VULNERABILITY SCREENING TOOL

Identifying and addressing vulnerability:
a tool for asylum and migration systems

This tool was jointly developed by UNHCR and the IDC, with the support of the Oak Foundation.

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SECTION A: INTRODUCTION

1. Purpose

This screening tool on identifying and addressing situations of vulnerability is a UNHCR and IDC collaboration intended to help guide and inform frontline workers and decision-makers on the relevance of vulnerability factors to detention decisions, referrals to alternatives to detention, open reception facilities, community-based placement and support options, in the context of asylum and migration procedures and systems.

Refugees, asylum-seekers, trafficked persons, stateless persons, irregular migrants and other non-nationals without legal status often experience situations of vulnerability – they are often exposed to heightened risks of harm and require special care, support and protection. For the purposes of this document, vulnerability is more inclusive than being at risk of persecution or *refoulement*. While the tool might contribute to the process of determining protection needs as outlined in international refugee law and other human rights frameworks, that is not its purpose. Its purpose is to identify situations of vulnerability so as to inform a range of decisions around the person such as those related to the most appropriate placement and support options in the individual case. It aims to encourage early intervention, effective care of individuals in need, and partnerships with community services. Further, it aims to reduce the presumption of detention and to encourage a consideration of placement options starting with the least restriction on liberty and freedom of movement.

2. Scope

Subject always to judicial oversight, screening can help ensure that immigration detention (a) meets the tests of necessity, reasonableness and proportionality, (b) avoids being arbitrary or automatic, and (c) is only used as a last resort when all alternative placement options have been explored, in particular for those exposed to heightened risks of harm. Also, the tool can help to ensure that persons who are detained have access to relevant support and services.

The tool is also relevant in asylum and migration systems that prohibit or restrict the use of detention, where it could be used during intake interviews to guide the identification of needed support services.

The tool can be used both in interviews prior to decisions about detention, alternatives to detention or placement options in the community, and at periodic intervals during asylum and migration procedures to review and adjust decisions about placement and support. Repeat screening of individuals in detention is critical. The tool has a range of applications in a range of settings by a range of actors. It is understood that the practice of detention, alternatives to detention and community placement and support options, vary from country to country. Information provided via health checks or other service providers will complement the use of the tool.

The tool is generic in nature and can be drawn upon to review existing practices or to develop tools more applicable to specific, local circumstances. It is expected that the tool would be adapted to maximise its relevance to the national context.

Screening and assessment in regard to identity, character and security checks, although critical to the governance of migration systems, are not included in the tool at this stage.

3. Users

The tool is primarily designed to assist front-line decision makers, immigration officials and other practitioners with responsibility for making decisions concerning the asylum or migration process, in particular placement and support arrangements. The explanation of vulnerability and the purpose and rationale of screening may also be useful to other stakeholders in national migration systems, such as lawyers, NGO staff, detention monitors, etc.

4. Rationale

Addressing vulnerability is informed by the principles and standards of international refugee and human rights frameworks, other areas of international law, and how these are applied in individual country contexts.[1] Domestic law (for example, relating to child welfare or family violence) should also guide how situations of vulnerability are identified, and the risks of harm associated with that vulnerability are reduced or prevented. Situations of vulnerability can arise from circumstances in a person's home country, during their journey, after arrival and in their experience of the asylum or migration system itself. Regardless of their mode of arrival or current legal status, everyone is afforded the protections of international human rights frameworks.

Situations of vulnerability are not fixed and will change over time with changing circumstances. Certain categories of people, such as children, are readily accepted as vulnerable and in need of special care, support and protection, while for other people their individual circumstances and context are the main determinates of vulnerability. Vulnerability is shaped by personal (internal) factors and environmental (external) factors. These factors can be multiple and intersect so as to entrench and exacerbate risks of harm. Regular screening allows for timely intervention to prevent or reduce harm. As previously acknowledged, repeat screening of individuals throughout their time in detention is especially important and should be standard practice.

Vulnerability factors often require expert evaluation. Screening helps to determine whether a more comprehensive and professional assessment is called for – hence we distinguish screening and assessment.[2] It is acknowledged that, for a range of reasons (including the individual's ability to communicate, shame, lack of trust, the competency of the questioner) individuals may not be clear about their situation, or be hesitant to disclose certain experiences immediately if at all. Also, there may be limited opportunity to make a reliable identification of vulnerability, depending on the context. Calling on the expertise of suitably trained colleagues and independent professionals is often required to accurately identify and evaluate risk of harm. Again, this is especially important for individuals in detention.

Experience of prolonged detention (and in some cases even very short periods of detention) is shown to have adverse effects on physical and mental health, including increased risk of self-harm and suicide.[3] It can foster institutionalised behaviours, and in the case of children it also results in developmental delays. These adverse effects can in turn complicate and delay resolution of the asylum or migration procedure.

Experience of prolonged and uncertain migration procedures has also been shown to have adverse psychological effects that in turn can further delay resolution. This is often compounded by the impact of detention, or of being isolated in the community without appropriate care and support. In order to minimise these adverse effects, officials need to ensure that safety and assistance is available throughout the process whatever the outcome, and to maintain a process that is fair and timely. It is clear that individuals are better able to cooperate with asylum and migration system requirements if vulnerability and risk of harm is effectively addressed.[4] The cost of not addressing vulnerability is high for the individuals concerned in human terms (such as the short and long term physical and mental health impacts, often serious) and there is also a burden for national migration systems in financial terms (such as the high cost of maintaining detention centres, treatment of conditions resulting from detention, and protracted resolution of asylum or migration procedures).

While not formally included in the tool, affirming a person's strengths and resilience helps them to deal with situations of vulnerability. Despite sometimes enormously difficult circumstances people possess coping ability, resourcefulness, agency, and capacity to make positive contributions to society. Individuals possess both "inner strengths" as well as the resources of their cultural and social connections: family, personal networks and community ties. While both vulnerability and resilience fluctuate over time, affirming and building on the strengths of a person or family helps them to exercise more control over their own life and environment. This understanding avoids characterizing the person as the problem. One specific area where the tool does focus on strengths is in assessing the individual's capacity to remain resilient and active in the migration process in the community setting, explored in Section C of the document.

5. Methodology and approach

A number of existing models and tools have influenced the development of this document. The UNHCR *Heightened Risk Identification Tool and User Guide* [5] is a useful aid to screening, especially in the refugee camp context. The European Asylum Support Office (EASO) has developed a *Tool for Identification of Persons with Special needs*. [6] The UNHCR, APT & IDC *Monitoring Immigration Detention: Practical Manual* [7] is a guide to identifying risk in the detention context, and contains a section on persons in situations of vulnerability. The IDC *There Are Alternatives: a Handbook for Preventing Unnecessary Immigration Detention* [8] advocates for government investment in a model of community placement and support. The UNHCR round-table paper *Back to Basics: The Right to Liberty and Security of Person and 'Alternatives to Detention' of Refugees, Asylum-Seekers, Stateless Persons and Other Migrants* [9] provides an international law perspective, including considerations of specific vulnerabilities. The UNHCR *Second Global Roundtable on Reception and Alternatives to Detention – Summary of Deliberations* [10] provides an overview of key issues and recommendations, in particular participants called upon UNHCR and IDC to develop a generic screening tool. These and other frameworks have informed the development of the tool, along with a review of the professional literature and available screening tools developed by a range of States as well as non-governmental organisations.

6. Situations of vulnerability requiring particular attention

Refugees, asylum-seekers, trafficked persons, stateless persons, irregular migrants and other non-nationals without legal status, can experience a broad range of vulnerability factors. While vulnerability is best evaluated using a person-centred and holistic approach, certain vulnerability domains can be highlighted due to the widely recognised importance attached to them. While the tool draws attention to a series of domains and circumstances of particular concern, it is understood that these domains frequently overlap. While some people will be identified with several vulnerability factors, others will not be identified with pre-determined categories of vulnerability yet still be at serious risk of harm. Everyone's circumstances are multifaceted and dynamic. Hence the following framework is offered as a guide and is not to be taken as a rigid or exhaustive measurement of vulnerability. Those conducting interviews need to be attentive to whatever individual circumstances may suggest a need for intervention and care. Any gate-keeping role on the part of the interviewer also needs to be exercised with particular care. The framework forms the core of Section B of the document.

