Critical Incident Management in the Field of Asylum and Reception

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EUROPEAN UNION
AGENCY FOR ASYLUM

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A mapping of practices

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On 19 January 2022, the European Asylum Support Office (EASO) became the European Union Agency for Asylum (EUAA). All references to EASO, EASO products and bodies should be understood as references to the EUAA.

Acknowledgements

Contents

List of abbreviations

Abbreviation	Definition
APD	**asylum procedures directive —** Directive 2013/32/EU of the European Parliament and of the Council of 26 June 2013 on common procedures for granting and withdrawing international protection (recast)
CEAS	Common European Asylum System
CSO	civil society organisation
EUAA	European Union Agency for Asylum
EU+ countries	for the specific purpose of this report, this term includes EU Member States, as well as Norway and Switzerland, and Serbia, as an observer to the EUAA reception network
Member States	Member States of the European Union
IOM	International Organization for Migration
QD (recast)	**qualification directive —** 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)
RCD	**reception conditions directive —** 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)
SOP	standard operating procedure
UNHCR	United Nations High Commissioner for Refugees
VEN	vulnerability experts network
WHO	World Health Organization

1.   Introduction

Between 2018 and 2020, the European Agency for Asylum (EUAA) (formerly known as the European Asylum Support Office) conducted several information gathering activities and network meetings that touched on the issue of critical incidents. The topics covered preventive measures and sanction regimes (2018), the management of critical incidents (2019), the needs of first-line officers working in the field of asylum linked to staff welfare (2019), and the mental health of applicants for international protection (2020, 2021). In this context, some Member States identified a bigger need for support in effective critical incident management. This led to the design of a targeted survey on the topic of critical incident management, the analysis of the results and the compilation of the findings into this mapping report.

At annual conferences held by the EUAA between 2018-2020, the members of the vulnerability experts network (VEN) shared that first-line officers face different challenges in their daily work with applicants. Some challenges are linked to the work context and constant changes in workflow and responsibilities, while others are linked to the profiles of applicants arriving in Europe as many have accumulated traumatic experiences [1]. VEN members shared experiences of aggressive behaviour by applicants towards themselves (self-harm), towards other residents in reception facilities and verbal aggression towards case officers during interviews. During the EUAA thematic meetings, signs of depression, withdrawal and anxiety of applicants were also raised as important elements to consider in the context of critical incidents. Some network members also expressed an interest in collaborating with the EUAA to share their good practices.

To ensure that the next steps taken by the agency are effective and relevant, a survey on critical incident management covering both reception and the personal interview setting was developed.

The purpose of the survey was as follows.

- To learn more about the critical incidents that take place in EU+ reception facilities and during the personal interview, as well as the type of incidents that appear to be most prevalent and the impact of these incidents on both applicants and staff.
- To understand the mechanisms in place to document, report and respond to critical incidents in EU+ countries.
- To understand the gaps and consequently the needs of first-line officers and authorities regarding critical incident management.

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[1]   For more information, refer to EASO, *Consultation with applicants for international protection on mental health*, December 2021, p. 21.

1.1.   Approach and methodology

This mapping report is a presentation of the results of a survey conducted with professionals across EU+ countries. The survey was designed for first-line officers that work in reception facilities and those conducting personal interviews. Those first-line officers with experiences in managing and dealing with critical incidents as part of their job description were especially sought out as respondents.

The EUAA vulnerability team launched the survey in April 2021 with the members of the EUAA networks of reception, asylum processes and the VEN, of around 120 members.

The term critical incident was open to interpretation in a broad sense in the survey. Participants were encouraged to share how it is understood in their national authority or organisation.

In addition, the survey ([2]) approached the topic of critical incidents from two angles, that of the applicant causing, witnessing or suffering an incident, and that of the first-line officer affected by an incident, and the support needs both might have.

1.2.   Terminology

In this report, a critical incident in the context of reception and asylum is understood to consist of three main elements, which suggest that such an incident:

1. is sudden, unexpected and out of the ordinary;
2. can arouse intense feelings of helplessness, losing control, emotional reactions such as anger, sadness, anxiety and distress in the people involved;
3. confronts the impacted person/victim directly or indirectly potentially with threat or harm, physical as well as psychological and in the worst-case scenario death (own or that of others).

Generally, the topic of critical incidents is treated in the broader context of emergency situations related to human or natural disasters. The World Health Organization (WHO), the International Organization on Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR) provide following definitions in their work in the context of emergencies and emergency deployments.

*   **WHO**: 'an event out of the range of normal experience … one which is sudden, makes you lose control, involves the perception of threat to life and can include elements of physical and emotional loss' ([3]).

([2])   The survey questionnaire is available on request by contacting the EUAA vulnerability team at vulnerablegroups@euaa.europa.eu
([3])   WHO, *ERF - Emergency Response Framework - Second edition,* p.7.

- **IOM**: A critical incident is defined as an event out of the range of normal experience - one which is sudden and unexpected, makes you lose control, involves the perception of a threat to life and can include elements of physical or emotional loss ([4]).

- **UNHCR**: '...is a sudden, unexpected and overwhelming event, that is out of the range of expected experiences...' ([5]).

Examples of incidents in the context of human and natural disasters

A non-exhaustive list of incidents includes:

- traffic accidents;
- hostage-taking or kidnapping;
- incidents involving improvised explosive devices;
- natural or man-made catastrophes, physical assaults;
- rapes and sexual abuse or assaults, armed or terrorist attacks;
- riots or mob violence, threats and attempts of self-harm and suicide;
- hunger and thirst strikes.

([4])   IOM, *Emergency Manual: Coping with a critical incident*, Version: 1.1, September 2017.

([5])   UNHCR, *Emergency Handbook*, version 1.9, 2022.

2. Survey participation and key findings

> *'We understand a critical incident as any actual event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or wellbeing of beneficiaries or field staff.'*
>
> Survey respondent

This chapter provides a general overview on the participating EU+ countries and stakeholders, followed by a brief review of key findings. A more in-depth analysis into the reception and personal interview findings are presented in the following chapters.

2.1. General information on participation

A total of **25 countries** participated in the survey, **22** of which are Members States of the EU. Contributions were also received from Norway, Serbia and Switzerland. Some countries provided more than one submission.

A total of **62 professionals** participated from reception and asylum authorities (25 and 29 respectively) as well as civil society organisations (CSOs) (5 professionals) ([6]). Three submissions did not indicate their employer.

Figure 1. Submissions by EU+ country

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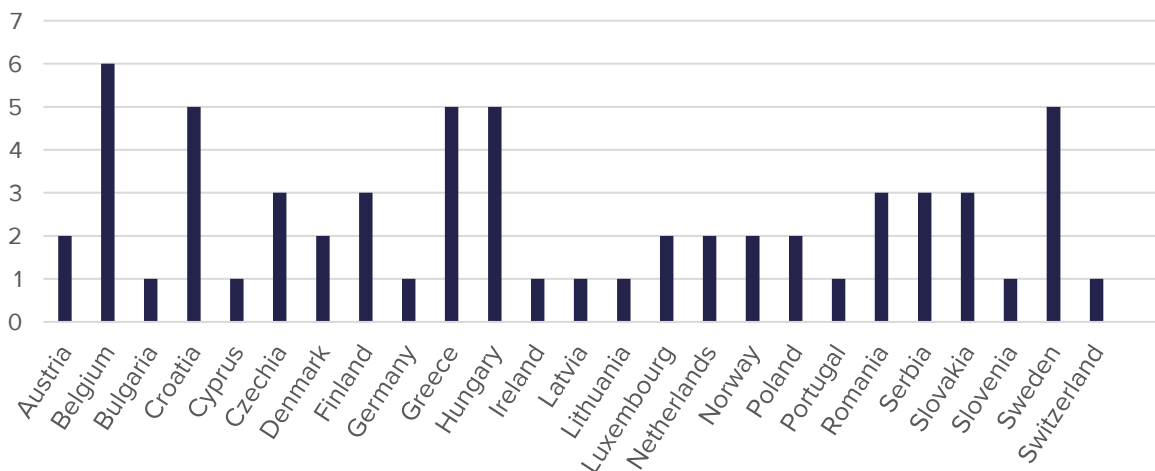
([6]) CSOs that participated in the survey were from Denmark, Hungary and Portugal, and a guardianship and family support entity from the Netherlands. While some of the CSOs might be part of the VEN, others might have received the survey through the national contact point of one of the EUAA Networks who participated in this exercise.

2.2.   Roles, responsibilities and exposure to critical incidents

47 % of respondents indicated to have **over ten years** of work experience directly with applicants for international protection, **24 %** to have 6 to 10 years, **21 %** stated 3 to 5 years and **8 %** experience of 2 years or less.

A bigger share of respondents (**57 %**) indicated that they work in a reception setting while **43 %** of respondents work in an asylum authority. It should be borne in mind that some asylum authorities in EU+ countries are also responsible for reception. Note that in the table the category 'other' includes 1 policy officer, 1 security officer and 1 legal officer working at the asylum court.

Figure 2. Job profiles of respondents
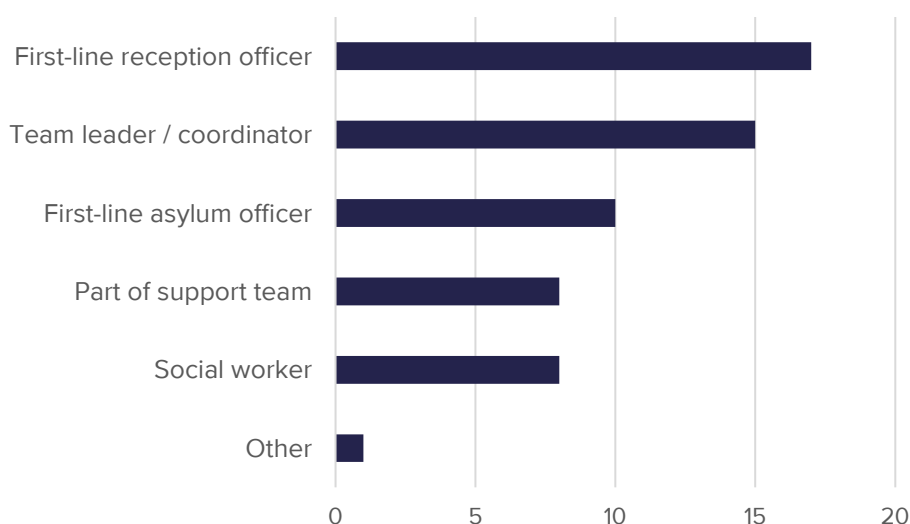
A total of **27 respondents** (**47 %**) reported being first-line officers, of which 17 work in reception and 10 in the asylum procedure. Another 15 respondents (**26 %**) were team leaders or team coordinators (out of which 8 work for asylum authorities and 6 for reception authorities, 1 indicated an international non-governmental organisation as their employer.

7 respondents (**12 %**) indicated forming part of a staff support team, of which 2 respondents work for asylum and reception authorities and 3 for non-governmental organisations. A total of 8 (**14 %**) social workers took part in the survey of which half (4) work in asylum authorities, 2 in reception authorities and 2 in non-governmental organisations.

Most respondents (**57 %**) indicated working in a reception context, with more than two thirds (**74 %**) working in a collective reception facility accommodating men, women and families

alike. **42 %** of the overall respondents mentioned that their daily duties are linked to the personal interview setting.

Figure 3. Work location of respondents
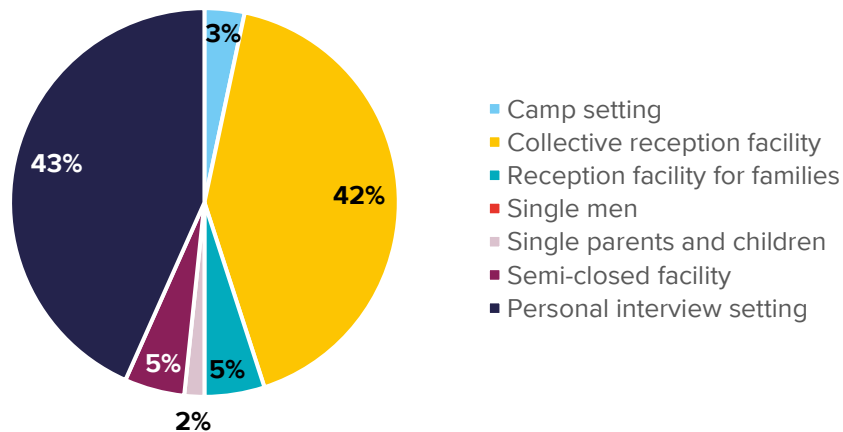
About two thirds of all respondents (**77 %**) stated that they have been affected by critical incidents in the past. Only **16 %** (10 respondents) indicated that they have not been exposed to any critical incidents so far. The share of respondents affected by critical incidents is higher among those with longer professional experience of 6 or more years (**86 %**).

Figure 4. Exposure to critical incidents
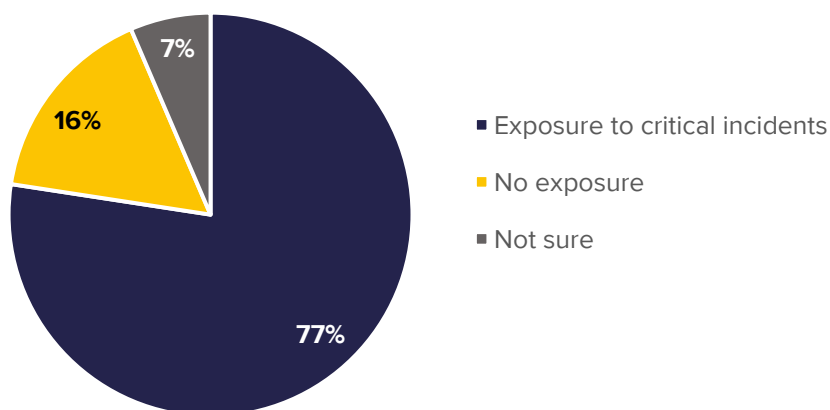
In addition, the share of respondents with in-person experience in managing critical incidents (**61 %**) is high particularly among those with more than 10 years' experience (**79 %**) followed by those with 6 to 10 years of experience (**67 %**).

