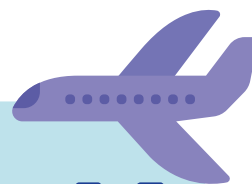




MINISTERO
DELL'INTERNO

DIPARTIMENTO PER LE LIBERTÀ CIVILI E L'IMMIGRAZIONE



HANDBOOK



FOR THE IDENTIFICATION,
REFERRAL AND CARE OF
PERSONS LIVING WITH

VULNERABILITIES

ENTERING ITALY
AND WITHIN THE PROTECTION
AND RECEPTION SYSTEM

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I.

INTRODUCTION

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Italy is among the European countries that were most affected by the irregular entry of persons from non-EU countries, both in regards to maritime routes and, with particular reference to North-Eastern borders, land routes. These are mixed flows¹ within which, over the years, an increasingly frequent presence of persons with vulnerabilities has been reported. The standard reference that defines vulnerabilities in the Italian legal framework, as per the transposition of Directive 2013/33/EU, is Article 17, paragraph 1, of Legislative Decree No. 142/2015, according to which *“The reception measures provided for in this Decree take into account the specific situation of vulnerable persons, such as minors, unaccompanied minors, disabled persons, elderly persons, pregnant women, single parents with minor children, victims of human trafficking, persons suffering from serious diseases or mental disorders, persons for whom it has been established that they have suffered torture, rape or other serious forms of psychological, physical or sexual violence or violence related to sexual orientation or gender identity, victims of female genital mutilation “*.

In fact, the aforementioned Decree establishes the rules for the reception of non-EU countries’ citizens and stateless persons seeking international protection on the Italian territory (including borders,

relevant transit zones and territorial waters), as well as of their family members included in the application for international protection.²

In light of the legislative framework, requiring that **the situation of persons with vulnerabilities** be considered **in the provision of reception services**, it was deemed appropriate to initiate a **round table (Working Group on Vulnerabilities**, hereafter Working Group)³ with the intention of promoting a **governance model** in favour of a uniform approach to the early identification, referral and care of persons with specific needs from the arrival on the national territory and in all subsequent phases of reception, including access to the international protection procedure or other forms of protection, as well as during administrative detention.

The discussion among participants promptly emphasised the existence of numerous good practises for the protection of vulnerable persons implemented by different actors at national level. Regrettably, these measures often remain confined to specific regions and are not replicated due to a lack of awareness. Therefore, the Working Group on Vulnerabilities considered it important to start from the existing effective practices, with the intention of establishing uniformity and streamlining procedures, in the interest of vulnerable persons.

¹ Mixed flows are defined as a “complex migratory movement that includes refugees, asylum seekers, economic migrants and other types of migrants that differs from migratory movements that consist of only one category of migrants”. (Mixed migration flow - European Migration Network).

² See Article 1 of Legislative Decree No. 142/2015.

³ The working group, initiated by the Department of Civil Liberties and Immigration (DCLI), is composed of representatives from the Ministry of the Interior (Department of Public Security, National Commission for the Right to Asylum), the Ministry of Health (General Directorate for Health Prevention), the Central Service for the Management of SAI centres/projects, the National Institute for Health, Migration and Poverty (NIHMP), the Ministry of Economy and Finance (Tax and Customs Police), the Ministry of Infrastructure and Sustainable Mobility (Coast Guard and Harbour Master’s Office), the European Commission, the European Border and Coast Guard Agency (Frontex), the European Police Office (Europol), the European Asylum Agency (EUAA), the United Nations High Commissioner for Refugees (UNHCR), the International Organization for Migration (IOM), UNICEF-ECARO (European Regional Office and Central Asia, Detached Section in Italy), and the Italian Red Cross (ItRC).

At the same time, **documents and operational tools already in use** were considered, first and foremost the [Guidelines applicable to hotspots and disembarkation places](#) (hereinafter, Hotspot SOPs), which were drafted with the aim to ensure a standardised management of activities within hotspots and at all disembarkation places. A further issue that emerged in the course of the Working Group meetings is related to the transmission of information concerning vulnerabilities. In fact, the main corollary of the early detection of vulnerabilities is the need to proceed with data collection in a homogeneous manner, as well as the definition of a clear line of communication of detected information from the earliest stage of identification of vulnerabilities (e.g., during the disembarkation phase), in order not to disperse it.

The setting up of an **information collection and transmission system**, in compliance with the current legislation on the protection and processing of personal data,⁴ is, in fact, an essential tool to avoid the duplication of interventions and to ensure the timely activation and coordination of specialised services.

An effective exchange of information is also essential with reference to administrative procedures concerning the adequate identification of the most appropriate reception measure in regard to detected vulnerabilities, as well as to the correct handling of international protection applications in the case of asylum seekers. Therefore, in light of the above-mentioned considerations, the Working Group has assessed the opportunity to draft this **“Handbook for the identification and referral⁵ of persons living with vulnerabilities entering Italy”**, which is intended as an **operational tool** aimed at suggesting uniform procedures and tools to be used at all stages of reception, in complementarity with hotspots’ procedures and the contract specifications scheme for call for tenders for the provision of goods and services (within the management of the centres referred to in Article 12 of Legislative Decree No. 142/2015), and consistent with the provisions of the current legislation for unaccompanied foreign children, victims of trafficking and other cases provided for by the law.

The procedures and operational guidelines considered in this Handbook (directly accessible online) are:

- National Integration Plan (adopted by the Ministry of the Interior, 2022).
- [Standard Operating Procedures for the disclosure and referral of GBV survivors - and persons at risk of GBV - in the context of the procedure for the recognition of international protection](#) (implemented by the National Asylum Commission in cooperation with UNHCR within the project Em.As.Com - Empowerment Asylum Commission, co-funded by the European Commission in December 2021).
- [Operational Handbook for the reception and care of Unaccompanied Foreign Children](#) (published by the Ministry of the Interior -Department for Civil Liberties and Immigration, with the support of the European Asylum Support Office (EASO) and in collaboration with the Department of Public Security, Central Service for Reception and Integration System (SAI), the Ministry of Labour and Social Policies (General Directorate for Immigration and Integration Policies), the United Nations High Commissioner for Refugees (UNHCR) and the International Organisation for Migration (IOM) 2021).
- [National Action Plan against Trafficking and Serious Exploitation \(2022-2025\)](#)
- [Guide and Operational tools on GBV risk mitigation and child safeguarding within widespread reception](#) developed by the Civil Protection in cooperation with UNICEF and UNHCR, aimed at integrating the approach of mitigating the risk of gender-based violence and strengthening child protection systems in the reception processes of people arriving from Ukraine.
- [SAI Operational Manual for the activation and management of integrated reception services for asylum seekers and holders of international protection \(2021\)](#).

⁴ See [Regulation \(EU\) 2016/679 of the European Parliament and of the Council of 27 April 2016 and Legislative Decree No.196/2003, Personal Data Protection Code](#) and, if applicable, Legislative Decree No. 51/2018.

⁵ The term ‘referral’ refers to the mechanism of reporting, possibly in a standardised manner, persons and their vulnerabilities to the competent authorities or services, or those who can best respond to the needs identified, while respecting the confidentiality of the information and the consent of the persons concerned.

- **[Guidelines for Territorial Commissions for the Recognition of International Protection: identification of victims of trafficking among applicants for international protection and referral procedure](#)**, first adopted in 2016, in the framework of the project of the National Asylum Commission and the United Nations High Commissioner for Refugees (UNHCR) and updated with the support of the European Commission (2021).
- **[Interim operational indications for the management of facilities with highly fragile and socially marginalised persons in the context of the COVID-19 epidemic](#)** (published by NIHMP at the request of the Ministry of Health, 2020).
- **[Guidelines for the early identification of victims of female genital mutilation \(FGM\) or other harmful practices](#)** (Associazione Parsec Ricerca e Interventi Sociali; Coop. Soc. Parsec; University of Milano-Bicocca; A.O. San Camillo Forlanini; Nosotras Onlus and Associazione Trama di Terre, 2018).
- **[National Guidelines for Health Authorities and Hospital Authorities on response and socio-health assistance for women victims of violence](#)** (DPCM, GU no.24 of 30-1-2018).
- **[Regional Health Contingency Plan on Migrants](#)** (2017) published by the Regional Department of Health of the Sicilian Region and the Ministry of Health (General Directorate for Health Prevention).
- **[Guidelines for the planning of assistance and rehabilitation interventions as well as for the treatment of mental disorders of holders of refugee status and subsidiary protection status who have suffered torture, rape or other serious forms of psychological, physical or sexual violence](#)** (issued by the Ministry of Health, 2017).
- **[Guidelines “Border controls barrier: health checks on arrival and health protection pathways for migrants hosted at reception centres”](#)** (National Institute for Health, Migration and Poverty, 2017).
- **[Hotspots Standard Operating Procedures \(SOPs\)](#)** (published by the Ministry of the Interior, Department for Civil Liberties and Immigration and Department of Public Security, with contributions from the European Commission, Frontex, Europol, EASO, UNHCR and IOM, 2016).
- **[Guidelines for implementing prevention, care and rehabilitation activities for women and girls survivors of female genital mutilation practices](#)** (issued by the Ministry of Health, 2007).
- **[IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings](#)**, 2007.

All activities outlined in this Handbook, including the transmission of information on identified vulnerabilities, must be carried out in compliance with the Law on the protection of privacy (EU Regulation 216/679 and Legislative Decree No. 196/2003 and, where applicable, Legislative Decree No. 51/2018).



MAIN REGULATORY REFERENCES

- [*The International Convention relating to the Status of Refugees*](#), Geneva 1951 and Additional Protocol 1967.
- [*International Convention on Maritime Search and Rescue*](#), Hamburg 1979.
- [*United Nations Convention on the Law of the Sea*](#), 1982.
- [*International Convention on the Rights of the Child*](#), New York 1989.
- [*The Council of Europe Convention on preventing and combating violence against women and domestic violence \(Istanbul Convention\)*](#), 2011.
- [*IMO Guidelines on the Treatment of Persons Rescued at Sea*](#), Resolution MSC.167(78) of 2000.
- [*Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime*](#), New York 2000.
- [*Regulation \(EU\) No. 2016/679 of the European Parliament and of the Council of 27 April 2016. General Data Protection Regulation.*](#)
- [*Regulation \(EU\) No. 2013/603 of the European Parliament and of the Council of 26 June 2013, concerning the establishment of 'Eurodac' for the comparison of fingerprints for the effective application of Regulation \(EU\) No. 604/2013 establishing the criteria and mechanisms for determining the Member State responsible for examining an application for international protection lodged in one of the Member States by a third-country national or a stateless person and for requests made by Member States' law enforcement authorities and Europol for law enforcement purposes for comparison with Eurodac data, and amending Regulation \(EU\) No. 1077/2011 establishing a European Agency for the operational management of large-scale IT systems in the area of freedom, security and justice.*](#)
- [*Regulation \(EU\) No. 604/2013*](#), establishing criteria and mechanisms for determining the Member State responsible for examining an application for international protection lodged in one of the Member States by a third-country national or a stateless person.
- [*Regulation \(EC\) No 562/2006 of the European Parliament and of the Council of 15 March 2006*](#) establishing a Community Code on the rules governing the movement of persons across borders (Schengen Borders Code).

- [International Health Regulations](#) (23 May 2005).
- [Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection \(recast\)](#).
- [Directive 2011/95/EU of the European Parliament and of the Council of 13 December 2011 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted \(recast\)](#).
- [Directive 2011/36/EU of the European Parliament and of the Council of 5 April 2011 on preventing and combating trafficking in human beings and protecting its victims](#).
- [Council of Europe Convention on Action against Trafficking in Human Beings](#), Warsaw, 16 May 2005.
- [Council Directive 2003/86/EC of 22 September 2003 on the right to family reunification](#).
- [Law No. 47/2017 Provisions on Protective Measures for Unaccompanied Foreign Children](#).
- [Law No. 451/1995, converted, with amendments, by Law No. 563/1995. Urgent provisions for the further employment of Armed Forces personnel in maritime border control activities in the Apulia region](#).
- [Legislative Decree No. 51/2018 Implementation of Directive \(EU\) 2016/680 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data by competent authorities for the purposes of the prevention, investigation, detection or prosecution of criminal offences or the execution of criminal penalties, and on the free movement of such data, and repealing Council Framework Decision 2008/977/JHA](#).
- [Personal Data Protection Code](#) (Coordinated Text, Legislative Decree No. 196/2003).
- [Legislative Decree No 142/2015 Implementation of Directive 2013/33/EU on standards for the reception of applicants for international protection and Directive 2013/32/EU on common procedures for granting and withdrawing international protection](#).
- [Legislative Decree no. 25/2008 Implementation of Directive 2005/85/EC on minimum standards on procedures in Member States for granting and withdrawing refugee status](#).
- [Directive containing criteria for the organisation and management of detention centres for returns provided for by Article 14 of Legislative Decree No. 286/1998 and its annexes](#) (adopted by Decree of the Minister of the Interior on 19 May 2022).
- [Contract specifications scheme for call for tenders for the provision of goods and services within the management of the centres under Legislative Decree no. 451/1995, converted, with amendments, by Law No. 563/1995](#) (approved by Ministerial Decree of 24 February 2021).



GENERAL PRINCIPLES

(Procedural guarantees applicable within each operational sequences)

The identification of conditions of vulnerability and related specific needs poses the necessity to consider, as a preliminary step, some recurring transversal principles, which are common to all phases of reception.

1. The identification of a specific situation of vulnerability prompts a series of dedicated guarantees and protection measures.⁶
2. The vulnerability identification and disclosure process is to be considered as an activity that accompanies the person throughout the whole rescue and reception process,⁷ from rescue at sea to access to the territory, during the international protection procedure (for those who have requested it), and in the subsequent phases of reception. Therefore, a constant updating of indicators and, consequently, of vulnerability assessments is required in order to incrementally identify the information available to ensure a functional use of resources during vulnerable persons' permanence within the reception system or detention centres. Therefore, indicators for the identification of vulnerabilities must be considered in each reception phase, and assessment elements that emerged in the previous phases must be monitored, with the consequent updating of social and health records.
3. The identification of vulnerable persons must be carried out by all institutional and non-institutional actors who intervene, in different capacities, in various phases of reception, even if not necessarily operating within the reception system or within the National Health Service (NHS). Therefore, each actor and/or operator, within the limits of their competences, is at the same time an observer and an active agent in the identification and intake, also through an action of information sharing on the identified vulnerabilities to competent authorities and social services in compliance with the Law on the protection of privacy.⁸
4. An individual may live with several conditions of vulnerability (multiple vulnerabilities) which, as mentioned above, may emerge during the different phases of reception. It is, therefore, necessary that actors always follow a holistic approach and that the intake process is carried out by a multidisciplinary team with adequately trained and skilled workers.

⁶ See art. 19 of Consolidated Law on Immigration ("Testo Unico Immigrazione", the relevant legislation on the matter of migration in Italy) on the prohibition of expulsion/ readmission; see art. 7, par. 5 (prohibition of detention in CPR), art. 17 Legislative Decree No. 142/2015 (adequate reception measures) and Articles 18, 19 and 19 bis (specific measures for UASCs); Law No. 47/2017 Protection measures for UASCs; art.12,19,28, 28-bis, par. 6, 28-ter, letter g), Legislative Decree No. 25/2008; in the Political Declaration on Migration adopted by the EU Justice and Home Affairs Council on 10 June on the voluntary solidarity mechanism, it is indicated that "relocations should apply primarily to persons in need of international protection, giving priority to the most vulnerable".

⁷ In this sense, the same Article 17, paragraph 6 of Legislative Decree No. 142/2015 also reads "The services set up (pursuant to paragraph 3) shall ensure an "initial and periodic evaluation of the fulfilment of the conditions set out in paragraph 1 by qualified personnel".

⁸ See Regulation (EU) 2016/679 and [Legislative Decree No. 196/2003](#).

5. The factors that determine an individual's vulnerable condition, in addition to the personal situation, can also be traced back to family situations (e.g., mistreatment within the family), as well as to the community and context of origin (e.g., forms of persecution against persons with different sexual orientations).⁹ For this reason, when using the different categories provided for by EU and national legislation, it is crucial that all these factors are considered both as determinants of vulnerabilities and as elements that can strengthen the individual's ability to overcome these conditions.
6. In compliance with the Law on the Protection of Privacy,¹⁰ it is imperative that all information pertaining the vulnerability status of persons at various stages of the reception process precedes and/or accompanies the concerned person. This is done in order to promptly and correctly determine which services are required during identification and care. To achieve this, it is essential to establish standardised and shared tools, fostering collaboration among all public and private entities involved in the response. Sensitive information, such as personal data, shall only be shared with authorised personnel responsible for tasks that necessitate access to such data.
7. In full compliance with data protection regulations,¹¹ health information, as well as any data of judicial relevance, must follow a formalised flow of communication and may, therefore, be conveyed and transmitted only to competent staff actually entrusted with functions for which knowledge of such data is indispensable, and in possession of the necessary authorisations to process sensitive data.
8. Some vulnerabilities (e.g., in case of victims of torture) must be attested by a certification issued by public health service personnel. This certification is a valuable support for the Territorial Commission in the process of recognizing international protection. Moreover, such certification is necessary for assessing and certifying the suitability (or lack thereof) of administrative detention measures referred to in the specific chapter of this Handbook.
9. Coordination among authorities involved in the reception system, both centrally and locally, is the pivot around which sustainable actions aimed at protecting vulnerable persons are implemented. In this sense, regular meetings of institutional actors aimed at establishing a coordination mechanism on vulnerabilities,¹² also with the involvement of other actors not involved in reception (e.g., non-profit bodies/organisations operating on the territory), can guarantee adequate planning, continuity in the communication flow and an effective response at different levels of intervention.¹³
10. The connection and synergy between the reception centre/project and territorial services (first and foremost, health services) promote a joint action in the area and strengthen the construction of a network to support the care and integration paths of refugees and migrants, especially the most vulnerable.

⁹ In this regard, refer to the [IOM Handbook on Protection and Assistance for Migrants Vulnerable to Violence, Exploitation and Abuse](#), which aims to provide elements for the protection and assistance of migrants and refugees vulnerable to violence, exploitation and abuse, before, during and after the migration journey, as well as the [tools developed for the identification of vulnerabilities to violence, exploitation and abuse](#). Also refer to the [background paper](#).

¹⁰ See footnote 8.

¹¹ See footnote 8.

¹² Good practices observed in the area foresee coordination tables at the local Prefecture, composed of representatives from the Police Headquarters, the local health authority, USMAF, NGOs, a representative of the territorially competent social services, the competent Territorial Commission for the Recognition of International Protection and any other international body and organisation that, at territorial level, it is deemed useful to involve, such as networks specialised in trafficking and protection from gender violence.

¹³ As a general rule, any information on identified vulnerabilities (whether during rescue at sea or when entering the territory) should therefore always be primarily reported to local authorities (Prefectures), which, through the local coordination mechanism, arrange for an initial intake of vulnerable persons. The communication on the identified vulnerabilities must therefore be shared, if necessary, with the Central Directorate of Civil Services for Immigration and Asylum at the DCLI, which has the function of coordinating and supporting the Prefectures in identifying the most suitable reception centres in regard to the needs of vulnerable persons, collecting aggregate data on vulnerabilities, monitoring and training and updating the operators involved in the reception system.

Insights

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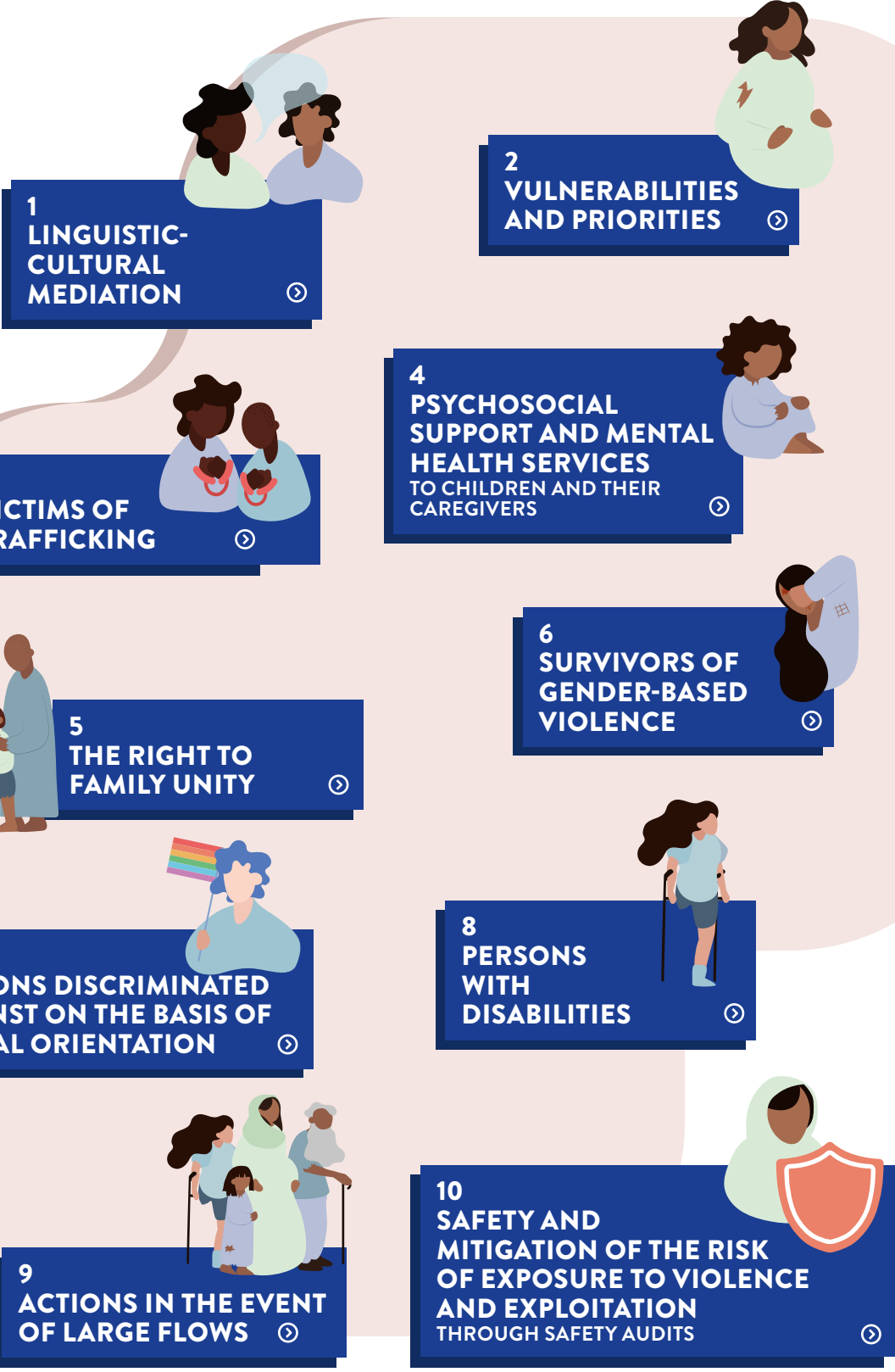
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INSIGHT 1

LINGUISTIC-CULTURAL MEDIATION



The involvement of linguistic-cultural mediators is cross-cutting in all the activities carried out in favour of refugees and migrants, particularly in a context of (first) approach and disclosure of vulnerabilities. Linguistic-cultural mediation is, in fact, the bridge between refugees and migrants arriving in Italy and the various professionals involved at different levels. Mediation also ensures the facilitation and understanding of specific procedures and information, allowing an appropriate response to the needs identified.

Mediation activities must meet the highest standards of confidentiality and must be organised through continuous observation of the groups and the composition of the assisted refugee and migrant population, and through dialogue with individuals, in order to explain procedures, provide the necessary information for people to understand the context and the protection solutions they are entitled to access, as well as to refer cases and specific identified needs to the relevant personnel, primarily in terms of health and psychological care.

The role of linguistic-cultural mediation is also crucial in making refugee and migrant people aware of the rules concerning different aspects of

care and reception (e.g., health surveillance or the need for special procedures, and promotion of an understanding of coexistence rules). Linguistic-cultural mediation is also pivotal for the resolution of any critical issues related to the presence of different nationalities and personalities, supporting reception workers and professionals involved in the different activities concerning and involving refugees and migrants.

During all healthcare activities, and in particular those related to vulnerable persons, the presence of a linguistic-cultural mediator, trained and qualified in the field of health mediation and in accordance with gender, age and specific needs¹⁴ is strongly recommended, in order to avoid the risk of a sterile word-for-word translation between doctor and patient. This will ensure the integration of the emotional sphere and the correct interpretation of elements related to different cultural interpretations of illness and health that would otherwise be lost and, instead, which are absolutely necessary to establish a relationship of trust with the health personnel and to improve the clinical and salutogenic process.

¹⁴ To ensure female refugees' and migrants' effective access to information, services and procedures, the mediation service should be provided by female staff. The use of a child-friendly approach for child support activities is also crucial, as is dedicated cultural mediation for persons with hearing and cognitive disabilities.

INSIGHT 2

VULNERABILITIES AND PRIORITIES

Vulnerabilities

Relevant legislation¹⁵ makes explicit reference to the types of vulnerabilities for which appropriate care must be ensured. However, in addition to the effective care of vulnerable persons, it is also important to consider the need for targeted and timely interventions in response to specific, generally health-related priorities, which can vary depending on the reception phase and may also diminish over time.

Vulnerable persons are entitled to appropriate care for the specific needs related to their condition of vulnerability. Among the vulnerabilities indicated by the relevant legislation, some are related to explicit and objective conditions inherent to the health condition or socio-legal status of the individual, such as, for example, being an unaccompanied or separated foreign child (UASC). On the other hand, other vulnerabilities, such as psychological distress, are less identifiable, and thus require a non-urgent, yet prompt, identification in order to ensure a specialised and qualified referral. Therefore, it is clear that activities aimed at identifying “non-explicit or non-objective” vulnerabilities may become more precise during the course of reception, considering that specialised operators will have time to carry out in-depth visits and interviews that, for example,

cannot be carried out during a disembarkation.

Therefore, from an operational point of view, the condition of vulnerability requires a specific intake process which, however, could be postponed in time, if immediate intervention is not possible or necessary.



Priorities

In general, priorities are predominantly health-related and are determined by health professionals intervening on the person, also on the basis of information gathered in previous phases (e.g., see information gathered prior to disembarkation during operations at sea – see Annex 1 for reference).

Individuals in situations of health emergencies need an intervention that cannot be postponed and which justifies a prioritised action being provided to them over others. For example, during disembarkation operations, priority will be given both to a pregnant woman who requires immediate medical attention (vulnerable and priority), and to a person with a fracture (health priority and vulnerability to be verified) whose situation can be resolved within a certain time frame (the fracture is treated and the person regains mobility). However,

in any condition that requires medical intervention, such as in the case of a fracture, it is necessary to check whether there is any vulnerability related to the underlying causes of the health condition; in the example of the fracture, the person may have suffered an accidental trauma or may have been a victim of intentional violence and/or torture, which may have had an impact on their mental condition. Therefore, in addition to the treatment of the trauma, other signs and symptoms potentially suggesting that the person may be a victim of torture should be looked for.