Vulnerability domains:

Child	• Unaccompanied or separated child • Child accompanied by parent/s, other family members or guardians
Sex, Gender, Gender Identity, Sexual Orientation	• Pregnant woman or girl, or nursing mother • Sole or primary carer/s (of dependant child, elderly person or person with a disability) • Woman at risk of sexual or gender-based violence, or adult or child experiencing family violence, exploitation or abuse • Person at risk of violence due to their sexual orientation and/or gender identity (LGBTI: lesbian, gay, bisexual, transgender or intersex persons)
Health and Welfare Concerns	• Physical and mental health • Risk of suicide • Disability • Elderly person • Substance addiction • Destitution
Protection Needs	• Refugee and asylum-seeker • Survivor of torture and trauma • Survivor of sexual or gender-based violence or other violent crime • Victim of trafficking in persons • Stateless person
Other	• The interviewer has an opportunity to identify vulnerability factors not captured by the previous domains

7. Interviewing, information provision and follow-up assessment

Implementation of the Vulnerability Screening Tool will occur within organisational settings and management systems that need to ensure certain requirements and safeguards such as those listed below:

- Adequate facilities within which to conduct a safe, professional, child-friendly and confidential interview;
- Access to a competent interpreter;
- Provision for same sex interviews (including interpretation) and gender-related considerations (similarly for health checks and medical examinations);[12]
- A person's capacity to effectively participate in an interview may be impaired or not well developed.[13] This area of vulnerability may require a guardian, expert "independent observer" or support person to be present, such as in the case of children or those with a cognitive or intellectual disability. Access to legal representation is a right and should always be assured;
- Officials need to have information available to provide to those being interviewed. This includes information about the asylum and migration procedures, the individual's rights and responsibilities, and all relevant care and support services including contact details. Officials need access to a database of available support services, appropriate for the national and local context;
- In screening for vulnerability factors officials need to make contact and build rapport quickly, employ skilful questioning (including open, reflective questioning) as well as skilful listening, observation, response to disclosure and review of available reports;
- Frontline officials need to be able to trigger a follow-up assessment of complex cases. Case escalation allows for case management by colleagues with appropriate qualifications and training so that all relevant, independent, specialist assessments and services are accessed and coordinated. Case management can also facilitate expert legal and other advice to aid status resolution in these cases;[14]
- Officials need to be able to identify the individual's resilience, strengths, family and community ties (current and potential) that support their capacity to remain engaged in the asylum or migration process and to cooperate with the system's requirements. These issues are further explored in Section C of the document;
- Data protection principles shall be followed at all times in relation to the processing of personal data, including observing appropriate protocols.[15]

8. Referral to community-based placement, open reception facilities and alternatives to detention

If detention is to be used as a last resort, community-based placement and support options, open reception facilities and alternatives to detention must be the first consideration. UNHCR has identified a range of alternatives to detention including complementary measures and other considerations.[16] IDC has identified a number of methods to support the individual in the community to remain active in the asylum or migration process in order to achieve case or status resolution.[17] Vital to the success of this approach are cooperative partnerships with local health care providers, schools, legal service providers, family and child support agencies, trauma counselling and other specialist services, NGOs and other civil society groups including religious organisations. Individuals with community ties are more likely to remain in regular contact with their support networks and receive encouragement and assistance to achieve early resolution of their migration status. These issues are further explored in Section C of the document.

Many countries prohibit or limit the use of detention for individuals with certain vulnerability factors, either in law or policy that directs officers to apply alternatives for those individuals. While these countries vary in their identification of vulnerability, this practice tends to include many of the vulnerability domains outlined in this document. UNHCR notes that persons in certain specified categories of vulnerability should, in principle, not be detained, and that every person who is deprived of her/his liberty is vulnerable and at risk.[18] Moreover, every person, whether assessed as being in situations of vulnerability or not, should also be considered for alternatives to detention or placement in the community. It remains important for officials to engage with the individual in ways that encourage her/him to remain resilient and active in the migration process, and for the individual to have access and means to meet their basic needs such as shelter, food, clothing, health care and legal advice and representation. These issues are further explored in Section C of the document.

Country specific alternatives to detention and community placement options will vary. Research has identified a range of options for governments on alternatives to detention, open reception, and placement in the community such as those listed below.[19] All placement options need to be assessed as appropriate in the individual case, especially when specific care needs have been identified.

- Private accommodation and rental housing
- Living with immediate family, friends or relatives
- Living with members of the host community
- Government funded housing
- Private housing funded by charities
- Open reception centres for asylum seekers
- Open centres for recognised refugees
- Shelters run as part of humanitarian aid
- Shelters for groups experiencing a common vulnerability factor, such as: unaccompanied or separated children, survivors of family violence, trafficked persons. Shelters for the homeless may be an option in emergency circumstances
- Foster families or homes
- Centres for migrants and asylum seekers preparing to depart the country

9. Training and capacity building to screen for vulnerability

The effectiveness of screening for situations of vulnerability is dependant on many factors, including how those with this responsibility are trained and supported. Training will help officials to clarify the nature and severity of vulnerability. Training will also help officials to assess presentations of vulnerability that may lack substance. While screening does not require specialist assessment expertise, the following set of competencies is offered as a guide.

Required competencies

Values and attitudes	• Paying careful attention to the detail of a person's situation • Embracing an evidence-based approach to screening and assessment • Showing respect, empathy and discretion, including consideration of cultural, age and gender factors • Seeking advice whenever appropriate • Respecting the "do no harm" principle – avoiding action that could endanger the individual
Foundational knowledge	• Forced and mixed migration, global trends and local country experience • International human rights and refugee law frameworks • The national asylum and migration governance system • The adverse effects of prolonged and uncertain detention and asylum or migration procedures • The principles of *duty of care*, *informed consent* and *best interests of the child* and their application • Characteristics of specific situations of vulnerability and gender inequality • Factors that affect a person's ability to share information and to be clear about their situation, and how these factors may affect the interview • Factors that cause people to fear disclosing situations of vulnerability and personal information to authority figures (such as a women at risk in the presence of her partner, a dependant in the presence of her/his carer, or a person's potential involvement in activity that may exclude her or him from refugee status) • Strengths and coping strategies that help people to deal with adversity, increase safety, aid in recovery and maintain hope • Local country social service systems and placement options

Skills	• Capacity to work effectively with people of diverse cultural and language backgrounds who are newly arrived with complex needs
	• Capacity to explain the purpose of vulnerability screening and to safeguard privacy and confidentiality
	• Communication and interviewing strategies that build trust, obtain reliable information and clarify vulnerability in a cross-cultural context, and manage expectations
	• Capacity to identify (by questioning, observation and review of available reports) vulnerability factors as well as strengths
	• Capacity to identify and respond to the impact of trauma, as well as the ability to recognise and deal with vicarious trauma in oneself and others
	• Capacity to recognise and delineate immediate, medium and longer-term needs for support
	• Strategies to ensure that appropriate follow-up assessment and intervention is undertaken
	• Being mindful that personal history and background will influence the interview

10. Availability of services to address vulnerability

It is understood that in responding to vulnerability, the scale and capacity of social services and resources for assessment and referral will vary from country to country. In general terms, persons with a significant vulnerability who are undergoing an asylum or migration procedure should be able to access comparable services and support to that of citizens of the country of arrival. Also, collaborative partnerships with relevant national, international, government and non-government organisations may help reduce gaps in services. One example of a country specific resource in this context is the International Organisation for Migration (IOM) Zambia, *Guidelines: Protection Assistance for Vulnerable Migrants in Zambia* and the associated *Training Manual (Facilitators Guide) and National Referral Mechanism (NRM).*[20]

SECTION B: VULNERABILITY SCREENING TOOL

1. Introduction

Having explored the purpose of the tool, the next step is to identify situations of vulnerability aided by the domains outlined. Each vulnerability domain is introduced with a few brief comments. A boxed section titled "prompts and questions" follows this. Prompts are questions directed at the interviewer in order to guide her/his exploration of potential vulnerability factors. Together with suggested questions to ask the interviewee, these help clarify risk of harm. A boxed section in which to record if the individual is linked with a current service provider follows this. A further boxed section is provided for the interviewer to briefly describe any identified risk of harm. The interviewer also has an opportunity to identify vulnerability factors not captured by the previous domains. Section B: 9 summarises the identified situations of vulnerability.

1.1 Intervention rating

Section B: 10 allows for the interviewer to recommend a level of intervention appropriate to respond to identified vulnerability, as described below. The broader decision-making process and follow-up action about placement and support options is the focus of Section C.

Low	No significant vulnerability factor is currently identified. The individual's risk of harm appears low and manageable by current resilience factors.
Medium	Significant vulnerability could develop without preventative support measures. Frequent monitoring of vulnerability status is recommended.
High	Significant vulnerability is evident. Follow-up assessment and development of a Care Plan is recommended. Reference should be made to the interviewer's description of identified risk of harm and immediate need for support.