Of those managing critical incidents, 18 respondents indicated to have between 2 to 20 years of experience in this area. While most respondents who reported managing incidents

indicated having an assigned role to do so, others stated that their role in managing cases is more linked to their general exposure to applicants and happens rather by chance.

Examples of critical incidents

Respondents reported having experience with diverse types of critical incidents, including: self-harm and threats of such; violent acts (against applicants/residents, family members); aggressive acts (verbal aggression towards staff or other applicants); suicide and attempted suicide; hunger and thirst strikes; substance/alcohol abuse; sexual violence including rape; peaceful and/or violent protests; riots and vandalism; disobeying house rules; escape attempts from detention facilities as well as incidents related to applicants with psychiatric disorders or severe psychological issues.

Examples of respondents' experiences in regarding critical incidents

The reported experience of respondents regarding critical incidents included: prevention; management and handling; coordination of interventions; follow-up and supervision; de-escalation; post-incident processing; and the collection of information, reporting and analysis of the situation.

2.3.   Gender considerations

Gender	Survey participation	Leadership positions	CI management
	25 males	**11 males** occupy leading functions (44 %)	**52 %** of all males managed critical incidents
	34 females	**6 females** occupy leading functions (18 %)	**65 %** of all females managed critical incidents

2 respondents did not disclose their gender and **1** submission was indicated as a group submission. The findings suggest that women are generally less often in leadership positions however the ones often involved in responding to staff and applicants impacted by critical incidents.

2.4. Relevance of the survey

Most respondents (**92 %**) indicated this EUAA survey on the management of critical incidents in authorities as very relevant. Another **6 %** stated the survey was not needed in their view and one respondent did not reply to this question.

3.   What is a critical incident?

'A critical incident is an unexpected situation which requires the help of a third party (like security agents, medical staff, social worker, etc.)'

Survey respondent

Summary

Most EU+ countries indicated having a system in place to prevent critical incidents caused by applicants or to refer staff affected by such incidents to specialised support. Support to applicants who caused or are affected by an incident was also considered sufficient by many respondents. That said, it was also acknowledged that certain areas might still benefit from improvement.

Analysis of the responses shows that a system for holistic, coordinated and timely responses to critical incidents is still lacking in some EU+ countries. Many respondents expressed a desire for much stronger and better informed capacity building efforts by their employers to enable staff to de-escalate critical situations in a timelier manner and prevent further serious consequences for both the applicants and staff involved.

3.1.   Understanding critical incidents

Critical incidents according to respondents are also defined as not compliant with the obligations as laid down in the asylum *acquis* and internal accommodation rules. Critical incidents are also referred to as events that deviate from the expected and predictable course of daily life. Additional adjectives used to describe critical incidents include danger and adversity. They are also understood as events and situations that induce feelings of helplessness, lack of safety, anger, fear, sadness and anxiety in involved personnel and witnesses.

When asked to indicate if there is a specific document available with a formal definition of the term critical incident, **50 %** of the respondents answered yes, while **19 %** were not aware of any formal document and **29 %** were not sure. One respondent did not respond to this question.

Example documents containing a formal definition of a 'critical incident'

Respondents reported documents such as internal regulations; emergency, safety and security handbooks; their organisation's homepage or work-related folders; and standard operating procedures (SOPs).

The respondents who stated that their employer does not have a document with a formal definition of critical incident, shared the below opinions on what such events entail.

- Unexpected, sudden threats or harm to the (physical) safety and health (both physical and mental) of applicants and/or staff, including to life; material damage; disruption of daily life.
- Acts of aggression, harassment or abuse, conflict situations, violence (verbal or physical).
- The result of critical situations that are not adequately addressed or de-escalated.

What was also mentioned under this open question by some, was the importance of prevention based on the identification of causes of past critical incidents.

3.2. Types of critical incidents

The table below is a compilation of incidents that are considered critical according to the authorities and civil society representatives that responded to this survey.

Figure 5. Types of critical incidents according to survey respondents

Type of critical incident	Value
Self-harm (e.g. self-cutting)	~58
Threat of and physical attack against a staff member	~54
Violent and aggressive acts	~54
Physical attacks among applicants	~53
Threats of violent and aggressive acts	~52
Suicide attempt or threats of such	~50
Threats of committing self-harm	~49
Suicide	~48
Violent protests or riots	~45
Hunger and thirst strike	~41
External parties/staff	~40
Verbal dispute among applicants	~37
Threat of engaging in a hunger and thirst strike	~37
Notification of a contagious disease/infestation	~36
Lack of security/safety measures	~31
'Missing' resident (e.g. disappearance of a child)	~31
Resident absconding/escaping from a semi- or closed centre	~31
Critical incidents caused by applicants	~30
Verbal dispute against a staff member	~29
Peaceful protests	~12

Self-harm, physical attacks or threatening to attack staff as well as other applicants and general violent and aggressive acts were considered by the majority of authorities and organisations as critical incidents.

In addition, respondents indicated other situations that constitute critical incidents. These include applicants with serious medical conditions e.g. applicants in need of resuscitation, death of an applicant due to serious physical illness or alcohol abuse, as well as the death of a co-worker at work, criminal acts by applicants such as theft, rape, attacks with weapons and cases of domestic/family violence.

According to the critical incident reporting templates ([7]) provided by some participating country representatives, the following types of incidents are recorded in addition to those mentioned in the survey questions:

- health incidents
- serious injury or illness of an applicant
- epidemics and poisoning ([8]) in the reception centre
- death of an applicant
- employee or other person ([9]) working in the facility under the influence of alcohol or other substances.

Table 1 below provides an overview of critical incidents in relation to the profiles of the persons involved (applicants and/or staff) in both the reception and personal interview setting. The table also categorises those critical incidents that, according to the respondents, are the hardest to handle and why.

Table 1. Critical incidents that occur in reception and personal interview settings

	Reception	Personal interview
Most frequently occurring critical incidents involving staff	- A quarrel - Applicants refusing to consume food or not following camp/reception rules - Threatening to engage in a hunger or thirst strike or self-harm - Applicants that have tested positive for COVID-19 (sometimes perceived as more aggressive towards staff due to restrictions put in place)	- Threats and physical attacks on staff who either have 'bad' news to share with the applicant or where staff cannot comply with an applicant's request - Threatening to commit suicide as a tactic to change an unwanted outcome - Mentioning suicidal tendencies
Most frequently occurring critical incidents	Violent and aggressive acts (physical fights) and quarrels often arising from the dense living conditions	n/a

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([7]) The reporting templates shared by survey respondents can be found in Section 9. Annexes 'Recording and reporting templates'.

([8]) No reference was made to the circumstances concerning the incident of poisoning.

([9]) Volunteer or other support staff.

between applicants	and overcrowding in many facilities • Attacks in private areas with no permanent staff presence (including attacks within families) • Applicants with mental health issues causing tension that can result in critical incidents (e.g. physical violence) • Violence against women and children • Different forms of abuse	
The most challenging critical incidents for staff to handle	• Suicide attempts or threatening to commit suicide • Violent aggressive acts between applicants and violent riots • Threats of and physical attacks on a staff member *These three categories of incidents are perceived as challenging because they can appear spontaneous and are therefore hard to detect and prevent. They can present an imminent safety threat to the applicants and staff members involved. This is particularly the case when they take place within the community of applicants and do not involve staff.*	

3.3.   Frequency of critical incidents

When asked how often critical incidents occur, almost half of the respondents (**47 %**) answered with rarely, **35 %** with sometimes and **12 %** with often. It is notable that first-line officers reported the frequency of critical incidents to be lower than that reported by asylum and reception staff with supporting roles such as team leaders or coordinators. When considering that **57 %** of the overall respondents work in a reception setting and **43 %** work as part of asylum authorities, it seems that staff in the asylum authorities rated the frequency of critical incidents slightly higher than those from reception.

Figure 6. Frequency of critical incidents according to survey respondents
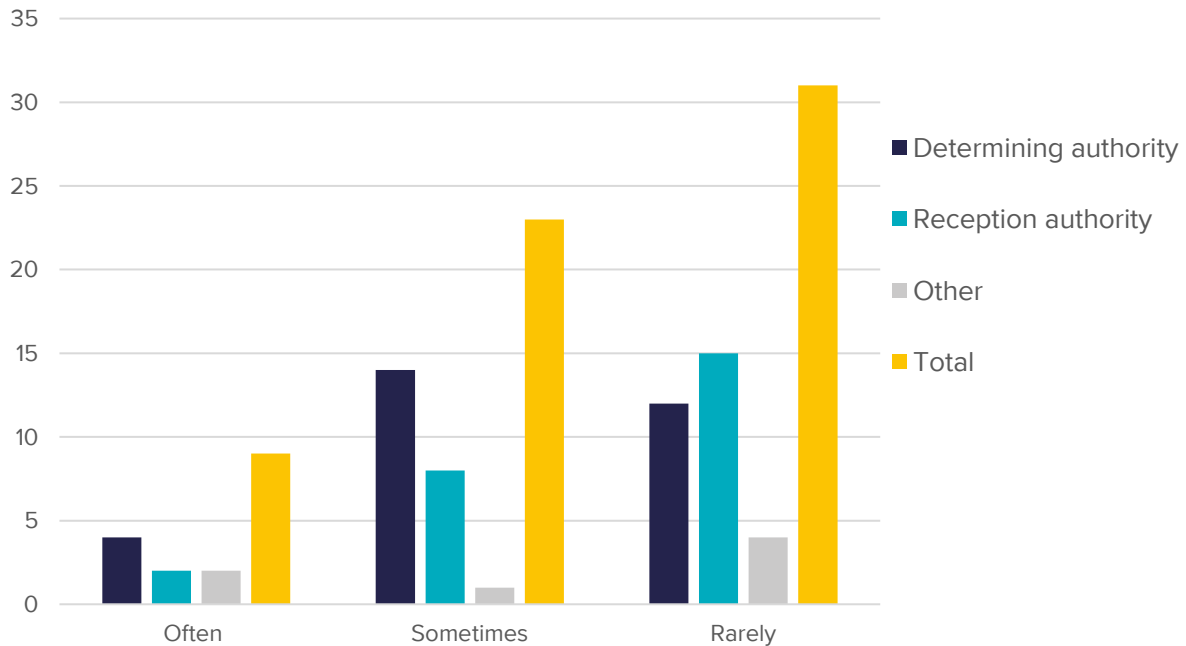
3.4.   The context in which critical incidents take place

⌂ Within reception

Most respondents (**73 %**) indicated that critical incidents mainly take place in the common areas in reception facilities, followed by open areas in reception facilities (**57 %**) and then private areas in reception facilities (**44 %**).

It is worth noting that a good percentage, **36 %** of respondents, indicated that critical incidents take place in detention (including detention for the purposes of a transfer under Regulation (EU) No 604/2013 (the Dublin III regulation) ([10]). For an overview of answers provided refer to figure 7 below.

([10])   Regulation (EU) No 604/2013 of the European Parliament and of the Council of 26 June 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 (recast).

Figure 7. Main locations for critical incidents to take place
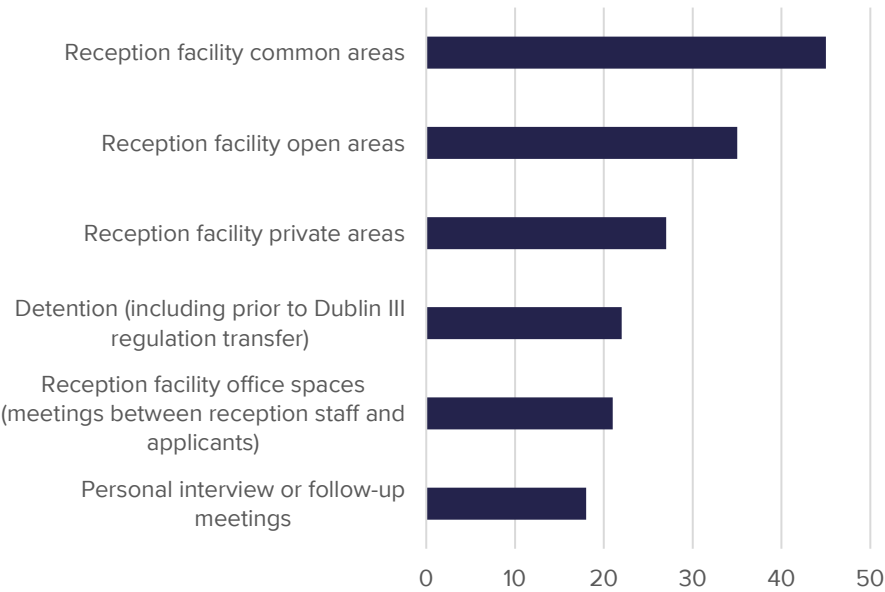
Respondents shared the following observations regarding when and in which situations critical incidents mainly occur.

Context	Prevalence
	45 % indicated that critical incidents occur mainly in the presence of other persons
	44 % indicated that critical incidents mainly take place during the day
	40 % indicated that they mainly take place during the night
	21 % indicated that critical incidents mainly take place when applicants are on their own, alone and in private

Additionally respondents indicated that critical incidents could occur in the following circumstances:

- on Fridays, when staff end their shifts or in the evening, when cultural mediators are leaving;
- at information points or a similar location;
- during meal division/delivery or non-food items (NFI) delivery;
- when an applicant for international protection is not eligible for reception.

