, including a medical need, a disability or other serious vulnerability during their vulnerability assessment, the person will be sign posted to relevant services. Where appropriate, the applicant will be provided with information on how to make a self referral or to directly access the relevant service. The information is also used by IPAS to appropriately accommodate people where required.[5]</p> <p>Despite intensive efforts to source emergency accommodation, the Department of Justice, Home Affairs and Migration is currently not in a position to provide accommodation to all single male International Protection Applicants due to the severe shortage. Vulnerability Triage Assessments are offered to single male International Protection Applicants. The Vulnerability Triage aims to identify the most vulnerable within this cohort and ensure that they are prioritised for accommodation. Those who consent to participate in an assessment, have a number of questions posed to them to determine significant vulnerabilities.</p> <p>Where a person indicates that they have a current or ongoing health need, they are referred to a HSE Team in the International Protection Office (IPO) for an initial review. The HSE will notify the IPAS Assessment Officer if an applicant has indicated that they have an urgent</p>
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			<p>health need. The Assessment Officer will then determine if the applicant requires priority for accommodation and will make a recommendation to have accommodation offered immediately or as soon as it is available.[6]</p> <p>Where a vulnerability emerges or is advised to IPAS after a person or family has been accommodated and they require accessible or more suitable accommodation in a particular location on medical grounds, they —or their healthcare provider or centre manager can contact IPAS using the process outlined in the IPAS Medical Protocol Transfer document.[7] The IPAS Resident Welfare Team can respond and may consult with the NSIO, local health services, or the IPAS Independent Medical Referee, who provides an objective opinion on the medical necessity of a transfer and the suitability of available accommodation. The referral enables the person’s medical professionals to outline the accommodation requirements including mobility, proximity to hospital or other service which are then used by IPAS to identify the most suitable accommodation available within its portfolio.[8]</p> <p>When considering accommodation for someone with special reception needs, the first step is to assess whether their current placement can be adjusted—for example, relocating a wheelchair user to an accessible room within the same centre.</p> <p>Most persons seeking international protection are entitled to a medical card[9] and their treatment is provided in the same manner as Irish citizens. Waiting times for certain treatments and assessments apply, similar to all other persons seeking medical treatment in Ireland. If the IPA needs to travel for medical appointments, guidance is available (Revised Guidance Document for IPAS Stakeholders re: Transport for Medical Appointments, January 2025) on how to apply for financial assistance to fund their travel arrangements. Centre managers can arrange public transport and seek reimbursement from IPAS, or if public transport is not feasible for the person due to medical reasons, the applicant can apply for an Additional Needs Payment[10] from the Department of Social Protection (DSP) to fund alternative travel (e.g. a taxi). For applicants requiring frequent medical appointments, IPAS</p>
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			<p>will consider requests to relocate them closer to treatment facilities/acute services through the Medical Protocol Referral process dependent on the availability of accommodation closer to said facilities/services.[11]</p> <p>If there are concerns that an applicant cannot care for themselves due to a mental or physical disability, it is recommended they see their General Practitioner (GP i.e. otherwise known as a family doctor), who can refer them to appropriate services for assessment or to hospital for care if needed.</p> <p>If health services determine that the applicant can live independently in the community, but that they will need support to do so, they may continue residing in IPAS accommodation with a 'health and social care package' (i.e. HSE Home Support Service) if funding for that service is approved.[12] The Home Support Service is a discretionary service, meaning that access is based on assessed needs and available resources. This service/package helps older people and those with disabilities to live at home for as long as possible by providing support with everyday tasks and personal care. The service can be provided directly by the HSE or by approved external providers. HSE services would apply for the Home Support Service. This package can be offered alongside family assistance or to people who have no family support available, if appropriate. However, if the applicant is assessed as unable to live independently, the Health Service Executive (HSE) may consider referral to alternative options such as nursing home care, rehabilitation, or other appropriate facilities. The Fair Deal scheme is the main mechanism for accessing long-term nursing home care in Ireland. In Ireland, protection applicants and those with international protection, in accordance with the International Protection Act 2015, are entitled to the same medical care as Irish citizens, including access to the Fair Deal scheme for nursing home care, if they meet the eligibility criteria.[13] The Fair Deal scheme is a means tested scheme that provides financial assistance towards the cost of long-term nursing home care, with individuals contributing based on their means and the State covering the remaining balance. To be eligible for the Fair Deal scheme, individuals,</p>
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			<p>including protection applicants, must undergo a Care Needs Assessment and a Financial Assessment. The HSE will assess the individual's health and social needs to determine if long-term nursing home care is the most appropriate option. If the assessment indicates a need for nursing home care, the HSE will make a decision on whether to offer financial support under the Fair Deal scheme. There is no specific exclusion for protection applicants, (both International Protection Applicants and Temporary Protection) so they can be assessed and potentially receive support under the Fair Deal scheme if they meet the eligibility criteria. To apply for the Nursing Homes Support Scheme, a person must be ordinarily resident in the State. 'Ordinarily resident' for the purpose of this scheme is defined in the National Guidelines for the Standard Implementation of the Nursing Homes Support Scheme as follows: Ordinarily resident means that you have been living in Ireland for at least a year or that you intend to live in Ireland for at least a year.[14]</p> <p>[1] Correspondence with IPAS Department of Justice, Home Affairs and Migration, September 2025.</p> <p>[2] https://www.hse.ie/eng/about/who/primarycare/socialinclusion/about-social-inclusion/</p> <p>[3] https://assets.gov.ie/static/documents/ipas-protocol-for-medical-transfer-request-update.pdf</p> <p>[4] Correspondence with NSIO, Health Service Executive, September 2025.</p> <p>[5] Correspondence with IPAS Department of Justice, Home Affairs and Migration, September 2025.</p> <p>[6] Correspondence with IPAS Department of Justice, Home Affairs and Migration, September 2025.</p> <p>[7] https://scanner.topsec.com/?d=2120&r=show&u=https%3A%2F%2Fwww.gov.ie%2Fpdf%2F%3Ffile%3Dhttps%3A%2F%2Fassets.gov.ie%2F289339%2Facbe3826-06f6-4089-a359-</p>
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			<p>702b7c8b529a.pdf%23page%3Dnull&t=57ba9f729d088999b8611242677ed277fa2cf4f0</p> <p>[8] Correspondence with NSIO, Health Service Executive, September 2025; Correspondence with IPAS Department of Justice, Home Affairs and Migration, September 2025.</p> <p>[9] There is an income limit to access this scheme. Medical cards provide free or reduced cost access to general health services, for example, general practitioner (GP) services and prescription medications.</p> <p>[10] https://services.mywelfare.ie/en/topics/community-welfare-services/additional-needs-payment/</p> <p>[11] Correspondence with NSIO, Health Service Executive, September 2025.</p> <p>[12] https://www.hse.ie/eng/home-support-services/</p> <p>[13] https://scanner.topsec.com/?d=2120&r=show&u=https%3A%2F%2Fwww2.hse.ie%2Fservices%2Fschemes-allowances%2Ffair-deal-scheme%2F&t=def2904bd7275eda973187ff83b5dc4704c0b568</p> <p>[14] Correspondence with NSIO, Health Service Executive, September 2025.</p> <p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p> <p>The HSE supports access to healthcare provision locally. In 2023 the HSE developed a 'Refugee and Applicants Seeking Protection (RASP) Service Delivery Model' to provide a flexible local healthcare response to address the unmet needs of new arrivals.[1] This approach can respond to areas of higher demand, different types of accommodation provision and local health service factors. It includes in-reach migrant health team supports including signposting to health services, catch-up immunisation clinics and additional GP sessions where</p>
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			<p>local capacity challenges are identified.[2]</p> <p>[1] Note the HSE National Service Plan 2025 commits to reviewing the 'RASP Service Delivery Model' this year.</p> <p>[2] Correspondence with the Health Service Executive.</p> <p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?</p> <p>As mentioned above, the 'Refugee and Applicants Seeking Protection (RASP) Service Delivery Model' was developed to provide a flexible local healthcare response to address the unmet needs of new arrivals. Within this model it was noted that each of the 9 Community Healthcare Organisations in the HSE (HSE now transitioning to Health Regions[1]) would establish a Primary Care Migrant Health Team in order to oversee and deliver migrant health services within the CHO. It was intended that this would be a multi-disciplinary nurse-led team that would be responsible for the first health response at CHO and later at Region level; a core element of which is conducting on-site visits to new arrivals in their accommodation. It was intended that this team would work in collaboration with local psychosocial services, directing those in need to self-help information and guidance, local community-based programmes and mental health services (if required). There is variation in the degree to which this Service Delivery Model has been implemented at local level. Staff skill-mix in each of the teams varies but there are roles such as Registered General Nursing, interpreter, Peer Support Workers, Relationships Managers etc.[2]</p>
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			<p>[1] https://about.hse.ie/health-regions/ [2] Correspondence with NSIO, Health Service Executive, September 2025.</p> <p>4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?</p> <p>N/A</p> <p>5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)</p> <p>If an international protection applicant has a medical card, they can access publicly-funded health services through the same referral pathways as Irish citizens (see HSE Guide 'About the Irish Health System: A Guide for Refugees and Other Migrants').[1] This is generally through attending a GP (family doctor) who will refer onto the necessary secondary care or other services. If they have an illness or injury that the GP cannot fully diagnose or treat, the doctor will refer the patient to a specialist consultant.[2]</p> <p>The Health Service Executive (HSE) is responsible for managing and delivering publicly-funded healthcare provision in Ireland and is responsible for the provision of medical cards. Medical cards provide access to general health services, for example, general practitioner (GP) services and prescription medications. The HSE has guidelines in place in relation to the provision of medical cards to protection applicants who need access to the primary care</p>
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			<p>services and in urgent need of medical care that they cannot afford. See https://www2.hse.ie/services/schemes-allowances/medical-cards/other-types-of-medical-card/ for more information. The International Protection Act 2015 provides for international protection applicants to receive medical cards where there is financial need (Government of Ireland, 2015; 66). If IPAs are in employment their income will be included in their financial assessment for a medical card with eligibility determined on the basis of financial means. Most protection applicants within the accommodation system use the Medical Card scheme and if they hold a medical card, then all costs are met by the State. In some cases, the HSE relies on private practitioners who are able to accept medical cards. For example, General Practitioners (or family doctors) are private practitioners who can also accept patients with medical cards and are paid by the State when they see a patient with a medical card. Where a medical card holder is refused by three GPs (General Practitioners), the HSE can assign one where capacity allows (the number of patients that HSE can assign to each GP is capped). Where it is not possible to assign a specific GP, the HSE provides GP sessional clinics for international protection applicants to attend.[3]</p> <p>If IPAs do not hold a medical card, they will have to pay for general practitioner services or medication in the same way an Irish national who does not qualify for a medical card would. There are no hospital charges for publicly-funded inpatient care or day service care. However, if a person without a medical card attends the Emergency Department of a publicly-funded hospital without a GP referral (i.e. they self-refer to secondary care) they may be charged the standard fee.[4]</p> <p>A medical card also covers: public out-patient and in-patient services eye and ear tests dental checks standard aids and appliances[5]</p> <p>Some health services are free of charge for everyone in the State irrespective of ability to pay. For example, all maternity services[6] and immunisation services[7] are offered and provided free of charge at the point of care. There may be waiting lists for these services. Priority of</p>
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access is then based on medical need.
The public health nurses (PHN) and community registered general nurses (CRGN) who are part of the HSE Public Health Nursing Service deliver care across the lifespan ('from cradle to grave') to individuals, families and communities. If IPAs are pregnant or have small children (Medical Card scheme (officially the Primary Care Reimbursement Scheme). Eligibility is determined on the basis of financial means. Medical cards provide general health services, for example, general practitioner (GP) services and prescriptions.[9]

