

Practical Guide on Management of a Reception Centre

Focus on the arrival phase



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About the guide

Why was this guide created? The mission of the European Union Agency for Asylum (EUAA) is to facilitate and support the activities of EU Member States and Schengen associated countries (EU+ countries ⁽¹⁾) in the implementation of the Common European Asylum System (CEAS). In accordance with its overall aim of promoting the correct and effective implementation of the CEAS and of enabling convergence, the EUAA develops common operational standards and indicators, guidelines and practical tools.

Arrival centres have been increasingly used in recent years to better manage the phase of arrival, which is the start of many of the various processes that are linked to both procedural and reception aspects.

This practical guide supports Member States in implementing key aspects related to the management and organisation of collective reception centres, with a focus on the initial phase of reception (i.e. arrival in reception) and the link with procedural aspects. It provides practical recommendations on:

- identifying the functions a reception centre could serve and the related processes needed, especially during the initial phase of reception, to provide applicants with an adequate standard of living and to ensure access to material reception conditions and services in line with the CEAS provisions and the reception standards;
- planning and organising resources and services to ensure the designated functions of a reception centre are carried out effectively and in line with the standards;
- identifying ways to organise in the same location ('under one roof') reception and procedural functions, with a focus on the arrival phase, and streamline workflows in an efficient and coordinated manner.

This practical guide covers only open reception centres, including controlled centres used for carrying out the asylum border procedure and/or in case of restrictions of freedom of movement. It does not cover the management of detention centres or return centres.

This practical guide does not cover exceptional situations when a Member State may provide material reception conditions that are different from those generally provided.

Who should use this guide? This guide is primarily intended for policymakers, managers and senior staff in the reception, asylum and screening authorities, and any other authority or organisation working or involved in managing reception centres. Additionally, this tool is useful for any other staff involved in organising workflows and processes inside a reception centre, as well other professionals, such as architects and engineers, involved in designing reception centres according to the EUAA standards, guidelines, and good practices.

⁽¹⁾ The 27 EU Member States, complemented by Iceland, Liechtenstein, Norway and Switzerland.



How to use this guide? This practical guide reflects the **EUAA modular approach to collective reception**, supporting **modularity, flexibility and scalability in reception management**. It focuses primarily on reception during the phase of arrival. Where necessary, reference is made to different types of centres that could be used during the phase of arrival.

The guide is structured along **three core pillars of managing a reception centre** (horizontal aspects, workflows, and organisation of services), to be customised to suit the national and local contexts and thus provide the necessary flexibility. The **modular approach** takes into account various factors, such as: the type, purpose(s) and functions of the centre (e.g. the processes to be carried out inside it); the length of stay of the residents (short-term, medium-term, long-term); and the size of the centre (small, medium, or large).

Chapter / Pillar	Brief description
Reception arrangements upon arrival	It provides an overview of the possible reception arrangements upon arrival and of the general workflow. It highlights the benefits of integrating procedural and reception aspects ‘under one roof’ during the phase of arrival, streamlining processes and enhancing quality, efficiency and flexibility.
1. Horizontal aspects of managing a reception centre	It details horizontal aspects linked to planning and organising the resources and activities in a centre to ensure good management. Cross-cutting aspects include: governance structures; human resources and training; communication and coordination; data and case management systems; tools to support quality and efficiency; flexibility of the centre in view of upscaling and downscaling capacity; safety and security.
2. Reception workflows and functions	<p>It details the steps of the workflow in a reception centre, with a primary focus on the tasks to be performed during the arrival phase. While emphasis is on reception-related tasks, it also highlights the links with procedural aspects (either related to the screening or asylum workflow). This approach allows Member States to tailor the workflow depending on the type of centre and national context. It also includes principles for organising workflows that ensure efficiency and safeguards for residents while assisting Member States in developing standard operating procedures (SOPs) and other tools for implementation.</p> <p>This chapter is complemented by Annex 1 – Summary table of services which provides a list of services applicable for ‘short-term stay’ centres and for ‘long-term stay’ centres, and Annex 2 – Human resources table.</p>
3. Organisation of reception	<p>It details operational aspects related to the organisation and location of key functions of a centre, namely front-office reception services, accommodation and provision of ongoing health care.</p> <p>It should also be read in conjunction with Annex 1 – Summary table of services and Annex 2 – Human resources table.</p>



How does this guide relate to national legislation and practice? This is a soft convergence tool. It is not legally binding.

How does this guide relate to other EUAA tools? The EUAA has been working at developing practical tools that support an approach to reception based on flexibility and modularity. This practical guide complements the EUAA *Practical tool on the design and management of modular reception centres* ⁽²⁾ and should be used in conjunction with the EUAA operational standards and indicators on reception – that it complements with additional practical recommendations – and with other EUAA practical guides and tools.

Relevant EUAA standards are referred to in a box at the beginning of each section, where applicable, while related EUAA practical guides and tools in a box at the end of the section.

All EUAA practical tools are publicly available online on the EUAA website: <https://euaa.europa.eu/practical-tools-and-guides>. Some of the EUAA practical guides and tools to which this practical guide refers will be published and/or progressively updated between 2025 and 2027. The updated version will align the publications with the Pact on Migration and Asylum. Once published, the publications will also be available online at the EUAA webpages listed directly above.

How was this guide developed? This practical guide was created based on contributions from experts from across the EU+ countries, with valuable input from the European Commission and the United Nations High Commissioner for Refugees (UNHCR) ⁽³⁾. We would like to extend our thanks to the members of the working group who contributed to the drafting of this practical guide. The development was facilitated and coordinated by the EUAA. Before its finalisation, a consultation on the guide was carried out with all EU+ countries through the EUAA Network of Reception Authorities.

Disclaimer

This guide was prepared without prejudice to the principle that only the Court of Justice of the European Union can give an authoritative interpretation of EU law.

⁽²⁾ EUAA, *Modular Approach to Reception: EUAA practical tool on the design and management of modular reception centres*, October 2022, <https://euaa.europa.eu/publications/modular-approach-reception>.

⁽³⁾ Note that the finalised guide does not necessarily reflect the positions of UNHCR.





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List of abbreviations

Abbreviation	Definition
AMMR	Asylum and Migration Management Regulation — Regulation (EU) 2024/1351 of the European Parliament and of the Council of 14 May 2024 on asylum and migration management, amending Regulations (EU) 2021/1147 and (EU) 2021/1060 and repealing Regulation (EU) No 604/2013
APR	Asylum Procedure Regulation — Regulation (EU) 2024/1348 of the European Parliament and of the Council of 14 May 2024 establishing a common procedure for international protection in the Union and repealing Directive 2013/32/EU
CEAS	Common European Asylum System
EUAA	European Union Agency for Asylum
EU Charter	Charter of Fundamental Rights of the EU
Member States	Member States of the European Union
RCD (2024)	Reception Conditions Directive 2024 — Directive (EU) 2024/1346 of the European Parliament and of the Council of 14 May 2024 laying down standards for the reception of applicants for international protection
SOGIESC	sexual orientation, gender identities, gender expression and sex characteristics
SOP(s)	standard operating procedure(s)
Screening Regulation	Regulation (EU) 2024/1356 of the European Parliament and of the Council of 14 May 2024 introducing the screening of third-country nationals at the external borders and amending Regulations (EC) No 767/2008, (EU) 2017/2226, (EU) 2018/1240 and (EU) 2019/817
UAC(s)	unaccompanied child/children
UNHCR	United Nations High Commissioner for Refugees



Reception arrangements upon arrival

Background

The Reception Conditions Directive (RCD (2024)) ⁽⁴⁾ specifies that Member States can freely organise their reception systems as long as the reception conditions they provide are sufficient to ensure an adequate standard of living for applicants for international protection. The directive leaves a considerable degree of discretion for Member States to define how it should be achieved.

The Pact on Migration and Asylum ⁽⁵⁾ adopted in 2024 introduces important new tools in the management of reception that provide for added flexibility, efficiency and the prevention of secondary movements. These include the possibility of allocating applicants to accommodations and geographical areas, making the provision of material reception conditions subject to actual residence in the allocated accommodation or specific area. Member States can provide housing to applicants through different modalities ⁽⁶⁾; collective reception/accommodation centres should not be seen as the only possible set-up for providing housing ⁽⁷⁾.

Reception arrangements can vary also depending on the procedure to which the applicant is channelled. The new CEAS introduced a new system to manage migration flows at the EU external borders and more convergent asylum procedures. The new rules aim at harmonising how Member States screen people arriving at the EU external borders, to channel them towards the appropriate procedure (the Screening Regulation ⁽⁸⁾). Access to material reception conditions is granted from the moment third-country nationals make an application, which is when applicants express in any form their wish to apply for international protection.

In this practical guide, the term '**reception centre**' is used as a synonym of '**accommodation centre**', defined by Article 2(10) RCD (2024) as 'any place used for the collective housing of applicants' that guarantees an adequate standard of living (as per Article 19(2) RCD). Depending on national context, procedural workflows can also be organised in the reception centres.

⁽⁴⁾ [Directive \(EU\) 2024/1346](#) of the European Parliament and of the Council of 14 May 2024 laying down standards for the reception of applicants for international protection (OJ L, 2024/1346, 22.5.2024); see recital 17 and Article 19.

⁽⁵⁾ European Commission: Directorate-General for Migration and Home Affairs, 'Pact on Migration and Asylum', European Commission website, 21 May 2024, https://home-affairs.ec.europa.eu/policies/migration-and-asylum/pact-migration-and-asylum_en.

⁽⁶⁾ See Article 2(7) RCD (2024), '...in kind, as financial assistance, in vouchers, or as a combination thereof...'.

⁽⁷⁾ See Article 20(1) RCD (2024). 'When Member States provide housing in kind...The housing provided shall take one or a combination of the following forms: (a) premises used for the purpose of housing applicants during the examination of an application for international protection made at the border or in transit zones; (b) accommodation centres; (c) private houses, flats, hotels or other premises adapted for housing applicants'.

⁽⁸⁾ [Regulation \(EU\) 2024/1356](#) of the European Parliament and of the Council of 14 May 2024 introducing the screening of third-country nationals at the external borders and amending Regulations (EC) No 767/2008, (EU) 2017/2226, (EU) 2018/1240 and (EU) 2019/817.



General workflow: screening and asylum procedures

Below is a brief description of the general workflow, with a focus on locations, applicable timeframes and standards, and interlinks with reception.



Related publications

Detailed explanation on screening and asylum border procedure can be found in the following EU publications:

- European Commission, *Guidance Document on the Screening Regulation (EU) 2024/1356* (forthcoming)
- Frontex and EUAA, *Toolbox on screening* (forthcoming)
- European Commission, *Guidance Document on the Asylum and Return Border Procedures* (forthcoming)
- EUAA, *Practical Guide on the Asylum Border Procedure* (forthcoming)

Screening

Screening aims to manage mixed arrivals through a set of preliminary evaluations and data collection that allow Member States to identify the procedure applicable to each person while guaranteeing protection of fundamental rights.

- The **screening at the external border** ⁽⁹⁾ must be conducted within maximum 7 days at any **adequate and appropriate location, generally situated at or in the proximity of the external border or, alternatively, in other locations within the territory**, taking into account geography and existing infrastructures. The person subject to screening is required to stay in the dedicated location for the duration of the screening, to prevent any risk of absconding and potential security threats to internal security or public health. At the end of the screening, the person is channelled to the relevant procedure: either to the return procedure, if no application for international protection is made, or to the appropriate asylum procedure (asylum border procedure or asylum procedure within the territory or relocation), if an application is made.
- The **screening within the territory** ⁽¹⁰⁾ must be conducted within maximum 3 days at any **adequate and appropriate location within the territory**. In this case, the person may be channelled to the return procedure or to the regular asylum procedure, but not to the border procedure.

⁽⁹⁾ See Article 5 Screening Regulation for the third-country nationals to whom screening applies and the exceptions applied. For time limits and locations, see Article 8(3) and Article 6 Screening Regulation.

⁽¹⁰⁾ See Article 7 Screening Regulation for the third-country nationals to whom screening within the territory applies. For time limits, see Article 8(4) Screening Regulation.



During the screening, Member States must ensure that all persons are offered a standard of living which guarantees their subsistence, protects their physical and mental health and respects their rights under the EU Charter ⁽¹¹⁾.

If a person applies for international protection during the screening, the RCD (2024) applies. Consequently, the facilities used for the screening must be adequate to provide reception conditions in line with the RCD (2024). For convenience and to improve efficiency, it is therefore recommended that material reception conditions pursuant to the RCD (2024) and the EUAA standards are applied uniformly at the screening locations. This approach eliminates the need to establish different sets of conditions, enhancing overall effectiveness.

Asylum border procedure

If channelled into the **asylum border procedure** ⁽¹²⁾, the applicant will be required to **reside at or in proximity to the external border or transit zones** or in other **designated locations within the territory of the Member State**; their freedom of movement will be restricted for the duration of the procedure ⁽¹³⁾.

The asylum border procedure (the examination of the application, including the examination by a court or tribunal of a request to remain and, if applicable, the appeal) needs to be completed within 12 weeks from registration.

The reception of applicants in the asylum border procedure must meet the standards outlined in the RCD (2024). All applicants with special reception or procedural needs must have access to relevant support, including health and mental health care. Particular attention is to be paid to ensuring that families with children reside in reception facilities appropriate to the best interests of the child, with an adequate standard of living for the child's physical, mental, spiritual, moral and social development and with access to education as soon as possible and not later than 2 months.

Applicants in need of special procedural guarantees and/or with special reception needs are exempted from the border procedure when the necessary support cannot be provided to them in the designated location. The exception also applies when there are relevant medical reasons for not applying the border procedure, including mental health reasons. If the guarantees can no longer be provided in the location, the applicant must be channelled out of the asylum border procedure into the asylum procedure within the territory.

Member States will also have to ensure that the locations have an **adequate capacity** ⁽¹⁴⁾ to

⁽¹¹⁾ European Union, [Charter of Fundamental Rights of the European Union](#), 26 October 2012, 2012/C 326/02.

⁽¹²⁾ See Articles 43, 45, 53 and 54 [Regulation \(EU\) 2024/1348](#) of the European Parliament and of the Council of 14 May 2024 establishing a common procedure for international protection in the Union and repealing Directive 2013/32/EU (OJ L, 2024/1348, 22.5.2024) (APR).

⁽¹³⁾ See Articles 43-54 APR and Article 9 RCD (2024). The restrictions of freedom of movement must take into account the individual situation and special needs of the applicant, and the principles of necessity and proportionality. Since these restrictions are automatically applied in the asylum border procedure, Member States do not need to assess the necessity of the restrictions but only their proportionality.

⁽¹⁴⁾ See Article 45 APR. This capacity should be understood in terms of reception capacity and human resources required to carry out the asylum border procedure and the return border procedure. For a detailed



examine the applications subject to the border procedures.

Asylum procedure(s) within the territory

Various reception arrangements may apply if the applicant undergoes the **asylum administrative procedure** or the procedure for determining the Member State responsible **within the territory** (following screening at the external border or in the absence of screening).

As a general rule, applicants may move freely within the territory of the Member State where they are undergoing the asylum procedure. However, Member States may take the measures below.

- **Allocate applicants to accommodation** within the Member State's territory ⁽¹⁵⁾ to manage their asylum and reception systems. The allocation must take into account objective factors including family unity, special reception needs, and the effective enjoyment of their rights on part of all applicants.
- **Allocate applicants to a geographical area** ⁽¹⁶⁾ within the Member State's territory to ensure the swift, efficient and effective processing of their application for international protection or the geographical distribution of applicants, taking into account the capacities of the geographical areas concerned and ensuring that applicants have effective access to their rights. The area should be sufficiently large, allow access to necessary public infrastructure and not affect the applicants' unalienable sphere of private life.
- **Restrict the freedom of movement** ⁽¹⁷⁾ of an applicant and allow an applicant to **reside only in a specific place** for reasons of public order or when there is a risk of absconding, taking into consideration the principles of necessity and proportionality and the individual situation and special needs of the applicant. The obligation to reside in a specific place applies even if the applicant has the means to afford other accommodation and could be combined with reporting obligations.

Applicants may move freely **within the territory** or the **geographical area** assigned to them, but the provision of material reception conditions **may be made subject to the actual residence of the applicant in the accommodation to which they have been allocated**. When an applicant is allowed to reside only in a **specific place**, the provision of material reception conditions **is subject to their actually residing in that specific place**.

explanation, see European Commission, *Guidance Document on the Asylum and Return Border Procedures* (forthcoming) and EUAA, *Practical Guide on the Asylum Border Procedure* (forthcoming). The required 'adequate capacity' is calculated for each Member State through a Commission Implementing Decision.

⁽¹⁵⁾ Article 7(2) RCD (2024).

⁽¹⁶⁾ Article 8 RCD (2024).

⁽¹⁷⁾ Article 9 RCD (2024).



Integrated reception and procedural centres during the arrival phase

Although different types of reception centres exist, this practical guide primarily focuses on integrated centres, where reception processes and asylum procedures are carried out in one location during the **arrival phase** (see Chapter [2 Reception workflows and functions](#)).

Arrival centres are used in many Member States and, depending on national context, are also called initial reception centres, first reception centres, etc. Although usually focused on the initial reception, identification, registration and further allocation to longer-term and need-based accommodation, Member States may opt to carry out further steps of the asylum procedure in the same location. As such, the duration of stay in such centres, which is typically short-term, can last from a few days to several weeks depending on the national set-up and the individual's circumstances. With the implementation of the new CEAS, already existing 'arrival centres' could be used as / transformed into screening centres or could integrate the screening workflow.

The purpose(s) of the reception centre influences, among others, the workflows, the length of stay and the type of services provided to residents. Two models may apply.

- **Single purpose centres** are centres that have a dedicated and limited function, cover limited procedural steps and provide a specific range of services and support to residents.
- **Multi-purpose centres** are centres that serve more functions, cover a wider range of procedural steps and provide a broader range of services and support to residents.



Related EUAA publications

For more details of various types of reception centres, see EUAA, *Catalogue of Reception Models* (forthcoming).

Integrated centres at arrival phase serve as the primary entry point to the applicable procedures and to reception, bringing together 'under one roof' all the stakeholders responsible for the arrival phase. These may vary depending on the purpose of the centre and may include authorities responsible for the screening, the first steps of the procedures for international protection (registration and lodging), examination of the asylum application, initial reception activities and services, as well as health authorities and child protection services. They may also function based on multi-stakeholder partnerships with other local, national and international actors, services and organisations.



An integrated centre can contribute to three key aspects, all interconnected. These aspects are further detailed throughout this practical guide.

- **Improved quality**

Upon arrival, all individuals receive adequate reception and pass through harmonised procedures and activities, including information provision, identification of special procedural and reception needs, and an initial response to their needs. Such harmonised and standard-based activities carried out in this arrival phase significantly enhance the quality of the subsequent phases, the overall decision-making process and adequate response to needs. For example, the arrival phase serves as a critical juncture for identifying and conducting an initial assessment of procedural, reception, medical, social and psychological needs, and facilitating allocation to a reception structure that caters for these needs.

- **Increased efficiency**

By centralising stakeholders, such centres facilitate enhanced coordination, streamlined communication, data collection and exchange, efficient referrals and optimised use of time, space, human, financial and material resources. This allows for more efficient completion of key activities during the arrival phase and in turn facilitates the effective management of the following steps, including referrals and transfers. For example, a centralised and coordinated approach to identifying applicants with special reception and/or procedural needs enables a better match between their needs and the allocation of adequate accommodation and provision of adequate support/safeguards.

- **Greater flexibility**

As the first point of contact, an integrated centre in the arrival phase can detect emerging trends and provide valuable insights. This supports informed decision-making and proactive measures to ensure a high degree of flexibility and adaptability to respond to varying inflow scales and composition. For instance, by upscaling its operations, in case of high arrivals, such a centre can help to mitigate the impact of sudden increases in arrivals.



1. Horizontal aspects of managing a reception centre

Overarching principles

The following principles should be observed and operationalised in the management of a collective centre and in the provision of reception conditions or other conditions of stay.

- **Protection of fundamental rights** ⁽¹⁸⁾: as recognised by the Universal Declaration of Human Rights ⁽¹⁹⁾ and the Charter of Fundamental Rights of the EU (EU Charter) ⁽²⁰⁾ and all other relevant international instruments.
- **Consideration for special needs** ⁽²¹⁾: properly identifying, assessing and addressing special needs should be a primary consideration.
- **Perspective of the residents** ⁽²²⁾: participation and information empower persons to access their rights and comply with their obligations. Residents have the opportunity to be involved in the daily activities of the reception centre and through community-based initiatives, contributing to a better and safer environment.
- **Promoting harmonious relationships with local communities** ⁽²³⁾ to foster mutual understanding.
- **Transparency and accountability**: the management of the centre and the provision of reception conditions are based on transparent and fair rules and decision-making.
- **Confidentiality** ⁽²⁴⁾: all personnel is bound by the principle of confidentiality.
- **Data protection**: any processing of individual data must be in compliance with the EU Charter ⁽²⁵⁾, the General Data Protection Regulation (GDPR) ⁽²⁶⁾ and national law.

The below interlinked core principles are covered transversally throughout this guide.