2. Interview details (Refer to your organisation's Client Interview Front Sheet)

ID Number:	

First name/s:	Family name/s:

Date of birth:	Age (in years)	Is date of birth an estimate?
		Yes / No

Country of birth:	Place of birth:

Last residence in country of origin:	Language:

Ethnicity:	Citizenship:

Identity document/s:

Details regarding informed consent for interview: (Refer to your organisation's Consent Form)

Factors limiting the individual's capacity to participate in interview, and carer and/or legal representative present at interview:

3. Entry or first contact preliminary screening – for all arrivals

Officers having first contact with a new arrival (or a person who may have been in the country for some time) should explain to the individual the purpose and process of the interview. At the entry or first contact preliminary screening level, a few very basic questions can help identify those who may have formal protection needs and should be understood as asylum seekers, and who may require immediate assistance:

> - *"Tell me about your experience that made you leave your country of origin?"*
> - *"When did you arrive in this country? How did you arrive? Did you have difficulty on your journey?"*
> - *"Did you spend any time in other countries before reaching this country? Did you spend any time in detention in another country during your journey? Have you ever applied for or been granted refugee status in another country?"*
> - *"Are you travelling with anyone, and if so, what is that person's relationship to you?"*
> - *"Do you have any family, friends or persons who can help you in this country?"*
> - *"Do you have any medical or other needs that require immediate assistance?"*
> - *"In case of return, what do you think may happen to you? How come you think that? Are you afraid? If so, for what reason/s are you afraid? Are there practical or financial barriers to returning to your home country?"*
> - *"Do you have any questions?"*

4. Child

Domain	Age	Tick
Unaccompanied or separated child		
Child accompanied by parent/s, other family members or guardians		

4.1 Background

Children face greater risks of neglect, abuse and exploitation, and might have witnessed or experienced violent acts. Children who are unaccompanied or separated from their families face very serious risk of harm. The UN Convention of the Rights of the Child, in particular Article 3 on the best interests of the child, and Article 22 on the special protection needs of refugee children, outlines a range of responsibilities on the part of officials. Whether subject to an asylum or other migration procedure or not, the best interests of the child should be the primary consideration in all decisions affecting them.

The UN Committee on the Rights of the Child has made it clear that the detention of a child because of their or their parent's migration status constitutes a child rights violation and always contravenes the principle of the best interests of the child.[21] All children should not be detained,[22] including unaccompanied and separated children.[23] Child victims of trafficking should neither be detained in police custody nor subjected to penalties for their involvement under compulsion in unlawful activities.[24] Consequently, children should always be referred to the most appropriate community placement and care arrangement. This also applies to unaccompanied and separated children whose age is in doubt, at least until such doubt is fully resolved. There are several relevant international references and resources specifying requirements for children.[25]

Vulnerability factors vary from birth to adolescence, and the transition to adulthood from child protection programs should take into account any on-going vulnerability. The child welfare checklist (prompts and questions) below is intended to help identify risk of harm. A more comprehensive assessment can involve reference to developmental milestones for specific age brackets to check for developmental delays. Depending on country circumstances, local child health and welfare agencies should be able to offer advice, support and relevant policy directives.

4.2 Prompts and questions

Separation from parents, family and guardians

- Is the child separated from her/his parents or customary primary carers?
- Where are the child's parents or customary primary carers? If in the country of arrival, are there any impediments to their being reunited?
- Who is the child travelling with and does the child feel safe with them?
- What guardianship/legal representation and care arrangements need to be established?
- What assistance is required to restore family links, and how can this assistance be accessed?
- Ask the unaccompanied or separated child: *"Tell me about your parents and other family members. What are the best/most difficult aspects of your life at present? What supports do you have/need?"*

Health and safety

- Does the child have any physical signs of illness, neglect or injury?
- Is the child self-harming, unreasonably fearful and distressed, running away or exhibiting dangerous behaviours?
- Are the child's basic needs being met? For example: does the child have adequate nutrition, clothing, emotional warmth, rest, and secure and safe sleeping arrangements?
- Does the child have access to services for all basic health care, including dental, vision and hearing services? What health professionals have the family/child seen and what health problems were identified, medications proscribed, treatments and follow-up appointments required? Is the child's immunisation schedule being followed?
- What are other service providers or schools reporting about the child's health and welfare?
- Does the family/young person know how to access emergency services (police, ambulance, hotlines) if required?
- Does the young person know how to independently access professional supports regarding their health and development, including reproductive health, sexuality and relationships?
- Has the child or young person disclosed (and have opportunity to confidentially disclose) concerns related to their safety?
- Is the child's accommodation and immediate social environment safe and appropriate given specific needs?

Schooling

- To what extent has the child's schooling been disrupted or neglected and how might this be rectified? Is the child enrolled in and attending school at the appropriate level?

Parenting and care giving

- Can you establish that the family/primary carer/s are safe and able to ensure the health and welfare of their child?
- Is the child adequately supervised and who provides this supervision?
- Is the child meeting the developmental milestones for their age bracket?
- Ask the primary carer: *"What do you enjoy most about your child? What do you find most difficult? What do you enjoy doing as a family? Is there anything that your child does that worries you? Tell me about a typical day with your child? What is the best/hardest part of the day? What do you do when you feel stressed, and who supports you? What support would help you to meet your child's needs?"*
- Does the primary carer have a problem that impacts on their ability to keep their children safe (such as family violence, drug and alcohol issues, post-traumatic stress disorder, depression or other mental health problem)? How is this impacting on the children? What specialist or additional supports might be required?
- Is the child bearing head-of-household responsibilities?

4.3 If an unaccompanied or separated child is appointed a legal guardian, or a child or family is linked with a service provider, record details:

Name, organisation, contact details

4.4 Describe the risk of harm identified based on questioning, observation, disclosure and review of available reports:

Comment as appropriate about immediate need for support

5. Sex, Gender, Gender Identity and Sexual Orientation

Domain	Tick
Pregnant woman or girl, or nursing mother	
Sole or primary carer/s (of dependant child, elderly person or person with a disability)	
Woman at risk of gender-based violence, or adult or child experiencing family violence, exploitation or abuse	
Person at risk of violence due to their sexual orientation and/or gender identity (LGBTI: lesbian, gay, bisexual, transgender or intersex persons)	

5.1 Pregnant woman or girl, or nursing mother

5.1.1 Background

Pregnant women and girls, and nursing mothers, should not be detained and alternative care arrangements need to be considered appropriate to their circumstances.[26] Safety and timely access to pre- and postnatal health care are essential. Specialist reproductive health counselling and medical support may be required where termination is a consideration, and in all cases involving a pregnant unaccompanied or separated girl.

5.1.2 Prompts

> Ascertain how long the woman has been pregnant and explore how she feels about being pregnant and what support she would like. How is the current living situation impacting on self-care, and preparations for childbirth and postnatal care? Is there access to adequate nutrition?

5.1.3 If the individual is linked with a service provider, record details:

Name, organisation, contact details

5.1.4 Describe the risk of harm identified based on questioning, observation, disclosure and review of available reports:

Comment as appropriate about immediate need for support

5.2 Sole or primary carer/s (of dependant child, elderly person or person with a disability)

5.2.1 Background

Supporting the sole or primary carer/s of the most vulnerable, and protecting family unity, are critically important.

5.2.2 Prompts and questions

> **When interviewing a sole or primary carer/s consider:**
> - Can you establish that the sole or primary carer/s is safe and able to ensure the health and welfare of their dependant/s?
> - Ask the primary carer: *"What do you enjoy most about your dependant? What are some of the difficulties? What do you enjoy doing as a family? Is there anything that your dependant does that worries you? Tell me about a typical day with the dependant? What is the best/hardest part of the day? What do you do when you feel really stressed? Who supports you? What support would help you to meet your and your dependant's basic needs?"*
> - Does the primary carer have a problem that impacts on their ability to keep their dependant safe (such as family violence, drug and alcohol issues, post-traumatic stress disorder, depression or other mental health problem)? How is this impacting on the dependant? What specialist or additional supports might be required?

5.2.3 If the individual is linked with a service provider, record details:

Name, organisation, contact details

5.2.4 Describe the risk of harm identified based on questioning, observation, disclosure and review of available reports:

Comment as appropriate about immediate need for support

5.3 Gender-based violence, sexual violence, family violence and abuse

5.3.1 Background

Women and girls can face discrimination, exploitation, violence and intimidation, a problem in all communities including migrant and refugee communities. Although women and girls are overwhelmingly the targets of such violence, men and boys can also experience similar problems. It requires skilful and sensitive enquiry in order to avoid generating unnecessary distress. Local organisations supporting those in these situations may be able to assist other organisations to build capacity to respond. It is important to be aware that the choice of whom to interview can limit the ability to identify risk. Even when interviewed separately, women and girls may not feel comfortable disclosing experience of violence if questioned by a man, especially an authority figure. Same sex interviews need to be made available. Reluctance to disclose also applies to men and boys experiencing family violence, abuse or exploitation. In situations of same sex abuse, some men and boys may prefer to be interviewed by a woman.