On the other hand, some vulnerabilities that do not require prioritised intervention will still need to be specifically and adequately addressed (e.g., UASCs or persons with chronic illness).

¹⁵ Art. 17 Legislative Decree No. 142/2015.

INSIGHT 3

VICTIMS OF TRAFFICKING

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Trafficking in persons is a crime defined as “the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation”.¹⁶

The complexity and nature of the trafficking in human beings phenomenon make it difficult to collect data on it: numbers available only represent reported or identified cases, reflecting only a fraction of the actual reality of the phenomenon. According to data from the latest UNODC report,¹⁷ about 42% of identified trafficking victims are women, 23% are men, 18% are female children and 17% are male children. IOM collects and analyses data on migration globally;¹⁸ in fact, in order to support the collection of data on human trafficking, in 2017 IOM launched the Counter-Trafficking Data Collaborative (CTDC), an open and freely-accessible data collection tool where data on victims of trafficking and severe exploitation assisted by many organisations around the world converge.

As recalled by the EU Strategy on Combating Trafficking in Human Beings (2021-2025), improving data recording on victims of trafficking and serious exploitation seems to be necessary also in Italy, enhancing already existing platforms and strengthening the exchange of information between the reception and protection systems, as well as promoting transnational information sharing among EU member states, countries of origin and transit of migration flows.

Hotspots Standard Operating Procedures (SOPs) provide for a special attention to the identification of possible cases of trafficking among incoming

flows of refugees and migrants already during disembarkation operations, by providing them with an initial briefing (also through the distribution of information material translated into several languages) immediately after the first screening and before the photo-identification phase. A second, more in-depth briefing is also provided at subsequent stages, with the support of cultural mediators.

The SOPs also provide for the possibility of conducting specific awareness-raising sessions for maritime units’ crews in order to increase the chances of identifying cases of human trafficking. Therefore, this vulnerability can also be included in the report card (Annex 1) submitted by the afore-mentioned units. Any suspected case must be reported to local authorities at the place of disembarkation, prior to the arrival of the intervening unit through the maritime incident report.



¹⁶ Art. 3, Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organised Crime (2000).

¹⁷ See the [report](#) of the [United Nations Office on Drugs and Crime](#).

¹⁸ See the platforms [Migration Data Portal](#) and [Displacement Tracking Matrix](#) that analyse data on migration flows and routes worldwide.

Without prejudice to the prerogatives of Mobile Squads' personnel and, more generally, personnel from the operating State Police, the detection of possible cases of human trafficking may also occur during identification, screening and debriefing activities and must be immediately reported to the local mobile squad (or other investigating authority), that will proceed with the investigation of the case. The SOPs provide that, once a possible case of human trafficking has been identified, the individual must be separated from the rest of the persons under identification, and that IOM, where present, conducts an initial interview with the potential victim, with the support of cultural mediators; in case of positive identification, the local mobile squad (or other investigating authority) is informed.¹⁹ In case of unavailability of IOM personnel, the first interview can be conducted by the personnel temporarily in charge of the potential victim, in coordination with anti-trafficking associations, to whom referrals can also be made through the use of information material (National Anti-Trafficking Helpline 800 290 290). The victim must then be transferred to a shelter, with reception standards and conditions that are appropriate to the vulnerability in question.

Procedures already outlined in the SOPs can be replicated in other arrival contexts, both in the case of land-based activities following spontaneous disembarkation, given the applicability of the SOPs in all places of arrival by sea,²⁰ and in places of land arrival and at airports, providing dedicated moments and spaces in which information sessions

and individual interviews are carried out; this is functional to raise awareness on the risks associated with human trafficking among the incoming refugee and migrant population, and to encourage the early identification of cases as soon as possible upon their arrival in Italy.²¹ In any case, it is crucial to ensure respect for the victim's decision not to press charges, and to promptly separate the victim from potential traffickers.

Regarding child victims of trafficking, we recall the need for the operators of the dedicated reception facilities and the children's guardians to be adequately trained on trafficking and the different forms of exploitation to which victims, including children, can be subjected, and which can be related to sexual and labour exploitation, but also to the involvement in illicit activities. Finally, it is necessary to implement the "Provisions on measures for the protection of unaccompanied foreign children" established by Article 17 of Law No. 47/2017, which call for the creation of a specific support programme to ensure adequate reception and assistance for unaccompanied foreign children who are victims of trafficking and for the strengthening, throughout the national territory, of coordination between the reception system for unaccompanied children, anti-trafficking projects and social services at the local level. Such programme would ensure the timely intake of children identified as victims of trafficking and their transfer to appropriate facilities for the response to their specific vulnerability.

¹⁹ The [IOM-UNHCR Framework document on developing standard operating procedures to facilitate the identification and protection of victims of trafficking](#), published in June 2020, suggests a UNHCR/IOM cooperation procedure to ensure that each organisation's expertise, capacities and potential are effectively deployed and coordinated to provide the best possible protection and assistance for victims of trafficking.

²⁰ As stipulated in the circular of 5 December 2012 of the Department of Civil Liberties and Immigration and the Department of Public Security, that provides for the application of SOPs to all landing sites.

²¹ In order to promote the identification of vulnerabilities, there are various tools and indicators that are updated according to flow trends. These include, among others, reports published by IOM with reference to North-African flows of trafficking victims from Nigeria and Côte d'Ivoire, available [here](#).

INSIGHT 4

PSYCHO-SOCIAL SUPPORT AND MENTAL HEALTH SERVICES

TO CHILDREN AND THEIR CAREGIVERS

Mental health and psycho-social well-being of every individual, children in particular, are fundamental rights that need to be protected and considered in every intervention and phase of reception.

If ensuring the psycho-social well-being of accompanied and unaccompanied children is central and must be considered a priority, attention to the well-being of their caregivers is equally crucial, in order to ensure effective parental care and long-term protection of the child.

Reception centres should provide a safe, stimulating, supportive and effective environment for all guests, capable of promoting and protecting their psychosocial well-being and reducing possible risk factors. Operational objectives of personnel working in such centres include fostering mechanisms for identifying, referring and taking care of the specific vulnerabilities of children and their caregivers, including those related to psychological suffering and mental health.

Multidisciplinary teams operating in reception centres for children and families, together with social and health services, thus play a crucial role in guaranteeing the psychosocial well-being of children and their caregivers, as well as the prevention of psychological distress, while ensuring timely identification, referral and care of those requiring specialised mental health support.

The needs and emotional experiences perceived by girls and boys, especially those related to complex situations such as forced migration, are not always expressed in ways that can be easily decoded by reception centres personnel or the closest key person.

Children and their caregivers often need to be supported and guided in understanding their most delicate emotional states (which are sometimes very painful), and possible related psycho-physical and relational reactions. Supporting psychosocial needs and well-being is based on two types of intervention:

Prevention interventions: the objective is the reinforcement of the acquired state of psychosocial well-being and the strengthening of individual and environmental resources that support and facilitate the effective management of developmental challenges and adaptation processes. This category includes all services that consolidate the person's life skills and strengths (such as cognitive-intellectual skills, emotional-relational skills, etc.), promote social connections based on trust and support (among peers, within a household, with adult key persons, etc.) and, regarding caregivers, their ability to provide reliable and effective parental care.

Support and care interventions: these interventions are provided in response to a condition of emotional distress, psychological suffering, or -in more serious cases- in the presence of an overt psychological disorder or psychopathology. Emotional distress may take forms that are not always clearly recognisable, and may sometimes hide behind behaviours that would seem to communicate conflicting messages. Professionals (e.g., educators, reception facilities' coordinators, social workers, psychologists) and other possible key persons (e.g., parents, guardians, teachers or traineeships supervisors, sports coaches or animators in social-recreational centres) should be able to interpret the behaviour of children and adolescents and promptly identify signs of suffering and possible emotional distress. These manifestations of distress, when promptly identified and addressed with the appropriate support, can be managed and overcome without the aid of clinical figures and specialised, intensive interventions.



Within reception centres, it is imperative to ensure the provision of the aforementioned preventive psycho-social support interventions at all times. The process of taking individuals into care must adhere to specific criteria, taking into consideration the unique needs of each individual and demonstrating cultural sensitivity, competence, and the ability to effectively integrate different and complementary types of support, within a network that encompasses other services and resources available on the territory.

In particular, in this context, the organization of psycho-social group activities carried out by adequately trained and regularly supervised psycho-socio-educational personnel, capable of detecting any specific mental health needs that require a focused and individualised intervention by local specialised services, is recommended. A tool to be considered in this regard may be [“The Adolescent Kit for Expression and Innovation”](#), developed by UNICEF and currently being adapted to the Italian context, which provides the theoretical reference framework on psychosocial support for adolescents and suggests activities to be implemented within reception communities. Another useful tool to refer to is the “Helping Adolescents Thrive Toolkit”,²² providing some guidelines and an implementation manual. The Toolkit, developed by a joint UNICEF-WHO initiative, aims at supporting organisations and actors interested in the promotion and protection of the well-being of adolescents and their caregivers.

As recognised by the [IASC International Guidelines on Mental Health and Psycho-Social Support](#), it is not the role of reception centre staff to make diagnoses (as this falls under the exclusive competence of specialists in the field), but it is their responsibility to recognise signs of psychological suffering and mental distress that may arise during educational and recreational activities, as well as in the context of peer interaction among boys and girls in care.

If reception communities’ operators identify signs of possible psychological suffering and mental distress and/or psycho-physical reactions that compromise the children’s well-being, they must promptly involve the specialised services (informing the child and, in any case, with the involvement and authorisation of the guardian) in order to activate the most appropriate care. Therefore, as provided for by the current legal framework, it is important to guarantee interventions tailored to the needs of children and complementary to public social-health services (including those specialised in mental health), mobilising functional resources and skills for this purpose, from the first-line reception phase.

[Research](#) conducted by UNICEF²³ has identified a number of factors that are decisive in appropriately ensuring psychosocial support and mental health interventions unfolding from the preventive to the delivery phase of specialised mental health services (see progressive order of psychosocial support and mental health intervention in the pyramid below). Among these factors, one must consider:

²² [Helping adolescents thrive toolkit: strategies to promote and protect adolescent mental health.](#)

²³ In 2022, UNICEF promoted and implemented ‘New Pathways. Good practices in psychosocial support and mental health for adolescents and young migrants and refugees in Italy’, a mapping of good practices on psychosocial support and mental health services for unaccompanied foreign children and young migrants and refugees living in Italy.

- The ability to build psychosocial support interventions tailored to the needs of adolescents and young migrants and refugees from the initial reception phase, and calibrated to the uniqueness of each boy and girl and the multidimensionality of their needs.
- The activation of multidisciplinary teams, composed of professionals with different backgrounds, in order to ensure complementarity of professional perspectives and skills, and avoid standardised and routine responses to the needs expressed by children.
- The attention paid to cultural variables and the adaptation of treatment modalities and therapeutic tools to the cultural background of the child. This includes providing cultural and linguistic mediation services at every stage of the care, where necessary.
- The capability for interaction between actors operating in different capacities within the reception system and in local social and health services, in order to cope with the limitations and criticalities of the system and offer a synergic and timely intervention.
- Finally, as outlined in the pyramid below, actions are to be performed in a progressive order for an effective psychosocial support to be provided.

IASC INTERVENTION PYRAMID FOR MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)



INSIGHT 5

THE RIGHT TO FAMILY UNITY

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Enshrined in numerous domestic and international legal instruments, the right to family unity is manifested through the recognition of the dignity and rights of all family members, first and foremost respect for private and family life, and the preservation of family unity, including the reunification and protection of children separated from their parents. In the context of migration and within the Italian legal framework, it is understood as the right of foreign family members to maintain or regain their family unity (Art. 28 of Legislative Decree No. 286/1998).

Therefore, in the framework of the protection of such right in the context of mixed flows of persons entering Italy, it is essential, on the one hand, to **prevent family units from being separated and, on the other hand, to ensure reunification of the unit in the event of separation.** In fact, with respect to arrival in Italy, both in case of sea and land arrivals, there is a high risk of family separation with consequences both in terms of reception and ability to guarantee respect for family rights and the protection of individuals in a vulnerable condition. It is, therefore, crucial to timely act in order to ensure that the needs related to family unity are considered.

In this regard, in order to prevent the separation of families, ensuring adequate assistance, including information provided in an understandable language to incoming persons at arrival points and in transit zones, is a priority. Likewise, family tracing and reunification activities carried out upon arrival and during the stay in the territory play a crucial role in favouring the protection of family units as well as the psycho-physical well-being of the individuals assisted.



As far as family reunification is concerned, it is important to consider family ties existing between incoming individuals or between the latter and any of their relatives already present on the Italian territory, in the perspective of ensuring their reunification when necessary and if conditions allow it. Moreover, with respect to the loss of contact with one or more family members along the migratory route, it is extremely important to ensure assistance and support to individuals who wish to clarify the fate of their missing loved one, potentially the victim of a tragic event (accident along land borders, shipwreck at sea, etc.).

With respect to the aforementioned actions to protect family units, organisations and institutions in charge of carrying out procedures during the arrival

phase, and especially refugee and migrant persons in distress, can refer to the Restoring Family Links (RFL) service offered by the Italian Red Cross. The service is aimed at those who, regardless of their legal status, wish to restore and maintain contacts with family members from whom they have been separated due to wars, situations of violence, disasters, migration and humanitarian crises of various kinds, that resulted in the disruption of ties, if not the loss of contacts, with their relatives.

The possibility of contacting the RFL service and the opportunity to report any need for intervention in order to protect family unity apply to all stages of the migration route, from departure to reception on the territory, including the phase preceding sea or land arrival. The needs of separated family members that can be reported to the Italian Red Cross relate to all refugees and migrants, but are particularly relevant in the case of vulnerable individuals as outlined in this Handbook.

Specifically, the services offered by the Italian Red Cross to refugees and migrants entering Italy are detailed below:

- Information on RFL services and the right to family unity
- Collection of *Safe&Well* messages to be delivered to family members in countries of origin, transit and destination
- Collection of family separation reports
- Collection of reports on links/connections to family members already residing in Italy
- Collection of Red Cross Messages (RCMs)
- Provision of equipment for connectivity and for consulting sites dedicated to searching for missing family members (tablet, battery charger, USB cables)
- Collection of information on the disappearance and death of family members and travel companions, in order to clarify the fate of missing refugees and migrants, including support in identifying bodies

The RFL service is available by contacting the Italian Red Cross at tracing@cri.it.

For more information, refer to the dedicated pages on the [Italian Red Cross website](#), the [International Committee of the Red Cross \(ICRC\) website](#) and the [Trace the Face project website](#) for the search of family members and interrupted contacts along the migration route to Europe:

- <https://cri.it/cosa-facciamo/migrazioni/>
- <https://familylinks.icrc.org/>
- <https://familylinks.icrc.org/ttf-europe/>

INSIGHT 6

SURVIVORS OF GENDER-BASED VIOLENCE

According to the international definition of the United Nations Inter-Agency Standing Committee,²⁴ Gender-Based Violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females. The term includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private settings. Violence can take various forms (some of which may not be immediately visible), such as sexual violence, physical, psychological, emotional or even economic violence.

In recent years, numerous studies have been conducted on the widespread gender-based violence that affects women and children before, during and after their journey to Italy. Gender-based violence severely affects the immediate sexual, physical and psychological health of survivors, but it also has social and long-term economic consequences (as victims are often isolated from their communities and families). Moreover, GBV also has an impact on family relationships and on the children of survivors, especially if they witnessed acts of violence or are children born as a consequence of rape.

For these reasons, all professionals who are involved in the identification of persons with specific needs and their care, must be familiar with the key concepts and definitions of gender-based violence, understand the different factors that can put men, women and children at greater risk of violence and ensure assistance and support for all survivors. Special attention must also be paid to women and girls due to their higher risk of experiencing gender-based violence, the general discrimination they experience, and their lack of safe and equal access to care, given the systemic nature of inequality between males and females that exists in every society worldwide. Finally, actors need to be aware that the ways in which reception and care are provided can decrease the risks of GBV (e.g., by preventing women from being placed in male-dominated facilities or by ensuring that they have access to separate toilets, by providing information about their rights and available services, by creating a dedicated space or by introducing a code of conduct for reception operators).²⁵

Anyone who, carrying out their work and regardless of their role, interacts with and supports survivors of gender-based violence, must orient their actions and decisions on the basis of four basic guiding principles: safety (of the GBV survivor and their family, but also of the caregiver), confidentiality (not disclosing information without the informed consent of the person concerned), respect (putting the needs and wishes of the GBV survivor at the centre of all choices), and non-discrimination (providing GBV survivor with fair treatment, regardless of nationality, age, gender, religion, sexual orientation, etc.).

Therefore, this Handbook considers gender-based violence as transversal in respect to other specific needs: an accompanied or unaccompanied child, a pregnant woman, a disabled person or an elderly person may also be a survivor of one or more forms of gender-based violence.

For more information refer to “How to provide initial support to survivors of gender-based violence”, published by UNHCR, IOM and UNICEF.²⁶

²⁴ The UN Inter-Agency Standing Committee is the highest decision-making body composed of UN and civil society representatives and aimed at coordinating humanitarian assistance.

²⁵ See the [Guide and Operational tools on GBV risk mitigation and child safeguarding within widespread reception](#).

²⁶ See [How to provide first support to survivors of gender-based violence](#), published by IOM, UNICEF and UNHCR.



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PERSONS DISCRIMINATED AGAINST ON THE BASIS OF SEXUAL ORIENTATION

Persons discriminated against on the grounds of sexual orientation are particularly vulnerable as they often face specific forms of discrimination, abuse and violence in their countries of origin, transit and asylum. These acts are primarily driven by the perception that they possess characteristics that deviate from prevailing socio-cultural norms. Many of these persons are unaware of their right to seek protection, thereby putting their protection needs at risk of being unmet, especially when they are unable to engage in activities or access the assistance available to them.

Persons facing discrimination on the basis of their sexual orientation are at an increased risk of encountering barriers in accessing available services and may require specific additional assistance. It is imperative for aid workers to bear in mind that individuals who experience such discrimination often face challenges when accessing available support services. Therefore, it is essential to ensure the following:²⁷



- Implementation of reception measures that encompass the **specialised training of personnel** regarding the unique reception needs, personal safety, and the assessment of individual profiles. This facilitates a comprehensive assessment of international protection needs.
- Employment of **early vulnerability detection tools** that collect data and available information in order to ensure sensitiveness and prioritisation of transfer, when needed, of persons with diverse sexual orientations and specific needs.
- Provision of **safe and appropriate reception or assistance measures** that uphold the person's privacy and choices, including for teenage or young asylum seekers arriving with or without family members.
- **Assistance in accessing asylum procedures**, including the establishment of structured mechanisms for collaboration between the reception system and networks of associations with specific expertise in this field. In particular, access to legal advice or assistance, as well as information on the possibility of seeking asylum based on persecution on the basis of sexual orientation, should be facilitated.
- **Protection from harassment, physical harm or gender-based violence (GBV)** in all contexts, including administrative detention settings. This can be achieved through tools like codes of conduct and regular training of personnel on prevention measures.

²⁷ See UNHCR's publication "[I have the right to health](#)".

- **Availability of mental health services and psychosocial support under secure conditions** that prioritize confidentiality and address the identified needs.

- **Provision of medical care under safe, confidential and appropriate conditions**, including healthcare that respects sexual and reproductive health and rights (SRHR).

- **Access to sensitive information material**, with the aim of raising awareness on rights, available forms of protection, services, and specialised associations within the area.

INSIGHT 8

PERSONS WITH DISABILITIES

According to the [United Nations Convention on the Rights of Persons with Disabilities](#) (CRPD 2006, Article 1, p. 4) “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 CRPD recognizes disability not merely as a fragility or vulnerability of the person, or as a mere health issue, but rather as an impediment to “full participation in society” due to attitudinal and environmental barriers. Therefore, the Convention’s primary objective is not to address health problems/conditions, but to ensure the full realisation of equal rights for persons with disabilities.

The European Commission Communication entitled [A Union of Equality: A Strategy for the Rights of Persons with Disabilities 2021-2030](#) emphasises the need for increased attention to **refugees and migrants with disabilities**, particularly applicants and beneficiaries of international protection, including **children with disabilities**, with the aim of ensuring their safety and well-being. However, within the European context and with specific reference to refugees and migrants, there is a lack of data indicating the true extent, within the immigrant and refugee



population, of this significant minority composed of persons with disabilities. Children and adolescents with disabilities are among the most vulnerable, marginalised, and excluded groups of children, and are particularly exposed to daily violence, exploitation and multiple forms of discrimination. Early identification of and response to their needs should always be prioritised.

Disability may be the primary reason for leaving the country of origin or may often be caused by adverse conditions during the journey, or it may be a combination of both. In the process of assessing, referring, and providing assistance to incoming vulnerable individuals, the identification of persons with disabilities is crucial.

This is not only fundamental for medical diagnosis, but also because persons with disabilities may face increased protection risks and/or require specific support to access dedicated services and specialised care during their reception.

The [AMiD project](#) (“Access to Services for Migrants with Disabilities”) is the first European project focused on refugees and migrants with disabilities, initiated due to the realisation of a lack of data and information on the topic. One of the project’s goals is to develop tools to improve reception standards for this “minority within the minority” in the European Union.

The project involved four European countries (Italy, Greece, Austria and Finland) in developing a pathway and a tool ([NAT - Needs Assessment Tool](#)) for the early identification and referral of persons with disabilities. The NAT is not a medical assessment tool, but rather a needs assessment instrument that allows for the evaluation of refugees’ and migrants’ disabilities. It has been developed on three approaches: a human rights promotion approach (in line with CRPD principles), a multidisciplinary approach (to be used by different professional profiles), and a humanistic approach (including non-compulsory open-ended questions, enabling refugees and migrants to express their needs and demands in an easy and less restrictive manner).

NAT questions are designed and developed to be accessible and easy to understand, providing individuals with the opportunity to express themselves freely. Additionally, the tool facilitates information exchange to enhance effective communication between services.

The World Health Organisation (WHO) has adopted the *International Classification of Functioning, Disability and Health* (ICF) as a tool, considered an international standard for measuring and classifying health and disability. The ICF aims to describe individuals’ health status in relation to their social, family, and work spheres, in order to identify difficulties that may cause disability within their socio-cultural context. Within this framework, the use of a set of questions developed by the [Washington Group on Disability Statistics](#), which utilises the ICF as a conceptual framework, is recommended in order to identify individuals with hidden disabilities:

- Do you find it difficult to see, even though you wear glasses?
- Do you find it difficult to hear, even though you use a hearing aid?
- Do you find it difficult to walk or climb steps?
- Do you find it difficult to remember things or focus?
- Do you find it difficult to wash or dress yourself?
- Do you find it difficult to communicate, for example to understand or be understood by others, using your usual language?

People are often afraid of the stigma surrounding disability. By asking simple functioning questions, one can bypass some defences and identify necessary steps to overcome the problem.

INSIGHT 9

ACTIONS IN THE EVENT OF LARGE FLOWS



Over the years, in alternating phases, the management of arrivals and the Italian reception system have faced significant pressure, prompting responses from competent authorities.

Recently, the conflict in Ukraine, the resurgence of conflicts in Afghanistan, in the Sahel region and in the Horn of Africa have forced thousands of people to flee their countries and seek protection in Europe. Political, social and economic instability, combined with the collapse of social and health systems in some countries (particularly in Africa and the Middle East), further burdened by the COVID-19 emergency, have exacerbated the challenges of accessing healthcare and other fundamental rights, thus contributing to the increase of inflows.²⁸

These developments demonstrate how various factors, including geopolitical, social, demographic, economic and environmental conditions, can lead to periodic fluctuations in migration flows. These consequently have an impact on the correct and timely identification and care of vulnerable persons. Therefore, to ensure the effective and high-quality protection and reception of persons with vulnerabilities, the entire system requires adaptation mechanisms and contingency plans.

Over the years, the Italian Government, with the support of European Agencies, international organisations, and the civil society, has documented good practices and prepared emergency plans to address crisis situations.²⁹

²⁸ For up-to-date data see the [Ministry of Interior dashboard](#).

²⁹ See the [Guide and Operational tools on GBV risk mitigation and child safeguarding within widespread reception](#).

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CASE STUDY

Emergency Response in Ukraine

Following the serious international crisis resulting from the outbreak of the conflict between Russia and Ukraine, the Council of Ministers issued two resolutions on 25 and 28 February, declaring a state of emergency (extended until 31 December 2022, as per a resolution issued on 12 May). These measures were implemented to ensure the Italian State's participation in civil protection initiatives aimed at providing exceptional and urgent interventions to support the affected population. Moreover, they guaranteed the reception of individuals fleeing the conflict and seeking refuge in Italy.

The National Service, under the coordination of the Civil Protection Department, promptly focused its efforts on two key aspects: humanitarian assistance and reception in Italy.³⁰

With reference to the first point, the Civil Protection Department, on the basis of requests for international assistance, coordinated the assessment and deployment of available resources from various components, operational structures, and entities of the National Civil Protection Service. Additionally, it facilitated the evacuation and subsequent hospitalisation of patients in need of specialised care in various healthcare facilities across Italy.

With regard to reception, and in order to standardise the Italian emergency response, the Civil Protection Department developed the Plan for Reception and Assistance to Individuals Arriving from Ukraine. This Plan served as a supplement to the initial operational guidelines for the planning and management of reception and assistance to people fleeing war. With operational indications issued on 9 May 2022, the Plan was further enhanced with measures for widespread reception.³¹

In addition, in cooperation with various entities and administrations involved in the Ukrainian emergency (including the Ministry of the Interior, State Police, Ministry of Health, Ministry of University and Research, Ministry of Education, Ministry of Foreign Affairs, and UNHCR), the Civil Protection Department created informative tools aimed at providing useful information to individuals fleeing the war. One such tool is the brochure titled "[Information for people from Ukraine](#)", available in Italian, English and Ukrainian, which covered various topics, including reception, temporary protection, assistance, healthcare, education, employment, and a short list of useful contact numbers. The brochure also includes links to institutional websites that can provide further guidance on accessing a range of services and facilities in Italy.

The brochure is complemented by a "Q&A for people from Ukraine", which addresses specific topics and takes into account questions raised by associations of Ukrainian people in Italy. These FAQs are also available in Ukrainian, English and Italian.

