

Persons with Disabilities in Asylum and Reception Systems





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**Persons with Disabilities in Asylum and
Reception Systems: A Comprehensive
Overview**

January 2024

List of abbreviations

CEAS	Common European Asylum System
CESEDA	Code of Entry and Stay of Aliens and Right of Asylum (France)
CGRS	Office of the Commissioner General for Refugees and Stateless Persons (Belgium)
CJEU	Court of Justice of the European Union
COA	Central Agency for the Reception of Asylum Seekers (Netherlands)
COI	country of origin information
CSO	civil society organisation
DIS	Danish Immigration Service
EC	European Commission
EESC	European Economic and Social Committee
EU	European Union
EUAA	European Union Agency for Asylum
Eurostat	Statistical Office of the European Union
Fedasil	Federal Agency for the Reception of Asylum Seekers (Belgium)
FIS	Finnish Immigration Service
FAC	Federal Administrative Court (Switzerland)
IND	Immigration and Naturalisation Service (Netherlands)
IOM	International Organization for Migration
IPSN	Indicators of Special Needs tool
NGO	non-governmental organisation
NVA	Norwegian Labour and Welfare Administration
OECD	Organisation for Economic Cooperation and Development
OFII	Office for Immigration and Integration (France)
OFPPRA	Office for the Protection of Refugees and Stateless Persons (France)



ONA	National Reception Office (Luxembourg)
PTSD	post-traumatic stress disorder
RIS	Reception and Identification System (Greece)
SAI	System for Reception and Integration (Italy)
SEM	State Secretariat for Migration (Switzerland)
SMA	Swedish Migration Agency
UDI	Directorate of Immigration (Norway)
UN	United Nations
UNCRPD	UN Convention on the Rights of Persons with Disabilities
UNHCR	UN High Commissioner for Refugees
UOIM	Government Office for the Support and Integration of Migrants (Slovenia)
WHO	World Health Organization





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Key findings

Legislation, instruments and strategies

- 9 EU+ countries (Belgium, Finland, France, Greece, Iceland, Luxembourg, Poland, Slovenia and Slovakia) provide a legal definition of vulnerabilities or make reference to disability in their national legislation related to the asylum procedure.
- 8 EU+ countries (Denmark, Greece, Iceland, Italy, Netherlands, Poland, Sweden and Slovakia) developed other instruments, such as guidelines or standard operating procedures, which guide staff on how to manage the needs and provide support services to persons with disabilities in the asylum and reception systems.

Identification and referral

- Mental health conditions and intellectual disabilities may not be identified immediately upon arrival. The identification and adequate referral of a disability may occur at any stage in the asylum procedure or during the stay at a reception facility.
- Most EU+ countries specified that they refer the person to a medical facility or national healthcare system to evaluate special needs in general and to assess any potential impairments, whether physical or intellectual.

Assessment of disabilities

- 2 EU+ countries (Greece and Poland) specifically carry out an official evaluation of the disability level, while other countries use a general medical assessment.
- Medical certificates are commonly used if relevant for the asylum procedure.

Information provision

- Services and information about the asylum procedure are not always easily accessible to individuals with disabilities, including access to sign language interpreters and accessible formats for documents.
- Oral communication is common practice to provide information to visually-impaired applicants during the asylum procedure and in reception. This can be done through the national authority, a lawyer, a case officer or a civil society organisation.
- 5 EU+ countries (Iceland, Netherlands, Norway, Slovenia and Switzerland) indicated the use of sign language interpreters as one of the most common practices in reception facilities for communicating with applicants who have hearing impairments.



- EU+ countries reported challenges in finding sign language interpreters due to the unavailability of language combinations, and thus, they rely on a relay system of interpreters to ensure communication.

Special procedural guarantees

- EU+ countries implement special procedural guarantees when the level of disability may affect several stages of the asylum procedure. The safeguards are decided on a case-by-case basis to ensure that adaptations are tailored to the individual.
- The appointment of a legal representative to support an applicant with disabilities is one of the most common special procedural guarantees mentioned.

Provision of accommodation and material reception conditions

- In general, EU+ countries have accommodation places foreseen for persons with disabilities or make the necessary arrangements to ensure their reception needs, but most still need to address several challenges in terms of capacity or care.
- Other shortcomings which were reported include a lack of: adequate housing facilities, adapted transport facilities, accessible buildings for persons with reduced mobility, resources for providing personalised medical support and available information in Braille.

Data and information collection

- Most EU+ countries do not collect or register data on vulnerabilities. The unavailability of official data on the situation and the numbers of applicants for international protection with disabilities limits understanding about the situation of this profile of applicants across EU+ countries.
- Due to the lack of comprehensive statistics, EU+ countries are unable to specify the most common types of disabilities or vulnerabilities detected among applicants for international protection.
- Civil society organisations highlighted the importance of maintaining comprehensive records and data on disabilities to track the progress, needs and challenges of asylum applicants.

Capacity-building and training

- Authorities in EU+ countries often cooperate with external stakeholders to provide staff with training on vulnerabilities.
- Peer-to-peer coaching, shadowing and special coordinators are additional examples of capacity-building activities which are used in practice.
- Civil society organisations stressed the importance of sensitising and raising awareness about disabilities among frontline staff and providing training on the needs and rights of persons with disabilities.



Methodology

The analysis in this report is based on publicly-available information on applicants for international protection with disabilities. The sources of information include national authorities, EU institutions, international organisations and civil society organisations. This report aims to foster qualitative information exchange between different stakeholders in EU+ countries about applicants for international protection with disabilities and also to bridge the current existing gap of available information. In addition, this report shall serve as a basis and starting point for future activities of the EUAA with regard to applicants for international protection with disabilities.



In addition, this report summarises the findings of two surveys disseminated by the EUAA in August and September 2023:

- Policy Survey via the [EUAA Query Portal \(restricted access\)](#) (PCYS.2023.002) which focused on current policies, practices and legislation in EU+ countries¹ with regard to applicants for international protection with disabilities. The survey was addressed to experts from national authorities.
- Survey via [EUSurvey](#) which focused on current activities, involvement, projects and other support services, challenges, needs and suggestions for improvement when dealing with asylum applicants with disabilities. The survey was disseminated to stakeholders other than national administrations, such as EU institutions and agencies, international organisations, academia, and non-profit and civil society organisations which are members of the [EUAA Vulnerability Experts Network](#) or members of the [EUAA Consultative Forum](#).

In total, 19 EU+ countries responded to the Policy Survey, of which 15 EU+ countries (Belgium, Denmark, France, Finland, Greece, Iceland, Italy, Luxembourg, Netherlands, Norway, Poland, Slovakia, Slovenia, Sweden and Switzerland) gave consent to publish the information they provided on national practices and policies. *(See the list of authorities in Annex 1.)*

In addition, there were 13 participants representing all other stakeholders, including the UN High Commissioner for Refugees (UNHCR), 1 academia, 7 civil society organisations and 3 other types of organisations which responded to the second survey. *(The list of respondents to the surveys can be found in Annex 2.)*

The reporting on national practices, activities and the recommendations from civil society organisations and other relevant stakeholders serve as examples, are not exhaustive and do not mean an endorsement on the part of the EUAA. Due to the continuously-changing situation, information may change or be updated by the time of publication of this report. Please consult the original sources.

¹ EU+ countries include EU Member States, Iceland, Norway and Switzerland.



Definitions

The report refers to the [UN Convention on the Rights of Persons with Disabilities](#), Article 1 for the definition of disabilities: “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

The European Union, as a party, and EU Member States have [signed and ratified](#) the UN Convention on the Rights of Persons with Disabilities. The definition is also encompassed in the [EU Strategy for the rights of persons with disabilities 2021-2030](#).

In this report, a more inclusive approach is used, focusing on the situation in which a person’s full participation in society is hindered due to long-term physical, mental, intellectual or sensory impairments. Thus the scope goes beyond the mere clinical/medical attestation of ‘disability’ (which may vary in terms of legislation and practices across EU+ countries) to explore the impact of impairments on a person’s right to accessibility and full participation in various aspects of life while in the asylum and reception systems.

Additional resources



[EUAA Asylum Report](#): As the go-to source of information on international protection in Europe, the annual EUAA Asylum Report provides a comprehensive overview of key developments in asylum in Member States of the European Union, Iceland, Liechtenstein, Norway and Switzerland (EU+ countries). The EUAA Asylum Report 2023 covers the topic in Section 5.3 – [Applicants with disabilities and special health needs](#).

References to jurisprudence are based on cases registered in the [EUAA Case Law Database](#). The Case Law Database is a public platform which highlighted court decisions related to the Common European Asylum System and provides English summaries of national court decisions. Cases can be easily searched by topic, date, country and key words, such as [‘applicant with disabilities’](#).

References to asylum and reception authorities in EU+ countries are drawn from the EUAA [Who is Who in International Protection in the EU+](#) platform, which presents the key stakeholders and their roles in a range of areas in asylum and reception systems.





1. Introduction

The European Union Agency for Asylum (EUAA) carries out research and collects information on the application of the Common European Asylum System (CEAS) in EU+ countries.² The Agency's annual flagship report, the [Asylum Report](#), provides a comprehensive overview of key developments in international protection, based on desk research and close cooperation with various stakeholders, including national authorities, EU institutions and agencies, international organisations, civil society organisations and academia.³

Through closer analysis of this information, it was clear that there is an information gap on the situation of asylum applicants with disabilities. This has also been reported by several non-governmental and civil society organisations working with disabled persons.

People with disabilities comprise a diverse group, and factors such as sex, age, gender identity, sexual orientation, religion, race, ethnicity and economic situation affect their experiences in life and their medical needs.⁴ The World Health Organization (WHO) estimates that around 1.3 billion people (16% of the global population) experience a significant disability.⁵

According to the WHO, persons with disabilities are more likely to be left behind in all aspects of humanitarian assistance due to a range of obstacles to access healthcare, information and human rights protection.⁶ Women, children and older people with disabilities face an even higher risk of discrimination, violence and exploitation.⁷ UNHCR underlines that significant challenges still exist to facilitate and monitor their access to protection and assistance and to plan an inclusive and adequate response.⁸

Addressing disability in the context of asylum is a complex challenge. Disabled people seeking international protection can often be under-identified or not identified at the onset of the asylum procedure.⁹ Asylum applicants with intellectual impairments can face difficulties in preparing for the personal interview and gathering the required information to demonstrate the credibility of their claims. Those with vision or hearing impairments or with reduced mobility may need assistance and support to express themselves and to overcome communication and logistical barriers. Access to medical care and assistive technologies, as

² EU+ countries include EU Member States, Iceland, Norway and Switzerland.

³ As part of its mandate, the EUAA fosters practical cooperation and information-sharing among EU+ countries and relevant experts to safeguard special procedural guarantees and fulfil the reception needs of applicants with vulnerabilities. The EUAA supports EU+ countries to promote, protect and ensure human rights and fundamental freedoms for all applicants for international protection, in particular the most vulnerable such as displaced people with disabilities.

⁴ WHO (2023). Disability Factsheet. <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>

⁵ Ibid.

⁶ WHO (2022). Global report on health equity for persons with disabilities.

<https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/global-report-on-health-equity-for-persons-with-disabilities>

⁷ UNHCR (2019). UNHCR's approach to persons with disabilities.

[https://reporting.unhcr.org/sites/default/files/UNHCR%27s Approach to Persons with Disabilities - November 2019.pdf](https://reporting.unhcr.org/sites/default/files/UNHCR%27s%20Approach%20to%20Persons%20with%20Disabilities%20-%20November%202019.pdf)

⁸ Ibid.

⁹ WHO (2022). Global report on health equity for persons with disabilities.

<https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/global-report-on-health-equity-for-persons-with-disabilities>





well as other disability-related services such as sign language interpretation and mechanisms for supported decision-making, may not always be available or adequate.¹⁰

Injuries incurred during conflict, the journey or the flight, the lack of access to routine medication and trauma are factors which can produce or compound impairments. As a result, the number of disabled people within displaced populations may be even higher in prevalence than estimated.^{11 12}

In general, information on applicants for international protection with disabilities – including statistics – is limited, compounded by data protection concerns. Data collection can differ significantly between countries, and because it is not standardised, it is difficult to compare and analyse results and assess the real situation.¹³ The lack of comprehensive, official data on the number and situation of applicants with disabilities limits the full understanding of the current state of play. To this end, the European Economic Social Committee urged the European Commission in 2019 to ensure that Eurostat, in collaboration with national statistical authorities, develops a human rights-based indicator system and a comparable, comprehensive data collection system on the situation of persons with disabilities in the EU, taking into account gender, age, asylum status and type of disability.^{14 15}

The same year, the European Economic Social Committee also [called on](#) the EU institutions to “ensure rights are upheld and sufficient and appropriate support is provided to persons with disabilities who arrive in the EU as asylum seekers or refugees, or in offering support for persons who have become disabled through the process of fleeing their country”.¹⁶

The [EU Strategy for the Rights of Persons with Disabilities](#) for 2021-2030 aims to achieve further progress in various areas of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) at the EU and national levels by tackling the various challenges faced by disabled persons. In addition, the EU’s proposed [Pact on Asylum and Migration](#) announced several specific protection measures for the most vulnerable asylum applicants, including disabled asylum applicants.

¹⁰ European Disability Forum, [EDF toolkit on inclusion of refugees and migrants with disabilities, February 2020](https://www.edf-fehp.org/content/uploads/2021/04/edf_toolkit_on_inclusion_of_refugees_with_disabilities_final-version.pdf). https://www.edf-fehp.org/content/uploads/2021/04/edf_toolkit_on_inclusion_of_refugees_with_disabilities_final-version.pdf

¹¹ United Nations. Refugees and migrants with disabilities. Accessed in September 2023.

https://www.un.org/development/desa/disabilities/refugees_migrants_with_disabilities.html

¹² IOM’s Global Migration Data Analysis Centre (GMDAC) (2016). [Disability and unsafe migration: Data and policy, understanding the evidence](https://publications.iom.int/system/files/pdf/qmdac_data_briefing_series_issue_7.pdf), Data Briefing Series, Issue No 7, December 2016.

https://publications.iom.int/system/files/pdf/qmdac_data_briefing_series_issue_7.pdf

¹³ Migration Data Portal, [Disability and human mobility](https://www.migrationdataportal.org/themes/disability-and-human-mobility), 11 July 2023.

<https://www.migrationdataportal.org/themes/disability-and-human-mobility>

¹⁴ European Parliament Study, The implementation of the 2015 Concluding Observations of the CRPD Committee by the EU, December 2021,

[https://www.europarl.europa.eu/RegData/etudes/STUD/2021/700321/IPOL_STU\(2021\)700321_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2021/700321/IPOL_STU(2021)700321_EN.pdf)

¹⁵ European Economic and Social Committee (EESC), Shaping the EU agenda for disability rights 2020-2030: a contribution from the European Economic and Social Committee, Opinion, Shaping the EU agenda for disability rights 2020-2030, adopted in Plenary 11 December 2019, <https://www.eesc.europa.eu/en/our-work/opinions-information-reports/opinions/shaping-eu-agenda-disability-rights-2020-2030-contribution-european-economic-and-social-committee-own-initiative-opinion>

¹⁶ European Economic and Social Committee (EESC), Shaping the EU agenda for disability rights 2020-2030: A contribution from the European Economic and Social Committee, Adopted on 11 December 2019.