⁽¹⁸⁾ Relevant fundamental rights include human dignity, right to life, prohibition of torture, non-discrimination, right to asylum, principle of *non-refoulement*. See EUAA, [Guidance on Reception: Operational standards and indicators](#), May 2024, p. 17.

⁽¹⁹⁾ UN General Assembly, Universal Declaration of Human Rights, 217 A (III), 10 December 1948, <https://www.refworld.org/legal/resolution/unga/1948/en/11563>.

⁽²⁰⁾ European Union, [Charter of Fundamental Rights of the European Union](#), 26 October 2012, 2012/C 326/02.

⁽²¹⁾ See Article 24 and 25 RCD (2024).

⁽²²⁾ See Article 20(9) RCD (2024).

⁽²³⁾ See Recital 65 RCD (2024).

⁽²⁴⁾ See Article 20(8) and Articles 26, 27, 28 RCD (2024).

⁽²⁵⁾ See Article 8 EU Charter.

⁽²⁶⁾ [Regulation \(EU\) 2016/679](#) of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) (OJ L 119, 4.5.2016).



1.1. Governance structure and decision making

The **governance structure** of a reception centre is multi-level since it reflects the complementarity of functions and workflows, tailored to reception phases, the legal status of the residents and the referral mechanisms in place.

Decision-making responsibilities are assigned according to the functions associated with each process taking place in the reception centre, from the arrival, throughout the stay phase and till the outtake from the centre.

Decision-making processes and information sharing are organised to optimise coordination among the different units and any possible external stakeholders involved. Ideally, this is done through a dedicated focal-point system and a centralised management mechanism. In a centre where more stakeholders are responsible for tasks and activities, adequate structures and mechanisms for joint decision making, information sharing and SOPs should be in place.

Effective governance in a reception centre, especially when various authorities and organisations may work together in the same location, should prioritise the following.

1. **Consistency.** The governance structure supports meeting the objectives of the centre and all personnel share a common understanding of the standards that the centre needs to uphold.
2. **Efficiency.** Decision-making processes are clear and simple, with reduced hierarchy that allow efficiency gains.
3. **Autonomy.** The structure provides sufficient autonomy to enhance quick response to fluctuating needs.
4. **Flexibility.** An agile and lean structure enable stakeholders to anticipate, adapt and respond to changes in operational needs.
5. **Accountability.** Internal and external monitoring mechanisms ensure compliance with standards and safeguards. Complaint, response and feedback mechanisms are also a transparent mean to regularly monitor how risks and needs are addressed.

The governance structure is at the discretion of national authorities. Below is an indicative model of governance structure that may serve as a reference for the allocation of tasks across different levels of management at a reception centre. Certain sub-components can be merged or handled jointly, especially in small reception systems. Some sub-components or tasks may be outsourced or under the responsibility of other authorities.

The model of governance structure can be divided into **3 key components**, each with its own main decision-making areas.

- The management and planning component.
- The operational front-office component.
- The operational back-office component.



The management and planning component

The management component of the governance is responsible for both the overall management of the day-to-day operations and leading the centre in the long-term. The directors of the centre set the direction and the necessary structures for the good functioning of the other two components. They have the role and responsibility to direct the centre, prioritising actions and also making sure they are implemented following the yearly/multi-annual plan.

The management ensured by directors of a centre is supported by other key strategic functions, which monitor, anticipate and mitigate the impact of external factors (e.g. incoming flows, staff fluctuations) and ensure a resilient and solid structure. These help ensuring that the decisions made by directors of the centre are well-planned, consistently operationalised, and aligned with the strategic plans and objectives.

In some cases, these functions or part of them are not performed at reception centre's level and are managed at central level by the reception authority. In this case, directors of the centre must bridge between policies and decisions made at central level and their operationalisation at the reception centre's level.

This component includes the following strategic functions.

- **Resource planning:** including budget, human resources, procurement, logistics.
- **Budget management:** responsible for the financial management of the centre, based on data analysis and forecasts according to incoming/outgoing flows, turnover rates, the centre occupancy, and daily/monthly expenses (e.g. utilities, stock, services) and procurement frameworks (that may be arranged at central level).
- **Human resources:** forecast and provision of needed personnel with related job descriptions, terms of reference, code of conduct, and training plan.
- **Procurement and purchasing:** responsible for ensuring framework contracts, centralising and monitoring orders.
- **Quality management:** handling results assessment and monitoring, feeding the project management.
- **Data management and analysis:** for preparedness purposes, including forecasting of flows and occupancy rates that supports scaling up and scaling down decisions, as well as for reporting purposes, also covering data protection aspects.
- **Stakeholders' management and coordination:** liaison with external stakeholders to ensure frameworks of cooperation.
- **Crisis management:** responsible for preparation and activation of contingency plans at the level of the centre.
- **Legal service:** responsible for consultations, drafting internal rules and possible litigations.
- **Communication coordination:** responsible for setting a public communication strategy and manage communication with media.



The operational front-office component

The operational front office component is responsible for the daily organisation, execution, and coordination of the tasks and activities in direct contact with the residents.

It is structured to establish workflows and prioritise activities as per the specific timelines, depending on the type of procedures carried out in the centre and on the services provided.

The following activities/functions may be included.

- **Reception intake**
- **Opening and management of the individual file**
- **Distribution of food and non-food items**
- **Distribution of financial allowances or vouchers**
- **Help desk and complaint and response mechanism management** (see related box below)
- **Information provision**
- **Assessment of special reception needs**
- **Case management**
- **Psycho-social support**
- **Health care assistance**
- **Child protection**
- **Access to education and educational activities**
- **Access to legal counselling, assistance and representation**
- **Interpretation**
- **Support to early-integration and to voluntary return**
- **Security**, including controlling the entry/exit system of the facility, risks analysis, preventive and follow-up security measures.

In the case of a multi-purpose centre encompassing the screening and the asylum border procedure, the front-office may include spaces for functions and services carried out by other authorities, such as the screening steps (e.g. preliminary vulnerability check, security check), age assessment, registration, lodging and the examination of the asylum applications, notification of the decision, etc.



Complaint and response mechanisms

Complaint and response mechanisms should be put in place and made accessible to all residents in a reception centre.

The term complaint refers to an expression of dissatisfaction or a specific grievance that may be related to any aspect of the resident's daily life in the reception centre, falling within



the competences of the reception authorities, including access to services, material reception conditions, collective life and treatment by staff. A complaint mechanism should be available even where services are outsourced

For guidance on the specific arrangements to be put in place, see related chapters and standards 22-25 in EUAA, [Guidance on reception: operational standards and indicators](#), 2024 ⁽²⁷⁾ (as well as standards 17-19 in EUAA, [Guidance on vulnerability in asylum and reception: operational standards and indicators](#), 2024 ⁽²⁸⁾).

A mechanism should also be available for residents to share feedback on aspects of daily life in the centre. This is a useful tool for the authority to assess what works and what not.

The operational back-office component

The operational back-office component centralises the various services that support the daily management of the centre and the provision of the services.

It may include the following functions.

- **Presence management:** daily registration system of inflow/outflow – also in relation to presence verification mechanism – and access authorisation system.
- **Information management and IT sector:** responsible for managing data flows and IT issues through various tools (e.g. individual file management, scheduling mechanism, data storage, entry-exit system).
- **Allocation service:** overlooking the registry of places/beds and coordinating the allocation process of residents and measures such as space conversion or room reconfiguration, depending on residents' profiles or special needs.
- **Maintenance:** responsible for monitoring the conditions of the facility, of utilities and appliances for needed repairs.
- **Logistics:** in charge of arranging the premises (e.g. furniture, equipment) and of stock management (monitoring of stock and inventory of items, e.g. non-food items).
- **Transportation:** responsible to ensure that transportation for residents is available, within the facility and to access outside services and/or facilities (e.g. hospitals).
- **Cleaning services:** responsible for the sanitation of the centre and the adoption of hygiene measures and standards; it may include laundry services.
- **Catering:** responsible for preparing meals or for delivering meals if they are prepared elsewhere.
- **Administrative support:** provides support in documentation and file management and is responsible for the integrated case management system.

⁽²⁷⁾ EUAA, [Guidance on Reception: Operational standards and indicators](https://euaa.europa.eu/publications/guidance-reception-operational-standards-and-indicators), May 2024, <https://euaa.europa.eu/publications/guidance-reception-operational-standards-and-indicators>.

⁽²⁸⁾ EUAA, [Guidance on Vulnerability in Asylum and Reception: Operational standards and indicators](https://euaa.europa.eu/publications/guidance-vulnerability-operational-standards-and-indicators), May 2024, <https://euaa.europa.eu/publications/guidance-vulnerability-operational-standards-and-indicators>.





Outsourcing

National administrations may decide to outsource reception services to private sector actors, civil society organisations or other authorities (e.g. municipalities) through public tenders and contracts. This may

- ensure optimisation of resources and spaces,
- yield efficiency gains in relation to the cost and management of staff,
- reduce the impact on the overall management of the centre in case of sudden fluctuations in the inflow.

National authorities may decide to outsource the full provision of reception services, while retaining the role of setting the standards and monitoring compliance of the services. Nevertheless, accountability for complying with the standards remains with the authorities.

Alternatively, reception authorities could opt for outsourcing the provision of some services only, for instance health care by entering contracts with private service providers.

The best option depends on the specificities of the reception centre. For instance, transit centres characterised by a high influx, short stay of the residents and high turnover may benefit from outsourcing cleaning and laundry services or the provision of food (with meals prepared and delivered by an external caterer, so to avoid regular distribution of cuisine utensils to residents for self-cooking). On the contrary, in case of longer stay it is recommended to allow residents to cook for themselves. For more on this, see Section [3.1. Organisation and location of front-office reception services](#).

In any case, outsourcing requires central capacity in terms of procurement and/or grant management, as well as proper planning to ensure business continuity and the ability to upscale or downscale capacity to respond to changes in numbers of arrivals. Outsourcing may also be subject to limitations in relation to EU and national legislation.

1.2. Human resources and training

Related standards and indicators in other EUAA guidance

This section needs to be read in conjunction with:

- [Guidance on reception: operational standards and indicators](#), 2024:
 - Section 'Staff', Standards 13 to 15.
- *Guidance on reception conditions: operational standards and indicators*, 2016:
 - [Section 8. 'Staff training'](#), Standards 37 to 40.
- *Guidance on reception conditions of unaccompanied minors: operational standards and indicators*, 2018:
 - [Section 5 'Staff'](#), Standards 22 to 24, 26 to 27.



- [*Guidance on vulnerability in asylum and reception: operational standards and indicators*](#), 2024:
 - Section ‘Staff capacity, training and well-being’, Standards 22 to 24.

This section focuses on two components.

- The human resources unit, as the key function responsible for recruiting and monitoring qualified staff for the smooth running of the reception centre.
- The training component, responsible for the induction of newly recruited personnel, preparation of training plans and provision of training to all staff, based on profiles and assigned tasks, ensuring that the necessary skills are built, refreshed and updated.

Depending on the national reception system, aspects related to human resources and training may be covered at centre’s level or managed at central level by the reception authority. However, the management of the centre should play an active role in assessing its own human resources and training needs and ensure the effective implementation of the related strategies decided at central level.

The considerations below should be adapted as per national context.

1.2.1. Human resources unit

The human resources unit – in alignment with the management – is responsible for the creation of an organisational chart of the centre (when applicable) and a directory of job descriptions of all employees. The organisational chart provides information about the structure of the centre and may include a framework of the tasks, activities and hierarchical relations. The chart ensures that all necessary roles and functions are covered and that responsibilities and decision-making are distributed. In compliance with the organisational chart, the human resources unit needs to forecast and ensure the provision of needed personnel, also taking in consideration the analysis of competencies and the workload of the different units.

A reception centre requires staff with diversified backgrounds and expertise, based on the functions of the reception centre, the services provided and the modality of service provision (e.g. direct or outsourced, in presence or remote, centralised or decentralised). For a non-exhaustive list of profiles see [Annex 2 – Human resources table](#).

It is important to keep in mind that multi-purpose centres allow for the optimisation of overhead resources (e.g. IT, admin, procurement) and other types of staff, like interpreters, medical doctors or specialists who might operate in the different sections of the multi-purpose centre based on the necessity as well on the occupancy. The need for other types of professionals depends instead on quantitative ratio calculations based on the average capacity and the predicted patterns of inflow and outflow (also connected to the location of the centre (at the border or within the territory), seasonality, etc.).

When hiring specialised staff to work in a reception centre, some specific elements should be taken into account in addition to the specific skill-set requested for the role, to ensure



suitability and ability to respond to the needs of the residents. These elements include: adherence to a defined code of conduct and absence of criminal behaviour (or other checks as per national legislation and/or institutional policy); gender balance (especially for the provision of medical and interpretation services, and assessment of special needs); language skills (languages most commonly spoken by residents to facilitate direct communication and vehicular languages to liaise with possible international organisations).



Requirements for personnel working with children

To guarantee the protection of children, all staff working with them must fulfil the requirements below ⁽²⁹⁾.

- Have a record clear of child-related crimes or other relevant offences. Representatives and persons who provisionally act as such are subject to supervision by administrative and judicial authorities, also to identify possible cases of incompatibility.
- Receive initial and continuous appropriate training concerning the rights and needs of minors, including those relating to any applicable child safeguarding standards.
- In the case of representatives, have necessary skills and expertise – including regarding the treatment and specific needs of children – to represent, assist and act on behalf of an unaccompanied child (UAC), with the aim to safeguard the best interests and general well-being of that child with no conflict of interest. Children have the right to lodge a complaint against that representative in a confidential, safe and age-appropriate manner.

Upscaling and downscaling of human resources

The dynamic working environment of a reception centre, with fluctuating numbers of residents, may pose challenges to business continuity. Below are some measures to ensure that human resources can be upscaled and downscaled as needed, while ensuring that the rights of the workers are respected.



Practical tip on measures to upscale and downscale human resources

- Create **polyvalent**, cross-functional and multi-skilled **teams** so staff can be (re)assigned according to the needs and is able to cover different areas.
- Decide in advance the **buffer capacity needs** with the possibility to keep some human resources permanently or to re-allocate them to other tasks.
- Create **staff timetables that can be adjusted** (in line with national legislation on working hours) in case of sudden increase in arrivals.

⁽²⁹⁾ See Articles 26 and 27 RCD (2024).



- Outsource essential activities that need 24/7 staff presence.
- Use a **combined system of staff presence**. While 24/7 presence is recommended to ensure a minimum capacity for some ongoing services (e.g. security), other reception services can be organised through a shift system and/or windows of working hours (e.g. 8 hours during weekdays). Other services (e.g. cleaning) are to be ensured on a regular basis during daily working hours.
- Use **predictive tools for staff planning based on operational volume** (with minimum and maximum thresholds per service or set of tasks), enabling data-driven decision-making and performance monitoring.
- Create a **pool of experienced and trained staff** who can be deployed on short notice or as mobile/roving staff.
- Establish **flexible staffing arrangements** that allow for rapid mobilisation and demobilisation of staff, including through: mobility across reception sites, use of the 'standby duty' (where staff is on-call and is activated only in case of need (the standby duty can be on rotation/in shifts)), flexible job descriptions, temporary secondments from other entities, fast-track recruitments, external experts' pools; agreements with temporary employment agencies or with authorities in charge of job integration. Consider in any case that such arrangements may pose challenges for continuity, institutional memory and long-term capacity building within a centre / an authority.

1.2.2. Training

National administrations have the obligation to train the personnel working in reception centres. Development of skills and competencies can be facilitated in different ways such as training, mentoring, coaching, supervision or peer-to-peer exchanges.

Newly deployed reception officers should receive thematic induction sessions on transversal topics such as:

- the overall functioning of the centre and its components;
- applicable SOPs, including workflows, operational tools and referral mechanisms;
- a culturally competent approach;
- accountability mechanisms, including complaint and response mechanism and reporting lines in case of abuse;
- code of conduct (including regular refreshers);
- psychological first aid;
- first aid and fire safety, safety and security at work, management of critical incidents and associated stress;
- stress management and staff well-being (as part of a wider welfare strategy for staff).

Training requirements may vary depending on the profile of the staff and the assigned tasks. However, some elements should form an integral part of the training curriculum for everybody.



The European dimension of the procedures also requires personnel to meet specific training standards to ensure convergence across Member States⁽³⁰⁾. Basic training should cover some key thematic areas:

- international, EU and national legal framework on asylum;
- data protection aspects, confidentiality and data security requirements;
- reception conditions and identification of special needs, with particular attention to victims of torture, trafficking in human beings and gender-sensitive issues ⁽³¹⁾;
- topics related to children in reception, in particular UACs, as regards the best interests of the child and overall child protection aspects ⁽³²⁾;
- issues related to interpretation and cultural mediation.

Gradual specialisation courses should be offered depending on the individual professional profile.

Certain categories of personnel like medical staff and those tasked with the assessment of vulnerabilities and special needs, have more specific training requirements, both in content and in relation to the target population groups, including the identification of signs of sexual violence, gender-based violence (including female genital mutilation), and trafficking.



Related EUAA publications

The [*Practical guide on the welfare of asylum and reception staff*](#) ⁽³³⁾ provides a practical solution to design a welfare strategy at national level.

The [*Guidance on Contingency Planning in the Context of Reception*](#) ⁽³⁴⁾ contains extended information to support Member States in their preparedness and ability to cope with high influx situations, including a section on human resources.

⁽³⁰⁾ See also Article 8 of [Regulation \(EU\) 2021/2303](#) of the European Parliament and of the Council of 15 December 2021 on the European Union Agency for Asylum and repealing Regulation (EU) No 439/2010 (OJ L 468, 30.12.2021) and Article 33(1) RCD (2024); ‘... Member States shall include relevant core parts of the European asylum curriculum related to reception conditions as well as the tool for identification of applicants with special reception needs developed by the Asylum Agency in the training of their staff.’

⁽³¹⁾ See Article 28(2) RCD (2024), ‘Those working with the persons referred to in paragraph 1, including health professionals, shall be appropriately trained and continue to receive appropriate training...’.

⁽³²⁾ See also Article 26(6) RCD (2024), ‘Persons working with minors ... shall receive initial and continuous appropriate training concerning the rights and needs of minors, including those relating to any applicable child safeguarding standards ...’.

⁽³³⁾ EASO, [*Practical Guide on the Welfare of Asylum and Reception Staff: Part I. Standards and policy*](#), October 2021, <https://euaa.europa.eu/publications/practical-guide-welfare-asylum-and-reception-staff>.

⁽³⁴⁾ EASO, [*Guidance on Contingency Planning in the Context of Reception*](#), March 2018 <https://euaa.europa.eu/publications/guidance-contingency-planning-context-reception>.



Related EUAA training

The EUAA training offer includes several modules related to the management of reception centres. They are based on the [European Sectoral Qualifications Framework for Asylum and Reception Officials \(ESQF\)](#), which defines the learning required for Member States' officials to carry out their tasks in line with the CEAS standards. These include: **introductory modules** that are not specific to reception, **basic reception modules** for staff with or without working experience in reception, **advanced reception modules** for staff with experience, including team leaders and managers, and a **specific module for managers** on management in the context of reception.

1.3. Communication and coordination

Communication encompasses all flows of information sharing occurring both within the same organisation (either across equal or different hierarchical levels) and between different organisations. Effective internal and external communication and coordination are essential for achieving high quality, efficiency and flexibility in managing a reception centre.

The multilevel governance of a reception centre requires different layers of communication. This is important for creating a coherent communication strategy that is tailored to various channels and functions. All communication and information sharing mechanisms must be designed in line with EU and national rules on data protection and confidentiality.

Internal communication (within the reception authority)

The following points can be considered to achieve effective internal communication.

- Ensure timely, regular, structured exchange of information among staff working in:
 - the same unit but having different shifts or overlapping shifts for few hours only;
 - different units.
- All staff needs to be aware of and promptly updated on:
 - expected new inflow, capacity availability and related needs;
 - additional tasks to take on in cases of high influx (it is important that the staff is trained on several topics and can carry out a variety of tasks on a need basis);
 - specific cases (on a need-to-know and right-to-know basis).
- Internal communication is both top-down and bottom-up, through:
 - a reporting system to inform the management of the centre and the national reception authority;
 - a centre management that provides updated indications to the different operational levels.
- Wherever possible, interactions are automated via ICT to increase efficiency.

- A system of regular meetings is in place to review and adjust, when necessary, the organisation of processes and workflows to increase efficiency.

Practical examples of how to facilitate the internal communication and information sharing include: daily briefings between the director of the centre and the staff; briefings between teams; use of logbooks to share information between day and night shifts; weekly meetings between different heads of services or team leaders.



Specific situations

Certain situations require specific communications lines. Some examples below.

- **Security cases** (e.g. gender-based violence, sexual abuse, child abuse): have in place specialised SOPs, clear communication lines that ensure the safety of the person, prompt reporting to competent authorities, and confidentiality arrangements. Staff must receive adequate training, including on the tight timelines regarding referral considering for instance the administration of HIV-post exposure prophylaxis (PEP). Information material should be readily available and visibly displayed throughout the centre.
- **Safety hazards** (e.g. fire or natural calamities): the emergency coordinated response should be agreed and codified beforehand, with correspondent training of the staff and information displayed throughout the centre.