³⁰ [Ukraine Emergency | Civil Protection Department.](#)

³¹ *The Civil Protection, in collaboration with UNICEF and UNHCR and in order to integrate the approach of mitigating the risk of gender-based violence and the strengthening of children's protection systems within the reception processes of people arriving from Ukraine, also developed the [Guide and Operational tools on GBV risk mitigation and child safeguarding within widespread reception.](#)*

Simultaneously, UNHCR and UNICEF established two Blue Dots³² at the North-Eastern border crossings of Tarvisio (Ugovizza) and Trieste (Ferneti). In partnership with ARCI, D.i.Re (Women in Networks Against Violence), Stella Polare Association, and in close collaboration with local authorities, these Blue Dots aimed to provide immediate assistance to the most urgent needs of incoming individuals. Priority access to services was ensured for persons with specific needs, particularly women and children.

The synergic work among all actors involved in the response allowed, on the one hand, for the swift identification of persons with specific needs, facilitated through the creation of protection spaces where previously unnoticed vulnerabilities could emerge. On the other hand, it created favourable conditions for accessing available protection and support mechanisms within the national territory, achieved through informative activities on rights, responsibilities, and services.

The Blue Dots serve as safe and welcoming spaces, featuring dedicated areas for mothers and children, allowing individuals to rest and emotionally decompress during their journey. They also provide information on individuals' rights and offer comfort, including initial psychological support, as authorities conduct administrative procedures. In the case of unaccompanied children, for instance, the synergy and complementarity between the Blue Dots and competent authorities are crucial in order to ensure the identification and implementation of the best interests of these children, managing individual cases and providing necessary follow-up support.

The collaboration between the Blue Dots and public authorities also expedited the immediate activation of exceptional reception measures. This was achieved through the identification of persons in need at border crossing points and by establishing direct communication with specialised Civil Protection hubs. Additionally, it ensured a prompt and person-centred response in cases involving survivors of gender-based violence or victims of trafficking.

³² For more information on the Blue Dots approach see [UNHCR and UNICEF activate two Blue Dots in Friuli Venezia Giulia to provide information and support to Ukrainian refugees | UNICEF Italy](#).

INSIGHT 10

SAFETY AND MITIGATION OF THE RISK OF EXPOSURE TO VIOLENCE AND EXPLOITATION THROUGH SAFETY AUDITS

Reception arrangements, including the design, layout, and management of spaces, as well as the scheduling of interventions and the personnel employed, can pose risks for both individuals accommodated in the centres and the staff working there. These risks may involve potential incidents of violence, exploitation, and mistreatment.³³ Therefore, it is crucial to ensure that reception spaces are suitable, welcoming, respectful, and dignified, prioritising the safety and well-being of all individuals, particularly women and children. In this regard, conducting regular safety audits becomes essential to assess the safety and protection standards for women, girls, and children residing in such facilities. The safety audit tool is based on a combination of methodologies, including visual and direct observation, consultations with groups of individuals accommodated at the facility, and targeted interviews with staff or other relevant actors involved in the centre's management. The purpose of these audits is to gather information pertaining to the structure and layout of the centre, the perception of safety and security, the condition of sanitation facilities, and the availability and accessibility of activities, services, and information.

By conducting these audits, authorities, governing bodies, or other competent actors can identify risks and evaluate the specific vulnerabilities of women, girls, boys, and men in relation to the identified risks. The analysis of the audit results is then utilised to develop and monitor risk mitigation measures, aiming to enhance physical security, improve living conditions, and ensure better access to services within reception facilities.

Safety audits encompass various

areas of observation and evaluation; the following list serves as an illustrative example and is not exhaustive:

- Ensuring the presence of staff with diverse/multidisciplinary skills, including a minimum of 50% female staff (in the case of women being accommodated within the centre).
- Familiarity of personnel with specialised services available in the area, particularly those dedicated to survivors of gender-based violence, and existing communication channels with them.



³³ See the [Guide and Operational tools on GBV risk mitigation and child safeguarding within widespread reception](#).

- Implementation of a code of conduct, signed by all personnel, which explicitly prohibits sexual relationships with residents, as well as any form of harassment, violence, and exploitation.
- Establishment of a confidential and secure mechanism for reporting problems and incidents that violate the code of conduct.
- Providing residents with access to appropriate information about the regulation of support services and communal living rules within the centre, tailored to their age, culture, and gender.
- Designating separate spaces for children, women, and men (unless they belong to the same household).
- Allocating a dedicated area for at-risk groups, such as children, nursing mothers, women, and adolescents.
- Installing separate restroom facilities (including showers) for men and women, equipped with proper lighting and lockable from the inside.
- Establishing adequate and secure spaces for food distribution, with considerations for the access of single women and children.
- Encouraging the participation of women, adolescents, and other vulnerable groups in the management of the facility and the activities through committees, meetings, and designated focal points.

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ACTORS INVOLVED

in the identification and care of persons with special needs

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- [Prefectures](#)
- [Department of Public Security](#) (at Ministry of the Interior)
- Provincial Police Headquarters
- [National Asylum Commission](#) (at Ministry of the Interior)
- Territorial Commissions for the Recognition of International Protection
- [General Command of the Harbour Office - Coast Guard](#) (at the Ministry of Infrastructure and Sustainable Mobility)
- [Tax and Customs Police](#) (at the Ministry of Economy and Finance)
- [General Directorate for Health Prevention](#) (at the Ministry of Health)
- USMAF (Maritime, Air and Frontier Health Offices)
- [General Directorate for Immigration and Integration Policies](#) (at the Ministry of Labour)
- Juvenile Courts
- Prosecutor's Office at Juvenile Courts
- Regional and Local Health Authorities
- [NIHMP](#), National Institute for Health, Migration and Poverty
- National Guarantor and Regional Guarantors for childhood and adolescence
- [Frontex](#), European Border and Coast Guard Agency
- [Europol](#), European Police Office
- [EUAA](#), European Asylum Agency
- [UNHCR](#), UN High Commissioner for Refugees
- [IOM](#), International Organisation for Migration
- [UNICEF](#), United Nations Children's Fund
- [ItRC](#), Italian Red Cross
- [SAI Central Management Service](#)
- TSOs, Third Sector organisations
- Reception centres' managing organisations



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SURVEILLANCE

RECEPTION



SAR OPERATIONS

SEA ARRIVALS Ⓞ

AIR ARRIVALS Ⓞ

LAND ARRIVALS/ TRACING Ⓞ



confine

All.1
HEALTH ASSESSMENT and first identification of vulnerabilities

disembarkation by vulnerability and priority

HEALTH PERSONNEL
medical triage with prompt identification of **VULNERABILITIES**

HOTSPOT ACTIVITIES Ⓞ

IMMIGRATION OFFICE

INFORMATION PROVISION
LINGUISTIC-CULTURAL MEDIATION

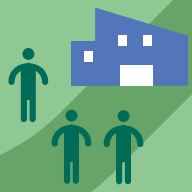
THE MORE PROMPT IS THE IDENTIFICATION OF VULNERABILITIES, THE MORE EFFECTIVE WILL BE THE INTAKE OF THE CONCERNED PERSONS

HEALTH SURVEILLANCE Ⓞ

INFECTION CONTROL

PREFECTURE
coordination with all relevant actors and legal requirements

RECEPTION SYSTEM Ⓞ



ENTRY INTO ITALY

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The prompt transmission of information regarding identified vulnerabilities during sea rescue operations or immediately after tracing/entry into the territory serves two purposes. Firstly, it allows for better organisation of initial rescue operations and, secondly, it enables the identification of appropriate services to address the specific and urgent needs of assistance required during the reception phase. Therefore, it is crucial to establish a **stable coordination mechanism among actors at territorial level**,³⁴ so as to promptly initiate actions aimed at addressing vulnerabilities, while ensuring the necessary coordination for the transmission of individual health data of refugees and migrants in need of hospital care.

The activities outlined in the following operational flows aim to facilitate the initial identification of

persons with vulnerabilities based on structured observation and listening.

As this phase pertains to entry into Italy, the identification of vulnerabilities during these operational flows will largely rely on spontaneous disclosure. Each actor involved is expected to identify and recognise, through observation and active listening, any vulnerability, including forms of torture, severe psychological, physical, or sexual violence, while acknowledging the interrelatedness of these forms of violence. In view of their specific roles, responsibilities, and limitations, social and healthcare personnel engaged in these operational sequences must be prepared and available to provide psychological first aid, if requested, without expressing judgment, discrimination, or actively seeking out victims of violence.

In general, prior to identification procedures, socio-medical personnel from competent health authorities and/or designated personnel, supported by linguistic-cultural mediators and considering gender and age, carry out the following procedures for all incoming and/or traced individuals, including accompanied and unaccompanied children:

- **diagnostic tests**, if required, based on current circumstances (this can be done at hotspots);
- an **initial health triage**;
- a **timely identification of vulnerabilities, as well as health and non-health urgencies**, by completing Annex 1 or supplementing it if some information has already been provided on the ship.

³⁴ Good practices were registered at the Prefectures of Udine and Crotone where technical tables were set up with the aim of establishing a coordination mechanism for taking charge of persons with vulnerabilities and UASCs. Local representatives of the Immigration Office, Local Health Authorities, municipal social services involved at territorial level and the reception centre's managing body all participate in the technical tables.

Notwithstanding the above, it is important to consider the procedures outlined in regional contingency plans, if they have been adopted.³⁵

In cases of health emergencies, medical evacuation operations (or MedEvac) are conducted under the logistical coordination of the Coast Guard, following medical clearance by the competent USMAF. Special attention is given to cases where the evacuated individual is part of a family unit, as their identification must be carried out to ensure reunification upon arrival. During this initial phase, it is crucial to ensure, with the support of a linguistic-cultural mediator, that information regarding the health status of individuals being transferred to the hospital is documented and appropriately transmitted to the competent Health Authorities at local and provincial levels, as well as to the respective hospitals, in compliance with privacy regulations outlined in the Law on the Protection of Privacy.³⁶

In the event of a hospital transfer, the ordering physician prepares a concise report stating the clinical issue that requires admission and provides contact information for further inquiries. Subsequently, documentation issued by the hospital following the provision of services should be provided to the individual concerned and, with their consent, to the designated contact person at the reception centre where the refugee or migrant is accommodated.

With specific reference to sea arrivals, the activities described are integrated with the

procedures outlined in the Hotspot Standard Operating Procedures (SOPs), without altering their sequence. This integration particularly applies to health assessments and the provision of information regarding rights and responsibilities of incoming individuals,³⁷ which are foreseen prior to pre-identification and photo-identification operations.

Regarding the placement of individuals within the reception system, it is the responsibility of the competent Prefecture at the point of access to request priority placement for persons with vulnerabilities. This placement should be carried out promptly within the Reception and Integration System (SAI), as stipulated by Article 8, paragraph 3 of Legislative Decree No. 142/2015 and Article 5 ter of Law No. 50/2023. If there are no available spaces within the SAI, the Prefecture, while keeping the Central Directorate of Civil Services for Immigration and Asylum (CD CSIA) informed, arranges for reception at centres established under Article 9. If those centres are also unavailable, reception is arranged at centres established under Article 11. The Prefecture identifies the most suitable facility to meet the specific needs of persons while they await for their transfer to SAI centres.

Considering the number of asylum seekers to be accommodated and the availability of spaces in the respective province, the Prefecture collaborates with the Central Directorate of Civil Services for Immigration and Asylum to facilitate transfers to other provinces.

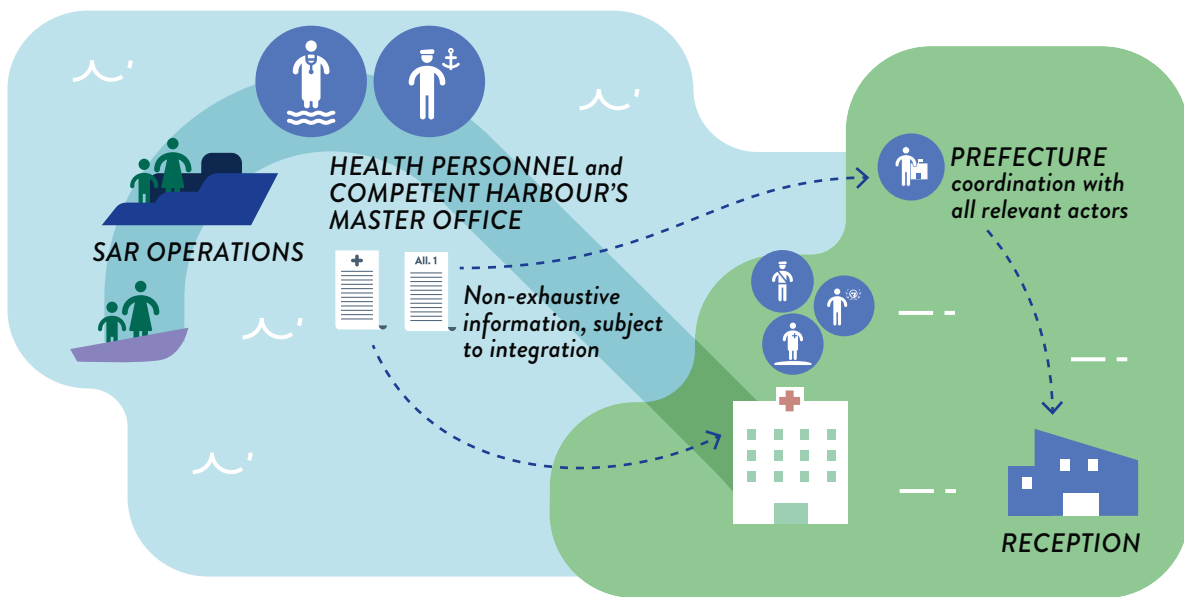
³⁵ See [the 2017 Regional Migrant Health Contingency Plan](#) published by the Region of Sicily for reference.

³⁶ See footnote 8.

³⁷ Including information on the processing of personal data pursuant to Article 13 of Regulation (EU) 2016/679.

SEA ARRIVALS

a. Sea operations



The State responsible for a Search and Rescue (SAR) area, in the event of a maritime emergency within its jurisdiction, is obligated to intervene by assuming coordination of rescue operations through its Rescue Coordination Centre (RCC). This coordination involves the use of SAR units as well as military and/or civilian units, such as merchant vessels present in the area, in compliance with legal obligations descending from the ratification of the relevant international convention ([International Convention on Maritime Search and Rescue, Hamburg 1979](#)). Furthermore, this paragraph refers to situations that did not involve rescue operations at sea, but rather an intervention aimed at escorting individuals to ports or other landing places by authorities, or an intervention by authorities following a landing.

After maritime operations are carried out by a maritime carrier, and once the competence of Italian authorities has been established, the commander of the unit transmits the information collected regarding the health and vulnerabilities of rescued individuals to the relevant operations room. This information is based on the completed Annex 1 form, which is filled out by socio-medical personnel,

if present on board, or by the ship's command with the assistance of linguistic-cultural mediators, if available.

If any person identifies vulnerabilities, they should report them to the socio-medical personnel on board, if present, or to the ship's command, that will assess and record them in Annex 1, according to their expertise. If it is not possible to complete Annex 1 on board or if the form cannot be transmitted, communication regarding vulnerabilities among migrants and refugees is conducted via radio with the relevant operations room.

The ship's command sends the completed Annex 1 form via email to the appropriate Harbour Master's Office, which includes the information that has been collected. However, it should be noted that this information is not exhaustive and may require additional updates. The Harbour Master's Office shares this information with the relevant Prefecture, Police Headquarters, local USMAF Office, Local and Provincial Health Authorities (ASL/ASP), and, for informational purposes, the Ministry of the Interior - Central Directorate of Civil Services for Immigration and Asylum (CD CSIA).

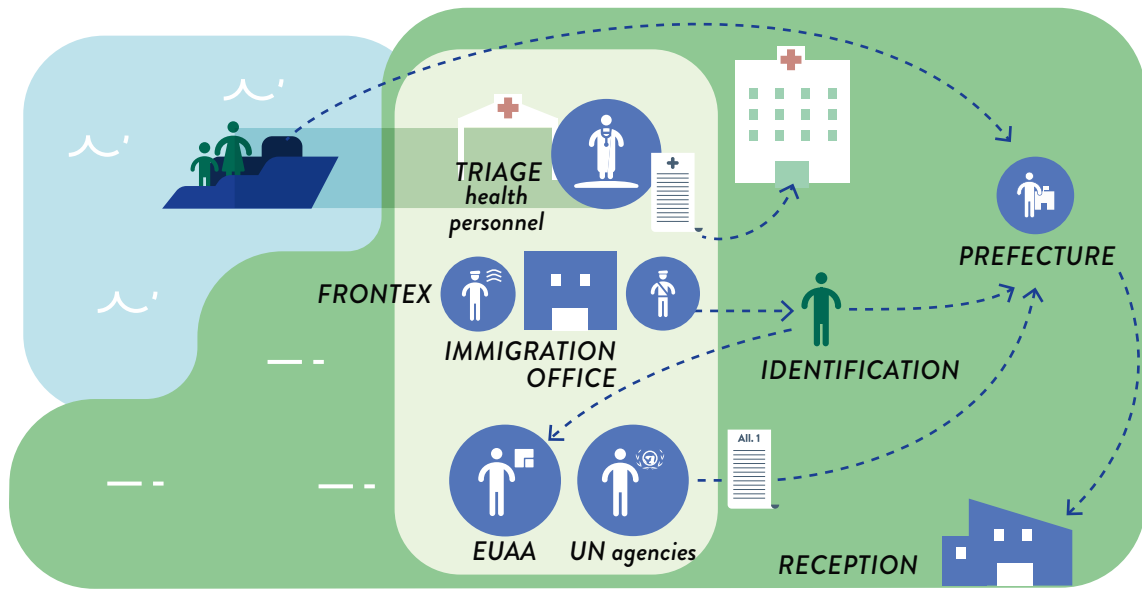
In cases where disembarkation is accompanied by the intervening authority (e.g., Harbour Master's Office escorting the ship ashore) and immediate medical intervention is required, a telephone and/or radio alert is made to initiate MedEvac procedures. An immediate alert is also made to ensure the activation of local emergency services.

Based on the information gathered on board and subsequently communicated, the Prefecture initiates an assessment of available and suitable places for reception and health surveillance, as required.

Subsequently, the Prefecture and the relevant local health services, within their respective competences, coordinate disembarkation procedures and collaborate with all stakeholders involved in the disembarkation and reception phases. This coordination aims to initiate the procedures outlined in the Hotspot SOPs.

For specific guidelines regarding actions aimed at ensuring the full protection of children (both accompanied and unaccompanied), please refer to the provisions established by applicable regulations and the operational guidelines provided in this Handbook.

b. Land activities following disembarkation



The intervening authority³⁸ shares the information on the persons who have landed on the territory with the competent Prefecture.

This information is integrated with any data already received from the Harbour Master's Office during the previous phase. Based on the received information, the competent Prefecture alerts all local actors involved in the reception phases, and takes necessary actions to address the specific needs associated with the identified vulnerabilities.

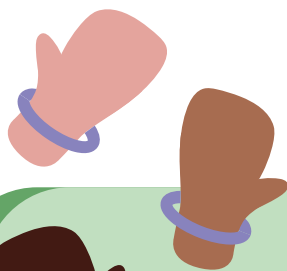
If no suitable spaces are available at the disembarkation location for the initial reception of incoming persons, the competent Prefecture arranges for their transfer to an alternative facility or sets up a gazebo equipped with side tents to ensure privacy during medical and health activities for refugees and migrants.



When feasible, the activated **health personnel** conduct an initial assessment on board the ship and prioritise the disembarkation of individuals who require specific attention due to identified vulnerabilities.

On the ground, health personnel, assisted by linguistic-cultural mediators, perform medical triage. In the event medical vulnerabilities do not require a transfer to a hospital, and the destination for the transfer is known, the medical staff who conducted the triage will share the information with the medical staff at the transfer location.

³⁸ Different law enforcement agencies operating at both national and local level can intervene.



A good practice that has been identified during disembarkation procedures in Lampedusa, is that of the provision, by USMAF, of coloured wristbands to persons with identified health-related vulnerabilities. This procedure serves multiple purposes, including the swift identification and tracking of these groups within the hotspot, facilitating priority access to medical clinics and pre-identification procedures, as well as enabling the timely registration of identified vulnerabilities in the news sheet.

In order to further enhance this good practice, it is recommended to add a letter on the wristband that points to specific priority areas. It is crucial to emphasise that the attribution of these codes should be known only among authorised actors involved in processing personal data to prevent identification by unauthorised third parties.³⁹

The suggested categories for the codes on the wristbands include:

- pregnant women
- established/suspected infectious diseases
- medical emergencies (to be prioritised for visits)
- burns, trauma, fractures, wounds, etc.
- mental disorders

These codes, accompanying the person, can provide guidance for prioritising additional visits and for ensuring appropriate actions are taken. The details of the codes will be shared by the competent authorities from the central to the local level. The **Vulnerability Focal Point** and dockside health personnel are responsible for being aware of these codes and only share them with authorised actors involved in data communication. This ensures the conscious and collaborative use of the codes.

Individuals should wear the wristbands until they are cared for by the competent authorities following transfer to a dedicated centre.

³⁹ The codes identify pathologies or conditions that are only known by health professionals. Easy recognition could be detrimental to privacy and, in some cases, expose the person concerned to danger (e.g., victims of violence/trafficking could be recognised by their persecutor/exploiter). For this reason, the provision of codes should be defined among the actors in each care setting.

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Non-medical personnel⁴⁰ present at the disembarkation site, where possible and in coordination with health personnel, helps to promptly identify vulnerable individuals through initial interviews, with the support of linguistic-cultural mediators.

In order to facilitate communication with institutional actors, non-medical personnel at the disembarkation site, in consultation with the competent Prefecture, designate a **Focal Point**, who is then responsible for collecting information gathered by colleagues and sharing it with the institutional actors present. The Focal Point passes on this information to the Prefecture and the Directorate of the first reception centre, or to a qualified person designated by the managing body. This ensures that appropriate spaces and resources are prepared for the initial care of persons with identified vulnerabilities. The Focal Point also informs the Prefecture and the Immigration Office about any relevant information for the intake of vulnerable persons, and promptly registers detected vulnerabilities in the news sheet.

Persons for whom vulnerabilities have been detected are given priority during the pre-identification phase and are provided access to medical clinics once they are transferred to hotspots and reception centres. If the province of the initial entry point is different to that of the transfer location, the Prefecture of the place of disembarkation shares all gathered information with the Prefecture that has jurisdiction over the transfer location and the Directorate of the destination centre.

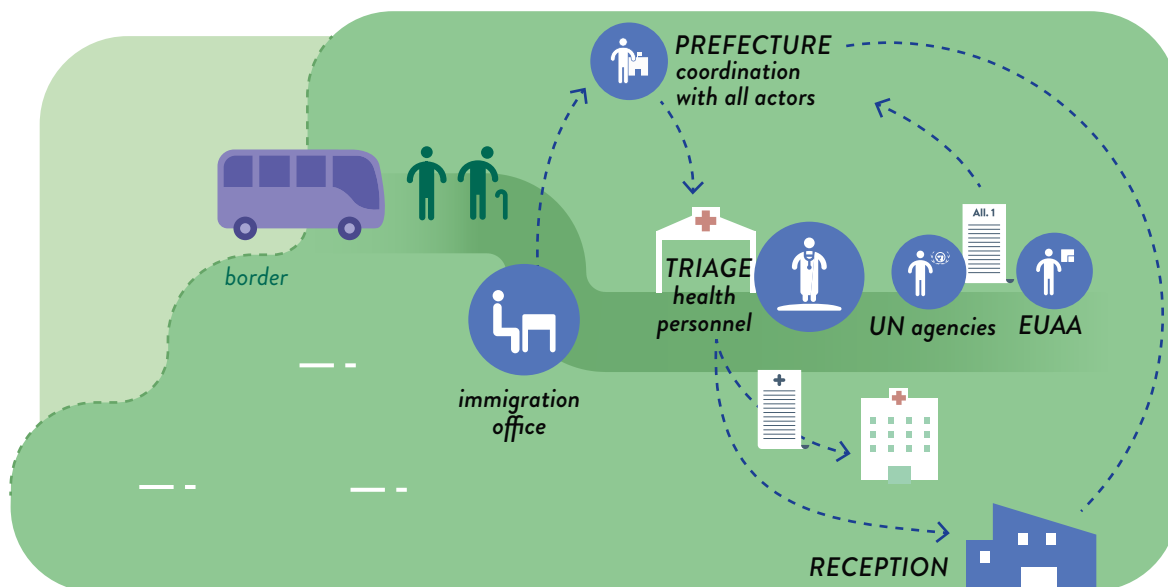
In cases where transfer to a first reception facility or hotspot is not possible at the site of disembarkation, the competent Prefecture requests the Central Service for a priority and timely transfer of vulnerable persons to the Reception and Integration System (SAI). If there are no available spaces within the SAI, the Prefecture, while keeping the Central Directorate of Civil Services for Immigration and Asylum (CD CSIA) informed, arranges for reception to take place in centres established under Article 9 and, if those centres are also unavailable, than those falling under Article 11. The Director of the centre and the competent Prefecture (if different) are notified about the needs arising from identified vulnerabilities to ensure their timely action.

For unaccompanied foreign children, the procedures outlined in the [Operational Handbook for the Care and Reception of Unaccompanied Foreign Children](#) are followed.

The collection of information is carried out using the tool provided in Annex 1.

⁴⁰ The term "non-medical personnel" includes all other actors intervening in support and assistance to the authorities (e.g., UN personnel, EUAA personnel, Third Sector Organisations), including reception staff.

LAND ARRIVALS AND/OR TRACING



In cases persons are spontaneously found in Italy, for example, the case of the arrival of a person following the crossing of a land border and subsequent detection by the competent authorities, the following procedures apply.

After incoming persons enter the national territory by crossing a land border, the intervening authority transfers them to designated locations for the initial phase of humanitarian assistance, as defined by Article 10 Ter of the Consolidated Law on Immigration. Additionally, the intervening authority informs the competent Prefecture about the entry of these persons into the national territory.

The competent Prefecture, on the basis of the information received, alerts all local actors who are involved in various capacities in the reception phase, and takes all necessary actions to address specific needs related to different vulnerabilities.



If **medical personnel** are present during the tracing process, they complete Annex 1 for land arrivals and perform medical triage. Subsequently, individuals are referred to a doctor at the reception centre.