<https://www.eesc.europa.eu/en/our-work/opinions-information-reports/opinions/shaping-eu-agenda-disability-rights-2020-2030-contribution-european-economic-and-social-committee-own-initiative-opinion>





The European Commission has called on Member States to work closely with the EUAA and train protection officers and interpreters who are in contact with applicants with special needs, including persons with disabilities.¹⁷

Hence, this report aims to contribute to close the information gap by providing an overview of the latest information on policies, practices, legislation and activities, in addition to the challenges faced by EU+ countries regarding asylum applicants with disabilities. A range of sources were consulted, including publicly-available reports and results from two EUAA surveys, to provide an overview of the current situation for this group of applicants in all stages of the asylum procedure and in reception. This report will also serve as a basis for information on the topic for upcoming EUAA activities which address vulnerabilities.

The first section of this report reflects the findings of the survey administered to national authorities and summarises the main policies, instruments and practices currently in place to support applicants for international protection with disabilities. Section 7 summarises current activities, projects and other support services which are carried out by international organisations, civil society organisations, academia and other stakeholders. It also presents the main challenges they have identified and suggestions they have for asylum and reception authorities.

In addition, Situational Update No 20 on “[Displaced Ukrainians with Disabilities Seeking Temporary Protection in Europe](#)” delves into the special procedural guarantees for displaced Ukrainians with disabilities who registered for temporary protection in EU+ countries. The situational update is based on the same methodology as this report.

¹⁷ EUAA, [Asylum Report 2022](#)



EUAA support to asylum applicants with disabilities



The EUAA is committed to supporting EU+ countries in their efforts to identify, assess and respond to the special needs of applicants for international protection who are in a situation of vulnerability. To this end, the EUAA has developed a range of training modules, tools and guidance material to improve and harmonise practices at the national level.

The EUAA's work related to applicants with special needs, in particular with disabilities, aims at fostering **practical cooperation and information-sharing** among EU+ countries and other relevant experts. The EUAA has created spaces for discussions on challenges faced by staff working with **applicants with disabilities**, including actions on increasing identification, enhancing immediate responses to their needs and extending services that are available.



The Agency has developed **standard operational procedures, indicators, guidance, best practices and practical support tools** to assist Member States in addressing and managing the needs of vulnerable persons, including applicants with disabilities. In addition, **EUAA** operations directly on the ground in Member States provide ongoing technical support in the area of vulnerability.

Launched in 2018, the **EUAA Vulnerability Experts Network (VEN)** aims to foster convergence with EU standards related to the identification, assessment and support provided for vulnerabilities and special needs, including disabilities, in national asylum and reception systems.

<https://euaa.europa.eu/asylum-knowledge/vulnerability>





The **EUAA training curriculum** supports the practical implementation of the Common European Asylum System by harmonising practices and enhancing quality standards. This helps to ensure that asylum and reception officials throughout Europe have the skills needed to provide fast and fair procedures which are in line with EU standards. The vocational training curriculum includes modules that focus on the concept of vulnerability in the asylum context, including persons with disabilities.

<https://euaa.europa.eu/training/about-euaa-training-and-professional-development>

The full training catalogue is available here:

<https://euaa.europa.eu/training-catalogue>

On the occasion of the International Day of Persons with Disabilities on 3 December 2023, the EUAA launched a new tool on its [website](#) to make information accessible to persons with visual or hearing impairments. As such, the EUAA's portal is now one of the most inclusive in the EU institutional ecosystem. The tool is activated by clicking on the Icon: "Accessibility" at the top-right corner of the home page, which then opens a horizontal bar with various accessibility services.



<http://www.euaa.europa.eu>

The screenshot shows the EUAA website interface. At the top, there is a navigation bar with the EUAA logo and menu items: Asylum Trends, Practical Tools, Careers, Procurement, and Member Area. A search bar with the text "Accessibility" is visible. Below the navigation bar, there is a secondary menu with items: About Us, Training, Asylum Knowledge, Operations, Partners, Publications / Public Registry, and News. The main content area features a large banner for the "#GetItRight Educational Campaign" with the text "What is a Reception Centre?" and a "No. 4" badge. To the right, there is a section titled "Latest Asylum Trends - September 2023 Applications by Country of Origin" with a bar chart showing 5000 and 19,856, and a world map with color-coded regions.



2. Existing legislation, instruments and strategies addressing disability within the asylum system

2.1. Instruments at the international and EU levels

Adopted in December 2006, the UN Convention on the Rights of Persons with Disabilities ([UNCRPD](#)) was the first instrument to promote, protect and ensure full and equal human rights for persons with disabilities. It contains a broad categorisation of disabilities and defines how fundamental rights apply to all of the categories. It goes further to specify where adaptations need to be made for persons with disabilities to have the same basic rights upheld.



In January 2011, the EU ratified the UNCRPD, marking the first time that the EU became a party to an international human rights treaty. All EU Member States have individually signed and ratified the Convention.¹⁸ To date, 22 Member States have ratified the [Optional Protocol](#) which establishes an individual complaints mechanism for the Convention.^{19, 20}

Prior to this, the European Commission had developed the [European Disability Strategy 2010-2020](#) to establish a ‘barrier-free Europe’ for the estimated 80 million people with disabilities across EU Member States. In 2019, the European Commission carried out an evaluation to assess the impact of the strategy.²¹ The findings showed that the strategy spurred legislative and policy changes at the national level, and contributed to a more harmonised implementation of the UNCRPD at the EU level.

At the same time, several stakeholders, including national authorities, civil society organisations and citizens, considered that the scope of the 2010-2020 strategy in relation to the UNCRPD was limited, because it did not cover various areas, such as freedom from exploitation, violence and abuse, women and children with disabilities and persons with disabilities from a minority or with a migrant/refugee status.²² National administrations believed that the strategy would have had more impact if better aligned with the UNCRPD. However, the study refers to difficulties of fully aligning the strategy with the UNCRPD since many competences in the field of disability are the responsibility of Member States.

¹⁸ European Commission. “Social protection and social inclusion”. Accessed on 28 September 2023. <https://ec.europa.eu/social/main.jsp?catId=1138&langId=en>

¹⁹ European Commission. “Social protection and social inclusion”. Accessed on 28 September 2023. <https://ec.europa.eu/social/main.jsp?catId=1138&langId=en>

²⁰ United Nations Human Rights Treaty Bodies. “Acceptance of individual complaints procedures for CRPD-OP - Optional protocol to the Convention on the Rights of Persons with Disabilities”. Accessed on 28 September 2023. https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?Treaty=CRPD

²¹ European Commission, Commission staff working document, Executive summary of the evaluation of the European disability strategy 2010-2020, 20 November 2020. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020SC0291>

²² European Commission, Commission staff working document, Executive summary of the evaluation of the European disability strategy 2010-2020, 27 November 2020. <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52020SC0289>





Similarly, a 2021 European Parliament study²³ revealed that some recommendations were addressed by the EU in its disability strategies and through legislative and policy action. Nonetheless, important gaps remained in areas where the EU has limited competences. In addition, the report expressed concern that migrants and asylum seekers with disabilities did not have sufficient support and were sometimes detained without sufficient conditions.²⁴ Likewise, the UN Committee on the Rights of Persons with Disabilities had made [recommendations](#) to the EU in 2015 to “mainstream disability in migration and refugee policies and to issue guidelines to its agencies and Member States that restrictive detention of persons with disabilities in the context of migration and asylum-seeking is not in line with the UNCRPD”.

Aligning with [Article 1](#) of the UNCRPD, the new [EU Strategy for the Rights of Persons with Disabilities 2021-2030](#) expands the scope by including various forms of disability, such as long-term physical, mental, intellectual or sensory impairments, which can be invisible. The strategy specifically addresses the multiple disadvantages faced by women, children, older people and refugees with disabilities and, thus, focuses on an intersectional perspective, in line with the [United Nations 2030 Agenda for Sustainable Development](#). The European Commission has offered support to Member States in developing national strategies and action plans, and launched a number of flagship initiatives to attain the goals of the new strategy.²⁵

To this end, in September 2023 the European Commission proposed to establish a standardised [European Disability Card](#) to overcome barriers and enable disabled persons to exercise their fundamental right to free movement by granting mutual recognition of their disability status between EU Member States.²⁶

Within the context of international protection, the instruments of the Common European Asylum System (CEAS) include special procedural guarantees and reception conditions for persons with disabilities. Article 20 of the recast [Qualification Directive](#) specifies that Member States must take into account the specific situation of vulnerable persons, including disabled people and persons with mental health conditions or intellectual disabilities. The recast [Asylum Procedures Directive](#) further refers to applicants in need of special procedural guarantees, for example due to their disability, for which Member States should provide applicants with the adequate support for access to procedures. The recast [Reception Conditions Directive](#) defines applicants who require special reception conditions, including disabled people.

²³ European Parliament (2021). The implementation of the 2015 Concluding Observations of the CRPD Committee by the EU. [https://www.europarl.europa.eu/RegData/etudes/STUD/2021/700321/IPOL_STU\(2021\)700321_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2021/700321/IPOL_STU(2021)700321_EN.pdf)

²⁴ European Parliament. [The implementation of the 2015 Concluding Observations of the CRPD Committee by the EU, Study requested by the PETI committee](#), December 2021.

²⁵ European Commission. Union of equality: Strategy for the rights of persons with disabilities 2021-2030. Accessed on 12 September 2023. <https://ec.europa.eu/social/main.jsp?catId=1484&langId=en>

²⁶ European Commission. (September 2023). Commission proposes European Disability and Parking Card valid in all Member States. <https://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=10652>



2.2. National legislation and instruments

In August 2023, the EUAA administered a survey to national authorities in EU+ countries inquiring about legal frameworks and instruments which are currently in place to address disability in the asylum procedure.²⁷



Responding countries refer to the main international conventions, CEAS instruments and national laws and strategies, where available, to detect and refer cases of applicants for international protection with disabilities, and to ensure the special procedural safeguards and reception conditions.

More specifically, the results showed that nine responding countries (Belgium,²⁸ Finland,²⁹ France,³⁰ Greece,³¹ Iceland,³² Luxembourg,³³ Poland,³⁴ Slovenia³⁵ and Slovakia³⁶) provide a definition of vulnerabilities or make reference to disability in their national legislation related to the asylum procedure.

²⁷ EUAA Query Portal, Survey PCYS.2023.002 - EUAA Information collection on applicants for international protection with disabilities (Restricted).

²⁸ The Belgian Reception Act of 12 January 2007 explicitly refers in Article 36 to 'persons with a disability' (*personen met een handicap*). It also mentions the categories of 'persons with intellectual impairments' (*personen met mentale stoornissen*) and 'persons with serious illnesses' (*personen met ernstige ziekten*).

²⁹ The Asylum Act in Finland mentions disability only in connection with interpretation and translation (Article 203).

³⁰ The Code of Entry and Stay of Aliens and Right of Asylum ([CESEDA](#)) in France foresees specific provisions to take into account situations of vulnerability, including disability, during the asylum procedure, namely during the registration phase (CESEDA, Articles L. 522-1 to L. 522-5, R. 522-1 and R. 522-2), during the examination phase (CESEDA, Articles L. 531-10, L. 531-11, L. 531-18 and R. 531-10).

³¹ Law No 4939/2022 (Code on the reception, international protection of third-country nationals and stateless person and temporary protection in the event of a mass influx of displaced persons).

³² [Act on Foreigners, No 80/2016](#), namely Article 3(6) (persons in a particularly vulnerable position).

³³ The legal framework for the evaluation of vulnerability, which includes disability, is provided by two laws in Luxembourg: the Asylum Law and the Reception Law. Article 19 of the amended law of 18 December 2015 on international protection and temporary protection (Asylum Law) states that the evaluation of special procedural guarantees refers to international protection applicants because of their age, sex, sexual orientation, or sexual identity, handicap, serious illness, mental disorders, or because they are victims of torture, rape or other serious forms of psychological, physical or sexual violence. Article 15 of the law of 18 December 2015 on the reception of applicants for international protection and temporary protection (Reception Law) states that vulnerable persons are defined as minors, unaccompanied minors, disabled persons, the elderly, pregnant women, single parents with minor children, victims of trafficking, persons with serious illness, persons with mental disorders, and victims of torture, rape and of other serious forms of psychological, physical or sexual violence, such as victims of female genital mutilation.

³⁴ Act on granting protection to foreigners in the territory of the Republic of Poland. Procedure of the Department for Social Assistance of the Office for Foreigners to manage foreigners who require special treatment in the field of social assistance and the organisation of medical care, created in 2015, describes in detail all stages of social assistance to a person from a vulnerable group, divided into categories. This procedure (updated in 2018 and 2022) aims to maintain the quality of social assistance provided at a high level, adapted to the specific needs of foreign nationals.

³⁵ Article 2(22) of the International Protection Act (Official Gazette of RS, No 16/17 – official consolidated text, 54/21 and 42/23 – ZZSDT-D) provides a reference to disabled persons within a definition of vulnerable persons:

22. "vulnerable person with special needs" shall mean, in particular, a minor, an unaccompanied minor, a disabled person, an elderly person, a pregnant woman, a single parent with a minor child, a victim of trafficking in human beings, a person with a mental health disorder, a person with mental health problems, or a victim of rape, torture or other severe forms of psychological, physical and sexual abuse".

³⁶ [The Act on Asylum \(No 480/2002 Coll.\)](#), Article 39(1) refers to disabled persons in the definition of the category of vulnerable persons.



The asylum authorities³⁷ in eight EU+ countries (Denmark, Greece, Iceland, Italy, Netherlands, Poland, Sweden and Slovakia) reported that they have other instruments, such as guidelines or standard operating procedures, which make reference to applicants for international protection with disabilities:

- **Belgium** has an Inter-federal Handicap Strategy 2021-2030 and a Federal Action Plan Handicap 2021-2024, which helped the reception authority to take specific measures to improve the situation of disabled persons in reception.
- **Denmark** addresses applicants with disabilities in internal guidelines.
- The **Greek** Asylum Service has standard operating procedures with specific provisions on persons with special needs and vulnerabilities, including persons with disabilities.
- The authorities in **Iceland** have guidelines which are based on legislation on the rights of persons with disabilities,³⁸ the Act on Foreigners and several guidelines from international institutions.
- The **Dutch** Immigration and Naturalisation Service (IND) has work instructions which include elements on detection, identification and consideration of medical vulnerabilities to assist asylum case officers with various aspects of the asylum procedure, including managing applicants with disabilities.³⁹
- The **Slovak** Migration Office has an internal document for social workers in asylum facilities which specifies the modality and the competence of the social worker to draw up a social profile (with the examples of vulnerability indicators related to disabilities) of the asylum seeker to ensure special procedural and reception conditions. The internal document also briefly outlines the approach to working with an applicant with a disability. However, each case has its own specificities, such as further referrals and needs.
- In **Finland**, disability is mentioned in the guidance on vulnerability and defined according to the UNCRPD Convention and the Non-Discrimination Act. The guidance mentions adaptations in the asylum procedure for applicants with disabilities.
- In **Sweden**, references to applicants with disabilities are made in several legal position papers and a policy published in May 2023, which conveys that facilitation should be included in all areas that affect applicants with physical, psychological, sensory or intellectual reduced abilities. The Swedish Migration Agency is currently in discussions about developing such instruments.
- The National Observatory on the Condition of People with Disabilities in **Italy**, established by Law No 18 of 3 March 2009, has consultative and technical-scientific support functions for the development of national policies on disability with the aim of evolving and improving information on disability and, at the same time, providing a contribution to improving the level of effectiveness and adequacy of policies. The Minister for Disabilities presides over the National Observatory ([Ministry for Disability](#)).