5.3.2 Prompts and questions

> In a context where family or domestic violence is indicated there are several available tools to prompt questions and disclosure, such as the *Duluth Model Cycle of Violence Wheel*.[27] In a refugee context another example is the "women and girls at risk" section of the UNHCR *Heightened Risk Identification Tool*.[28] Systemic sexual violence and exploitation is present in many contexts. Safety is the immediate priority.
>
> Be mindful of observable aggression directed at women and girls, evidence of abuse and injury, and indicators of trauma. Men and boys can also be the targets of such violence. (For prompts about indicators of trauma, refer to Section B: 7.2 on torture and trauma.) Ask: *"Have you or a family member been threatened or felt afraid in your living situation? Are there women and girls with whom you are living who are not safe? Do you feel safe? Have you witnessed or experienced intimidation or physical or sexual violence?"*

5.3.3 If the individual is linked with a service provider, record details:

Name, organisation, contact details

5.3.4 Describe the risk of harm identified based on questioning, observation, disclosure and review of available reports:

Comment as appropriate about immediate need for support

5.4 Sexual orientation and gender identity

5.4.1 Background

Violence and threats of violence targeting a person due to their sexual orientation or gender identity may be either unrelated to a protection claim, or potentially the basis for a refugee or complementary protection claim. Persecution on the basis of sexual orientation or gender identity constitutes grounds for protection under provisions of the United Nations Convention relating to the Status of Refugees.[29] The UN Special Rapporteur on Torture has noted that members of sexual minorities are disproportionately subjected to torture, and specifically that LGBTI persons are doubly at risk in immigration detention centres. Male-to-female transgender and young gay male detainees are especially susceptible to physical and sexual abuse.[30]

LGBTI identity and associated risk of harm may be observed but is often hidden. For many it is not safe to be openly LGBTI as the legal, economic, social, familial and personal repercussions of "coming out" are too severe. Reducing barriers to disclosure and access to support requires: (a) LGBTI persons to feel safe and trusting, and (b) officials and service providers to be culturally competent and openly supportive of LGBTI persons and their families. There are several organisations that can advise, train and support others to respond effectively to these issues.[31] Places of detention pose particular risks to LGBTI persons and alternative arrangements should be explored whenever their safety and access to required health care cannot be guaranteed.[32]

5.4.2 Prompts and questions

> It is important to avoid assumptions and to adopt inclusive language. Use non-gender specific terms; for example, ask: *"Are you in a relationship?"* rather than *"Are you married?"* and *"What is your partner's name?"* rather than *"What is your wife's name?"* In some situations it might be useful to enquire: *"People identified as belonging to a sexual minority or as LGBTI may be at risk of danger... does this affect you or a member of your family?"* A supportive response if and when someone does disclose is important; then explore: *"What would keep you safe, and what support do you need?"*

5.4.3 If the individual is linked with a service provider, record details:

Name, organisation, contact details

5.4.4 Describe the risk of harm identified based on questioning, observation, disclosure and review of available reports:

Comment as appropriate about immediate need for support

6. Health and welfare concerns

Domain	Tick
Physical health	
Mental health	
Risk of suicide	
Disability	
Elderly person	
Substance addiction	
Destitution	

6.1 Physical and mental health concerns

6.1.1 Background

A timely, comprehensive and holistic health assessment by professionals with expertise in migrant or refugee health is essential, as is on-going monitoring of health status.

6.1.2 Prompts and questions (see also Section B: 4.2 under Health and Safety)

Ask: *"Do you or any family member have any injury, illness, mental health or medical condition of any kind? Have you been hospitalised for any reason in recent months? What medication, treatment or care do you receive for this problem? How does this problem affect your ability to care for your self/family? How have circumstances in your home country, and of your journey, affected you? What support do you need? Are you able to access the health care you require when needed?"*

There can be a wide range of mental health problems but at a minimum these include: depression, anxiety disorder, psychosis and post-traumatic stress disorder (PTSD). Consideration should also be given to psychosocial disability.[33] One of many available tools to assist identification is the American Psychiatric Association *Warning signs of major mental illnesses*.[34] Symptoms or indicators tend be uncharacteristic for the individual, and growing in intensity. Be mindful of the prevalence and impact of stigma attached to mental illness. If mental or physical health problems are identified it is important to ensure that all relevant referrals, assessment, treatment and care are effectively delivered, and that the placement of the individual is fully conducive to this delivery of healthcare.

For prompts about indicators of trauma, refer to Section B: 7.2 ahead on torture and trauma. It is essential to build capacity to identify and assess the effects of trauma.

6.1.3 If the individual is linked with a service provider, record details:

Name, organisation, contact details

6.1.4 Describe the risk of harm identified based on questioning, observation, disclosure and review of available reports:

Comment as appropriate about immediate need for support

6.2 Risk of suicide

6.2.1 Background

It is helpful to distinguish self-harm and suicide.[35] The focus of this section is to screen for risk of suicide. This should take place in a non-threatening, calm and private environment. Alert your supervisor and/or the individual's case manager (case worker or primary carer) about identified risk at the earliest opportunity.

6.2.2 Prompts and questions

The following is a list of factors typically associated with the risk of suicide:

- Current suicidal thoughts: specificity of plan, means, time and place
- History of suicide attempts
- Family/peer history of suicide
- History of violence (including witnessing violence)
- Intensity of current depressive symptoms
- Recent life stressors
- History of mental health and substance dependency problems
- Current living situation and access to means of self-harm
- Recent change in behaviour and mood
- Isolation versus access to company/family/friends

If you are concerned about a risk of suicide, ask: *"The situation you describe sounds serious. I want to know if you have considered harming or killing yourself?"* Keep in mind the options of referral to specialist services and/or emergency services. Talk clearly with the individual about follow-up support and actions she/he can take should suicidal thoughts become more intense.

6.2.3 If the individual is linked with a service provider, record details:

Name, organisation, contact details

6.2.4 Describe the risk of harm identified based on observation, questioning, disclosure and review of available reports:

Comment as appropriate about immediate need for support

6.3 Disability

6.3.1 Background

People with a disability face greater risks of isolation, neglect, sexual and emotional abuse and undignified treatment. Due to various barriers, people with disabilities are often excluded from participating in community life and require advocacy and support. Disability is a broad category but includes persons who have long-term: intellectual, psychosocial, visual, hearing, and physical impairments. Learning disabilities are often overlooked and can also contribute to isolation and lack of engagement. Alternatives to detention should be considered for persons with physical, mental, intellectual, psychosocial and sensory impairment.[36] Officials need to ensure that the individual's placement is appropriate given the specific disability and care required, and migration proceedings need to be accessible to all persons with a disability. As some people living with a disability do not readily identify as "disabled", questioning (and observation and review of available reports) should focus on the individual's needs, access to relevant support, and capacity to participate in family and community life.

6.3.2 Prompts and questions

> Ask: *"Do you or a family member have any difficulty with: hearing / seeing / moving around / self-care such as washing all over and dressing / remembering or concentrating / communicating? How does this affect your day-to-day living and ability to care for your self / family? What care and support do you require? Are you able to access assistance and health care when needed?"*

6.3.3 If the individual is linked with a service provider, record details:

Name, organisation, contact details

6.3.4 Describe the risk of harm identified based on questioning, observation, disclosure and review of available reports:

Comment as appropriate about immediate need for support

6.4 Elderly person

6.4.1 Background

Frailty can make independence and access to support difficult. Although the category of elderly person is usually defined by age (often 65 years plus) vulnerability is relative depending on the country context and demographics, living standards and life expectancy. The critical factors are their physical and mental wellbeing and capacity to independently perform day-to-day tasks, for example: mobility, dressing, preparing and eating food, transportation, personal hygiene and managing medications.[37]

6.4.2 Prompts and questions

> ❝ **When interviewing about elderly persons consider:**
>
> - Is the elderly person separated from her/his family/primary carers? If so what assistance is required to restore family links?
> - Does the elderly person have any physical signs of illness, neglect, injury, distress or cognitive impairment?
> - Can you establish that the elderly person is safe and appropriately assisted (or independently able) to undertake day-to-day tasks as previously identified? Ask: *"Do your older family members have any difficulty with day-to-day tasks? What support do you require to assist with these tasks?"* Preferably, ask the elderly person directly.
> - Is the elderly person's accommodation appropriate given any specific needs?