[1] HSE Guide 'About the Irish Health System: A Guide for Refugees and Other Migrants'

[2] Correspondence with the Health Service Executive.

[3] Correspondence with the Health Service Executive.

[4] See here for more information: <https://www.hse.ie/eng/about/who/acute-hospitals-division/patient-care/hospital-charges/>

[5] <https://www2.hse.ie/services/schemes-allowances/medical-cards/about-the-medical-card/what-it-covers/>

[6] https://www.citizensinformation.ie/en/health/health-services/reproductive_health/maternity-and-infant-welfare-services/

[7] <https://www.citizensinformation.ie/en/health/health-services/children-s-health/vaccinations-for-children/>

[8] <https://www.hse.ie/eng/services/list/2/primarycare/national-phn-service/>

[9] Correspondence with NSIO, Health Service Executive, September 2025.

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			<p>6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.</p> <p>BOTPs do not have dedicated services in the way that IPAS centres provide for IPAs. Beneficiaries of Temporary Protection have the same access to medical services as people normally resident in Ireland who are often also not living close to hospitals or specialist services. Upon arrival to Citywest Transit Hub, BOTPs are triaged by HSE staff, and in a very small number of cases, the HSE inform Ukraine Crisis Temporary Accommodation Team of a medical case that needs special accommodation (e.g. wheelchair accessible). There are no dedicated BOTP mental health or physical disability settings – nor are there unique funding streams for this cohort. While the Department of Justice, Home Affairs and Migration accommodate those with needs in so far as possible, any such response is constrained by the accommodation that is procured on a contractual basis.[1]</p> <p>The 'Refugee and Applicants Seeking Protection (RASP) Service Delivery Model' includes provision of healthcare responses to both International Protection Applicants (IPA) and Beneficiaries of Temporary Protection (BOTP) fleeing war in Ukraine. There is also an Ukraine Crisis Temporary Accommodation Team (UCTAT) Medical Protocol document which follows a very similar format to the IPAS Medical Protocol only that the UCTAT team do not utilise an Independent Medical Referee to confer with regarding cases.[2]</p> <p>As noted above, a Health Service Executive (HSE) NSIO staff member is co-located within IPAS (and the NSIO) alongside the Resident Welfare Team. In March 2022 at the onset of the Russian aggression against Ukraine, this role expanded to the provision of guidance and support to UCTAT when a priority medical condition is identified. In February 2023, the HSE</p>
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			<p>took on another staff member to assist in this work and also seconded a staff member to UCTAT to support in such cases. [3]</p> <p>[1] Correspondence with Ukraine Division Unit, Department of Justice, Home Affairs and Migration, September 2025. [2] Correspondence with NSIO, Health Service Executive, September 2025; Not available online. [3] Correspondence with NSIO, Health Service Executive, September 2025.</p>
	<p>EMN NCP Italy</p>	<p align="center">Yes</p>	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p> <p>If places are available, they will be accommodated in a) a specialized accommodation facility; otherwise, if there are no places available, they will be accommodated in b) an asylum facility together with other applicants.</p> <p>In particular, applicants with specific reception needs due to their physical or mental health conditions are entitled to be accommodated within the second-level reception system known as SAI (Reception and Integration System). However, while health-related vulnerabilities are being identified, and in any case during the initial stages following their arrival in the country, they may also be temporarily hosted within the first-level reception system.</p> <p>Article 17 of Legislative Decree n. 142 of 2015 (which transposes EU Directive 2013/33 on</p>