³⁷ See the EUAA [Who is Who in International Protection in the EU+](#) platform for key stakeholders and their roles in asylum and reception systems across EU+ countries.

³⁸ [Act on services to persons with disabilities and needs for long-term support, No 38/2018](#), [Act on the Protection of the Rights of Disabled Persons, No 88/2011](#) (where the right of every person with a disability to a licensed advocate to protect their right in communications with the authorities of Iceland is reiterated).

³⁹ Work instruction on conducting the detailed asylum interview ([WI 2021/13 Nader gehoor - Immigratie- en Naturalisatiedienst](#)) and Work instruction on special procedural safeguards ([WI 2021/9 Bijzondere procedurele waarborgen - Immigratie- en Naturalisatiedienst](#)).



3. Data on applicants with disabilities in the asylum and reception context



Based on WHO and UNHCR data, the Global Migration Data Analysis Centre estimated that of the 82.4 million people who were forcibly displaced globally, 12.4 million were persons experiencing some form of disability in 2020.⁴⁰ However, at an international level, no official and standardised statistics exist on the prevalence of persons with disabilities among migrant and forcibly displaced populations. Data collection methods differ across countries and there are no agreed criteria for defining disability for data collection purposes.⁴¹ In the EU+ context, such challenges mean there is a data gap on applicants for international protection with disabilities.

According to the responses to the EUAA survey on applicants for international protection with disabilities, 2 out of 15 responding EU+ countries (**Iceland and Sweden**) collect some information or data on applicants with disabilities during the identification process. Sweden does not collect disaggregated data specifically on disabilities but uses unstructured data for two purposes: to assess current and future needs to best accommodate applicants with special needs and to assess the risks and need for international protection. Iceland does not disaggregate data by disabled or other applicants.

In the context of reception, **Iceland, Poland and Switzerland** collect data on applicants with disabilities. However, in most EU+ countries, data are neither collected at a central level nor aggregated. Rather, information on disabilities is only available in the file of each applicant, recorded in their medical history or referred to under vulnerability indicators.

For example, **Switzerland** records information on applicants with disabilities on their files, but statistical analysis is not conducted. Meanwhile, the Office for Foreigners in Poland does not process any medical documentation due to its confidential nature, although it collects identification certificates of people requiring special attention during the epidemiological screening. This information helps determine the specific type of special treatment that needs to be provided.



The unavailability of official data on the situation and the numbers of applicants for international protection with disabilities limits understanding about the situation of this profile across EU+ countries. Indeed, no breakdown on disability was foreseen in Regulation (EC) 862/2007 establishing the exchange of official statistics on international protection across Europe, and the amendments introduced by Regulation (EU) 2020/851 do not remedy this information gap and the topic of disability is not in the scope of the pilot studies envisaged in the text.⁴²

Due to the data gap, many Member States are unable to specify the most common types of disabilities or vulnerabilities detected among applicants for international protection in their country. Having disaggregated data on different types of impairments would better support

⁴⁰ Migration Data Portal, [Disability and human mobility](#), 11 July 2023.

⁴¹ Migration Data Portal, [Disability and human mobility](#), 11 July 2023.

⁴² Pursuant to Regulation (EU) 2020/851, Article 9a, (Eurostat) should establish pilot studies carried out on a voluntary basis by the Member States, in order to test the feasibility of new data collections or disaggregations within the scope of migration and international protection statistics.





planning and responses of asylum and reception authorities to the individual needs of applicants with disabilities.⁴³

From the perspective of civil society organisations, Missing Children Europe (Belgium), The Smile of the Child (Greece) and Newcomers with Disabilities (Sweden) mentioned the lack of regular data collection on applicants with disabilities as one of the main challenges in the field.⁴⁴ As a recommendation to asylum and reception authorities, one civil society organisation highlighted the importance of maintaining comprehensive records and data on disabilities to track the progress, needs and challenges of applicants.

In this regard, the European Economic Social Committee urged the European Commission in 2019 to ensure that Eurostat, in collaboration with national statistical authorities and representatives, develops a human rights-based indicator system and a comparable comprehensive data collection system on the situation of persons with disabilities in the EU. It should also take into account the intersectionality with gender, age, asylum status and different types of impairments.^{45, 46}

Accurate and reliable data are needed to protect and support this population during the asylum process and in reception, however this type of data would have to be addressed carefully due to its sensitive nature to ensure the protection of particularly vulnerable asylum applicants.

⁴³ Global Migration Data Analysis Centre (2016). Disability and unsafe migration: Data and policy, understanding the evidence. https://publications.iom.int/system/files/pdf/gmdac_data_briefing_series_issue_7.pdf

⁴⁴ Responses to the EUAA Survey: Applicants for International Protection with Disabilities [EU Survey - Survey \(europa.eu\)](https://euaa.europa.eu/euaa-survey). Input was collected between 28 August-29 September 2023.

⁴⁵ European Parliament Study, The implementation of the 2015 Concluding Observations of the CRPD Committee by the EU, December 2021.

[https://www.europarl.europa.eu/RegData/etudes/STUD/2021/700321/IPOL_STU\(2021\)700321_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2021/700321/IPOL_STU(2021)700321_EN.pdf)

⁴⁶ European Economic and Social Committee (EESC). Shaping the EU agenda for disability rights 2020-2030: A contribution from the European Economic and Social Committee, Opinion, Shaping the EU agenda for disability rights 2020-2030, adopted in Plenary 11 December 2019. <https://www.eesc.europa.eu/en/our-work/opinions-information-reports/opinions/shaping-eu-agenda-disability-rights-2020-2030-contribution-european-economic-and-social-committee-own-initiative-opinion>





4. The asylum procedure and reception for applicants with disabilities

In their responses to the EUAA survey, national authorities described how they identify disabilities, vulnerabilities and special needs within the asylum procedure and within reception. This may involve several actors, from the national authorities to NGOs. For example, the police at the border, a case officer during the personal interview or a social worker in a reception centre all play a role to identify vulnerabilities.

This section will look at the identification of disabilities both during the asylum procedure and in reception facilities, as there can be some interdependences in the identification process.

4.1. Identifying disabilities and referral to support services



The registration and lodging processes are particularly important steps to ensure early identification of physical or intellectual disabilities. Additionally, reception facilities play a key role in providing adequate support.

Identification and adequate referral to support services for a disability may occur at a later stage of the asylum procedure or during the stay in a reception facility. Some disabilities are immediately visible, for instance a person in a wheelchair or with a missing body part, but there are other forms which may not be detected rapidly and can remain unseen at first. For example, cases of intellectual disabilities may not be identified immediately upon arrival and only noticed by a case officer while interviewing the applicant or by staff in a reception centre. Responding countries to the survey mentioned that the initial health check for arriving applicants is an essential tool for detecting vulnerabilities.

Most responding countries specified that they refer the person to a medical facility or national healthcare system to evaluate special needs in general and for assessing any potential impairments, whether physical or intellectual. Three EU+ countries (**Denmark, Greece and Poland**) carry out an official evaluation of the level of disability, whereby other countries use a general medical assessment. Medical certificates are common and used if relevant for the asylum procedure, as illustrated in Table 1.

In **Denmark**, the registration of an asylum application consists of a two-stage process which is conducted by the Danish Immigration Service with technical support from the police. This is a crucial stage for the early identification of any special needs and vulnerabilities. The Danish Immigration Service also receives information about an applicant's disabilities or vulnerabilities directly from other stakeholders, for example the Red Cross and the accommodation centre. During registration or later in the process, the Danish Immigration Service can refer a disabled or vulnerable applicant to the Red Cross for medical help or support in general. The Danish Immigration Service and other stakeholders work in close cooperation, especially when managing applicants with vulnerabilities.



Table 1: Evaluation and evidence of disability in the asylum procedure in EU+ countries

EU+ country	Evaluation of disability	Authority responsible	Type of assessment	Evidence of disability submitted in the asylum procedure
Denmark	An official evaluation of the level of disability is carried out.	The health authorities determine the diagnosis, however the disability is included in the asylum assessment if it is relevant for the case. An applicant with disabilities will usually be handled separately in the accommodation system.	Not specified.	Evidence of disability is usually submitted during the asylum registration or during the first asylum interview with the Danish Immigration Service.
Finland	Health inspection in the reception centre.		Assessment by a medical doctor.	Medical certificate. ⁴⁷
France	Free medical examination.	OFIL can refer applicants to local medical providers during the registration of the asylum application. OFPRA carries out an assessment of the disability during the asylum procedure.	Medical assessment.	Medical certificate.
Greece	An official evaluation of the level of disability is carried out.	The Disability Certification Centre (KEPA) is responsible for carrying out the evaluation and certification of a disability.	Medical and psychosocial screening with different professionals, e.g. doctors, social workers and psychologists.	The medical and psychosocial unit of the Reception and Identification Service informs the Asylum Office by providing all medical documents and observations.
Iceland	An assessment is carried out by the Outpatient Epidemiological Unit from the national hospital, usually conducted at a one-stop shop reception facility.		Medical assessment.	Applicants present documents. Authorities receive confirmation of the medical check.
Luxembourg	The national reception authority (ONA) is currently working on formalising the mechanism to identify, assess and respond to special reception needs. When special reception needs are identified, in certain cases, an external evaluation of the level of the disability can be arranged.	An evaluation is conducted by a medical doctor mandated by the national solidarity fund.	In accordance with Article 19(2) ⁴⁸ , the advice of a medical practitioner within the meaning of Article 16 or another expert can be sought.	Medical certificate (or persons are referred to relevant medical professionals in order to certify the disability).

⁴⁷ A medical certificate from the country of origin or an EU country (country of transit). The medical certificate can be requested through the reception centre if none is available.

⁴⁸ Amended Law of 18 December 2015 on international protection and temporary protection (Asylum Law).



Netherlands	A medical examination is offered to applicants before the start of the asylum procedure. The IND should take into account during the interview the medical advice on whether the applicant suffers from physical or psychological issues.	The IND's written guidelines for case officers, including work instructions on the detection, identification and consideration of medical vulnerabilities during the international protection procedure. ⁴⁹	External medical service carries out the medical examination.	The IND takes into account the medical advice, as well as statements and documentation submitted by the applicant and signs detected by asylum case officers (or other stakeholders in contact with the applicant), to decide whether it is necessary to adapt the procedure or provide additional procedural safeguards.
Norway	Medical examination.	Ordinary healthcare system.	The health authorities recommend that municipalities offer a health examination (including mental health) of all newly-arrived asylum seekers within 3 months.	Medical certificate.
Poland	An official evaluation of the level of disability is carried out.	Border Guard, Office for Foreigners	A medical assessment is mainly made by the Border Guard.	Medical certificate.
Sweden	No official evaluation is undertaken if the level of the disability does not affect the application. An official evaluation is undertaken if the level of disability affects the applicant's ability to provide the necessary information or affects the applicant's application for international protection or the grounds for a residence permit.	Healthcare system.	Physical and psychological assessment.	Medical certificate.
Slovenia	No official evaluation of the level of disability.	An initial assessment is made by the police. Medical check in the preliminary procedure.	Applicants in reception whose vulnerability has already been assessed can have the assessment updated or newly identified. The assessment is done made by doctors, medical workers and social workers in the reception administration.	Sometimes health documentation is added to the personal file by the applicant or their representative. Sometimes the determining authority requests an expert opinion based on information in the personal file.

⁴⁹ Work instruction on special procedural safeguards (WI 2021/9), Work instruction on medical problems during asylum interviews and decisions (WI 2021/12) and Work instruction on conducting the detailed asylum interview (WI 2021/13).





Slovakia	Very limited experience with sensory disability. A case officer can initiate a specialised medical assessment.			Evidence of a disability is obtained in reception by observation, medical reports and the initial medical check-up upon arrival.
Switzerland	An initial medical consultation includes an assessment for disabilities. Observations are considered by caregivers, medical staff or any stakeholder who note a potential disability which needs support and adequate reception.	The federal asylum centre carries out an initial medical consultation.	Medical information session with a nurse and a medical consultation.	Medical certificate (requested by the asylum authority if the medical issue may be relevant for the asylum procedure).

The Immigration and Integration Office (OFII) in **France** is responsible for identifying vulnerabilities in the registration process of the asylum application.⁵⁰ When making an appointment to register for international protection, the applicant can report the need for adapted reception, with potential prioritisation. Throughout the asylum procedure, an applicant has the opportunity to report a disability or declare a change in their situation. The exchange of information between structures helps to optimise support to disabled persons.

For the hearing-impaired, specific services, such as sign language, are provided during registration. Vision-impaired persons can be accompanied by a professional to the registration office.

During the registration, the asylum applicant can take part in a vulnerability interview with OFII, where they are asked if there is a medical situation or disability that they would like to report. The OFII agents are specially trained and follow a query template, which is set by an order of the ministers responsible for asylum and health.⁵¹ In addition, the OFII network includes vulnerability referents within its 31 territorial departments. The agents are responsible for monitoring these situations (initial referrals, accommodation transfers) and raising awareness about vulnerability.

The vulnerability interview is used to determine the applicant's particular needs in terms of reception. Whether or not a need has been expressed, the applicant is given an envelope to be completed by an external medical doctor. The doctor completes the form with the applicant's medical situation or disability, which is then returned to OFII medical staff, who follow a procedure which guarantees medical confidentiality. The OFII doctor determines if the accommodation should be adapted for the applicant. In practice, this means that the applicant's disability will be taken into account when determining the material reception conditions to be granted.

⁵⁰ Pursuant to CESEDA, Article L.522-3: "the vulnerability assessment aims, in particular, to identify minors, unaccompanied minors, persons with disabilities, the elderly, pregnant women, single parents with minor children, victims of trafficking in human beings, persons with serious illnesses, persons with mental disorders and persons who have been subjected to torture, rape or other severe forms of psychological, physical or sexual violence, such as female genital mutilation."

⁵¹ Pursuant to CESEDA, Articles R. 522-1 and L. 522-2.





If the information collected during the interview shows a particular situation of vulnerability, it will be transmitted, with the acceptance of the applicant, to the French Office for Protection of Refugees and Stateless persons (OFPRA) which is in charge for the asylum procedure. On the basis of this information, OFPRA will conduct its own assessment of the vulnerability and the specific needs of the applicant. The applicant is also informed of the possibility to receive a free medical examination.⁵² OFPRA also has a role in identifying the vulnerabilities of asylum applicants. Only OFPRA is empowered to address the vulnerabilities which relate to the substance of the asylum application, and to the fears and reasons for persecution or serious harm. The identification by OFPRA of vulnerable situations due to disabilities can take place throughout the assessment of the asylum application in light of elements in the applicant's file and with reports or flagging by professionals, including those who work with applicants with disabilities. A functional mailbox address is dedicated to these reports and flagging (vulnerabilites@ofpra.gouv.fr). Mechanisms dedicated to identifying and taking into account vulnerabilities have been in place since 2013 and have been coordinated since 2016 by a vulnerability officer.

Before the personal interview takes place in **Iceland**, there is an assessment of the needs and abilities of the applicant based on the initial information gathered by the police during the lodging of the application or other information which can be requested. Every asylum seeker is required to attend a medical assessment for their overall physical and mental health. Doctors, nurses, psychologists and social workers at the Labour and Health Care Institute assess the applicant's situation and the need for healthcare and support.