Respondents also specified that the timing of an incident can depend on the type of incident. For example, hunger strikes, or family disagreements happen more during the day while the use of illicit substances or physical disagreements seems more common during the night. Self-harm was seen as more likely to take place when an applicant is alone.

The survey findings indicate that certain types of incidents might be purposely caused during times when staff and/or other residents are present. Recording these incidents and including the profiles of the applicant(s) might inform a better understanding of the needs of these applicants as well as mitigate risks of incidents in the future.

💬 Linked to the asylum procedure

According to feedback received, critical incidents occur most often when an applicant has received the news of a negative decision (**60 %**) and when applicants have been waiting for a decision longer than a year (**47 %**).

Additionally, **32 %** of respondents indicated waiting times of between 9-12 months as a critical time frame. One fifth of the respondents (**21 %**) indicated that such incidents occur during detention (including pre-Dublin transfer).

Figure 8. The timing of critical incidents according to the trajectory of the asylum procedure
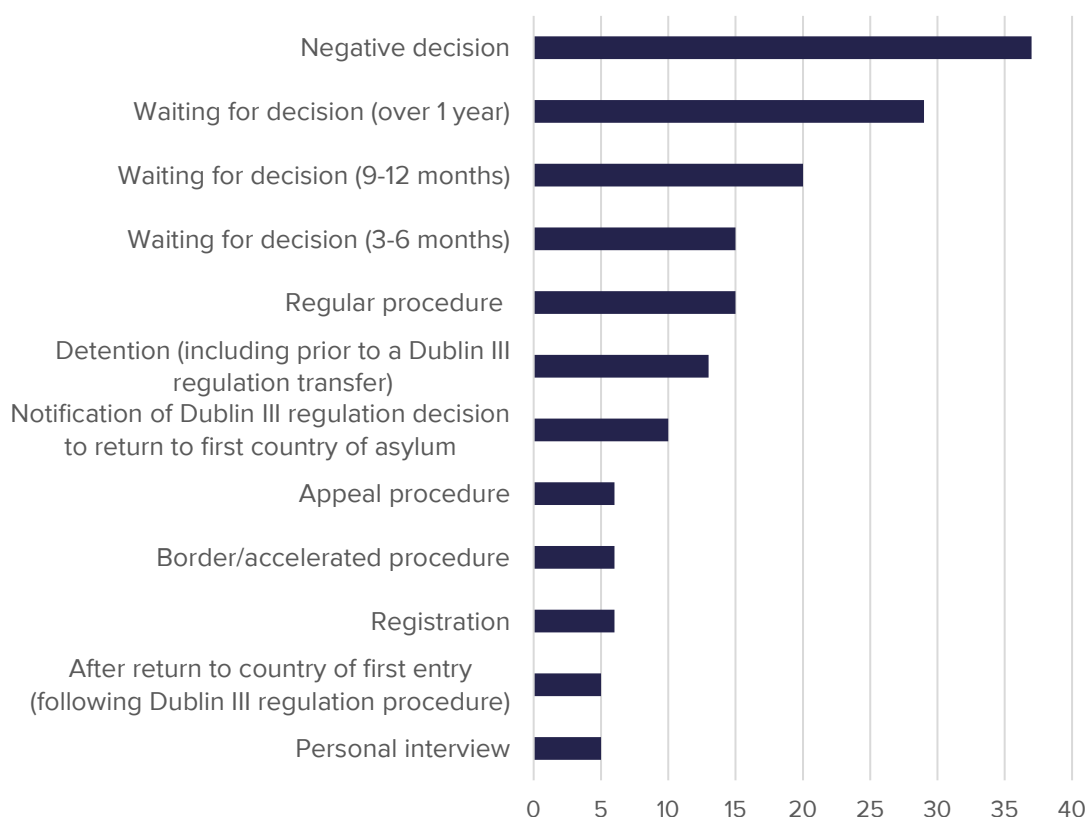
There is a strong link between the occurrence of critical incidents and the receipt of a negative decision on the asylum application. In addition, long waiting time to receive a decision on the application also links strongly with the occurrence of critical incidents. Given this, applicants and authorities alike could benefit from ensuring that decisions, especially negative ones, are always delivered alongside the provision of legal and psychosocial counselling to support the recipients of these decisions and to reduce the risk of incidents.

3.5.   Levels of urgency of critical incidents

42 % of respondents indicated that in their authority certain critical incidents are treated with different levels of urgency, while **34 %** were not sure if such an approach exists and **23 %** stated that in their authority no distinction is drawn between different kinds of critical incidents. 1 respondent did not reply to this question.

In terms of urgency level, some respondents indicated that, *'every incident, which has the potential to put life in imminent danger or to cause considerable material damage'* (quote from a respondent) is to be considered urgent in nature. Some respondents pointed out that public awareness on an incident to an extent determines the urgency level. Most provided concrete examples from their daily work. Interestingly, the disappearance of or missing applicants were indicated as high urgency incidents only where concerning child applicants. In

the cases of disappeared or missing adult applicants, only some cases were considered of medium urgency but were not further specified.

Table 2. Clustering incidents and ratings of urgency

High urgency incidents	Medium urgency incidents	Low urgency incidents
• Suicide and suicide attempts • Murder • Attacks/threatening to attack staff members • Physical and sexual violence including child abuse • Disappearance/ missing child applicants • Group riots and violence • Participation in violent protests (including at borders) • Terrorist attacks/threats thereof • Brandishing a weapon (e.g. guns) • Hunger and thirst strikes • Incidents in a care facility that could be reported in regional and/or national mass media, particularly incidents requiring the involvement of the police, an ambulance or the fire brigade	• Accidents • Quarrels with a staff member • Quarrels between applicants • Physical attacks against staff (depending on intensity) • Physical attacks against other applicants (depending on intensity) • Hunger and thirst strikes • Disappearance (in some cases of adult applicants) • Applicants going to speak to press ([11]) • Threats of engaging in certain actions (strikes, aggression etc) • Incidents requiring the involvement of the police, an ambulance or service providers (e.g. security staff) but do not attract significant public attention	• Peaceful protests • Threats • Quarrels • Aggressive behaviour without physical damage (to other people and/or equipment) • Equipment damage • Messy room (hygiene hazard, creating problems with other residents) • Escaping or absconding from a reception centre • Hospitalisation (depending on the reason) • Incidents which can be solved by staff or service providers (e.g. security staff) and attract limited public attention.

([11]) Some referred to applicants sharing information with the public that could negatively affect the management and coordination of reception facilities as well as make other residents feel uncomfortable, insecure and potentially lead to a volatile situation, etc.

3.6. The COVID-19 pandemic and the prevalence of critical incidents

Respondents were asked whether the COVID-19 pandemic and related containment measures have had an impact on the numbers of critical incidents seen over the last 12 months. The answers were equally distributed between yes, the pandemic affected the rise in critical incidents (**31 %**), and (**32 %**) for not sure. **37 %** felt that there was no linkages between COVID-19 and the number of CI occurrence.

Figure 9. Whether the measures related to the containment of the COVID-19 pandemic have had an impact on the prevalence of critical incidents
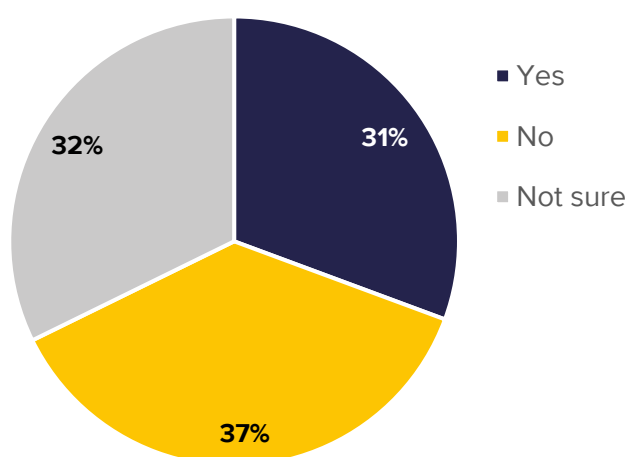
The respondents that indicated that the COVID-19 pandemic did have an impact on the prevalence of critical incidents stated that while generally the pandemic has affected applicants in the same manner as with all other people globally, the uncertainty related to COVID-19 in the case of applicants was exacerbated by the uncertainty related to delays in access to the asylum procedure. This has led to increased nervousness and feelings of stress, pressure as well as instability and frustration.

Many people were left without accommodation for several weeks and months before being able to make an application for international protection. Single men were particularly reported to have been negatively affected. In the context of the social restrictions and isolation measures related to the pandemic, respondents reported a deterioration in the mental health of applicants as well as a (sometimes significant) increase in critical incidents and that these incidents when they occurred were more difficult to resolve.

Many applicants struggled with the restrictions imposed during the pandemic including the lack of freedom of movement, the pausing of support activities, obligatory quarantine measures, and the fact that many had to stay inside with little to no privacy.

> *'The self-isolation in combination with psychological pressure they are being put through, contribute to a greater risk of a critical incident.'*
>
> Survey respondent

Survey respondents reported that the dense living conditions led to an increase in positive COVID-19 cases among groups of applicants. Consequently, applicants that tested positive for the disease had to be separated from those applicants that had received negative test results for the disease. This again led to frustration and uncertainty. Further, being unable to visit family and friends or to participate in joint activities combined with restrictions on regular contact with others took a toll on many applicants.

> *'We see that rejected asylum seekers in closed and semi-closed facilities are really affected. People live closely together in rather small areas. A relatively large number with psychological issues. Some are frustrated that they are not able to return during the pandemic due to travel restrictions and others because there are no activities at all.'*
>
> Survey respondent

Lastly, respondents reported that it was more challenging to resolve incidents that occurred amongst the groups of applicants who had tested positive for COVID-19 due to the restrictions placed on free movement and access to them by e.g. family members as well as amongst applicants in detention.

> *'There is no access to places of detention because of the pandemic, thus there is less oversight and detainees could be more desperate.'*
>
> Survey respondent

4.   Applicant profile and risk factors

'*Critical incidents are not necessarily tied to any established event but are often linked to disappointment and frustration felt by applicants.*'

Survey respondent

Summary

A good number of applicants have suffered trauma either in their country of origin, during transit or in the country of asylum. These personal circumstances and the accumulation of trauma is often not sufficiently considered in either the reception or the asylum procedure context. This can be due to a lack of human resources, budget constraints and sometimes a lack of the relevant skills and knowledge on how to best support the applicants in need.

In addition, family separation and long waiting times to receive legal status combined with inactivity while being confronted with a new country, culture, language and sometimes inappropriate reception conditions such as overcrowding or detention, can lead to an increase in substance abuse, engagement in criminal behaviour and the deterioration of physical and mental health. This lowers the frustration tolerance of applicants and makes it harder for asylum and reception officers to work with the applicants entrusted to them.

A lack of initial investment in basic but holistic support provision to all applicants from the moment of arrival, can lead to a propensity to engage or to cause a critical incident, among other issues.

It seems that in some EU+ countries, gender is not sufficiently taken into account. The way women, men and children have been socialised according to their gender and how they therefore deal with trauma, loss and also frustration needs to be further explored. Gender socialisation considerations ([12]) in asylum and reception will need more focus, since for example feelings of frustration might emerge among applicants far from home and loved ones and the often challenging situation they find themselves in in Europe. A clearer understanding of how women, men and children might cope with traumatic events might help in preventing and managing critical incidents more effectively.

To support applicants appropriately and to keep applicants and staff safe, collaboration and establishing work agreements with other services is important. These services can include social services, child protection, the health authorities and particularly the police to support in handling and following up on critical incidents.

([12]) For more information on gender socialisation refer to UNICEF, *What is gender socialization and why does it matter?*, 18 August 2017.

4.1. Profiles of applicants involved in critical incidents

Almost every respondent agreed that single men are mainly those involved in or causing critical incidents. This is followed by **58 %** who reported male youths and **32 %** of respondents mentioned family violence as a basis for critical incidents. In addition, **27 %** reported married men as the main profiles in critical incidents ([13]). Note that in the table below the answers to this question for the categories 'boys' and 'girls' did not differentiate between accompanied and unaccompanied children.

Figure 10. The main profiles involved in critical incidents
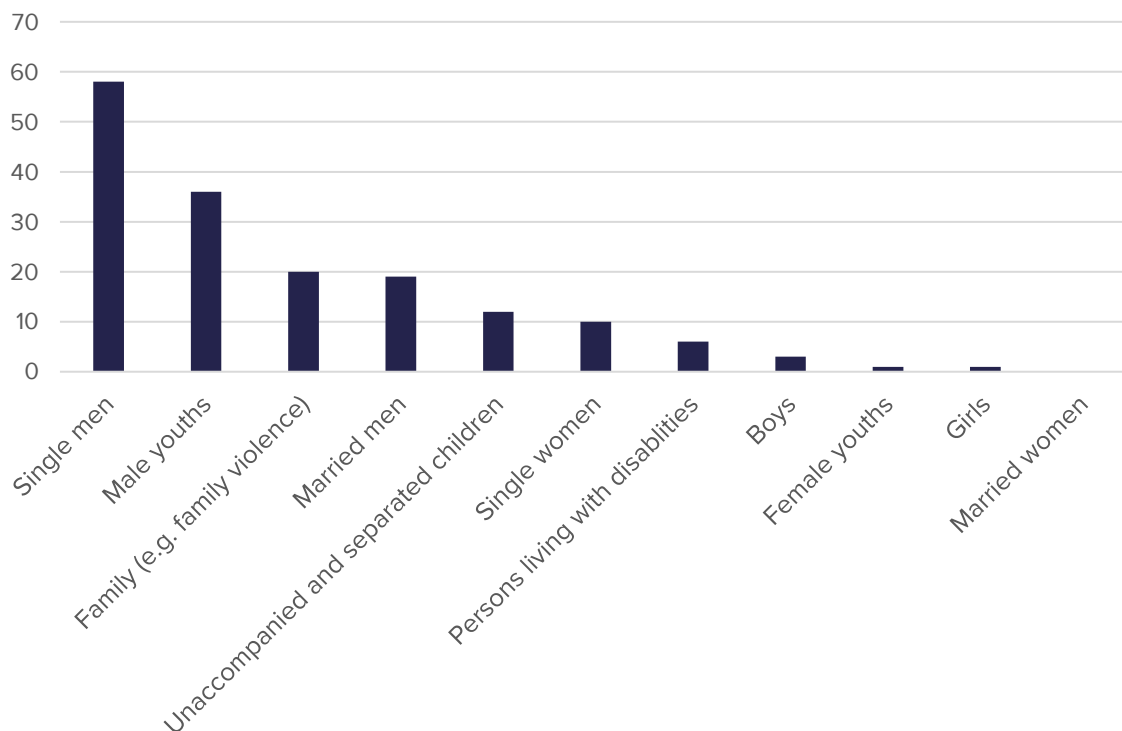
Participants in the survey were invited to share other profiles of applicants who could potentially cause a critical incident.