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			<p>reception conditions) defines persons with special reception needs. These include persons with disabilities, elderly people, pregnant women (with priority given to pregnant women), victims of human trafficking, persons suffering from serious illnesses or mental disorders, persons recognized as victims of torture, rape or other serious forms of psychological, physical or sexual violence, or violence related to sexual orientation or gender identity, as well as victims of female genital mutilation.</p> <p>In first-level reception centers (Article 9 of Legislative Decree n. 142 of 2015), special reception services may be provided for vulnerable persons with specific needs, in cooperation with the competent local health authorities (ASL). These services ensure an initial assessment and periodic verification of vulnerability conditions by qualified personnel.</p> <p>However, as stated above, the same Article 9 provides that an applicant who is in one of the specific situations referred to in Article 17 may be accommodated, on the basis of their specific needs and within the limits of available places, within the reception system referred to in Article 1-sexies of Decree-Law n. 416 of 30 December 1989, converted, with amendments, into Law n. 39 of 28 February 1990. This latter system refers to the second-level reception network for beneficiaries of international/national protection, known as SAI.</p> <p>In addition to ordinary SAI facilities, where applicants with particular health conditions may be accommodated together with other categories of vulnerable applicants and beneficiaries of international and national protection, there are specific types of SAI dedicated to hosting beneficiaries and applicants with particular physical or mental health conditions. These facilities provide tailored services to support residents throughout the care process, including assistance with access to healthcare facilities, medication administration, applications for disability benefits and tax credits, as well as guidance and support in accessing local services and completing bureaucratic and administrative procedures.</p>
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			<p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p> <p>With regard to general healthcare and medical treatment, all migrants hosted in both first- and second-level reception centers have access to the National Health Service (SSN). For this purpose, the managing body carries out the necessary procedures for registering foreigners with the SSN or for issuing the STP (Temporary Stay Permit for Foreigners) card, depending on their legal status (beneficiaries or applicants). In addition, complementary healthcare services are provided, appropriate to the type and size of the centers, in accordance with the relevant technical specifications.</p> <p>In first-level reception facilities, an initial medical examination is guaranteed, as well as, where necessary, the provision of medicines and other medical expenses (for example, specialist visits, prostheses not covered by the SSN, expenses related to the administration of therapies), up to an overall annual limit of €500.00 for each accommodation place provided under the contract, regardless of the related turnover. First aid interventions are also guaranteed, aimed at identifying conditions requiring isolation measures or diagnostic and/or therapeutic procedures in public healthcare facilities, as well as detecting situations of vulnerability.</p> <p>Furthermore, within the first-level reception system - particularly in first reception centers and in so-called "extraordinary reception centers"- the procurement specifications provide for the provision of social assistance services. These include activities aimed at safeguarding the physical and mental health of beneficiaries, in line with Articles 10(1) and 17 of Legislative Decree n. 142 of 2015, and with the guidelines contained in the Vulnerability Manual adopted by the Ministry of the Interior. In particular, such activities consist of the ongoing monitoring of the beneficiary's physical and psychological condition and behavior, as well as continuous dialogue with the individual, with the aim of identifying and protecting possible situations of vulnerability and assessing specific reception needs pursuant to Article 22 of EU Directive 2013/33. For this purpose, where necessary, the social worker promptly reports such</p>
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			<p>situations to the physician responsible for healthcare, who, within the scope of their responsibilities, identifies the most appropriate healthcare and/or psychosocial support pathways in public health and/or mental health services of the relevant Local Health Authority (ASL) and/or Public Health Agencies (ASP).</p> <p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?</p> <p>In hotspot centers, in addition to medical staff, the presence of a psychologist is provided. In first-level reception centers, the presence of a physician and a social worker is foreseen (with working hours varying according to the capacity of the center). Among their various activities, they also provide support in identifying and referring persons with special reception needs, including those of a physical or mental health nature.</p> <p>4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?</p> <p>There is an assessment procedure in place to determine and identify the vulnerabilities and any specific reception needs that applicants may have. This procedure has been formalized and simplified through the new Vademecum for the Identification, Referral and Care of Persons with Special Reception Needs upon Arrival in the Territory and their Inclusion in the Protection and Reception System. This represents the first national operational guideline of its</p>
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			<p>kind, providing standardized procedures and tools aimed at ensuring a consistent approach throughout all phases of reception.</p> <p>It complements existing standard operating procedures applicable to Italian hotspot centers and other points of arrival, as well as the contractual specifications for the provision of goods and services within the reception system, and it is aligned with current legislation concerning unaccompanied foreign minors, victims of trafficking, and other legally recognized vulnerable categories. It promotes a multidisciplinary approach involving healthcare professionals, social workers, and cultural mediators.</p> <p>In general, from the very first stages following entry into Italian territory, applicants are assisted by medical staff, operators, and psychologists (the latter only in hotspot centers), who activate assessment procedures that may lead to the identification of vulnerability indicators and, consequently, to appropriate care measures and placement in an ordinary SAI center or in a specialized SAI center for mental/health disorders.</p> <p>Within second-level reception centers dedicated to hosting persons with mental or physical health difficulties, beneficiaries are supported by specialized psychologists with training and experience in ethnopsychology. They provide psychological counseling and, in cases of clinical distress, conduct clinical and diagnostic evaluations. They work in close collaboration and coordination with psychiatrists and educators, as well as with local psychosocial and healthcare services. The team also includes healthcare social workers, who play a multifunctional role in both the health and social sectors, and nurses responsible for all healthcare-related tasks.</p> <p>5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)</p>
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			<p>As mentioned before, in first-level reception centers, an initial medical examination is guaranteed, as well as, where necessary, the provision of medicines and other medical expenses (for example, specialist visits, prostheses not covered by the National Health Service - SSN, and expenses related to the administration of therapies), up to an overall annual limit of €500.00 for each accommodation place provided under the contract, regardless of the related turnover. First-aid interventions are also guaranteed, aimed at identifying conditions that require isolation measures or diagnostic and/or therapeutic procedures in public healthcare facilities, as well as identifying situations of vulnerability. The costs of reception - including those related to necessary medical care, medicines, and all ancillary expenses provided for in the tender specifications for the supply of goods and the provision of reception services - are financed by the budget of the Ministry of the Interior, Department for Civil Liberties and Immigration.</p> <p>With regard to SAI centers dedicated to the reception of persons with physical or mental health difficulties, the costs depend on the services provided in the different types of reception facilities and on the expenses associated with qualified and specialized staff. In addition, there are costs related to specific medical treatments, medical examinations, or medical devices not covered by the National Health Service, which are funded by the National Fund for Asylum Policies and Services (FNPSA), the fund dedicated to the SAI project. In particular, with regard to specialized healthcare assistance, the costs for activating services for categories of beneficiaries with specific vulnerabilities or special needs are covered. This refers to services such as nursing care or psychological support, which are funded only insofar as they are not covered by the SSN.</p> <p>As for healthcare expenses, all costs related to the health needs of beneficiaries are reimbursed to the managing body, consisting largely of the purchase of medicines. With respect to medical visits, examinations, and other healthcare costs covered by the SSN, the related expenses are not subject to authorization by the Central Service. Medical visits, examinations, and other healthcare expenses not covered by the SSN, as well as those</p>
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			<p>covered by the SSN but provided privately due to certified urgency, must be accompanied by a medical prescription; for such expenses, the local authority is required to declare that it has carefully assessed and authorized the expenses incurred under this category. These expenses, which include both those dedicated to healthcare services and those related to the reception of such individuals, are covered by the National Fund for Asylum Policies and Services (FNPSA), managed by the Ministry of the Interior, which establishes the guidelines and criteria for access to funding. Local authorities (municipalities, unions of municipalities, etc.) may submit projects in order to access these funds, on a voluntary basis. The projects are often implemented in cooperation with third-sector organizations (NGOs, social cooperatives, associations), while the technical coordination of the system is entrusted to the Central Service, managed by the National Association of Italian Municipalities (ANCI). Also, the AMIF provides funding to local governments and health care services for projects intended to improve the health condition of applicants and recipients of international protection housed within the national accommodation system, as well as temporary protection beneficiaries. These projects focus on, inter alia, developing a multilevel health care governance model, enhancing the capacity of early identification and treatment of vulnerable individuals, supporting the use of multidisciplinary health care teams, and improving the skills of social and health workers dealing with migrant people.</p> <p>6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.</p> <p>With regard to the continuing reception needs of Ukrainian citizens holding temporary</p>
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			<p>protection, Article 20 of Decree-Law n. 202 of 27 December 2024, published in the Official Gazette n. 302 of 27 December 2024, has ordered the extension, until 31 December 2025, of certain provisions of the Prime Minister's Decree of 28 March 2022 concerning temporary protection measures.</p> <p>In particular:</p> <p>Paragraph 1 provides for the extension, until 31 December 2025, of the SAI projects primarily dedicated to the reception of Ukrainian nationals.</p> <p>Paragraph 2 establishes that, through an OCDPC (Civil Protection Department Order), the progressive transition to ordinary forms of management shall be regulated until 31 December 2025 with respect to the additional extraordinary assistance and reception measures currently in place, as well as:</p> <ul style="list-style-type: none">a) the transfer of such extraordinary assistance and reception measures to the authorities ordinarily responsible, also providing for the granting of a one-off contribution, managed by the Civil Protection Department, to individuals and families who declare that they no longer require continued public assistance;b) the termination of the recognition of the contribution for autonomous accommodation referred to in Article 31, paragraph 1, letter b) of Decree-Law n. 21 of 2022 for holders of temporary protection residence permits issued after 1 February 2025, and the establishment of binding deadlines for the submission of related requests for holders of temporary protection residence permits issued before 1 February 2025;c) the regulation, on a transitional and exceptional basis, of the modalities for the continuation, under the responsibility of the Prefectures, of the residual forms of reception still provided in the national territory by the local civil protection facilities. <p>However, should not all projects be activated within a short timeframe, the Prefectures have been urged to ensure the continuity of reception until 31 December 2025, where necessary also through the establishment of new CAS (extraordinary reception centers), or by assessing the possibility of continuing reception in the facilities currently used for so-called "widespread</p>
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			<p>reception,” by converting them into CAS, while ensuring continuity of beneficiaries’ territorial and welfare support.</p> <p>Furthermore, with regard to beneficiaries accommodated in temporary reception facilities, or in hotel or lodging structures identified by the Presidents of the Regions, reference has been made to Article 4 of the aforementioned OCDPC. This provision states that the Prefects of the locations where beneficiaries are hosted may, in cases of urgent necessity, renew the agreements entered into by the local civil protection structures (pursuant to Article 2 of OCDPC n. 872/2022) until 31 December 2025, assuming responsibility for them.</p>
	<p>EMN NCP Latvia</p>	<p align="center">Yes</p>	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p> <p>b)</p> <p>If international protection applicants have special reception needs due to their physical or mental health conditions and they cannot care of themselves, they are accommodated in the social care and social rehabilitation institution, where they will be provided with personalized services in-hose.</p> <p>In case if international protection applicants have special needs based on their particular physical/mental health condition and they are able to take care of themselves, they can be placed in the Accommodation centre for Asylum seekers.</p> <p>In the Accommodation centre the applicant is provided with initial medical care by a doctor</p>