The police officer in charge of the initial registration in **Norway** identifies applicants with disabilities during the registration of the asylum application. The police informs the Directorate of Immigration (UDI) ahead of the asylum interview, and the personal interview is then facilitated and adequate housing is secured. According to the guidelines, staff working in the reception centre, including reception authorities and Caritas, and medical staff help to identify applicants who need tailored arrangements due to special needs. They inform the interviewer or those in charge of the reception facilities. The reception centre has structured and targeted measures in place that contribute to a proper follow-up of applicants with special needs, including a voluntary conversation about their physical or mental health.

In **Finland**, if disabilities are immediately visible, they are registered in the case management system upon registration of the asylum application. Disabilities are also often detected during the health inspection in the reception centres. In some cases, intellectual disabilities may only be noticed during the interview and a medical assessment is then requested.

The identification of disabilities takes place mainly during the initial registration in **Slovakia** when specialised staff develop a social profile of the applicant, which includes an assessment of vulnerabilities and proposed interventions. Staff use the Model for Identifying Vulnerable Asylum Seekers and Taking into Account Specific Reception and Procedural Needs, the [IPSN tool](#), other EUAA guidelines and internal instructions, such as the Guidelines for decision-makers, depending on the individual cases or groups of applicants. Specialised professions, such as doctors, psychologists, etc., are involved in the special needs assessment if necessary. Once the vulnerability is identified, an individual approach is applied for referral to adequate services and support, such as medical specialists, mobile nursing care, hospitalisation, social services, or the provision of a



⁵² Pursuant to the French Code of Social Security, Article L. 321-3 and CESEDA, Article L. 522-1.



wheelchair or other necessary devices. NGOs may assist by providing services in a particular facility.

At the beginning of the application process in Sweden, all applicants are referred to a healthcare provider for a voluntary general healthcare assessment.⁵³ Guidelines and set practises are available for the **Swedish** Migration Agency's staff to facilitate the identification of disabilities and other needs, at all stages of the asylum procedure. There can be one or more interviews held with the applicant on the same day the application has been lodged, which include questions about the applicant's health. Any indications of disabilities are documented and flagged in order to provide adequate services (accommodation, transport, facilitated interviews, etc.).

If an applicant arrives in person to the Asylum Office in **Greece** but is unable to follow the procedure due to a severe disability, the registration procedure is stopped and the applicant is referred to a public medical facility for an examination. If the applicant was not accompanied by a family member, such as a parent, an adult relative or another person legally-appointed as a legal guardian, the Asylum Office will communicate with the public prosecutor to ensure the appointment of a legal guardian.

The National Reception Office (ONA) in **Luxembourg** has an informal mechanism to identify and assess special reception needs. A systematic and standardised identification and assessment tool for special reception needs is currently being tested. Depending on the nature of the disability, special reception conditions may be required, but not necessarily special procedural guarantees, and vice versa, which are determined on a case-by-case assessment. For example, an applicant born paralysed needs special reception conditions, but if the disability is not related to the grounds for the application, then no procedural guarantees are needed, apart from physical access to the premises. If special reception needs are identified, the information can be transferred (with the applicant's consent) to the asylum authority.⁵⁴ The staff of the initial reception centre, in close collaboration with the Ministry of Health, refer identified applicants with disabilities to relevant national stakeholders, such as associations, NGOs, specialised doctors, hospitals, medical institutions, etc.

Every applicant receives a medical screening upon arrival in the **Netherlands**. There is no specific mechanism besides the medical examination which assesses the physical and psychological abilities of the individual to be interviewed. It also provides the Immigration and Naturalisation Service (IND) with advice and information on how to take into account the identified medical issues during the interview and in the assessment of the asylum claim. In reception, observations from staff at the Central Agency for the Reception of Asylum Seekers (COA) help to address specific needs the applicant may have. The general practitioner and COA cooperate in determining the most suitable response to the specific needs of the applicant.

In **Slovenia**, vulnerabilities, including disabilities, can be identified through a medical check at the reception centre or during the asylum application. Social workers in reception facilities can also identify special needs and vulnerabilities. Once applicants are identified, they have access to specific and tailored services, such as psychosocial care (psychologists and

⁵³ For people registered under the Temporary Protection Directive, a free health examination is offered once the residence permit has been granted.

⁵⁴ The national legal framework includes provisions for the exchange of information between the reception authority and the asylum authority.





psychotherapists on demand), interpreters for sign language, a special room for physical disabilities, etc.

The identification of disabilities in **Poland** can be during the asylum procedure or in the reception facility, where a doctor will identify any special needs. Within the first 2 days after arrival at the reception centre, a medical examination takes place, as part of an 'epidemiological filter'.⁵⁵ Following identification, the applicant is referred to social assistance and medical care which are indicated in the identification certificate. Applicants who are disabled are accommodated with their families in adequate facilities, i.e. equipped with ramps and rooms with adapted bathrooms.

4.2. Most prevalent types of disabilities



Most EU+ countries (Belgium, Finland, France, Luxembourg, Netherlands, Norway, Poland, Slovenia and Slovakia) which responded to the survey do not collect or register statistics on vulnerabilities. Luxembourg indicated that the ONA will create a database on disabilities among applicants for international protection when it formalises the mechanism for identifying, assessing and responding to special reception needs in the near future.

However, some observations could be made about frequently detected disabilities among applicants for international protection:

- **Iceland:** Applicants with hearing loss and children with chronic diseases, intellectual disabilities, autism, behavioural problems and physical disabilities.
- **Poland:** Applicants who are temporarily disabled or with mental health conditions.
- **Slovenia:** Applicants with mental health conditions. Amongst the few cases of detected disabilities were persons without limbs and people with hearing impairments.
- **Slovakia:** Applicants with mental health conditions, applicants with a physical disability, sometimes jointly with mental health conditions or substance abuse problems.

4.2.1. Special arrangements to attend the personal interview

Applicants for international protection with disabilities need special assistance and procedural guarantees to ensure that they have treatment which is equal to other applicants during their asylum procedure. Persons with visual or hearing impairments or reduced mobility may require special assistance to overcome obstacles, such as transport to the interview location, access to buildings and access to communication.



While special arrangements may not officially always be in place, EU+ countries described in the EUAA query responses⁵⁶ how they accommodate applicants for international protection with disabilities to ensure access to the personal interview. In general, responding countries indicated that an applicant with a disability can be accompanied during the lodging of the application and during the interview, if deemed necessary, for example by a health

⁵⁵ The procedure for managing foreign nationals who require social assistance and medical care was created in 2015. It describes in detail all stages of social assistance which are provided to a person from a vulnerable group, divided into categories. This procedure (updated in 2018 and 2022) aims to maintain high-quality social assistance, which is adapted to the specific needs of the person. Since June 2019, the identification of people who require special treatment is carried out by a doctor at the reception centre.

⁵⁶ The EUAA Query Survey, PCYS.2023.002 - EUAA Information collection on applicants for international protection with disabilities (Restricted access), was open from 28 August-29 September 2023.



professional, representative of a civil society organisation or other relevant stakeholder providing support. Nonetheless, arrangements differ from country to country.

There are no special arrangement or facilities in **Poland**, but applicants for international protection with disabilities can indicate another person who should be present during the interview and can be assisted by a psychologist, if needed.



All applicants in **Denmark** can be accompanied during the asylum procedure by a person of support of their choice, such as a legal representative, representative of a civil society organisation, a family member, a health professional or a religious counsellor.

Upon request and with authorisation from the Director General of OFPRA, an asylum applicant with a disability in **France**⁵⁷ may be accompanied by a health professional who is in charge of their supervision or a representative of an association⁵⁸ helping people with disabilities. OFPRA's premises, where personal interviews with asylum applicants are held, are adapted for people with reduced mobility and for visually-impaired people. Exceptionally, OFPRA can organise an interview in other regions of France when an asylum applicant cannot travel to the OFPRA premises (based in the Paris region).

In **Greece**, the locations for registration and the personal interview are on the ground floor and most entrances have ramps to facilitate access for applicants with physical disabilities. There are sign language interpreters for applicants with hearing impairments. If the applicant is unable to be present before the Asylum Service due to a serious illness or serious disability, the application can be lodged by a legally-authorized representative with a power of attorney and the necessary medical document. In this regard, the Greek national legislation uses a broader term for the notion of family members so that "adult children suffering from serious physical or intellectual disabilities who are unable to submit an application for international protection independently" can have their application lodged by their parent(s). The procedure would then be the same as if they were accompanied minors under 15 years of age. The disabled person may be accompanied during the registration and the personal interview by a lawyer, social worker or health professional.

The case officer preparing the personal interview in **Iceland** consults experienced team leaders for specific guidance and other relevant organisations and stakeholders with special knowledge and expertise on the applicant's disability on how to conduct the interview. The availability of sign interpreters is limited and arrangements need to be adjusted accordingly. In principle, an applicant should be interviewed alone, accompanied only by the applicant's lawyer and interpreter. If the abilities of the applicant call for a licensed advocate, an assistant or the presence of someone else providing physical or cognitive support, an assessment is made and arrangements are adjusted as the interviewer deems most appropriate. If a disability is known, a licensed advocate for rights of the disabled will be appointed.

⁵⁷ An asylum applicant can be supported during the interview by a lawyer or by the representative of an organisation authorised by OFPRA (CESEDA, Article L. 531-15).

⁵⁸ The list of associations includes the association for the defence and support of the rights of people with hearing impairment (SDDS) and medical associations. The full list of associations registered with OFPRA is available on their website: <https://www.ofpra.gouv.fr/en/folder/associations/assistance-a-third-party-during-interview>



The **Netherlands** tries to accommodate applicants with disabilities based on their specific needs. There are facilities on the ground floor and elevators available to facilitate access to the building. If applicants cannot come to the interview for medical reasons, the police can assist or alternative transport can be arranged, for example a taxi. In general, an applicant can be accompanied by a lawyer, the Dutch Council for Refugees and the national guardianship institution, [Nidos](#), for unaccompanied and separated children,⁵⁹ and a third party (e.g. a health professional) for applicants with disabilities when deemed appropriate by the IND.



Access to the premises of the General Department of Immigration in **Luxembourg** for people with disabilities is guaranteed, both for registration and the interview. A shuttle bus, equipped with a ramp, brings all applicants for registration from the initial reception centre to the Directorate of Immigration, allowing people in wheelchairs to also benefit from this transportation. The offices of the Directorate of Immigration are equipped with elevators which can accommodate wheelchairs.

There is wheelchair access to the interview location and a separate waiting room for persons with disabilities in **Norway**. Arrangements are made to enable all applicants the same possibility to lodge an application or participate in the personal interview. In general, an applicant should not be accompanied during the personal interview, but exceptions can be made if the accompanying person is regarded to be crucial for the person's ability to present his/her claim. Information and communication are tailored to the needs of the applicant, e.g. the interviewer can travel to a location near the applicant's residence to conduct the interview. All applicants are offered a conversation with the NGO Caritas about their rights and obligations before the interview, and a personal interview with the UDI and an interpreter is conducted with all applicants. If the application is rejected, all applicants receive free legal assistance from a lawyer.

The **Swedish** Migration Agency is accessible to persons with disabilities. The applicant can choose to bring another person to any part of the asylum process (reception, application, determination), but the agency ensures that this occurs with the applicant's free will and provides information on risks to the breach of confidentiality with the presence of a third party.

In **Finland**, a health professional can join the applicant to the personal interview.

Slovakia reported that applicants with physical disabilities using medical devices (such as a wheelchair) or with intellectual disabilities are very rare and they lack experience with unaccompanied minors. Nonetheless, the applicants would be supported by staff to ensure access to the asylum procedure. If they are deprived of their legal capacity, a guardian is appointed by the court (similar to the procedure for unaccompanied minors). If the applicant acts in his/her own legal capacity, any interaction by the authorities would be adjusted to reflect the mental health conditions or intellectual disabilities of the applicant.

In **Slovenia**, there is a special, unofficial arrangement that persons with disabilities can apply for asylum and be interviewed in the reception facilities.

⁵⁹ Nidos is the national guardianship institution for unaccompanied and separated children in the Netherlands and is appointed as guardian by the court if the child's parents are unable to exercise parental authority over the child. The guardianship is carried out by professionals with specific expertise who primarily act in the interests of the child. More information <https://www.nidos.nl/en/>



4.2.2. Special procedural guarantees in view of the interview



EU+ countries implement special procedural guarantees when the level of the disability affects the steps of the asylum procedure for the applicant. Safeguards are generally provided on a case-by-case basis to ensure that they are tailored to the individual.

Among the responding countries, typical support measures during the personal interview are ensuring sufficient time for an applicant to be able to properly substantiate the asylum application (including additional breaks), holding the interview at the location where the applicant is staying, allowing the applicant to move during the interview due to the health condition, and exercising clemency to minor inaccuracies of applicants if those are related to the health condition.

For applicants with an intellectual impairment that affects their ability to understand or safeguard their own interests within the asylum procedure, an appointed guardian, legal representative or person with a legal capacity is appointed to take care of them. This is the case, for example, in Greece, Finland, France, Iceland, Sweden, Slovenia and Slovakia.⁶⁰

In this context, the **Swiss** Federal Administrative Court (FAC) [examined](#) a case about an applicant who suffered from dementia from Alzheimer's. The court clarified the need to determine the applicant's ability to act in the proceedings and the right to be appointed a representative when the applicant is not able to be heard and to answer the questions during the interview. The applicant was personally heard before the State Secretariat for Migration (SEM), where he was noted to be confused and disorientated so the hearing was waived. His asylum application was rejected, but in the absence of further clarification on his state of health, FAC considered that SEM was incapable of assessing the grounds for asylum, especially since the applicant's ability to judge the facts in a comprehensive way affects the finding of the facts.



OFPPRA in **France** has a procedural guide with a dedicated chapter on applicants with special needs and vulnerabilities ([Chapter 6](#)). According to the guide, during the interview the asylum applicant is entitled, by law, to have a third party present – for example, a legal representative for an unaccompanied minor, a lawyer or an accredited representative of an association accredited by OFPPRA (pursuant to CESEDA, Article L.531-15). Assistance by the mental health professional who usually supervises the health of the person or, exceptionally, a trusted third party is an additional procedural guarantee which is determined on a case-by-case basis by OFPPRA. The asylum applicant already chooses the language of the personal interview when registering the asylum application in the one-stop service (GUDA), based on a list of languages proposed by OFPPRA – which includes sign language.

When an applicant is found to have a serious and lasting deterioration of mental faculties or intellectual property, OFPPRA refers to a judicial authority (guardianship judge) to appoint a legal representative and suspend the assessment of the asylum claim. The applicant and/or a trusted, registered third party are informed of the legal protection measures, assistance systems and procedural guarantees which are available through OFPPRA.

⁶⁰ In Slovakia, a guardian is appointed by the court only if the person is deprived of their own legal capacity, such as for unaccompanied minors. Otherwise it is an option of the applicant, not a legal requirement, to appoint a legal representative.



There are no fixed set of measures in **Greece** for special procedural guarantees, but a flexible concept is applied to ensure that an applicant is able to participate in the interview. During the interview, the case officer assesses whether the circumstances and disability limit the applicant's ability to fully understand the procedure. They then present the case before the authority in order to provide special procedural guarantees and a referral for a medical examination.



Depending on an individual assessment, **Slovakia** provides interpreters, including sign language interpreters, who are informed that specific terminology related to health conditions may be used. In addition, case officers who are assigned to such applicants are specially trained. The provision of information, the personal interview and the notification of the decision are adjusted to the applicant's specific health/mental conditions.

Both **Slovakia** and **Greece** mentioned that interviews may be postponed and the time for the examination of the case extended due to the health/mental health conditions of the applicant. This would be the case if a medical treatment is required (e.g. surgery, mental health treatment, etc.) or recovery time.