Communication with medical services

Below are examples of measures to ensure clear and efficient communication with the medical services. All measures must be applied in line with data protection and confidentiality rules.

- Set up a priority communication channel for health emergencies, including by using a **codified priority system** for medical interventions.
- Ensure **timely sharing** of health-related information to allow **decisions** for the next steps of the workflow (e.g. need of further health check; referral to specialised services; adapted reception arrangements; procedural guarantees).
- Use standardised **tools/templates** to collect information.
- Organise a **case conference** (a multi-disciplinary, multi-stakeholder collaborative meeting) to discuss the individual situation of a resident and ensure coordination with health services.
- Set up a **standardised referral system** with hospital / health services to facilitate timely access to key health care services outside the centre (e.g. sexual and reproductive health for pregnant women, urgent surgery).



- Set up a **coordination mechanism** between the different steps of the workflow to allow for a 'prioritisation track' for medical reasons; as part of this, ensure regular information exchange and meetings between the actors responsible for each step of the workflow involved, including for organising the daily workflow.



Communication with the residents

Effective communication with persons in reception is key and requires both standardised and tailored communication approaches and tools to meet diverse needs. This should be ensured in collaboration with other responsible stakeholders, and through adequate training of staff. This is detailed in Section [2.2.2. Information provision](#).

Continuous dialogue should be ensured with the residents, for example by organising regular meetings between the staff and the residents or their elected representatives. There should also be opportunities for the residents to be involved in the daily activities of the centre and contribute through community-based initiatives. The types of activities depend on the residents' length of stay at the centre.

Coordination and communication with migration- and asylum- chain partners (working inside or outside the reception centre)

This section focuses on coordination with the authorities responsible for the management of migration and asylum processes. Depending on the national set-up and the type of centre (e.g. single purpose, multi-purpose, arrival), the processes are carried out either inside or outside the centre. Strong coordination is necessary to ensure flexibility and efficiency of the reception component, which is directly linked to the efficiency and fairness of the other processes (e.g. screening, registration, examination, return). Depending on the national set-up, reception management may fall under the responsibility of the same authority.

It is recommended to:

- identify focal points in charge of communication and coordination for each authority involved;
- put in place a standardised information sharing mechanism together with the necessary tools and operational arrangements to allow for
 - seamless information flow from the phase of arrival at the centre until outtake,
 - shorter decision chains,
 - consistency in data collection to avoid duplications and increase the synergies between the responsible stakeholders.



Coordination and communication with service providers and other competent authorities

This section reflects on both the multiple aspects of reception and the responsibility– shared by various authorities working either inside or outside the centre – to ensure effective access to rights.

The external stakeholders concerned may include operational reception partners providing support services, health authorities, law enforcement, external services (e.g. hospitals, schools, transport companies, suppliers), civil society organisations, international organisations, EU agencies as well as national, regional or local authorities.

The purpose of multi-stakeholder coordination is to efficiently gather and use all available resources, with a predictable allocation of roles and responsibilities. This can be achieved through tailored cooperation frameworks, formal agreements such as memorandums of understanding, and regular update mechanisms to better organise and operationalise the cooperation and the support provided or the effective access to rights.

For an effective coordination, it is recommended to:

- identify the different stakeholders and organisations, including their mandates, levels of organisation, contact points and communication channels;
- conclude agreements, for example with local schools in the area, local hospitals or health care providers, authorities and civil society organisations working on specific topics (e.g. human trafficking, LGBTIQ+ ⁽³⁵⁾);
- establish communication plans for a consistent communication line and for referral pathways;
- set up standardised information sharing mechanisms, where applicable.

Communication with media and local community

The **communication strategy** should include established channels, standardised approaches and clear procedures to coordinate with stakeholders, get clearance in case of sensitive content and respond to media requests.

A tailored **communication plan** to implement the strategy should inform external communication with the **local community and the media** and include:

- regular update of website, also through newsletter and sets of frequently asked questions to ensure circulation of information and to optimise communication efforts;
- rules on the use of social media;
- initiatives boosting a positive relation with the local community.

⁽³⁵⁾ Lesbian, gay, bisexual, trans, intersex and queer.



As a good practice, a communication specialist could be hired to ensure consistent messaging with external actors.

Part of the above functions may be performed at the reception service's central level.



Communication with communities

Establishing harmonious relationship with local and national communities, including country-specific groups and groups gathering people from different countries of origin (such as associations, diaspora, faith-based organisations, and others), facilitates good management of the reception centre.

Fostering positive connections between the reception centre and local communities or specialised NGOs (e.g. LGBTIQ+ associations, religious groups), including those that operate in other localities, can be particularly beneficial. Initiatives like open days can help residents develop positive relationships from an early stage, while also providing a cost-effective measure for the reception system.

Collaborating with the communities can help prevent potential tensions by facilitating an early exchange of perspectives. By working together, the reception centre and the local community can create a more inclusive and supportive environment.

Communication with other relevant stakeholders

Relevant external stakeholders may include external actors for monitoring purposes (e.g. Ombudsperson, human rights bodies, parliamentarians).

1.4. Quality and efficiency support tools in reception

Quality

Related standards and indicators in other EUAA guidance

This section needs to be read in conjunction with:

- [Guidance on reception: operational standards and indicators](#), 2024:
 - Chapter 'Assessment of reception conditions', Standard 31.
 - Chapter 'Complaints and response mechanism', Standards 22-25.
- [Guidance on vulnerability in asylum and reception: operational standards and indicators](#), 2024:
 - Chapter 'Complaints and response mechanism', Standards 17-19.

In this section, the term 'quality' refers to the degree to which reception conditions comply with national and EU standards. Under Article 31 RCD (2024), Member States must put relevant mechanisms in place to ensure that appropriate guidance, monitoring and control of



the level of reception conditions are established, and must take into account available, non-binding operational standards, indicators, guidelines and best practices on reception conditions developed by the EUAA, without prejudice to Member States' competence for organising their reception systems in accordance with the RCD (2024). Such mechanisms focus on quality assurance or the assessment of reception conditions, a set of activities that Member States authorities ⁽³⁶⁾ carry out to observe, check and control, on regular basis, the compliance with reception standards in their facilities.

Quality assurance and assessments help identify areas of improvements and take corrective measures, ensure compliance with standards and enhance the overall quality, effectiveness and efficiency of the reception system.

While decisions on quality policy and related mechanisms are usually made at the high level of the reception authority, reception centres have a responsibility to ensure that the quality of reception is in line with standards. Depending on the national set-up, reception centres may also be required to engage in self-assessments.

When reception conditions are assessed in a given reception centre, the management of the centre is usually asked to support by: sharing any relevant documents or reports for the pre-visit desk research; facilitating the assessment visits, interviews with the management and staff and focus group discussions including with residents; providing feedback on findings and following up on recommendations for improvements.

In multi-purpose centres, additional quality assurance mechanisms may be applicable (e.g. related to the asylum procedure).



Related EUAA tools and publications

The [*Assessment of Reception Conditions \(ARC\)*](#) tool supports national authorities and operators working within reception centres to assess that reception conditions are in line with EUAA standards and indicators.

The [*Practical Guide on Quality Assurance in Asylum Procedures*](#) ⁽³⁷⁾ supports asylum administrations to implement a quality assurance methodology in the asylum procedure and further develop their quality management systems. The key concepts related to quality assurance systems, management theory, tools and monitoring methodology can also be applied in reception.

⁽³⁶⁾ This does not refer to monitoring activities carried out by other actors or institutions (e.g. the EUAA under its monitoring mandate, international organisations, ombudspersons).

⁽³⁷⁾ EUAA, [Practical Guide on Quality Assurance in Asylum Procedures](https://euaa.europa.eu/publications/practical-guide-quality-assurance-asylum-procedures), May 2024, <https://euaa.europa.eu/publications/practical-guide-quality-assurance-asylum-procedures>.



Efficiency

Efficiency is considered as one of the elements of quality in the reception system. It ensures meeting standards while optimising the use of resources. Efficiency also incorporates flexibility and adaptability of reception processes to changing operational circumstances, in terms of both the size of the flow and the profile of applicants.

The actors responsible for managing processes and delivering services in a reception centre should establish measures and tools that support their timely, efficient and up-to-standards performance.

Examples of support tools

Standard operating procedures (SOPs) lay down the roles and responsibilities of all actors involved within specific processes, ensuring a clear understanding of consequential actions and a predictable workflow (i.e. who does what, when, how and within what timeline). They create conditions for reliability, consistency and quality.

SOPs define at least the following aspects.

- **Description of the key process(s)**
- **Description of the tasks that are carried out and their order**
- **The actor(s) responsible for carrying out the tasks**
- **Timeframe for completion of each task**
- **The follow-up step(s) after the tasks**

SOPs may also include the following broader aspects.

- **Context:** factors that may influence the standard workflow, depending on the interaction with working instructions for specific situations.
- **Applicable legislation and references,** such as legal obligations, standards and guidelines for accountability, transparency and monitoring purposes.
- **Review process:** periodic review and update of the SOP in case of changes in the legal framework or agreements between stakeholders.

The successful application of SOPs that combine complementary and often simultaneous tasks to be carried out by stakeholders with different responsibilities requires coordination and endorsement from all involved actors, following a consultative process. The impact of such SOPs on other workflows internal to each stakeholder (e.g. additional time needed by reception authorities for applicants with special reception needs, security incidents to be separately addressed by law enforcement agencies) must be properly integrated. Example: a dedicated SOP for the reception intake procedure.

Working instructions define standardised sets of tasks, responsibilities and professional boundaries in relation to specific professional profiles, aligned with the overall mandate of the stakeholder represented. This provides an additional layer of predictability and accountability



in the reception processes. Examples: working instructions for social workers, information providers, interpreters and cultural mediators.

Flowcharts and checklists are examples of complementary tools that present the steps of a specific process or workflow in a more concise and visual manner than the SOPs and facilitate application in practice. Example: checklist for distribution of non-food items.

Templates provide a standardised structure and format for documents that are used frequently by different staff members. They aim to make certain tasks more efficient by setting out key elements that have to be included in the document. Examples: template for a logbook to record and document activities, template for registration of visitors.

Collaboration agreements or memorandums of understanding between competent authorities and key external services providers, as well with organisations with a specialised mandate allow to incorporate thematic expertise without the establishment of unnecessary parallel services and with increased quality of specialised services. Examples: memorandums of understanding with the local police for urgent intervention when needed, with the local schools for the onboarding of newly arrived children, or with the local hospital.

Referral pathways are a standardised mechanism that includes mapping of service providers inside or outside the reception centre, tools to identify cases and indicators for referral and a dedicated workflow to ensure access to services through a coordinated approach. These are commonly agreed and regularly updated and reviewed by the actors. Examples: referral to medical or psychosocial specialists.

1.5. Data and case management systems

Related standards and indicators in other EUAA guidance

This section needs to be read in conjunction with:

- [Guidance on reception: operational standards and indicators](#), 2024, Chapter 13 'Data collection':
 - Standard 29. A centralised data management systems is in place and updated
 - Standard 30. The receptions facility maintains up-to-date data ready to be transmitted to the competent authorities when requested.

That chapter includes practical tips on how to organise a robust data management system.

For an effective coordination and efficient and seamless flow of information between the relevant authorities/services, national authorities are encouraged to establish **integrated case management systems** ⁽³⁸⁾. See also below box [Data protection and confidentiality](#).

⁽³⁸⁾ See Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions – [Common Implementation Plan for the Pact on Migration and Asylum](#), COM(2024) 251 final of 12 June 2024. Reference is made under Block 1 Common Information Systems/Eurodac, Block 2 Return systems, Block 3 Reception, Block 6 Responsibility.



A well-designed, interoperable data and case management system, that integrates several processes and automates certain procedures, offers several benefits in a reception centre, including the below.

- Timely access to relevant information for authorities working on a particular applicant. For example, in-built alert systems allow to flag procedural decisions with implications on reception arrangements/allocations (e.g. a decision on restriction of freedom of movement and allocation to a specific place, a decision of transfer to a responsible Member State).
- Reduced administrative burden on applicants and national administrations and decreased time needed for repeated data entry. For example, in-built alert systems allow to avoid repeated data collection and flag duplicated activities and services.
- Improved reception management through better data collection and sharing (e.g. on reception capacity, occupancy rate and profiles of residents; on special reception needs with implications on services to be provided and on reception arrangements such as transfers).

For details on care and case management in reception, see box [Care and case management](#) in Section [2.2.1 Identification, assessment and response to special needs](#).



Practical tool – Entry and exit system in collective reception centres

An electronic entry-exit system, in compliance with data protection standards, can enhance Member States' capacity to track in real time the presence in the reception centres, as well as to effectively monitor facilities' occupancy and population composition, facilitating the allocation of residents and the monitoring of unjustified absences.

Such a system, while creating a less physically controlling environment and providing a real-time overview of who is present in the site (both residents and staff), will allow an increase of safety and security in case of incidents within the facility.

Having a real-time overview of the occupancy of their reception system at local and national level, authorities can also take more efficient management decisions (e.g. planning of services provision for all residents – including those with special reception needs; allocation of human resources; response to crisis situations).

The system can facilitate the collection, recording and transmission of accurate and actual data on occupancy, thereby allowing quantitative statistical analysis.

Access to a real-time overview of applicants' transfers and presence also facilitates information exchange between competent authorities (e.g. for scheduling asylum interviews).

Furthermore, a modular system building on the entry-exit core component and interlinked with an integrated case management system, could open up a range of possibilities in



monitoring and managing services within the facilities. This includes access to food and non-food items distribution, as well as streamlined scheduling of appointments in the reception centre (e.g. with social workers, psychologists, medical staff).



Data protection and confidentiality

Data protection represents a general clause governing the activities of all actors involved in the asylum chain. A large amount of personal data is collected during the processes carried out in a centre. The collection, recording, storage, processing and communication of individual data must be in compliance with the General Data Protection Regulation (GDPR) ⁽³⁹⁾, Article 8 of the EU Charter ⁽⁴⁰⁾ and national law, and should respect the principle of necessity and proportionality. The applicant must be informed about the collection, storage and use of their data and of their right to access it.

The **principle of confidentiality** underlies the whole asylum and reception system. Information provided by the individual is not disclosed to any party beyond the competent authorities without the permission of the applicant. Data provided by the applicant are not shared with anyone who does not have the right to access them. The case management system is regulated by appropriate data protection rules and the facilities where the applicant is heard ensure adequate privacy.

This means that access to information contained in a casefile is usually restricted according to the competence of each authority and on a need-to-know basis, meaning that staff has access only to information that is relevant for performing their tasks.

1.6. Flexibility – upscaling and downscaling capacity of the centre

Related standards and indicators in other EUAA guidance

This section needs to be read in conjunction with:

- [Guidance on reception: operational standards and indicators](#), 2024
 - Standard 32. Adequate preparedness measures are in place.
 - Standard 33. Extra housing capacity, procurement modalities, stock and supplies.
- [Guidance on contingency planning and preparedness in the asylum procedure: operational standards and indicators](#), 2024.

⁽³⁹⁾ [Regulation \(EU\) 2016/679](#) of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) (OJ L 119, 4.5.2016).

⁽⁴⁰⁾ European Union, [Charter of Fundamental Rights of the European Union](#), 26 October 2012, 2012/C 326/02.



Good management of a reception centre entails that the centre has the flexibility and adaptability to respond to changing circumstances ⁽⁴¹⁾. This includes identifying alternative solutions for extra capacity to ensure the centre can increase its capacity as needed while meeting the reception standards even during periods of high inflow ⁽⁴²⁾. Capacity here encompasses accommodation places, human resources and materials resources. Additionally, having a robust scenario-based prognosis/forecasting system in place would allow to anticipate flows and profiles, and provide sufficient time to implement upscaling and downscaling measures at the level of the centre.

Such preparedness measures would be usually decided at the central level as part of the organisation's strategy, with the management of the centre requested to identify the feasible extra capacity and to have measures in place for the quick activation when needed. Depending on the set-up of the reception system, some of the actions below might be partially or fully carried out at central level, based on input from the reception centre's management (e.g. human resources, contracts).

A mechanism that allows for flexibility and scalability of key components of a reception centre may include actions such as the following.

- **Define the margin of flexibility and capacity thresholds:** establish the maximum number of arrivals that could be accommodated while meeting reception standards, factoring in space, human and material resources. Knowing the maximum capacity of the centre is key to plan adequately. For details on the margin of flexibility in relation to accommodation, see Section [3.2.1 Accommodation is organised in a flexible way](#).
- **Contractual arrangements with service providers:** secure flexible contracts for key reception items and services (e.g. beddings, meals, cleaning services, safety measures), including 'buffer capacity' and quick renegotiation options.
- **Diversify service provision:** this can include externalisation of some services (see box [Outsourcing](#) in Section [1.116 Governance structure and decision making](#)).
- **Plan for upscaling of human resources:** this may include a plan for short-notice deployments, a contingency pool of trained experts and potential staff reallocation. For details, see Section [Upscaling and downscaling of human resources](#).
- **Scenario-based planning:** define a scenario-based approach which includes a set of indicators and their impact on the reception capacity of the centre. The scenarios can be linked to the activation of different reception components based on priority and urgency. Include scenarios for different compositions of the influx, including based on

⁽⁴¹⁾ Article 32 RCD (2024) stipulates that each Member State must draw up a contingency plan setting out the measures to be taken to ensure an adequate reception of applicants when confronted with a disproportionate number of applicants. One of the modalities for creating extra housing capacity as a preparedness measure is increasing capacity within an active reception centre.

⁽⁴²⁾ This practical guide does not cover situations falling under Article 20(10) RCD (2024). As per Article 20(1), in some duly justified cases – including when a disproportionate number of persons needs to be accommodated – a Member State may provide material reception conditions that are different from those generally provided. Applicants' basic needs must be met, and any derogation must not exceed a reasonable period that must be as short as possible. Member States should put in place all efforts to ensure that the standards and indicators applicable in normal circumstances are progressively achieved.



profiles (e.g. families, UACs) and factors influencing procedures and related timelines (e.g. appointment of representatives for UACs).

- **Modular infrastructure:** plan for multi-purpose/common rooms which can be easily reconfigured and identify sections for additional services.



Related EUAA publication

[*Guidance on Contingency Planning in the Context of Reception*](#) ⁽⁴³⁾ supports Member States in their preparedness and ability to cope with high influx situations.

1.7. Safety and security

Related standards and indicators in other EUAA guidance

- This section needs to be read in conjunction with:
- *Guidance on reception conditions: operational standards and indicators*, 2016:
 - [Standard 11](#). Ensure sufficient security measures
 - [Standard 40](#). Promote process-oriented support for reception officers
- [*Guidance on reception: operational standards and indicators*](#), 2024 and in particular with:
 - Standard 10. Access to accommodation centres is adequately controlled.
 - Standard 11. Reinforced security infrastructure takes into account the aim of facility.
 - Standard 12. A procedure is in place to manage critical incidents.

Ensuring a safe and secure environment for all persons in reception represents a priority for the management of a reception centre. Below are examples of areas that need to factor in safety and security considerations.

For more details and practical tips, see sections [3.1 Organisation and location of front-office reception services](#) and [3.2.4 Accommodation is managed to ensure safety and security](#).

Site location, building and security assets

Ensure that measures are taken to keep the terrain free from hazards, such as chemical contaminations and to mitigate natural risks like floodings.

The location should be accessible. The site and its surroundings significantly impact ease and safety of access for users, also in terms of transportation options and easy access for emergency services, reception staff and suppliers.

⁽⁴³⁾ EASO, [Guidance on Contingency Planning in the Context of Reception](https://euaa.europa.eu/publications/guidance-contingency-planning-context-reception), March 2018
<https://euaa.europa.eu/publications/guidance-contingency-planning-context-reception>.



The infrastructure and the building(s) must include security arrangements such as:

- use of fire-resistant materials, emergency exits, clear signage for emergency routes, adequate lighting systems, CCTV system, etc;
- evacuation plans outlining escape routes, which must always be unobstructed;
- safety and security plans envisaging the possible involvement of security guards, fire guards, alarm systems, etc;
- other appropriate measures depending on the function(s) served by a specific area/room (e.g. secured rooms to store personal files).

Residents

Member States are responsible for ensuring the safety of residents. Below are examples of measures that can enhance the overall safety of residents in the reception site.

- Design targeted measures for the safety of residents in situations of vulnerability, for example:
 - allocation of vulnerable residents (e.g. UAC) to specific safe zones;
 - space arrangements ensuring that population groups that may be exposed to specific risks are close to key services (for instance sanitation facilities) or to the area where the reception staff is based;
 - separate sanitation facilities and laundry services, regularly monitored by staff and not accessible to other groups of residents;
 - dedicated areas for specific activities (e.g. child friendly spaces, children playground, female friendly spaces, information points for women);
 - space arrangements ensuring privacy and confidentiality for certain sensitive activities (e.g. rooms for health checks, rooms for personal interviews).
- Implement risk mitigation and prevention strategies such as ensuring a safe environment through effective lighting throughout the site and in buildings, safe routes to common areas and lockable areas. Interconnected aspects should also be included, such as training of staff to recognise indicators of risk, providing information on safety and security to residents and encouraging their contribution to a safe environment.
- Ensure residents are timely and regularly informed about the house rules.
- Facilitate periodic emergency and evacuation drills for the residents (and employees).
- Ensure that all persons are checked when entering the reception centre to avoid the introduction of any prohibited and dangerous items (e.g. knives, weapons).
- Provide accessible and anonymous channels for residents to report abuse, threats or unsafe conditions.