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			<p>(available 3 times per week) and 3 medical nurses (one is available 3 times per weeks (12 hours per week), as assisting a doctor and other two nurses are available during working days and time (8 hours per day), and social assistance provided by the social workers and mentors of the Social Integration Foundation, who are available in the Accommodation centre during working days.</p> <p>If an asylum applicant has special medical needs, he/she will be referred to the proper medical staff for the specialized healthcare to be provided.</p> <p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p> <p>See answer to Q 1.1.</p> <p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?</p> <p>See answer to Q 1.1.</p> <p>4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?</p>
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			<p>The placement procedure in social service facilities involves an assessment of the individual's needs by medical staff and other specialists. Based on this assessment, a decision is made regarding the most suitable facility. The placement is organized upon a joint agreement between the administration of the Accommodation Centre and administration of the social care and social rehabilitation institution.</p> <p>5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)</p> <p>The state covers the costs related with accommodation of asylum seekers in the Accommodation center for asylum seekers in Mucenieki. The costs related with accommodation of asylum seekers in the Accommodation center for asylum seekers in Liepna are covered by the AMIF project "Adaptation of Asylum seekers Accommodation Centre "Liepna" for long-term operation".</p> <p>If an applicant is accommodated in the social care and social rehabilitation institution, the expenses are covered by the AMIF project "Support measures for the reception and accommodation of persons in need of international protection in Latvia (1st phase)". Within the framework of the mentioned project the costs related with necessary treatment, as well as medication are covered.</p> <p>6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also</p>
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			<p>interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.</p> <p>In some cases at the beginning of the crisis, temporary protection beneficiaries were accommodated for a short period of time in the Accommodation Centre for Asylum seekers. In accordance with national regulation (Asylum law) a person, who has been granted temporary protection has the right to receive emergency medical care from the state budget funds. If there are special needs of the temporary protection beneficiary, that can be provided for during the accommodation of the person in the social care and social rehabilitation institution, the placement of the person is carried out upon the decision of the administration of the social care and social rehabilitation institution.</p>
	<p>EMN NCP Lithuania</p>	<p align="center">Yes</p>	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p> <p>a) in an asylum facility with other applicants</p> <p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p>

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			<p>According to the Procedure for Identifying the Vulnerability of Foreigners (), individuals with special needs accommodated in temporary reception facilities managed by the Reception and Integration Agency are entitled to:</p> <p>Be housed in accommodation specially adapted to their needs.If, due to physical and/or mental disability, they are unable to care for themselves, they may be accommodated together with family members or close relatives who provide care or support.Receive technical assistance equipment, medical devices, and/or essential personal hygiene items if they have a disability.Be provided with special nutrition if they cannot prepare meals themselves or require a medically necessary diet to maintain their health.Access essential medical care and basic health services, the absence of which could significantly deteriorate their health and necessitate emergency medical intervention.Receive treatment and/or health care, including mental health services, if they are identified as victims of torture, rape, other serious forms of violence, and/or human trafficking. These services may be delivered either by staff at reception facilities or through external providers, depending on needs.Access rehabilitation services if they are minors who have experienced any form of violence, neglect, exploitation, torture, cruel, inhuman or degrading treatment, or harm in armed conflict. Such services may be provided by facility staff or external providers, as appropriate.Obtain legal aid, suitable post-trauma therapy, and psychosocial support if they have endured sexual or gender-based violence.Receive additional assistance, beyond what is listed above, that a social worker integrates into an Individual Assistance Plan tailored to their specific situation.Be given information, legal aid, and other reception-related services using communication and informational methods adapted to their special needs.Have access only to trained personnel: staff working with victims of torture, sexual violence or other serious violence must have completed the necessary, relevant training prior to providing such support.</p> <p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-</p>
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			<p>time, external specialists on an ad hoc or regular basis?</p> <p>In the temporary reception facilities, medical rooms are established where doctors work part of the day and nurses are employed full-time. Psychologists are available full-time on working days. On weekends, on-duty individual care staff call emergency services if needed. Depending on individual needs, external service providers may be engaged: staff from public healthcare institutions are involved, and in urgent cases, services may also be purchased from private medical providers if public options are unavailable.</p> <p>4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?</p> <p>N/A</p> <p>5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)</p> <p>Funding is provided from two main sources. The state budget covers medical staff and psychologists working in reception centers, as well as essential medical care and other necessary health services, without which a person's condition could deteriorate to the point of requiring emergency intervention. The Asylum, Migration and Integration Fund finances additional medical and health services, as well as medicines, medical devices, vitamins, and related supplies.</p>
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			<p>6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.</p> <p>In Lithuania, vulnerable beneficiaries of temporary protection may be accommodated together with asylum applicants and have access to the services of social workers, psychologists, and medical staff, provided that space is available in temporary reception facilities, and under the same arrangements as asylum applicants. The Reception and Integration Agency does not receive additional funding for this, unless its existing capacity is exceeded (for example, during the migration crisis in Lithuania, when extra posts were financed through the Asylum, Migration and Integration Fund). Unlike international protection applicants, beneficiaries of temporary protection accommodated in the Agency’s facilities do not receive material or financial support there, as such assistance can be accessed through municipalities and NGOs. In more complex cases, they may also receive the same services, nursing care, and treatment in other state institutions as Lithuanian citizens.</p>
	<p>EMN NCP Luxembourg</p>	<p>Yes</p>	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p> <p>Luxembourg does not have reception accommodations exclusively designated for all persons</p>