Procedural guarantees in **Finland** generally include the provision of a legal advisor, representative and support person. Similarly in **Iceland**, where a special procedure is initiated when a disability is detected, the authority decides if a special legal rights defender should be appointed.

Slovenia's procedure is adapted according to the needs identified, and if necessary, a guardian for specific cases may be appointed, for example for intellectual disabilities.

In **Sweden**, information provision and the execution of proceedings (interviews, interpretation, the choice of premises) are adapted throughout the entire asylum process to the applicant's needs and capabilities. The Swedish Migration Agency provides adapted access to reception facilities for claimed disabilities without requiring medical evidence initially. If required, a guardian will be assigned to the applicant. However, appointing a guardian for adults with disabilities requires medical evidence.

Safeguards for persons with a disability are determined on a case-by-case basis. These may include extra breaks during the interview and holding the interview at the location where the applicant is staying.

An applicant's vulnerabilities or disabilities are taken into account during the entire application process in **Denmark**, including during the interview.

The UDI in **Norway** aims to provide information on rights and obligations in a language or a way that an applicant can understand by customising the communication with the applicant, depending on the applicant's challenges and needs. For example, the interviewer can travel to a location near the applicant to conduct the interview. All applicants are offered a conversation with the NGO Caritas about their rights and obligations before the interview. If the application is rejected, all applicants receive free legal assistance from a lawyer.



4.2.3. Information provision



Applicants for international protection should receive information in a language that they understand either verbally or in writing, tailored to the specific needs of the applicant, for example depending on whether they have a visual, hearing or intellectual impairment.

Typical information material in EU+ countries for persons with a hearing impairment include posters in waiting rooms, brochures, leaflets or similar documents on the asylum procedure. For example, **Norway's** National Reception Centre Råde has screens displaying information, which is customised for both children and persons with hearing impairments.

In general, there seems to be less information available in Braille for visually-impaired applicants. According to the responses, a more usual practice is to inform applicants with visual impairments about the procedure orally in a language they can understand. This is common practice in the Netherlands, Norway, Poland, Sweden and Slovakia, where mainly lawyers, case officers and dedicated officers or civil society organisations inform the applicant.

In **Slovakia**, if the visually-impaired applicant is digitally literate, the information can be sent electronically so the applicant can use any application to read the text out loud.

Websites of some national authorities have information partially accessible to people with visual or hearing impairments, as illustrated in Table 2.

Table 2: National authorities' websites with information for persons with disabilities

France	OFPPRA's website addresses how an applicant can be accompanied by a lawyer or a member of an authorised association throughout the assessment of their application by OFPPRA and especially during the personal interview. The website also lists the registered associations .
Greece	The website of the Hellenic Ministry of Asylum and Migration uses "UserWay", which makes content accessible for people with disabilities, such as dyslexia or minor visibility issues.
Luxembourg	The General Department of Immigration, jointly with the National Reception Office, has a dedicated multilingual website for applicants for international protection with relevant information on the procedure and reception, including a read-aloud option for people with visual impairments. ⁶¹
Sweden	Written information provided on the Swedish Migration Agency webpage in English: Protection and asylum in Sweden - Migrationsverket can be accessed by applicants with vision impairments through the function where text is converted to sound. Under the main red text box, Protection and asylum in Sweden, there is a button with the image of a speaker and the word Listen; when clicked, the text on the page will be read aloud.

4.2.4. Access to sign language interpreters

Several EU+ Member States ensure the communication with the applicant in a language that she or he understands by using a relay system of interpreters, which consists of either using a combination of two sign language interpreters managing to translate all content from one language via another language to the target language (native language of applicant) (see *Table 3*).

⁶¹ This website contains a geo-blocking feature, so that the site is only accessible from the Luxembourgish territory.

**Table 3: Overview of access to sign language interpreters**

Country	Access to sign language interpreters	National authorities providing training to sign language interpreters
Denmark	Cases of applicants needing sign language interpretation are very rare. When needed, an international sign language interpreter is combined with a native language interpreter.	No specific training for sign language interpreters provided by the authority. An external sign interpretation service provider is used.
Finland	If possible, personal interviews are held in the applicant's first language, including sign language interpretation when needed.	No specific training for sign language interpreters is provided by the authority. This is organised by the external provider.
France	The asylum applicant chooses the language of the personal interview when registering the asylum application in the one-stop service (GUDA), based on a list of languages proposed by OFPRA, which includes sign language. The sign language interpreter is accompanied by a mediator for persons with hearing impairments, jointly with an international sign language relay-interpreter.	Training sessions on vulnerability for interpreters (including sign language interpreters) with whom OFPRA works (external service providers) are organised by OFPRA's vulnerability advisers. The duties and obligations of interpreters, particularly in terms of vulnerability training, are detailed in the Interpreting Charter available on the OFPRA website
Greece	The Asylum Service takes into consideration all relevant circumstances of the applicant when requesting interpretation services. The interpreter is appointed based on availability.	All interpreters receive specific training on interpreting for asylum applicants, including sign language interpreters.
Iceland	Arrangements are made as possible, depending on the interpreter's availability.	No specific training for sign language interpreters is provided by the authority. Specially-trained interviewers monitor interactions between the applicant and interpreter, give instructions to the interpreter and assess the viability of continuing an interview.
Luxembourg	In principle, sign language interpreters should know the sign language of the applicant.	No specific training for sign language interpreters is provided by the authority.
Netherlands	The IND uses specialised teams with a relay interpreter and a regular interpreter (also several interpreters, if needed) to ensure that a person with hearing difficulties has sign translation in a language he/she understands. The personal interview can also be carried out in writing. If there are mobility issues, the personal interview can take place at the reception facility or through a videocall.	No specific training for sign language interpreters is provided by the authority, but there are specialised teams with a relay interpreter and a regular interpreter to communicate with the applicant.
Norway	The interpretation service in the Norwegian Labour and Welfare Administration (NVA) ⁶² is responsible for providing interpreters for applicants with hearing impairments. Two interpreters are usually used for asylum interviews. Only on rare occasions, interpreters who speak the applicant's sign language are available. There are also 'visual interpreters' who have more experience in interpreting for non-native speakers.	No specific training for sign language interpreters is provided by the authority. Soon, sign language interpreters will be registered in the National Register of Interpreters ⁶³ and the introduction of a state authorisation test for sign language interpreters may be considered in the future. If implemented, this would give the UDI the opportunity to connect with interpreters directly outside NAV and to train them in interpreting for asylum seekers, similarly as for other interpreters.

⁶² NAV (Tolking for døve, døvblinde og hørselshemmede - nav.no)

⁶³ Nasjonalt tolkeregister (tolkeregisteret.no)



Poland	Sign language interpreters are provided.	No specific training for sign language interpreters is provided by the authority.
Slovenia	There has only been one case for which a sign language interpreter with some knowledge of the applicant's sign language contributed to smooth communication.	No specific training for sign language interpreters is provided by the authority due to the low number of cases.
Sweden	If a sign language interpreter in the applicant's sign language is not available, then two interpreters are provided, i.e. one for sign language and one in the language spoken in the applicant's country of origin.	Sign language interpreters require training. If a trained sign language is not available, an accredited sign language interpreter without this particular competence may be used. The training is provided by an external party, i.e. the company from which interpretation services are procured.
Slovakia	There is no practical experience with applicants with sensory disabilities, and thus, no practical experience with sign language interpretation or using Braille. In general, there is a list of Slovak sign language interpreters, and if needed, a partner organisation in another EU+ country could be contacted for their sign language interpreters (remote interpretation might be used).	N/A
Switzerland	External sign language interpreters are booked for interviews or hearings with applicants with hearing impairments.	External sign language interpreters working for a foundation are specialised in this field and trained.

Sign language can differ significantly from country to country. Thus, finding a sign language interpreter who has the knowledge of the applicant's sign language, can be challenging because the language combinations are not always available.

Other aspects also need to be considered when interviewing applicants with hearing impairments. Recent case law from **Sweden** showed an example of a Somali national with a hearing impairment who spoke a sign language created by himself to communicate with close family members. The applicant appealed his rejected asylum application and claimed that the interpreters had problems understanding throughout the assessment. The Swedish Migration Court of Appeal [examined](#) his case and noted several flaws in the process, including the fact that the investigation of the applicant's additional disabilities was still ongoing. The Migration Court of Appeal highlighted that the court had not considered whether the incoherent and contradictory information may have been due to the applicant's communication difficulties. From the notes of the interview, it was clear that the applicant had difficulties in understanding the question or simply imitated the interpreters, even though his legal representative and two sign interpreters were present.⁶⁴

4.2.5. Examination of the claim

Assessing the risk of persecution, well-being and access to treatment and essential healthcare in the country of origin for the applicant with a physical or intellectual disability are some of the core elements mentioned in the survey. In total, 11 responding countries (Denmark, Finland, France, Greece, Luxembourg, Netherlands, Norway, Poland, Slovakia, Sweden and Switzerland) take the applicant's disability into consideration in the decision-making process as the disability may be a relevant, and even decisive, factor.



⁶⁴ EUAA, Asylum Report 2023, Section 5.1 – [Applicants with disabilities and special health needs](#), July 2023.



For example, **Slovakia** carries out a risk assessment on a case-by-case basis, since the disability could be the consequence of torture or inhuman or degrading treatment, which would be a relevant factor in the assessment. **Poland** assesses if the applicant could face discrimination or ill treatment. The applicant's disability is considered during the examination of the claim in **Luxembourg** if there is a link to the grounds of the application, and intellectual disabilities are taken into account when assessing the applicant's statements in the **Netherlands**.

Switzerland also considers the disability when conducting the credibility assessment. Medical issues are examined in regard to the removal of a rejected applicant. If the enforcement of the removal would lead to a quick and life-threatening deterioration of the applicant's health status, e.g. because the necessary treatment or care is not available and accessible in the country of origin, then the asylum authority may grant a temporary admission status for medical reasons.⁶⁵

The disability is considered regarding both the applicant's ability to give information about the asylum claim and in the risk assessment and the legal analysis in **Denmark**.

The credibility assessment in **Finland** takes into consideration the medical certificate and the applicant's disability, as this can have an impact on the treatment of people with disabilities in the country of origin or on their ability to avoid potential risk factors and dangerous areas. The legal analysis takes the disability into account, as the applicant may be a member of a particular social group because of the disability and certain acts can amount to acts of persecution if directed at people with disabilities.

In **France**, disability is taken into account when assessing the statements made by an applicant with a disability, in particular when it affects the applicant's ability to be heard (e.g. a disability can lead to an exemption from the personal interview (CESEDA, Article L.531-12, 2) or difficulties in verbalising). It is also considered in the legal qualification (ground for asylum) if necessary in light of case law (e.g. membership in a certain social group for certain categories of persons with disabilities depending on the on the country of origin information). Finally, it is analysed in the assessment of fears in the event of a return.

When drafting the asylum decision in **Greece**, the case officer takes into consideration the individual circumstances of the applicant and assesses the credibility of the claims and possible risks implied if returned.⁶⁶

Slovenia considers a disability in terms of fulfilling conditions for protection only when there is a direct connection with the reasons for persecution. To date, such cases have not been received, but internal displacement options would also be considered.



Case law has stressed the importance of country of origin information and access to essential healthcare for specific conditions. For example, the Czech Supreme Administrative Court [ruled](#) on the assessment of claims involving a health condition as a ground for granting international protection. In the specific case, the parents from Kyrgyz Republic sought asylum in Czechia due to their daughter's severe health conditions and disability. The girl could not receive specialised

⁶⁵ In accordance with Article 83(4) of the Swiss Foreign Nationals and Integration Act.

⁶⁶ For a rejected asylum application, the physical state or mental capacity may be considered as potential reasons for postponing a removal, in accordance with the international obligations and the principle of *non-refoulement*, and would lead to certain rights, including healthcare.





healthcare for cerebral palsy in her country of origin. In its decision, the Ministry had not properly consulted information on the availability and quality of healthcare for people with intellectual disabilities in the country of origin and it had not taken into consideration the best interests of the child, since the daughter could be endangered due to insufficient medical care. Based on a CJEU judgment ([Abdida, C-562/13](#), 18 December 2014), the court ruled that the removal of the applicants could be contrary to the international obligation of Czechia to respect the principle of *non-refoulement*. The court further observed that the Ministry did not entirely fulfil its obligation in consulting specific country of origin information, so the administrative decision and the regional court's judgment were quashed and the case was referred back to the Ministry for further proceedings.

A similar [case](#) was analysed in **Greece**, where the application for international protection of an Iraqi national with an intellectual disability was rejected. The applicant contested the negative decision before the Administrative Court of Athens by invoking the incorrect interpretation of legislative provisions and lack of reasoning, alleging that the determining authority did not take into consideration his disability and the poor health system in his country of origin. The Athens Administrative Court of Appeal rejected his appeal as unfounded and noted that the deficiencies in the health system were not related to a refusal by the state authorities of his country of origin to provide him with medical treatment, but to the weaknesses of the system. The court stated that there was no ground to grant him refugee status since his statements did not indicate a fear of individual persecution. The court also found that the conditions were not met for subsidiary protection and that the harm caused by a deterioration in his state of health if removed had not been disputed by the applicant. The court concluded that there was no evidence to demonstrate that the health system in Iraq is in such a state that the applicant would suffer a deterioration that would constitute torture or inhuman or degrading treatment.





4.2.6. Communication of the decision to applicants with a vision impairment

Table 4: Forms of communication and information provision to visually-impaired applicants

Country	Information on the decision, reasoning and appeal procedure		
	Written	Oral	
Denmark	✓	✓	In general, decisions made by the Danish Immigration Service are written. However, it is possible to receive the content of the decision orally.
Finland	✓	✓	The decision and information about the appeal procedure are read out loud and translated by an interpreter. The applicant also receives the written decision.
France	✓	✓	The decision is given electronically on the applicant's personal user account. On a case-by-case basis, OFPRA may make an exception by sending the notification of the decision by post due to an applicant's personal situation or vulnerability. Visually-impaired asylum applicants accommodated in the national reception system receive assistance from social workers to hear the OFPRA decision and they are accompanied for the rest of the procedure. Those who are not in accommodation within the national reception system may contact the social workers of the structure for the first reception of asylum seekers [SPADA] closest to where they live.
Greece		✓	The decision and provision of information is announced in person verbally.
Iceland		✓	An appointed spokesperson (legal advisor) for the applicant announces the decision and provides information on the appeal procedure.
Luxembourg	✓	✓	A registered letter is sent to the residence of the applicant. A copy of the decision is sent to the lawyer. If the applicant does not have a lawyer, an oral announcement of the decision and information on the appeal procedure is given by an agent of the Ministry.
Netherlands	✓		No special procedure. The applicant's lawyer orally informs about the decision and appeal procedure.
Norway		✓	Application granted: The UDI announces the decision in the presence of interpreters, when also the rights and obligations linked to the specific outcome are explained. ⁶⁷ Application rejected: An appointed lawyer, with the help of an interpreter, announces the decision, reasoning and provides information about the appeal procedure.
Poland	✓		The decision with all annexes/components, including the justification and appeal instructions, are in writing for all applicants.
Slovenia		✓	No case experienced so far. ⁶⁸
Slovakia		✓	No practical experience with applicants with vision impairments. ⁶⁹
Sweden		✓	The decision is communicated orally during a physical meeting, including information on the appeal procedure.
Switzerland	✓	✓	A lawyer provides support at each stage of the procedure (hearings, responding to negative decision, appeal, etc.)