Employees

The needs of an employee regarding safety and security depend, among other things, on their exposure to specific hazards related to the tasks they are performing.



Employees must follow mandatory security and safety training before working in the reception centre, and must be aware of all security related SOPs, emergency and evacuation plans, and other related guidelines (including, for example, on the use of visibility items, equipment, quick communication and alert systems such as walkie-talkies). Trained reception staff should be in a position to identify signs of threat and call the competent authorities through agreed and endorsed procedures (for example, evacuation SOP, critical incident SOP).

Aspects related to crowd management must be taken into account, requiring specific spatial designs for the various areas and targeted arrangements for the deployment of employees and security personnel. The overall layout of the reception centre should include clearly marked escape routes, alarm system, and a visible set of rules for emergencies and evacuations, all in accordance with pre-agreed protocols.



Related EUAA publications and tool

[*Modular Approach to Reception: Container Site Design*](#) ⁽⁴⁴⁾, Principle 7 ‘Safety and security’ provides guidelines and practical recommendations on the use of reinforced security measures. It promotes social control through staff presence in and in the proximity of the accommodation zones and an open environment with largely unobstructed views of the parts of the centre. Accommodation zones should have boundaries for protection of specific groups only. Concrete external walls with razor blade wire and high wire-mesh fences are in no way acceptable for collective accommodation and should not be considered.

The [*Site and Building Assessment Tool*](#) provides criteria for the assessment of empty sites and buildings that could be used as or transformed into an accommodation centre.

[*Critical Incidents Management in the Field of Asylum and Reception*](#) ⁽⁴⁵⁾ presents the results of a survey conducted in 2021 across EU+ countries on incidents’ management.

⁽⁴⁴⁾ EUAA, [*Modular Approach to Reception: EUAA practical tool on the design and management of modular reception centres*](https://euaa.europa.eu/publications/modular-approach-reception), October 2022, <https://euaa.europa.eu/publications/modular-approach-reception>.

⁽⁴⁵⁾ EUAA, [*Critical Incident Management in the Field of Asylum and Reception: A mapping of practices*](https://euaa.europa.eu/publications/critical-incident-management-field-asylum-and-reception), June 2022, <https://euaa.europa.eu/publications/critical-incident-management-field-asylum-and-reception>.



2. Reception workflows and functions

2.1. Reception pathway in a reception centre

Reception processes can be defined as **series of actions and procedures** carried out for the provision of adequate reception conditions for applicants for international protection and their preparation for the outcome of their asylum application.

As a simplified model, the **reception processes** can be generally divided into **three distinct and interconnected phases (arrival, stay and end)**, all with a service-oriented approach and linked to the asylum procedures. For a detailed explanation, see EUAA, [Guidance on Reception: operational standards and indicators](#), 2024, p. 14-15.

The same division in three phases can be applied at the level of a reception centre, as follows.

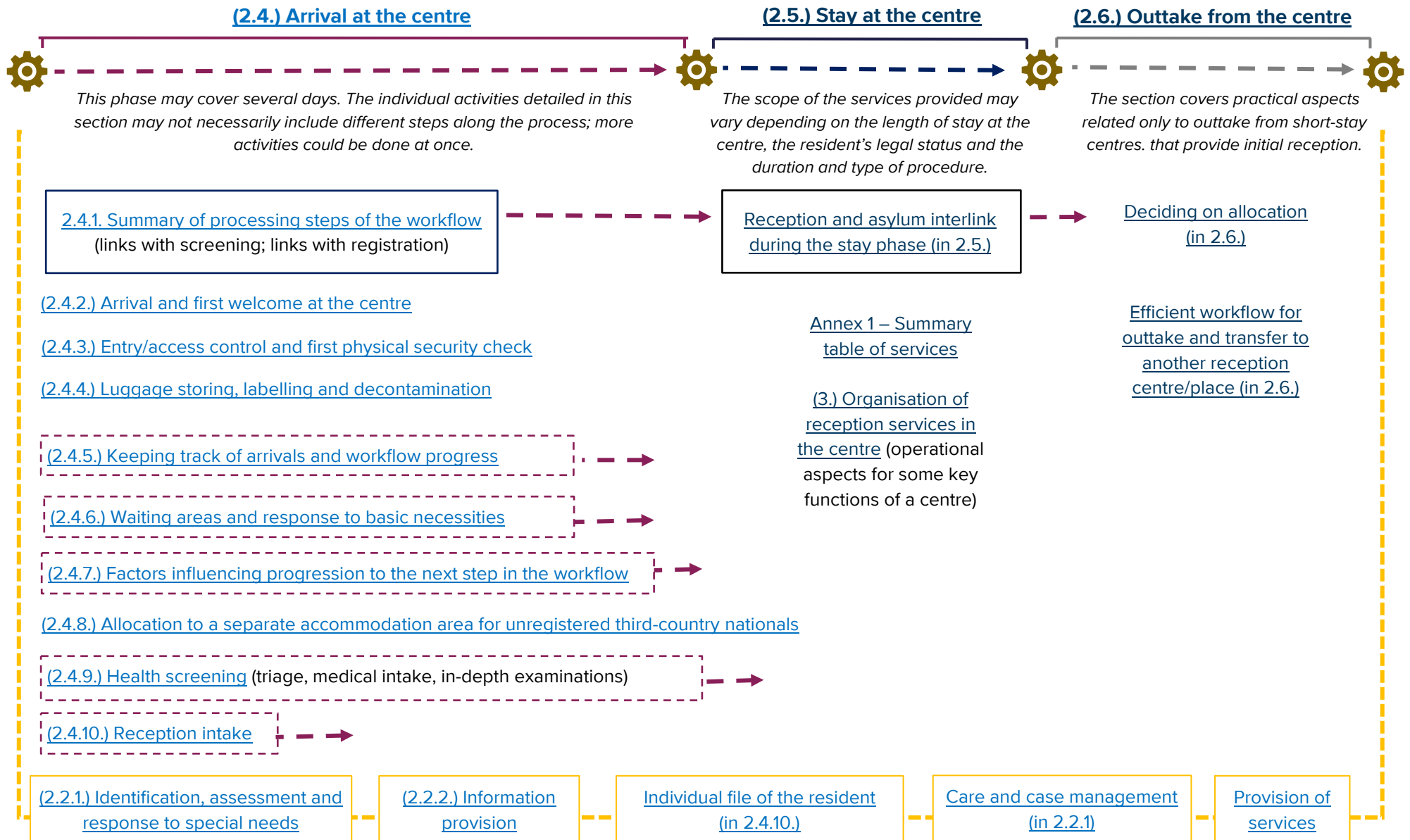
- 1. The phase of arrival at the centre** includes the start of many of the various processes that are linked to both procedural and reception aspects such as registration, medical intake, reception intake, identification and assessment of special reception needs, appointment of a representative for UACs, determination of the responsible Member State, etc.
- 2. The phase of stay at the centre** entails a more tailor-made approach addressing the individual reception needs of the applicant, including those identified or disclosed at a later stage. It has a stronger focus on the well-being and resilience of the applicant and on the support provided for preparing them for the next steps of the asylum procedure, including the outcome of their asylum application.
- 3. The phase of outtake from the centre** focuses on leaving the reception centre or system. Depending on the type of centre and length of stay, this can include transfer to another centre, transition to the integration pathway for those granted a form of international protection, transition to immigration procedures such as return for those who receive a negative decision, or transfer to another Member State in case of the responsibility determination procedure.

This chapter covers the operationalisation of these phases at the level of the reception centre, with a focus on efficient organisation of workflows, in particular during the phase of arrival. While some steps may apply to all types of centres, other workflows may require tailored approaches depending on the centre's purpose(s) and function(s). The set-up of the national reception system will affect the applicant's journey, with some individuals residing in a single reception centre for the whole duration of the reception process while others may be transferred hence reside in several centres over time.

Figure 1 in the next page illustrates the key steps of the general workflow organised into the three distinct phases of reception at the level of a centre, as outlined in this practical guide. Information provision and identification, assessment and response to special needs, remain relevant throughout the three phases. Maintaining the individual file of the resident, integrated data and case management, and provision of services, including accommodation and healthcare, are also aspects to be carried out continuously during the stay at the centre.



Figure 1. General workflow at the level of a centre, as outlined in this practical guide, with a focus on the phase of arrival.





Integration of procedural steps and reception

The various phases of reception are closely linked to corresponding processing or procedural steps, particularly when specific processes or special procedures require completion within a tight timeframe. As a result, reception services and workflows play a crucial role in ensuring efficient international protection procedures, from the initial access to the asylum procedure (making, registration, lodging) to the steps of examination and potential appeal, including the responsibility determination procedure. For instance, reception measures aimed to facilitate access to services will increase the possibility for the applicant and the asylum authorities to rely on supporting documentation to substantiate the application for international protection. Similarly, the timeline in which the screening is concluded (if applicable) has an impact on the reception tasks to be performed at the location.

For more information on the interconnectedness of key procedural components and parallel reception services, highlighting their synergies and dependencies, see sections [2.4.1 Summary of processing steps of the workflow](#), [2.5 Phase of stay at the centre](#), [2.6 Phase of outtake from the centre](#) and [Annex 1 – Summary table of services](#).

2.2. Horizontal and ongoing activities

This section presents two primary continuous activities that span the entire workflow: vulnerability-related tasks (identification, assessment, response and referral) and information provision. These are horizontal to both reception and asylum procedures.

This section does not cover other continuous activities during the stay at the centre, such as provision of reception services, including accommodation and health care (for these see Chapter [3. Organisation of reception](#)).

2.2.1. Identification, assessment and response to special needs

Related standards and indicators in other EUAA guidance

This section needs to be read in conjunction with all sections of the EUAA, [Guidance on Vulnerability in Asylum and Reception: operational standards and indicators](#), 2024.

See also Annex 1 Vulnerability workflow at page 106 of the guidance.

The notion of vulnerability is incorporated in the context of asylum and reception, recognising that individuals in a vulnerable situation may have a limited ability to benefit from rights and comply with obligations due to their individual circumstances.



The **early identification** of applicants with special needs and those finding themselves in a vulnerable situation is an obligation laid out under Article 25 RCD (2024) and Article 20 APR. Once special needs are identified, adequate support is to be provided to ensure that the applicant can benefit from their rights and comply with their obligations.

A **mandatory individual assessment** must be conducted to also attend to applicants whose special needs were overlooked at the initial stage and to those who have developed new needs. Additionally, the identification of vulnerabilities and special needs is to be understood as an ongoing effort throughout the entire asylum and reception pathway.

To provide an adequate **response** to the special needs of applicants, collaboration with internal and external multi-disciplinary stakeholders is crucial for the provision of specialised services, care and follow-up.

The identification and/or the missed identification of vulnerabilities is crucial since it influences all steps of the asylum and reception processes. This should be addressed by implementing a mainstreamed and coordinated approach.



Vulnerability and special needs considerations along the general workflow

Specific rules apply along the general workflow regarding vulnerability and special needs. To facilitate coordination, information sharing and appropriate follow-up, consider establishing an SOP that outlines the roles and responsibilities of all actors involved.

- As soon as possible after the making of an application and upon identification of visible vulnerability signs or in light of the applicant's statements or behaviour, properly trained staff must individually assess whether the applicant has special procedural and/or reception needs. Creating a welcoming and safe atmosphere can nurture self-disclosure.
- The assessment of special reception needs must be concluded within 30 days from the making of an application, while the assessment of special procedural needs must be concluded within 30 days from the identification of vulnerability indicators. The assessments can be conducted concurrently or separately and do not need to take the form of an administrative procedure. They must be reviewed if needs become apparent at a later stage.
- The assessments of special reception and procedural needs builds on the preliminary vulnerability check carried out during the screening and further assess special needs, including emerging ones. The preliminary vulnerability check is carried out to detect immediate special needs and other vulnerabilities for the purpose of providing support timely and ensuring guarantees.
- Information concerning the nature of the applicant's special reception needs as well as the measures identified and taken to address those needs is included in the applicant's file.



- Relevant information is shared between the responsible authorities (e.g. relevant information collected during the screening is shared with the reception and asylum authorities, who also share relevant information between one another).
- Applicants with special reception and/or procedural needs receive information tailored to their needs (e.g. for children, in a child-friendly manner) to ensure they can benefit from their rights and comply with their obligations.

In addition, the special needs of applicants are duly considered by the relevant authorities at all stages of reception, and measures are taken to ensure an adequate standard of living and services tailored to special needs. See some examples below.

During intake

- Reception measures (such as room allocation, access to services, etc.) are adapted to meet special needs, based on the initial information available. For example, a person with a physical impairment is assigned to a room with easy access.
- Any decision on restrictions of freedom of movement needs to consider relevant aspects of the individual situation of the applicant, including the special reception needs.

During stay in reception

- Allocation or re-allocation of an applicant is adapted to the applicant's special reception needs and is in line with the principles of family unity and of the best interests of the child.
- Material reception conditions are in line with gender, age-specific concerns including children's safety, and any other special needs.
- Measures must be in place to prevent any form of violence. Survivors of gender-based violence, torture, exploitation or other forms of inhuman and degrading treatment are provided with the needed medical support, complemented by mental health and psychosocial support.
- Early integration activities are adapted depending on different levels of participation in the processes (e.g. language learning, employability, family care needs, levels of education, previous work experience).

During outtake

- Support in the search of accommodation arrangements for the post-recognition phase need to incorporate the special needs of the beneficiaries.

Further examples are provided in the next sections of this practical guide.





Care and case management

The design and implementation of a case management system in reception is key to provide and coordinate support services to applicants with special reception needs.

The case management flow comprises five steps: assignment of the case; assessment; case planning; implementation; follow ups and review; closure. It is not a linear process. It requires continuous re-assessment of the situation based on the progress of the applicant, possible new needs, and the applicant's involvement in the case planning and its evolution.

One of the main roles of the case manager is to coordinate the provision of support to the resident – with their informed consent, ensuring their access to available services inside or outside the reception system. For this, a proper mapping of available services and a functioning referral system (that includes assigned focal points, clear procedure, communication channels, possible agreed templates, timing and deadlines) needs to be in place. This requires strong and continuous coordination with support services managed by entities outside the reception system (by other national authorities, civil society, international organisations) at central level (for signature of formal agreements and procedure) and at local level (for the day-to-day communication and implementation).

For more on case management, see Chapter 3 'Care and case management' in EUAA, [*Mental Health and Well-being of Applicants for International Protection - Part II. For those working in the first line*](#), 2024.



EUAA Vulnerability Toolkit

[*Tool for Identification of Persons with Special Needs*](#) (IPSN) is an interactive online tool developed to support personnel working directly with applicants for international protection (including non-specialised personnel) to timely identify persons with potential special procedural and/or reception needs. It may be used at any stage of the asylum and reception procedure.

[*Special Needs and Vulnerability Assessment*](#) (SNVA) is an offline application, designed to support Member State authorities in assessing the needs of persons in a vulnerable situation and facilitating access to adequate support in view of the particular circumstances of each case.

Referral Toolkit (forthcoming) aims to facilitate the referral of applicants with special needs to adequate support. It includes: a) a standardised referral form to facilitate communication between the actors involved in the referral of the applicant, b) a search tool to help users find the services providing the necessary support, c) guidance on how to adequately conduct a referral.



2.2.2. Information provision

Related standards and indicators in other EUAA guidance

This section needs to be read in conjunction with:

- [Guidance on Vulnerability in Asylum and Reception: operational standards and indicators](#), 2024.
 - Section Information provision, Standards 1-2.
- *Guidance on Reception Conditions: Operational standards and indicators*, 2016:
 - Section 6. [Provision of information and counselling](#), Standard 30–31.
- [Guidance on Asylum Procedure: Operational standards and indicators](#), 2019:
 - Section 10. Provision of information and counselling, Standards 20–22.

Information provision is a continuous **and incremental process** that starts at the earliest stage, (in screening, when it applies) and continues throughout the asylum procedure, during the phases of arrival at the centre and intake, stay at the centre and outtake from the centre.

The right to information is a key safeguard to ensure that third-country nationals and applicants understand in a timely manner their rights and obligations and the consequences of non-compliance. Timely delivery of information is in the interest of both the person and the national authorities. It ensures fair and effective asylum procedure, reception and access to services. It protects the integrity of procedures and enhances the overall quality and efficiency of the procedures and services.

The considerations below should inform the design of the information provision workflow ⁽⁴⁶⁾.

- Information on reception conditions must be provided as soon as possible and no later than three days from the making of an application or within the timeframe of registering the application; information on the asylum procedure and the responsibility determination procedure must be provided as soon as possible and at the latest at the time the application is registered. This information must be provided at least by means of the brochures developed by the EUAA and completed by the authorities with additional country-specific information ⁽⁴⁷⁾.
- Information must be clear, simple, transparent, easily accessible and tailored to the individual needs and circumstances of the person.
- Rely on standardised and harmonised information materials (in formats and content).
- Use different types of media (e.g. videos, illustrations) to ensure the information is accessible and understood by the applicants.
- Use qualified interpretation, cultural mediation and translation resources for effective communication and understanding.

⁽⁴⁶⁾ See the following legal provision related to information provision: Article 5 RCD (2024), Article 8 APR, Article 19 and 20 AMMR, and Article 11 Screening Regulation.

⁽⁴⁷⁾ This refers to the brochures drawn up by the EUAA in close cooperation with the Commission and Member States, as per Article 5 RCD (2024), Article 8 APR and Article 20 AMMR.



- In the case of children, the information must be shared in a child-friendly manner using information materials specifically adapted to the needs of children of varying ages and ensuring their understanding.
- In the case of UACs, the information must be provided in the presence of their representative or of the responsible adult suitable to provisionally act as a representative until the representative is appointed.
- Information should be provided continuously, in a time- and phase-specific manner. It should be tailored to the specific step of the process the applicant is in, and should cover the next steps to enhance the applicant's participation based on full understanding of the whole process, of their rights, obligations and consequences of non-compliance.
- Verify with the applicant that the information has been received, understood, and can be acted upon accordingly.
- The space used for information sessions should ensure privacy and guarantee that the information shared during these sessions remain confidential.

Information provision and related workflows, as well as dedicated spaces and timelines, need to be adapted to the purpose(s) of the centre where the person receives the information.



Coordination of information provision

Upon arrival, the person needs to receive and understand within a short period of time core information about screening, the asylum procedure, the responsibility determination procedure and reception. The provision of information at this stage should not be overwhelming for the applicant, and take into consideration that further information will be provided to them in a time- and phase-specific manner.

Depending on the purpose of the centre and national set-up, multiple authorities and organisations can be involved in delivering information in the centre. The responsibility to secure and coordinate information provision lies with the authorities. All involved stakeholders must engage in field coordination and ensure that their information provision is coherent in terms of content, systematically delivered and accessible to all.

Coordination can be ensured through mechanisms such as:

- agreements between the competent authorities and, where applicable, with organisations supporting information provision, also for possible joint information provision activities;
- regular coordination tables attended by dedicated focal points from each relevant stakeholder;
- agreed standard operating procedures;
- referral mechanisms;
- thematic working groups.



Related EUAA tool

The [Let's Speak Asylum](#) portal offers methodological guidance and practical tools on the provision of information in the context of asylum procedures and the reception pathway. The portal will host instructions and practical tips on the use of the information brochures drawn up by the EUAA as per the CEAS (forthcoming).

2.3. Principles for organisation of workflows

This section outlines principles for designing effective workflows during the arrival phase, with a focus on optimising efficiency while ensuring the necessary safeguards, safety and well-being of the persons throughout the process.

2.3.1. The workflow is based on the optimisation of resources

Good management of resources (human, time, space) is essential for an efficient organisation of workflows. To ensure this, adopt an approach that optimises resources and avoids inefficiencies.

- Establish timely and quality identification processes, such as the early detection of persons in vulnerable situations (e.g. ensure data collection and interviews with applicants are not replicated also to avoid unnecessary involvement of staff).
- Reduce the waiting time between the steps of the workflow to a minimum, and use it to carry out continuous activities, such as information provision, vulnerability identification (see Section [2.4.6 Waiting areas and response to basic necessities](#)). Ensure that the waiting time is not wasted time.
- Optimise the flexible use of resources and staff through multi-purpose/polyvalent teams (see Section [1.2.1 Human resources unit](#)). Know how many persons are waiting at any given time at each stage, to plan staff presence and shifts effectively.
- Optimise the movement of people, reduce the unnecessary distances (no cross flows or long distance from one room to another) and facilitate transport options between certain areas, if necessary (e.g. internal shuttle service in a large-scale centre).
- Use space efficiently to organise the steps of the workflow (e.g. use a ticketing system to manage waiting times, calling people in according to their number).

In case of a multi-purpose centre, carrying out more processes under one roof can further maximise the optimisation of human resources, time, space and logistics.



2.3.2. The workflow is arranged by target group

The standard flow used to govern the processes carried out in a centre need to be adapted to certain specific target groups. This derogation aims to provide all residents with the necessary guarantees and access to services.

The application of this principle depends on the type of centre and its purpose(s). The adapted flow could provide for **different tracks** based for example on the criteria below.