([13]) 1 respondent indicated that in their Member State in 2020, **78 %** of the overall applications for international protection were received from men. This needs to be taken into consideration as it shows that many reception facilities deal with higher numbers of male applicants for international protection.

Examples of profiles most frequently involved in critical incidents

In addition to the profiles proposed in the survey, respondents provided the following profiles as being most frequently involved in critical incidents. They are listed below in descending order:

- applicants with mental health concerns;
- applicants with a substance abuse problem;
- the elderly or the seriously ill;
- applicants belonging to a minority group (e.g. those belonging to the lesbian, gay, bisexual, transgender, intersex and queer plus communities);
- single parents.

Respondents also indicated that applicants whose applications are rejected or those excluded were more likely to be involved in causing a critical incident. In a few instances, it was reported that volunteers who have not received sufficient training may become involved in critical incidents. On occasion, incidents can also include persons that are not applicants for international protection but are resident in reception facilities based on other grounds ([14]).

4.1.1.   Risk factors

Examples of potential risk factors behind critical incidents

Respondents were invited to reflect on potential risk factors behind applicants causing critical incidents. While information was provided in a free narrative to an open-ended question, a quantitative reading of the total of 44 responses given shows that:

- substance use is the most frequently observed factor playing a role in causing critical incidents (**40 %**);
- past traumatic experiences (**29 %**);
- family separation (**23 %**).

Mental health concerns and lengthy procedures were also indicated among the factors with higher frequency (12 and 11 responses respectively) as well as being placed in detention (8 responses).

Regarding the use of substances (such as alcohol and illegal drugs) the respondents did not indicate if the addiction was already present in the applicants prior to arrival or whether the abuse of substances started as a way of coping upon arrival.

([14]) Some Member States have arrangements to host persons that are not applicants for international protection but are resident in reception facilities based on other grounds, provided authorisation is given to stay for humanitarian reasons, especially during the winter.

Further, pre-existing mental health concerns are seen as contributing factors that can potentially lead to a critical incident but not as the main source. Linked to this, it is important to consider that the behaviour of other applicants towards applicants suffering from mental health concerns or those diagnosed with a mental health disorder is difficult to monitor. Stigmatisation, discriminatory behaviour or ignorance can potentially exacerbate an applicant's vulnerabilities and proneness to being involved in an incident.

Critical incidents are not necessarily tied to any established event in the reception facility according to respondents. Certainly, incidents do not occur per se because facilities are not well managed or because there are interruptions in services. It appears rather that the reasons for the occurrence of incidents lies more with the disappointment and frustration felt by applicants who realise they cannot move freely within Europe easily while their legal status is not clear. Further, the fact that providing for one's family continues to be challenging due to the lack of employment opportunities linked to the lack of legal status is another item to consider.

Disagreements and clashes between applicants and alleged smugglers who are sometimes part of the community of residents in reception facilities were also indicated as a further source of tension. These tensions were also linked to the challenges faced particularly by applicants without a regularised legal status who therefore cannot enjoy freedom of movement across borders. These applicants may be engaging with those allegedly smuggling applicants and looking for their help.

The lack of future prospects and the hopelessness that some applicants feel regarding their future is also an important aspect to consider. These feelings can occur, for example, in cases of a notification of a decision taken under the Dublin III regulation for transfer to first country of asylum or rejection of the asylum application. Experiences in detention exacerbate uncertainties associated with the asylum procedure and make applicants further vulnerable to being involved in or causing a critical incident.

Table 3. Factors contributing to the prevalence of critical incidents

⌂ Reception	💬 Personal interview
• The reception facilities in some EU+ countries do not always have the appropriate capacity for the population they are housing (they were perceived as often overcrowded) • A lack of meaningful recreational activities which leads to additional feelings of stress in residents • The composition of the population in some facilities (e.g. cultural differences between ethnicities) • A lack of sufficient human resources to provide daily support to applicants	• The fact that applicants are repeatedly required to reiterate their personal stories and traumatic experiences leads to stress, re-traumatisation and tension of applicants • Uncertainty and long waiting times between the scheduling of the personal interview and for decisions to be communicated • In-action (or delayed action) after an application is rejected by the authorities

4.2.   Warning signs

The most notable warning sign reported by respondents were substance use (**66 %**) as well as verbal aggression directed at fellow residents and staff making a total of **63 %** of respondents.

 In addition, warning signs observed were around suicidal thoughts if receiving a negative decision and finding no purpose in life anymore, together indicated by a total of **69 %** of respondents.

Figure 11. Warning signs exhibited by applicants
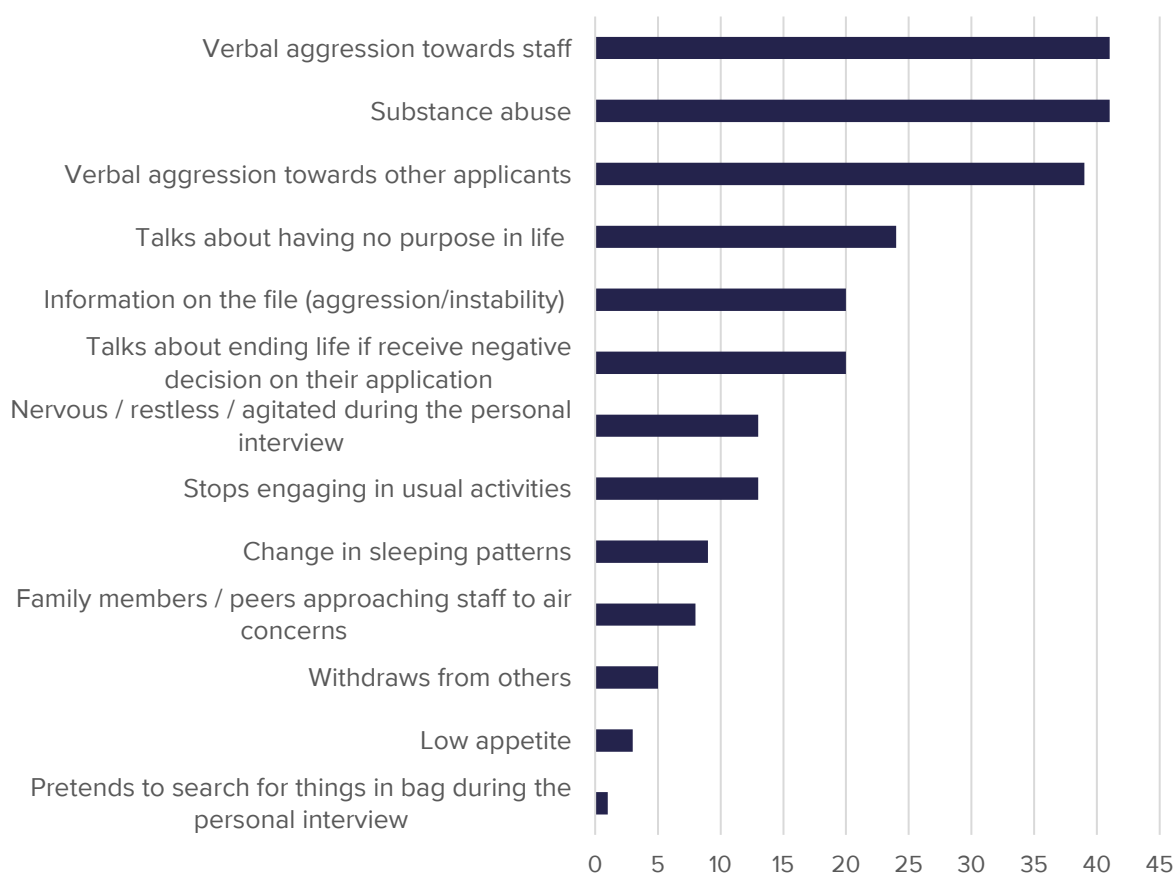
About **30 %** of the respondents noted that when observations regarding applicants perceived as unstable (moody, anxious, etc.) or with a tendency to aggressive behaviour for example, are documented in an applicant's file, these can function as pointers for staff that they might be causing an incident. Documentation of such observations therefore can be particularly useful for case officers and decision-makers to be prepared during the personal interview. Hence, good communication and collaboration between the staff supporting applicants in reception facilities and the determining authorities is essential to ensure that vulnerable applicants are supported professionally. This can also ensure the safety of both applicants and staff.

Persons with diagnosed mental health disorders who are staying in collective centres can also present challenges at times. The behaviour of the person with the mental health disorder as

well as the reaction towards that person by other residents can lead to unpredictable behaviour on both sides and potentially trigger a critical incident.

4.2.1.   Documenting warning signs

74 % of respondents reported that they pro-actively document warning signs. Roughly one quarter (**26 %**) were either not sure or indicated that warning signs are not documented in their workplace.

42 % of respondents indicated having a mechanism in place for residents to report concerns identified regarding fellow applicants who might be at risk of causing a critical incident. **32 %** of respondents were not sure and **23 %** stated there is no mechanism in place for residents to report these observations.

Figure 12. Awareness of the availability of a reporting mechanism for residents
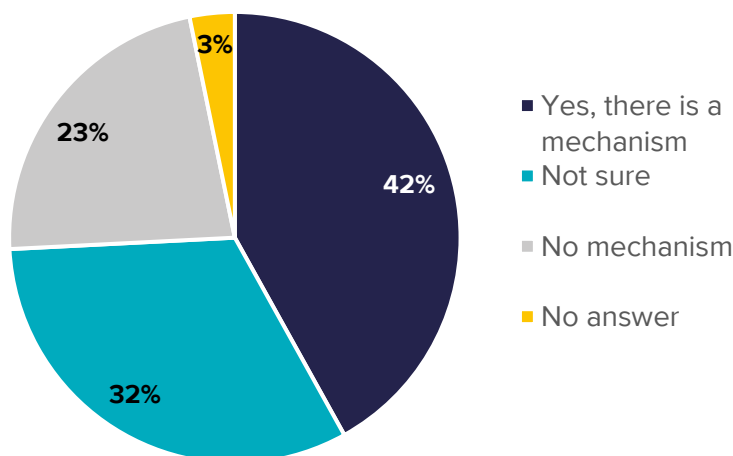
Examples of formats for applicants to lodge complaints or concerns

- Verbally and directly with staff
- Submitting a complaint or observation in writing through an established complaint mechanism
- An email address applicants can use anonymously if needed.

Respondents also mentioned internal regulations such as house rules and SOPs including police procedures, which are linked to other complaint mechanisms in some EU+ countries. This can include procedures to raise concerns around gender-based violence, for example, and are often operated and managed by civil society organisations supporting reception authorities.

Examples of professionals that receive complaints and concerns

- Security guards or police present in facilities
- Social workers
- Medical staff, or psychologist (depending on the situation).

4.3.   Main consequences for applicants after a critical incident

Examples of the impact and consequences of critical accidents on applicants

The answers to the open-ended question ([15]) regarding the **impact** and **consequences** on applicants after a critical incident takes place have been grouped into the following main areas.
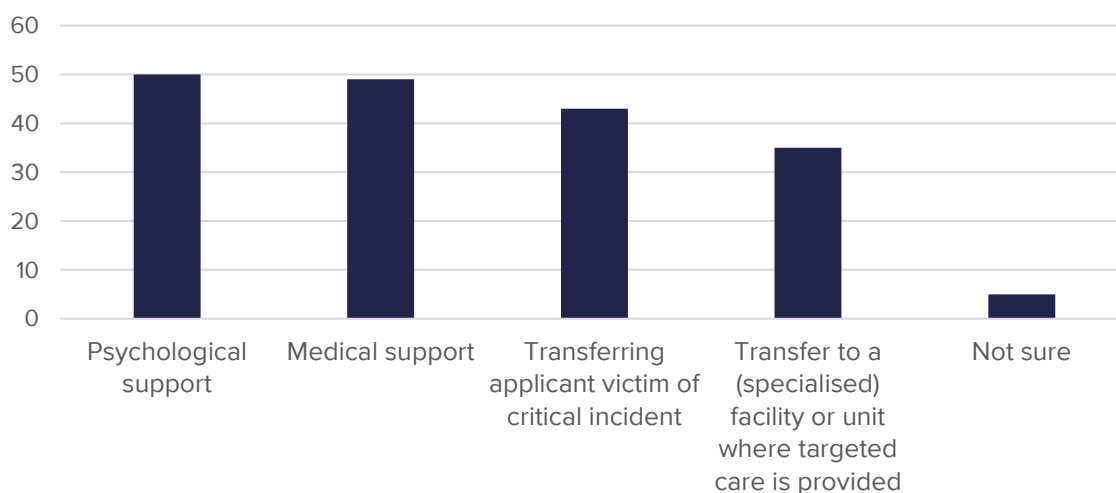
- **Applicants involved in a critical incident but not necessarily causing them.** These applicants can present as emotionally and mentally destabilised and insecure; some show signs of fear, anger and anxiety and their social interactions can be affected. Some can completely withdraw and show signs of apathy. One respondent indicated that family members of applicants that cause an incident are often worried that this could reoccur.