⁶⁷ For languages with a substantial number of applicants, conversations with applicants who are granted international protection may be replaced with video and audio information.

⁶⁸ If such a case arises, the decision would be read out loud to the applicant in a language they understand and access to a refugee counsellor (establish a contact, forward documentation, provide interpretation) would be provided.

⁶⁹ If an applicant does not have a legal representative to provide all the information, the decision and the appeal procedure would be communicated to the applicant verbally.



5. Reception conditions for persons with disabilities

5.1. Arrangements in reception facilities for applicants with disabilities



While some are experiencing challenges with capacity, EU+ countries responding to the survey in general have places or make the necessary arrangements to accommodate applicants with disabilities. Several countries have adapted access and spaces in reception facilities (e.g. Iceland, Luxembourg, Netherlands, Norway, Slovenia and Slovakia). Sweden and

Switzerland have external housing possibilities, while Poland and Sweden also have specialised care facilities for severely disabled applicants.

Access to and the administrative and communal areas of reception facilities in **Norway** must be facilitated for wheelchair users. Each reception facility has a capacity of a minimum of two wheelchair users. Reception facilities for unaccompanied minors must be able to accommodate one wheelchair user. When needed, each reception facility must be able to accommodate applicants with vision or hearing impairments. The UDI has a team responsible for following up on applicants with special needs who reside in reception centres. The UDI has three types of specialised reception centres for persons with disabilities, which are not health institutions. Health services are provided by the municipality and specialists. Customised care units are tailored for asylum applicants who need extra assistance with their physical or mental health conditions.

In **Poland**, 6 out of 9 reception centres managed by the Office for Foreigners are adapted for disabled people (e.g. entrances, some rooms and some bathrooms). Applicants with disabilities have continuous medical and psychological assistance and support from staff. Additional equipment that is required, such as wheelchairs, crutches and hygiene products, are free (if in stock) or subsidised (in the case of a wheelchair) by the Office for Foreigners. Applicants for international protection who are disabled, severely disabled or bedridden, and who cannot be taken care of in a reception centre (e.g. without relatives or other support people), will be referred to specialised care and treatment facilities, providing round-the-clock long-term care.

Slovakia's reception centres have access for persons with reduced mobility. In the reception centre Humenne, the entrance to the premises and to one building is wheelchair accessible and has a wheelchair platform/stairlift. On the first floor of the wheelchair accessible building, there are two rooms with a capacity of 8 persons per room which are adapted for disabled persons (e.g. widened door frames, widened entrance to the kitchenette and adapted sanitary facilities). Family members could be accommodated with the disabled applicant. The isolation (quarantine) room in the reception centre has wheelchair access. The Opatovska Nova Ves accommodation centre has sheltered housing, which is located on the ground floor and consists of two barrier-free living units (8 persons per unit) for exceptionally vulnerable or applicants with physical impairments, allowing independent living. Wheelchair access to the rooms on the first floor of the main building is planned for the future. The Rohovce accommodation centre has a barrier-free isolation room on the ground floor with a capacity of four people, which includes a private bathroom. The construction of a wheelchair platform to



the first floor is planned for the future. Slovakia has some experience transferring severely disabled asylum applicants into a specialised social care centre.

All reception facilities in **Slovenia** have special access adapted for applicants with physical disabilities. Dependent adults with disabilities who are with relatives or other supportive persons are accommodated together. The facility Asylum Centre Vič has a special department for applicants with disabilities with rooms that have an adapted bathroom and toilet.

In **Switzerland** and **Sweden**, a disabled applicant is assigned an accommodation according to their needs and they can live together with family and relatives. In Switzerland, the applicant can also be in external adapted accommodation. If the needs of the applicant exceed the capabilities and authority of the Swedish Migration Agency, institutional accommodation can be provided after a medical evaluation by the healthcare system, so that the exact needs of the applicant can be matched with the level of care or support provided by the care institution.

Facilities in **Iceland** have access for disabled persons, and the Labor and Employment Agency ensures suitable housing to meet their needs. Unaccompanied minors, whether they have a disability or not, are under the responsibility of child protection services which take over their case.

There is a number of specialised places (approximately 2%) for disabled persons that comply with standards for persons with reduced mobility in **France**. A few centres are particularly involved with developing special support programmes but they represent a minority. Unaccompanied children are under the responsibility of the child welfare services.

In accordance with the needs-based approach adopted by the reception authority, **Belgium** does not have a standardised arrangement for applicants with disabilities. Accommodation, in terms of infrastructure and service provision, will be adapted to the specific needs of the individual. The reception authority aims not to separate adults and children from their relatives or other supportive persons.

Both **Luxembourg** and the **Netherlands** have a limited number of spaces and reception facilities that can accommodate persons with disabilities (reduced mobility, distance to hospital, etc.). Luxembourg has a multi-disciplinary team of social workers, psychologists, psychiatric nurses and other relevant medical staff assessing special reception needs in the initial reception centre where also a standardised identification and assessment tool for special reception needs is currently being tested. In the Netherlands, it can vary from housing on the ground floor to apartments with more rooms, to special 'disabled' apartments which are limited. In addition, there are, within the boundaries of health insurance for applicants of international reception,⁷⁰ possibilities for medical instruments, (medical) support at home or other referrals where needed.



In Italy, the System for Reception and Integration (SAI) has integrated reception services and can accommodate holders of a residence permit for medical treatment, victims of domestic violence, victims of labour exploitation, trafficking, unaccompanied minors, victims of torture. Furthermore, within the system there are specialised reception projects for people with specific vulnerabilities, including disabled people and people with health issues (physical and mental health conditions). SAI has a handbook with several provisions to ensure that

⁷⁰ Regeling Medische zorg Asielzoekers (RMA).



applicants with disabilities in reception have adapted internal structures, adequate transportation services, access to therapeutic, rehabilitative and educational services, health services planned in relation to the specific needs of each beneficiary and access to vocational training.

5.2. Main challenges in the provision of accommodation and material reception conditions

Most responding countries indicated that they faced some challenges when accommodating applicants for international protection with disabilities. These included:

- **Iceland, Italy, Luxembourg, Netherlands and Norway:** Limited capacity of reception facilities or other types of housing that can accommodate persons with disabilities.
- **Belgium:** Reception facilities face the following main challenges for persons with physical disabilities, mobility restraints, visual and hearing impairments, and cognitive disability:
 - Insufficient accommodation capacity where the infrastructure inside and outside is adapted to the needs of physically-disabled applicants and persons with visual impairments;
 - Insufficient adapted public transport and geographical remote location of reception facilities;
 - Insufficient medical rooms with adapted sanitary provisions for wheelchair access;
 - Insufficient geographical accessibility for specific arrangements for special needs (e.g. psychiatric hospitals);
 - Insufficient access to adapted kitchen utensils and infrastructure;
 - Insufficient adapted maintenance and safety (not free of hazards);
 - Insufficient quality of Internet connection to support video calls; and
 - Security threats for staff and other residents in the reception facility.
- **France:** The buildings of the reception facilities are not new, and all the costs involved to facilitate access to disabled people constitute a major challenge. A linked issue is to qualify the need for the adaptation in order to have an offer adapted to the number of disabled asylum applicants. It is difficult to have accurate statistics on this need given the flow of asylum applicants, however ongoing work is being undertaken on the matter with OFII.
- **Netherlands:** Provision of medical support at home, if required.
- **Poland:** Provision of adequate care and reception conditions for single applicants (without relatives or other support persons) with intellectual impairments (e.g. Down Syndrome or autism) or who may have temporary mobility restrictions or disability (e.g. broken leg).





- **Slovakia:** Access to buildings without wheelchair access. Assistance with hygiene and suitable accommodation if more people with disabilities are in the centre at the same time. Asylum facilities are not specialised facilities for the provision of social services for applicants with disabilities or serious mental health conditions.

Sweden and **Switzerland** did not mention any challenges in the provision of accommodation or material reception conditions to disabled applicants. National regulations on disabilities require all Swedish authorities to adapt facilities to ensure that all people have access to services. Switzerland has a wide variety of accommodation options and adequate accommodation is always available, including for persons with physical disabilities. Special support and services (for example for a wheelchair) can be organised quickly.

5.3. Information provision in reception



Information provision takes place simultaneously in reception and during the different steps of the asylum procedure (see Section 4.2.3) in order to ensure that applicants have access any time to all information about their rights, obligations, support and services which is offered in a language they can understand.

Through the EUAA survey, EU+ countries specified their daily communication practices in reception facilities with applicants with vision or hearing impairments.

Five responding countries (Iceland, Netherlands, Norway, Slovenia and Switzerland) indicated the use of sign language interpreters as one of the most common practices in reception facilities to communicate with applicants who have hearing impairments. Communication with applicants with visual impairments is mainly oral, supported by interpreters if required. In general, it seems that information in Braille or other adapted method is scarce and direct oral communication is used as a more common practice.

At present, specific practices are not in place for persons with vision impairments in **Belgium** and information is not translated into Braille. In their experience, Fedasil noted that visually-impaired applicants are rarely able to read Braille. Therefore, the most important information on the rights and obligations in reception (for instance the house rules or information on the asylum procedure) is provided orally. However, this limits the possibility for visually-impaired applicants to search for information independently. The reception authority's information website '[Fedasilinfo](#)' will undergo a visual accessibility screening to make it easier for persons with sight loss to adapt fonts. In 2023, a project was initiated with Licht and Liefde⁷¹ that will lead to recommendations on how communication with visually-impaired applicants can be improved.

A brochure has been created for persons with hearing impairments as part of a project with Doof Vlaanderen.⁷² It includes a number of tips and tricks, as well as a contact list for organisations that offer sign language. The most important information on the rights and obligations in reception (for instance the house rules or information on the asylum procedure) is provided in writing. There is no translation into international sign language (or any other variant) in reception because in their experience applicants in reception facilities rarely master

⁷¹ Licht and Liefde is a Belgian NGO which supports the visually-impaired in Flanders and Brussels <https://www.blindenzorglichtenliefde.be/nl/wiezijnwij/Index/2176/licht-en-liefde>

⁷² Doof Vlaanderen is a Belgian NGO which supports persons with hearing impairments in Flanders <https://www.doof.vlaanderen/verenigingen>



international sign language. If an applicant understands another sign language, an interpreter is sought but it is often difficult to find the right language combination.

In **Iceland**, communication programmes over the phone, such as Translate, are used to communicate with applicants with hearing impairments. If the tool cannot be used, then a sign language interpreter will be made available. People with visual impairments receive an interpreter who speaks their language, either in-person or on the phone.

Reception staff in **Luxembourg** provide information on relevant services (referral, specialised care, etc.) to all applicants, but specific practices are not in place to communicate with applicants with vision or hearing impairments.

Staff from COA in the **Netherlands** ensure that applicants receive adequate information taking into account their specific needs. Written information is available in 10 languages. For people with hearing impairments, interpreters are available. There are medical instruments available for applicants with vision or hearing impairments, and guide dogs can support people with vision impairments.



In **Norway**, applicants must receive information in a language they can understand, including interpreting for persons with hearing or visual impairments. The information programme is adjusted to the needs of applicants and tailored to different groups, including a separate module about health services and local support services. No specific practice is in place for information services (by telephone or e-mail) for disabled persons. If additional help is needed, it is possible to give a power of attorney to someone that can ensure follow-up with the UDI.

The **Swedish** Migration Agency informs applicants about their rights and obligations and encourages them to inform the agency about their needs so that they receive specific information according to their situation. Written information for hearing-impaired persons and audio information for vision-impaired persons are available. Mandatory, comprehensive social introduction classes inform applicants about their rights. Sign language interpreters are used in meetings with applicants with hearing impairments.

Following the general information provision at registration in **Slovakia**, there is an individual tailor-made information provision after the assessments of special needs of the person.

Switzerland assesses the individual case of persons with visual or hearing impairments. In the case of a hearing disorder, for example, a hearing aid can be prescribed. Cultural interpreters and local organisations – such as the association for visually impaired people – support communication.

5.4. Access to healthcare

Asylum applicants have the same rights to the healthcare system as nationals in **Norway**. Care services, such as personal assistance, help with feeding, dressing and hygiene, are the responsibility of the immigration authorities. It is also their responsibility to provide adequate housing facilities for persons with disabilities where they have access to these types of services with the help of reception centre staff. The regulation on the benefits for residents in asylum reception centres and supplementary (financial) benefits makes reference to several



different expenditures related to health and disabilities that are covered for the applicant, for example “equipment, including consultation, to maintain functional ability in daily life”.⁷³

All applicants in **Sweden** have the right to emergency medical care, emergency dental care and necessary medical care (where ‘necessity’ is determined by the healthcare provider). Minors are entitled to the same healthcare and dental care as other children living in Sweden. If a person with a disability is identified, the Swedish Migration Agency will encourage the applicant to contact the Swedish healthcare system by providing the contact information.



Applicants with disabilities in **Belgium** receive healthcare according to their needs. In fact, all applicants have the right to the same medical assistance, which is mostly free of charge. In exceptional circumstances, for instance for special treatments or specific medical support (walking stick, hearing aid), the medical service will appoint a provider in accordance with public tender rules.

Many reception centres in **France** have set up close partnerships with local medical providers, which includes support for vulnerable asylum applicants. The support varies according to the area, the initiatives and the organisations located in different regions. Some accommodation centres have ‘health’ or ‘disability’ points of contact, who are in charge of coordinating all procedures for this group of applicants. Other facilities carry out home visits to ensure that disabled people receive the support they need. The visits enable to check on the individual's state of health and to follow up on the asylum application when the applicant faces difficulties in reaching the social worker's office. Finally, some reception centres have also undertaken staff training initiatives specifically on care for disabled applicants.

Disabled applicants for international protection have good access to nurses and social workers in **Iceland**. Nurses assess the person's disability jointly with a medical doctor, refer the applicant to the relevant healthcare institution for further care and follow-up on individual cases. They are in contact with other organisations in the community that serve the individuals to ensure good healthcare for disabled applicants.

Applicants with disabilities in **Slovenia** are entitled to additional health services, including psychotherapy, which must be approved and determined by the commission (medical committee). Minors and unaccompanied minors have access to healthcare to the same extent as children who are insured as family members under compulsory health insurance. Children attending school after the age of 18 are also entitled to the same level of healthcare until the end of their schooling, up to the age of 26.

All applicants for international protection who arrive in **Luxembourg** are under the national healthcare insurance scheme. Within the first 3 months of arrival, they receive basic healthcare through the Ministry of Health, and if necessary, they are referred to specialised health professionals. ONA covers the costs for treatments. After 3 months, the applicants can choose their general practitioner and have the same access to the national medical sector as Luxembourgish nationals. ONA covers the costs for specialised treatment within the first 12 months of stay and the national solidarity fund⁷⁴ takes over after 12 months. The treatments can include regular home visits for medical take-in, personal hygiene, food in-take, etc.

⁷³ Forskrift om stønad til beboere i asylmottak - Lovdata, Sections 7 and 8.

⁷⁴ Luxembourg: National solidarity fund under the national dependency insurance scheme (“assurance dépendance”).



Upon arrival in the **Netherlands**, each applicant undergoes a medical screening. The general practitioner and COA cooperate in determining the most suitable response to the specific needs of the applicant. Care taxis are provided to transport people with disabilities to healthcare organisations.