- **The legal status** of the persons and/or **the type of procedure to be followed**.
- **Profile:** UACs require adapted workflows and dedicated child-friendly spaces to apply the relevant procedures.
- **Vulnerability:** persons with special needs require adequate support which may translate in practice in prioritising persons with serious health conditions and adopting additional safety and privacy measures for persons who survived violence or whose physical and/or mental health needs require adequate support, or when the infrastructure of the centre is not adequate to meet the special needs.

2.3.3. The workflow is organised in chronological order

The way in which the first tasks of the workflow are coordinated and carried out influences the organisation and the progress of the rest of the workflow, especially when these have an impact on the tasks of other stakeholders. For instance, when support measures for applicants in a vulnerable situation need to be put in place in a sequential order, or when specific logistical arrangements need to be organised.

This is especially relevant for steps/tasks that should ideally be completed on the day of arrival at the centre or within a maximum time limit. Separate spaces and coordinated flows will reflect the order of the initial steps/tasks of the flow.

However, it is important to try to decrease the interdependence of the steps in the flow chain, to avoid bottlenecks and limit the impact on all steps in the chain. Give preference to a flow where certain tasks can be carried out independently of each other.

Possible ways to limit the risk of bottlenecks are:

- **at the staff level**, identify areas for polyvalent teams and back-up options for single steps, optimise waiting time;
- **at the process level**, establish alternative routes to be activated in case of congestion, identify in advance the tasks to be abandoned or postponed in case of need.

Monitor the progress of the flow to be able to identify at each moment which step(s) the applicant has completed. See Section [2.4.5 Keeping track of arrivals and workflow progress](#).



2.3.4. The workflow considers the applicant's perspective

The flow needs to take into consideration the perspective of the applicant, ensuring that:

- the same information is requested only once from the applicant, it is recorded and timely shared with all relevant authorities through an integrated or interoperable database and accessed on a 'need to know' basis;
- special reception and procedural needs are incorporated in the design and implementation of the workflow and information material to ensure applicants participate in a meaningful way in the process, benefit from their rights and comply with their obligations;
- the process is transparent, with every step of the workflow clearly explained and marked through intuitive signalling;
- the applicant is made aware of their rights and of the safeguards that need to be in place and recognises themselves as an active agent during the process (self-identification by the applicant), for example through effective complaint and response mechanism or regular consultation exercises, and staff are trained to regularly check understanding of the process and information received by the applicant;
- each waiting time is used to provide information and give the applicant the possibility to ask questions.

2.3.5. The workflow seeks a balance between inflow and outflow from the centre

The outflow of persons from the centre ideally needs to balance or outweigh the inflow to avoid bottlenecks along the workflow. If the outflow does not follow the inflow, the centre risks being fully occupied and not able to receive any new arrivals. The timely completion of the necessary procedures and effective outflow strategies will ensure regular turn-over of the residents.

- For certain types of centres, the maximum length of stay is strictly limited by law (e.g. 3 or 7 days for screening, up to 12 weeks for the asylum border procedures).
- The data management system should facilitate the monitoring of the inflow and outflow for each step as well as in relation to specific target groups.
- The outflow from the centre requires a strong referral mechanism (for example, transfer to a second-line reception centre or a return facility).
- Provision and promotion of effective early-integration measures and support to the resident in acquiring autonomy (job searching, house hunting, vocational training access, language courses) can facilitate a faster uptake.



2.3.6. The workflow implies the creation of dedicated safe space for specific target groups

The creation of dedicated safe spaces for specific target groups helps to ensure the applicable standards. Such targeted space arrangements can be **separate safe zones or smaller safe spaces/rooms within zones** where persons in a vulnerable situation can interact with authorities while avoiding large gatherings. In turn, authorities benefit from targeted support measures as they minimise organisational efforts while ensuring the overall smoothness of the workflow.

Separate safe spaces/zones or smaller rooms can be created for: UACs, families with children, lactating women with newborn (ensuring a child-friendly and safe environment that supports privacy, rest and age-appropriate services), pregnant women, persons who have survived psychological or physical violence, persons with reduced self-sufficiency (elderly persons, persons with vision or hearing impairment, etc.), persons at high risk, including cases related to gender-based violence.

2.4. Phase of arrival at the centre

The activities carried out during the arrival phase at the centre depend on factors such as:

- the type/purpose(s) of the centre and related procedures to be performed there: for example, screening centre, arrival centre, regular reception centre, single purpose asylum border procedure centre;
- the type of arrivals at the centre: spontaneous (persons arrive on their own) or through transfers organised by competent authorities (e.g. following a disembarkation or following transfer from a screening location);
- prior information available about the new arrivals at the centre (e.g. number, family composition, profiles, special needs);
- the profiles of the new arrivals (e.g. UACs, urgent medical cases that may require hospitalisation);
- the processing capacity of the next steps of the workflow to be carried out at the centre (e.g. screening, registration, reception intake).

This phase should not be understood as including only the steps of the reception workflow to be taken on the day of arrival at the centre; in fact, this phase may cover several days. Whether all steps of the workflow are completed in one day or more will depend on the above factors, including the space and resources allocated for performing the tasks.

The individual activities detailed in this section may not necessarily include different steps along the process. Depending on the organisational set-up and type of centre, more activities can be done at once.



2.4.1. Summary of processing steps of the workflow

This section provides a brief overview of the processing steps and their interdependencies with the reception steps upon arrival. It focuses on two processing workflows: the screening (applicable in a screening centre or a multi-purpose centre) and the registration/lodging of international protection applications (applicable in an arrival centre, an asylum border procedure centre or a multi-purpose centre).

Screening workflow

Screening is a preliminary information gathering exercise. The screening workflow includes the following tasks: information provision, preliminary health check, preliminary vulnerability check, identification or verification of identity, collection and registration of biometric data in Eurodac, security check, filling out of a screening form and cross-checking information with the third-country national to allow for correction if needed, and referral to the appropriate procedure (i.e. either to the authority responsible for the registration of the application for international protection – to be followed by an asylum procedure within the territory, an asylum border procedure or relocation – or to the return procedure).

For more information, see also the Section [Screening](#).



For a detailed explanation of the screening step-by-step workflow, please consult European Commission, *Guidance on the Screening Regulation (EU) 2024/1356* (forthcoming) and Frontex and EUAA, *Toolbox on screening* (forthcoming).



Examples of links between screening and reception steps of the workflow

During screening, authorities collect information for different purposes. Screening facilitates the identification of persons in a vulnerable situation and the collection and sharing of information that enables authorities to consider special needs, provide appropriate support and determine the most suitable procedure to be followed. Screening takes place within a tight timeline (7 days for screening at the external border and 3 days for screening within the territory) with complementary workflows, requiring organised space and activities.

When all steps of the screening cannot be completed on the same day, accommodation and provision of services within the screening centre is necessary. Nevertheless, a minimum set of first steps of the screening should be carried out on the day of arrival before allocation to the accommodation area. These include first physical security check, information provision, medical check, basic records and biometrics. If the third-country national makes an application for international protection, the material reception conditions must be available from the moment of the making.



Registration of an application for international protection workflow and link to reception

Access to the asylum procedure is a three-step approach:



The ‘making’ triggers the rights and obligations of an applicant and material reception conditions must be available from the moment of the making.

Member States may decide to carry out registration and lodging at the same time or at different times, within the deadlines set by the APR. If the two steps are carried out at the same time, Member States need to ensure all relevant safeguards already at the stage of registration. When screening is prior to this step, registration can build on the information collected during screening.

The registration (and possibly lodging) and reception steps of the arrival workflow at a multi-purpose centre are intricately linked. This is to ensure that applicants receive the support they need in a timely and efficient manner. Registration also triggers the timeframe for the asylum border procedure, the responsibility determination procedure and for some of the procedural safeguards, such as the designation of a representative for UACs. Registration may also trigger specific reception arrangements.

For more information, see also sections [Asylum border procedure](#) and [Asylum procedure\(s\) within the territory](#).



For a detailed explanation of registration, please consult the EUAA, [Practical guide on the registration and lodging of applications for international protection](#), 2025 and the EUAA, *Practical guide on the asylum border procedure* (forthcoming).



Examples of links between registration/lodging steps and reception steps during the arrival workflow

Potential cases for the responsibility determination procedure or for specific procedural tracks – Identification and referral and link with material reception conditions

Depending on the national reception system, such cases may trigger channelling the applicant to a different reception track/flow and accommodation option. For example:

- responsibility determination procedure: possible allocation of the applicant to a dedicated accommodation or restriction of freedom of movement with obligation to reside only in a specific place;



- subsequent application: possible reduction of material reception conditions;
- accelerated procedure: possible allocation of the applicant to a dedicated accommodation or permanence at the first reception centre if in the national set-up, the determining authority examines such cases in the same location;
- asylum border procedure: as a minimum measure, restriction of freedom of movement (the obligation to reside in a specific place).

Applicants in a vulnerable situation – Identification and referral for further assessment and/or support

Registration officers should proactively identify potential indicators of special procedural and/or reception needs. The applicant must be referred to further assessment and to adequate assistance in the next steps of the workflow. Communicating potential special reception needs to the reception staff will facilitate the overall assessment and provision of adequate support and services in reception. It might be necessary that the reception staff also follow-up on special procedural needs. Similarly, communicating special reception needs to the asylum authorities will allow the adoption of special procedural guarantees and provide relevant information in the phase of examination of the application.

Provision of support

The type of support provided by the registration officers can include a wide range of measures, depending on the identified vulnerability and national set-up, as detailed below.

- **Flag urgent needs:** notify reception staff of any need for immediate support on reception conditions.
- **Flag considerations related to family unity and/or special needs:** notify reception staff of such considerations to ensure appropriate accommodation.
- **Referral to services:** refer the applicant to available services, if needed and agreed by the applicant.
- **Appoint a representative** if not done at an earlier stage: flag the need to appoint a representative in case of intellectual disabilities or other health-related conditions, such as serious mental illness.
- **Acute medical needs:** call the ambulance and inform the medical personnel of the centre in case of acute physical or mental health needs.
- **Immediate safety concerns:** contact law enforcement authorities and specialised reception staff immediately if there are concerns that the applicant may harm themselves or be a danger to other people around them.
- **Immediate or serious child protection needs:** contact law enforcement authorities and specialised child protection specialists or reception staff immediately in case of immediate or serious child protection concerns for the well-being of a child.
- **Unaccompanied children:** if not done at an earlier stage, contact the child protection authority to appoint a representative and inform the specialised reception staff for tailored reception workflow and accommodation.



- **Potential victims of human trafficking:** refer to national referral mechanism for potential victims of human trafficking, if consent is provided by the person(s) in line with national guidelines; contact law enforcement authorities if there are concerns about the applicant's safety; inform the reception staff.



Applicants in need of special procedural guarantees or with special reception needs are exempted from the asylum border procedure, unless necessary support is provided to them in the location for the procedure. These include applicants in need of necessary health care that cannot be provided in the border procedure. If the guarantees can no longer be provided at the location, the applicant must be channelled out of the asylum border procedure. Unaccompanied children are always exempted from the asylum border procedure, unless they represent a threat to national security.

2.4.2. Arrival and first welcome at the centre

It is recommended to have separate entrances for new arrivals and for existing residents to ensure the efficient management of the flows. Additionally, the entrance for new arrivals should be served by large and well-equipped waiting areas.

During the initial welcome of new arrivals, the following activities should be organised.

- **Crowd management:** managing the entrance and possible queues or transfers to ensure a smooth and orderly process.
- **Prioritised entry:** this can be done according to profiles, for example by placing UACs or individuals in a visible situation of vulnerability in separate groups and providing assistance first.
- **Triage and urgent assistance:** carrying out initial triage at the entrance to identify potential public health risks and/or persons in need of urgent assistance. In the event of an epidemic or pandemic, this may include, for example, temperature measurement. It should include measures to identify individuals under the influence of alcohol or substances and direct them to a separate track to ensure their safety and that of others. See also [Triage](#) in Section [2.4.9 Health screening](#).
- **Provision of basic items:** offering minimum assistance, such as water, refreshments, food, blankets, clothing, to ensure basic necessities are met during the waiting period. See also Section [2.4.6. Waiting areas and response to basic necessities](#).
- **Information provision:** providing essential information about the next steps in the process and using the waiting time efficiently to minimise delays and reduce uncertainty.

These activities will also depend on the centre's accessibility or operating hours.



2.4.3. Entry/access control and first physical security check (luggage and body search)

Mandatory access control before entering the centre is organised in an orderly manner and includes crowd control measures to prevent security incidents. This allows for a first physical security check, comprised of luggage and body search to identify potential security risks.

For efficiency, X-ray machines can be used to scan luggage and metal detectors for hands-on body searches. Persons may be required to sign a search report with the results of the search, to be later placed in the person's individual file. A specific protocol to handle refusals to undergo the searches should be in place and clearly communicated to the staff.

All searches must be performed with respect to human dignity, using age, gender and cultural sensitivity to ensure a careful, respectful and fair approach. They should be carried out in private settings whenever possible. Female staff must be available to search women. Searches should be adapted to accommodate persons with disabilities. Security checks on children should include solid safeguards, avoid distressing measures and intrusive searches and be conducted by specialised staff in the presence of a responsible adult.

Depending on the purpose of the centre, additional security checks (done in EU and national databases) can be integrated in or performed immediately after this step.

2.4.4. Luggage storing, labelling and decontamination

A luggage storage system after the luggage search can improve workflow efficiency by helping keep waiting areas for subsequent steps clear and reducing congestion. Luggage should be labelled and stored securely to prevent loss or tampering and the persons should receive tickets/tokens to collect their luggage later, prior to entering the accommodation area.

Personal items that are essential for immediate use (e.g. medicines, documents, baby bottles) should be allowed to stay with the person, who should also have access to their luggage in case of need. Specific safeguards should apply in case of persons in a vulnerable situation, including families with children. Essential or comfort items for children should not be removed, and child-friendly reassurances should be provided to mitigate additional separation trauma.

Storing luggage also allows to decontaminate it (e.g. from bedbugs) before bringing it into the rooms. As an added precaution, persons can be provided with new clothing upon arrival, and their luggage and clothing can be stored and frozen for 48 hours for decontamination purposes. This proactive approach can reduce the high costs associated with addressing bedbug infestations at a later stage.



2.4.5. Keeping track of arrivals and workflow progress

Effective tracking of each new arrival from the start helps manage the workflow and keep an overview of the steps completed by each person and their progress throughout the process.

Various methods can be used depending on the purpose of the centre, the related workflow, technical capabilities, and number and type of arrivals (spontaneous or organised transfers).

Below are possible solutions to keep track of arrivals and monitor the workflow progress.

- **Unique ticket and/or token and/or wristband to each person:** a cost-effective method, advantageous in field conditions as it does not rely on electronic databases. Different colours can be assigned to different groups (e.g. single adults, UACs, families). The ticket/token/wristband can be marked with felt-tip markers or pierced for each step of the workflow, using different colours or shapes for each step. Wristbands must only to be worn during the workflow and removed upon completion of all steps. Persons must not wear any such identifying symbols outside the centre.
- **Electronic badge or card with a QR code unique to each person:** the badge or card keeps track of the steps in the workflow completed by the person and those remaining. This electronic system also gives an overview of daily arrivals, number of persons still to be processed and real-time tracking of progress in the centre. The personal badge/card can be linked to basic personal data collected at various stages of the workflow. As the workflow progresses, the badge/card can also be linked with the individual file and used for various purposes (e.g. the entry-exit system, access control to specific accommodation areas, tracking of services received and meetings attended, any imposed restrictions). See also the box [Practical tool – Entry and exit system in collective reception centres](#).
- **Unique identification code for each person linked to the individual data to be collected along the workflow** (for efficiency, it could already be the individual file number): this code should function across shared or interoperable databases with the other competent authorities involved in the workflow, as applicable. This avoids asking the person for the same data multiple times, streamlining the process and enabling efficient management of the steps. For instance, reception staff can anticipate room allocation needs in advance according to the principle of family unity. In the event of an organised transfer, the staff can use the available information to anticipate the next steps related to reception intake.

When designing and using such tools, Member States must ensure that any corresponding measures preserve human dignity, do not disproportionately affect privacy rights, and are not modelled upon enforcement tools derived from the criminal justice system. Any physical identifiers (e.g. wristbands or badges) must be designed in a way that does not expose individuals to labelling, discrimination or social stigma. Special attention must be given to vulnerable groups so that tracking measures do not create additional risks.



2.4.6. Waiting areas and response to basic necessities

Adequate waiting areas are needed between the various steps of the workflow. In case of large numbers of concurrent arrivals, longer waiting times are expected and these should be planned and used efficiently to:

- allow the person to use rest areas, including recreational areas for families and children;
- provide basic items and services (e.g. water, food, blankets, clothing, access to toilets);
- provide information about the next steps in the process;
- facilitate early-identification of special needs that may require immediate support and/or schedule follow-up assessments of special needs.

To achieve this, waiting areas should be designed to:

- host large groups, depending on the number of daily arrivals, with the option to set up partitions to separate different groups, such as those with special needs or following different tracks. For example, in case of high arrivals where children have long waiting time, set up separate, child-friendly spaces that provide privacy, safety and basic comfort and are equipped with age appropriate material and the presence of trained staff, including security staff. Plan private space for lactating women with newborn. Plan sufficient space for persons in a wheelchair.
- provide shelter from weather conditions such as heat, rain or cold. For example use large tents or Rubb Hall, with adequate heating and cooling systems / fans, if there is not enough space inside a building.
- have benches, chairs and tables, if possible also for serving food.
- have toilets separated per gender.
- support information provision activities, through the displaying of information materials in different languages and through different channels (e.g. audiovisuals on screens) and dedicated spaces for oral information sessions with the presence of interpreters.
- provide adequate space and set-up for people to fill out forms, and for staff to perform the medical triage (see further in Section [2.4.9 Health screening](#) and [Triage](#)) and the early-identification of special needs, ensuring the necessary privacy. The early-identification is based on the observation of vulnerability indicators by staff, including a child protection lens to quickly recognise and address signs of distress and illness in children, on self-identification or self-disclosure, or on the presentation and analysis of documents or evidence of a vulnerability or its indicators.



2.4.7. Factors influencing progression to the next step in the workflow

Different scenarios can apply depending on the organisational set-up, processing capacity and time required for each step of the workflow. This in turn depends on the purpose of the centre, on the specific workflows to be carried out (e.g. screening, asylum registration, reception intake, accommodation) and on the profiles of the new arrivals.

- **Scenario 1:** all services have the capacity to process all new arrivals each day. For example, asylum registration and reception intake manage to process the same number of cases.
- **Scenario 2:** some services have the capacity to process fewer new arrivals per day. For example, in an arrival centre, the capacity of asylum registration or reception intake is lower than the daily number of arrivals.

Ideally, some key steps of the workflow (such as identification, registration, triage, medical intake and basic reception intake) are done all on the day of arrival. Access to the main accommodation area should be possible only for new arrivals who have already been identified and screened for basic medical conditions. As a minimum, the main accommodation area should not be accessible to unidentified persons or persons who have not completed at least the medical triage.

2.4.8. Allocation to a separate accommodation area for unregistered third-country nationals

When progression to the subsequent steps of the flow is delayed or when arrivals occur outside core working hours and third-country nationals cannot be registered or admitted to the main accommodation area on the day of arrival, it is recommended to provide unregistered individuals with temporary accommodation and basic services in a separate area from the one designated for registered residents of the centre. The stay in such separate area should be limited in time and meet the applicable EU and international law standards.

There are two main options to provide temporary accommodation for individuals awaiting to complete the steps required to be admitted in the main accommodation area.

- **On-site solution:** establish the accommodation area within the premises of the centre and have it fully equipped to minimise logistical challenges. Centres with few daily arrivals could have a temporary overnight room. A larger temporary accommodation area could be set up in case of higher daily inflow or as a preparedness measure.
- **External solution:** if the centre does not allow for on-site separate accommodation or if capacity is exhausted, create separate 'pre-arrival locations' or outsource/sub-contract their creation and/or management to other entities.

This temporary arrangement ensures that the necessary procedures are completed as soon as possible, while also providing a safe and dignified environment.



It is important to distinguish between the separate accommodation zone and the main centre, as they serve distinct purposes. However, key activities such as response to basic necessities, provision of information, triage and response to urgent cases, early-identification of vulnerability and safety and security measures should be carried out in the temporary area too, as a pre-reception intake. Specific arrangements will still apply to ensure that children are not accommodated with unrelated adults, that child protection staff is always present to ensure appropriate supervision and that child-friendly spaces and items are available.

2.4.9. Health screening

Related standards and indicators in other EUAA guidance

This section needs to be read in conjunction with:

- [Guidance on Reception: operational standards and indicators](#), 2024:
 - Section 4 Medical screening
- *Guidance on reception: operational standards and indicators*, 2016:
 - Section 5 [Healthcare](#)
- *Guidance on reception of unaccompanied children: operational standards and indicators*, 2018:
 - Section 6 [Healthcare](#)

Depending on the processes, there are different health-related steps to be carried out.