- **Applicants causing incidents** can present with an increased willingness to engage in verbal aggression towards other applicants or staff; sometimes they showcase a careless attitude towards property e.g. furniture but also towards fellow residents and staff. Some however isolate themselves, feel ashamed, embarrassed, guilty, apologetic or show signs of depression including anxiety. These applicants also feel they are viewed with mistrust by other residents and find it hard at times to reset and change this negative impression. Cohabitation following an incident might also be challenging for fear of revenge, for example.

- **Lastly, the relationship between staff and applicant** causing the incident might be challenged by internal sanctions imposed on the applicant or by request the applicant to take responsibility for damage caused. Sometimes applicants might be transferred to another location after a critical incident and therefore it is difficult to understand and observe the overall longer-term impact.

4.4.   Available support services for applicants and prevention mechanisms

Respondents were invited to share the support services available in their country to support applicants after the occurrence of a critical incident.

([15])   Question 5.1.: In your experience, what is the main impact or consequences on applicants causing and/or witnessing a critical incident (e.g. changes in behaviour, emotional/mental state, social interaction, etc.?

Figure 13. Types of support available

Psychological support (indicated by **81 %**) as well as medical support (indicated by **79 %**) is being provided to applicants involved or causing a critical incident in most countries.

69 % indicated that applicants and victims of critical incidents have an opportunity to be transferred following a critical incident, for example due to safety and protection related considerations.

A slightly lower percentage, **56 %**, indicated that the option to **transfer an applicant to specialised facilities** to receive targeted care and support is available. It was not indicated though if this type of transfer was organised on a voluntary basis only.

4.4.1. Formal cooperation with other authorities to provide services

Respondents were asked to indicate with which service providers and authorities they have a memorandum of understanding and/or a formalised agreement in terms of cooperation when managing critical incidents.

The majority, **73 %** of respondents, stated that there is a formal agreement with the police in place in their work setting. This is followed by **61 %** of respondents who reported working closely with child protection services and **60 %** with healthcare authorities. **13 %** reported not being aware of a formal working agreement or noted that there was no standardised system established in their country. **56 %** of respondents indicated having both formal and informal ways to cooperate when managing cases of applicants affected and causing an incident and **21 %** stated to exclusively work through formal agreements only.

In addition, a stronger cooperation and collaboration between staff of the determining and those within reception authorities were pointed out by some as crucial. 1 respondent indicated border guards as a collaborative partner and 1 respondent indicated the involvement of other applicants as collaborative partners depending on the case at hand.

Figure 14. Service provision and formal cooperation
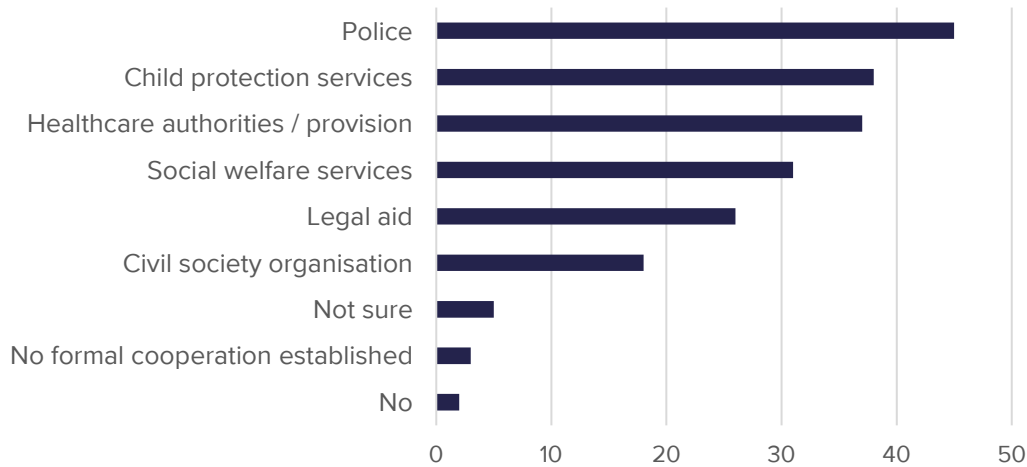
4.5. Factors strengthening resilience of applicants

Input received to the open-ended question on protective factors ([16]) clearly indicate that it is crucial for applicants who have caused a critical incident to have the opportunity to talk about it.

While the category 'talking and addressing the issue' was cited by the majority of respondents to support applicants to calm down in the aftermath of an incident, responses differed regarding which professionals should do this.

Examples of professionals to include in a multidisciplinary team to handle the aftermath of a critical incident

Respondents indicated the importance of a multidisciplinary team to provide support in the aftermath of a critical incident. Depending on the case, this team should be composed of following professionals:

- psychologists;
- medical doctors including psychiatrists, where needed;
- social workers;
- paraprofessionals or lay-counsellors (normally applicants themselves) who have received some additional training on the basic concept of psychosocial support;
- legal counsellors and/or lawyers.

([16]) Can you point out protective factors that can help applicants witnessing and/or causing a critical incident to better cope in the aftermath of such an incident?

5.   Restoring staff well-being

'Sometimes being thanked for the work done every day by your manager is enough.'

Survey participant

Summary

While previous chapters have elaborated the different challenges applicants for international protection can face, staff working in asylum-related workplaces can also face various physical and psychological challenges. Staff can also easily pick up on the stress applicants feel. The staff members affected can include case officers, workflow managers, registration officers, reception officers, team leaders, and social workers.

Staff working in asylum and reception settings are confronted daily with various challenges. This can range from a constantly high workload to the often unpredictable working environment due to the constant flux in arrivals of applicants. Exposure to persons who have experienced trauma and, in some instances, a lack of resources to deal with daily tasks can also contribute to the challenges staff face. In addition, a sometimes negative narrative around the field of migration, as well as the occurrence of critical incidents in reception facilities and during the often emotionally demanding personal interview can all affect staff personal well-being.

Employers in the EU are required as part of their statutory 'duty of care' to adequately provide for the health and safety of their employees ([17]). Occupational healthcare aims not only to keep employees healthy but also to bring about improvements in health protection in the workplace. An employer can demonstrate that they are meeting their 'duty of care' responsibilities provided that the healthcare is provided by qualified specialists under quality-controlled conditions and the results are appropriately documented. To fulfil the 'duty of care' obligation, employers and managers should be aware of the legal framework.

Responding to needs should not be reactive. Instead, an employer can show commitment and duty of care first and foremost by ensuring preventative measures are in place, as laid down in the occupational health and safety framework directive ([18]).

([17]) Article 5, Council Directive of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work (89/391/EEC), (OJ L 183, 29.6.1989), p. 1: 'The employer shall have a duty to ensure the safety and health of workers in every aspect related to the work.'

([18]) Article 6, Council Directive of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work (89/391/EEC), OJ L 183, 29.6.1989. For more information on the legal framework for employers in the EU refer to the EASO, *Practical guide on the welfare of asylum and reception staff – Part I: Standards and policy*, Section on 1.3.1. General Principles.

> **🏛 Article 6 occupational health and safety framework directive**
>
> 'The employer shall implement the measures referred to in the first subparagraph of paragraph 1 on the basis of the following general principles of prevention:
>
> - avoiding risks;
> - evaluating the risks which cannot be avoided;
> - combating the risks at source.
>
> When it comes to labour legislation and safety, there are pieces of legislation at national level, as well as some common EU frameworks.'

5.1.   Short and long-term effects on staff

Most respondents (**65 %**) noted that critical incidents trigger behavioural or emotional changes in the affected staff members. Fear and general anxiety was the main consequence observed in colleagues affected by a critical incident as reported by half of the respondents who answered the question. This is followed by feelings of guilt (**40 %**) and a feeling of having failed (**38 %**). Negative feelings towards the applicant causing the critical incident or other applicants was the fourth highest consequence (**33 %**). Notably, 1 in 3 respondents decided not to answer this question.

Figure 15. Impact on staff after experiencing a critical incident
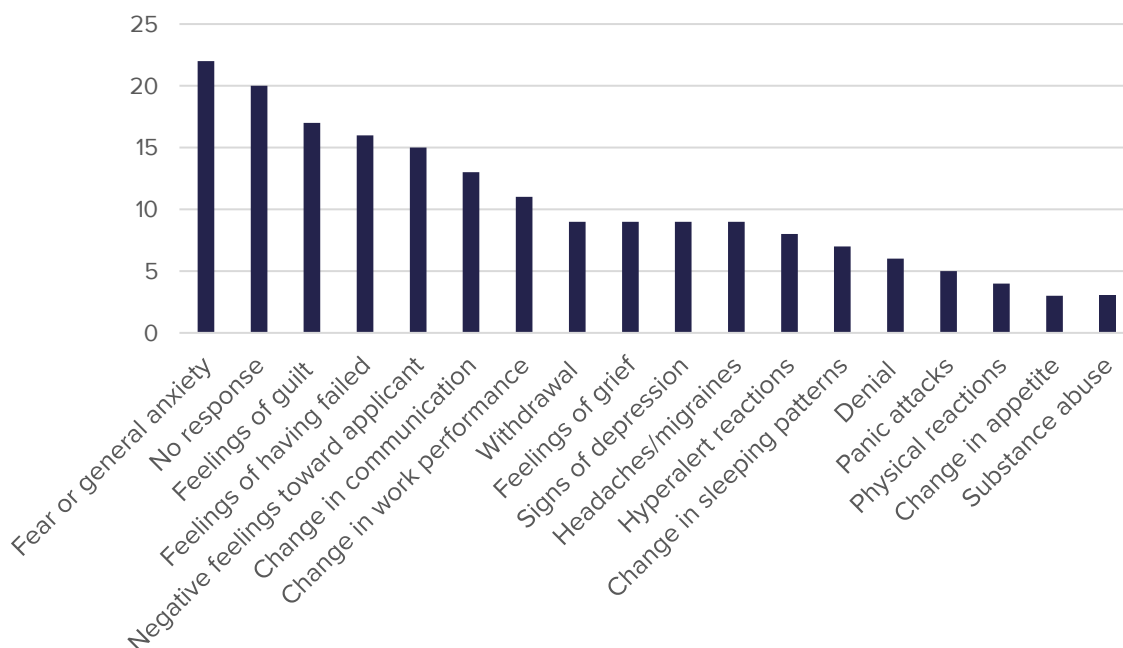
Examples of the length of time for changes in behaviour

A breakdown in the reported lengths of time a change in behaviour or emotions is observed is listed below in descending order:

- a couple of hours (**35 %**)
- a couple of days (**27 %**)
- a couple of weeks (**20 %**)
- a month or even longer (**12 %**)
- about a week (**6 %**)
- 11 respondents did not answer this question.

5.2.   Factors supporting staff resilience

During the survey, respondents were invited to identify protective factors and interventions that help staff to cope more effectively in the aftermath of a critical incident. General preventative measures that an individual and a team or employer can put in place were also shared.

Examples of useful interventions

- Counselling sessions with psychologist.
- InterVision ([19]).
- Regular team meetings.
- Supervision sessions.
- Guided case reflection.
- Compassionate leave, where needed.
- Peer support.
- Training on how to handle critical incidents and how to manage stress.
- Open, clear and timely communication on the incident within the team and the affected staff member.
- A well-developed sanction system for applicants causing an incident
- Support from line management to reflect on the incident so as to prevent a similar incident in the future. This can be also done more informally; the importance is for the staff member to feel heard and cared for by managers.
- Actively following a self-care plan.
- Support to family members of the affected staff member, depending on the situation.

The suggestions shared by respondents correspond with the results of a previous survey conducted with first-line officers on the topic of staff welfare. The findings of this survey are detailed in the form of good practices and recommendations in the EUAA's threefold practical guide on the welfare of asylum and reception staff ([20]).

5.3.   Support services available to staff after a critical incident

Respondents were invited to share the three most relevant interventions available in their work setting to support staff affected by a critical incident.

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[19]   Intervision is a form of knowledge development in a small group of professionals, managers or other employees who have a common challenge or problem. The core feature is mutual support and consultation between equals. It is an opportunity for professionals and colleagues to consult the expertise of others to help them gain valuable new insights. For more information see p. 23 in Part II of the Practical guide of welfare for asylum and reception staff.

[20]   See in particular the staff welfare toolbox for managers, first-line officers and support staff in part II of the guidance: EASO, *Practical guide on the welfare of asylum and reception staff – Part II: Staff welfare toolbox,* 2021, Section 3.3. 'Targeted support interventions linked to critical incidents'.

Figure 16. Ideal support interventions after a critical incident

Individual de-briefing with direct managers or supervisors is seen as the most relevant post-incident support (**68 %**), followed by support received from peers. Peers are perceived to best empathise with the situation due to the shared working conditions and experiences. Individual consultation with professionals including counselling sessions was also highlighted as useful among the interventions provided in the survey.

Support from trained staff as part of stress teams was also indicated as useful. Finally, being thanked and recognised by management was underscored as an important support factor.

In some countries, support provision was reported as available and granted but not organised in a standardised manner. In these systems, support is provided upon request only. Further, while psychologists are available to support, these interventions do not always take place in person but virtually instead due to a lack of available professionals and/or distance.