Medical care in **Poland** is provided at medical centres in all centres for foreigners and the Foreigner Service Point in Warsaw. In each centre, a doctor, nurse and psychologist work together to provide basic medical care, as well as to provide referrals for specialised testing. Medical care for persons applying for protection in Poland is the same for foreign nationals and Polish citizens, including basic medical care, diagnostics, specialised care, hospital treatment, and vaccination of children. Foreign nationals use the same medical facilities available to Polish citizens, have access to the same diagnostics and therapeutic methods including surgery, and receive free medicine and dental care. Treatment programmes, including antiretroviral treatment, are available. Foreigners can use rehabilitation services, at the outpatient clinic and in the hospital. For disabled foreigners staying in the centre, the Office for Foreigners provides transport to specialist examinations and rehabilitation classes if required.

The reception centre carries out a basic medical check-up of all asylum applicants in **Slovakia**. If specialised healthcare or treatment is needed, the referral to a specialist is arranged.

Basic insurance covers healthcare for all asylum applicants in **Switzerland**. They receive an individualised medical information session with a nurse and are offered an initial medical consultation when they enter a federal asylum centre. This medical consultation detects and assesses disabilities, and individuals are then referred to a doctor who will look at the treatment and take necessary measures. In principle, applicants receive means and benefits to ensure activities of daily living (e.g. glasses, hearing aid, walker, wheelchair, etc.), taking into account the urgency, procedural status and social assistance regulations of the canton.

Asylum applicants and beneficiaries of international protection in **Italy** have the same rights to the healthcare system as Italian nationals.⁷⁵ Within the multidisciplinary project team in the reception centre, a single contact person is assigned for each beneficiary, who formalises a health plan with the rest of the team. Through individual interviews, the contact person can perceive, understand and evaluate needs and support and accompany the applicant through the social-health pathway. In the area of social and health integration, home care is provided, including health care, provided by the district, for a limited or continuous period. For access to these services, the request to the district can be submitted either by the general practitioner or by the social services of the municipality that owns the territorial project on the basis of a detailed and comprehensive individual care plan, through which the type of services and duration are identified.

⁷⁵ According to Article 41 of the Immigration Act: “The accompanying allowance, the disability pension, the monthly disability allowance and the monthly attendance allowance [...] are also entitled to regularly resident migrants, the sole requirement is a residence permit for at least one year”.



5.5. Access to education, vocational training and integration programmes



All children of school age can register with schools where there are special arrangements or specialised school facilities available, depending on the level of the impairment.

The Ministry of Education in **Luxembourg** operates specialised schools for children with intellectual disabilities. Special arrangements in schools can also be made for children with physical disabilities if necessary.

Similarly in **Belgium**, minors with disabilities can access specialised schooling (*Buitengewoon Onderwijs*), which is arranged once the applicant is allocated to a reception facility. The authority will try to allocate minors to areas with access to specialised schooling. For instance, in the case of a person with a hearing impairment, the preferred area of allocation is Mechelen. However, there may be waiting lists, even for Belgian nationals. Arrangements with the centre will depend on the needs of the minor and transportation to the school. Children under 21 years of age can have the right to an increased child allowance which is provided by the regional authority and which does not depend on an official recognition of disability by the federal Service for Social Security, Directorate-General for Persons with a Handicap. However, it will require a special application and a medical examination.

In **France**, disabled minors have the same access to education as all other children. The right to education is guaranteed for everyone, and instruction is compulsory for children up to the age of 16, regardless of their nationality or migratory status, as specified in the Education Law. The public education policy aims for inclusion at schools in order to provide quality schooling for all pupils from kindergarten to high school, by taking into account their individual characteristics and special educational needs. When circumstances require, students with disabilities may be referred to a medical-social establishment or service, which enables the students to receive appropriate academic, educational and therapeutic care when they are unable to attend standard school.

The schools in **Iceland** receive all the information that is needed for the child to succeed in the school system.

The **Netherlands, Norway** and **Poland**⁷⁶ have special education arrangements for disabled children. In Norway, for example, a student can work towards different educational learning goals than other students, a teacher or assistant monitors and assists in the classroom, or specially-adapted equipment can be provided. Special education must be adapted to meet the child's needs and can be delivered as a part of the whole class, in groups or individually. If these measures are insufficient, the school and the Educational and Psychological Counselling Service (PPT), a public service that makes an expert assessment, advises on what the child needs. Regulations in Norway require all private and public institutions that target the general public, including schools, to be in line with Universal Design, i.e. the design and composition of an environment that can be accessed, understood and used to the greatest extent possible by all people regardless of their age, size, ability or disability.

⁷⁶ Special measures for minors with special education needs are regulated in Poland by the Act of 7 September 1991 on the education system and by the Act of 14 December 2016 on education law.



Through a statutory representative, all minor applicants with disabilities in **Slovenia** have access to primary school, vocational and secondary schools under the same conditions as Slovenian children with disabilities.

In **Sweden**, municipalities are responsible for access to education. National regulations require that schooling and education are adapted to ensure that all children have access. This includes the provision of extra resources (such as specially-trained teachers, physical or technical aids, etc.) or adapted facilities.

Slovakia has not received disabled child applicants in recent years, but they would receive assistance for school purposes.

Switzerland guarantees access to school and education for all children. An integration [programme](#), “Stabilisation and activation of resources for people with special needs” (available in French, German and Italian), helps Swiss cantons to implement ad hoc measures for people who cannot achieve their integration potential, so they receive vocational training or training in employment skills when they arrive in Switzerland.

5.6. Orientation or integration programmes

Some EU+ countries have orientation or integration programmes that are tailored to applicants with disabilities. These can range from orientation and language classes to full vocational training (see *Table 5*). External stakeholders, such as NGOs, may also support these types of activities.

Table 5: Overview of orientation and integration activities in EU+ countries

Country	Specific orientation or integration programmes
Belgium, France, Luxembourg, Netherlands, Norway, Sweden	No specific orientation or integration programme which is tailored to applicants with disabilities. In Belgium , integration programmes (such as language learning) are provided by external agencies or other authorities which may have a specific offer for persons with a certain disability.
Switzerland	Possibility to take language lessons. If necessary, assistance is organised for persons with disabilities.
Iceland	No specific orientation or integration programme which is tailored to applicants with disabilities. The Icelandic Red Cross provides integration activities.
Poland	No specific orientation or integration programme which is tailored to applicants with disabilities. Applicants, including persons with disabilities, can attend activities organised in centres for foreigners, e.g. Polish language classes, orientation courses, education and adaptation classes for children aged 3 to 6.
Slovakia	General orientation and Slovak language courses provided by NGOs in an accessible and adapted area for disabled persons. Vocational training could be arranged depending on the level of disability if the person is granted international protection and consents. In addition, a social service facility might be provided as accommodation during the integration phase, as the person may face hardship to live independently.



6. Capacity-building and specialised training for asylum and reception staff

To ensure equal access and the safety of persons with disabilities, the [EU Strategy for the Rights of Persons with Disabilities 2021-2030](#) stipulates that the European Commission will provide support through the Asylum Migration and Integration Funds (AMIF) and the EUAA will provide training to protection officers and interpreters who work directly with vulnerable applicants.



To foster harmonisation across CEAS, the EUAA has designed a training curriculum for asylum and reception officials which focuses specifically on vulnerable applicants and applicants with special needs. In their survey responses, Greece and Slovakia mentioned that they have actively cooperated with the EUAA to deliver training curricula in this context.

At the country level, asylum and reception authorities also deliver training to staff which cover vulnerabilities and special needs as a whole, including elements on disabilities, but not exclusively.

Some EU+ countries cooperate with external stakeholders, for example non-governmental or civil society organisations, to provide training on vulnerabilities and special needs in the asylum context. These sessions are specifically targeted at frontline staff (e.g. asylum and reception staff, social workers, etc.). This is the case in **Poland**, where the Office for Foreigners collaborates with NGOs in the [Project “KOMPLEKS”](#) (Comprehensive Support for People in a Vulnerable Situation in the Polish Migration Management System) to provide training on mental health. In **Greece**, the NGO METAdrasi delivers workshops on identifying victims of torture.

Countries also use peer-to-peer coaching, shadowing and special coordinators to build the capacity of staff. For example, the **Swedish** Migration Agency recently appointed two Disability Coordinators to work on all areas which affect applicants with disabilities. A situational analysis was undertaken to identify areas in need of development. New policies have been developed and an action plan will be determined during the autumn of 2023.




Finland has appointed a special senior adviser on vulnerability, with the task to create guidance and give advice on cases involving, amongst others, persons with disabilities.

In **Greece**, quality reviews are used to enhance staff skills. The Asylum Processes and Training Department of the Asylum Service, in collaboration with the EUAA, uses the EUAA Quality Assurance Tool (QAT) to review the quality of interviews and decisions on applications which are submitted by vulnerable applicants. A thematic Quality Feedback Report (QFP) is then issued. Two EUAA tools, namely the Tool for Identification of Persons with Special Needs (IPSN) and the Special Needs and Vulnerability Assessment tool (SNVA), are available to help staff daily with their job.

Based on the query responses, Table 6 provides an overview of capacity-building activities and specialised training related to vulnerabilities and special needs which are provided to asylum and reception staff.



Table 6. Overview of capacity-building and specialised training for asylum and reception staff in EU+ countries

EU+ country	Special training organised on disability for asylum and reception staff	Authority responsible	Capacity-building activities and training on vulnerabilities/disability
Belgium		<ul style="list-style-type: none"> • Fedasil • NGOs (Doof Vlaanderen, Licht and Liefde, etc.) 	<p>Fedasil launched a call for projects, to be financed with national funding, on the needs of persons with hearing and visual deficiencies.</p> <p>In 2021-2022, Doof Vlaanderen managed a project on persons with hearing disabilities. A brochure was created that was used during the training of reception staff. The content discusses the definition of a hearing impairment, tips and tricks to communicate, and how to arrange for an interpreter in sign language.</p> <p>In 2022-2023, Licht and Liefde started a project on persons with visual impairments. The focus is much broader on the daily wellbeing of the target group and how it can be improved. Structural adaptations will be suggested at the centre level.</p>
France		<ul style="list-style-type: none"> • OFPRA • Ministry of the Interior 	<p>Training courses for institutions and NGOs in the field of asylum are conducted by the Ministry of the Interior and OFPRA. Case officers receive regular training on vulnerabilities as part of their initial and in-service training.</p> <p>The training tools are the EUAA training module “Interviewing vulnerable persons”; internal guidance at OFPRA on: verbalisation difficulties linked to PTSD, flagging vulnerabilities to the relevant unit at OFPRA including on disability, referral to relevant organisations dealing with mental health, and consequences of difficulties verbalising during the personal interview.</p> <p>In general, many reception providers also have their own ongoing training programmes for social workers.</p>
Greece	 Training on the needs of people with disabilities generally falls under the wider umbrella of training on vulnerable groups.	<ul style="list-style-type: none"> • Reception and Identification Service (RIS) • Training Department of the Asylum Service (AS) • METAdrasi (NGO)⁷⁷ 	<ul style="list-style-type: none"> • Regular staff training sessions (using both EUAA and national training modules), for example focusing on reception and

⁷⁷ Metadrasi is a Greek NGO that protects and supports vulnerable refugees and migrants, including victims of torture <https://metadrasi.org/en>



			<p>interview techniques for vulnerable groups.⁷⁸</p> <ul style="list-style-type: none"> • Interview shadowing and peer-to-peer thematic coaching sessions on vulnerabilities. • Workshop organised by the NGO METAdrasi on identification of victims of torture.
Luxembourg		General Department of immigration	Case officers are trained on vulnerabilities. ⁷⁹
Poland		<ul style="list-style-type: none"> • Office for Foreigners • NGOs 	Project “KOMPLEKS” (Comprehensive Support for People in a Vulnerable Situation in the Polish Migration Management System) includes training of staff of the Office for Foreigners, for example on topics such as “Working with people suffering from mental health conditions”.
Slovenia		Reception authority	<ul style="list-style-type: none"> • National training modules on vulnerabilities.
Slovakia		Migration Office of the Ministry of the Interior	<ul style="list-style-type: none"> • Reception and asylum officials trained primarily on the EUAA reception and vulnerability modules. • In 2022-2023, a training session was provided by the Social Work Department of Comenius University.
Switzerland		Swiss State Secretariat for Migration (SEM)	<ul style="list-style-type: none"> • SEM is working on guidelines on how to address special needs and it is foreseen that every employee will be trained on the material.

⁷⁸ The Greek Reception and Identification Service (RIS) and the Asylum Service deliver national training modules on vulnerabilities to asylum and reception staff on a regular basis. The Processes and Training Department of the Asylum Service, in cooperation with the EUAA, provides some EUAA training modules on vulnerable groups which include information on people affected by physical and intellectual disabilities: [“Interviewing children”](#), [“Children in the asylum process”](#), [“Interviewing vulnerable persons”](#), [“Gender, Gender Identity and Sexual Orientation”](#), [“Trafficking in human beings”](#), [“Applicants with different SOGIESC”](#), [“Victims of gender-based violence”](#) and [“Medical country of origin information”](#).

⁷⁹ According to Article 3(2) of the Asylum Law, the case officers in Luxembourg must be specifically trained to work with vulnerable people. For this reason, the application process and interviews are carried out by staff members within the Refugee Unit of the Directorate of Immigration who are trained on different categories of vulnerable groups, including victims of human trafficking, victims of gender-based violence, children and vulnerable persons.



7. The roles and activities of various stakeholders

Various stakeholders often cooperate closely with the national authorities to support asylum applicants with disabilities. The stakeholders include international organisations, civil society organisations and academia.



An EUAA [survey](#) was disseminated between 28 August-29 September 2023 to stakeholders other than national administrations which are members of the [EUAA Vulnerability Experts Network](#) or members of the [EUAA Consultative Forum](#). [The survey sought to get their perspective on current challenges and suggested recommendations.](#)

In total, 13 stakeholders responded, representing international organisations, civil society organisations and academia (*see Annex 2 for the list of respondents*). The respondents were based in nine different EU+ countries (Belgium, Denmark, Germany, Greece, Italy, Spain, Sweden and Switzerland), in addition to the United Kingdom and Serbia. The main observations included:

- 7 out of the 13 responding stakeholders indicated that they carry out activities to support applicants for international protection with disabilities.
- 4 out of 13 responding stakeholders have publications or information material (such as videos, leaflets or flyers) addressing applicants for international protection with disabilities.
- 3 out of 13 responding stakeholders have capacity-building or training activities focused on applicants for international protection with disabilities.
- 9 out of 13 responding stakeholders coordinate with national reception or asylum authorities to provide support to applicants with disabilities.
- 4 out of 13 responding stakeholders carry out activities or provide specific support services to ensure the inclusion of displaced persons with disabilities who registered for temporary protection.

Activities supporting applicants for international protection with disabilities

The types of services offered to disabled applicants by stakeholders other than national authorities include legal assistance on site or by video- or phone call, psychosocial and integration support, and support in reception. Arrangements and practices are adjusted to ensure full access to services, even for the most severely disabled.

UNHCR has developed a [Specific Needs Codes – Disability Interview Guide](#) to assist staff and other stakeholders in identification and referral. The organisation also provides assistance and support programmes to disabled applicants and launches advocacy campaigns with governments in some EU+ countries.



Cooperation with national reception or asylum authorities

Some organisations coordinate their activities with national authorities in order to provide services to disabled applicants. This occurs, for example, in reception where an organisation may manage accommodation for applicants with disabilities or follow up on their case. Organisations may also provide specific information on the resources available and the rights of the applicant. This profile of applicants also has regular contact with social workers in reception and asylum centres.