6.4.3 If the individual is linked with a service provider, record details:

Name, organisation, contact details

6.4.4 Describe the risk of harm identified based on questioning, observation, disclosure and review of available reports:

Comment as appropriate about immediate need for support

6.5 Substance addiction

6.5.1 Background

Substance addiction and dependency is another broad domain. It can be associated with depression and anxiety disorders. As with other significant health problems, an alcohol, drug or other substance addiction or dependency can limit a person's self-care and day-to-day functioning. People who are substance addicted or dependent will often experience stigma and avoid disclosure.

6.5.2 Prompts and questions

> ❝ Ask: *"Do you or any family member have any problem related to alcohol or drug-taking? Have you been hospitalised or treated for this? How does this affect your ability to care for your self/family? What support do you need? Are you able to access the support or health care you require when needed?"*

6.5.3 If the individual is linked with a service provider, record details:

Name, organisation, contact details

6.5.4 Describe the risk of harm identified based on observation, questioning, disclosure and review of available reports:

Comment as appropriate about immediate need for support

6.6 Destitution

6.6.1 Background

The individual may have little or no means to meet their basic needs, and may be excluded from employment or welfare systems designed for citizens. Destitution is a relative situation of vulnerability; however, not being able to meet basic needs can result in significant risks of harm such as: homelessness (including precarious and dangerous accommodation), inadequate nutrition, poor physical and mental condition, isolation, exploitation, abuse and high-risk taking behaviour. Detention is not an appropriate response to destitution. Lack of capacity to meet basic needs can be resolved by reception conditions and community placement and support arrangements that ensure these needs are adequately met. Vulnerability is compounded when destitution or the threat of destitution impacts on children, the elderly, women-at-risk or persons with a disability. These vulnerability factors undermine the individual's capacity to comply with immigration requirements.

6.6.2 Prompts

> Check that the individual has access to and can meet their basic living requirements in terms of shelter, clothing, food, drink, legal advice and representation, health care and required medicine, and opportunities for social connection. Can the individual afford to leave the country if they wanted or were required to?

6.6.3 If the individual is linked with a service provider, record details:

Name, organisation, contact details

6.6.4 Describe the risk of harm identified based on questioning, observation, disclosure and review of available reports:

Comment as appropriate about immediate need for support

7. Protection Needs

Domain	Tick
Refugee and asylum-seeker	
Survivor of torture and trauma	
Survivor of sexual or gender-based violence or other violent crime	
Victim of trafficking in persons	
Stateless person	

7.1 Refugee and asylum-seeker

7.1.1 Background

While the tool might contribute to the process of identifying protection needs, this should not be confused with a determination of a claim for refugee status or other form of international protection. Any indication of a risk of *refoulement* should prompt an expert determination of legal protection needs.

Those seeking to be recognised as refugees, and those granted refugee status, have typically experienced life-changing upheaval, danger, loss and fear, and face enormous adjustments to life in a new environment. Asylum-seekers whose protection claims have been rejected and who have exhausted their legal options for remaining in the country of arrival may risk prolonged and indefinite detention if they are unable to obtain travel documents and their country of origin is not agreeing to their return. Refugees who are determined to be a security risk can also face prolonged and indefinite detention. (From a legal perspective detention of refugees and asylum-seekers should be avoided as seeking asylum is not an unlawful act and restrictions imposed on persons exercising this right need to be provided for in law, carefully circumscribed and subject to prompt review.[38] Indefinite detention is arbitrary and maximum limits on detention should be established in law.[39]) Refugees are often assisted to settle into their new home and society. The tool may have limited applicability in this context. However, not all refugees or asylum seekers are able to access settlement and integration support, and for them screening may facilitate access to required services.

7.1.2 Prompts

> The asylum-seeker's adjustments to their new environment, and their understanding of the asylum or migration process, is often characterised by uncertainty and stress. Clarify where they are in the process, their understanding of it and what support they might need to remain active in the process.
>
> Keep in mind the possibility of intersecting vulnerability factors. For those held in detention, monitor the person's health and welfare and consider all the vulnerability domains outlined in Section B.

7.1.3 If the individual is linked with a service provider (including a legal service provider/representative), record details:

Name, organisation, contact details

7.1.4 Describe the risk of harm identified based on questioning, observation, disclosure and review of available reports:

Comment as appropriate about immediate need for support

7.2 Survivor of torture and trauma

7.2.1 Background

This vulnerability domain requires independent and expert assessment. It is often categorised as a bodily injury and/or psychological trauma caused by torture and/or violence, including sexual and gender-based violence. The UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 1984, provides a definition of torture.[40] Indicators of trauma can include: impaired memory, difficulty focusing, inability to trust, tendency to startle easily and be excessively anxious and avoidant, nightmares and inability to sleep, headaches, loss of appetite and digestive problems. There may also be physical signs of inflicted injury. The migration journey itself can involve significant experience of trauma, and detention can aggravate and even cause illnesses and symptoms related to trauma.[41] Screening aims to facilitate an informed referral and should avoid generating unnecessary distress and re-traumatisation. Recommended organisations can advise, train and support others to respond effectively to these issues.[42]

7.2.2 Prompts and questions

> Do there appear to be indicators of trauma or torture? Ask: *"Some people in your situation have experienced trauma or torture. Torture is physical or mental suffering that is deliberatively inflicted by a soldier, policeman, militant or other person acting with government approval – has that ever happened to you or a family member?"* Wherever possible, assure individuals with potential torture and trauma indicators about available support.

7.2.3 If the individual is linked with service provider, record details:

Name, organisation, contact details

7.2.4 Describe the risk of harm identified based on observation, questioning, disclosure and review of available reports:

Comment as appropriate about immediate need for support

7.3 Survivor of sexual or gender-based violence or other violent crime

7.3.1 Background

This vulnerability domain can form part of a torture and trauma profile. Although girls and women are disproportionately brutalised by sexual violence associated with armed conflict, boys and men are also targets of such violence. Systemic sexual violence can also be experienced in many other contexts. Shame can render the experience and associated trauma difficult to disclose. Provision of same sex interviews is important; however, in situations where same sex violence was experienced, some males will feel more at ease being interviewed by a female officer.

7.3.2 Prompts and questions

> For prompts refer to the previous section on torture and trauma. In addition, ask: *"Sometimes adults and young people are the target of physical and sexual violence or exploitation.... have you or anyone in your family experienced or witnessed such violence? When and where did this happen? Can you briefly say how this experience has affected you or your family member? Have you or your family member received help in relation to the effect of this violence?"* Wherever possible, assure the individual about available support.

7.3.3 If the individual is linked with a service provider, record details:

Name, organisation, contact details

7.3.4 Describe the risk of harm identified based on questioning, observation, disclosure and review of available reports:

Comment as appropriate about immediate need for support

7.4 Victim of trafficking in persons

7.4.1 Background

This vulnerability domain requires independent and expert assessment, often undertaken by specialist migration practitioners or local country immigration or police units assigned to this task. Trafficking in persons involves adults and children being recruited and coerced into slave-like conditions in the sex industry and domestic work (especially women and girls), forced labour (especially young men and boys), as well as other areas of exploitation (including the harvesting of organs). Screening aims to facilitate an informed referral and should avoid generating unnecessary distress, re-traumatisation or further danger from traffickers and associated persons. Safety is the priority. At borders, victims of trafficking may arrive with their traffickers, so it is essential that all parties be interviewed separately. Alternatives to detention should be considered.[43] Child and forced marriages and abductions are also situations of serious exploitation to be given special attention.

7.4.2 Prompts and questions

> **When interviewing someone in regard to possible experience of trafficking, consider:**
>
> - Is the individual in a situation of dependence on a person or persons who appear to be controlling her/his movements and communications?
> - Does the individual show signs that their movements are being controlled, or that they are subject to violence or threat of violence?
> - Is the individual travelling with and/or being controlled by persons who are suspected traffickers or associated with trafficking?
>
> Available tools that prompt identification include the UNODC *Human Trafficking Indicators*[44] and the IOM *Victim of Trafficking Screening Interview Form.*[45] Ask: *"Has anyone deceived/intimidated/forced or held you for any purpose of exploitation against your will? What is your current situation with respect to this person or these people? Do you feel safe? What support do you need?"*

7.4.3 If the individual is linked with a service provider, record details:

Name, organisation, contact details

7.4.4 Describe the risk of harm identified based on questioning, observation, disclosure and review of available reports:

Comment as appropriate about immediate need for support

7.5 Stateless person

7.5.1 Background

A person is said to be stateless when she or he is not recognised by any State as its national. A person may remain stateless throughout the migration or refugee status determination process, or be simultaneously both stateless and a refugee. Stateless people can risk prolonged and indefinite detention often because they do not possess identity documentation, or being in expulsion proceedings they do not have a country to return to or which accepts responsibility for them. (Indefinite detention is unlawful and maximum limits on detention should be established in law.[46]) Their lack of legal status can place them at risk of isolation, neglect and exploitation.