5.3.1. Effectiveness of current services

While individual de-brief with managers or supervisors was seen as the most important follow-up support, in some cases the support provided by line managers to their first-line officers in some reporting EU+ countries was reported as not as effective as it could or should be. Only **13 %** of respondents indicated the intervention is effective in the way it is currently implemented. Peer, team or group interventions and individual interventions provided by specialists ranked higher receiving **31 %**, **27 %** and **18 %** of responses respectively.

Examples of effective interventions

The below interventions were highly rated in terms of effectiveness after a critical incident:

- peer consultations/meetings (e.g. collegial support);
- team and group interventions (e.g. intervision, supervision);
- individual consultations/counselling with internal or external specialists (e.g. psychologists and medical professionals);
- individual de-briefing with manager or supervisor;
- general meetings including with safety and security departments to discuss lessons learnt and the measures to take to mitigate future risks;
- opportunity and right to request and being granted the possibility to telework.

Looking further in-depth at the responding first-line officers conducting personal interviews, the below additional interventions were indicated as useful:

- medical support services;
- changing duties for some days e.g. performing administrative duties before going back to conducting interviews.

Determining authorities indicated the importance of the participation of case officers in the EUAA training modules on interview techniques and interviewing vulnerable persons. The modules guide the case officers on how to conduct interviews and deal with potentially difficult situations during the personal interview.

Moreover, the involvement of specially trained case officers with applicants who have been severely traumatised (e.g. victims of torture) was seen as crucial. This could be because applicants who have experienced severe trauma in the past might be emotionally overwhelmed and find themselves under serious distress through the memories triggered by some of the questions during the personal interview. They might therefore feel reluctant and/or simply unable to take part in the procedure in a meaningful way. These feelings of distress and insecurity during the interview might lead to extreme frustration. If not professionally handled in the moment by a trained officer, this has the potential to lead to a willingness to engage in violent acts such as self-harm.

Examples of gaps in support services and how this can be improved

- A general lack of psychologists to support staff, particularly access to external specialists

- Transparent and open communication should be encouraged by authorities including the sharing of experiences on critical incidents between colleagues from other departments rather than 'punished'

- Team building activities should be encouraged and proactively planned

- Measures implemented to prevent burnout and general stress

- Stronger involvement of colleagues from security and safety departments

- Enhanced involvement of interpreters and support services to be extended to them in case of a critical incident

- Resources and equipment to be made available to enable staff to conduct work appropriately to reduces stress and create a feeling of safety, for example making walkie talkies available.

6. Critical incident response

'Ask the applicant to calm down but show that you are ready to listen. In my experience many applicants appreciate this. Many times, an outgoing applicant will calm down after a while and then you can have a dialogue. Use different conversation methodologies for instance motivational interviewing.'

Survey respondent

Summary

Analysing the responses received reveals that critical incidents take place in both asylum and reception authorities and in all EU+ countries. However, an open discussion involving all relevant parties within the authorities on what happened, why and how an incident could have been prevented appears lacking.

The importance of practical training on how to act in a timely manner and behave during a critical incident seems to be of high priority for most professionals. Further, respondents deem it crucial to be able to engage with applicants generally but particularly after an incident. This can have a stabilising effect on the applicant and ensure a joint solution can be found. The active participation of applicants was also noted as an integral part for some types of incidents and to successfully close a case.

6.1. Managing critical incidents

52 % of respondents indicated that they have SOPs in place to manage critical incidents. **32 %** were not sure if these procedures exist in their work setting and **15 %** stated that there are no mechanisms in place. 1 person did not respond to this question.

The majority of those responding to these questions (15 out of 18) reported that these mechanisms are internal regulations to be followed by staff members while 3 referred to them as decrees. A high number of respondents did not answer this question.

The content of the regulations and decrees were mainly reported to cover how to document internally and the importance of how to use the relevant reporting formats.

Examples of the professionals involved in developing critical incident management regulations

The following professionals were mentioned as contributing to the development of regulations:

- security experts
- UN agencies
- CSOs
- designated staff of specific authorities (e.g. immigration, social welfare)
- specific teams within an authority (e.g. stress team members).

Figure 17. Aspects of critical incidents response addressed
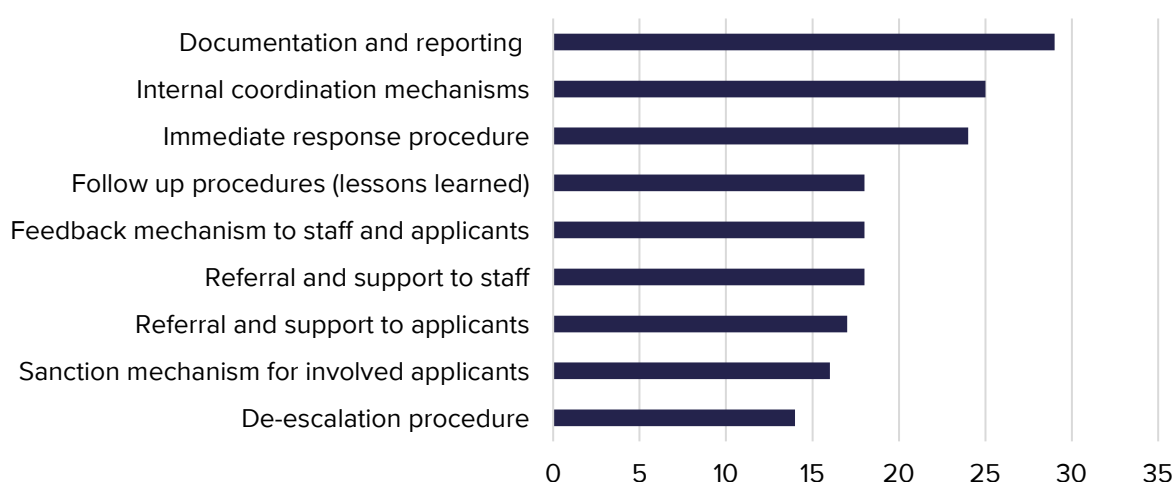
Internal coordination, documentation and reporting, and immediate internal responses seem to be addressed by most authorities and other stakeholders of the respondents. De-escalation procedures, negotiations mechanisms (or sanction mechanisms) and the external/internal referral for support to applicants, however, might need a more in-depth focus.

6.2. Activities preparing staff for critical incidents

Examples of mechanisms currently in place in EU+ countries

- Training on the identification of warning signs and de-escalation techniques to manage critical incidents are implemented
- Information sessions are available on the SOPs
- Internal reporting mechanisms are available to staff.

How to provide psychological first aid to staff and/or applicants is being introduced only in a few countries as reported at the time of the survey.

The availability of training on the identification of warning signs and de-escalation techniques was mentioned by over **50 %** of respondents. Information sessions on SOPs followed and then internal reporting mechanisms were indicated by a third of respondents. Respondents indicated that colleagues available to support staff as part of a stress team are present in only a few EU+ countries. This is also the case regarding the evaluation of SOPs focusing on critical incident management on a regular basis by the relevant team members.

Examples of general considerations on how to manage critical incidents

- Reacting to the threat and ensuring the applicant causing the incident is regularly further monitored by a professional, depending on the case
- Availability of trained security personnel who can be involved as soon as possible, when needed
- Clear SOPs on who can be contacted (police / health authorities / social services) depending on the case is important
- Post-incident support including information provision to affected applicants and not only those directly impacted
- Timely communication and acknowledgement of demands made by applicants to avoid deterioration of the situation, for example in the event of hunger and thirst strikes
- Regular support meetings/conversations with the applicant can show that the staff care about the applicant.

The Personal interview

- Availability of security personnel to support and take immediate action (e.g. to phone an ambulance, call the police).

- Assigned and trained staff support members to join case officers and applicants during interviews. This can reduce anxiety not only in the applicant but also the case officer.

- Tips and tricks on how to handle tension are shared with both the applicant and the case officer.

- The immediate involvement of a specialised internal critical incident team.

- Interventions are available to all persons involved including interpreters.

- Support also provided to secondary victims (who are involved in conversations post-incident) on several occasions.

- Senior management and human resources department is informed and takes.

6.3.   Improving the critical management and response

About half of respondents (**53 %**) indicated that the way critical incidents are currently managed within their EU+ country would benefit from improvement. Respondents that answered with maybe (**40 %**) indicated room for improvement, compared to only 2 respondents who felt that their employer does what is needed to handle such incidents.

The **53 %** of respondents who answered that the mechanisms to manage such incidents could be improved were invited to suggest where changes should be made by their employer.

Figure 18. Areas to improve in critical incident management

The majority indicated needing more practical, hands-on training ([21]) to prevent and respond to critical incidents for better preparedness. Reading warning signs, staying calm and understanding how to cope in the aftermath should all feature as part of the training.

Examples of missing elements in critical incident management

- The importance of targeted training, especially hands-on, practical training, on how to manage critical incidents by using practical examples and learning about warning signs and de-escalation techniques.

- Access to brief and targeted guidelines on how to engage in a crisis intervention.

- How to support staff long-term to prevent burnout and stress, which can accumulate over time ([22]).

6.4.   Examples of critical incidents

Many respondents used the opportunity to detail some incidents recently handled by their team.

([21]) See the EASO, *Practical Guide on the Welfare of Asylum and Reception Staff – Part I, Part II, Part III*, 2021, which provides basic guidance on interventions and approaches and also regarding training.

([22]) See the EASO, *Practical guide on the welfare of asylum and reception staff – Part II: Staff welfare toolbox*, 2021.

Examples of critical incidents in the reception context

An applicant for international protection used a kitchen knife to threaten another applicant in a reception facility. The applicants were immediately separated, and a staff member spoke separately with each of the applicants to understand what had happened and what had triggered the critical incident (the threat with the kitchen knife). The conversation with the applicant causing the incident was conducted by a medical staff member. The specialist, after analysing the situation, decided that both the applicant that caused the incident and the other applicant can still be placed in the reception centre. The specialist did however suggest that the applicant who caused the incident be monitored and provided specialised medical support daily.

A case of family violence occurred where a husband attacked his wife, repeatedly hitting her with his fists until security personnel became aware. Security intervened immediately and separated the husband from his wife. The children were also present and saw what happened. Security personnel immediately called the police and an ambulance and informed the reception centre staff about the incident. The woman received immediate medical attention and was kept in hospital. The reception centre staff simultaneously informed the competent centre for social care who assisted the children. The children were placed in a social welfare facility until their mother had concluded her medical treatment and was reunited with her children. After coming back to the reception centre, all were provided with psychosocial support. The husband was charged and received a one-month prison sentence. When he returned to the centre, he was placed in a separate part of the centre but was able to see his children. The couple later decided to be together again while still in the reception facility.

Several applicants went on a hunger strike. Their demands were communicated to the reception facility authorities in a timely manner and action took place immediately. Frequent and regular meetings with the applicants were scheduled, who were advised against continuing with their strike, while simultaneously the asylum authorities tried to review their applications. Maintaining a continued presence and dialogue with the applicants were the most effective approaches in this situation. The applicants felt attended to and heard, as opposed to feeling that their issues were being ignored or disregarded by the authorities.

Examples of critical incidents managed during the personal interview

During one personal interview, the applicant had a panic attack and started engaging in self-harm and threatening to commit suicide. The case officer called security and the applicant was taken to hospital in an ambulance. The police were also involved to prevent the applicant from harming himself. The supervisor of the person conducting the interview immediately contacted a team support staff member to offer support to the affected staff. In the following interview with the applicant, the case officer, the applicant and the team support staff member went through what happened together. When the applicant apologised, the support staff member reassured the applicant that sometimes these things can happen and there is no need to apologise. Together they discussed measures to help the applicant manage the interview and reduce their fear. The applicant was provided with some tips and tricks to use in times of anxiety and was encouraged to use the these during the interview.

During the personal interview an applicant attempted to set themselves on fire with a flammable liquid. Immediately after the incident the supervisor of the internal critical incident team (CIT) spoke with the protection officer (PO) and interpreter. The PO was new on the job and had been conducting an interview in the adjacent room. The CIT coordinator was not present that day.

The CIT supervisor immediately informed the top management and the human resources department. The following day, the top management sent an email about the incident to all relevant staff.

Over the course of the days following the incident, multiple conversations took place between the PO, the CIT coordinator and 5 team members, the interpreter, and the security guard and supervisors who arrived on the spot soon after the incident as well as the other (potential) secondary victims. This included those present from the external cleaning service and other POs who conducted interviews in the vicinity of the incident and saw what happened.

To conclude the incident, a double debriefing with all team members concerned took place and assessment was conducted of the team intervention with all team members, and also later on with an external supervisor.

The example cases shared by some Member States illustrate the importance of several elements to respond efficiently and safely to a critical incident. These findings correspond with those shared by respondents in the survey overall.

Examples of important elements to consider to effectively handle a critical incident

- Timely action (e.g. police, social, medical services);

- Collaboration among critical stakeholders;

- Listening to the applicants involved and if needed maintaining continuous dialogue;

- Engaging applicants actively in finding solution;

- Timely communication with applicants and within response teams; validating applicants' emotional conditions and acknowledging their demands;

- Setting clear boundaries with applicants involved in an incident (e.g. sanctions) and offering protection to applicants impacted;

- Availability of trained security professionals to support during incidents with higher safety risks for both staff and applicants alike;

- Timely support provided to involved staff as well as applicants.

6.5.   Managing critical incidents in reception and during the personal interview

This section aims to comprehensively capture all suggestions made by respondents linked to critical incident management. It considered the different needs arising from the reception and personal interview settings.

4.   Prevention and risk mitigation

The below suggestions were made in relation to the **prevention of critical incidents** and mitigating the risks.

Considerations linked to applicants

- A general mitigation of risks can be achieved through the provision of regular psychosocial counselling sessions for applicants. Further, providing opportunities to engage in daily routines and activities can help people feel useful. These opportunities can include the co-facilitation of workshops. This is a worthwhile use of time while waiting for a decision and while educational/employment opportunities are lacking.