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			<p>identified as vulnerable. However, dedicated accommodation is provided for unaccompanied minors, in recognition of their specific protection needs. Additionally, there is a reception facility located in close proximity to a hospital, equipped with medical rooms adapted to individuals requiring specialised care, for example, those using wheelchairs or recovering from surgery or serious illness.</p> <p>Where capacity allows, individual rooms may be offered to certain applicants based on their vulnerability.</p> <p>Throughout the reception process, and within the limits of available infrastructure, efforts are made to accommodate persons with disabilities or reduced mobility in facilities adapted to their needs, such as buildings with elevators, accessible bathrooms, or other necessary features.</p> <p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p> <p>From the first working day following arrival, a special needs assessment is initiated. This takes the form of a semi-structured individual interview conducted by a qualified social worker. The purpose of this initial interview is to identify any vulnerabilities or special needs that may influence reception conditions, such as access to material assistance, or appropriate accommodation arrangements.</p> <p>This assessment is not a one-off exercise. It is a continuous process carried out throughout the person's stay, enabling the detection of new needs or changes in circumstances. This ensures that support measures remain responsive and adapted to the individual, in line with the principles of tailored and person-centred care.</p> <p>In Luxembourg, asylum seekers also benefit from immediate access to psychological and psychiatric support upon arrival. The National Reception Office (NRO) pays particular attention</p>
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			<p>to the needs of vulnerable persons. At the initial reception centre, an ethno-psychological team from the Luxembourg Red Cross plays a key role in identifying mental health concerns and potential vulnerabilities. This team works in close coordination with a specialized medical-psychological team from the Directorate of Health to ensure referrals to external mental health services where necessary.</p> <p>Within reception facilities, different models of care are provided depending on individual needs, and private accommodation may also be offered as part of a holistic support system.</p> <p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?</p> <p>N/A.</p> <p>4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?</p> <p>N/A.</p> <p>5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)</p>
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			<p>Healthcare expenses for AIPs are generally covered by the State through the NRO. The system operates as follows:</p> <p>First three months (probation period): Upon filing an application for international protection, each AIP is provisionally entitled to healthcare through the Migrant Health Service. During this period, only urgent and essential care is covered. If required, the Health Service issues vouchers granting access to specialist consultations, medication, or other necessary treatments. Hospitals, physicians, and pharmacies send medical bills, together with a certificate of medical emergency, directly to the NRO. In cases of chronic or long-term illness, the Health Service may grant special assistance.</p> <p>After the probation period: AIPs are affiliated with the National Health Fund (CNS), with the monthly insurance premium paid by the NRO for the entire duration of the procedure. From this point onward, AIPs pay their medical expenses upfront (consultations, medication, hospitalization, prescriptions, etc.), which are subsequently reimbursed by the CNS according to its rules.</p> <p>To ensure that these upfront costs do not become a financial barrier, a revolving fund managed by the NRO is available to support AIPs by covering the third-party payment portion.</p> <p>6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.</p> <p>Yes. Beneficiaries of temporary protection are automatically affiliated with the CNS as soon as they are granted temporary protection status. The CNS then assumes responsibility for reimbursing all or part of their healthcare expenses.</p>
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	<p>EMN NCP Netherlands</p>	<p>Yes</p>	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p> <p>Both are applicable in the Netherlands depending on the gravity of the condition of the applicant.</p> <p>Basic medical care is provided to all applicants who are in need of it in the reception facilities of the Central Agency for the Reception of Asylum Seekers (COA). There is a health centre in or near every reception centre. In this centre a general practitioner (GP) works together with a practice nurse, an assistant practitioner for mental healthcare (poh ggz) and a practice assistant. They all have good awareness of language and cultural differences. If necessary, the GP refers patients to other care providers, such as a medical specialist.[1]</p> <p>Asylum seekers with special needs such as disabilities (intellectual or psychological disabilities), can receive additional assistance from the COA in the regular asylum facility. Asylum seekers who have mild intellectual or psychological disabilities can temporarily be accommodated at a special reception location that COA offers. This is the reception centre for intensive guidance and support (ibo). They can only go here voluntarily and stay in this reception centre for up to 3 months. Here they are provided with intensive guidance and support 24/7, for the purpose of return to a reception centre. Asylum seekers learn skills, enabling them to become more independent and function better in a reception centre. They get a food and living allowance and cook themselves. The ibo offers a lot of activities, such as sports, and cooking and eating together. On the premises of the ibo, there is also a GP health centre and a mental health institution located. They can make sure the asylum seekers get the</p>

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			<p>(mental health) care they need. They can also refer asylum seekers to other care institutions if necessary.</p> <p>For asylum seekers who have more complex intellectual or psychological disabilities, and who are unable to live independently in a reception centre, the health centre can arrange a care indication to ensure that a resident is eligible for so-called assisted living, at a social service facilities provided by an external healthcare provider.[2]</p> <p>[1] COA, 'Medical care for asylum seekers', https://www.coa.nl/en/medical-care-asylum-seekers, last accessed 12 Augustus 2025.</p> <p>[2] COA, 'Reception centres for extra guidance, support and supervision', https://www.coa.nl/en/reception-centres-extra-guidance-support-and-supervision, last accessed 12 Augustus 2025.</p> <p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p> <p>In the Netherlands the following in-house services are provided at (or near) the reception centre;</p> <p>On-site GP practice (GZA) – General practitioner, nurse and medical assistants available for consultations. Mental health nurse (POH-GGZ) – For basic mental health support and assessment. Practice nurse for chronic care – Manages conditions such as diabetes or hypertension. Daily consultation hours – residents at the reception location can be seen for medical issues during the daily consultation hour. 24/7 medical advice line (praktijklijn) – a support line which residents at the reception centre can use with possible interpreter support if needed.[1]</p>
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[1] COA, 'Medical care for asylum seekers', <https://www.coa.nl/en/medical-care-asylum-seekers>, last accessed 12 Augustus 2025.

3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?

The COA does not employ medical staff to provide healthcare directly. All medical care at the reception locations is outsourced to GZA (healthcare for asylum seekers). They supply the doctors, nurses and mental health practice nurse.[1]

[1] COA, 'Payment of medical care', <https://www.coa.nl/en/payment-medical-care>, last accessed 12 Augustus 2025.

4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?

In supporting asylum seekers, COA reception staff use the 6-domain tool. We assess the extent to which asylum seekers are self-reliant in six areas of life, such as daily structure and social network.

The placement procedure for the reception centre for intensive guidance and support (ibo) is as follows:

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			<p>The reception staff member on a regular reception centre identifies a resident exhibiting unusual or concerning behaviour in one or more of the six domains. The regular reception centre contacts the ibo consultant. This consultant reviews the resident's file and speaks with the reception staff member involved and the resident. It's important that the resident voluntarily wants to move to the ibo and wants to work on learning goals that are determined together. If the ibo consultant believes the resident is eligible for placement in the ibo, the application for this resident to the ibo is discussed with the ibo manager, a behavioural specialist, the ibo consultants, and an ibo staff member. They decide whether the resident can be accommodated at the ibo.</p> <p>Preconditions: Resident is willing to agree to transfer to the ibo; Resident is teachable and has his own learning goals; The regular reception centre has tried and implemented all possible measures on-site regarding the resident's behavior, including corrective conversations and withholding of benefits, and the involvement of healthcare (GZA) and/or external parties. The circumstances at the location are also taken into account: the experience of staff, access to care, the building situation, and so on; The directing center is responsible for taking back the resident after they leave the ibo program. If it's not possible to take back the resident, the directing center is responsible for arranging a transfer. Contraindications: younger than 18; acute psychiatric problems; only criminal/nuisance behaviour; only addiction problems; brain disorders or neurological illness. [1]</p> <p>[1] Information provided by COA on 3 September 2025.</p>
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5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)

Healthcare for asylum seekers in COA reception centres is publicly funded by the Dutch government. COA contracts GZA (healthcare for asylum seekers) to facilitate GP and primary care at the locations. GZA bills COA directly. COA in turn is funded by the Dutch government. Specialised care is covered through the Medical Care for Asylum Seekers Regulations (RMA), which is a government funded scheme. Applicants do not pay for medically necessary care.[1]

[1] COA, 'Payment of medical care', <https://www.coa.nl/en/payment-medical-care>, last accessed 12 Augustus 2025.

6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.