The **preliminary health check during screening** only applies to third-country nationals who are subject to the screening as per the Screening Regulation. It aims at identifying any needs for immediate health care and/or isolation on public health grounds. Based on the medical circumstances of the person, it is decided if any further medical check is needed during screening. The results of the preliminary health check should be further communicated on a needs-to-know basis and must be taken into account in the medical intake for reception.

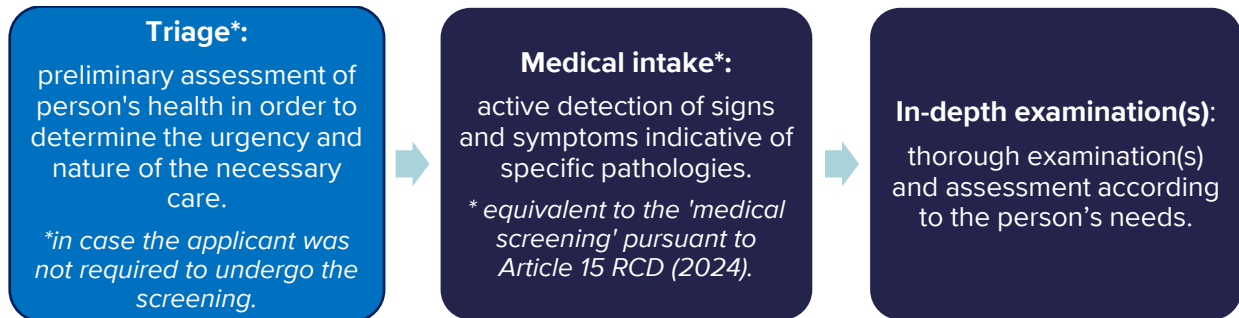


For more on the preliminary health check during screening please consult the European Commission, *Guidance on the Screening Regulation* (forthcoming) and the Frontex and EUAA, *Toolbox on screening* (forthcoming).





In this practical guide **the term ‘health screening’ covers the different health-related steps which can form part of the workflow upon arrival at a reception centre: triage, medical intake and in-depth-examination(s).** See also Section [3.3. Organisation of ongoing health care](#).



All medical examinations must be performed by qualified medical personnel with due respect to safeguards, including informed consent and proper information provision (see [Medical screening](#) on the Let's Speak Asylum portal).

In the case of children, the medical intake and the in-depth examination should be conducted in a child-friendly manner by professionals with child-specific expertise. For UACs, the representative or the person suitable to provisionally act as a representative should be present.

(a) Purpose of the health screening

The health screening carried out as part of the arrival phase aims to ensure the following.

- **Early identification of physical and mental health needs and provision of immediate support:** this can be facilitated through targeted questions during the triage (e.g. early pregnancy, persons suffering from diabetes) and through tests during the medical intake. Immediate assistance must be provided to those in need.
- **Control and prevention of contagious diseases:** triage and preliminary health check / medical intake, performed as early as possible in the workflow, can prevent outbreaks.
- **Referral for further assessment and/or support, with due consideration to informed consent and the principle of confidentiality:** referral can be to a specialised doctor at the centre, if available, or to external service providers based on the SOPs in place.
- **Needs-based allocation:** matching applicants with special needs with adequate reception and services. For example, an applicant in need of dialysis or with reduced mobility or special mental health needs would be allocated to a centre with proper access to specialised services.
- **Timely procedural guarantees for applicants with special needs, if the vulnerability has an impact on the asylum procedure:** health-related data should be included in an



interoperable system in line with nation legislation and data protection rules, to allow for procedural arrangements (e.g. priority examination, postponement of examination).

- **Assignment to a different track:** the outcome of the triage and preliminary health check / medical intake may require referral to a different track along the workflow (e.g. placement into quarantine/isolation; referral to a nearby health facility of a severely dehydrated person).

(b) Steps of the health screening

The practical implementation (when and how) of the three steps described below will depend on factors described in Section [\(c\) Factors influencing when and how the health screening](#) is organised.

Triage

When: in case of high arrivals, to perform as soon as possible upon arrival at the centre unless already carried out at another location or the applicant underwent the preliminary health check during screening. In these cases, the staff is notified accordingly.

Why: to identify those in need of emergency care, presenting symptoms of contagious diseases or in need of prioritisation.

What it includes ⁽⁴⁸⁾:

- initial rapid assessment of life-threatening and acute situations (like cardiovascular events, hyper/hypoglycaemia, injuries, hypothermia), provision of emergency care or referral to care before the other steps of the workflow;
- identification of potential indicators of contagious diseases (like fever, rash, cough, diarrhoea) and response according to national guidelines (including immediate referral to quarantine/isolation if needed);
- special attention paid to pregnant women, children and persons with visible special needs and disabilities.

Medical intake (equivalent to the 'medical screening' pursuant to RCD (2024))

When: upon arrival at the centre.

Why: to identify any needs on public health grounds. It can also support the identification of any health care needs for immediate attention or follow-up and the activation of procedural guarantees or necessary reception support upon arrival.

What it includes (as a minimum).

- Screening for contagious diseases, especially during an epidemic or pandemic (e.g. COVID-19 test), or for pest contamination (e.g. bedbugs, scabies).

⁽⁴⁸⁾ For more on triage, see [WHO Interagency Integrated Triage Tool](#).



- Anamnesis (recording of personal and family medical history, including history of mandatory vaccinations), which should be completed in a single visit during the medical intake. In certain cases, it can be initiated during the medical intake and concluded during the follow-up in-depth examinations.
- Physical examination.

For screenings and vaccinations for infectious diseases, according to national public health policy, see guidance from the European Centre for Disease Prevention and Control ⁽⁴⁹⁾.

Depending on the outcome of the medical intake, **follow-up actions** should include:

- emergency response in case of evident contagious diseases (including immediate referral to quarantine/isolation if needed) according to national guidelines;
- referral for immediate medical assistance if needed;
- schedule next appointment(s) (for in-depth examination and/or vaccinations);
- referral for further assessment and/or support.



The individual medical file

The output of the medical intake is **opening an individual medical file** and recording the collected medical data. A medical file should already be created in case any type of care/treatment is provided during the triage, if feasible.

It is essential to inform the person about their rights and obligations regarding the medical intake. Informed consent must be obtained from the person at the beginning of the check, to create the medical file and share the information with other medical professionals. Generally, only in emergency situations and in accordance with national legislation, can minimum necessary information be shared without the patient's consent on a need-to-know basis. In case of transfer to another reception centre, the medical file should accompany the person, subject to their informed consent.

In-depth examination

When: in the first days after arrival at the centre.

Why: to ensure that applicants' health needs (both physical and mental health) are further assessed and necessary health care is provided.

What it includes (as a minimum):

⁽⁴⁹⁾ ECDC, 2018, Public health guidance on screening and vaccination for infectious diseases in newly arrived migrants within the EU/EEA, <https://www.ecdc.europa.eu/en/publications-data/public-health-guidance-screening-and-vaccination-infectious-diseases-newly> .



- further recording of medical history of the patient (if not concluded during the medical intake), including explaining to the person the importance of sharing copies of previous medical reports or exams;
- follow-up of the patient's medical conditions and the assessment of special needs and vulnerabilities.

Depending on the outcome of the examination(s), **follow-up actions** should include referral for adequate support, including to service providers inside or outside the centre.

(c) Factors influencing when and how the health screening is organised

The national context, the type and purpose of the centre, and the context of arrivals both in the country and at the centre influence when and how the steps of the health screening are organised in practice.

The following need to be considered when organising the workflows.

- **Type and purpose of the centre:** third-country nationals subject to screening must undergo a preliminary health check.
- **Daily inflow** influences the timing and number of checks carried out on the day of arrival.
- **Number of checks performed:** during periods of high inflow, conduct triage first and then preliminary health check / medical intake; schedule the in-depth examinations the days after arrival to ensure timely and efficient processing of all relevant steps during day one. For low daily arrivals, medical intake and the necessary in-depth examinations can be simultaneous.
- **Timing in relation to other steps of the workflow:** for example, the medical intake can be carried out before, during or after the reception intake. However, it is highly recommended that at least a triage is done immediately upon arrival at the centre, if no checks were performed in a different location.
- **Available health-related information prior to arrival at the centre:** timely sharing of health information helps prepare precautionary measures, e.g. to transfer scabies cases.
- **Duration of stay at the centre (short, medium or long-term):** it affects the follow-up actions after the preliminary health check / medical intake. For example, examination for contagious diseases needs to take place before any movement of the person to another centre. However, an in-depth examination or the initiation of a non-urgent treatment can be done at the next centre if the stay in the current centre is short.
- **Responsible authority:** the authority/ies in charge of the checks vary depending on the national context and type of centre. A clear definition of roles and responsibilities and a functioning information sharing system is needed.
- **Checks carried out inside or outside the centre:** for checks done outside the centre, the workflow must factor in the time and transportation needs, keeping the medical file updated and ensuring regular communication between the professionals working outside and inside the centre.



- **Human resources:** medical personnel available to carry out the checks and the possibility to upscale the human and material resources (including space) in case of high inflow.
- **Any other relevant factors:** for example, the need for immediate isolation.



Related EUAA publication

The [Guidance on Mental Health and Well-being of Applicants for International Protection – Part II \(for those working in the first line\)](#) provides guidance on how to implement mental health and psychosocial support.

2.4.10. Reception intake

Related standards and indicators in other EUAA guidance

This section needs to be read in conjunction with [Guidance on Reception: operational standards and indicators](#), 2024.

- Section 4 'Individual file', Standard 6.

The term 'reception intake' refers to the procedure implemented by reception staff upon arrival in a reception facility. The intake is crucial for the exchange of information and for establishing trust between the reception staff and the resident.

The primary objectives of the reception intake are:

- collect information from the applicant (e.g. social, legal, psychological, medical information);
- identify persons in a vulnerable situation also in view of determining their allocation within the facility and their special reception needs;
- provide applicants with essential information (e.g. house rules, rights and obligations, available services, material reception conditions).

The intake procedure can vary in format: it can be a single meeting or consist of multiple sessions; it can be conducted by one or several reception officers with different functions; it can entail collective information-provision sessions followed by individual sessions to record personal data and special needs, or be conducted entirely on an individual basis.

The exact workflow of the reception intake will depend on various factors, including the national and local context, the type of centre (e.g. screening centre, arrival centre) and type of arrival. Certain tasks must be completed on the day of arrival, with immediate follow-up activities scheduled for the subsequent days (for example, follow-up appointments for initial assessment of special needs, appointments for the subsequent steps of the workflow or as per the identified needs, follow-up individual or group information sessions).



The following tasks should be carried out on the day of arrival as part of the intake, before accommodation.

- **Administrative registration:** registration of personal data (including family composition, vulnerabilities and special needs, etc.); filling out reception-related forms (if applicable); designation of a room (depending on the target group); issuing and handing out the badge or the residence card (if applicable or if not done in the previous steps); creation of the individual file.
- For efficiency gains, any information collected during previous steps of the workflow, if applicable, should be used. This can be available through integrated or interoperable systems, in coordination with the other responsible authorities.
- **Provision of information (written, oral and audiovisual):** this includes providing an overview of rights and obligations, house rules, a map of the reception centre plan, list of services and emergency contacts, and a short **orientation tour** of the centre and available services, which can be organised individually or in small groups.
- **Distribution of arrival/welcome kit** with non-food items.
- **Collecting the luggage** stored in the previous steps.
- **Accommodation:** accompanying the person to their designated room.

Depending on the operational context (e.g. low arrivals, transfer from another centre), **an initial assessment of special reception needs** could also be carried out on the day of arrival.



The individual file

The individual file is a comprehensive and transversal tool that encompasses all relevant information about the person and the components of the support provided to them (administrative, social, medical, social, ongoing needs assessment, life at the reception centre, etc.). It is a tool for both the staff and the person.

The file is created and filled in with basic information during the arrival phase and follows the person throughout their stay and journey along the reception pathway (including in case of transfer to another reception centre). It is systematically updated through a collaborative, multi-disciplinary approach, ensuring that all personal information is handled in compliance with national legislation on the principle of confidentiality and data protection regulations.

The information collected during the steps carried out in the arrival phase is particularly crucial, as it informs decisions on allocation of the person to an appropriate facility based on their identified needs, ensuring that they receive tailored support and care.

The information to be filled in upon arrival at the centre will depend on the type of centre, on the information already collected and available to the reception staff and on the availability of integrated or interoperable systems.



For more on the individual file, see Standard 6 in the EUAA, [Guidance on Reception](#), 2024. See also Section [1.5. Data and case management systems](#).



Practical tip: the arrival/welcome kit

Each resident receives an arrival/welcome kit tailored to their specific needs and length of stay at the centre. It should include essential items, such as: bedding, linens and towels; hygiene kit (adapted per gender, age and special needs); kitchen kit (items depending on whether meals are served in a canteen or if residents are responsible for cooking their own meals); other basic necessities. To address special needs, dedicated kits should also be available, for example: new-born kits, emergency clothing kits (including underwear and shoes) and other non-food items.

The arrival kit strikes a balance between meeting the immediate needs of the applicant, promoting ecological sustainability through the use of recyclable materials, and ensuring cost effectiveness. For instance, kitchen kits could be reused by the resident in the next reception centre, reducing waste and minimising expenses. If the stay is short (for example, a few days), the use of disposable bed sheets in high-turnover contexts can ensure hygiene standards and eliminate the need for laundry and maintenance.

When Member States opt to provide some items of the arrival/welcome kit in the form of financial allowance and/or vouchers, the kit should contain at least items of immediate use (e.g. personal hygiene items).

2.5. Phase of stay at the centre

Related standards and indicators in other EUAA guidance

This section needs to be read in conjunction with:

- [Guidance on Reception: operational standards and indicators](#), 2024.
 - Section 8 Administrative support
 - Section 9 Reduction or withdrawal of material reception conditions
 - Section 11 Applicant's participation and engagement in areas that affect their daily life in the reception facility
 - Section 12 Preparing the end of reception: measures oriented towards the applicant's integration or towards voluntary return
- *Guidance on reception of unaccompanied children: operational standards and indicators, 2018:*
 - Section 4 [Day-to-day care](#)
 - Section 7 [Education – preparatory classes and vocational training](#)



Consult [Annex 1 – Summary table of services](#) for a non-exhaustive list of services and activities that facilitate effective access to rights applicable for ‘short-term stay’ centres and for ‘long-term stay’ centres.

Refer to Chapter [3. Organisation of reception](#) for operational aspects relevant for the stay phase at the centre in relation to some key functions of a centre: [3.1 Organisation and location of front-office reception services](#), [3.2 Organisation of accommodation in the centre](#) and [3.3 Organisation of ongoing health care](#).

Stay at a reception centre can be long or short but is always temporary. Besides ensuring that applicants have an adequate standard of living and effective access to their rights as per the RCD (2024), the organisation of services at the centre should ensure that applicants may make the most of the time spent in reception and actively participate in their asylum procedure.

The scope of the services provided may vary depending on the length of stay at the centre, the resident’s legal status and the duration and type of procedure. When the persons stay longer than just a few days before being transferred to another centre or accommodation facility, access to additional services (for example language and educational courses, and vocational training) must be planned. During the stay phase, the adoption of early integration measures – and in particular language classes, cultural orientation, vocational training, psychosocial support services and opportunities for community engagement – will create the conditions for successful inclusion in the host society.

The activities undertaken during the arrival phase (including medical intake, information provision, identification, assessment, initial support services) should lay the groundwork for the subsequent activities in the next reception phase. This could take place either within the same centre for long-term stays or at a next facility following a short stay at and transfer from the current centre. Regularly reviews are necessary to ensure relevance of these activities.

Services in reception contribute to establishing the conditions for the applicant to cooperate with and remain available to the authorities in the common interest of a correct and fair decision on international protection needs. Through quality support services, the applicant will be able to overcome potential obstacles limiting their capacity to fully present their case to the authorities. Not only does this support the building of trust in the reception system but it also acknowledges the intrinsic link between the asylum and reception processes, since the reception rights and obligations depend on the stage of the asylum procedure.



Reception and asylum interlink during the stay phase

During the stay phase in reception centres, it is essential to provide applicants with access to necessary services, support and information to ensure a fair and efficient asylum procedure, at all stages of responsibility determination, examination and appeal.



For example, the applicants will need to closely follow the steps that lead to the examination of the application for international protection, and prepare for the actual interview, for the outcome of the procedure and the possibility of an appeal.

In centres hosting applicants during the examination phase, interviews may be conducted:

- in-person: in a dedicated space within the centre;
- remotely: in specific cases, applicants participate remotely from the centre via an online connection with the determining authority;
- off-site: outside the centre in the premises of the determining authority.

Below are examples of reception arrangements in support of the asylum procedure.

Support during the examination phase

- Facilitate the applicant's collaboration with the relevant authorities, including to submit all available elements and documents to present their case and make contacts to produce additional documentation (including medical documentation or other supporting documents as they become available along the process).
- Facilitate access to communication equipment (e.g. Wi-Fi, printers) for applicants to retrieve or receive documentation.
- Refer applicants to appropriate legal support services upon request.
- Arrange for access to dedicated rooms for free legal counselling where the applicant can meet in private with their legal advisers or counsellors, with persons representing UNHCR and any other relevant organisation providing support.
- Facilitate access to specialised services needed to substantiate specific elements of the case, including in case of special needs that may affect the applicant's ability to participate in the procedure.
- Facilitate the applicant's attendance in remote interviews or provide them with easy access to transportation to the office of the determining authority.
- Support the determining authority with the scheduling system, especially in relation to procedure-specific timelines (e.g. for the asylum border procedure or accelerated procedures) or individual needs that may require additional considerations, for example priority examination, postponement (e.g. persons who survived traumatic events, persons who are in hospital) or a combination of both (e.g. prioritisation of children and their family members in the asylum border procedure).

Support during the appeal phase

- Facilitate the applicant's access to free legal assistance, legal representation and regular consultations with their legal representative to prepare for the appeal.
- Depending on the national set-up, facilitate the applicant's easy access to transportation to the court premises or the possibility to attend remote hearings.



2.6. Phase of outtake from the centre

Related standards and indicators in other EUAA guidance

For outtake linked to integration or return, consult the [Guidance on Reception: operational standards and indicators](#), 2024.

- Section 12 “Preparing the end of reception: measures oriented towards the applicant’s integration or towards voluntary return”, Standards 27 and 28.

The outtake from a reception centre and the associated workflows are largely determined by the centre’s purpose(s), the organisation of the national reception system and the specific situation of the individual. For short-stay centres (e.g. an arrival centre), outtake typically involves transferring the applicant to another housing arrangement. For centres designed for long stay until the conclusion of the asylum procedure, outtake depends on the outcome of the procedure, the person’s right to remain on the territory and their prospects for integration or preparation for return.

This section covers practical aspects related only to outtake from short-stay centres that provide initial reception (such as arrival centres). It is also applicable if the applicant is channelled out of the asylum border procedure to the asylum procedure within the territory.

The outflow system of a short-term centre requires a robust reception network of reception arrangements for longer-term accommodation options, such as collective centres, small-scale accommodation, individual housing or provision of housing in the form of financial allowances or vouchers. Accommodation for specific profiles may be also organised by other stakeholders responsible for the care of these persons. Frequent relocations should be avoided as it could hamper access to services, especially access to education for children.



Key considerations for deciding on allocation (examples)

The set-up of the national reception system determines the allocation mechanisms (see also sections [Asylum procedure\(s\) within the territory](#) and [Examples of links between registration/lodging steps and reception steps during the arrival workflow](#)).

- **The applicant may be allocated to an accommodation** to manage the asylum and reception systems. This must take into account objective factors, including family unity, the applicant’s special reception needs and the applicant’s effective enjoyment of their rights.
- **The applicant may be allocated to a geographical area** to ensure the swift, efficient and effective processing of the application or the homogeneous geographical distribution of applicants. The geographical area must be sufficiently large to allow the applicant to have effective access to their reception rights and procedural guarantees and access to adequate support in case of special reception needs.
- **The applicant may be assigned to and allowed to reside only in a specific place** for reasons of public order or to effectively prevent absconding; this may apply even



if the applicant has the means to afford other accommodation. A decision on the obligation to reside in a specific place must be issued, taking into account relevant aspects of the individual situation of the applicant, including their special reception needs, as well as relevant aspects of necessity and proportionality.

Below are examples of factors that should be considered when allocating a reception place.

- **Family ties:** members of the broader family (e.g. spouse, siblings, grand-parents, grand-children) already residing at a specific location in the country/region.
- **Medical needs:** availability of necessary special medical follow-up or treatment, as recommended by medical professionals.
- **Special reception and/or procedural needs:** as recommended by reception/other staff and availability of adequate response in the new location.
- **Best interests of the child:** families with children are to be accommodated in facilities that are suitable for the needs of the children.
- **Unaccompanied children:** dedicated accommodation depending on needs.
- **Employment or education:** documented employment or studies already in progress and availability of schools; or access to employment (if applicable) and education.
- **Language skills** of the applicant (to facilitate matching with available interpretation or geographical allocation depending on the languages spoken in the area).

In the event of an applicant refusing to move to the allocated reception place or geographical area or to the specific place in the case of a restriction of freedom of movement, the procedure should outline the steps to be taken. The applicant must be informed of the procedure to complain about the allocation or, if allowed to reside only in a specific place, they must be informed of the possibility and modalities to appeal such a decision, be provided with the relevant contact information and be informed of any legal assistance available.