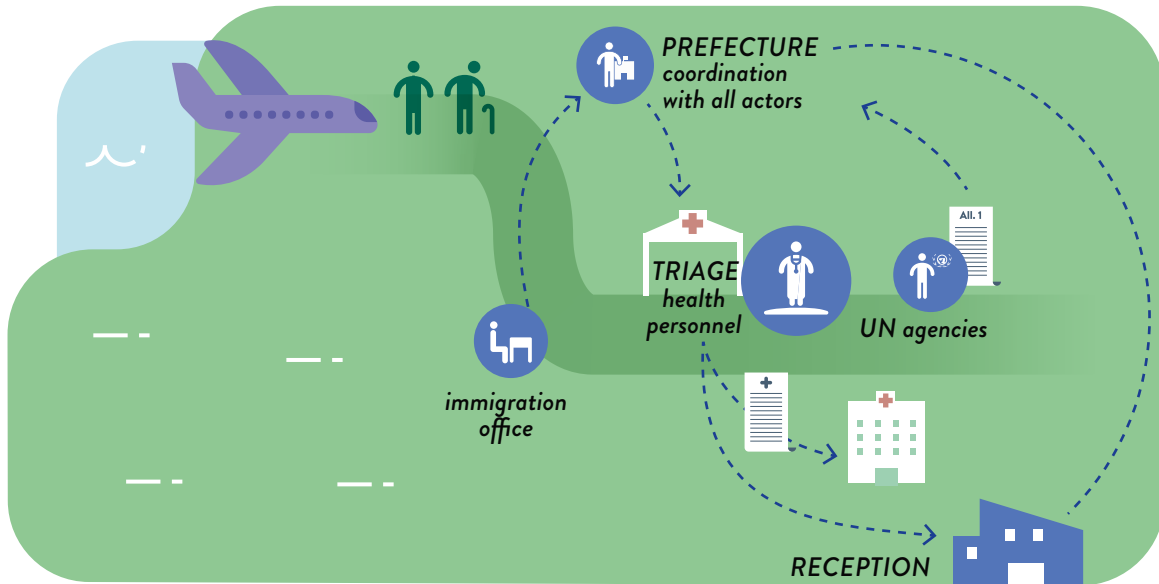
Non-medical personnel, if present and in coordination with medical personnel, assist in the early identification of vulnerable persons through initial interviews conducted with the support of linguistic-cultural mediators. Non-medical personnel also establish a **Focal Point** to collect information gathered by colleagues and share it with institutional actors. The Focal Point also informs the competent Prefecture and the Immigration Office of the Police Headquarters about any relevant details for the care of vulnerable persons and ensures their prompt registration in the news sheet.

If the first access location is in a different province than that of the intended destination, the Prefecture responsible for the tracing location requests the priority and timely transfer of persons with special needs to the Reception and Integration System (SAI). In cases where SAI places are unavailable, the Prefecture, following the indication of the CD CSIA, arranges for the transfer of individuals to centres specified under Article 9. If centres under Article 9 are also unavailable, transfer to centres under Article 11 should be considered. The Prefecture informs the management of the destination centre and the competent Prefecture (if different) about the identified vulnerabilities, and related needs, to ensure actions are taken in a timely manner.

If unaccompanied foreign children are identified, the procedures set out in the Operational Handbook for the Care and Reception of Unaccompanied Foreign Children, along with the [references provided in the operational tables for the UASC category](#) are followed.

Information collection is carried out using the tool provided in Annex 1.

AIR ARRIVALS



Upon entry into the territory at official border crossings, the intervening authority promptly notifies the competent Prefecture and other relevant authorities, such as Juvenile Courts, in case UASCs are identified.

The competent Prefecture, on the basis of the information received, alerts all local actors involved in the reception phases and takes all necessary actions to address the specific needs related to the identified vulnerabilities.



The **USMAF and/or other designated health authority** conducts a health triage/assessment of refugees and migrants in order to identify possible vulnerabilities. Healthcare personnel also assign an alphanumeric code and/or colour wristband to persons with medical needs. This allows for easy identification during pre-identification and identification procedures.



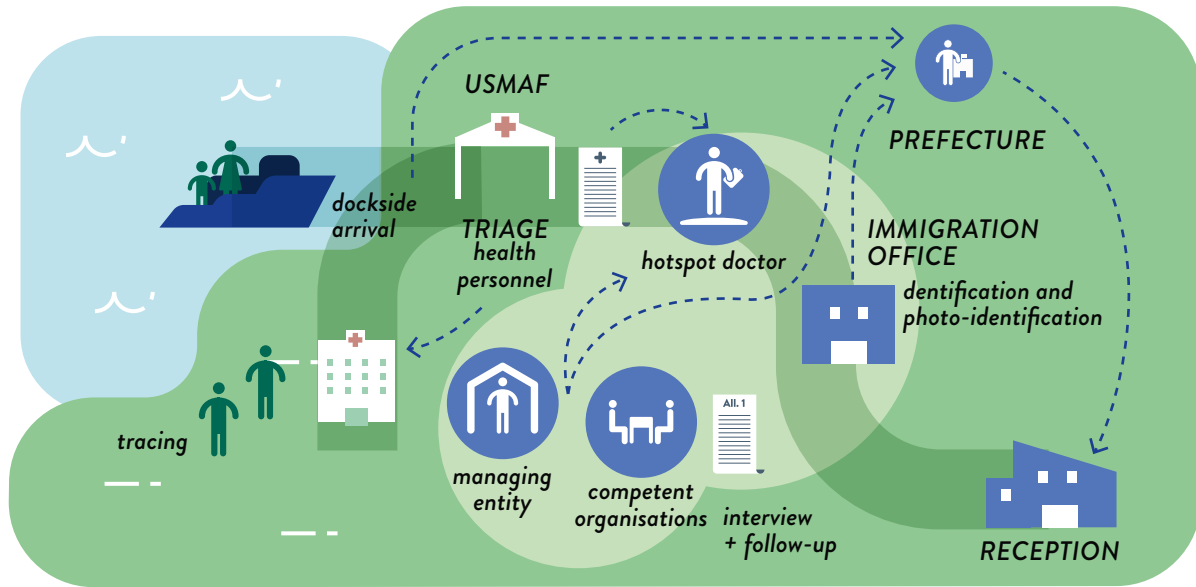
Non-medical personnel, if present and in coordination with medical personnel, provides support in the early identification of vulnerable persons through initial interviews, conducted with the help of linguistic-cultural mediators.

If the first access location is in a different province than the intended destination, the Prefecture responsible for the arrival location requests the priority and timely transfer of individuals with special needs to the Reception and Integration System (SAI). In cases where SAI places are unavailable, the Prefecture, following the indication of the CD CSIA, arranges for the transfer of individuals to centres specified under Article 9. If centres under Article 9 are also unavailable, transfer to centres under Article 11 should be considered. The Prefecture informs the management of the destination centre about the needs arising from the identified vulnerabilities to ensure actions are taken in a timely manner.

If unaccompanied foreign children are identified, the procedures set out by the legislation in force and in the [Operational Handbook for the Care and Reception of Unaccompanied Foreign Children](#), must be followed.

The collection of information is carried out using the tool provided in Annex 1.

HOTSPOT ACTIVITIES



In accordance with the regulations governing the so-called “Crisis Points” and facilities management, the following activities are to be understood as complementary to the procedures outlined in the Hotspot SOPs.

Medical personnel communicate information about health-related vulnerabilities identified at the dockside, or during tracing, to the medical personnel stationed at the hotspot, or other designated area responsible for initial operations specified in the SOPs.

The designated **Focal Point**, who was identified during disembarkation or tracing, shares all gathered information with the Prefecture and the facility management, or the person responsible for providing assistance services at the designated area. This information ensures that individuals previously identified as vulnerable are prioritised for entry into the facility and throughout ongoing operations. This prioritisation facilitates their timely transfer to the Reception and Integration System (SAI) or other alternative facilities outlined in previous phases.

In the event specific need are promptly identified, the paper and oral information provided by the SOPs prior to the photo-identification phase is

supplemented by a preliminary briefing dedicated to the rights and responsibilities associated with the identified needs.⁴¹

Procedures, including during the pre-identification and photo-identification phases, are conducted while taking into account the identified needs, and adequate measures are taken to ensure the full respect and protection of individuals (such as providing appropriate spaces to guarantee privacy, the presence of female staff, and the assistance of linguistic-cultural mediators).

After the photo-identification process, the information provided on the procedures is supplemented with specific details regarding the identified needs.

Depending on the nature of the emerged needs, this information is communicated to the medical personnel or socio-medical staff at the centre, if present. Relevant organisations authorised to operate within the hotspot, such as UNHCR, IOM, UNICEF, EUAA, and other INGOs and NGOs, may also be involved to address the identified needs. To facilitate the identification of specific needs, individual in-depth interviews are conducted with the assistance of linguistic-cultural mediators.

⁴¹ Including information on the processing of personal data pursuant to Article 13 of Regulation (EU) 2016/679.

In general, during the stay at the hotspot or designated area, screening activities are conducted to identify vulnerabilities in a timely manner. Medical and psycho-social personnel responsible for this task follow up on reported psycho-physical conditions and conduct in-depth interviews with the assistance of linguistic-cultural mediators.

If further specific needs arise after the initial identification operations have been completed, and the final destination is yet to be determined by the CD CSIA, the centre management promptly reports these needs to the Prefecture and other relevant authorities. This allows for the necessary material assistance and appropriate take in charge to be arranged, as well as for the timely transfer of the

person to the SAI. If there are doubts regarding the declared age of majority, this information is noted for potential further investigations at a dedicated reception facility.

The Prefecture with territorial jurisdiction over the hotspot communicates all information regarding identified needs to the Prefecture of the person's intended destination. The receiving Prefecture shares this information with the director of the destination centre. Additionally, detailed medical information is transferred to the destination facility's medical personnel, while ensuring compliance with privacy regulations.⁴²

⁴² See footnote 8.

ACTORS INVOLVED IN THE IDENTIFICATION OF VULNERABLE PERSONS ARRIVING ON THE TERRITORY

NOTES

SEA OPERATIONS PHASE



Medical personnel on board (if available)

Actions: Medical personnel on board are responsible for conducting a general health assessment of each migrant, aiming to identify any medical condition or vulnerability requiring attention. This assessment also includes identifying any children who have declared themselves as unaccompanied. If any medical condition or vulnerability are found, these are documented on the appropriate form alongside the necessary actions to be taken.

If there are medical conditions that **require immediate care** and cannot be provided on the vessel, the Medical Evacuation (MedEvac) procedure is activated and is coordinated by the Coast Guard. Otherwise, priority is given to disembarkation.

REFER TO: the vessel's captain.

In the event of safety risks arising, it is imperative to provide the victim with information regarding the available options for ensuring safety on board. The victim's consent to proceed with protective and referral measures must be obtained through an informed decision-making process (Survivor-Centred Approach).

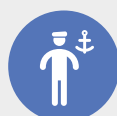


Non-medical personnel on board

Actions: Non-medical personnel on board conduct observational activities on board the vessel and identify any visible vulnerabilities or vulnerabilities that have been reported to the vessel's captain.

REFER TO: the doctor on board, if present, or the vessel's captain.

In the event safety risks arise, it is imperative to provide the victim with information regarding the available options for ensuring safety on board. The victim's consent to proceed with protective and referral measures must be obtained through an informed decision-making process (Survivor-Centred Approach).



Harbour Master's Office

Actions: The Harbour Master's Office gathers information from both medical personnel on board and other relevant staff members, and completes Annex 1.

REFERS TO: the Competent Prefecture by sending Annex 1. Additionally, if any offenses such as that of trafficking or violence are observed or suspected on board, reports should be made to the relevant authority responsible for handling such cases, in accordance with the applicable legislation.

LAND ACTIVITIES FOLLOWING DISEMBARKATION - LAND/AIR ARRIVALS



Medical Ground personnel

Actions: Medical ground personnel conduct medical health triage to assess the health status of individuals upon arrival, in collaboration with cultural mediators. USMAF personnel, if present, fulfil their international prophylaxis duties during disembarkation.

The dockside healthcare doctor, usually from the Provincial Health Authority (ASP) if present, coordinates with USMAF personnel for managing specific health priorities or vulnerabilities during disembarkation.




If a medical condition requires immediate intervention or hospital transfer, the MedEvac procedure is activated or alternatively emergency operational centres services (connected to the national medical and general emergency numbers 118 and 112) are promptly notified in order to initiate appropriate transfer procedures.




To facilitate identification and tracking of persons with specific medical needs, alphanumeric codes and/or coloured wristbands are assigned.

Individuals subjected to health surveillance undergo triage and specific screening. Throughout their stay at the facility, medical ground personnel conduct health surveillance and regular medical examinations for those accommodated.

REFER TO: Local/Provincial Health Authorities (ASL/ASP); hospitals; 118/112 emergency services, reception centre's doctor.

Pursuant to Article 10 Ter of Legislative Decree No. 286/1998, "Foreigners who are found illegally crossing an internal or external border or arriving in the national territory as a result of rescue operations at sea are taken to special crisis points established within the structures specified in [Legislative Decree No. 451/1995](#), as amended by [Law No. 563/1995](#), and the structures referred to in [Article 9 of Legislative Decree No. 142/2015](#)".

 <p>Non-medical ground personnel</p>	<p>Actions: Non-medical ground personnel observe incoming persons and, upon identifying obvious vulnerabilities or receiving reports from the vessel's captain, facilitate their prioritised disembarkation. They also designate a focal point responsible for collecting information from colleagues and distributing it to relevant institutional actors at the arrival point, in compliance with privacy regulations.</p> <p>REFER TO: If health issues are detected, non-medical ground personnel report to the local USMAF or the Local/ Provincial Health Authorities (ASL/ASP). For all other reports, they refer to Police Headquarters and the competent Prefecture.</p>	<p>Assumptions to be applied for activities following a disembarkation.</p>
 <p>State Police</p>	<p>Actions: The State Police engages in the process of identifying individuals and detecting potential vulnerabilities. It prioritises individuals who have been reported as vulnerable by both healthcare and non-healthcare personnel during the preliminary identification phase. Through pre-identification interviews and the compilation of the relevant documentation (news sheet), vulnerable persons are identified based on factual evidence, as well as through observations of their behaviour and/ or of physical indicators they may convey.</p> <p>Pursuant to Article 19 of Legislative Decree No. 142/2015, the competent public security authority promptly notifies the Juvenile Court's Public Prosecutor and the Juvenile Court about the presence of an unaccompanied child, thus initiating the procedures for appointing a legal guardian (in accordance with articles 343 et seq. of the Civil Code and its implementing regulations, as far as they are applicable) and confirming the reception measures taken. This information is also conveyed to the Ministry of Labour and Social Policies. These notifications are carried out in a manner that ensures confidentiality, thereby safeguarding the registration and monitoring of unaccompanied children.</p> <p>REFERS TO: if health issues are detected, any findings are reported to the relevant USMAF/Local and Provincial and Health Authorities (ASL/ASP). Any report of a different nature is directed at the Police Headquarters and the Prefecture.</p> <p>Cases regarding UASCs are reported to the Juvenile Judicial Authority.</p>	<p>A diverse range of personnel is present at disembarkation sites, including staff from the Immigration Office, DIGOS (Division of General Investigations and Special Operations), the Scientific Police, the National Health Service, and Mobile Squads.</p>
 <p>EUROPOL</p>	<p>Actions: Europol performs secondary security crosschecks on its databases, following a request from the DIGOS and the Mobile Squads, regarding individuals suspected of being linked to criminal activities falling under the Europol's mandate.</p>	

 <p>Frontex</p>	<p>Actions: Frontex supports national authorities in procedures such as screening (aimed at establishing the presumed nationality), debriefing (aimed at gathering information on the country of origin, the purpose of the journey, the routes and methods used, and the involvement of human traffickers), document and border controls, as well as fingerprinting and registering of migrants and refugees. In case vulnerabilities are identified, Frontex officers report them to their Team Leaders (who are members of national authorities, such as the State Police), and the Team Leaders are responsible for reporting to the competent officers at the Police Headquarters. Depending on the nature and severity of the identified vulnerabilities, Frontex Team Leaders will also report to other relevant authorities, such as the Prefecture and/or health authorities if necessary.</p> <p>REFERS TO: Deployed Frontex officers systematically record referrals of vulnerable groups and individuals made to competent authorities. This includes recording disaggregated data/information such as sex/gender, age, nationality, the type of vulnerability identified, and the national authority to which the referral was made.</p>	<p>Frontex also employs Fundamental Rights Observers, who play a crucial role in assessing the compliance of Frontex’s operational activities with fundamental rights. They provide advice and assistance in ensuring respect for fundamental rights and contribute to their promotion within the framework of integrated European border management. As part of their responsibilities, they monitor procedures related to the identification and referral/assistance of vulnerable persons carried out by Frontex officers to competent national authorities.</p>
 <p>EUAA</p>	<p>Actions: EUAA provides operational support according to an integrated approach, through teams deployed at disembarkation sites on behalf of the Prefecture and Police Headquarters. These teams conduct an initial briefing on international protection procedures, with a specific emphasis on the Dublin Regulation and voluntary relocation procedures, during the pre-identification and photo-identification phase. Additionally, they identify the most obvious specific needs of individuals and assist the Prefecture in preparing, managing, supervising, and coordinating activities during disembarkation, including within hotspots, where present, as well as during transfers. In doing so, they guarantee the accurate and comprehensive collection of lists containing identified vulnerabilities and specific established needs.</p> <p>REFERS TO: if health issues are detected, EUAA reports to the local USMAF, the Local/ Provincial Health Authorities (ASL/ASP) or to the competent entity’s doctor, if available. EUAA personnel facilitate the necessary follow-up actions by coordinating with local actors on behalf of the Prefecture. Additionally, they ensure the transmission of information regarding vulnerabilities to the CD CSIA for the purpose of entering the reception system.</p>	<p>Reception experts in support of the Prefectures are also present at the central level of the CD CSIA.</p>
 <p>United Nations Agencies</p>	<p>Actions: In accordance with their mandate, United Nations (UN) Agencies undertake informative activities concerning the rights and obligations pertaining to entry into the territory, protection procedures (such as international protection and special protection for victims of trafficking and children), as well as specialised services. Furthermore, they conduct an initial assessment to identify the distinct requirements and vulnerabilities of persons arriving at designated sites.</p> <p>REFER TO: if health issues are detected, UN Agencies report them to the relevant USMAF/Local and Provincial and Health Authorities (ASL/ ASP). Any report of a different nature is communicated to the competent Prefecture’s (and/or relevant competent institutions and bodies) contact person.</p>	<p>Wherever they are present, representatives of UN Agencies undertake these activities.</p>

 <p>Border Police</p>	<p>Actions: The actions regarding identification conducted by land Border Police are similar to those conducted at docksides, with some differences due to the varying number of arrivals. Regarding the identification of individuals, if someone applies for international protection, their application must be formalised at the local Immigration Office. It is important to highlight any identified vulnerabilities during the registration process (for more information refer to the chapter about international procedures).</p> <p>In the case of UASCs, the detected cases are reported to both the Juvenile Judicial Authority and the Prefecture.</p> <p>REFERS TO: Border Police personnel report to the Prefecture, local USMAF/Local and Provincial and Health Authorities' (ASL/ASP) and relevant territorial social services' contact persons.</p>	<p>In case of arrival/tracing in the territory across land or airport borders.</p>
 <p>NGOs/TSOs appointed by the Prefecture</p>	<p>Actions: The process of identifying, detecting, and managing vulnerabilities is conducted through a coordinated effort involving various actors, such as the Border Police, airport personnel, and other relevant stakeholders.</p> <p>REFER TO: if health issues are detected, NGOs/TSOs appointed by the Prefecture report to the relevant USMAF/Local and Provincial and Health Authorities (ASL/ASP). Any report of a different nature is directed at the competent Prefecture's contact person.</p>	<p>Assumptions to be applied in case of arrivals across airport borders.</p>
 <p>Local authorities/ social services</p>	<p>Actions: Upon notification from the State Police regarding the interception of unaccompanied children, appropriate actions are taken to ensure their prompt placement in UASCs' shelters. Such actions include contacting relevant UASCs' shelters to arrange for their immediate accommodation.</p> <p>REFER TO: the competent Prefecture and Juvenile Judicial Authority.</p>	<p>Assumptions to be applied in the case of arrivals coming from, or tracing occurring, across land borders.</p>
 <p>Transit centre's managing body</p>	<p>Actions: Organises transportation to and from hotspots, hospitality centres, and health surveillance locations. Ensures that persons with specific needs are prioritised regarding transportation arrangements. Additionally, the transit centre's managing body coordinates the reception and related services based on the specific needs identified during the screening process on board and at docksides (including ensuring that individuals are accommodated according to their gender, age, and specific diversity of needs).</p> <p>REFERS TO: if health issues are detected, the transit centre's managing body report them to relevant Local and Provincial and Health Authorities (ASL/ASP). Any report of a different nature is communicated to the competent Prefecture's contact person, in order to facilitate timely transfers of individuals to the SAI. If spaces within the SAI system are not available, the managing body arranges for transfers to centres specified under Article 9 and Article 11 of the relevant regulations.</p>	<p>In order to facilitate the identification of potential cases of violence upon entering the centre, it is recommended to establish a safe and private environment where individuals can freely communicate. This environment should also provide culturally-appropriate and accessible information materials, such as information leaflets, pocket leaflets, or digital tools that address specific needs, such as gender-based violence. They should also include relevant contact numbers, such as toll-free hotlines like 1522 or 800 290 290, as well as information about available services and individuals' rights to access them. In the event of safety risks arising, it is imperative to provide the victim with information regarding the available options for ensuring their safety. The victim's consent to proceed with protective and referral measures must be obtained through an informed decision-making process (Survivor-Centred Approach).</p> <p>It is imperative to ensure that the procedures implemented do not cause any further harm or distress to the victim.</p> <p>Whenever possible, the presence of both medical and mediation female staff, trained in gender-based violence and related operational principles, is recommended.</p>




Prefecture

Actions: The Prefecture receives information regarding vulnerabilities, aggregates data, and coordinates with all relevant actors involved in the reception phase, while keeping the CD CSIA informed. It submits placement requests to the Central Service for placement within the SAI, taking into account available information on the specific needs of asylum seekers, including their gender. If spaces within the SAI system are not available, the Prefecture, in consultation with the CD CSIA, arranges for the transfer (within the same province or in other provinces, if necessary) to centres specified under Article 9 and Article 11 of the relevant regulations. In any case, the aim is to identify the most suitable facility that can meet the applicants' specific needs, considering the dedicated services available on the territory.

REFERS TO: sends aggregate vulnerability data to the CD CSIA and disaggregated data to the Central Service and/or the destination Prefecture (if reception is arranged in a different Province), as well as to the Reception Centre's Director (in case reception has been arranged in the province of the destination Prefecture).

If individuals enter the territory through disembarkation at a location where a hotspot is operating, the relevant Prefecture informs the Hotspot's Director of any identified vulnerabilities and related needs that have emerged. This ensures the transfer of these persons to the hotspot, as well as an initial and adequate take in charge.

VULNERABILITIES	SPECIFIC MEASURES FOR THE IDENTIFICATION OF VULNERABILITIES DURING THE ENTRY PHASE	NOTES
 <h2>Accompanied children</h2>	<ul style="list-style-type: none"> Gather detailed information regarding the age and potential needs of children, as well as the composition of their household. Conduct early identification of children in need of specialised healthcare, including screening for infectious diseases and identification of obvious vulnerabilities. Identify the need for specific psycho-social or specialised support, engaging with children in single-parent households through the assistance of linguistic-cultural mediators. Conduct initial assessments of familial and parental relationships to ensure the safety and well-being of children, including verifying claims of parental ties or guardianship roles. <p>These measures are implemented within a confidential and protected environment.</p>	<p>In all activities pertaining to the identification of vulnerabilities, the paramount consideration shall be the best interests of the child. This entails taking into account factors such as the potential for family reunification, the child's welfare, social development and background, as well as their safety and security concerns. The child's opinion, in accordance with their age and maturity, should also be given due weight.</p> <p>Refer to Safe and Sound (UNHCR-UNICEF) and approach the process with empathy and non-judgmental attitudes to ensure that specific needs are addressed throughout the procedure, taking into consideration both reception support and procedural safeguards.</p> <p>Whenever feasible, the involvement of female personnel is encouraged, particularly when dealing with adolescent girls (aged 14 years and above).</p> <p>In case of suspected risk of trafficking refer to the Guidelines for the Establishment of a Mechanism for the Rapid Identification of Victims of Trafficking and Serious Exploitation.</p> <p>For children who are victims of trafficking, suffering from serious illnesses or mental disorders, living with disabilities, who are survivors of torture or victims of other serious forms of psychological, physical or sexual violence, violence related to sexual orientation, victims of female genital mutilation, or who are pregnant, also refer to the respective categories listed below in this table.</p>



Unaccompanied children

An early assessment is conducted to identify any specific healthcare requirements of children, including the screening for infectious diseases and identification of obvious vulnerabilities.

Efforts are made to investigate and address situations that may pose a risk of danger and/or exploitation by adults.

All other vulnerabilities and needs, such as abuse, trauma, violence, specific needs/vulnerabilities, and health issues, are identified and documented.

Preliminary information is gathered regarding the whereabouts of family members, both in the country of origin and in other non-EU and EU countries.

These measures are implemented within a secure and protected environment to ensure the utmost privacy and protection.

In all activities pertaining to the identification of vulnerabilities, **the paramount consideration shall be the best interests of the child**. This entails taking into account factors such as the potential for family reunification, the child's welfare, social development and background, as well as safety and security concerns. The child's opinion, in accordance with their age and maturity, should also be given due weight.

Whenever feasible, the involvement of female personnel is encouraged, particularly when dealing with adolescent girls (aged 14 years and above).

For the identification of specific vulnerabilities concerning unaccompanied children, the UNICEF guidebook [“Making the invisible visible”](#) provides valuable proximity indicators that can be referenced.

When addressing requirements related to the psycho-social and mental health sphere, please consult box No. 8 for relevant guidance and information.

Regarding family tracing, in addition to box No. 4, please refer to the UNHCR's document [“Family Tracing and Reunification”](#).

To ensure the respect and evaluation of the best interests of the child, please refer to the documents [“Safe and Sound”](#) by UNHCR and UNICEF.

For activities pertaining to the reception and care of unaccompanied foreign children, the [“Handbook for Reception and Care Of Unaccompanied Foreign Children” \(interno.gov.it\)](#) provides comprehensive guidelines and information.

For children who are victims of trafficking, suffering from serious illnesses or mental disorders, living with disabilities, who are survivors of torture or victims of other serious forms of psychological, physical or sexual violence, violence related to sexual orientation, victims of female genital mutilation, or who are pregnant, also refer to the respective categories listed below in this table.



Victims of human trafficking

- An initial approach is conducted to identify and document indicators for the preliminary identification of trafficked persons.
- If there is suspicion that the victim is accompanied by one or more traffickers, and if the situation allows for it (taking into consideration the potential risks for the victim to be exposed to retaliation), measures should be taken to separate the victim from the possible trafficker(s).
- Information on the risks of human trafficking, available protection mechanisms and related procedures to access these mechanisms without having to report the trafficker are distributed.
- In order to configure the offense, special attention should be given to potential child victims of trafficking, noting whether coercion, deception, or other means have been used.
- Interpretation and cultural mediation services should be provided throughout the process, in a safe and confidential environment.
- These actions aim to enhance the identification and support of potential victims of trafficking and create an atmosphere where they feel safe and empowered to access the necessary assistance and protection.