Ukrainians receiving Temporary protection in the Netherlands are not placed within the asylum reception location from COA, but there are municipal reception locations. Ukrainians receiving temporary protection use the regular Dutch health care system. They are encouraged to

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			<p>register with a local municipal GP practice. Only in rare cases, for example people with disabilities, will the municipality arrange specialised accommodation via regular Dutch health care providers. The care is reimbursed on the basis of the Medical Care for Displaced Persons from Ukraine Regulation (RMO).[1]</p> <p>[1] Rijksoverheid, https://www.rijksoverheid.nl/onderwerpen/gezondheidszorg-vluchtelingen-oekraïne/als-zorgverlener-zorgkosten-declareren, last accessed 12 Augustus 2025.</p>
	<p>EMN NCP Poland</p>	<p align="center">Yes</p>	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p> <p>Pursuant to Article 68 of the Act of 13 June 2003 on granting protection to foreigners on the territory of the Republic of Poland, when an application for international protection concerns a person who may require special treatment, in particular who is:</p> <ul style="list-style-type: none"> - a minor, - a disabled person, - an elderly person, - pregnant woman, - a single parent, - a victim of human trafficking, - a bedridden person,

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			<ul style="list-style-type: none">- a person with mental disorders,- a person subjected to torture,- a victim of psychological, physical, including sexual violence, as well as gender, sexual orientation and gender identity, <p>The Head of the Office for Foreigners assesses whether the person requires special treatment in the proceedings for granting international protection or in the field of social assistance. However, it should be noted that the above catalogue is an open catalogue.</p> <p>A person considered to be in need of special treatment in the field of social assistance is placed:</p> <ul style="list-style-type: none">in a centre that is adapted to the needs of people with disabilities, providing a single room or intended only for women or women with childrenin a care and treatment facility, nursing and care facility or hospicein foster care corresponding to the psychophysical situation <p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p> <p>Pursuant to Article 69a of the above-mentioned Act, a foreigner who is a person requiring special treatment is given due to the needs in the field of accommodation and meals. Among other things, a single room or a room for women or women with children is provided. In addition, in terms of food, the diet is adapted to the health condition of the person requiring special treatment.</p> <p>It should be noted that since 13 June 2022, a procedure has been in force for dealing with foreigners requiring special treatment in the field of social assistance and the organization of medical care, the purpose of which is to indicate the procedure for the provision and implementation of social assistance and the organization of medical care to foreigners</p>
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			<p>applying for international protection and requiring special treatment in the field of social assistance or medical care. The indicated procedure is also aimed at standardizing the treatment of the above-mentioned group of foreigners and maintaining the quality of social assistance provided at a high level and adapted to the special needs of foreigners.</p> <p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?</p> <p>The Centres for Foreigners run by the Head of the Office employ medical staff on the basis of a civil law contract with the medical operator Petra Medica, which consists of a nurse, a doctor and a psychologist.</p> <p>Moreover, in the light of Article 73(1) of the Act on Granting Protection to Foreigners on the Territory of the Republic of Poland, medical care includes health care services to the extent that persons covered by compulsory or voluntary health insurance are entitled to benefits under the Act of 27 August 2004 on health care services financed from public funds, with the exception of spa treatment or spa rehabilitation.</p> <p>4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?</p> <p>In accordance with the procedure of 13 June 2022, the procedure for dealing with foreigners requiring special treatment in the field of social assistance and the organization of medical care is in force, the medical operator, after receiving a recommendation from the Border</p>
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			<p>Guard doctor regarding the need to place the foreigner in a specialized medical facility, provides the employee of the department of social assistance and medical care with information on the name and address of the facility, in which the foreigner will be placed. Subsequently, the above-mentioned employee submits to the Border Guard authority accepting an application for international protection from a foreigner or receiving an application for international protection from a foreigner or receiving a foreigner under the Dublin III procedure, the address of a specialist medical facility where a place for the foreigner has been reserved and the address of the reception centre for foreigners where a place for the foreigner's family has been reserved. Transport and, in justified cases, food during the transport to a reception centre or a specialist medical facility is provided by the Border Guard authority. This transport also includes the family of a foreigner requiring special treatment. Subsequently, the employee of the Office forwards to the reception centre, competent due to the distance from the specialist medical facility indicated by the medical operator, the data of the foreigner to be transferred and the address of this facility, together with a request to enter him or her into the list of foreigners covered by social assistance and medical care.</p> <p>5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)</p> <p>In the light of Article 85 of the Act on Granting Protection to Foreigners on the Territory of the Republic of Poland, the costs of social assistance, medical care, excluding the costs specified in the provisions of the Act of 5 December 2008 on preventing and combating infections and infectious diseases in humans, funeral allowance and running centres are financed from the state budget from the part managed by the minister competent for internal affairs, from the funds at the disposal of the Head of the Office for Foreigners.</p>
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			<p>6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.</p> <p>N/A</p>
	<p>EMN NCP Portugal</p>	<p align="center">Yes</p>	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p> <p>In Portugal, applicants with special accommodation needs are usually housed in regular asylum seeker accommodation facilities that work in partnership with AIMA, for example NGOs/IPSS, with personalized support measures. When the applicant's condition so requires, accommodation can be arranged in specialized facilities (e.g., health institutions, social care homes) through cooperation with the National Health Service (SNS) and the Social Security network.</p> <p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p>

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			<p>Services include: individual psychosocial support, counselling and psychological follow-up, interpretation and cultural mediation, social work support and integration planning, referral and accompaniment to health services, and adapted activities for integration and rehabilitation.</p> <p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?</p> <p>Internal (full-time/part-time): social workers, case officers, psychologists (in some facilities), cultural mediators. External (regular/ad hoc): doctors and nurses from SNS, psychiatrists, specialised psychologists, NGO staff providing mental health and trauma support. The model relies on a mixed network of internal staff and external specialised services.</p> <p>4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?</p> <p>Vulnerabilities are identified at the registration stage and throughout the procedure (AIMA responsibility). AIMA coordinates placement with SNS (health treatment) and Social</p>
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			<p>Security/IPSS (residential facilities). NGOs and municipalities may also provide housing solutions.</p> <p>Stakeholders' roles:</p> <ul style="list-style-type: none">- AIMA: decision, coordination and monitoring- SNS: healthcare provision and treatment- Social Security/IPSS: accommodation and care- NGOs/municipalities: logistical and integration support. <p>5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)</p> <p>Accommodation and material support: funded by the State budget (via AIMA) and the AMIF (Asylum, Migration and Integration Fund). Healthcare, medication and devices: covered by the SNS, with exemption from user fees for applicants. Extraordinary costs (non-standard treatments, supplements): may be covered by AIMA or partner NGOs on a case-by-case basis.</p> <p>6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.</p> <p>Temporary protection beneficiaries in Portugal are managed under the temporary protection</p>
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			<p>regime (Law no. 67/2003 and special decrees of 2022). They may be accommodated in AIMA facilities, municipal structures, or social service facilities (IPSS, NGOs). Funding is ensured through national funds and EU instruments (AMIF, ESF+). Healthcare, education, and employment integration are fully covered by national systems under the same conditions as nationals.</p>
	<p>EMN NCP Slovakia</p>	<p align="center">Yes</p>	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p> <p>a) The international protection applicants with such special reception needs stay in the asylum facility. Only in few cases the Slovak Republic managed to refer and place them in the facility providing specialized services.</p> <p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p> <p>The same as for other applicants, mainly urgent health care, social, legal, psychological support, external specialists if needed (e.g. the hospital care, therapist, etc.) adjusted as much as possible to their particular needs and condition. In some cases, the Slovak Republic was able to use the mobile nursing and care services.</p>

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			<p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?</p> <p>See responses to the question 1 and 2.</p> <p>4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?</p> <p>It is on ad hoc basis, there is no systemic approach in this regard so far.</p> <p>5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)</p> <p>On ad hoc basis, combined resources (state, NGO). The Slovak Republic has a very limited experience.</p> <p>6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also</p>
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			<p>interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.</p> <p>A personal assistance allowance is available for beneficiaries of temporary protection with a disability, which allows them to cover the costs of personal assistance, however, the amount of the allowance is not sufficient to cover all the costs associated with their placement in social service facility.</p>
	<p>EMN NCP Slovenia</p>	<p align="center">Yes</p>	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p> <p>See reply under Q4.</p> <p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p> <p>See reply under Q4.</p> <p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed</p>