Coordination and timely information sharing between asylum and reception authorities are needed for an efficient allocation mechanism.



Efficient workflow for outtake and transfer to another reception centre/place

A well-organised workflow should include the following steps.

- **Matching and allocation:** have a mechanism in place to identify and match an available and adequate reception place and, if applicable, procedural requirements with the applicant's needs. This ensures that the special needs of the applicant are met in the new location. See above box for considerations for allocation.
- **Scheduling departure:** determine departure date and time, taking into account the applicant's needs and the availability of the next reception centre.



- **Notifying the next reception centre** (or the relevant entity/contact person in case of other housing arrangements): inform about the estimated time of arrival, ensuring a smooth coordination and transfer.
- **Informing other authorities/actors:** for example, the asylum service (to ensure that the timeframe for the examination of the case will not be affected) or medical services.
- **Informing the applicant:** provide information about the allocated place, the modality of departure (e.g. time, place, transfer organised or no) and a brief explanation on the functioning of the next facility. Provide clear information on the rights, obligations and consequences of not complying with the allocation. For more on this, see [Allocation/Transfer](#) on the Let's Speak Asylum portal.
- **Arranging transportation:** arrange for transportation to the next facility, either by organising a transfer or providing guidance on using public transportation.
- **Transferring individual files:** transfer the individual file, including all relevant information on special reception needs and individual profile, such as prospect of access to the labour market, level of education, professional skills, etc.
- **Transferring medical files:** transfer the medical file to the next reception centre, with the applicant's informed consent, to ensure continuity of care.
- **Concluding the applicant's stay at the centre:** ensure that the room is vacated and cleaned; any materials are returned, if applicable.
- **De-registering the applicant:** de-register the applicant from the centre, update the database with information regarding the transfer, and make the room available in the system, completing the outtake workflow.

For children, transfer should be arranged with their best interests as the primary concern and ensuring continuity in key services such as education and health treatments, reliance on support networks, etc. Prior to transfer, to mitigate the emotional impact of the disruption, UACs should receive the necessary support from their representative, including in the form information on the process.

The workflow above relates to transfers within the national reception system, though some steps are applicable also in the context of transfers to another Member State.



3. Organisation of reception services in the centre

This chapter covers operational aspects related to organising key functions of a centre, namely front-office reception services, accommodation and provision of ongoing health care.

3.1. Organisation and location of front-office reception services

Services in the centre must be organised in an intuitive way so that residents can easily find what they need. This increases efficiency and reduces the need of staff assistance. This also affects how the services are organised in relation to the accommodation area/s.

This section refers to the organisation and location of reception services in direct contact with / delivered directly to the residents and provided throughout the entire stay in a centre.

3.1.1. Factors influencing the organisation of services

The structure of a reception centre needs to have dedicated space to organise and provide material reception conditions and support services to residents (food distribution point, information point, offices dedicated to psychosocial support, classrooms for educational activities, space for recreational activities, etc). The organisation and location of these front-office services need to take into consideration several factors.

Factors influencing the organisation of services may include the following.

The purpose(s) of the centre and the length of stay

The way in which services are organised is influenced by the purpose(s) that the centre is intended to serve and the associated legal status of the residents. For example, a multi-purpose centre might host residents with different legal statuses which call for the provision of different services.

The length of stay in the centre is also directly tied to its purpose(s) and to the duration and type of the procedural phase(s) to be concluded while the person is accommodated at the centre. Screening and the asylum border procedure for example need to take place within strict timelines whereas longer periods apply for the regular asylum procedure, including administrative examination and appeal. The length of stay is also linked to the prospects of integration for the persons who have been granted international protection.

Based on this, a centre or area of a centre with very short processing time (e.g. a screening area) should organise its collective services to allow for a high turnover of residents. On the contrary, during the stay in a centre where also the examination of the asylum procedure



takes place, services such as sanitation facilities could be household-based as these are considered more mid- and long-term reception. Services provided for longer-term stays (e.g. guidance on access to employment, vocational training) should be delivered in areas and by personnel dedicated to the different target groups, potentially in partnership with territorial services.

The size and the capacity of the reception centre

Certain spaces will be allocated to services proportionally to the size of the centre. For example, the larger the centre is, the more space needs to be allocated to staff. In large centres (from 300 to 1000 capacity) information desks may stay open longer hours (including based on staff shifts) or several desks can be available in different areas of the centre. If the centre has limited space available, the managing authority may decide to outsource the provision of certain services in locations outside the centre.

The design of the building(s)

The organisation of services and the distribution and allocation of spaces in a reception centre will also depend on whether the latter is designed from scratch or an existing building is adapted to work as a reception centre.

In an existing building, there might be limitations in terms of space and use, while in a new site it is possible to optimise the layout, for instance by combining in one room the information desk and the distribution point. In centres designed from scratch, some spaces should be designed to allow access from large groups, with all related security measures in place. Other spaces designed for smaller inflows will be dedicated to specific time-demanding activities (social services, information provision, legal counselling) that require a more individualised approach (e.g. for persons in a vulnerable situation), with accesses regulated through appointments and arrangements for maximum confidentiality. It is recommended to have offices in a separated area from services, both for security and for confidentiality reasons.

Security measures and staff presence

The security measures in place and the staff presence may influence the allocation of services in specific areas of the centre and the organisation of the services, and vice-versa.

3.1.2. Centralised and decentralised services

In this section, a distinction is made between **centralised services**, located in common service areas, and **decentralised services**, scattered across the centre to be closer to residents and relevant target groups.

While centralisation favours the autonomy and proactivity of residents, decentralisation guarantees greater care – necessary to protect and pro-actively inform certain target groups.

To decide between the two approaches, parameters such as efficiency (cost/result ratio) and rationalisation of resources management should be taken into account. Other factors to be taken into consideration are explained in the sections below.



Size of the site and the number of residents

Smaller sites will tend to centralise all services and activities whereas, in larger centres, some services may be centralised while others may need to be decentralised. For instance, distribution of non-food items in large centres might be decentralised in smaller kiosks located across the site, while a central warehouse might be needed for logistical purposes.

Type of service and protection elements

Decentralisation of services facilitates easy access by the most vulnerable groups. On the contrary, centralised services may prevent some residents from accessing them. For instance, some women may feel uncomfortable accessing centralised services due to a large presence of men. Decentralised services also ensure steady presence of some key professional figures (e.g. social worker) next to residents. Gender-specific and age-specific items (e.g. sanitary pads, diapers) would ideally be distributed in a safe space, for example in areas where women access gender-specific information and where qualified staff observes any vulnerability indicators.

Planning on the use of the space/room

Some centralised services may be used by different residents during the day. For example, access to the internet café can be based on a schedule (e.g. morning/afternoon for different profiles of residents). Decentralisation would also be avoided for security reasons. Meeting rooms can be centralised, but it is good practice to have smaller meeting rooms across the centre to provide confidential spaces in case of unplanned meetings between the staff and a resident.

Safety and security of residents, staff and assets

Clothes could be distributed in smaller and decentralised rooms/areas to facilitate crowd management and avoid possible incidents. Financial assistance should be distributed based on a centralised system and a specific schedule. Bathrooms should be inside the accommodation rooms. Otherwise, they should be scattered all over the centre with due consideration for age and gender and in combination with risk mitigation measures (e.g. adequate lighting, presence of security or reception staff, community engagement measures).

Social workers and some officers need to guarantee their presence amongst residents to observe group dynamics, identify indicators of vulnerability, facilitate access to service, prevent conflicts and de-escalate possible issues. This can be achieved by placing small offices for staff in different accommodation areas, or through centralised offices combined with mandatory roving presence in the centre.

Centralisation of services may reduce the costs of security assistants. In this case, an efficient mechanism to guarantee prioritised access to services for vulnerable persons is needed.



Required equipment

Some services can be combined in the same building, based on the needed equipment (e.g. ICT) and requirements (e.g. confidentiality and security). For example, an information desk can be located in the same space where non-food items are distributed, with different times.

Mobile services

Decentralised services can be provided as **mobile services**, depending on the size of the centre, security concerns for staff and the security measures in place. For instance, in large centres an info desk could operate in specific days in offices across the accommodation areas.



Practical tips

1. Systems of modular services

Medical services can operate following a two-track system where initial consultation services are followed up – if needed – by individual medical appointments assigned based on the initial assessment and/or referral by care provision officers.

Similarly, **social services** could be provided through a front desk operating within a fixed timetable, combined with individual appointments and regular outreach mobile activities across the different areas of the centre.

It is important to provide clear information on working hours and functioning of the different services, also with the support of cultural mediators, and to manage expectations of the residents also in terms on the type of service required and priority system.

Daily support could also be **decentralised through mobile teams** of care providers and mediators. Thanks to their visibility and frequent contact with residents, care providers direct persons to the services, observe vulnerabilities and ensure incident prevention and management.

Importantly, the centre should also have a list of the external services available to residents. This will facilitate early interaction with territorial services and other external actors, and ensure access through referrals.

2. Communication plan addressing the residents

Residents should know very clearly who does what in the centre. This requires **guidelines and SOPs** and a communication plan addressed to the residents. The objective is to optimise information provision activities and engage residents in accessing services in a responsible way. This can also help avoid unequal treatment stemming from residents' different abilities to participate and access services, while regulating workload of staff such as nurses or doctors. It is key to develop and implement a communication plan so that residents know what to expect and can gain some additional sense of control.



It is also important **to train the care providers on the limits of their interventions** in order not to create a demand that the centre cannot meet and to limit the frustration.

3. Food provision and distribution

For **very short stays**, it is advised to use **centralised catering** to avoid the distribution of cooking and dining items to be used just for a few days and reduce the risks of safety incidents. Meals can be cooked by the staff inside the reception facility or prepared outside and received on a daily basis. They can be distributed either in a canteen where people can sit and eat or through food trays that residents can carry in other areas dedicated to food consumption. The organisation of food distribution services should ensure access to meals for all residents, taking due account of conflicting appointments or mobility impairments that a person may have. Special arrangements should ensure that applicants have access to warm meals and safe storing, for example access to refrigerators.

In the arrival phase, **approaches to food distribution** vary depending on the facility's size. In small facilities, **centralised distribution** is easier to manage and allows to observe applicants (e.g. the interaction between family members or groups) to detect risks of abuse, indicators of health conditions or vulnerabilities. In larger centres, a **decentralised distribution** of meals in the common spaces of the accommodation areas can reduce crowding and tensions.

If the stay is medium or longer, the centre should provide residents with the opportunity to **self-cook in small, dedicated areas**.

Catering services can use a **mixed system** with cooking stations available in or close to the accommodation areas (also as a socialisation factor) combined with centralised catering.

Food is culturally sensitive and often a source of frustration or incidents. Focus group discussions may be conducted to gather at least initial information on how to provide diverse and culturally appropriate meals. This also helps avoid food waste while ensuring balanced nutritional elements and diet restrictions for medical cases. Granting some control to residents over the food they eat may have a comforting – hence healing – effect on traumatised persons and reduce a possible sense of cultural distance.

Access to drinkable water must be guaranteed 24/7. The same applies to snacks for children and adolescents and milk for babies.



Related EUAA publication

[*Modular Approach to Reception: Container Site Design*](#). See Section 2 'Functions and location of services' for a list of DOs and DON'Ts related to location of services, staff presence and security measures.



3.2. Organisation of accommodation in the centre

Related standards and indicators in other EUAA guidance

This section needs to be read in conjunction with:

- *Guidance on Reception Conditions: Operational standards and indicators*, 2016:
 - Section 1 [Housing](#), Standards 2-17.
- *Guidance on Reception Conditions for Unaccompanied Children: operational standards and indicators*, 2018:
 - Section 9 [Housing](#), Standards 44-56.
- [Guidance on Vulnerability in Asylum and Reception: Operational standards and indicators](#), 2024.
 - Section 'Special Reception Conditions', Standards 22-24

The provision of accommodation that meets an adequate standard of living and addresses the special reception needs of residents is an essential function of a reception centre. Adequate accommodation must ensure a safe and welcoming environment and be organised in a flexible, efficient and intuitive manner.

The operational needs of the centre will vary also depending on factors such as its purpose(s), the type of procedures residents must complete while accommodated there, the time required to complete the procedural steps, the legal status and future perspectives of the persons, and the available places in the reception network in case of transfers to other facilities.

This section outlines key considerations for organising well-functioning and resident-centric accommodation within the reception centre.

3.2.1. Accommodation is organised in a flexible way

The number and profiles of new arrivals are key factors in the organisation of accommodation. Such important information can be very difficult to predict, especially in arrival centres, and usually becomes available to reception and asylum authorities after completion of the screening, when the persons are channelled to the different procedures.

Arrival centres must be organised in a flexible way to be able to accommodate new arrivals with different profiles and needs. This includes fluctuating numbers, varying demographics, individual profiles, medical needs, family composition, age, special reception needs, etc.

Various approaches can be used to ensure the needed flexibility at the level of a reception centre to respond to changing accommodation needs because of constant variation of the population, as in the examples below.

- Define in advance a **prognosis/forecasting system** based on the identification of **triggers**, taking into account the evolution of the occupancy rate and the duration of stay for different profiles of residents and for the different procedures



- Keep a **registry of places/beds**. Use IT tools to record in and out movements and show in real time the occupancy rate and the number and type of available beds. This allows to plan in advance any adjustments needed in the accommodation areas.
- **Organise accommodation in smaller and modular living units/areas**. This allows allocation of places depending on the profiles of residents, procedural steps, different lengths of stay, etc. For example, persons who are undergoing the same procedural phase in the same period of time should be accommodated in the same units. The different living units/areas should be properly signalled (e.g. by using colours, numbers, possibly matched with individual cards or badges for access).
- Use **modular designs to allow optimised use of the space** available and internal (re)organisation of accommodation capacity within the same location. This includes systems to quickly modify room capacity, e.g. separation aisles or other partitions, transformation of areas in safe zones for vulnerable residents.
- Keep **extra or buffer capacity** and activate it when needed; this applies to both the overall capacity of the centre and the capacity per accommodation unit/zone.



Practical tips for a flexible system

- **Account for a percentage of 'lost', unoccupied beds**. The optimal use of each room (e.g. accommodating 4 persons in a room for 4 persons) is not always possible (e.g. accommodating a family of 3 members in a room for 4 persons). For increased efficiency and costs reduction, it is recommended to take measures to keep the percentage of 'lost', unoccupied beds between 5 % and 10 % maximum; if higher, measures to lower the percentage should be taken to improve efficiency. This will also depend on the maximum capacity and rooms configuration in the centre.
- Integrate the principle of lost beds into the budget monitoring.
- Have available rooms of different sizes to accommodate families of different sizes, to minimise the number of lost beds.
- Establish a **maximum number of persons per room** in accordance with EUAA standards, both for regular capacity and for temporary use in case of emergency (e.g. 4 persons in the room for regular capacity and 6 persons for emergency, still within the minimum m² per person).
- Set **possible scenarios for a flexible use of the facilities** (e.g. predefine which areas/rooms can be repurposed and into what).
 - Pre-define how each **room/unit/zone can be converted** based on family composition, suitable cohabitation and the building layout. For example, a room designed for families of four members could be converted into a room for four single women, and an accommodation zone for families could be converted into accommodation zone for UACs.
 - Identify **common areas that can be converted into accommodation if need be** (by using partition panels) and common areas that should **never be converted into accommodation** for security and safety reasons, even in times of crisis.



- Define **cohabitation options allowed within the same room or accommodation unit in case of lack of alternatives**. For instance, cohabitation between compatible family compositions, female single headed families etc.
- Prefer **adjoining** and **communicating rooms** that allow for flexibility in the occupancy. For example, two communicating rooms for three persons each can easily be converted into a room for six persons to accommodate a large family.
- Prefer **divisible rooms**: for example use partition to transform one room for four persons into two rooms for two persons.
- Diversify room typologies (e.g. studio and/or collective rooms, etc.) to ensure flexibility if communicating or divisible rooms are not possible.
- Keep one or more single rooms available in each accommodation unit. They can be used for residents for whom cohabitation is difficult or impossible. They could also serve to quickly isolate a resident and to prevent incidents.

The measures below can facilitate the logistics of room/unit/zone conversion so that no extra effort from the staff and no extra time are required where there is a need for rapid conversion.

- Have storage space in each floor or accommodation unit to facilitate the rapid conversion of spaces into rooms (stocks of tables, chairs, extra beds, children's beds, cupboards, partition walls, sheets and blankets etc.).
- Predefine the list of standard equipment per room type (in line with the EUAA standards and indicators).
- Prefer standardised rooms (similar layout, same furniture etc.) to facilitate management of stock, maintenance, and to promote fairness amongst residents, helping to reduce tensions.

3.2.2. Accommodation supports an efficient and logical set-up of the workflows

The accommodation area(s) should be organised and located within the centre in such a way that each step of the procedure is carried out efficiently. The working areas for each step of the workflow should be easily accessible and located in a logical manner vis-à-vis the accommodation area(s).

Generally, access to the main accommodation area is limited to persons who have completed the minimum checks and procedures required by national regulations. This implies the need to have resting or waiting areas to conduct key initial activities with newly arrived persons. Such areas are essential as the newly arrived persons would stay there before they can access the spaces designated for the necessary first steps prior to receiving accommodation. See also Section [2.4.8 Allocation to a separate accommodation area for unregistered third-country nationals](#).

A fast reception intake ensures that newly arrived persons are assigned to the appropriate accommodation as soon as possible.



3.2.3. Accommodation is organised according to the length of stay of the residents

The organisation of accommodation in the reception centre should facilitate the management of different lengths of stay (from a few days to several weeks or months).

Avoid placing residents with short stay together with those with long stay. For residents with long stay, factor in access to long-term services and facilities. Centres that are fully or partially meant for short stays require an efficient organisation and management of accommodation places to allow for the continuous reception of new arrivals.



Practical tips for a rapid reallocation of rooms

Clear information to residents about length of their stay at the centre

If residents are well aware since the beginning that their stay in a specific location is going to be short, they will not get attached to the place and will be ready to leave when requested.

Configuration of rooms

For **short stays**, use **standard room configurations, limiting the personalisation** or 'appropriation' of space. The use of **depersonalised housing** allows for a quick re-allocation of the room and communicates the message of a temporary reception. For long stays, provide opportunities for personalisation allowing residents to leave their mark and connect with others (e.g. shared spaces for photos, testimonies, murals).

Efficient cleaning system

Implement an **efficient system of cleaning and restoration** to quickly reallocate rooms. The cleaning system may include one or more of the measures below.

- A cleaning service may handle the overall facility and the common areas.
- Extra attention is given to cleaning the bedrooms and the isolation rooms upon departure of the occupier(s) to ensure these are quickly made available for new arrivals, as well as cleaning the high-turnover spaces.
- Flexible work arrangements with external cleaning services, especially for periodic sanitation interventions.
- Residents may be asked to contribute to cleaning at least their rooms, as part of the house rules. A sanctions system for residents in case of refusal cleaning may be set-up.
- If residents are responsible also for cleaning common areas, thorough cleaning of these areas is performed by the cleaning service at a defined frequency.



- Residents' responsibility and participation in cleaning activities can be enhanced through voluntary work or paid work for applicants (with a minimum stay of 1-2 weeks to ensure proper training and efficiency).

3.2.4. Accommodation is managed to ensure safety and security

The co-existence of persons with diverse backgrounds, including persons who have survived trauma, is a particular aspect of a reception centre. Targeted arrangements are required to protect residents who may be in vulnerable situations while also preventing conflicts. The RCD (2024) requires Member States to take appropriate measures to prevent assault and violence, including violence committed with a sexual, gender, racist or religious motive.

Additionally, preventing internal tensions and managing conflicts creates a safer and more effective environment for authorities to work, minimising professional hazards and safety risks. Implementing dedicated training for all staff to recognise indicators and warning signs in a multi-cultural environment where residents share daily spaces and activities, can be a cost-effective strategy to optimise time and resources.

This section focusses on examples of situations that require specific measures.

Strictly regulated access to the different areas of the centre

In a multi-purpose centre, you can use a badging system to regulate the access of residents to specific areas of the centre relevant to them, e.g. based on the procedural step they are in, their individual profile or their legal status. In all types of centres you can use a badging system to limit access to accommodation areas for vulnerable people.

Inter-community conflicts and crowd movements

Centres with high turnover and changing group dynamics are more prone to sudden inter-community conflicts and crowd movements, making it harder to timely detect warning signs.

- Organise small outdoor common areas to discourage large gatherings. Monitor the formation of large groups of persons from the same nationality, as there is a risk that they may overpower other groups.
- Consider that safety concerns may arise both when allocating residents by nationality and when mixing nationalities in the same accommodation area. In the first case, challenges could be related to groups' power dynamics and the perpetuation of marginalisation of individuals (e.g. applicants with diverse SOGIESC persecuted in their home country). The second case can raise safety concerns due to potential cultural or religious conflicts.
- Regularly train reception staff in techniques to recognise power or abuse dynamics, defuse conflict and manage communication during time of tensions. Training focused on behavioural patterns in persons who have experienced trauma can provide both reception and security staff with insights to recognise and prevent tensions and conflicts, fostering greater collaboration among residents.