In case of identification of a vulnerability to trafficking:

- With the consent of the person concerned, referral can be made to competent anti-trafficking services, accredited private social organisations, or the National Anti-Trafficking Helpline (800 290 290), in order to continue the identification process, involving the relevant Prefecture.
- If immediate transfer to facilities operated by organisations within the National Anti-Trafficking Network is not feasible, alternative suitable facilities at the local level may be identified for the temporary reception of potential trafficking victims until their inclusion in the aforementioned Network.

For indicators refer to available IOM tools ([IOM 2017 Trafficking Report](#)) and Annex 2 of the National Action Plan against Trafficking and Serious Exploitation ([Guidelines for the definition of a mechanism for the rapid identification of victims of trafficking and serious exploitation](#)).

Regarding the phenomenon of trafficking along the Central Mediterranean route, in-depth studies are available at [Project ADITUS | IOM Italy](#).

In case of detecting criminal offenses, there is an obligation to report them to the State Police.

In order to facilitate the identification of potential cases of violence, it is recommended to establish a safe and private environment where individuals can freely communicate. Maintaining an empathetic and non-judgmental approach is essential throughout process. Mediation services should be available to provide support and assistance.

In order to proceed with the intervention, it is imperative to obtain the informed consent of the alleged victim and ensure that the procedures implemented do not cause any further harm or distress to the individual.

Whenever feasible, it is recommended to have female staff members who are trained in gender-based violence and familiar with related operational principles present among both medical and mediation personnel.

The information provided by victims must be handled with the utmost respect to preserve the confidentiality of sensitive data, and it should only be transmitted with the explicit consent of the victim.



Elderly persons

- Any specific needs, such as motor problems or orientation difficulties, as well as any other needs requiring targeted assistance upon disembarkation, are identified and documented.
- If a doctor is available on board, an assessment of the individuals' psycho-physical state is conducted, including identification of any chronic illnesses or disabilities, and findings are reported to the vessel's captain for further communication to the disembarkation Prefecture.
- Reception measures are organised in accordance with the individual's identified needs.

For indicators refer to [IPSN tool](#).



Persons suffering from serious illnesses or mental disorders

- Any indicators, physical signs, or noticeable changes in mental or physical health that may indicate the immediate need for intervention or specific actions during or after disembarkation, are identified and documented.
- If a doctor is available on board, an assessment of the individuals' psychophysical state is conducted, including identification of any chronic illnesses or disabilities. The doctor then reports findings to the designated contact person from the Local and Provincial Health Authorities (ASL/ASP) for further communication to the relevant Prefecture.

For indicators refer to [IPSN tool](#).

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 <p>Persons with disabilities</p>	<ul style="list-style-type: none"> • Any disabilities that restrict the physical functions of the limbs, any visual, hearing and speech impairment, any intellectual disability, or any other condition that may pose challenges for the person during their stay on the ship and beyond, are identified and documented. • Priority transfer to the designated hotspots or accommodation centres is arranged, ensuring that the accommodation provided is accessible and suitable for the person’s specific needs. • For persons with hearing disabilities, a sign language mediation service should be provided to facilitate effective communication. 	<p>For indicators refer to IPSN tool.</p> <p>Also refer to the NAT (Needs Assessment Tool) for early identification and referral of persons with disabilities.</p>
 <p>Pregnant women</p>	<ul style="list-style-type: none"> • Pregnancy status, which may be visibly apparent or disclosed by the individuals themselves, is identified and documented. • Women requiring specific healthcare related to their pregnancy status are identified and registered, taking into consideration any other evident vulnerabilities. This includes considering the possibility of unwanted pregnancies or pregnancies resulting from sexual violence experienced during the migration process. • During the triage process, early identification of pregnant women and those in need of prenatal care, including urgent medical attention, is conducted. This includes verifying any other medical conditions and evident vulnerabilities, while also considering the possibility of unwanted pregnancies or pregnancies resulting from sexual violence experienced during the migration process. The relevant information is documented in Annex 1 or added to it, and then forwarded to the appropriate Prefecture. • If necessary, and based on the pregnant woman’s medical condition, she is transferred to a hospital, particularly in the case of childbirth. The relevant information is communicated to the competent Local and Provincial Health Authorities (ASL/ASP) to ensure appropriate care and support. • Culturally-appropriate information material, such as informational brochures, pocket leaflets, and digital information tools, is provided to women. This material aims to inform them about prenatal services, birth registration procedures, the reception system, and psycho-social support services available at the local level. It also includes information about the Italian Law on voluntary termination of pregnancy. 	<p>Wherever possible, the presence of female staff and mediators trained in gender-based violence is recommended.</p> <p>In cases where transfer to a hospital is necessary, the doctor responsible for the transfer prepares a concise report outlining the clinical reasons for the admission and includes contact information for any additional investigations that may be required.</p>



Single parents with underage children

- Adults or children belonging to single-parent households are identified and registered.
- Detection of any obvious vulnerabilities and medical conditions of each member of the single-parent household is carried out.
- Identification of additional vulnerabilities, such as parents with more than two dependent children or nursing/pregnant mothers is carried out.
- Assessment of the need for specific psycho-social or specialised support, including direct discussions with the child/children in the single-parent household facilitated by linguistic and cultural mediators. Group or two-to-one information sessions may also be conducted to provide psycho-social support.
- Whenever possible, gathering initial information about the whereabouts of family members, both in the country of origin and in other non-EU and EU countries.

The higher the number of children in the household, the more vulnerable the household is. Wherever possible, the presence of female staff and mediators trained in gender-based violence is recommended.



Victims of torture

- Evidence of any obvious elements, including body signs and/or manifest psycho-pathological behaviour, is identified and documented. Recognition is based on information that naturally emerges during interactions and observations, as well as through attentive and engaged listening.

In order to ensure effective identification of cases of violence, it is imperative to create a secure and private environment that fosters open communication, allowing individuals to speak freely and without fear of repercussions.

[Guidelines for the planning of assistance and rehabilitation interventions as well as for the treatment of mental disorders of holders of refugee status and subsidiary protection status who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence](#) (see p. 39, tables 7 and 8, for possible indicators).



Victims of others serious forms of psychological, physical or sexual violence

- All relevant information is identified and documented, without actively seeking out potential victims.
- Preference is given to initial assessments of persons who may arguably have experienced trauma, extreme violence, and related psychological or physical suffering.
- If incidents of violence are identified or disclosed, the need for specific specialised support, such as healthcare and psychosocial services, arise. With the person's consent, the referral process is initiated. In cases requiring a transfer to the hospital, the doctor responsible for the transfer prepares a concise report that includes contact details for further investigations and information regarding any ongoing pharmacological treatment.
- When the safety of the individual has been ensured, if possible, inquire about the immediate danger the victim may still be facing (e.g., presence of the alleged perpetrator, human trafficker, or another individual on board). Report this information to the vessel's command or the police to ensure the immediate safety of the victim and, if applicable, their family members.
- The competent Prefecture establishes coordination mechanisms to address the specific needs of victims of violence. Necessary actions are taken to enable them to file a complaint and to access specialised healthcare and anti-violence centres.

In the case of minors or UASCs, please refer to the categories listed in this table.

Base the identification of vulnerabilities upon what spontaneously emerged and what was detected through participative and structured observation and/or listening, maintaining an empathic and non-judgmental approach.

In the event of safety risks arising, it is imperative to provide the victim with information regarding the available options for ensuring their safety. The victim must be fully informed and express their willingness to proceed with protective and referral measures. The victim's consent to proceed with protective and referral measures must be obtained through an informed decision-making process (Survivor-Centred Approach). It is imperative to ensure that the procedures implemented do not cause any further harm or distress to the victim.

Refer to the [“How to provide first support to survivors of gender-based violence”](#) pocket guide (see p. 11 for guiding principles).

[Guidelines for the planning of assistance, rehabilitation interventions, and treatment of mental disorders of holders of refugee status and subsidiary protection status who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence](#) (see p. 39 for possible indicators, tables 7 and 8).

In order to facilitate the disclosure of any acts of violence, it is recommended to ensure a safe and private environment where individuals can speak freely.

Whenever possible, the presence of both medical and mediation female staff, trained in gender-based violence and related operational principles, is recommended.

The information provided by victims must be handled with the utmost respect to preserve the confidentiality of sensitive data, and it should only be transmitted with the explicit consent of the victim.

Authorities develop culturally appropriate and easily understandable information materials, such as information leaflets, pocket guides, and digital tools, that address gender-based violence. These materials also aim to provide relevant information on available support services, access rights, and toll-free helpline numbers (e.g., 1522, 800 290 290).

It is recommended to follow the steps of Psychological First Aid, as outlined in the [“How to provide first support to survivors of gender-based violence”](#) pocket guide.

In the case of minors or UASCs, please refer to the categories listed in this table.



Victims of violence related to sexual orientation

Firstly, it is important to ensure the safety of persons with a diverse sexual orientation as they could be subjected to aggression by other persons even while travelling.

Where possible, after ensuring the person's safety, identify, through their own account, whether they report an immediate danger due to exposure to risks of violence from members of the incoming group (such as a human traffickers), and report it to the relevant authorities to ensure the person's and their family's (if applicable) initial safety.

In the event that the individual profile of a person with a diverse sexual orientation emerges, it is essential to identify their specific needs for specialised support, such as healthcare. With the individual's consent, a referral is initiated to ensure appropriate assistance.

If the person requires transfer to a hospital, the attending doctor, if available, prepares a concise report containing pertinent information, including contact details for further investigations and any pharmacological treatment that has been initiated either on board or subsequently.

To facilitate the identification of specific needs, it is imperative to establish a secure and confidential environment conducive to conducting interviews or assessments.

Migrants and refugees with diverse sexual orientations may be exposed to ongoing danger both during their journey and in host countries. They often conceal their sexual orientation or sexual characteristics to protect themselves from potential abuse, which makes it challenging to identify them and provide them with access to asylum procedures and services.

More details/training available [here](#).

Base the identification of the individual profile of persons with a diverse sexual orientation upon what spontaneously emerged and what was detected through participative and structured observation and/or listening, maintaining an empathic and non-judgmental approach.

In order to proceed with the intervention, it is imperative to obtain the informed consent of the alleged victim and ensure that the procedures implemented do not cause any further harm or distress to the victim.

Whenever possible, the presence of both medical and mediation female staff, trained on issues related to sexual orientation and related operational principles and approaches, is recommended.

The information provided by victims must be handled with the utmost respect to preserve the confidentiality of sensitive data, and it should only be transmitted with the explicit consent of the victim.

Authorities develop culturally-appropriate and easily understandable information materials, such as leaflets, pocket guides, and digital tools, about services dedicated to persons discriminated against on the basis of sexual orientation and their related access right.



Victims of female genital mutilation

- All relevant information is identified and documented, without actively seeking out potential victims.
- A prompt identification process is conducted to identify victims of female genital mutilation. This identification can occur through spontaneous disclosure or through structured observation and listening. Additionally, for women listed in Annex 1 (if available), an initial diagnostic examination is performed to assess specific health conditions, including the presence of infectious diseases and evident vulnerabilities. This information is documented and added to Annex 1, which is then forwarded to the competent Prefecture for further action.
- If a vulnerability is identified, it is imperative to provide the victim with information regarding the available options for ensuring their safety. The victim's consent to proceed with protective and referral measures must be obtained through an informed decision-making process (Survivor-Centred Approach).
- At an early stage, the need for targeted psycho-social or specialised support is identified, and efforts are made to address these needs directly with the victims. In this process, special attention is given to children. Linguistic-cultural mediators are involved in group or two-to-one information sessions, in order to facilitate effective communication and provide psycho-social support to the victims.
- Culturally and age-appropriate information material is distributed to individuals in the form of information brochures, pocket leaflets, and/or digital information tools. This material aims to inform concerned persons about the available reception and psycho-social support services at local level. Additionally, the material highlights that violence against women is recognised as a form of persecution and, as such, could constitute the basis of an asylum claim.

Base the identification of this vulnerability upon what spontaneously emerged and what was detected through participative and structured observation and/or listening, maintaining an empathic and non-judgmental approach. In order to proceed with the intervention, it is imperative to obtain the informed consent of the alleged victim and ensure that the procedures implemented do not cause any further harm or distress to the individual.

Wherever possible, female personnel should be involved.

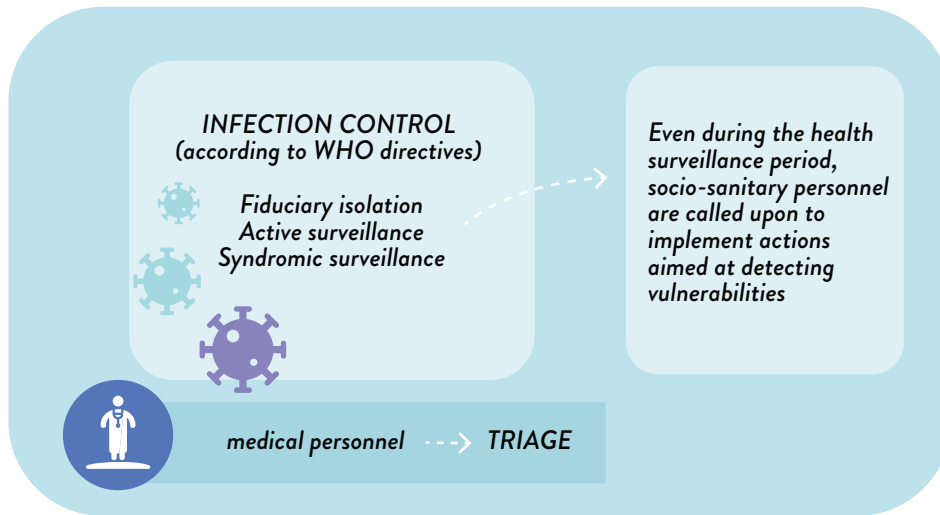
In the case of minors or UASCs, also refer to the previous categories in this table.

[Guidelines for implementing prevention, care and rehabilitation activities for women and girls already subjected to female genital mutilation practices](#) (Ministry of Health, 2007).

[Guidelines for early recognition of victims of female genital mutilation or other harmful practices](#) (Equal Opportunities Department, 2018).

V.II

HEALTH SURVEILLANCE



In the event of the occurrence and spread of infectious diseases, such as the recent SARS-COV-2 emergency, it becomes imperative to implement rigorous surveillance measures at the border and within reception facilities. These measures are essential to effectively contain and mitigate the transmission of the virus.

In formulating these measures, it is crucial to adhere to the international legal standards provided by the [World Health Organisation's International Health Regulations](#).

Specifically, in order to ensure safety, health and infection control, the following measures must be applied:

- Fiduciary isolation of confirmed cases and their contacts: this fundamental public health measure serves to prevent the outbreak of additional secondary cases resulting from pathogen transmission and to prevent undue strain on healthcare facilities. The duration of fiduciary isolation, carried out within designated health surveillance facilities, may vary in accordance with the prevailing scientific evidence.
- Active surveillance: this measure entails regular communication and monitoring by public health personnel who engage with individuals under surveillance on a daily basis, gathering relevant information about their health condition.
- Syndromic surveillance: this approach involves the systematic collection, analysis, interpretation, and timely dissemination of real-time (or near real-time) health-related data. The goal is to facilitate the early detection of potential public health threats, both human and veterinary in nature, allowing for swift and effective public health interventions when necessary.

Even during the period of health surveillance, socio-sanitary personnel are called upon to implement actions aimed at identifying vulnerabilities and ensuring an appropriate and effective referral process to the competent Prefecture.

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To this end, the following minimum activities should always be ensured within health surveillance facilities:

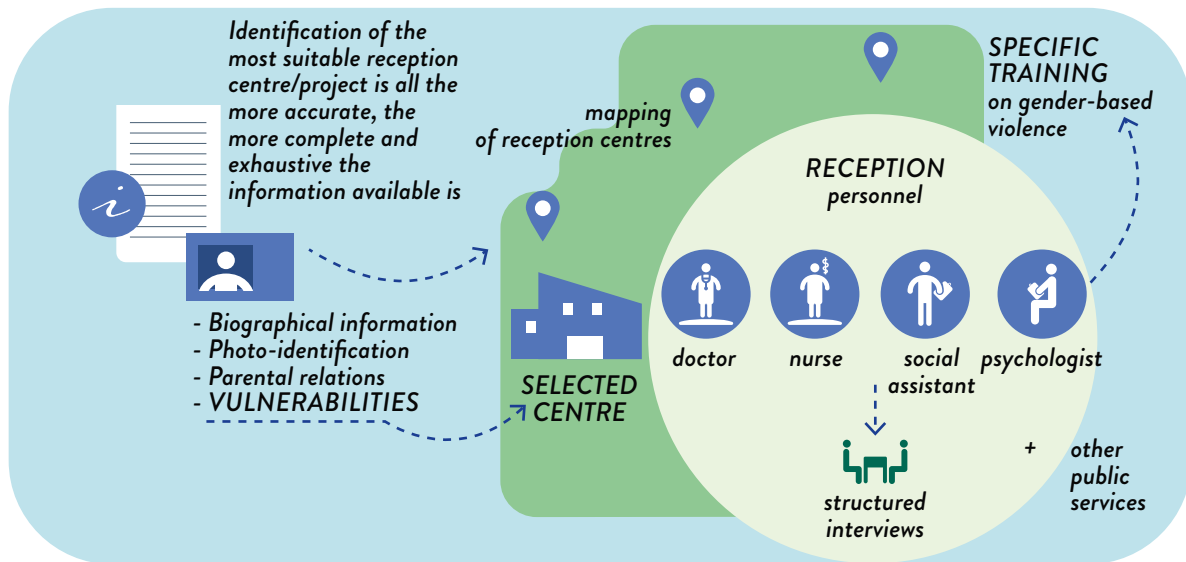
- Health triage upon entry, with the assistance of psychologists and linguistic-cultural mediators.
- Information activities regarding:
 - the purpose and functioning of the health surveillance site;
 - the subsequent stages of reception;
 - the individual's rights on the territory, including the right to health, registration with the National Health Service (NHS), right to seek international protection, and right to family reunification.
- Information and the obtaining of consent for the transmission of data by the individuals concerned.

General observations of individual situations by all practitioners using standardized indicators.
- Allocation of separate and reserved spaces to facilitate the identification of vulnerabilities through structured interviews conducted by social and psychological personnel, ensuring informed and confidential interactions.
- Recording and sharing of information using coded and qualified professional profiles as focal points.
- Communication of relevant information to the competent Prefecture in order to facilitate the subsequent intake.
- Balancing of interventions and actions based on codified criteria related to health and vulnerability conditions, as defined by national and/or international health bodies, such as guidelines provided by the Ministry of Health or the International Health Regulations.
- Provision of support and training to personnel, including specific training on health procedures to ensure safe practices and psychological support.

The Prefecture competent for the area in which the health surveillance takes place is responsible for requesting the transfer of vulnerable individuals to SAI centres. In the event of unavailability of places in the SAI, the same Prefecture, while keeping the CD CSIA informed, transfers individuals to centres established under Article 9 of the relevant legislation. If such centres are also unavailable, individuals are transferred to centres established under Article 11. Additionally, the Prefecture promptly shares all relevant information and needs emerging from the identified vulnerabilities with the destination centre's management, in order to ensure a timely intake.

V.III

RECEPTION SYSTEM



The decision regarding the placement of vulnerable individuals in a suitable reception centre or project must consider the specific needs identified during earlier phases, including the potential health surveillance period. This information should be promptly communicated to the competent Prefecture and relevant services in the area. **Selecting the most appropriate reception centre or project for each individual case relies on the comprehensive and detailed information collected and shared with the Prefecture.**

The identification of the most suitable facility is based on an up-to-date mapping of reception facilities, taking into account their specific capabilities in addressing the needs of individuals with special requirements, as well as their connections with available territorial services. Each Prefecture should maintain an updated mapping of specialised and complementary assistance services that can be activated by the managers of the centres accommodating vulnerable persons, if necessary.

To facilitate placement in governmental reception centres, temporary reception centres, or projects and centres dedicated to UASCs, the Prefecture responsible for the place of departure shares relevant information with the Central Service and/or the Prefecture of the intended destination, such as:

- Biographical information;
- Identification codes, such as Unique Intervention Codes and photo identification;
- Details of parental relations;
- Summary indications of vulnerabilities and/or specific needs identified in previous phases.

When dealing with individuals declared as minors, the principle of presumption of minority is applied, resulting in presumed minors being placed in dedicated facilities. However, if there are reasonable doubts regarding the declared age, appropriate proceedings are conducted in accordance with the applicable legislation.⁴³

⁴³ See Art. 19 bis of Legislative Decree No. 142/2015 and [Protocol for the determination of the age of unaccompanied foreign children](#) (as enshrined in the agreement during the Unified Conference on 9 July 2020).

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The Central Service and/or the Prefecture responsible for the area where the person is transferred to, share all relevant information for the proper take in charge of the vulnerable person with the Director of the centre or the coordinator of the SAI Project the person is being transferred to. The Director or coordinator then provides the required information to the personnel responsible for individual services, enabling them to identify and appropriately take care of vulnerable persons, based on the methods described in the subsequent sections.

To ensure effective internal coordination within the team, a multidisciplinary team comprising of specialised profiles, as specified in the contract specifications scheme, establishes a precise and clear division of roles. The shelter personnel should have access to suitable training opportunities, particularly focusing on gender-based violence and its guiding principles, as well as protection against sexual exploitation and abuse.

During the reception phases, the identification of vulnerabilities is carried out through regular individual and structured interviews conducted by multidisciplinary teams in the reception facilities. These interviews take place in spaces that ensure confidentiality and security. Once vulnerabilities are identified, and with the person's informed

consent, appropriate interventions are put in place to address their complex needs. This involves evaluating interventions, providing counselling and guidance, monitoring, activating social services, and **establishing connections with other resources and public services in the area.**

Therefore, ensuring **adequate care requires continuous monitoring of all necessary actions for allocation and coordination among multiple stakeholders. Simultaneous interventions are coordinated to guarantee a holistic, multidisciplinary, and integrated approach that avoids fragmentation of services.**

The Centre Director or the coordinator of the destination project is responsible for implementing a set of **risk mitigation and protection measures against sexual exploitation and abuse (PSEA)**⁴⁴ within the reception centres. These measures include:

- the adoption of a code of conduct for personnel (an example of a code of conduct can be found in Annex 2);

- the provision of mechanisms for confidential and secure reporting of possible abuses, such as anonymous complaint boxes;

- the provision of information on anti-violence and anti-trafficking hotlines.

⁴⁴ See the [Guide and Operational tools on GBV risk mitigation and child safeguarding within widespread reception](#).

⁴⁵ Legislative Decree No. 142/2015, Art. 7.

RECEPTION

OF HOUSEHOLDS AND SINGLE PARENTS WITH CHILDREN

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In reception centres, family unity must always be guaranteed.⁴⁵ Decisions regarding the placement of families and single parents within the care system should always duly consider the best interests of the child and the preservation of family unity. Even in this context, the priority remains ensuring the best interests of the child, guaranteeing that their physical, emotional, cognitive, spiritual, moral, and social development receive appropriate care.

Consequently, the provided accommodation must guarantee the safety and security of the child and the family unit, while also creating an environment that is conducive to psychological and social development. This environment should foster and encourage the complete realisation of each individual's potential. The centre itself should be adequately equipped to facilitate activities for children, encompassing play, free artistic and creative expression, and age-appropriate socio-recreational engagements. These opportunities for individual and group involvement should be available within the premises of the reception centre as well as in outdoor settings.

Among the material goods provided to meet specific individual needs, it is essential to include toys and childcare items, namely all those products necessary for sleeping, eating, transporting, and caring for the hygiene and growth of the child.

In the case of single parents, the selection of appropriate accommodation should carefully take into account the unique needs of both the parent and the child. Factors such as proximity to childcare facilities, schools, transportation, play and recreational centres, as well as spaces for familial support and counselling, must be considered. For safety reasons, whenever feasible, it is advisable to avoid placing single parents with underage children alongside unknown adults.

It is crucial to acknowledge that parents, particularly during the initial reception phase, require adequate support in fulfilling their caregiving responsibilities towards their children. These parents may themselves carry vulnerabilities or experience significant stress reactions stemming from traumatic events preceding their migration experience, encountered during their journey, or occurring during their stay in Italy.

Hence, the personnel responsible for assisting families with children should consist of a multidisciplinary team comprising professionals who have received appropriate training in providing direct psycho-social and psycho-educational support to both parents and children. This support encompasses enhancing parents' self-care abilities, effectively managing their emotional well-being, and promoting positive parenting practices. This may involve guiding families through self-support and mutual aid processes or offering practical tools for assistance.

Furthermore, the staff working in reception centres must possess the necessary skills to identify acute needs related to psycho-social well-being and mental health. When a need for psychological intervention is identified, appropriate specialist services should be recommended. It is widely recognised that if the psychological distress of parents is not adequately managed and addressed, it can adversely affect their relationship with their child, as well as the child's psycho-physical and relational development. Moreover, if psychological trauma remains unrecognised or unaddressed, it can be transmitted from parents to children, resulting in long-term effects on the child's overall well-being and mental health.⁴⁶

⁴⁶ On the topic, see "How Can Children Survive Torture?" (ohchr.org).

⁴⁷ See new contract specifications scheme, Art. 6, "Tasks of the Centre Director".

In order to foster adequate care for families, multidisciplinary teams operating within reception facilities should consider providing:

- Interventions focused on preventing discomfort, social exclusion, and cultural marginalisation. These interventions should offer emotional, informative, and experiential support to both parents and children. They should include initiatives that facilitate a deeper understanding of the local area, ensure proper access to essential services, and encourage active participation in the local community.
- Interventions that support parenting through formative and experiential meetings. These sessions should aim to assist parents in the processes of integration and social participation within the local community, providing them with the necessary tools and guidance.
- Information meetings about territorial services to support parents in gaining knowledge about social and educational resources. These meetings should cover a wide range of professionals and services, including paediatricians, pedagogues, psychologists, social workers, trainers, educators of 0–3-year-old services, pre-school and primary school teachers, immigration operators, volunteers, day centres for parents and/or children of different age groups, informal socio-educational services, as well as play and recreational centres and listening and sharing spaces for families.
- Cultural mediation services that facilitate communication and understanding between the family, the reception centre, and the services available in the surrounding area.
- Support services that address crucial issues related to adolescent children, offering guidance and assistance to both parents and the young boys and girls. These services should cover topics such as sexual and reproductive health, affectivity, interpersonal relationships, age-related psycho-physical changes, and the development of personal and social identity, with the goal of accompanying adolescents in their transition to adulthood.
- Integrated and comprehensive assessments of care needs when underage children are present. These assessments should consider various aspects such as accommodation, education, childcare, support, and assistance. The best interests of the child and their opinion should be taken into account, employing a holistic approach that recognises the multidimensional nature of their needs. This approach ensures that all dimensions contributing to their psychological and social well-being are considered and addressed.