- Make time and listen. Empathic engagement with applicants is important. Having a calm and non-emotional attitude is helpful. Understanding why applicants are frustrated or irritated prior to an incident can contribute to prevention.

- Negotiate with challenging applicants or those who have caused an incident in the past. Draw up a contract together once they have calmed down that covers what to

do and what not to do as to mitigate the risk of another incident. Jointly develop sanctions in the event the contract is breached (e.g. withholding a certain amount of monthly allowance, extra cleaning activities, or replacing damaged items).

- Clear information provision and truthful communication with the applicants is crucial. Therefore, timely and tailored information sometimes linked to other support (e.g. legal or psychosocial counselling) or on actions planned by authorities e.g. transfers to another reception facility / Dublin transfer is important.

- Information sessions on problematic substance use is important for the person concerned as well as for the family and applicant community at large.

- 'Floor walkers' who walk around reception facilities and can be approached by applicants when needed and provide initial support. At the same time, 'floor walkers' can monitor the situation of applicants. They can help to identify mental health concerns and/or other protection related issues at an early stage to mitigate the risk of problems arising later.

Many highlighted the importance of communication to prevent and mitigate the risks of critical incidents. The timing of this communication was also reported as critical.

- Allowing applicants a cooldown phase before involving them in a talk to find out what is happening or happened.

- To de-escalate a situation, show understanding, listen, try to be present (and particularly when working with detainees on a hunger or thirst strike).

- The conduct of the professional intervention should avoid causing a scene in public or creating further insecurity for the protection of both applicants and staff. For example, intervening police officers should enter through a back entrance.

Considerations for staff

- Ongoing supervision offers.
- Ongoing availability and accessibility of support teams (e.g. stress teams) for staff even during calmer times.
- Peer support offers (formal/informal).
- Regular debriefs with direct managers or supervisors.
- All case officers to participate in the EUAA modules on interviewing techniques and interviewing vulnerable persons.
- The involvement of specially trained case officers particularly for victims of torture and/or trauma.
- Ongoing cooperation/meetings with other relevant stakeholders e.g. social services.
- Appropriate resources and equipment e.g. the availability of functioning walkie talkies; appropriate infrastructure, etc.

- Supporting staff over the long-term to prevent burnout and stress, which can accumulate over time ([23]).

2. Multidisciplinary response

- Ongoing cooperation and exchange of information between relevant parties e.g. the determining and reception authorities, security team, the police and the health sector. The precise assignment of tasks is important to determine who does what and when.
- Regular risk assessments conducted in collaboration with those institutions competent to support with their timely cooperation e.g. by preventing unorganised mass entry at the border, which could lead to serious incidents.

3. Equality and equity in support provision to applicants and staff

- All staff should have equal access to services, regardless of their role or position. This includes case officers, reception officers, security officers, registration officers, cleaners, and interpreters.
- All applicants (regardless of profile, gender, age, nationality etc) should have access to an equal and standardised basic support package when the need arises. Support should not be determined by how difficult someone is perceived to be.
- Support services provided in the applicants' mother tongue, where possible. This applies to support after an incident but is also relevant as well as a preventative measure.
- Gender- and needs-based support services for both applicants and staff.

4. Documentation and reporting

- Keeping track of the types and timing of incidents as well as the applicant's profile. This information can be analysed to help plan for interventions, which in the longer-term can facilitate the mitigation of risks of further incidents. This approach protects applicants and staff alike and mitigates costs potentially occurring (e.g. police or ambulance involvement, rehabilitation for staff and applicants, property damage).
- Recording incidents in an applicant's file can be useful for other staff involved in the asylum procedure, such as case officers and decision makers or staff in reception facilities that will take the applicants in after the incident. Timely information sharing allows for appropriate preparation.

5. Active participation and involving applicants to find solutions

- Develop an individual response plan and involve a psychologist or psychiatrist, depending on the case. If applicants need to be referred, requiring the informed

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([23]) See the EASO, *Practical guide on the welfare of asylum and reception staff – Part II: Staff welfare toolbox,* 2021.

consent of the applicant might already indicate their willingness to engage in improving the situation.

- Contracts or negotiation talks between the applicant causing an incident and a trained staff member to ensure an understanding of acceptable and unacceptable behaviour.

- Regular meetings between parties in reception, asylum, the police authorities, UNHCR, non-governmental organisations and community representatives. These meetings can help establish trusting and transparent communication channels, particularly where resident representatives are involved, and help to identify problems before they arise. Community support interventions as well as the stronger involvement of applicants were raised as important in the consultation on mental health.

- The proactive involvement of applicants in planning activities, particularly given the context of the COVID-19 pandemic to strengthen applicants resilience.

'It was difficult for all of us. The whole world was fighting against the COVID-19 virus. Especially vulnerable categories, people on the move, migrants and asylum seekers were however under much greater pressure due to their own life uncertainty. During curfew when they could not move and go outside living in a large collective centre was challenging. In 2020, when the COVID-19 pandemic was declared, the number of incidents in the camp tripled. As an organisation, we have done everything to prevent incidents, to protect and, most importantly, to proactively include them in the fight against the COVID-19 virus. I must emphasise, involving applicants in the response and finding solutions was a crucial measure in the ongoing battle against COVID-19. They are a reminder that socio-economic inclusion and support for self-reliance can help migrants thrive and contribute to their communities'

Survey respondent

6. Knowledge and skills in managing critical incidents

- Targeted training on how to manage critical incidents by using practical examples and learning about warning signs and de-escalation techniques. The more practical the training the more effective it is deemed to be, e.g. using real case scenario/simulations.

- Access to brief and targeted guidelines on how to engage in crisis intervention.

Considerations for determining authorities

- Before the personal interview, applicants should be made aware of the overall procedure and what it entails to manage expectations.

- Having more than one encounter with case officers before the interview might help applicants in the personal interview situation ([24]).

- When decisions are communicated, two sessions of legal and psychosocial counselling could be offered. One could take place prior to the communication on the decision and the other sessions afterwards. This support package can mitigate the risks of critical incidents potentially occurring when applicants are confronted with a negative decision. It can also support those who have received a positive decision and are facing the reality of being a refugee or beneficiary of subsidiary protection and accepting that a return home may not be possible for the time being.

- As a minimum, support staff to be available when a negative decision on the application is communicated.

- In terms of long waiting times, support activities are more difficult to provide. As indicated by applicants in a consultation conducted by the EUAA ([25])with a focus on mental health, one area of focus to cope with the situation of insecurity linked to legal status was to be actively engaged in a daily routine and work or education. Meaningful distraction was seen as one way of strengthening resilience of applicants. Strong and regular collaboration and clear communication between different actors is important, such as determining authorities providing an update on the timeline of the decision, and those working in reception providing daily support to applicants.

- Specially trained and experienced case officers assigned to vulnerable applicants, for example victims of gender-based violence, torture victims, victims of human trafficking, and children.

([24]) This could take form of an initial meeting with the case officers who will conduct the interview to get to know one another and build rapport. This encounter can also clarify the purpose and flow of the interview, as well as the procedure in general. This was highlighted as important by applicant respondents during the consultations for the drafting of the EASO, *Consultation with applicants for international protection on mental health*, December 2021.

([25]) EASO, *Consultation with applicants for international protection on mental health*, December 2021.

7.   Recording of incidents

'A critical incident is a situation that disrupts the normal life and work in the centre and affects beneficiaries as well as employees.'

Survey respondent

Summary

An analysis of the responses shows that most EU+ countries have a similar understanding of what constitutes a critical incident. Data on critical incidents occurring in reception or the personal interview setting is also collected in most authorities of the participating EU+ countries. Nevertheless, while in some countries data is collected locally it is not always the case that this data is fed into a standardised national data collection system. Further, monitoring trends and using the data to ensure effective mitigation measures by conducting preventative risk assessments are lacking. Similarly, evaluations of critical incident management systems or capacity building efforts for staff and applicants alike could be improved.

7.1.   Recording and reporting templates

Most participants (**63 %**) indicated that their authority records data on critical incidents, while **13 %** of respondents stated there is no data collected and **23 %** were not sure if data is collected. Samples of templates used by respondent EU+ countries are in <u>Section 9. Annexes</u>.

Figure 19. Availability of a standardised reporting template

Legend:
- Reporting template available — 63%
- No reporting template — 16%
- Not sure — 19%
- No answer — 2%
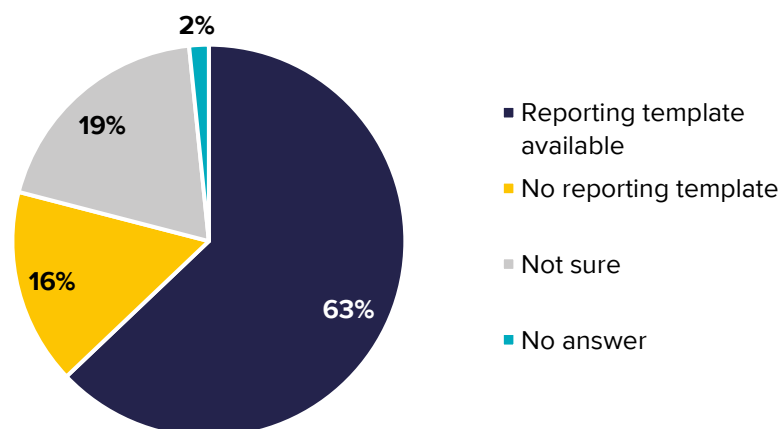
Examples of information collected in standardised templates

The majority (**63 %)** of respondents that use a standardised template in the management of critical incidents agreed that these forms all include the following information:

- type ([26]) of incident;
- location the incident took place;
- timing of the incident;
- who was involved (applicant(s)/staff);
- and a short description of the incident.

Fewer respondents indicated to also collect information on:

- How the situation was de-escalate,
- Referrals conducted
- Follow up provided to involved parties
- Status of the case (open/pending/closed)

The templates shared by the respondents for recording incidents requires recording information such as timing and location, type of incident and brief explanation of what happened, state of the victim, details of offender, details on witnesses, employees involved, intervention (actions taken) and the circumstances of the intervention.

7.2.   Data on critical incidents

While several respondents shared some indicative data on critical incidents, the way incidents were presented differed substantially. A meaningful comparison was therefore not possible. Two contributions were nevertheless studied to extract the most commonly occurring critical incidents in 2020, listed below in descending order:

- breaching rules related to accommodation;
- critical health status of applicants;
- substance use;
- verbal threats and physical attacks;
- light physical damage.

Single men were seen as the main instigators of the critical incidents in that year.

([26]) WHO, *Practice manual for establishing and maintaining surveillance systems for suicide attempts and self-harm*, 2016.

8.   Conclusion

> *'Important is speaking with applicants and trying to get an understanding on what is really going on.'*
>
> Survey respondent

Staff from both reception and determining authorities are committed to supporting applicants for international protection arriving in their country in the best ways possible. While reception authorities across Europe respond to the needs of all applicants in their facilities, experiences were shared that some facilities are overstretched in terms of human resources. Some were reported to lack safe spaces to have regular and confidential talks with residents. A general lack of funds to cater for applicants in need was also reported by some.

Similarly, first-line officers of determining authorities are committed to ensuring claims are handled efficiently, but again report lacking human resources. They are also confronted with a high workload and high expectations to handle cases quickly, thereby making the work more challenging. While a fair number of respondents felt positive about how their employer supports staff and applicants when critical incidents arise, the majority nonetheless also indicated that there are areas which can be improved.

A safe workspace and the duty of care by an employer towards their staff are important considerations when tackling the area of critical incident management. Ensuring that employers take safety at work and their duty in terms of care for staff into consideration is also part of the general European legal framework.

Directive 89/391 of 12 June 1989 ([27]) sets standards for safety and health in the workplace and the prevention of occupational risks. It defines obligations for both employers and employees, responsibilities and access to information and instructions. For example, issues such as access to medical examinations, fire protection, and the use of personal protective equipment in particular working environments ([28]) are covered under this directive ([29]).

The duty of care is a well-known notion, often used to express the obligation of employers to take care of and be responsible for the well-being and protection of their staff. The term 'duty of care' is not explicitly mentioned in the legislation of the EU. It is, however, part of some national legal acts in Member States. The concept of duty of care nevertheless can be deduced from certain terms mentioned in the Regulation No 31 (EEC), 11 (EAEC) ([30]), as it

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([27]) Council Directive of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work (89/391/EEC) (OJ L 183, 29.6.1989, p.1).

([28]) Regulation (EU) 2016/425 of the European Parliament and of the Council of 9 March 2016 on personal protective equipment and repealing Council Directive 89/686/EEC (OJ L 81/51, 31.3.2016).

([29]) Training is mentioned in Articles 11 and 12 of Council Directive of 12 June 1989.

([30]) Regulation No 31 (EEC), 11 (EAEC), laying down the Staff Regulations of Officials and the Conditions of Employment of Other Servants of the European Economic Community and the European Atomic Energy Community (OJ P 045, 14.6.1962).

contains references to principles of good administration and support, healthcare and social care ([31]).

Further, certain provisions to protect applicants who are potentially involved in or cause a critical incident due to their personal circumstances are part of the Common European Asylum System (CEAS). Reference is made in the CEAS to vulnerable groups and those with special needs.

Under the general provision on reception conditions, Article 5 of Directive 2013/33/EU (RCD) ([32]) lays down the importance of Member States to ensure the following.

🏛 Article 5 RCD

'…applicants are provided with information on organisations or groups of persons that provide specific legal assistance and organisations that might be able to help or inform them concerning the available reception conditions, including health care…'

Article 19 RCD, for example, stipulates that Member States must provide the necessary healthcare, including emergency care and essential treatment of illnesses and of serious mental problems as a minimum ([33]) and concerning children. Article 23(4) RCD requires that Member States ensure that appropriate mental healthcare is developed, and qualified counselling is provided when needed.