Information material

UNHCR has produced several resources for national authorities when managing applicants with disabilities, for example [Applicants with mental health conditions or intellectual disabilities](#), [Specific Needs Codes – Disability Interview Guide](#) and videos. In addition, micro-learning materials on supporting applicants with mental health conditions, psychosocial and intellectual disabilities are being developed.

The German Red Cross published a [report](#) with the results of a needs assessment of refugees with disabilities in Germany. The report also provides recommendations for action at the national, federal state and local levels to enhance needs-based reception and the participation of refugees with disabilities.



Many organisations produce targeted information on assistance and resources available to disabled applicants. They also clarify their rights within the asylum procedure. Other experts produce more detailed information, such as trained researchers in some countries who work on questions submitted by lawyers regarding aspects of disability in a country of origin. These reports are used by lawyers and fully, or partially, submitted to the courts or appeals committee.⁸⁰

Capacity-building activities for staff

The German Red Cross Headquarters offered online training to staff in the Migration Advice Service for Adult Immigrants (*MBE, Migrationsberatung*) on needs of refugees with disabilities. The main objective was to ensure that migration counsellors are aware of the legal framework, special needs that migrants with disabilities may have and understand how to set up a referral system at the local and regional levels.

In partnership with the ARC Foundation in the United Kingdom, Asylos in the Netherlands developed a [training handbook](#) and delivered a series of webinars to guide staff conducting country of origin information research on disability-related issues. The thematic webinars focused on the context of international protection claims by persons with disabilities, disability-focused country of origin information and introduced asylum lawyers and COI researchers to models and the legal context of disability within the international protection procedure.⁸¹

⁸⁰ Asylos' database features over 600 reports on countries of origin which can be downloaded for free and are accessible to lawyers and NGO representatives who are registered with the service. Reports include [Country report on the situation of children and young people with disabilities in Nigeria](#) (2021) and [Principles for Conducting Country of Origin Information Research on Disability](#) (2021).

⁸¹ Asylos and ARC Foundation Training Series (2021). Conducting Country of Origin Information Research on Disability Issues. <https://www.asylos.eu/Handlers/Download.ashx?IDMF=6de6e891-aa7a-4fe0-b3ba-8620e1a3d429>



UNHCR has a training package dedicated to [The Facilitator's Guide on Strengthening Protection of Persons with Disabilities in Forced Displacement](#). It is aimed at all UNHCR staff and other stakeholders. It contains specific examples related to refugee status determination and aims to promote the protection and the inclusion of disabled people who are forcibly displaced.

7.1. Challenges for service providers and risks for asylum-seeking persons with disabilities

All 13 responding stakeholders provided several examples about challenges they encounter in their work with applicants with disabilities at the national level. They also pointed to various risks that asylum-seeking persons with disabilities may encounter on their journey or once arrived in Europe.



Main challenges encountered by stakeholders in the national context

- ❖ **Lack of awareness and sensitisation:** The greatest challenges are related to the recognition and understanding of disabilities by the bodies in charge of examining asylum applications and residence permits in general.
- ❖ **Access to healthcare services and the assessment of disabilities:** There is a lack of screening for disabilities. Physical disability is more often taken into account than cognitive or intellectual disabilities. There are difficulties in obtaining a precise diagnosis of disabilities for the migrant population. In many cases, the entire legal procedure is carried out, despite great vulnerabilities, without a precise diagnosis by the health system, especially with regard to mental health conditions.
- ❖ **Access to facilities and services:** Easier access is needed for people with disabilities to asylum and immigration offices.
- ❖ **Access to housing:** There is a lack of adequate accommodation spaces for persons with physical or intellectual disabilities.
- ❖ **Access to education and employment:** Children with disabilities need adapted resources for their needs in the educational context. Applicants with disabilities often have difficulties in being accepted on a training course or vocational training, and finding employment or internships.
- ❖ **Continuity of support:** In general, it is difficult to find adequate care and protection facilities after international protection has been granted.
- ❖ **Lack of data and information on applicants with disabilities.**

Main protection risks of persons with disabilities:

- ❖ **Thorough understanding of disabilities:** The risks and difficulties frequently encountered relate to the lack of a thorough consideration and understanding of disabilities and vulnerabilities in many cases on the part of the bodies responsible for examining asylum applications and immigration offices. There is a lack of sensitisation to the needs of refugees with disabilities among staff at public authorities and facilities.
- ❖ **Accessibility challenges:** Accessibility obstacles, whether physical or digital, can severely impede the application process. These barriers make it difficult for persons



with disabilities to obtain crucial information and access services and facilities. During crises or emergencies, the lack of accessible information can further expose them to higher risks. There may be limited access to sign language interpreters, Braille material or assistive technologies, which significantly hamper the full participation of applicants with disabilities.

- ❖ **Limited access to healthcare:** The lack of access to specialist doctors and assistance may not only have effects on the health situation and opportunities for the participation of refugees with disabilities, but also impact the outcome of the asylum process.
- ❖ **Social stigmatisation and discrimination:** Individuals with disabilities frequently encounter social stigma and bias, which can detrimentally impact their mental health and lead to marginalisation.
- ❖ **Disabled refugees on the Balkan transit route:** Considering the Balkan transit route, there are numerous refugees without a legal status and access to humanitarian assistance (especially if they are not in the camps). Among them, refugees with disabilities have limited access to hygiene and the healthcare system and limited access to adequate treatment. Refugees with intellectual disabilities can become victims of abuse, including psychological and sexual abuse and physical violence, especially if they travel alone without family support and cannot communicate their experiences of torture or other issues they faced. Since many travel under the control of smugglers, those with physical disabilities can be left behind during the route, especially if they have mobility difficulties.

7.2. Recommendations by stakeholders to asylum and reception authorities

- **Sensitising and raising awareness about disabilities:** Give full consideration to severe vulnerabilities and disabilities within the application procedure for international protection and other types of residence permits, even in the absence of an accurate diagnosis. Raise awareness among frontline staff and provide training on the needs and rights of persons with disabilities.
- **Access to information:** Make all services and information accessible to individuals with disabilities, including providing sign language interpreters and accessible formats for documents.
- **Engaging intercultural mediators:** Sometimes disabilities are a culturally-sensitive issue and it can be difficult to share with staff in reception centres, without the help of an intercultural mediator.
- **Registration of asylum application:** Improve the registration process and provide proper capacity-building/guidance/training for frontline staff.
- **Collect comprehensive data** on applicants with disabilities to track their progress, needs and challenges.
- **Overcoming mobility barriers:** Ensure accessible and barrier-free buildings for persons with mobility issues.
- **Providing adequate housing facilities during the asylum procedure.**





- **Facilitating access to all healthcare services**, including mental health and psychosocial support. Ensure screening for invisible disabilities.
- **Facilitating access to the labour market and vocational training for applicants with disabilities**, e.g. promote specific training such as IT training for disabled applicants.
- **Inclusive and accessible national strategies** and migration policies: monitor the implementation of the policies through regular inter-agency fact-finding site visits, satisfaction surveys and interviews with beneficiaries. Guarantee access to services for applicants with intellectual disabilities.





8. Conclusions

EU legislation contains provisions to address the special needs of applicants who may be considered especially vulnerable in asylum and reception systems, including people with disabilities. These provisions ensure that disabled applicants receive adequate support to benefit from their rights and comply with the obligations which are defined under CEAS so that they can be on an equal footing with other applicants for international protection.

Based on the EUAA survey results, some EU+ countries have a reference to disability in their national legislation related to the asylum procedure or specific instruments, such as guidelines or standard operating procedures, to address disability in the asylum procedure.

The timely identification of disabilities is key for referring asylum applicants to suitable support services and care. While applicants with physical disabilities are easier to detect, intellectual disabilities can remain unnoticed for a longer period. Therefore, a medical examination is important for early detection. In addition, special procedural guarantees which are assessed on an individual basis ensure that the support is tailored to the applicant's needs. One of the most common measures in EU+ countries is to appoint a legal representative to a disabled asylum applicant in order to safeguard the best interests of the applicant during the asylum procedure.

With the continued lack of reception capacity, several EU+ countries have faced challenges in accommodating applicants with disabilities. A lack of adequate spaces to accommodate the applicant with his/her family in a reception facility or missing adapted arrangements, such as accessible bathrooms, elevators and ramps to access the building, are some obstacles which were mentioned.

Some EU+ countries have tried to address the special needs as they arise. For example, they organise personal interviews remotely or in another location than the national authority to provide adapted access. In addition, they may organise suitable external housing and care.

In several EU+ countries, civil society organisations work closely with local, regional and national authorities by offering various activities to support disabled applicants in the asylum procedure and in reception. Their services include legal counselling, information provision, psychosocial and integration support, referrals to health services and adjusting reception places.

In addition, mass arrivals of displaced persons from Ukraine added pressure. Offering a medical examination at the time of registering for temporary protection was key in identifying vulnerabilities and channelling arrivals to appropriate support. To better understand the situation for disabled persons from Ukraine, a situational analysis on “Displaced Ukrainians with Disabilities Seeking Temporary Protection in Europe” provides an overview of how this group was channelled and supported when seeking temporary protection. It summarises practices and the support services available from local, regional and national authorities and civil society organisations based on input to two EUAA surveys.





As UNHCR has underlined, the successful integration of refugees with disabilities can be achieved under the condition of identifying and addressing obstacles to equal access to services and participation in the receiving society.⁸² Failure to do so during the asylum procedure, reception and beyond, could result in discrimination and lead to missed opportunities of fully integrating into the host country.

This report aimed at addressing the lack of publicly-available information about asylum applicants with disabilities. The EUAA continues to exchange information and best practices with various stakeholders and to learn about information gaps observed and interests in specific thematic information. The findings of this report will serve as a basis for planning further EUAA activities, with the ultimate objective of a better exchange of information and practices in EU+ countries among all stakeholders working with asylum applicants with special needs or vulnerabilities, including applicants with disabilities.

⁸² UNHCR. Integration Handbook: Disability. Accessed on 7 November 2023. <https://www.unhcr.org/handbooks/ih/age-gender-diversity/disability#:~:text=1-.Meeting%20the%20rights%20of%20refugees%20with%20disabilities,participation%20in%20the%20receiving%20society>





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Annex 1. Asylum and reception authorities in EU+ countries

Table 1 presents the asylum and reception authorities which are referenced in the report. The information is extracted from the EUAA [Who is Who in International Protection in the EU+](#) platform, which presents the authority responsible and their mandate in various aspects of the asylum and reception system. The information is validated by national administrations in EU+ countries⁸³ and other stakeholders, when necessary. More detailed information on the authorities involved in access to the asylum procedure: <https://whoiswho.euaa.europa.eu/>

Table 1. Overview of asylum and reception authorities in EU+ countries referenced in the report

Country	Asylum authority		Reception authority	
Belgium	Office of the Commissioner General for Refugees and Stateless Persons (CGRS) Commissariat Général aux Réfugiés et aux Apatrides (CGRA) Commissariaat-generaal voor de vluchtelingen en de staatlozen (CGVS)	CGRS	Federal Agency for the Reception of Asylum Seekers Agence fédérale pour l'accueil des demandeurs d'asile Federaal agentschap voor de opvang van asielzoekers	Fedasil
Denmark	Danish Immigration Service Udlændingestyrelsen	DIS	Danish Immigration Service Udlændingestyrelsen	DIS
Finland	Finnish Immigration Service Maahanmuuttovirasto	Migri	Finnish Immigration Service Maahanmuuttovirasto	FIS
France	French Office for the Protection of Refugees and Stateless Persons Office Français de Protection des Réfugiés et Apatrides	OFPRA	French Office for Immigration and Integration Office Français de l'Immigration et de l'Intégration	OFII
Greece	Asylum Service Υπηρεσία Ασύλου		Reception and Identification Service Υπηρεσία Υποδοχής και Ταυτοποίησης	RIS
Iceland	Directorate of Immigration Útlendingastofnun		Ministry of Social Affairs and Labour, Department of Children and Families Félags- og vinnumarkaðsráðuneytið, Skrifstofa barna- og fjölskyldumála	
Italy	National Commission for the Right of Asylum Commissione nazionale per il diritto di asilo Territorial Commissions for the Recognition of International Protection Commissioni Territoriali per il riconoscimento della protezione internazionale		Ministry of the Interior, Department of Civil Liberties and Immigration Ministero dell'Interno, Dipartimento per le Libertà civili e l'Immigrazione	

⁸³ EU+ countries include EU Member States, Iceland, Norway and Switzerland.



Luxembourg	Ministry of Internal Affairs, General Department of immigration - Refugee Service Ministère des Affaires intérieures, Direction générale de l'immigration - Service réfugiés		Ministry of Family Affairs, Solidarity, Living Together and Migration, National Reception Office Ministère de la Famille, des Solidarités, du Vivre ensemble et de l'Accueil, Office national de l'accueil	ONA
Netherlands	Immigration and Naturalisation Service Immigratie-en Naturalisatiedienst	IND	Central Agency for the Reception of Asylum Seekers Centraal Orgaan opvang asielzoekers	COA
Norway	Directorate of Immigration, Asylum Department Utlendingsdirektoratet, Asylavdelingen	UDI	Directorate of Immigration Utlendingsdirektoratet Asylavdelingen	UDI
Poland	Head of the Office for Foreigners Szef Urzędu do Spraw Cudzoziemców		The Office for Foreigners Szef Urzędu do Spraw Cudzoziemców	
Slovakia	Migration Office of the Ministry of Interior Migračný úrad ministerstva vnútra		Migration Office of the Ministry of Interior Migračný úrad ministerstva vnútra	
Slovenia	Ministry of the Interior, Migration Directorate Ministrstvo za notranje zadeve, Direktorat za migracije		Government Office for the Support and Integration of Migrants Urad Vlade Republike Slovenije za oskrbo in integracijo migrantov	UOIM
Sweden	Swedish Migration Agency Migrationsverket	SMA	Swedish Migration Agency Migrationsverket	SMA
Switzerland	State Secretariat for Migration Staatssekretariat für Migration Secrétariat d'État aux migrations Segreteria di Stato della migrazione	SEM	State Secretariat for Migration Staatssekretariat für Migration Secrétariat d'État aux migrations Segreteria di Stato della migrazione	SEM



Annex 2. Participating stakeholders in the EUAA survey

An EUAA [survey](#) on initiatives and support to applicants with disabilities was disseminated to organisations which do not represent national authorities (which received a separate survey). In total, 13 responses were received, covering UNHCR (1), academia (1), civil society organisations (7) and other types of organisations (3).

The survey was disseminated through the [EUAA Vulnerability Experts Network](#) and the [EUAA Consultative Forum](#), which include organisations in partner countries outside the EU+.

Table 2.1. Responding organisations

Organisation	Country	Type of organisation
UNHCR	Switzerland	International organisation
Accem	Spain	NGO
Asylos	UK	NGO
Asylum Protection Centre (APC-CZA)	Serbia	NGO
Danish Refugee Council (DRC)	Denmark	NGO
Lai Momo	Italy	NGO
Missing Children Europe	Belgium	NGO
Newcomers with Disabilities in Sweden	Sweden	NGO
The Smile of the Child	Greece	NGO
Associazione Multietnica dei Mediatori Interculturali (A.M.M.I. ETS)	Italy	Other: Association of intercultural mediators
Obiettivo Fanciullo Odv	Italy	Other: Volunteer organisation
Red Cross Germany	Germany	Other: National society within the Red Cross and Red Crescent Movement
Centre of Migration Research, University of Warsaw	Poland	Academia



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