7.5.2 Prompts

> Monitor the risk of prolonged and indefinite detention and associated impact on health and wellbeing, and consider all the vulnerability domains outlined in Section B. Clarify if they had access to a statelessness determination procedure (if one exists) and what support they might need to remain active in the procedure.

7.5.3 If the individual is linked with a legal or other service provider, record details:

Name, organisation, contact details

7.5.4 Provide a brief description of risk of harm identified based on questioning, observation, disclosure and review of available reports:

Comment as appropriate about immediate need for support

8. Other vulnerability domains

8.1 Background

This section presents an opportunity for the interviewer to identify vulnerability factors not captured by the previous domains. It provides an opportunity to focus on the individual's personal and social circumstances that may give rise to risk of harm.

Examples:

- An individual may belong to a minority that in the country of arrival gives rise to the risk of xenophobic violence requiring careful management and safeguards.
- As a general observation, men and boys are often ignored in discussions about vulnerability yet they can be at risk of violence, self-harm, and recruitment by violent groups.
- For persons held in detention there can be vulnerability factors additional to those highlighted thus far that can result in continued detention being injurious to the individual's health and welfare.[47] Also, past experience of detention (immigration or otherwise) can be associated with trauma. Persons entering the community from detention can require considerable and complex support.
- Language barriers (especially for indigenous or rare languages), illiteracy, learning and educational barriers, social isolation, lack of understanding of legal processes and lack of access to legal advice can all reduce a person's capacity to seek help and to engage in the asylum or migration system.
- Natural disasters are likely to increasingly render people vulnerable, resulting in migration flows with implications for migration systems and support options.
- New arrivals requiring critical health care unavailable to them in their home country raise the right to health with implications for migration systems and support options.

8.1.1 If the individual is linked with a service provider, record details:

Name, organisation, contact details

8.1.2 Describe the risk of harm identified based on questioning, observation, disclosure and review of available reports:

Comment as appropriate about immediate need for support

9. Summary of identified situations of vulnerability

Domain		Tick
Child	Unaccompanied or separated child	
	Child accompanied by parent/s, other family members or guardians	
Gender, Gender Identity and Sexual Orientation	Pregnant woman or girl, or nursing mother	
	Sole or primary carer/s (of dependant child, elderly person or person with a disability)	
	Woman at risk of sexual or gender-based violence, or adult or child experiencing family violence, exploitation or abuse	
	Person at risk of violence due to their sexual orientation and/or gender identity (LGBTI: lesbian, gay, bisexual, transgender or intersex persons)	
Health and Welfare Concerns	Physical health	
	Mental health	
	Risk of suicide	
	Disability	
	Elderly person	
	Substance addiction	
	Destitution	
Protection Needs	Refugee and asylum-seeker	
	Survivor of torture and trauma	
	Survivor of sexual or gender-based violence or other violent crime	
	Victim of trafficking in persons	
	Stateless person	
Other	Refer to Section B: 8	

10. Intervention rating

This section involves decision-making about the appropriate level of intervention required to address identified vulnerability. The broader decision-making process and follow-up action about placement and support options is the focus of Section C that follows next.

Low	No significant vulnerability factor is currently identified. The individual's risk to harm appears low and manageable by current resilience factors.	
Medium	Significant vulnerability could develop without preventative support measures. Frequent monitoring of vulnerability status is recommended.	
High	Significant vulnerability is evident. Follow-up assessment and development of a Care Plan is recommended. Refer to the interviewer's description of risk of harm including suggestions about immediate need for support.	

SECTION C: INDIVIDUAL CASE FACTORS AND REFERRAL TO PLACEMENT AND SUPPORT OPTIONS

1. Introduction

Thus far the tool has focused on the identification of situations of vulnerability. The next steps are as follows:

- Consider placement options
- Consider support options
- Consider ways to strengthen resilience
- Final decision-making and referral

Although presented as separate steps these are inter-related processes that focus on:

- The individual's strengths, social support and community ties (current and potential)
- Individualised planning to manage vulnerability and stress factors that risk destabilising health and wellbeing
- The quality of engagement with the individual by support service providers
- The quality of engagement with the individual by officials and decision-makers
- The individual's stage in the status determination, asylum or migration procedure, and anticipated length of time till resolution
- The individual's cooperation or non-cooperation with official requirements
- Referral to the most appropriate placement and support options

Each step is introduced with a few brief background comments. A boxed section containing prompts for the decision-maker follows this. A further boxed section is provided for the decision-maker to record recommendations. Section C ends with a conceptual framework intended to provide an overview of the complete process.

In broad terms, governments can invest in the community context to strengthen support systems and mitigate concerns. As indicated in Section A: 8, this involves strategic planning and partnerships with the community sector. The reservoir of experience and professionalism among government and non-government specialist service providers, NGOs and civil society groups, can be a considerable strength to draw upon and further develop.

Also as previously noted, migration procedures should aim to be fair and timely with the individual assured of safety and assistance throughout the process whatever the final outcome. If the outcome is a grant of a permanent visa, assistance provided will strengthen the individual's capacity to settle and participate in their new community. If the outcome is a return pathway, information on options available and assistance provided will support voluntary departure with dignity. Voluntary return programs can include the provision of outreach, counselling, transit and reintegration assistance.

2. Step one: consider placement options starting with a presumption of liberty and least restrictive measurers

In all cases it is important to consider placement options starting with a presumption of liberty and least restrictive measures. The preferred approach is for the individual to be living independently in the community in private accommodation or a supported shelter. Those in situations of vulnerability require placement appropriate to their particular care and support needs. Decision-makers also need to ensure that the required documentation is provided for the individual's stay in the community. As noted in Section A: 8, research has identified a range of possibilities for governments on community-based placement, open reception facilities and alternatives to detention, and as highlighted in Section B: 4.1, children should always be referred to the most appropriate community placement and care arrangement. There are several key references and resources that provide practical guidance and working examples.[48] The use of detention should only be considered in an exceptional situation, and a decision to detain must clearly demonstrate how it passes the tests of necessity, reasonableness and proportionality.

2.1 Prompts

> - What community-based placement, open reception facilities and alternatives to detention are available in law, policy and practice?
> - How does the current living situation impact on the individual's health and welfare, and what would be the expected impact of the recommended placement option?
> - What documentation is required to support the individual's stay in the community?
> - If there are grounds for detention, how can this be pursued with the least restriction on liberty and freedom of movement?

2.2 Recommendation for placement pending step two and step three:

3. Step two: consider support options

This step involves a consideration of available support services with capacity to manage identified situations of vulnerability. It is acknowledged that the scale and scope of community services will vary from country to country. Nevertheless, as previously noted individuals are better able to remain engaged in the asylum or migration system if vulnerability and risk of harm is effectively identified and addressed. Importantly, early intervention and preventative measures help to reduce the cost of unaddressed vulnerability in human terms (including the adverse health impacts of detention) as well as the cost for national migration systems (including treatment of conditions resulting from detention, and protracted resolution of asylum or migration procedures).

3.1 Prompts

> - What are the available support services with capacity to manage the identified situations of vulnerability? Which ones are best placed to provide the required support?
> - Are proposed support services linked to or easily accessed from the proposed placement option?
> - Has the individual undergone a comprehensive, expert health assessment, and if not when is such an initial assessment to occur? Ensure on-going access to health care.
> - Will the individual have access to case management advice and support? Will the individual have access to an independent caseworker or counselling?
> - Ensure that the individual has access and means to meet their basic needs.
> - Ensure that the individual has access to independent, competent legal advice and representation.
> - Ensure that the individual clearly understands how to access help when needed.
> - Is there evidence to show that the individual would be unable to effectively engage with such supports? If so how will this be addressed? (Consider, for example, the provision of casework assistance and the strengthening of community ties).

3.2 Recommendation for support services pending step three:

4. Step three: consider ways to strengthen resilience

Whether specific vulnerability factors have been identified or not, this step involves a consideration of ways to build upon the individual's resilience, community ties (current and potential) and capacity to remain engaged in the asylum or migration procedure. Underlying this strengths-based approach is treating the individual with dignity, humanity and respect throughout the process. Research shows that individuals rarely abscond while awaiting the outcome of a visa application, status determination or other lawful process, and that irregular migration status in and of itself does not indicate a likelihood of absconding. Individuals are likely to remain available and engaged with their community ties, and effective community ties can be established quickly when required.[49] It is common for new arrivals to want to participate in "meaningful activity" and to make a positive contribution to society. New arrivals are likely to exercise independent capacity to attend hearings and comply with reporting obligations. Family members and supportive social networks strengthen this cooperative capacity. For those in situations of significant vulnerability, counselling, casework assistance and other community services also function as strong community ties. The therapeutic value of relationships with support providers is often a key factor helping the individual to remain resilient, active in the migration process, and better able to consider departure if required.