In both Article 4(3) Directive 2013/32/EU (APD) ([34]) and Article 25(2) RCD, Member States are required to ensure that their staff working with applicants are able to provide professional support to applicants. Particular reference is made to interviewing and/or working with torture victims. A non-exhaustive list of categories of vulnerable applicants can be found in Article 20(3) Directive 2011/95/EU ([35]) as well as in Article 21 RCD.

([31]) Reithmann, Ulrich, *The duty of care under the service law in the case law of the court for the civil service of the European Union*, Baden-Baden, Nomos, 2019, p. 111.

([32]) 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) (OJ L 180/96, 29.6.2013).

([33]) See also EUAA, *Guidance on reception conditions: operational standards and indicators*, September 2016. Refer to Standard 29: 'Ensure access to necessary health care, at least level of emergency care and essential treatment of illnesses and serious mental disorders.'

([34]) Directive 2013/32/EU of the European Parliament and of the Council of 26 June 2013 on common procedures for granting and withdrawing international protection (OJ L 180/60, 29.6.2013).

([35]) 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) (OJ L 337/9, 20.12.2011)

🏛 Article 21 RCD

'Member States shall take into account the specific situation of vulnerable persons such as minors, unaccompanied minors, disabled people, elderly people, pregnant women, single parents with minor children, victims of human trafficking, persons with mental disorders and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence, such as victims of female genital mutilation in the national law implementing this Directive.'

Vulnerable applicants, for example applicants presenting with mental health concerns and those who have experienced severe trauma due to violence and torture, were suggested by some respondents to be more prone to become victims of critical incidents in some situations or in some cases might cause them, particularly when not supported with timely and meaningful interventions.

The RCD states that the reduction or withdrawal of material reception conditions for those persons covered by Article 21 (vulnerable groups) will need special considerations.

🏛 Article 20(5) RCD

'Decision shall be based…by taking into account the principle of proportionality. Member States shall under all circumstances ensure access to health care in accordance with Article 19 and shall ensure a dignified standard of living for all applicants…'.

In accordance with Article 24(3) APD, applicants identified as needing special procedural guarantees must receive the support needed 'in order to allow them to benefit from the rights and comply with the obligations'. Particular reference is made to applicants in need of special procedural guarantees as a result of torture, rape or other serious forms of psychological, physical or sexual violence.

> 🏛 **Article 24(3) APD**

'Member States shall ensure that where applicants have been identified as applicants in need of special procedural guarantees, they are provided with adequate support in order to allow them to benefit from the rights and comply with the obligations of this Directive throughout the duration of the asylum procedure...'

Conclusion

Factors leading to critical incidents are often the high expectations by applicants that their situation will instantly improve since now in Europe. These expectations are being overshadowed however by long waiting times and a feeling of being caught up in the system instead. The realisation that the challenging times are not yet over leads in some to an increased feeling of desperation.

Not knowing what will happen next complemented by a feeling of loneliness and the fact that many applicants are separated from family members exacerbates the fragile state many are in. Further, substance abuse, trauma and traumatic experiences pre-, during or post-migration together with family separation and mental health concerns contribute to critical incidents. Increased tension, frustration and uncertainty as to what is happening, and a feeling of helplessness can place applicants in an even more vulnerable position to cause an incident. There are however also cases where pre-existing physical and mental health conditions, personality traits and low frustration tolerance might play a role on why certain applicants are involved in critical incidents.

While the profiles of those causing critical incidents differ, the survey indicates that young, male applicants are a higher risk category for causing or taking part in incidents. Many applicants of this profile were described as disillusioned and feeling hopeless due to being forced to stay idle over months and sometimes even years. A lack of employment opportunities to earn an income to support those family members that they arrived with or those left behind also compounds this feeling. Many also feel alienated from the social networks that they could build on in the past, feel marginalised and simply lack positive coping mechanisms.

Some applicants causing critical incidents seem to (consciously or not) do so in public spaces with the presence of staff and/or other residents. Some might see this as their only opportunity to flag a need or a cry for help. The findings from the survey make it clear that despite the challenges faced by applicants' and first-line officers, many critical incidents could be prevented.

The availability of **professionals** and sufficient **time** dedicated to continuous dialogue with applicants and their participation in finding joint solutions throughout their stay in reception

and the personal interview is paramount. This is particularly the case when receiving a negative decision on an application after months, or even years. Information on next steps to take as well as psychological support provide a feeling of control, general well-being and reduce the risk of incidents.

Improved mechanisms for the identification of **risks** and **warning signs** and **de-escalation procedures** are also paramount, since not all critical incidents can be prevented. To manage these incidents effectively, the presence of **trained response teams** to support applicants and staff during such challenging times is important. Staff members who have been targeted by an incident or witnessed one often present with a feeling of having failed in their job. The recognition of having done the best possible in the situation by managers, supervisors and peers was reported as a factor to strengthen resilience and the ability to cope. Therefore, a need of strong **collaboration** among the immediate team (involvement by managers, supervisors and peers) but also other critical stakeholders (security personnel, police, social, medical services, stress management teams) are important when providing a support package.

To allow for effective management of incidents once they occur, **more practical hands-on training** and tailored support is required to enable professionals to read warning signs more effectively. Such efforts should be accompanied by the **documentation, reporting and analysis of data** gathered after an incident to allow for better preparation for, or avoidance of, future incidents.

Overall, a **stronger emphasis on prevention and risk mitigation** should be prioritised by senior management in the authorities and facilities. This means investment is needed particularly in **human resources** but also in ensuring sufficient **allocation of time** to engaging with applicants entrusted to them.

9.   Annexes

Annex I. Recording and reporting templates

9.1.   Belgium: Commissioner General for Refugees and Stateless Persons

STRICTLY CONFIDENTIAL INFORMATION

INTERVENTION CRITICAL INCIDENT TEAM (CIT)	
Members of the critical incident team to be called onto the premises:	
The first intervention of the team took place on:	
Time:	From 00h00 to 00h00
Brief account of the first actions of the team:	

CIRCUMSTANCES OF THE INTERVENTION			
Were there any circumstances that complicated the first intervention?	NO	If yes, give details.	
Does the team still need to take further action?	NO	If yes, give details.	

Form drawn up by:	

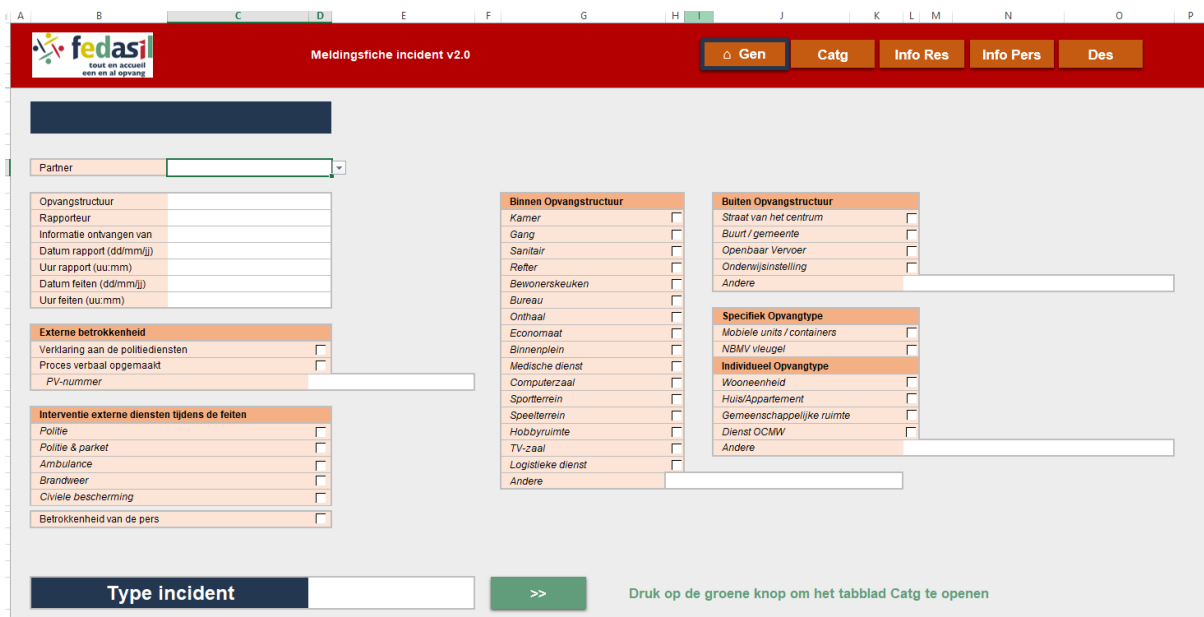## 9.2.   Belgium: Federal Agency for the reception of asylum seekers

Below is a screenshot of the landing page for the tool to record critical incidents. The tool is in Excel format and was developed to help report the incidents that occur in reception facilities in a uniform way. It contains tabs for general information on what has happened, who was involved, what remedial actions were taken, etc. Such reports are then sent to headquarters for analysis and data collection (statistic) purposes.

9.3.   Poland: Office for Foreigners

These intervention templates have been shared by the Officer for Foreigners in Poland ([36]).

Card for intervention in the event of child harm

Place, date_____

OFFICIAL NOTE
concerning the determination of a case of violence

DATA ABOUT A PERSON WHO HAS EXPERIENCED VIOLENCE

Surname and first name	Index no.	Date of birth / age	Sex

([36])   For more information on the tasks of the Office for Foreigners, refer to https://www.gov.pl/web/udsc-en/tasks-carried-out-by-the-office-for-foreigners

Address	Origin	Marital status	Education/professional
Family state	Guardian	Period of stay in the centre	

DETAILS OF THE OFFENDER

Name(s)	Number of perpetrators	Sex
Address	Marial status	Date of birth / age
Nationality	Education	Relationship with the victim
Description of the offender / if known		
Current place of residence		
Name of guardian if the offender is a child		

WITNESSES

Names and addresses	
Description of witnesses, if any	

ACTION TAKEN

Institution receiving the report	Date of notification	Action taken
Police/unit data		

UNHCR / (recipient)		
Health services		
Office for Foreigner Affairs		

9.4. Serbia: Commissariat for Refugees and Migrations (SCRM)

ONLINE DATA COLLECTION

5. Date
6. Incident categories (employees can select one or more categories from the drop-down list)
• verbal or physical abuse or attack • attack on staff • domestic violence • sexual violence • exploitation • health incident • technical problem in the accommodation facility • violence behaviour towards the property • the incident with an organisation or other institution • possession of illicit substances or things
7. Centre name
8. Priority (high/low)
9. Number of users/beneficiaries involved (fill in the number):
10. Number of employees involved:
11. Number of unaccompanied minors:
12. Number of people transferred to hospital:
13. Number of people arrested:
14. Description:
15. Measures taken:
16. Did the ambulance intervene? (yes/no)
17. Did the police intervene? (yes/no)
18. Has the Centre for Social Work been contacted? (yes/no)
19. Has anyone been relocated to another centre? (yes/no)
20. Has anyone been moved to a safe house? (yes/no)

21.	Organisations present (organisations that were present when the incident occurred or immediately after):

9.5. Czechia

Data collection template for critical incidents

Shared data is linked to reporting within all asylum facilities at the Czechia national level.

Critical incidents in asylum facilities	2019	2020	I.Q 2021
Violent and pressure action of clients			
Refusal of food by individuals applicants			
Unallowed abandonment of the closed reception centre			
Attempts of self-harm of the applicants			
Physical attack of the applicants			
Verbal attack of the applicants			
Damage to property by the applicants			
Non-standard behavior of the applicant			
Breach of laws and accomodation rules			
Findings and attempts to carry prohibited substances or dangerous objects			
Suspicion of committing a crime or offence by the applicant			
Other violations of the accommodation rules			
Applicant under the influence of alcohol or narcotics or psychotropic substances			
Situation regarding the health status of the applicants			
Serious injury or illness of the applicant			
Other injuries or illnesses of the applicant			

Epidemics and poisonings in the asylum centre			
Death of a applicant			
Staff and persons working in asylum facilities			
Injury of an employee or person working in the facility			
Traffic accidents of employees			
Employee or person working in the facility under the influence of alcohol or other substances			
Effects of natural influence and opeation of the facility			
Technical and economic situation			
Other events for registration			
Other events worth noting			
TOTAL			
Nationalities most frequently involved in critical incidents	**2019**	**2020**	**2021**

Distribution by nationality and gender in 2020

NATIONALITY ([37])	SINGLE MEN	MEN IN FAMILY	MEN TOTAL	SINGLE WOMEN	WOMAN IN FAMILY	WOMEN TOTAL	TOTAL	TOTAL %
Ukraine								%
Georgia								%
Moldova								%
Azerbaijan								%

([37]) Examples of nationalities recorded in 2020.

Iran				69				%
Kazakhstan								%
Russia								%
China								%
Mongolia								%
TOTAL								%
TOTAL %	%	%	%	%	%	%	%	

10.   References

Directive 2013/32/EU of the European Parliament and of the Council of 26 June 2013 on common procedures for granting and withdrawing international protection (OJ L 180/60, 29.6.2013).

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) (OJ L 180/96, 29.6.2013).

EASO, *Practical Guide on the Welfare of Reception and Asylum Staff*, 2021.

- Part I: Standards and policy
- Part II: Staff welfare toolbox
- Part III: Monitoring and evaluation

EASO, *Initial mapping report on mental health concerns of applicants for international protection*, July 2020.

EASO, *Consultation with applicants for international protection on mental health,* December 2021.

UNHCR, *Manual on Security of Persons of Concern,* November 2011.

WHO, *Practice manual for establishing and maintaining surveillance systems for suicide attempts and self-harm*, 2016.

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