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			<p>(full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?</p> <p>See reply under Q4.</p> <p>4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?</p> <p>The authority responsible for reception of applicants in Slovenia is Office of the Government for the Support and Integration of Migrants (UOIM). An applicant with special needs regarding reception is a vulnerable person with special needs who needs special guarantees in order to exercise his or her rights and meet the obligations regarding reception stipulated by the International protection Act. Vulnerable applicants are considered to be especially unaccompanied minors (UAMs), minors, families, single parents, elderly people, pregnant women, single women, victims of trafficking in human beings, people with disabilities, people with a mental health disorder, victims of rape, torture or other severe forms of psychological, physical and sexual abuse and LGBTQ+. Material conditions, medical and psychological counselling as well as care are adapted to applicants with special reception needs in the course of their reception. Whether an applicant has special needs regarding reception is primarily assessed during the preventive medical examination within the preliminary procedure. However, vulnerabilities might be identified also during the stay of an applicant in the reception and properly addressed when identified.</p> <p>UOIM provides a special facility in Postojna for the reception and accommodation of UAMs, where 24-hour care is provided by professionally qualified staff of the UOIM. For other vulnerable applicants mentioned above (among which are mainly families with children, single parents with children, women, elderly and/or people with disabilities, LGBTQ+) special</p>
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			<p>accommodation is provided in Logatec. Different vulnerabilities are addressed as much as possible (for example separate accommodation is offered if appropriate or necessary). Additional health services are provided to vulnerable persons, including psychotherapeutic assistance, following approval from a special committee. For people with disabilities certain physical adaptations in the building are made. Also, certain adjustments are made when providing food. Children under the age of 18 have their diet adjusted according to their age and needs, and they are also entitled to a morning and afternoon snack. Pregnant and breastfeeding mothers are also entitled to a morning and afternoon snack. UOIM ensures appropriate nutrition for applicants with special health needs when proven by the opinion of medical staff (for example for people with diabetes).</p> <p>In asylum homes applicants for international protection are then taken care of in terms of medical examinations and services and other help, if necessary. Medical staff is employed in asylum home, a psychiatrist is also available once a week. Applicants with urgent medical conditions are referred to emergency medical care.</p> <p>Individuals who are identified as vulnerable by a special multidisciplinary committee can be accommodated in special facilities such as medical facilities or nursing homes if appropriate accommodation for them cannot be provided within the reception system (in the Asylum Home and its branches).</p> <p>For an applicant who has been granted relocation in the event of exceptional personal circumstances, the UOIM shall carry out all necessary activities to accommodate the applicant in another suitable institution (for example such as medical facility or nursing home), if it cannot provide him with appropriate accommodation in an asylum home or its branch. UOIM shall cover the costs of accommodation in another suitable institution for an applicant who does not have his own means of subsistence or whose subsistence is not otherwise ensured and who is not provided with free accommodation or who is not designated by another regulation as being liable for the payment of accommodation costs. The decision on relocation is made by an authorized official of the UOIM.</p>
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5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)

Applicants for international protection have the right to emergency health care, free of charge, as defined in the International Protection Act (Articles 86 and 83). This includes all emergencies, medical care for people with serious illnesses and women's health care. A vulnerable person with specific needs and exceptionally also another applicant, has the right to an additional range of health services, including psychotherapeutic assistance, approved and determined by the commission. Minor applicants and unaccompanied minors are entitled to healthcare to the same extent as children who are compulsorily insured as family members. School-age children after the age of 18 are also entitled to healthcare to the same extent, until the end of their education, but no later than until they reach the age of 26.

Regarding additional costs: those are mainly related to the costs of providing food in asylum homes and its branches – for example food is more expensive for children, for pregnant women, for breastfeeding mothers and for people with dietary requirements. Also, since a 24-hour care is provided in the special accommodation facility for UAMs there are higher staff costs. However, there are no specific tariffs applied for the reception and the services offered to vulnerable applicants.

In cases described above, when an applicant is in in the event of exceptional personal circumstances accommodated in another institution and when certain legal conditions are fulfilled, UOIM covers the costs of accommodation in that other suitable institution.

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			<p>6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.</p> <p>Applicants for temporary protection are accommodated in the asylum facility in Logatec, while beneficiaries of temporary protection are accommodated in other facilities of UOIM dedicated specifically to them. While accommodated in the asylum facility in Logatec different vulnerabilities of applicants for temporary protection are addressed as much as possible (and as described above).</p> <p>Applicants for temporary protection and beneficiaries of temporary protection have the right to emergency health care, free of charge, as defined in the Temporary Protection of Displaced Persons Act (Article 45). Persons with specific medial needs can apply for a greater health coverage. Such applications are then reviewed by a medical commission, which may, in duly justified cases, give an approval for a larger scope of health services. In this case, an applicant for or a beneficiary of temporary protection shall submit to the Ministry of Health an application for approval of a larger healthcare package, along with any supporting documents required. If the person is granted a larger scope of health services, he/she shall present the approval document when visiting a doctor, a pharmacy, or any other healthcare facility.</p> <p>A beneficiary of temporary protection shall be placed in institutional care under the same conditions and according to the same procedures as citizens of the Republic of Slovenia. If a beneficiary of temporary protection cannot be placed in institutional care, UOIM may select a suitable external provider to ensure appropriate care and support. The costs of placement in institutional care or another suitable external provider are covered by UOIM.</p>
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	EMN NCP Spain	Yes	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an asylum facility with other applicants b) in a specialized accommodation</p> <p>The intervention carried out within the international protection reception system is structured through a reception itinerary, whose purpose is to promote the progressive autonomy of its beneficiaries and their social and labour inclusion in the host society. In accordance with Article 11.1 of the Regulation governing the reception system for international protection, approved by Royal Decree 220/2022 of March 29, the itinerary is developed in three phases: initial assessment and referral, reception, and autonomy.</p> <p>Beneficiaries of the international protection reception system have specific needs in each of these phases, which are addressed through various actions and services. They may also require cross-cutting measures throughout the entire itinerary, such as language learning, interpretation and translation, support in accessing employment, or psychological and legal assistance.</p> <p>In the initial assessment and referral phase, a preliminary evaluation of the applicants' profile and needs is carried out, as a purpose to refer them, as quickly as possible, to the available resources within the system that best match their profile.</p> <p>In the reception phase, the inclusion of applicants is supported by providing them with the necessary skills to lead an independent life upon completing this stage. It begins with the assignment of a reception resource tailored to the individual's profile and needs. During this phase, in addition to ensuring material reception conditions such as housing and subsistence, an individualized itinerary will be designed—with the active participation of the beneficiary—to</p>