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For the purpose of placement in first reception governmental centres and temporary facilities, the Prefecture of the place of departure transfers the information collected during previous phases to the Prefecture responsible for the area the person is transferred to. The destination Prefecture shares pertinent information with the Director of the centre to ensure appropriate accommodation and support in consideration of the identified vulnerabilities.

In governmental centres and temporary facilities, in cases of health needs and in order to guarantee continuity of ongoing care and/or pharmacological treatment, the reception centre doctor, designated by the Centre Director, is informed about the individual's health condition.⁴⁷

During the initial assessment, the reception centre doctor inquires whether the person possesses original health documents, certificates, or reports provided by social and healthcare personnel during previous phases. Additionally, the doctor contacts the healthcare professional responsible for the person's originating centre or the Local Health Authority (ASL) of origin,⁴⁸ in order to supplement the information regarding the identified vulnerabilities. The reception centre doctor, serving as the designated contact person for health matters, also collaborates with the locally-competent Health Authority (ASL) to ensure the timely registration of the vulnerable person with the National Health Service (NHS), including the assignment of a general practitioner, and to facilitate appropriate access to healthcare services.

⁴⁸ With reference to healthcare services, refer to the provisions outlined in Art. 2 subparagraph c), Art. 7 and the annex of the recent contract specifications scheme for call for tenders aimed at procuring goods and services for the management of the centres. Additionally, valuable information can be found in letter B of Annex 1BIS, which provides additional technical specifications within the aforementioned contract specifications scheme for the provision of goods and services in the management of the centres, specifically pertaining to the Single Lot.

Upon entry into the reception centre, the managing authority's personnel, supervised by the Centre Director, act according to the following operational sequence:

- **Medical examination upon arrival** and provision of necessary first aid interventions giving priority to persons for whom information on vulnerabilities or specific needs has been received from the previous stage and/or those requiring immediate attention.⁴⁹

- **Entrance information sessions**, both individually and in groups, to be repeated on a regular basis within the centre. These sessions should cover the following topics:

- goods and services available within the centre, and information on how to access them;
- possibility to request individual interviews, including for the purpose of reporting instances of violence;
- access to social and territorial healthcare services, as well as services dedicated to survivors of gender-based violence. This information must be conveyed through accessible, culturally- and gender-sensitive materials.

- **Individual interviews conducted by the multidisciplinary team** to assess vulnerabilities and specific needs of each person. Interviews take place in a protected setting in order to ensure privacy, with the assistance of a linguistic-cultural mediator or coach as well as an adequate presence of female staff. The information gathered during these interviews, along with data collected by the health monitoring structure, is documented in the individual's personal file.

- **Meetings of the multidisciplinary team to review and coordinate actions** in support of vulnerable persons, based on the identified needs throughout their stay at the reception centre.

- **Preparation of a comprehensive file** which includes psycho-social reports and medical certifications regarding the person's vulnerabilities. With the person's consent, this file is submitted to the competent Territorial Commission for the Recognition of International Protection or, in the case of asylum seekers at the appeal stage, to the Court, for any appropriate and formal assessment.

- **Continuous monitoring** by the multidisciplinary team and all practitioners working in the reception centre.

⁴⁹ The doctor in charge of health care is the contact person for healthcare issues and for compliance with any operational and care protocols, maintaining the necessary relations with the competent Local Health Authority (ASL).

In order to ensure effective organisation and management of interventions aimed at identifying and taking charge of vulnerabilities, as identified above, the following provisions should also be implemented:

- Preparation of individual files⁵⁰ to document the services and goods provided by the multidisciplinary team, as well as the vulnerabilities or specific needs identified throughout the guest's stay in the centre. These files should include records of interviews, copies of specialist visit reports/certificates, and any other relevant documentation related to recorded vulnerabilities. Access to these files should be restricted to authorised personnel only.
- Use of linguistic-cultural mediation services, taking into account gender differences whenever possible.
- Organisation of coordination meetings within the multidisciplinary team to discuss and manage vulnerable cases reported within the services provided, primarily by social work⁵¹ and psychological assistance⁵² services.
- Establishment of effective collaboration with the relevant Local and Provincial Health Authorities (ASL/ASP) and related territorial services.
- Development of a strong network with territorial services, particularly specialised protection services such as anti-violence centres, anti-trafficking bodies, and organisations focused on protecting persons discriminated against on the basis of sexual orientation, through the signing of Memoranda of Understanding.
- Regular training of personnel on guiding principles, tools and standards for addressing special needs, including psychological first aid and various types and forms of gender-based violence.
- Provision of culturally-appropriate and accessible information material (e.g., information leaflets, pocket leaflets, and/or digital information tools) to disseminate information on special needs, available services and access rights.

⁵⁰ See the contract specifications scheme, art. 2 A) 1. In addition, the conservation of the file and its use by the centre's operators must comply with the Law on the protection of privacy (see EU Regulation 2016 679 and [Legislative Decree no. 196/2003](#)).

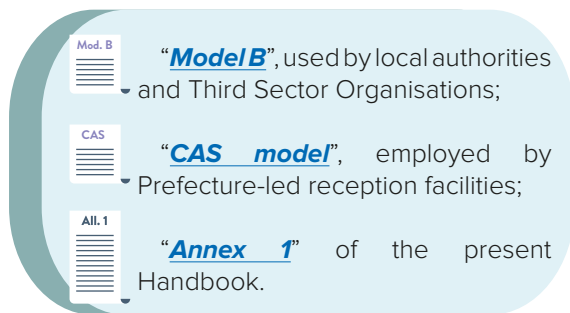
⁵¹ See new contract specifications scheme, Art. 2 B) 4.

⁵² See new contract specifications scheme, Art. 2 B) 5.

SAI

RECEPTION AND INTEGRATION SYSTEM

The inclusion of vulnerable persons within SAI projects involves the submission of predefined formats tailored to the type of reporting entity involved. These formats encompass all relevant information regarding the identified vulnerabilities that have been shared in previous phases. The following formats are used:



SAI projects may also utilise "Model C" to request the inclusion, within their project, of persons present on the territory. In such cases, the Central Service reviews the request and, upon verification of requirements, grants authorisations. In order to place vulnerable persons in SAI centres, each case is assessed by the SAI project's multidisciplinary team. Such assessments aim to verify the compatibility between the reported individual vulnerabilities and the capacity of territorial services to address the related specific needs, ensuring the vulnerable persons' proper take in charge. Subsequently, the Central Service prepares a formal communication, which is sent to the managing body's referents, to the Director of the first reception centre and to the respective competent Prefectures.

The transfer of the person must be carried out within forty-eight hours of receiving the notification from the Central Service, and in any case no later than seven days. After this period, the assigned place will be made available to accommodate another applicant or beneficiary of protection.

Useful organisational and methodological elements in cases involving the reception of particularly vulnerable persons are:

- The inclusion of one or more health referents (health personnel from the Local Health Authority) within the team. This ensures a more comprehensive and collaborative approach within the team, and facilitates registration with the NHS, in case this has not already been done;

- The provision of linguistic-cultural mediation services that take into account gender differences, whenever possible, and facilitates effective communication and understanding between the guest and the various social and health services. These are particularly important in processes related to support, rehabilitation, treatment, and certification of violence, torture, or other serious forms of physical, psychological, or sexual violence;
- The preparation of a comprehensive file including psycho-social reports and medical certificates detailing the person's vulnerabilities. With the person's consent, this file is sent to the competent Territorial Commission for the Recognition of International Protection for any appropriate and ritual assessment;
- The implementation of structured and interdisciplinary programming for discussions with accommodated persons, also involving local social services, in order to ensure shared planning and coordination in the area. This may involve the drafting of Memoranda of Understanding aimed at formalising agreements;
- The establishment of a strong network with public and private services in the area to complement the team's expertise through external resources. This is particularly important when dealing with identified -or alleged- victims of gender-based violence and trafficking. The involvement of local health authorities, mental health centres, hospitals, and other relevant organisations can provide targeted care, support, and rehabilitation measures;
- The creation of connections with organisations and professionals specialising in providing sheltered care for identified -or alleged- victims of gender-based violence and/or trafficking;
- The initiation of health and legal assessment and certification procedures, carried out by medical health personnel from the Local Health Authority or other relevant professionals, for persons with disabilities, victims of gender-based violence, or victims of torture;
- The organisation of regular training for staff members on guiding principles, tools and standards related to special needs. This may include training on psychological first aid, different types and forms of gender-based violence, and other relevant topics;
- The development of culturally appropriate and accessible information material (e.g., leaflets, pocket leaflets, and/or digital information tools) on special needs, available services and related access rights.

CENTRES FOR UASCs

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The governance system currently in place for the reception of UASCs is established by Article 19 of Legislative Decree No. 142/2015, and is jointly managed by the Ministry of Interior, in accordance with existing regulations, and Local Authorities. Its goal is to provide initial reception services addressing the immediate need for the protection and care of children in highly specialised government facilities, followed by a second level of reception within the SAI.⁵³

UASCs belong to the category of vulnerable persons⁵⁴ and are, as such, entitled to special protection measures, to be provided within both the first and second reception systems. These measures are designed to ensure their well-being, their growth, and the respect of their rights.

The majority of girls and boys who enter the children's care system exhibit typical characteristics of developmental age. However, there are instances where children may have specific needs related to various vulnerabilities: these can include physical illnesses, psychological distress or mental health issues, exposure to trafficking or exploitation, including within the context of illegal economies.

The range of specific vulnerabilities affecting children may require the initiation of integrated interventions combining social and health support measures, as well as guidance, aimed at building individual paths to social inclusion.

Alongside providing material reception services, social and psychological healthcare, linguistic-cultural mediation, Italian language courses and legal and territorial orientation services, great emphasis is placed on respecting the children's privacy. Special attention is also given to gender differences, age-specific needs, the protection of

physical and mental health, and the provision of necessary measures for vulnerable persons.

The delivery of integrated care requires the active involvement and collaboration between personnel in the reception system and various stakeholders operating at territorial level.⁵⁵ These include municipal social services, Juvenile Courts, Regional Child and Adolescent Guarantors, educational services, the network of specialised territorial health services and, lastly, vocational training services. The collaboration between multidisciplinary team operators and actors involved in the integrated care of UASCs must be guaranteed consistently and regularly in both first and second reception facilities, where individualised interventions are tailored to each child's specific needs.

From the initial stages of reception, and, therefore, from entry into the first reception centres (such as hotspots), it is necessary for reception personnel to constantly observe, listen to, involve each child, and discuss each individual case with the multidisciplinary team operating within the centre.

A prerequisite for any intervention aimed at protecting and supporting UASCs is the presence of an adequately trained multidisciplinary team with diverse technical skills, including professionals in fields such as psychology, pedagogy, transcultural and gender-oriented approaches, as well as linguistic-cultural mediation. Their role is to ensure the active involvement of and listening to children, enabling early identification of their needs, conducting a comprehensive assessment, and planning appropriate interventions.

Appropriate measures are also taken to prevent all forms of violence, including gender-based violence, and to ensure the safety and protection of both applicants and personnel working at the centres.

⁵³ Governmental first reception facilities include those financed by the Asylum Migration and Integration Fund (AMIF), temporary accommodation facilities established by Prefects (so-called "CAS for children"), first reception facilities authorised by the Municipalities or the Regions, and emergency and provisional facilities activated by the Prefectures under Article 19, 3bis of Legislative Decree No. 142/2015. The regulatory framework for first reception facilities is outlined in Legislative Decree No. 142/2015, specifically in Article 19, paragraph 1 and subsequent paragraphs. The stay of UASCs within these facilities is allowed "for the time strictly necessary, in any case not exceeding thirty days, for the identification, which must be concluded within ten days, and for any age verification procedure". During their stay in first reception facilities, specialised services are provided to UASCs, which prepare them for the subsequent transfer to second-level centres within the SAI, that offer specifically-designed projects to address their needs.

⁵⁴ See Articles 17 and 18 of Legislative Decree No. 142/2015.

⁵⁵ The network of actors working in the integrated care of UASCs, in close liaison with reception facilities' personnel, is made up of municipal social services, guardians, Juvenile Courts, territorial health services, educational and work guidance services, and Regional Child and Adolescent Guarantors.

The collection of information by multidisciplinary teams through interactions with the child can be supported by the use of grids, which could facilitate the rapid identification of some basic indicators that are useful for the identification of children's specific needs and related necessary interventions.

The range of significant indicators can be diverse and reflect various overlapping vulnerabilities that UASCs may present.

Attention should be given to the cultural connotation of risk indicators. For this reason, multidisciplinary teams working with UASCs should adopt culturally competent models of care. These models should be sensitive to the child's cultural background and incorporate transcultural operational methodologies, supported by an ongoing cultural-linguistic mediation service.

Operationally, the handling of vulnerabilities within the reception system for UASCs must uphold certain fundamental principles:

- **Respect for the principle of the best interests of the child.**

Legislative Decree No. 142/2015 provides that, when applying reception measures, the best interests of the child should always be prioritised. This includes, as a minimum, ensuring appropriate living conditions in accordance with the child's age, with a focus on protection, well-being, and development, including social development. These principles are in line with the provisions of Article 3 of the Convention on the Rights of the Child, ratified by Law No. 176/1991. Assessing the best interests of the child requires listening to them, taking into account their age, level of maturity, and personal development. It is also important to learn about their past experiences and assess the risk of the child being a victim of trafficking. Additionally, the possibility of family reunification should be verified.

- **Respect for the principle of non-discrimination, the right to life and the right to survival and development.** The Convention on the Rights of the Child adopted by the United Nations General Assembly on 20 November 1989 enshrines respect for the rights set forth therein, without distinction of any kind, and ensures the right to life, survival and development of the child.

- **Right to participation of the child.** Article 12 of the CRC states that children have the right to freely express their opinions and that these opinions should be given due weight. The right to freely express one's opinion translates, in fact, into the possibility of being able to share one's point of view, to be involved in, and to influence, decision-making processes.

- **Constant and regular coordination of the reception centres' multidisciplinary teams with territorial actors.** Multidisciplinary teams are called upon to foster the mechanisms of identification, referral and integrated care, regularly interacting with relevant actors at a territorial level, ensuring appropriate exchange of information and timely activation of case referral.

- **Internal cohesion of multidisciplinary teams.** It is important for multidisciplinary teams within the reception centres to work cohesively and have effective communication channels. Regular exchange of information internally and appropriate case management arrangements should be in place.

- **Activation and consolidation of territorial networks aimed at integrated care.** Primary and specialist health services can guide interventions through an in-depth analysis of cases, and support the team in managing children. It is particularly important to establish structured and regular forms of collaboration with neuropsychiatric services, addiction services, anti-trafficking centres and, when criminal implications exist, juvenile justice services.

- **Constant involvement of the guardian.⁵⁶** The support provided by volunteer guardians is crucial to ensuring the UASCs' well-being. From the initial reception phase, it is important to facilitate a preliminary meeting between the child, the guardian and the community team in order to establish a relationship and agree on the path to be taken. The reception structure should assist the guardian by providing any necessary linguistic, legal, or logistical support through its professional staff. This support enables guardians to fulfil their role effectively and builds an educational alliance that ensures continuity in the child's care. To foster this alliance, it is recommended for the guardian to visit the facility and become familiar with common areas, the child's personal spaces, the centre's daily programming, rules and services provided, as well as the entire team (including their roles, functions, and involvement in the child's life) and the centre's educational approach, in order to ensure continuity in the child's education. The guardian is also allowed to consult with relevant professionals in the child's best interest.

- **Children are ensured the right to communicate with UNHCR representatives,** with representatives from organisations with proven experience in dealing with beneficiaries of international protection, as well as ministers of religion, lawyers and family members.

- Finally, as stated in Article 7 of Law No. 47/2017, **family fostering for UASCs is promoted and prioritised** over placement in reception facilities. In this sense, local authorities play a crucial role in raising awareness and providing training for foster caregivers.

⁵⁶ See [Guidelines for volunteer guardians and reception facilities on UASCs guardianship](#).

⁵⁷ See art. 14, Legislative Decree no. 286/1998 and Presidential Decree 394/1999 (Implementing Regulation).

⁵⁸ See art. 14, Legislative Decree no. 286/1998 and Presidential Decree 394/1999 (Implementing Regulation).



V.IV

ADMINISTRATIVE DETENTION IN DETENTION CENTRES FOR REPATRIATION

Pre-removal facilities (CPR in Italian) are facilities where foreign nationals awaiting the execution of a deportation order are held.⁵⁷

They are regulated by the Directive on [“Criteria for the organisation and management of detention centres for returns provided for in Article 14 of Legislative Decree No.286/1998 and subsequent amendments”](#), adopted by decree of the Minister of the Interior on 19 May 2022 (hereinafter, the Directive). Article 7, paragraph 5,⁵⁸ of Legislative Decree No. 142/2015 provides that asylum seekers whose health or vulnerability conditions under Article 17, paragraph 1 of the same Decree, are incompatible with detention should not be held in CPRs.

Therefore, the identification of the aforementioned vulnerabilities has an effect on deciding whether the detention of a person is permitted. However, the existence of a condition of vulnerability does not automatically determine the impossibility of ordering the detention of the vulnerable person, provided that if a vulnerable person must be detained, all the necessary measures are taken to protect and address their specific needs within the destination centre.

Indeed, the Return Directive stipulates that special attention must be paid to vulnerable persons, and it requires the provision of emergency healthcare and essential treatment of illnesses in these centres.⁵⁹

Before a foreigner (whether an asylum seeker or not) is admitted to a detention facility, a medical examination is conducted to assess whether their health conditions are compatible with detention.⁶⁰ The assessment is primarily entrusted to the Local Health Authority or hospital with which the Prefecture (responsible for the area where the foreigner, who is subjected to an expulsion order, is staying) has established a memorandum of understanding.⁶¹

In case of identification of causes of incompatibility with detention, and if the person is an asylum seeker or a holder of international protection, the Prefecture in charge of the CPR, upon indication of the CPR’s Director, immediately notifies the Central Service in order to arrange for the reception of the vulnerable person in a dedicated facility. If there are no available places within the Reception and Integration System (SAI), the Prefecture, upon the indication of the CD CSIA, transfers the person to facilities ex Article 9 of Legislative Decree No. 142/2015, or, if not available, to facilities ex Article 11. Additionally, the CPR Director informs the Director of the Destination Centre about the identified vulnerabilities and related needs, in order to promptly address them.

If, after admission to the CPR, circumstances arise that suggest that the foreigner cannot be detained, the centre’s doctor may request a new examination to be conducted.

UASCs cannot be detained.⁶² If well-founded doubts about the age declared by the foreigner emerge during their detention in the CPR, procedures to ascertain their age as provided by the law must be activated, and their reception in appropriate facilities in compliance with the law should be ensured.⁶³

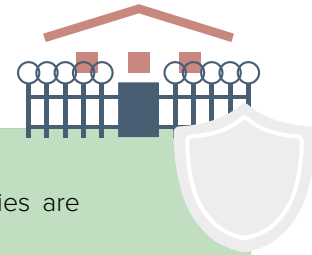
⁵⁹ See Art. 16 (3) Directive 2008/115/EC.

⁶⁰ Applicants whose state of health or vulnerability (as defined in Article 17 paragraph 1) is incompatible with detention in the centres referred to in Article 6, cannot be detained. As part of the social and health services guaranteed in the centres, periodic verification of the existence of conditions of vulnerability requiring special assistance measures is also ensured.

⁶¹ Health conditions to be assessed include ‘the absence of obvious pathologies that make entry and stay in the facility incompatible (...), such as contagious infectious diseases that are dangerous for the community, psychiatric disorders, acute or chronic-degenerative pathologies, detected through an anamnestic or symptomatologic investigation, as well as through the available health documentation, that cannot receive appropriate treatment in restricted communities. The medical certification must in any case attest to the compatibility of the health or vulnerability conditions (pursuant to art. 17 paragraph 1 of the Legislative Decree no. 142/2015) of the foreigner with living in restricted communities’.

⁶² See Art. 19 par. 4 and 19 bis of Legislative Decree No. 142/2015.

⁶³ See Article 19 of Legislative Decree No. 142/2015.



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During the foreigner's detention in the CPR, the managing bodies are responsible for:

- **Establishing appropriate settings** for conducting individual interviews;
- **Maintaining and compiling a personal file** using a standardised format that includes all the information gathered during individual interviews conducted by the professionals in charge of personal services, along with any attachments or certifications;
- **Ensuring that the detained person undergoes a medical examination**, conducted by the doctor in charge of the health facility;
- **Conducting periodic checks by the CPR's health personnel** to identify any vulnerable conditions among detainees;
- **Transmitting**, with the consent of the detained person, **documentation regarding identified situations of vulnerability** to the CPR's Immigration Office, which will then be forwarded to judicial authorities and the competent Territorial Commission;
- Implementing measures to **prevent, mitigate, and respond to gender-based violence** in administrative detention (see box for additional details).

If causes of incompatibility with detention are identified, and if they concern an asylum seeker or a beneficiary of international protection, the Prefecture responsible for the CPR immediately notifies the Central Service to ensure the reception of the vulnerable person in a dedicated structure. If there are no available places within the SAI, the Prefecture, upon indication from the CD CSIA, transfers the person to centres as specified in Article 9 or, if unavailable, to centres as specified in Article 11. Additionally, the CPR's Director informs the destination centre's Director about the identified vulnerabilities and related needs, allowing for prompt action.

If the vulnerable detainee is not an asylum seeker, but the conditions for obtaining a residence permit for other types of protection are met,⁶⁴ the legal officer of the managing authority, in coordination with the detainee's lawyer, requests the issuance of a residence permit and the activation of protection mechanisms provided by the law.

In the event that the detainee is a victim of human trafficking or serious labour exploitation and meets the necessary criteria, mechanisms will be put in place to issue a residence permit under Article 18 or Article 22 of the Consolidated Law on Immigration ("Testo Unico Immigrazione", the relevant legislation on the matter of migration in Italy) and to transfer the victim to facilities managed by anti-trafficking bodies, funded by the Department for Equal Opportunities, or to SAI centres.

⁶⁴ See Legislative Decree no. 25/2008, art. 32 c. 3.

ACTORS INVOLVED IN THE IDENTIFICATION AND MANAGEMENT OF VULNERABILITIES DURING THE PHASES OF HEALTH SURVEILLANCE, HOTSPOTS, RECEPTION, AND DETENTION IN CPRs

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Centres' medical personnel

Actions: Having taken note of all the information gathered from previous steps, the Centres' medical personnel proceed to conduct an initial medical assessment to actively search for and investigate reported symptoms such as infectious diseases, trauma, or emerging conditions. This assessment is carried out in accordance with "[Border controls barrier](#)" guidelines.

For any identified socio-sanitary needs or those reported by the reception facility personnel, the doctor working within the centre must refer to the Local Health Authority (preferably, a specialised structure or individual within a dedicated service that deals with migrants' and refugees' health). This referral is necessary to address specific socio-sanitary vulnerabilities and ensure continuity of care for patients, which is guaranteed by the NHS. This guarantees both the well-being of the individual and the community. In cases where signs of violence or specific needs related to sexual and reproductive health are identified, the opportunity of providing access to specialised support services (such as health, sexual and reproductive health, psycho-social support) is assessed. If the concerned person consents, a referral is made to the appropriate support service.

Additionally, immediate medical interventions are provided to ascertain any pathologies requiring isolation measures, specialist examinations, or diagnostic and/or therapeutic treatments at public health facilities. If necessary, prophylaxis, surveillance, and medical aid measures are implemented, and the transfer of the migrant to hospital facilities is arranged under the coordination of emergency operations centres (118/112). Throughout the person's stay in the facility, active supervision is maintained, regular medical examinations are conducted, and, when necessary, first aid medical interventions are provided.

A health card is prepared and maintained for each guest, which includes updates on the health services provided, administered medications, any specialist examinations performed, and records from each check-up visit. A copy of the health card must be provided to the individual upon their departure from the centre.

REFERS TO: local USMAF/Provincial and Local Health Authorities' (ASP/ASL) designated contact person.

Also see [Indications and procedures for the reception and health protection of applicants to international protection](#), specifically the "Health interventions in the different phases of reception" section (from page 8), published by the Region of Lazio.

SAI: Unlike governmental facilities, SAI centres do not have medical or nursing staff. All SAI beneficiaries generally seek assistance from local General Practitioner or Primary Local Services as they are entitled to be registered with the NHS.. Any necessary health interventions are carried out within the jurisdiction of the Local Health Authority (ASL).

CPR: Prior to entering the CPR, a doctor from the Local Health Authority or hospital conducts an examination to evaluate the individual's health and vulnerability in relation to living in a confined community. If an asylum seeker is detained in a CPR, the facility's assigned doctor ensures a medical screening to assess their overall health condition and identify any vulnerability (and related unsuitability to be detained in the CPR). The structural characteristics of the centre are taken into consideration during this assessment.



Non-medical
personnel

Actions: The State Police, supported by EUAA personnel, is responsible for registering applicants for international protection during the relocation procedure and identifying and prioritising any persons with vulnerabilities to ensure their inclusion in the procedure.

When the non-medical multidisciplinary team detects persons with special needs requiring specialised support (e.g., victims of gender-based violence, people with different sexual orientation), it proceeds to refer them, with their consent, to relevant local services.

Throughout the applicant's stay in the centre, the multi-disciplinary team maintains and regularly updates individual guest files. These files document the services and goods provided, as well as any vulnerabilities or specific needs identified. They also include reports of interviews, copies of reports or certificates from specialist visits, and any other supporting documentation related to the recorded vulnerabilities and needs, as documented by specialised personnel.

REFER TO: Centre's Director/Project Manager.

To ensure a prioritised inclusion of vulnerable persons within the relocation procedure, please refer to the political declaration on migration adopted by the EU Justice and Home Affairs Council on 10 June 2022, specifically regarding the Voluntary Solidarity Mechanism.

In the case of UASCs, see Articles 19 and 19a with reference to individual interviews, and consult the social file mentioned in Article 9 of Law No. 47/2017.

Ensure respect for privacy, taking into account gender differences, age-related needs, and the protection of applicants' physical and mental health, while upholding their dignity.

Whenever possible, the presence of both medical and mediation female staff, trained in gender-based violence and related operational principles, is recommended.



Centre's Director/
Manager

Actions: As a complement to the activities implemented by the multidisciplinary team, the Centre's Director is responsible for ensuring all necessary procedures for registering persons within the NHS, or for issuing the STP card (a card issued for temporarily-resident foreigners to access healthcare), depending on their legal status. This includes fulfilling duties as a provisional guardian.

The Centre's Director is also responsible for:

- Providing a secure and confidential area for individual interviews.
- Requesting relocation of persons when specific needs arise.
- Organising and ensuring the provision of services tailored to the specific needs of the residents in coordination with the local network.
- Implementing appropriate measures to prevent all forms of violence, including gender-based violence, and ensuring the safety and protection of both residents and staff within the centre.
- Establishing a mechanism for residents to monitor and report suspicions and cases of abuse and exploitation within the centre. This mechanism should include secure, confidential, and age-appropriate channels known to all residents and the organisations and services operating within the centre.
- Arranging regular training on topics such as specific needs directed at multidisciplinary cultural teams. This training can be supported by Prefectures, local authorities, local social and health services, and specialised associations.