4.1 Prompts

- Is the individual awaiting a decision in an asylum, migration or other legal procedure, or intending to commence such a procedure?
- What are the individual's community ties – current, potential and planned? (Explore the following: schools, language/study/training options, legal advice and support, health care support, lawful employment and volunteer work opportunities, family, friends, peer support, mentoring support, ethnic, cultural and religious connections and other supportive social networks).
- What communication and reporting arrangements help the individual to remain in contact with authorities and active in the asylum or migration procedure? Note that once consistent cooperation is established, reporting frequency can be adjusted.
- Will the individual have access to case management advice and support? Will the individual have access to an independent caseworker or counsellor?
- Ensure that the individual has access and means to meet their basic needs.
- Ensure that the individual has access to independent, competent legal advice and representation.
- What criteria are appropriate to determine cooperation or non-cooperation with reporting and other compliance requirements? How will the individual's resilience and community ties be strengthened and she/he supported to cooperate with reporting and other compliance requirements? When and how will it be determined to intensify support for case or status resolution?
- For those on a return pathway, what preparation and additional assistance will be provided to support voluntary departure with dignity, including return and reintegration assistance?
- In what specific ways will community-based placement, open reception facilities and alternatives to detention be sustained/maximised, and resort to the use of detention for removal purposes avoided/minimised?

4.2 Recommendation for ways to encourage resilience:

5. Step four: final decision-making and referral

Having considered a broad range of circumstances and options it is now possible to make a well-informed decision concerning the most appropriate placement and support option in the individual case, and to make the necessary referral/s. As previously noted, ensure that the individual clearly understands how to access help when needed. Encourage the individual's capacity to self-refer as appropriate.

6. Conceptual framework: an overview of the process

The grid below provides an overview of what has been covered: (1) identification of vulnerability and risk of harm, (2) consideration of placement and support options, (3) consideration of ways to strengthen resilience, and (4) final decision-making and referral. As previously noted, the process is subject to on-going review given changing circumstances.

The first column incorporates the identification of vulnerability factors and rating of intervention to address risk of harm. Everyone interviewed is included in the planning process. Case management is beneficial for all in order to maximise their engagement in the asylum or migration system, especially in complex cases. The top row incorporates the four steps previously outlined.

Overview of the screening and recommendation process				
Identification of vulnerability factors and intervention rating	Step one: consider placement options	Step two: consider support options	Step three: consider ways to strengthen resilience	Step four: final decision/s and referral/s. Who will take what action, when?
No significant vulnerability factor is currently identified. The individual's risk of harm appears low and manageable by current resilience factors.				
Significant vulnerability could develop without preventative support measures. Frequent monitoring of vulnerability status is recommended.				
Significant vulnerability is evident. Follow-up assessment and development of a Care Plan is recommended. Refer to the interviewer's description of risk of harm and any immediate need for support.				

Annex: Further Reading

- European Asylum Support Office (EASO), *Tool for Identification of Persons with Special Needs:* https://ipsn.easo.europa.eu/easo-tool-identification-persons-special-needs

- European Commission, *Report from the Commission to the Council and the European Parliament on the application of Directive 2003/9/EC of 27 January 2003 Laying Down Minimum Standards for the Reception of Asylum-Seekers*, 26 November 2007.

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- International Labour Office, *Operational Indicators of trafficking in human beings, Results from a Delphi survey implemented by the ILO and the European Commission,* Revised Edition, September 2009.

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- International Organisation for Migration (IOM), International Migration Law Information Note, *International Standards on Immigration Detention and Non-Custodial Measures*, November 2011: https://www.iom.int/files/live/sites/iom/files/What-We-Do/docs/IML-Information-Note-Immigration-Detention-and-Non-custodial-Measures.pdf

- International Organisation for Migration (IOM) and U.N. High Commissioner for Refugees (UNHCR), Internal Reference Tool, *Developing Standard Operating Procedures to Facilitate the Protection of Trafficked Persons*, December 2009.

- International Rehabilitation Council for Torture Victims (IRCT) provides information including a worldwide list of organisations than can assist with capacity building: http://www.irct.org/

- Jesuit Refugee Service (JRS) – Europe, Becoming Vulnerable in Detention: Civil Society Report on the Detention of Vulnerable Asylum Seekers and Irregular Migrants in the European Union (The DEVAS Project), 2010.

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- Organisation for Refuge, Asylum & Migration (ORAM), Training Resources and Refugee Project Portal: http://www.oraminternational.org/en/training

- *Rethinking 'Vulnerability' in Detention: a Crisis of Harm*, Report by the Detention Forum's Vulnerable People Working Group, UK, July 2015.

- Sexual Orientation and Gender Identity and the Protection of Forced Migrants, *Forced Migration Review,* Issue 42, April 2013.

- Shaw, Stephen, *Review Into the Welfare in Detention of Vulnerable Persons, A Report to the Home Office,* UK, January 2016.

- *The Organisation of Reception for Asylum Seekers in different Member States*, European Migration Network Study, 2014.

- Turner, Bryan S., *Vulnerability and Human Rights,* Essays on Human Rights, Pennsylvania State University Press, USA, 2006.

- U.N. *Guidelines for the Alternative Care of Children* (Resolution adopted by the General Assembly, A/RES/64/142), 24 February 2010, available at: http://www.unicef.org/protection/alternative_care_Guidelines-English.pdf

- U.N. Committee on the Rights of the Child, Report of the 2012 Day of General Discussion, *The Rights of All Children in the Context of International Migration*, September 2012.

- U.N. High Commissioner for Refugees (UNHCR) – Legal and Protection Policy Research Series, *Building Empirical Research into Alternatives to Detention: Perceptions of Asylum-Seekers and Refugees in Toronto and Geneva,* Cathryn Costello & Esra Kaytaz, University of Oxford, United Kingdom, June 2013.

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Endnotes

1. One study of the relationship between vulnerability and human rights is Bryan S. Turner's Vulnerability and Human Rights, Essays on Human Rights, Pennsylvania State University Press, USA, 2006.

2. This is a central theme in definitions of "screening" and "assessment" found in a wide range of health and welfare contexts.

3. There is now a very extensive evidence-base supporting this observation. See the following two examples:

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   (b) Jesuit Refugee Service – Europe, Becoming Vulnerable in Detention: Civil Society Report on the Detention of Vulnerable Asylum Seekers and Irregular Migrants in the European Union (The DEVAS Project), 2010.

4. UNHCR, Legal and Protection Policy Research Series, Building Empirical Research into Alternatives to Detention: Perceptions of Asylum-Seekers and Refugees in Toronto and Geneva, Cathryn Costello & Esra Kaytaz, University of Oxford, United Kingdom, June 2013.

5. UNHCR, The Heightened Risk Identification Tool and User Guide, Second Edition, July 2010, available at: http://www.refworld.org/docid/4c46c6860.html

6. European Asylum Support Office (EASO), Tool for Identification of Persons with Special Needs, available at: https://ipsn.easo.europa.eu/easo-tool-identification-persons-special-needs

7. UNHCR, APT & IDC, Immigration Detention Monitoring: Practical Manual, 2014.

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10. UNHCR, Second Global Roundtable on Reception and Alternatives to Detention (Toronto, Canada, April 2015) Summary of Deliberations.

11. Although "victim of trafficking in persons" is the official protocol term, it is understood that "survivor of human trafficking" is often the preferred language in the community sector. There is concern that the label of victim can be a disempowering identity imposed on people who have often experienced traumatic coercion, and for whom recovery requires a process of regaining a sense of freedom, control and agency.

12. UNHCR, Guidelines on International Protection: Gender-Related Persecution within the context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees, May 2002, Section 111 Procedural Issues.

13. Australian Government, Migration Review Tribunal – Refugee Review Tribunal, Guidance on Vulnerable Persons, June 2012.

14. IDC, There Are Alternatives: a Handbook for Preventing Unnecessary Immigration Detention, Section 7: Case Management. In addition, the UNHCR Guidelines on the Applicable Criteria and Standards relating to the Detention of Asylum Seekers and Alternatives to Detention, 2012, includes a section on Case Management in Annex A: Alternatives to Detention.

15. UNHCR, Policy on the Protection of Personal Data of Persons of Concern to UNHCR, May 2015: http://www.refworld.org/pdfid/55643c1d4.pdf

16. UNHCR, Guidelines on the Applicable Criteria and Standards relating to the Detention of Asylum Seekers and Alternatives to Detention, 2012, Annex A: Alternatives to Detention. See, also, UNHCR Standing Committee 63rd Session Conference Room Paper on Alternatives to Detention, EC/66/SC/CRP.12, available at: http://www.unhcr.org/559643e59.html

17. IDC, There Are Alternatives: a Handbook for Preventing Unnecessary Immigration Detention, Section 8: Placement Options - minimum supports and requirements.