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			<p>facilitate their inclusion and progressive acquisition of autonomy.</p> <p>The autonomy phase of the itinerary is aimed at enabling the beneficiary to achieve independence. It is intended only for individuals who, having received a favourable decision on their application, are expected to remain in Spain in the medium or long term. During this phase, beneficiaries continue to receive support to cover their basic needs, primarily through financial assistance. This is complemented by ongoing guidance, intensive language learning, and access to employability and training programs.</p> <p>In the reception phase, the Spanish system offers various reception resources aimed at addressing the specific needs of the individuals benefiting from the system.</p> <p>1. In the standard reception facilities, the actions carried out include:</p> <ul style="list-style-type: none">a) Cover material reception needs: accommodation and subsistence through reception facilities, as well as the provision of clothing, cleaning supplies, and personal hygiene products.b) Provide support, intervention, and guidance in social, psychological, legal, and cultural matters.c) Offer language instruction and, when necessary, literacy and reading-writing support.d) Provide socio-labour guidance and support in accessing training programs.e) Facilitate translation and interpretation services, ensuring universal accessibility.f) Promote access to the educational system for minors.
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			<p>Within these standard reception places, 3% are accessible and adapted, aimed at addressing specific reception needs:</p> <ul style="list-style-type: none">• Accessible places: These are considered accessible when they are free of architectural barriers or physical obstacles that may restrict or prevent access to the reception facility for individuals with limited mobility.• Adapted places: These are considered adapted when they are free of any impediment or obstacle that may restrict or prevent access and freedom of movement within the housing and are equipped with adapted facilities and services. They must meet the functional requirements and dimensions that ensure their use in an autonomous and comfortable manner by individuals with limitations or reduced mobility. These places must comply with the applicable regulations. <p>2. Reception places for vulnerable individuals: The actions carried out in these places are those outlined in the previous section, along with specialized care for vulnerable groups, provided 24 hours a day, every day of the year.</p> <p>3. Enhanced reception places for vulnerable individuals: The services and actions provided in these places include those outlined in sections 1 and 2, along with psychiatric care available 24 hours a day, every day of the year.</p> <p>4. Placement in external resources: Reception resources temporarily made available to the international protection reception system by collaborating entities, for reasons such as: subcontracted resources provided by third parties to assist beneficiaries for whom no specialized resource exists within the system.</p>
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		<p>Beneficiaries will be referred to the accommodation resource deemed most appropriate, based on criteria such as age, gender, disability, and family situation, as well as, whenever possible, other characteristics linked to potential vulnerability and any specific reception needs identified during the individual assessment.</p> <p>The types of specialized resources available within the Spanish reception system are: Types of places for vulnerable and highly vulnerable individuals Convalescent patients Convalescent patients (MEN) Young People Mental health Mental health (FAMILIES) Mental health (MEN > 65 and LGTBI MEN) Mental health (MEN) Mental health (MEN, WOMEN, LGTBI, > 18 años) Mental health (YOUNG PEOPLE) Mental health (LGTBI) Mental health (WOMEN) Women on their own Victim of trafficking Victims of trafficking and gender-based violence Gender-based violence Gender-based violence, alone or accompanied by minors</p> <p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p> <p>International protection reception resources are open, collective accommodation facilities designed to provide shelter to beneficiaries, based on the assessment of their specific reception needs. These resources generally have the following characteristics: a) They are aimed at providing beneficiaries with an individualized integration pathway within the international protection reception system. b) They are equipped with the necessary material resources and personnel to ensure proper care for beneficiaries, providing them with dignified reception conditions tailored to their needs. Additionally, specific centres, facilities, and places are designated to address the particular needs of individuals in vulnerable situations. c) They have protocols in place for the prevention of harassment and gender-based violence,</p>
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			<p>including sexual violence and harassment. During the time spent within the international protection reception system, regular monitoring of the beneficiary's specific needs will be carried out to ensure that any changes are appropriately addressed.</p> <p>The specialized services provided within the reception facilities of the Spanish system include all those offered in standard reception places (i.e., places not specifically designated for vulnerable individuals): accommodation, subsistence, social assistance, legal assistance, psychological support, language instruction, translation and interpretation services, and employment training. In addition, other specialized services are available depending on the type of facility and the vulnerability of the beneficiary, such as mental health resources, psychiatric hospital care, services for individuals requiring specialized medical assistance, and dual diagnosis resources.</p> <p>These specialized services, among others, include: 24/7 care, specialized psychosocial support, medical attention, specific residential support with 24-hour supervision, assistance with basic daily living activities based on individual needs, and financial aid to cover the cost of specialized pharmaceutical treatments or orthopedic and prosthetic materials.</p> <p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?</p> <p>The facilities assigned to the reception phase are staffed with multidisciplinary teams in order to provide residents with the material conditions for reception, as well as additional measures that ensure comprehensive care and address their specific reception needs or particular</p>
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			<p>vulnerabilities. Social workersPsychologistsSocial educatorsLawyersLanguage instructorsIntercultural mediatorsInterpreters and translatorsEmployment counsellorsHealthcare personnelLeisure activity coordinatorsPersonnel may include civil servants directly hired by the administration, in cases where the resource is managed by the Secretariat of State for Migration; part-time or full-time staff, when reception resources are managed by collaborating entities; and subcontracted personnel, meaning that the collaborating entity does not have them on staff but instead relies on an external company or professional to carry out a highly specialized function.</p> <p>4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?</p> <p>To determine the material reception conditions that beneficiaries will have access to, particular attention will be given, among other factors, to the specific needs of individuals in vulnerable situations.</p> <p>To access specific places or resources adapted to the particular circumstances of individuals in vulnerable situations, the collaborating entities that initially assist these individuals must submit a referral report to the competent authority—in this case, the Directorate-General for Humanitarian Assistance and the International Protection Reception System. This report must justify the need for specialized and specific care, indicate the type of resource to which the referral is proposed, and include all supporting documentation, as well as any other relevant aspects for designing the integration pathway. The referral shall be carried out as promptly as possible. In the case of minors, an assessment of their best interests and specific needs will be conducted, with each decision affecting them duly justified.</p> <p>The referral proposal for places designated for individuals in vulnerable situations may indicate</p>
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			<p>the advisability of referring the beneficiary to other resources or centers not included in the reception system (external resources). This will be carried out when, based on the specific care and protection needs, such referral is deemed appropriate, the beneficiary has been informed in a language they understand, and their consent has been obtained.</p> <p>The total duration of the integration pathway must not exceed eighteen months, except in cases of vulnerability, where individuals may exceptionally remain for up to twenty-four months, provided that authorization is granted by the competent authority.</p> <p>5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)</p> <p>Law 12/2009 of October 30 establishes the obligation to provide applicants for international protection with the necessary social and reception services to ensure that their basic needs are met in conditions of dignity when they lack financial resources. In compliance with this obligation, the international protection reception system has been developed, based on Article 31 of Law 12/2009 of October 30. This law provides for the possibility of delivering reception services through the corresponding authorization of coordinated action.</p> <p>The regulation governing the reception system for international protection, approved by Royal Decree 220/2022 of March 29, has established the foundations of the management model through coordinated action.</p> <p>The system is therefore capable of responding by combining the provision of reception and care that meets national and international regulatory standards with efficient and stable management of available resources. To achieve this, planning is essential. Accordingly, the regulation governing the reception system for international protection establishes multi-annual planning of reception system needs as one of the core foundations of the coordinated action management model.</p>
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			<p>This planning, adopted by resolution of the head of the Directorate-General for the Management of the International and Temporary Protection Reception System, must identify the needs to be addressed through coordinated action and establish the measures, benefits, or services required to meet them.</p> <p>6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.</p> <p>In the Spanish reception system, beneficiaries of temporary protection receive the same care, services, and support as individuals applying for international protection. There is no difference in coverage or access to system resources.</p> <p>Likewise, when situations of vulnerability and special reception needs are identified, referral to specialized facilities and resources is arranged in order to ensure a response tailored to those needs.</p> <p>Therefore, the recognition of temporary protection does not imply a limited or differentiated care regime but rather guarantees full equality of rights and access to resources within the Spanish international reception system.</p>
	EMN NCP	Yes	<p>1. 1. If an international protection applicants have special reception needs based on their particular physical/mental health condition, where do you accommodate them? a) in an</p>

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	Sweden		<p>asylum facility with other applicants b) in a specialized accommodation</p> <p>Both option a and b, depending on what the needs are. The municipalities can also provide accommodation for people protected by the Temporary Protective Directive, TPD.</p> <p>2. 2. If you selected option 1a), what kind of personalized services are possible to be provided in-house?</p> <p>It is not possible for the Swedish Migration Agency, SMA, to provide personalized services in-house. All these services are by Swedish law provided by the health care regions or the municipality. Asylum seekers and people protected by the TPD are not entitled personal assistance.</p> <p>If an applicant has need of certain services, e.g. nursing and healthcare, the SMA can procure a place at a specialized accommodation where these are provided.</p> <p>3. 3. If you selected option 1a) what kind of professions are you employing or can be deployed (full-time/part-time) for these cases in the asylum facilities, e.g. internal staff full-time/part-time, external specialists on an ad hoc or regular basis?</p> <p>N/A</p>
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4. 4. If you selected option 1b) what is the placement procedure in such facility like, including which stakeholders are involved, their roles and responsibilities?

The SMA investigates what level of assistance the applicant needs. If there is an increased need, the SMA can procure a place of care in for example a healthcare accommodation where there are psychologists available. These accommodations are provided by external actors who have medical and nursing staff employed.

An applicant with less complicated special needs may also live in the SMA's accommodation, for example in an apartment on ground level, and apply for help from the municipalities home care service.

5. 5. How is the financial cost in both options 1a) and 1b) covered? (e.g. for the stay, necessary treatment, medication, medical devices, vitamins, etc.)

The accommodation is free of charge for the applicant and paid by the SMA. When it comes to TPD the accommodation is also free of charge for the applicants and covered by state compensation paid by the SMA to the municipalities.

It is possible for the applicant, both asylum and TPD, to apply for a special grant to cover the cost of e.g. medication. The right to special grant is regulated in the Act on the Reception of Asylum Seekers (lag om (1994:137) mottagande av asylsökande mfl.) and is processed by the SMA.

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			<p>6. 6. Although temporary protection beneficiaries have completely different status, as some of them are also accommodated in the asylum facilities in Slovakia. Therefore, we would be also interested to find out about their placement procedure in social service facility and respective funding or care provided within your asylum facility.</p> <p>If an applicant of TPD has special needs the SMA can procure a place at a specialized accommodation that provides both healthcare and nursing.</p>
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