• Facilitating access for associations, including accredited Third Sector Organisations present in the area, to organise awareness-raising activities, information sessions, and promote equal participation of women, girls, and other groups with specific needs in various activities within the centre. This may also involve supporting their access to relevant services.

Developing and providing culturally-appropriate and accessible informational materials (such as leaflets, pocket guides, and digital tools) on gender-based violence, toll-free helpline numbers (e.g., anti-violence and stalking hotline 1522, anti-trafficking hotline 800 290 290, UNICEF's Here4U hotline 800 905 570), available services, and related access rights.

Promoting the organisation of workshops and participation activities with children in order to identify specific needs.

In the case of UASCs, even pending age verification, exercising guardianship functions until a guardian is officially appointed.

REFERS TO: Centre's Directors referred to in Articles 9 and 11 serves as the contact person for the Prefecture. They are responsible for communicating any acts or measures concerning the individual's stay within the centre. In addition, the director of the first governmental reception centre for UASCs is required to provide monthly reports to the Ministry of the Interior regarding the activities carried out. Additionally, they promptly inform the Ministry about any emerging critical issues, as stipulated in Article 6 of the Ministerial Decree dated September 1, 2016.



Prefecture

Actions: The Prefecture receives information regarding vulnerabilities and aggregates relevant data. Using this information, the Prefecture alerts local actors, involved in various capacities during the phase of reception, and takes necessary actions to address identified specific needs related to different vulnerabilities.

In agreement with the managing authority, the Prefecture submits requests for inclusion within the SAI based on available information about the special needs of asylum seekers and the availability of dedicated services in the local area. This may involve reaching out to relevant services such as anti-violence centres or associations supporting sexually diverse individuals. The goal is to ensure appropriate support and services to address asylum seekers' specific needs.

Please note that this information is a general description and may vary in specific Regions or countries. It is always recommended to refer to local laws, regulations, and guidelines for accurate and up-to-date information.

REFERS TO: sends the aggregated vulnerability data to the CD CSIA.


The term "safe space" refers to a designated physical area within the reception centre that is specifically dedicated to women and girls. It provides a secure environment that ensures privacy and facilitates the organisation of various support activities, including psycho-social support, information sharing, and recreational programs. These initiatives are conducted in collaboration with Third Sector Organisations and specialised services. The primary objective of these activities is to identify cases of violence and provide appropriate referrals to relevant support services [1]. To mitigate risks and ensure safety within these spaces, two main instruments are recommended: regular safety checks (audits), as described in Insight 10, in order to identify specific risks dissemination of a Code of Conduct, to be signed by all operators working within the centre's managing body (an example of a code of conduct is provided in Annex 2).

[1] For more information on the concept of Safe Spaces, please refer to the "[Women and Girls Safe Spaces: A Toolkit for Women's and Girls' Empowerment in Humanitarian Settings](#)" publication.

As a support to the centre's manager and their team, please refer to the [Methodological Guide on Participation Activities for Reception Facilities for Unaccompanied Children in Italy](#).

CPR: If an asylum seeker or a holder of international protection is assessed to be incompatible with detention, the Prefecture responsible for the CPR, in coordination with its managing authority, promptly notifies the Central Service for placement in reception facilities. If there are no available spaces in SAI centres, the person is transferred to centres specified under Article 9. Should the abovementioned centres be unavailable, the person is transferred to centres specified under Article 11.

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VULNERABILITIES	SPECIFIC ACTIONS WITHIN THE RECEPTION SYSTEM	NOTES
 <p>Accompanied children</p>	<p>The best interests of the child must be evaluated by considering the child's own perspective, taking into account factors such as age, maturity, and personal development. This assessment is essential for understanding their previous experiences and assessing the risk of the child falling victim to human trafficking, as well as the potential for family reunification.</p> <p>The early identification of children in need of specific healthcare attention, including the identification of infectious diseases that must be reported to the relevant health authorities, is conducted through structured interviews performed by the multidisciplinary team. These interviews take place in a secure environment that ensures confidentiality and protection, while maintaining an empathetic and non-judgmental approach and respecting gender differences.</p> <p>The requirement for specialised psycho-social or support services is identified, and the child's needs are directly explored within the household. This is done through the involvement of linguistic and cultural mediators, and by employing an approach that is appropriate for the child's gender and age.</p> <p>Appropriate measures are implemented to prevent all forms of violence, including gender-based violence, and to ensure the safety and protection of both applicants and staff members working within the centres.</p> <p>In cases where recipients have specific needs that require specialised services, the necessary psycho-social and medical interventions are activated. These interventions aim to establish and implement appropriate assistance and support measures.</p> <p>Psychological assistance is also guaranteed through the use of qualified personnel and the activation of psycho-social support measures, tailored to the specific needs of the child.</p> <p>It is ensured that underage children of applicants for international protection and children seeking international protection are accommodated together with their parents, minor siblings or other legally responsible adults.</p> <p>Services are provided to address the needs of children, including recreational ones.</p>	<p>In the implementation of reception measures outlined in Legislative Decree No. 142/2015, the paramount consideration is the best interest of the child. This is done to ensure that the living conditions provided are suitable for the child's age, while also prioritising their protection, well-being, and overall development, including social development. These principles align with the provisions stated in Article 3 of the Convention on the Rights of the Child, adopted on 20 November 1989.</p> <p>Whenever feasible, the involvement of female personnel is encouraged, particularly when dealing with adolescent girls aged 14 and above.</p>



Unaccompanied children

The best interests of the child must be evaluated by considering the child's own perspective, taking into account factors such as age, maturity, and personal development. This assessment is essential for understanding their previous experiences and assessing the risk of the child falling victim to human trafficking, as well as the potential for family reunification.

Regarding the reporting of relevant information to the authorities, please refer to the [Operational Handbook for the Care and Reception of Unaccompanied Foreign Minors](#) (p. 11).

The multidisciplinary team is responsible for compiling a social file (or a [personal file](#) for first reception centres), which includes all pertinent information that can assist in identifying and providing services for specific needs. With the guardian's consent and having consulted the child, the team collaborates with the social services of the appropriate municipality, the Public Prosecutor's Office at the Juvenile Court, and the Territorial Commission. They also share relevant sections of the files necessary for ensuring an appropriate and comprehensive support system.

The early identification of children who require specific healthcare attention, including the verification of infectious diseases, as well as sexual and reproductive health, and any additional vulnerabilities, is conducted. Any identified vulnerabilities are then referred to the competent health authorities operating in the area.

Vulnerabilities and needs are identified and documented in a secure and confidential environment. This process ensures that special needs, whether health-related or not, are considered during the child's stay in the reception centre.

The child is guaranteed regular interviews with the multidisciplinary team, with the presence of a developmental psychologist and the assistance of a cultural mediator. These interviews aim to assess the child's personal situation and ensure appropriate support and care (refer to Box 3 in the [Handbook for the care and reception of unaccompanied foreign children](#) for further information).

The process for appointing a guardian for the child is initiated early on. The guardian is regularly kept informed about the specific needs that have been identified and the referral mechanism that has been put in place.

If conditions permit, immediately after the inclusion of the UASC in the facility, or the following day in case of an overnight arrival, they are introduced to the activities provided by the reception centre and the individuals involved (facility staff, their roles, and the services offered). This introduction is tailored to the child's age and understanding. If there are children from different nationalities, participatory group activities are organised, facilitated by cultural and linguistic mediators, to disseminate relevant information. Additionally, posters containing information about the staff structure, specific roles (such as social worker, psychologist, lawyer, and medical expert on children's rights) and schedules, services provided, and facility rules are distributed or displayed on walls. All materials are translated into the main languages spoken by the residents. Additionally, UNHCR and child protection agencies' contact information is provided.

In the implementation of reception measures outlined in Legislative Decree No. 142/2015, the paramount consideration is the best interest of the child. This is done to ensure that the living conditions provided are suitable for the child's age, while also prioritising their protection, well-being, and overall development, including social development. These principles align with the provisions stated in Article 3 of the Convention on the Rights of the Child, adopted on 20 November 1989.

With reference to interviews, see box no. 3 of the Operational Handbook for the Care and Reception of Unaccompanied Foreign Children.

No circumstances justify a child being deprived of guardianship. While awaiting the appointment of a guardian, the person in charge of the reception facility, as specified in Article 403 of the Civil Code, is responsible for providing support to the child. To avoid potential conflicts of interest, Law No. 184/83 Article 3, paragraph 2, prohibits the person in charge from being appointed as the child's guardian. For children who are victims of trafficking, suffering from serious illnesses or mental disorders, disabled, victims of torture, victims of other serious forms of psychological, physical or sexual violence, victims of violence related to sexual orientation, or victims of female genital mutilation, or who are pregnant, also refer to the following categories in this table.

See:
 UNHCR child-friendly guide on international protection for UASCs.
 UNHCR child-friendly videos on international protection
 Methodological guide for UASCs' participation activities
 Child-friendly animated videos developed by EASO on age assessment, registration and identification of vulnerable asylum seekers.

On the right to participation also see [UNHCR Methodological Guide to Participatory Activities](#).

To facilitate the identification of specific vulnerabilities concerning unaccompanied children, reference can be made to proximity indicators included in the UNICEF guidebook ["Making the invisible visible"](#).

To assess possible international protection needs, consult the [Guidelines on International Protection: Child Asylum Claims](#).

Contact with their family of origin is established as soon as possible once the UASCs is placed in the facility. However, such action must firstly be assessed and considered after having consulted the child, as actions may pose a potential risks for family members in specific contexts.

Within the first two days since the UASC's placement within the facility, and in any case no later than seven days, participation activities are organised to provide legal information. The information is presented in an accessible, clear, and consistent manner, avoiding raising false expectations or causing confusion. The children's right to be heard and have their opinions considered is respected, and communications are conducted in a child-friendly manner with the support of interpreters or linguistic and cultural mediators. The methodology employed aims to actively involve the child in the process.

Multidisciplinary teams establish contacts with relevant local social, health, and educational services to initiate integrated care and support for the children, in collaboration with the competent services in the area.

The centres' staff adopts preventive measures to prevent all forms of violence in reception centres.

If a person declared to be a child is found to be hosted in an adults' centre, the person in charge of the centre informs the Prefecture in order to initiate the transfer from the adults' centre to a more appropriate facility.

When there are reasonable doubts regarding the age declared by the child, the multidisciplinary team shares its considerations (based on the interviews conducted) with the Public Prosecutor's Office at the Juvenile Court. If such doubts are well-founded, the judicial authority (Juvenile Court) can request a socio-sanitary assessment to determine the person's age. This assessment is conducted by a public institution, using a multidisciplinary approach that is consistent with the guidelines established in the unified conference.

- In collaboration with the multidisciplinary team and specialised personnel, cognitive interviews are conducted to identify and document indicators that may indicate potential victims of trafficking. If there is suspicion that a victim is accompanied by one or more traffickers within the reception centre, and when feasible considering the circumstances, steps are taken to separate the potential victim from trafficker(s), taking into account the need to avoid exposing the former to potential retaliation.
- Information on the risks of human trafficking, available protection mechanisms and related access procedures, without necessarily having to report the trafficker, are distributed.
- In order to configure the offense, special attention should be given to potential child victims of trafficking, regardless of whether or not coercion or deception was used.
- Interpretation and cultural mediation services should be provided throughout the process, in a safe and confidential environment.



Victims of human trafficking

- In case a vulnerability to being trafficked is identified:
- With the consent of the person concerned, referral can be made to competent anti-trafficking services, accredited private social organisations, or the National Anti-Trafficking Helpline (800 290 290), in order to continue the identification process, involving the relevant Prefecture.
 - If immediate transfer to facilities operated by organisations within the National Anti-Trafficking Network is not feasible, alternative suitable facilities at the local level may be identified for the temporary reception of potential victims of trafficking until their inclusion in the aforementioned Network.

For indicators refer to available IOM tools ([IOM 2017 Trafficking Report](#)) and Annex 2 of the National Action Plan against Trafficking and Serious Exploitation ([Guidelines for the rapid identification of victims of trafficking and serious exploitation](#)).

Regarding the phenomenon of trafficking along the Central Mediterranean route, in-depth studies are available at [Project ADITUS | IOM Italy](#).

In case of detecting criminal offenses, there is an obligation to report them to the State Police.

In order to facilitate the identification of potential cases of violence, it is recommended to establish a safe and private environment where individuals can freely communicate. Maintaining an empathetic and non-judgmental approach is essential throughout process. Mediation services should be available to provide support and assistance.

In order to proceed with the intervention, it is imperative to obtain the informed consent of the alleged victim and ensure that the procedures implemented do not cause any further harm or distress to the individual.

Whenever feasible, it is recommended to have female staff members who are trained in gender-based violence and familiar with related operational principles present among both medical and mediation personnel.

The information provided by victims must be handled with the utmost respect to preserve the confidentiality of sensitive data, and it should only be transmitted with the explicit consent of the victim.



Elderly persons



- Any specific needs, such as motor problems or orientation difficulties, as well as any other needs requiring targeted assistance upon disembarkation, are identified and documented.
- The centre's doctor conducts a comprehensive assessment of the individual's psycho-physical state, including identifying any chronic illnesses or disabilities, and reports findings to the relevant territorial health services, initiating the necessary referral process to the competent Prefecture based on the place of disembarkation.

Reception measures are organised and tailored to meet the specific needs of each individual.

Contact is established with the relevant territorial services to facilitate integrated care and support.

For indicators refer to [IPSN tool](#).

 <p>Persons suffering from serious illnesses or mental disorders</p>	<p>Engaging in active listening and establishing a transparent relationship with the individual is crucial. This approach helps establish a climate of trust and cooperation, enabling open and honest communication.</p> <p>It is important to inform the person about their rights and responsibilities in a simple and clear manner, and to clearly define the roles of each involved actor and ensure that the person understands their rights and duties.</p> <p>Information regarding the individual's health status, including any diagnoses, therapeutic interventions, and ongoing therapies, should be effectively communicated from one healthcare provider to another to ensure continuity of care.</p> <p>Contact is established with territorial services to facilitate integrated care.</p>	<p>In the case of individuals with psychological or psychiatric vulnerabilities, the responsible reporting body, such as the Prefecture or the Centre's managing body (in the case of accommodation in facilities as per articles 9 and 11), completes "Model F" and submits it, along with all available medical and health documentation, to the dedicated address modellof.dm@servizocentrale.it.</p> <p>For indicators of symptoms of post-traumatic stress disorder see tables 7 and 8 of the Guidelines for the planning of care and rehabilitation interventions as well as for the treatment of mental disorders of holders of refugee status and subsidiary protection status who have suffered torture, rape or other serious forms of psychological, physical or sexual violence.</p>
 <p>Persons with disabilities</p>	<p>Reception centres provide special services for vulnerable persons with special needs, also in cooperation with the competent Local Health Authority. These services guarantee special care measures, including psychological support.</p> <p>In cases where adult applicants have particular needs, efforts are made to accommodate them together with adult relatives who are already present within the shelters.</p>	<p>Specifically refer to the dedicated box in the Handbook and the ICF International Classification of Functioning, Disability and Health (WHO) and Washington Group questionnaire.</p>
 <p>Pregnant women</p>	<p>Wherever possible, single pregnant women may be accommodated in a common area. Special attention is paid to underage pregnant girls' accommodation.</p> <p>Pregnancy status, whether visibly evident or reported by the woman herself, is identified and documented. Additionally, efforts are made to identify women requiring urgent medical attention. Trained staff take into account the possibility of unwanted pregnancies or pregnancies resulting from sexual violence during the migration process, along with other evident vulnerabilities.</p> <p>If necessary, and based on the pregnant woman's medical condition, she is transferred to a hospital, particularly in the case of childbirth. The relevant information is communicated to the competent Local and Provincial Health Authorities (ASL/ASP) to ensure appropriate care and support.</p> <p>Culturally appropriate information material, such as brochures, pocket leaflets, and digital information tools, is provided to women. This material aims to inform them about prenatal services, birth registration procedures, the reception system, and psycho-social support services available at the local level. It also includes information about the Italian Law on voluntary termination of pregnancy.</p>	<p>Wherever possible, the presence of female staff and mediators trained in gender-based violence is recommended.</p>

 <p>Single parents with underage children</p>	<p>Adequate accommodation is provided for single parents (adults or children). Special attention is given to verifying the kinship relationship between the adult and the child/children to ensure appropriate care and support.</p> <p>The single-parent household is accommodated within the same reception centre and, whenever possible, in the same room. Privacy and dignity of family members are respected, and their specific needs, including material items such as hygiene products and food items for breastfed or non-breastfed infants, are taken into consideration.</p> <p>With the assistance of healthcare staff or trained professionals from third-sector organisations, additional evident vulnerabilities (e.g., parents with more than two children) are identified. The medical and psychological conditions of each member within the single-parent family are assessed and documented.</p> <p>The need for specific psycho-social or specialised support is identified, and discussions regarding these needs are conducted directly with the children within the single-parent household. This can be facilitated through linguistic and cultural mediators and/or group or individual information sessions, aimed at providing psycho-social support.</p>	<p>In the case of pregnant underage girls or women, also refer to the other categories in this table.</p> <p>Whenever feasible, it is recommended to have female staff and mediators who are trained in addressing gender-based violence.</p> <p>For further information also see the “Accompanied children” section.</p>
 <p>Victims of torture</p>	<p>Firstly, it is crucial to closely monitor and address any clinical manifestations of complex post-traumatic disorders in individuals, including symptoms such as depersonalisation, derealisation, imaginative absorption, amnesic and cognitive disorders, among others.</p> <p>Activities aimed at early detection and intervention should be initiated as early as possible, taking into account the different arrival contexts. This can involve conducting interviews with the medical-psychological staff of the hosting facility, with the involvement of non-healthcare professionals as well.</p> <p>Any person who is identified as a potential victim of torture or extreme violence, is reported and referred for a comprehensive clinical-diagnostic assessment. Referral could also be made to specialised NHS services or other recognized facilities experienced in addressing post-traumatic pathologies in applicants and individuals with international protection status (“RTPs” in Italian). The goal is to prevent psychological deterioration and chronicisation of clinical conditions (both psychological and somatic), and to tailor reception conditions and asylum procedures to their specific needs (p. 32 et seq. Guidelines for the care, rehabilitation and treatment of psychological disorders of refugees and victims of torture).</p>	<p>“Early detection is a valuable prerequisite for the prevention of the development of psycho-pathological problems and other pathologies and is a necessary prerequisite for the activation of a series of actions aimed at ensuring the person’s health. The chapter delves into the specificities of disorders in refugees who are victims of torture, rape and <i>other forms of violence by presenting synoptic tables of symptoms and disorders in Post-Traumatic Stress Disorder (PTSD)</i>’ (p. 29 of the Guidelines for the Care, Rehabilitation and Treatment of Mental Disorder of refugees and victims of torture, a recommended reading for actors involved in the take in charge.</p>



Victims of other serious forms of psychological, physical or sexual violence

All relevant information is identified and documented, without actively seeking out potential victims. The safety of the person and, possibly, their family is ensured, especially if the perpetrator of violence (e.g., partner, human trafficker, or another assailant), is also present in the reception centre.

The multidisciplinary team, specifically trained in standards and guiding principles on torture and violence, is responsible for:

- conducting an initial assessment and periodic reviews to identify special needs. With the person's consent, appropriate referral and support pathways are activated, in collaboration with specialised services such as anti-violence centres and counselling centres. Prompt response to the identified needs, especially in terms of health services, is prioritised in accordance with relevant guidelines.
- Notifying the Prefecture about the competent Territorial Commission that has been established, to allow the former to potentially provide special procedural guarantees.

In cases where violence has been detected in previous stages, and taking into account all gathered information, specific reception services are provided, and referral to specialised services (e.g., anti-violence centres, counselling centres) is ensured with the person's consent. Cooperation with the competent Local Health Authority (ASL) is fostered to guarantee special care measures, including psychological support.

Actively promoting awareness-raising and information activities within shelters, focusing on gender-based violence. These activities may include discussion groups, socialisation initiatives, psycho-social activities, and participation in thematic events and meetings organised by relevant entities.

Facilitating referral to services in a timely and appropriate manner, involving workers or operators who have similar experiences and backgrounds to the target group, in cooperation with local associations and institutions.

Base the identification of vulnerabilities upon what spontaneously emerged and what was detected through participative and structured observation and/or listening, maintaining an empathic and non-judgmental approach.

The reception settings (e.g., physical environment, organisation of space and time) play a crucial role in supporting victims of torture and other forms of violence. These settings should be appropriate, welcoming, respectful, and reassuring. They should facilitate the identification of post-traumatic suffering and enable individuals, particularly women and children, to begin or continue their rehabilitation process in a suitable environment.

In order to proceed with the intervention, it is imperative to obtain the informed consent of the alleged victim and ensure that the procedures implemented do not cause any further harm or distress to the individual.

Whenever feasible, it is recommended to have female staff members who are trained in gender-based violence and familiar with related operational principles present among both medical and mediation personnel.

It is recommended to refer to [National Strategic Plan on Male Violence Against Women](#) (2021- 2023). [Standard Operating Procedures for Territorial Commissions for the identification and referral of survivors of - or at risk of - gender-based violence](#) (December 2021).

[Guidelines for the planning of assistance and rehabilitation interventions as well as for the treatment of mental disorders of holders of refugee status and subsidiary protection status, who have suffered torture, rape or other serious forms of psychological, physical or sexual violence.](#)

[Guidelines for the early recognition of victims of female genital mutilation or other harmful practices](#) (Department of Equal Opportunities 2018).

- Pocket guide "[How to provide initial support to survivors of gender-based violence](#)".
- See "[Guide and Operational tools on GBV risk mitigation and child safeguarding within widespread reception](#)".

In the case of children or UASCs, also refer to previous categories in this table.



Victims of violence related to sexual orientation

All relevant elements are identified and documented, without actively searching for alleged victims.

The safety and security of the individual, and their family if applicable, are prioritised, especially in cases where the perpetrator of violence (e.g., partner, human trafficker, or another individual) is present in the reception centre. Immediate measures are taken to ensure personal safety, which may include transferring the person to a more suitable and secure facility.

Qualified personnel, trained on specific sexual orientation issues and related operational principles and approaches, conduct an initial assessment and periodic reviews to identify any special needs. With the consent of the individual, the following actions are taken:

- if the competent Territorial Commission is established, the Prefecture is notified to provide any necessary special procedural guarantees;
- referral to specialised services, such as organisations supporting individuals with diverse sexual orientations or anti-trafficking services, is activated. Special attention is given to address needs that require a prompt response, particularly in terms of healthcare, following relevant guidelines and regulations in place.

If instances of violence have been detected in previous phases, and taking into account all the gathered information, special reception services are established. These services are designed to cater to the specific needs of individuals who have experienced violence. Referral to specialised services, such as associations for the protection of individuals with diverse sexual orientations or anti-trafficking services, is facilitated, always with the person's consent and while ensuring confidentiality. Cooperation with the competent Local Health Authority is fostered to provide comprehensive care, including psychological support.

Awareness-raising and information activities regarding the protection of individuals with diverse sexual orientations are actively promoted within reception facilities, also through discussion groups and socialisation initiatives, including participation in thematic events and meetings.

Referrals to services are conducted in a manner that is sensitive to the needs of individuals with diverse sexual orientations. Trained workers or operators with similar experiences and backgrounds to the target group are involved in facilitating these referrals, in cooperation with local associations and institutions with expertise in this field.

Base the identification of the individual profile of persons with a diverse sexual orientation upon what spontaneously emerged and what was detected through participative and structured observation and/or listening, maintaining an empathic and non-judgmental approach.

In order to proceed with the intervention, it is imperative to obtain the informed consent of the alleged victim and ensure that the procedures implemented do not cause any further harm or distress to the victim.

Whenever possible, the presence of both medical and mediation female staff, trained on issues related to sexual orientation and related operational principles and approaches, is recommended.

The information provided by victims must be handled with the utmost respect to preserve the confidentiality of sensitive data, and it should only be transmitted with the explicit consent of the victim.

Authorities develop culturally appropriate and easily understandable information materials, such as information leaflets, pocket guides, and digital tools, about services dedicated to persons discriminated against on the basis of sexual orientation and their related right of access

In the event of safety risks arising, it is imperative to provide the victim with information regarding the available options for ensuring their safety. The victim's consent to proceed with protective and referral measures must be obtained through an informed decision-making process (Survivor-Centred Approach).

More details/training available [here](#).



Victims of female genital mutilation

A prompt identification process is conducted to identify victims of female genital mutilation. This identification can occur through spontaneous disclosure or through structured observation and listening carried out by healthcare staff and trained personnel from the TSOs or the centre's managing body. Identifying the need for specific psycho-social or medical support is identified at an early stage, with particular attention to children. The needs of victims are explored directly, through linguistic-cultural mediators and/or through group or two-to-one information sessions to provide appropriate psycho-social support. Culturally and age-appropriate information material is distributed to individuals in the form of information brochures, pocket leaflets, and/or digital information tools. This material aims to inform concerned persons about the available reception and psycho-social support services at local level. Additionally, the material highlights that violence against women is recognised as a form of persecution and, as such, could constitute the basis of an asylum claim.

[Guidelines for implementing prevention, care and rehabilitation activities for women and girls already subjected to female genital mutilation practices](#) (Ministry of Health 2006).

[Guidelines for early recognition of victims of female genital mutilation or other harmful practices](#) (Equal Opportunities Department 2018).

Whenever possible, efforts should be made to ensure the presence of female staff, including cultural-linguistic mediators.

VI

PROCEDURE FOR THE RECOGNITION OF INTERNATIONAL PROTECTION

Vulnerable persons are also provided with specific forms of protection and guarantees during the procedure for the recognition of international protection.

These safeguards include both general procedural protections applicable to all vulnerable individuals, such as the exclusion from accelerated procedures and manifestly unfounded decisions, as well as tailored safeguards based on the specific type of vulnerability identified. These differentiated safeguards recognise the diverse nature of vulnerabilities and related protection needs. For example, children seeking international protection benefit from the specific guarantee of having a parent or guardian present during their personal

hearing. This ensures that their best interests are considered and that they receive appropriate support during the proceedings. Another example of a specific guarantee is the one recognised to survivors of various forms of violence, that are granted the possibility to request the creation of a “protected” report that is held by the Territorial Commission and prevents their statements from falling into the wrong hands and endangering their safety.

However, the principle remains that all procedural choices are made and tailored based on the specific circumstances of applicants and, when necessary, with their informed consent.