18. UNHCR, APT & IDC, Immigration Detention Monitoring: Practical Manual, 2014, Section 4.8 Persons in Situations of Vulnerability/Risk.

19. See:

   (a) UNHCR, Options Paper 1: Options for governments on care arrangements and alternatives to detention for children and families, 2015, available at: http://www.refworld.org/docid/5523e8d94.html

   (b) UNHCR, Options Paper 2: Options for governments on open reception and alternatives to detention, 2015, available at: http://www.refworld.org/docid/5523e9024.html

   (c) IDC, There Are Alternatives: A Handbook for Preventing Unnecessary Immigration Detention, Section 8: Placement Options, pp 59-61.

   (d) Detention, Alternatives to Detention, and Deportation, Forced Migration Review, Issue 44 September 2013.

20. IOM, Zambia, Guidelines: Protection Assistance for Vulnerable Migrants in Zambia and the associated Training Manual (Facilitators Guide) and National Referral Mechanism (NRM), 2014, available at: https://www.iom.int/files/live/sites/iom/files/Country/docs/Guidelines_Protection-Assistance-for-Vulnerable-Migrants.pdf

21. UN Committee on the Rights of the Child, Report of the 2012 Day of General Discussion, The Rights of All Children in the Context of International Migration, Recommendation 79, available at: http://www2.ohchr.org/english/bodies/crc/docs/discussion2012/Report-DGDChildrenAndMigration2012.pdf

[22] *UNHCR, Detention Guidelines, 2012, Guideline 9.2 Children, paragraph 51*

[23] *UNHCR, Detention Guidelines, 2012, Guideline 9.2 Children, paragraph 54*

[24] *UN Guidelines for the Alternative Care of Children, 24 February 2010, paragraph 144*

[25] *Including:*

    (a) UN Guidelines for the Alternative Care of Children, 24 February 2010, available at: http://www.unicef.org/protection/alternative_care_Guidelines-English.pdf

    (b) UNHCR, Detention Guidelines, 2012, Guideline 9.2 Children, paragraph 51 on the range of international legal obligations and guiding principles regarding the protection of children of the UN Convention of the Rights of the Child.

    (c) UNHCR & UNICEF, Safe and Sound: what States can do to ensure respect for the best interests of unaccompanied and separated children in Europe, October 2014, available at: http://www.refworld.org/docid/5423da264.html

    (d) UN Committee on the Rights of the Child, General comment No. 6: Treatment of Unaccompanied and Separated Children Outside their Country of Origin, 1 September 2005, available at: http://www.refworld.org/docid/42dd174b4.html

[26] *See:*

    (a) UNHCR, Detention Guidelines, 2012, paragraph 58 on the special needs of pregnant women and nursing mothers.

    (b) United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), A/C.3/65/V.5, 6 October, 2010, Rule 42: http://www.ohchr.org/Documents/ProfessionalInterest/BangkokRules.pdf

[27] *Duluth Model Cycle of Violence Wheel: http://www.theduluthmodel.org/pdf/PowerandControl.pdf*

[28] *UNHCR, The Heightened Risk Identification Tool User Guide highlights critical professional practice guidelines for undertaking vulnerability screening: http://www.refworld.org/docid/46f7c0cd2.html*

[29] *UNHCR, Guidelines on International Protection No. 9: Claims of Refugee Status based on Sexual Orientation and / or Gender Identity.*

[30] *United Nations General Assembly, Annual report of the UN High Commissioner for Human Rights, Discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity, 17 November 2011.*

[31] *See:*

    (a) Organisation for Refuge, Asylum & Migration (ORAM), Training Resources and Refugee Project Portal: http://www.oraminternational.org/en/training

    (b) Siobhan McGuirk, Max Niedzwiecki, Temitope Oke and Anastasia Volkova, Stronger Together, A Guide to Supporting LGBTI Asylum Seekers in the United States, Washington, DC: LGBTI Freedom and Asylum Network, 2015.

[32] *See:*

    (a) UNHCR, Detention Guidelines, 2012, paragraph 65 on the special needs of LGBTI asylum-seekers.

    (b) UNHCR, Refworld, Sexual Orientation and Gender Identity: http://www.refworld.org/sogi.html

    (c) Forthcoming IDC Position Paper, LGBTI Persons in Immigration Detention.

    (d) U.S. Immigration and Customs Enforcement, Memorandum from Thomas Homan, Executive Associate Director, Further Guidance Regarding the Care of Transgender Detainees, June 19, 2015, available at: https://www.ice.gov/sites/default/files/documents/Document/2015/TransgenderCareMemorandum.pdf

[33] *Psychosocial disability is an internationally recognised term under the UN Convention on the Rights of Persons with Disabilities, used to describe the experience of people with impairments and participation restrictions related to mental health conditions. These impairments can include a loss of ability to function, think clearly, experience full physical health, and manage the social and emotional aspects of their lives.*

[34] *American Psychiatric Association, Warning signs of major mental illnesses: http://www.socalpsych.org/APA-WarningSigns.pdf*

[35] *In the professional literature the key difference between self-harm and suicide is intent. Suicidal individuals see no other way out from whatever is causing them great distress and so they choose to end their own life. Those who are thinking about suicide are experiencing life stressors and, in some cases depression, in which they are unable to escape from. Individuals who engage in self-harm (self-injury or mutilation) view hurting themselves as a way of coping with distress.*

[36] *UNHCR, Detention Guidelines, 2012, paragraph 63 on the special needs of asylum-seekers with disabilities.*

[37] *UNHCR, Detention Guidelines, 2012, paragraph 64 on the special needs of older asylum seekers.*

[38] *UNHCR, Detention Guidelines, 2012, paragraph 2.*

[39] *UNHCR, Detention Guidelines, 2012, Guideline 6, paragraphs 44, 45 and 46.*

[40] *The UN Torture Convention of 1984 defines torture as: "Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity."*

[41] *UNHCR, Detention Guidelines, 2012, paragraphs 49 and 50 on the special needs of victims of trauma and torture.*

[42] *The International Rehabilitation Council for Torture Victims (IRCT) provides information including a worldwide list of organisations than can assist with capacity building: http://www.irct.org/*

⁴³ *UNHCR, Detention Guidelines, 2012, paragraph 62 on victims or potential victims of trafficking.*

⁴⁴ *UNODC, Human Trafficking Indicators: https://www.unodc.org/pdf/HT_indicators_E_LOWRES.pdf The complete Toolkit to Combat Trafficking in Persons is available at: https://www.unodc.org/documents/human-trafficking/Toolkit-files/07-89375_Ebook[1].pdf*

⁴⁵ *IOM, Screening form for the identification of victims of trafficking: https://www.unodc.org/documents/human-trafficking/Toolkit-files/08-58296_tool_6-6.pdf*

⁴⁶ *See:*
   (a) UNHCR, APT & IDC, Immigration Detention Monitoring: Practical Manual, 2014, Section 4.8.8.
   (b) UNHCR, Detention Guidelines, 2012, Guideline 6.

⁴⁷ *See: Review Into the Welfare in Detention of Vulnerable Persons, A Report to the Home Office, Stephen Shaw, UK, January 2016, Recommendation 16 (4.51). The report also recommends a series of changes to guidelines that list categories of persons presumed unsuitable for detention. While acknowledging the category-based approach is not without value (and proposing new additional categories) the report argues against the development of "a bespoke tool or algorithm" (4.52).*

⁴⁸ *These include:*
   (a) UN Guidelines for the Alternative Care of Children, 24 February 2010, available at: http://www.unicef.org/protection/alternative_care_Guidelines-English.pdf
   (b) UNHCR, Options Paper 1: Options for governments on care arrangements and alternatives to detention for children and families, 2015, available at: http://www.refworld.org/docid/5523e8d94.html
   (c) UNHCR, Options Paper 2: Options for governments on open reception and alternatives to detention, 2015, available at: http://www.refworld.org/docid/5523e9024.html
   (d) IDC, There Are Alternatives: A Handbook for Preventing Unnecessary Immigration Detention, Section 8: Placement Options, pp 59-61.

⁴⁹ *IDC, There Are Alternatives: A Handbook for Preventing Unnecessary Immigration Detention, Section 6.4: Individual Case Factors, pp 42-46.*

This screening tool on identifying and addressing situations of vulnerability is a UNHCR and IDC collaboration intended to help guide and inform frontline workers and decision-makers on the relevance of vulnerability factors to detention decisions, referrals to alternatives to detention, open reception facilities, community-based placement and support options, in the context of asylum and migration procedures and systems.

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