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The timely and accurate identification and reporting of an applicant's vulnerability, as well as any developments that may occur during the procedure, are, therefore, crucial for activating the appropriate safeguards and specific precautions for addressing the applicant's particular condition. Such safeguards are listed below:

- **Prioritising the assessment of the application and the possible omission of the personal hearing**

generally speaking, legislation provides for the prioritised examination of international protection applications submitted by vulnerable individuals. On the basis of the information and documentation provided, the Commission assesses whether it is in the person's best interests to have their application **examined as a matter of priority** (e.g., in the case of UASCs, disabled or elderly persons).⁶⁵ This prioritisation ensures that the applicant is summoned for the hearing as soon as possible.⁶⁶ However, in cases where the applicant's vulnerability does not allow for an immediate hearing, the Commission assesses whether to **postpone the interview** until improvements take place.⁶⁷ The Commission can also decide to **finalise the procedure based on the available documents, omitting the interview** when the applicant is incapacitated permanently or in the long-term or is unable to participate in the hearing and if it's in their best interest to conclude the application. The applicant and the reception centre are duly notified of any decisions made.⁶⁸

- **A specifically trained official conducts the interview**

In the case of UASCs, but also of survivors of gender-based violence, torture or other extreme forms of violence, or potential victims of human trafficking, the **personal hearing is conducted by a specifically trained official**, possibly of the same sex as the applicant. This will ensure that:

- the interview is conducted using verbal and non-verbal **means of communication** that are tailored to the applicant's condition (e.g., adapted language register used for children, trauma survivors, persons with mental disorders, etc.; alternative modes of communication such as drawings or other visual aids may also be employed when dealing with children). The goal is to overcome, or at least minimise, the impact of the specific condition on the communication between the applicant and the interviewer, while avoiding re-traumatising or inflicting further harm to the former (e.g., avoiding the risks connected to the re-enactment of traumatic events);
- **the contents of the interview are adequately prepared and modulated**, which includes identifying and assessing any international protection needs related to the applicant's vulnerable condition;
- the research on relevant countries of origin, conducted to support the assessment of the application, is oriented and focused with respect to the specific vulnerability.
- the interpreter is informed about the specific vulnerability in question, so that he/she is aware of the sensitive nature of the topic and can be prepared to effectively communicate and handle particularly challenging moments that may arise during the interview.

- **Support staff is present during the personal hearing:** if deemed necessary and appropriate, vulnerable applicants may be accompanied by support staff, particularly if the latter have supported the former in their medical or psychological care process. This helps applicants feel safe and comfortable during the interview.

⁶⁵ Art. 28 paragraph 2 D. No 25/2008 "The application shall be examined as a matter of priority, in accordance with the fundamental principles and guarantees laid down in Chapter II, when: [...] b) the application is made by an applicant belonging to vulnerable categories of persons, in particular an unaccompanied child, or who requires special procedural guarantees".

⁶⁶ This second scenario may particularly concern applicants with health-related vulnerabilities (e.g., suffering from serious illnesses or mental disorders, for whom it may be necessary to undergo a medical/psychological process before the hearing or, in any case, to proceed to a slower and more thorough preparation, unless, on the contrary, these same conditions make it advisable to convene the hearing as a matter of priority, as per the general provision).

⁶⁷ Art. 12 paragraph 3 of Legislative Decree No. 25 of 2008: "The interview may be postponed if the foreign citizen's health conditions, certified in accordance with paragraph 2, do not allow for it to take place, or if the person concerned requests and obtains a postponement for serious reasons".

⁶⁸ Article 12 paragraph 2 of Legislative Decree No. 25 of 2008: "The Territorial Commission may omit the hearing of the applicant [...] in all cases in which a public health authority, or a doctor affiliated with the NHS, has certified the incapability or impossibility to conduct a personal interview".

- **Time, space and modalities of the personal interview are adapted according to the specificity of the applicant's condition:** the Territorial Commission considers the specific needs of the applicant (e.g., walking difficulties, need to follow a given therapy at certain times, specific needs of children, victim of trafficking) when organising the personal interview. This includes making necessary adjustments to the physical space if support staff or accessibility requirements are present. Additionally, breaks may be provided during the interview to accommodate any care needs or special circumstances. The applicant's specific needs can also be considered in relation to the scheduled time of the hearing, in order to ensure their comfort and well-being.

- **Childcare is provided in the case of a single applicant with underaged children:** in cases where a single applicant has underaged children, the Territorial Commission considers the need for childcare being provided during the parent's interview. If this information is known in advance, measures can be implemented to ensure the well-being of the child and a peaceful hearing for the parent. On a case-by-case basis, the Territorial Commission considers whether, depending on the child's age and possibility of being traumatised by the events discussed, it is appropriate for the child to attend the hearing alongside the parent. If it is determined that listening to the events reported by the parent may potentially traumatise the child, some Territorial Commissions can provide for designated waiting rooms equipped with games or entertainment. In addition, the person in charge of the reception facility where the family is hosted is responsible for ensuring that the necessary support is provided to the child. In fact, depending on the specific circumstances, the child may stay at the facility during the parent's hearing or alternatively, if another family member is present, they may accompany the child to the Commission and take care of them during the parent's hearing. The person in charge of the reception facility can also coordinate with the Territorial Commission to arrange for a caretaker from the structure to be present during the hearing.

- **Referrals to support services in the area are activated:** if a particular condition of vulnerability that has not been previously addressed is identified during the personal hearing before the Territorial Commission, the interviewer informs the applicant of the available support services in the area (such as anti-trafficking and anti-violence centres, mental health services, support for survivors of torture, and medical and psychological services), and their rights and possibility of accessing them to seek protection and support. With the applicant's consent, following an appropriate information session, direct contact is established between the applicant and the specialised bodies providing the aforementioned services. In sensitive situations, immediate contact with the service may be established and, in some cases, it can even be arranged on the premises of the Territorial Commission, in order to ensure confidentiality and to protect the applicant's psycho-physical integrity. It is important for the multidisciplinary team to maintain contacts with the services activated by the Territorial Commission in order to ensure proper follow-up of the case.⁶⁹

- **A "protected" report is prepared:** when a need to protect the confidentiality of the statements made by the applicant during the personal interview arises, a "protected" report can be prepared. The "protected" report does not include statements that could pose a risk to the applicant in order to avoid engaging possible perpetrators of violence. A copy of the "protected" report is provided to the applicant.

⁶⁹ See [Guidelines for Territorial Commissions for the recognition of international protection: identification and referral of victims of trafficking among applicants for international protection.](#)

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SUPPORT

during the application for international protection's registration phase

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In cases where vulnerability is identified prior to the formalisation of the application for international protection, it is crucial for the person in charge of the reception facility or project, upon the applicant's consent, to **promptly report the situation of vulnerability to the competent Police Headquarters, in order to expedite the formalisation of the application for international protection.**

In addition, **the person in charge of the facility and/or project should also inform the competent Police Headquarters of any specific needs to be considered** when scheduling or registering the application (including, for example, occurrence of medical appointments, existing conditions that may require urgent or expedited processing, and the need for staff members with specific expertise to be present).

When formalising the application for international protection, the accompanying agent should bring any relevant documentation, in particular:

- medical certificates, including diagnoses, drug prescriptions, medical and/or psychological reports, examination reports, and any other medical documentation relevant to the applicant's condition;
- Reports from entities or services that have provided assistance to the applicant or to whom the applicant turned (e.g., anti-trafficking and/or anti-violence associations, associations for the protection of persons with different sexual orientations);
- Written statements or testimonies provided by the applicant, which may shed light on their specific needs;
- Documents from the applicant's country of origin (identification documents, birth certificates,

medical records, court documents, and any other relevant documents that can support their case);

- Relevant information about the country of origin, with particular reference to the applicant's vulnerability;
- In the case of unaccompanied children, the agent should report the presence of family members in Europe with whom the child would like to be reunited.

The Police personnel record all information and documents in the application registration file, ensuring that the applicant's vulnerability is duly highlighted through the computer application, enabling the competent Territorial Commission to promptly recognise the case's specific circumstances and make informed assessments regarding the scheduling of the hearing. This includes determining whether the hearing should be prioritised, postponed, or potentially omitted, as previously described. Additionally, this facilitates communication between the caseworker and the Commission to verify the proper assessment of priority and supplement documentation as needed.

However, if indicators of vulnerability are detected, the adoption of special precautions to safeguard complete confidentiality and to mitigate risks to the **applicant's safety** (e.g., in cases of victims of trafficking or survivors of violence, provided that a copy of the application is provided to the applicant) may be necessary. In such cases, a discretionary decision **not to record the identified vulnerability in the C3 standard form** and, instead, to notify the Commission by certified electronic email, can be taken in coordination with the competent Provincial Police HQs and with the applicant's consent.

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SUPPORT

during the assessment phase of the application for international protection

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The condition of vulnerability may not always be identified or arise prior to the registration of the application. In fact, the condition can emerge, evolve, or become apparent at a later stage, for example during the assessment phase conducted by the Territorial Commission.

In order to activate procedural safeguards for the protection of a vulnerable applicant for international protection, as described above, the person in charge of the hosting facility or project should:

Contribute to the creation of the applicant's comprehensive "file" by collecting and sharing available information on the vulnerability situation, with the consent of the applicant, and share it with the Provincial Police HQs during registration or directly with the Commission at a later stage.

Keep the file up-to-date, and promptly share any additional documents or updates as the situation evolves.

Promptly respond to any requests for additional information or integration from the Provincial Police HQs or the Territorial Commission. If necessary, accompany the applicant through a more in-depth medical or psychological process.

Provide evidence of particular conditions or pathologies, along with relevant documentation, particularly if issued by a public health facility or a doctor affiliated with the NHS. This can support a request to postpone the applicant's personal interview or certify their inability or impossibility to attend it.

Identify support staff who have accompanied the applicant in their therapeutic process and, when appropriate, request permission from the Territorial Commission for them to accompany the applicant at the personal interview, in case this is considered useful and appropriate to help the applicant deal with the interview in the best possible way.

Report any difficulties or preferences expressed by the applicant, of which they are aware, regarding the Immigration Office or the Commission responsible for their case, as well as any preferences related to the interpreter's gender and/or nationality.

Follow and accompany the applicant after the personal interview, particularly if the Territorial Commission arranges for a referral to medical, psychological, or other services in the local area.

PREPARATION

of the person for the interview

The individual interview before the Territorial Commission represents a critical stage in the assessment phase of applications for international protection. **The purpose of the interview is to gather all necessary information to assess a person's eligibility to international protection.**

The interview provides applicants with an important opportunity to present their profile, explain the reasons behind their departure from their home country, and demonstrate why they are unable to return to it. It also allows them to address any doubts or apparent inconsistencies that may arise when comparing their statements, submitted documents, and information about their country of origin.

Many applicants experience significant stress during this process. Therefore, it is crucial for them to be adequately accompanied and supported by facility operators and/or specialised personnel. The goal is to help applicants approach this phase with awareness and a cooperative and calm mindset. To achieve this, specialised personnel, such as psychologists or legal professionals operating within the reception facility, can organise one or more **individual meetings** to support applicants in understanding their own experiences and enabling them to express themselves effectively during the interview.

In addition, practitioners must inform the applicant that:

- The interview in front of the Commission is covered by confidentiality, and the information disclosed during the proceedings is not shared with individuals outside of the procedure, unless explicitly requested by the applicant. Additionally, the applicant has the right to request that the record of the interview remains confidential and “protected”, either in its entirety or partially.⁷⁰
- The Commission's role is to assess applications for international protection, **not to judge** the applicant's behaviour or lifestyle; therefore, applicants should feel free to speak openly and with the interviewer.
- If, at any point, **the interviewee feels uncomfortable** with a particular interviewer or interpreter, **they have the right to raise their concern at the beginning or during the interview.**
- During the interview, precisely in order to conduct a thorough and fair assessment, the Commission may need to ask questions concerning particularly traumatic or sensitive aspects of the applicant's life. In such cases, the applicant is always granted the **possibility to express any difficulties in discussing these aspects, or to request a temporary suspension of the interview** in order to regain the necessary emotional stability.

⁷⁰ See previous pages for more information on “protected” records/files.

- Some questions may be particularly complex or appear repetitive; in such instances, the applicant has the right to seek clarification at any point during the interview to ensure a full understanding of the proceedings.

- The applicant has a duty to cooperate with the deciding authority during the hearing; if the applicant is unable to provide certain information or answers, they should explain to the authorities the reasons behind their inability to provide the requested elements.

- The interpreter has a neutral role in the assessment procedure, is not a member of the Commission and does not participate in the decision-making process regarding the application for international protection.


- In some cases, the Commission may decide to schedule a subsequent hearing with the applicant to further explore specific aspects of their story.





Finally, it is important to note that even after the personal interview and prior to the notification of the Territorial Commission's decision, the applicant retains the right to supplement their statements with additional pleadings or to submit supporting documents.

VULNERABLE APPLICANTS FOR INTERNATIONAL PROTECTION OUTSIDE OF THE RECEPTION CIRCUIT

In the event an applicant for international protection is not accommodated in a centre or other reception facility, it is essential for any signs of vulnerability to be identified and reported by the first staff member who interacts with them (e.g., Police personnel when registering the application, or the Territorial Commission's Public Relations Officers, in case the person approaches them to seek information). The identification and reporting of indicators of vulnerability are essential in order to activate the necessary legal safeguards and protections for vulnerable applicants.

VULNERABILITIES	SPECIFIC ACTIONS TO SUPPORT APPLICANTS DURING THE PROCEDURE FOR THE RECOGNITION OF INTERNATIONAL PROTECTION	NOTES
 <p>Accompanied children</p>	<p>In accordance with their best interests, it is generally not necessary to summon children who are part of a family unit for an interview with the Territorial Commission. In these cases, the interview may be limited to adult members of the family. However, if individual needs for international protection or specific situations concerning children arise, it is important to promptly report these to the Provincial Police HQs and the Territorial Commission. This ensures that each case is assessed on an individual basis, also by means of a personal interview.</p> <p>When conducting interviews, special attention should be given to intra-family relations. If any dynamics within the family need to be investigated or observed, it may be appropriate to conduct part of the hearing or a second hearing without one of the parents present. This sensitive issue must be handled with care, particularly in relation to parents, as the primary consideration is to avoid endangering the child and to uphold their best interests, which should always be protected.</p>	
 <p>Unaccompanied children</p>	<p>All documentation collected since the applicant's arrival on the territory, including the child's social file or relevant extracts from it, should be transmitted to the Territorial Commission. It is necessary to report whether indicators of trafficking, exploitation, or gender violence have been detected, regardless of whether a referral procedure with specialised bodies has been initiated or not.</p> <p>In addition, it is necessary to report whether the child has other family members in Europe, regardless of whether or not a Dublin Procedure has been opened.</p> <p>If, during the Territorial Commission's hearing, the applicant declares him/herself to be underaged or there are reasonable doubts about their age, the Territorial Commission suspends the interview. The alleged child is informed of his/her rights, and the case is reported to the Public Prosecutor's Office and the Public Prosecutor's Office at the competent Territorial Juvenile Court. This is done for the purpose of initiating an age-determination procedure and appointing a guardian for the applicant. The case is also reported to the social services of the competent local authority, in order to activate appropriate reception measures for the child.</p> <p>In such cases, the multidisciplinary team is responsible for following up on the case with the territorially competent Prefecture.</p>	
 <p>Victims of human trafficking</p>	<p>Report any detected indicators of trafficking (including prolonged absences from the shelter, attitudes of subjugation or control by third parties, or any other suspicious behaviours or circumstances), even if there has been no formal identification. Information about whether a report has already been made or there have been previous contacts with an anti-trafficking agency regarding the applicant should be transmitted. All relevant documentation, including medical, psychological, health-legal records, and any reports from agencies or services, should be transmitted to the competent Territorial Commission. This should be done with the consent of the trafficked or potential victim of trafficking, ensuring that their privacy and confidentiality are respected. It is important to specify any specific gender preferences for the cultural-linguistic mediator/interpreter and interviewer.</p>	<p>The identification of victims of trafficking among applicants for international protection and referral procedures: Guidelines for Territorial Commissions for the Recognition of International Protection. National Commission on the Right to Asylum/ UNHCR.</p>
 <p>Elderly persons</p>	<p>Assess whether the applicant has any health, motor, or other problems that may require the assistance of support staff or the postponement of the hearing. These needs should be promptly reported to the Provincial Police HQs during the application registration stage, and to the Territorial Commission during the assessment of the application.</p>	

 <p>Persons suffering from serious illnesses or mental disorders</p>	<p>Report if the applicant is incapacitated or unable to attend the personal interview, indicating whether this is a permanent or temporary impediment and, if the latter, whether a postponement of the hearing to another date is necessary.</p> <p>Additionally, it should be reported if the applicant is taking any particular medication that could have an effect on their expression, concentration, and/or memory skills.</p> <p>In case the applicant has any medical conditions that may require prompt medical attention, such as diabetes or other urgent medical needs, it is important to report this to ensure that necessary medical attention can be provided.</p> <p>If needed, it is appropriate to request the assistance of support staff and/or a postponement of the hearing.</p>	<p>In order to proceed with the omission of the personal interview and make a decision based on the records, or to postpone the hearing to another date, certification from a public or medical facility affiliated with the NHS is required (Art. 12, c.2, Legislative Decree no. 25/2008).</p>
 <p>Persons with disabilities</p>	<p>Depending on the degree of disability and the specific needs of the applicant, it is important to assess the appropriateness of conducting the personal interview. This assessment should be done in consultation with medical or specialist personnel who have knowledge and expertise in the applicant's specific condition or disability.</p> <p>Assess whether the applicant has walking, vision, and/or speech-related problems, or complications of any other nature, in order to request assistance from support staff.</p> <p>In the case of deaf-mute applicants, report this to the Territorial Commission as soon as possible, so that a sign language interpreter of the necessary nationality can be involved.</p>	<p>In order to proceed with the omission of the personal interview and make a decision based on the records, or to postpone the hearing to another date, certification from a public or medical facility affiliated with the NHS is required (Art. 12, c.2, Legislative Decree no. 25/2008).</p>
 <p>Pregnant women</p>	<p>Point out the specific needs of pregnant applicants and any complications that could potentially jeopardize the progress of the interview and assess whether it is appropriate to ask for a postponement of the hearing to a later date (e.g., in case of a high-risk pregnancy, if the applicant needs rest and it is deemed appropriate not to subject her to stress).</p>	<p>In order to proceed with the omission of the personal interview and make a decision based on the records, or to postpone the hearing to another date, certification from a public or medical facility affiliated with the NHS is required (Art. 12, c.2, Legislative Decree no. 25/2008).</p>
 <p>Single parents with underage children</p>	<p>Report the presence of underage children in advance, in order to ensure the smooth running of the hearing and, where necessary and, in accordance with the Territorial Commission, ensure accompaniment and waiting during the hearing.</p>	

 <p>Victims of torture</p>	<p>The documentation collected, including medical, psychological, and forensic reports, as well as any reports from organisations or services assisting the applicant, should be promptly transmitted to the Territorial Commission. If necessary, the presence of support staff should be requested.</p>	<p>Guidelines for the planning of care and rehabilitation interventions as well as for the treatment of mental health disorders of holders of refugee status and subsidiary protection status, who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence. Ministry of Health.</p>
 <p>Victims of other serious forms of psychological, physical or sexual violence</p>	<p>All relevant medical, psychological, and forensic documentation, including documentation on any support pathways undertaken both within the reception facility and through the NHS, should be promptly transmitted to the Territorial Commission. If the applicant has any preferences regarding the gender of the interviewer and interpreter, these preferences should be noted and communicated to the Territorial Commission.</p>	<p>Guidelines for the planning of care and rehabilitation interventions as well as for the treatment of mental health disorders of holders of refugee status and subsidiary protection status, who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence. Ministry of Health.</p> <p>Standard Operating Procedures for Territorial Commissions for the identification and referral of survivors of - or at risk of - gender-based violence.</p>
 <p>Victims of violence related to sexual orientation</p>	<p>Report cases where the person has experienced violence in the past, but also risk situations. Especially if there has been no identification, report any indicators. Report whether there has already been contact with anti-violence centres or other specialised structures. Report whether the person is in contact with associations for the protection of persons with different sexual orientations. Specify any preferences the applicant may have regarding the gender of the interviewer and the interpreter.</p>	<p>Standard Operating Procedures for Territorial Commissions for the identification and referral of survivors of - or at risk of - gender-based violence.</p>
 <p>Victims of female genital mutilation</p>	<p>All relevant medical documentation, certifications, and other documents pertaining to the person's experience (including documentation prepared by the reception multidisciplinary team) should be transmitted to the Territorial Commission.</p>	<p>Standard Operating Procedures for Territorial Commissions for the identification and referral of survivors of - or at risk of - gender-based violence.</p>

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SEA ARRIVALS			
	Sea operations Report		Date of rescue mm/gg/yy Date of disembarkation mm/gg/yy Reporting entity:
Landing identification No.			
GENERAL INFORMATION			
Total No. of persons rescued:			
No. of disembarkations:			
Any corpses:			
COMPOSITION:			
No. of males:		No. of females:	
Other:			
	M: F: No. of accompanied children (<14yo):		M: F: No. of UASCs (<14yo):
	M: F: Total No. of persons:		
	No. of pregnant women:	Needs upon arrival: Total No. of persons:	Note: _____ _____ _____
NEEDS UPON ARRIVAL:			
Immediate medical care/assessment:			
Ambulance transfer:			
Non-ambulant person:			
Use of wheelchair:			
Use of crutches:			
Other special assistance needs upon arrival:			
Need of special mediation:		YES	NO
Sign language interpreter:			
Languages/dialects (specify):			
Other: _____ _____ _____ _____			

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LAND ARRIVALS			
 	Land arrival	Date of arrival mm/gg/yy	Identification No. (if any):
	Air arrival	Date of landing mm/gg/yy	
	Report	Reporting entity:	
INFORMAZIONI GENERALI			
Total No. of persons rescued:			
Any corpses:			
COMPOSITION:			
No. of males:		No. of females:	
Other:			
 No. of accompanied children (<14yo):	M: F: < 14 yo	 No. of UASCs (<14yo):	M: F: < 14 yo
 Family units (Total No. of persons)	M: F: Total No. of persons:		
 No. of pregnant women:	Needs upon arrival: Total No. of persons:	Notes: _____ _____ _____ _____	
NEEDS UPON ARRIVAL:			
Immediate medical care/assessment:			
Ambulance transfer:			
Non-ambulant person:			
Use of wheelchair:			
Use of crutches:			
Other special assistance needs upon arrival:			
Need of special mediation:		YES	NO
Sign language interpreter:			
Languages/dialects (specify):			
Other: _____ _____ _____			

HEALTH REPORT

HEALTH REPORT TO BE COMPILED BY MEDICAL PERSONNEL ON BOARD AND INTEGRATED AT THE DOCKSIDE/CENTRE FACILITY

For internal use only, codes (numeric and/or alphanumeric) can be used to ensure confidentiality and facilitate prompt reporting and data collection, preventing the identification of individuals externally. For more information, refer to page 33 of the present Handbook.

Enter landing and pre-identification numbers when issued.

	LANDING IDENTIFICATION NUMBER	PRE-IDENTIFICATION IDENTIFICATION NUMBER	SCABIES	TUBERCULOSIS (TB)	SKIN LESIONS	FEVER AND RASH	PARASITOSIS	PHYSICAL TRAUMA	PSYCHOLOGICAL/ PSYCHIC TRAUMA*	RECENT SURGICAL INJURY	SEVERE ACUTE ILLNESS	CHRONIC ILLNESS REQUIRING ASSISTANCE	NOTES
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

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Other reference documents:

- ● **General Comments** issued by the UN Committee containing interpretations of the content of reference standards.
- ● [Joint general comment No. 3 \(2017\) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No. 22 \(2017\) of the Committee on the Rights of the Child on the general principles regarding the human rights of children in the context of international migration, 16 November 2017, CMW/C/GC/3-CRC/C/GC/22.](#)
- ● [UN Committee on the Rights of the Child \(CRC\), General comment No. 20 \(2016\) on the implementation of the rights of the child during adolescence, 6 December 2016, CRC/C/GC/20.](#)
- ● [UN Committee on the Rights of the Child \(CRC\), General comment No. 14 \(2013\) on the right of the child to have his or her best interests taken as a primary consideration, 29 May 2013, CRC /C/GC/14.](#)
- ● [UN Committee on the Rights of the Child \(CRC\), General comment No. 13 \(2011\): The right of the child to freedom from all forms of violence, 18 April 2011, CRC/C/GC/13.](#)
- ● [UN Committee on the Rights of the Child \(CRC\), General comment No. 12 \(2009\): The right of the child to be heard, 20 July 2009, CRC/C/GC/12.](#)
- ● [UN Committee on the Rights of the Child \(CRC\), General comment No. 6 \(2005\): Treatment of Unaccompanied and Separated Children Outside their Country of Origin, 1 September 2005, CRC/GC/2005/6.](#)
- ● [Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families \(1990\).](#)
- ● [National Strategic Plan on Male Violence against Women 2021-2023, Presidency of the Council of Ministers, Equal Opportunities Department \(2021\).](#)
- ● [Guide and Operational tools on GBV risk mitigation and child safeguarding within widespread reception.](#)
- ● [National Action Plan For The Implementation Of The Child Guarantee \(Nap\) - Presidency of the Council of Ministers, 2022.](#)
- ● [Guidelines for the participation of girls and boys \(1 June 2022 - Published by the Department for Family Policies\).](#)
- ● [Guidelines “Tuberculosis control among immigrants in Italy” \(NIHMP 2018\).](#)
- ● [National Guidelines for Health Authorities and Hospitals on Rescue and Social Care for Women Victims of Violence \(2018\).](#)
- ● [Guidelines for the planning of assistance and rehabilitation interventions as well as for the treatment of mental disorders of holders of refugee status and subsidiary protection status who have suffered torture, rape or other serious forms of psychological, physical or sexual violence \(2017\).](#)
- ● [Guidelines for health professionals as well as other professionals working with immigrant communities from countries where female genital mutilation practices are performed, in order to implement prevention, care and rehabilitation of women and girls already subjected to these practices. \(2008\).](#)

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- **General Directorate for Health Prevention** (at the Ministry of Health)
- **SAI Central Management Service**
- **NIHMP**, National Institute for Health, Migration and Poverty
- **General Command of the Harbour Office - Coast Guard** (at the Ministry of Infrastructure and Sustainable Mobility)
- **Tax and Customs Police (at the Ministry of Economy and Finance)**
- **European Commission**
- **Frontex**, European Border and Coast Guard Agency
- **Europol**, European Police Office
- **EUAA**, European Asylum Agency
- **UNHCR**, UN High Commissioner for Refugees
- **IOM**, International Organisation for Migration
- **UNICEF**, United Nations Children's Fund
- **ItRC**, Italian Red Cross

This is an unofficial translation commissioned by UNHCR and prepared by an individual contractor. In case of any discrepancies, the original Italian version shall prevail.