Real-time monitoring of incidents

Related standards and indicators in other EUAA guidance

For **house rules**, this section needs to be read in conjunction with:

- [Guidance on reception: operational standards and indicators](#), 2024:
 - Section 5 House Rules, Standards 7-9 and related indicators.

Monitoring incidents in real time is crucial in a rapidly changing community. A prompt and visible response, when needed, helps prevent larger incidents. Below are some examples.

- Focus on reactions to serious incidents and decrease emphasis on minor rules' violations. Residents may require time to fully understand and adapt to all house rules.
- Create a daily logbook to analyse triggers and locations of incidents: examine times, groups involved and any other element that may help identify preventive measures.
- Organise case conferences to discuss serious incidents, and debriefing sessions on effective practices for conflict resolution.
- Consult with residents to identify measures that could effectively promote harmonious co-existence within the centre.

House rules should be clearly and timely provided and explained to residents since a very early stage. They should also be well displayed on the premises. This creates an environment where everyone is aware of their rights, obligations and consequences of non-compliance with house rules, e.g. reduction or withdrawal of reception conditions.

Incident report template and instructions. Create a formal incident report template and train staff on its use. The template should include description of the incident, persons involved, location, time, circumstances leading to the incident, any intervention by the staff or by other services, suggested sanctions and actions to prevent similar incidents. Staff should receive clear guidance on how to fill in the report (with factual, precise and objective information). An example of an incident report should be included in the instructions for reference.

Standardised procedure for reporting to authorities. It should outline the steps to follow, the focal points to inform when the intervention of law enforcement is required, and how to ensure prompt access to justice for the victims.

Presence of staff to boost a sense of security

The following measures can help ensure that staff is present among the residents (see also Section [3.1.2 Centralised and decentralised services](#)).

- Combine mobile teams with fixed offices to facilitate interaction with residents across the centre.
- Place the office of the care provision officers centrally within the accommodation area to ensure accessibility and reduce tensions.



Theft prevention

Implement measures to prevent theft, such as:

- adequate and lockable furniture;
- rooms lockable from the inside (staff must be able to unlock from the outside in case of an emergency);
- secure places for depositing valuables;
- possibility for storing extra luggage in a locked room.

Hygiene safety

Implement waste management and environmentally sustainable measures that ensure sanitary living conditions, protect public health and promote residents' awareness. Other measures to ensure hygiene safety can include:

- freezing of luggage upon arrival;
- dedicated rooms to treat scabies or bedbugs on arrival (to avoid mixing with other residents);
- dedicated spaces with fridge and laundry to treat clothes contaminated with scabies or bedbugs;
- furniture and finishes resistant to intensive use, materials that limit bedbug contamination (e.g. avoid wood);
- regular sanitation interventions.



Practical tip: risk assessment and identification of safety risks

Regular risk assessment exercises enhance risk mitigation.

Organise focus group discussions with the residents to identify the perceived risks and safety hazards. Carry out a 'resident test route' of indoor and outdoor common areas, at different times of the day and night, to identify potentially unsafe or hazardous spaces and adopt the necessary countermeasures (e.g. in terms of infrastructure or lighting).

These activities should be carried out with different profiles of residents (men, women, children, persons with diverse SOGIESC – making sure to avoid stigmatisation). Give special attention to residents' fears to move inside the centre, for example due to hidden spaces or interpersonal relationships. This is particularly relevant for more vulnerable residents such as UACs, single women or persons with diverse SOGIESC.



3.2.5. Accommodation of families and family composition

The principles of family unity and best interests of the child must be fully respected when deciding on accommodation arrangements.

- If in the best interests of the child, the family should be accommodated together.
- In the case of UACs, siblings are to be accommodated together unless this is not in their best interests.
- Dependent adult applicants with special reception needs should be accommodated with the adult relatives responsible for them.

3.2.6. Accommodation providing a response to special needs

Accommodation must ensure access to adequate services. A flexible organisation can guarantee that specific arrangements adequately respond to individual needs.

If special needs have been identified, these need to be addressed through necessary protective measures and follow-up actions as a priority. The measures may encompass social, medical and psychological support, and may also influence the organisation of accommodation to ensure adequate support.

Specific accommodation measures may include: move the person to an individual room or to a room that better meets their needs; facilitate immediate access to specialised services (e.g. for potential victims of trafficking in human being); increase risk mitigation and safety measures; provide sanitary facilities close to the room for more vulnerable people (e.g. single women).

Specific accommodation for unaccompanied children

The best interests of the UAC is to be taken into consideration during the placement of the child. An UAC could be accommodated with an adult relative, a foster family, in centres specialised in child protection, or in other accommodations tailored to the child's needs. However, if it is in their best interests, Member States may place UACs above 16 in accommodation centres for adults.

To evaluate the most appropriate housing solution for the child, the allocation and possible re-allocation should be based on a best interests assessment, with the involvement of the child and of their representative. The decision should take into account that siblings should stay together if it is in their best interests, and that changes of residence should be limited to a minimum in line with the notion of 'stability and continuity in care' of the RCD (2024).

When UACs are housed in the same centre as adults, specific protection measures must be implemented. For example, **UAC should have a separate track from adults and be accommodated in a dedicated, restricted safe zone**. This may be a separate wing, a separate living unit or a separate accommodation area. Access to the accommodation area for UACs should be strictly regulated, preventing adult residents from entering. Co-habitation with single unrelated adults is not permitted. If the infrastructure of the centre does not allow the



UAC wing to be completely separated from the adults', proximity to a family accommodation area can create a more comfortable environment.

Areas dedicated to leisure activities for UACs are to be kept separate from service areas for other residents (e.g. catering, laundry, social and medical services). This can also be achieved with separate time slots for access. If not possible, a care provider must accompany the child.

UACs may have specific vulnerabilities and be in situations that require special attention, e.g. pregnant girls, young mothers, victims of violence or trafficking. Addressing their needs may require a more constant presence and closeness of key professionals such as guardians/representatives, social workers, child protection specialists, nurses and psychologists – as well as referrals to specialised services.

Specific accommodation for other categories of persons in a vulnerable situation

For certain categories of persons in a vulnerable situation, risk mitigation and prevention measures must be implemented in the reception facility to avoid exposure to re-traumatisation as well as for personal safety and health.

The ability of reception staff to observe and recognise indicators of vulnerability and make early referrals to specialised services is essential. Identification of vulnerable situations must be followed by allocation to suitable accommodation arrangements and re-allocation mechanisms that prioritise safety.

For instance, female applicants should be provided with separate sanitary facilities and a safe place for them and their minor children.

Residents with a diverse SOGIESC, particularly those whose physical appearance or demeanour may be indicative of a real or perceived gender identity or sexual orientation, potential victims of human trafficking and survivors of gender-based violence should receive protection measures such as access to protected accommodation and to specialised services.

In a place of first reception, persons may have urgent medical needs which require quick adaptations of reception arrangements, including access to external health facilities and prompt transfer mechanisms. Such arrangements can be facilitated through protocols of intervention agreed with local health facilities to guarantee timely and qualified medical interventions. Minimum arrangements that allow to address certain health issues at the reception centre include the availability of separate and adequately equipped rooms (e.g. for people with reduced mobility) and of medical isolation rooms for persons carrying contagious diseases.

If there is a risk that a resident may have behavioural issues that could endanger other residents – for example, due to serious mental health conditions or addictions – the person could be allocated to an area away from families and other persons in a vulnerable situation and be subject to medical monitoring.





Related EUAA publications

The [*Practical guide on applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics - Reception*](#) ⁽⁵⁰⁾ provides guidance and practical recommendations on the design and management of reception systems and the provision of reception conditions taking into account the special needs of LGBTIQ+ applicants.

Guidance on Mental Health and Well-being of Applicants for International Protection – Parts I - III consists of three standalone but complementary and interlinked parts:

- [Part I \(for senior management\)](#) provides guidance on how to set the framework to shape an asylum system informed by mental health and well-being considerations
- [Part II \(for those working in the first line\)](#) provides guidance on how to implement mental health and psychosocial support.
- [Part III \(toolbox to support those working in the first line\)](#) provides guidance and a toolbox to support the implementation of mental health and psychosocial support.

3.3. Organisation of ongoing health care

Related standards and indicators in other EUAA guidance

This section needs to be read in conjunction with:

- *Guidance on Reception Conditions: Operational standards and indicators*, 2016:
 - Section 1.1 [Location](#), Standard 1 and indicator 1.2.(a)-(c)
 - Section 5 [Healthcare](#), Standard 29 and related indicators.
- *Guidance on Reception Conditions for Unaccompanied Children: operational standards and indicators*, 2018:
 - Section 6 [Healthcare](#), Standards 28-30 and related indicators.

The provision of ‘ongoing health care’ aims at ensuring that applicants ‘receive the necessary health care, whether provided by generalists or, where needed, specialist practitioners’ and that such necessary health care ‘be of adequate quality and include, at least, emergency care, essential treatment of illnesses, including of serious mental disorders, and sexual and reproductive health care which is essential in addressing a serious physical condition’ ⁽⁵¹⁾. The term ‘health care’ encompasses both physical and mental health, and well-being, psychosocial support, necessary rehabilitation services and assistive medical devices where needed. Additionally, children should receive the same type of health care as provided to nationals who are children ⁽⁵²⁾.

⁽⁵⁰⁾ EUAA, [*Practical Guide on applicants with diverse sexual orientations, gender identities, gender expressions and sex characteristics – Reception: Reception*](https://euaa.europa.eu/publications/practical-guide-SOGIESC-reception), November 2024, <https://euaa.europa.eu/publications/practical-guide-SOGIESC-reception>.

⁽⁵¹⁾ Article 22(1) RCD (2024).

⁽⁵²⁾ Article 22(2) RCD (2024).



Providing quality health care helps ensure the applicants' wellbeing, supports a better allocation or re-allocation to match their needs with available accommodation, and allows for the creation of a safe environment for every applicant.

3.3.1. Factors influencing the organisation of ongoing health care

Health care may be provided inside or outside reception centres, using local (public and/or private) services or combining them with services provided directly by the reception authority. Some reception centres can provide health care on-site up to a certain extent (e.g. basic/primary care), whereas more specialised care and examinations are carried out at local/regional hospitals or other external health care facilities. Services provided outside the centre must be at a reasonable walking distance or accessible by public transportation. The decision on whether to provide health care partially or fully inside or outside the centre should be made early on, when planning the opening of the centre.



Key considerations for planning the provision of health care

National legislation must regulate the modalities of access to health care for applicants, including the relevant safeguards (e.g. for children). When planning health care services and deciding on the available options, the factors below should also be considered.

- **Capacity and occupancy:** the daily inflow and outflow of the centre should be compared to the centre's current and maximum capacity to ensure the availability of adequate health care resources.
- **Duration of stay at the centre:** for applicants with very short stay (1-3 days), health care can be initiated at the current centre, if needed, and continued at the next centre. In some cases, only if the applicant remains at the centre for a certain and plannable period of time, could treatment or surgery be planned or initiated at the current centre. Transfer to another centre should take these factors into account.
- **Average occupancy and turnover:** the average number of applicants hosted at the centre and the average turnover (linked to duration of stay above).
- **Proximity of health care facilities:** assess the distance to healthcare facilities, accessibility and availability of transportation, to identify potential barriers to access health care (e.g. too far, dangerous road, lack of public or organised transportation).
- **Health care facility capacity and specialisation:** in coordination with local health care authorities, assess the range of specialist services and the absorption capacity of the local health care facilities to ensure that there is sufficient capacity to cater for the needs of both the local population and applicants. For example, absorption issues may arise in case of a high number of pregnant women, dialysis patients and, more broadly, when the reception centre relies on the services of small-sized or understaffed hospitals and health facilities. To avoid issues, it is advisable to allocate applicants to specific centres based on their needs and on the availability of specialised services in the proximity of those centres.



- **On-site medical services:** the possibility to have specialised medical doctors and to conduct examinations at the reception centre.

By considering these factors, healthcare services can be tailored to meet the needs of applicants in a reception centre, ensuring timely and effective access to medical care.

3.3.2. Key considerations for health care provided inside or outside the centre

This section covers practical aspects of the organisation of ongoing health care, considering in particular the partial or full delivery of services inside or outside the centre.



Key considerations: health care outside the centre

When providing ongoing health care **partially** or **fully outside the centre** using the mainstream medical services, consider some of the following measures, depending on the national context.

- **Set up agreements or memorandums of understanding with the external health service providers.** This will facilitate effective coordination and communication, as well as clear referral pathways to these services.
- **Interpreters/cultural mediators:** consider the need for interpretation and the important role that interpreters/cultural mediators can play in facilitating effective access to these services.
- **Plan for transportation needs:** consider the possible transportation needs of residents, taking into account the distance between the reception centre and the health care services. If the services are nearby and the route is safe, applicants can reach them on foot. However, transportation must be provided for persons with reduced mobility or other difficulties in reaching the location on their own. If the services are far away, transportation should be arranged for all residents. Have walking devices available for elderly persons with reduced mobility. Transportation might also be needed during nighttime (extra costs to be budgeted) or in case of emergencies (relying on ambulance services). Use an appointment/scheduling system for transportation arrangements, excluding urgent cases, to ensure efficient organisation. Ensure that the applicable rules are clearly communicated to and understood by everyone.



Key considerations: health care inside the centre

Aspects to be considered when providing health care **partially or fully inside the centre**.

- **Allocate adequate space and resources to ensure well-functioning medical/nurse's offices:** the size of the medical area, the specialisation(s) and number of medical staff should be evaluated on a case-by-case basis, considering factors such as the size of the centre, the inflow, the profiles of residents, and cost-efficiency. Depending on the structure of the centre, part of or all the space for the medical services could overlap with the one allocated for the medical intake upon arrival at the centre. If space is limited, the medical room(s) can be used by rotation by the medical specialists, but should not be available for other services. For more on the location of medical services see section [3.1. Organisation and location of front-office reception services](#).
- **Clear communication to the residents:** the location, available services and opening hours of the medical/nurse's office (s) must be clearly communicated to the residents, also taking into account the level of literacy (including health literacy). Provide reliable information, minimising changes to opening hours.
- **Effective waiting system:** implement a well-organised waiting system, such as a ticketing system, colour coding by type of service/specialisation, or an appointment-based system. This can be facilitated by flow managers and interpreters/cultural mediators to maintain control and prevent conflicts.
- **Urgent care protocol:** establish an SOP for flow managers and interpreters/cultural mediators to promptly refer to the nurse or medical doctor any resident waiting in line in urgent need of care.
- **Adequate waiting areas:** ensure that any waiting area(s) outside the medical centre provide(s) adequate shelter from rain, wind, sun, or cold.
- **Waiting area organisation:** ensure seats are available. If multiple medical specialisations are offered, ensure a clear division and separate waiting areas.
- **Security measures:** if necessary, have security staff present to maintain a safe environment. Restrict access to the medical area and grant access to residents only by appointment or in case of urgent medical needs. Restrict access to medical supplies to authorised personnel only to prevent misuse or unauthorised use. If certain medicines can be administered by non-medical personnel (e.g. during night shifts or outside working hours of medical staff), clear rules and separate secured areas should be in place. Store medical files in a secure location to ensure confidentiality and data protection. Train all medical staff on security protocols.
- **Logistics:** maintain an adequate supply and inventory, and ensure proper and secured handling of medication, consumables and medical equipment. Ensure reliable energy supply to the storage room, e.g. through an energy generator, to guarantee the integrity of temperature-sensitive medications.
- **Proper waste management:** establish a comprehensive system for hazardous waste management to minimise environmental and health risks.

Annex 1 – Summary table of services

This annex relates to section [2.5. Phase of stay at the centre](#). Below is a non-exhaustive list of services/activities to ensure effective access to rights. The selected examples highlight the possible operational differences between a short-stay centre and a medium- and long-stay centre. In any case, short-stay centres should be prepared to adapt and expand their services if the persons stay longer than initially planned. This entails the need to plan for additional resources and specialised staff. Access to specific rights must be granted within a specific deadline or might be restricted based on the type of procedure (e.g. no access to the labour market granted if the applicant is subject to an accelerated asylum procedure).

For further details on the selected services, see the EUAA standards and indicators.

Length of stay at the centre Service	Short-term stay <i>From a few days up to a few weeks, maximum one month (from the moment of arrival)</i>	Medium- and long-term stay <i>From a few weeks to several months (more permanent accommodation)</i>
Food distribution / catering	<ul style="list-style-type: none"> Preference to organised catering to better manage high turnover. 	<ul style="list-style-type: none"> Preference to self-cooking in small, dedicated areas to support autonomy.
Health care	<ul style="list-style-type: none"> Information on available services. Identification of health care needs. Initial medical care. Further examinations or initiation of non-urgent treatment if stay is longer than a few days. Psychological first aid. 	<ul style="list-style-type: none"> Ongoing and tailored information. Continuous health care as per needs identified and assessed.
Specialised care for applicants with special needs	<ul style="list-style-type: none"> Information on available services. Immediate specialised follow-up (either in-house or externally), where applicable and depending on needs identified. 	<ul style="list-style-type: none"> Ongoing and tailored information. Specialised care (including through external service providers) based on needs identified and assessed, including emerging ones.
Legal counselling, assistance and representation	<ul style="list-style-type: none"> Information on available services. Facilitating access to the service. 	<ul style="list-style-type: none"> Ongoing and tailored information. Facilitating access to the service.
Recreational, occupational and community activities	<ul style="list-style-type: none"> Information on available services. Recreational activities for short stay (e.g. sports). Child-friendly spaces and activities irrespective of duration of stay. 	<ul style="list-style-type: none"> Ongoing and tailored information. Regular activities, including community activities and participatory activities (e.g. play, arts, sports, cooking, etc.). Child-friendly spaces and activities

Schooling and education for children	<ul style="list-style-type: none"> Initial information on access. Start of administrative support to facilitate access to the general education system within the maximum timeline. Start of preparatory classes if stay is longer than a few days. Start of any other activities to support the child's development and well-being while waiting for transfer/allocation. 	<ul style="list-style-type: none"> Ongoing and tailored information. Administrative support to facilitate access to the general education system as soon as possible and no later than the maximum timeframe. Start or continuation of preparatory classes, including language classes. Continuation of activities to support the child's development and wellbeing.
Language courses (depending on national legislation)	<ul style="list-style-type: none"> Basic information, including about any mandatory courses to attend and consequences of non-compliance. Start of any introductory courses if stay is longer than a few days. 	<ul style="list-style-type: none"> Ongoing and tailored information. Start or continuation of any language classes to foster the applicant's ability to act autonomously and interact with the competent authorities.
Civic education courses (depending on national legislation)	<ul style="list-style-type: none"> Information, including about any mandatory courses to follow and consequences of non-compliance. Start of the civic education programme if stay is longer than a few days. 	<ul style="list-style-type: none"> Ongoing and tailored information. Start or continuation of any civic education programme decided by the Member State to enhance the applicant's ability to act autonomously and interact with competent authorities.
Vocational training courses (depending on national legislation)	<ul style="list-style-type: none"> Basic information on access. Start of any vocational training courses if stay is longer than a few days. 	<ul style="list-style-type: none"> Ongoing and tailored information (including on additional rights depending on whether access to the labour market is granted or not). Provide or facilitate access to vocational training courses (irrespective of whether applicants have access to the labour market). Administrative support to facilitate access.
Access to employment (depending on national legislation)	<ul style="list-style-type: none"> Basic/initial information on right to work (timeframe, restrictions). Start of administrative support if stay is longer than a few days and the timeline of granting access to employment is short. 	<ul style="list-style-type: none"> Ongoing and tailored information (including on any restrictions). Administrative support to facilitate access.
Accommodation / access to independent housing or to the housing market	<ul style="list-style-type: none"> Basic/initial information on housing. 	<ul style="list-style-type: none"> Ongoing and tailored information. Support services for accessing the housing market (if no restrictions apply).

		<input type="checkbox"/> Administrative support to facilitate access.
(other) Administrative support	<input type="checkbox"/> Start of any administrative support required as soon as possible to facilitate access to rights (e.g. issuance of social security number, if applicable).	<input type="checkbox"/> Ongoing administrative support to access rights (including for recognition of documents, adult education).



Annex 2 – Human resources table

This annex relates to sections [1.1 Governance structure and decision making](#) and [1.2.1. Human resources](#). The following human resources profiles follow the three components suggested in these two sections. The three components and the profiles are for illustrative purposes only and do not correspond to those envisaged in all Member States. These are grouped by reception-specific responsibilities, though some profiles may cover more tasks for efficiency gains. Migration- and asylum-related profiles are not covered.

Profiles for the strategic and management component / overhead personnel	
Responsible for the strategic and management functions. Depending on the national set-up, size of the centre, etc. Some of these profiles will be embedded in the reception authority's central level.	
<ol style="list-style-type: none"> 1. Management staff: director, deputy director(s), head(s) of service. 2. Administrative staff, such as assistants to the director and assistants to the head(s) of service. 3. Human resources officers. 	<ol style="list-style-type: none"> 4. Procurement officers. 5. Finance officers. 6. ICT officers. 7. Legal services officers. 8. Statistics and analysis officers. 9. Communication officers.
Profiles for the operational front-office component	
Responsible for the daily organisation, execution and coordination of the tasks and activities in direct contact with the residents. Some profiles may cover more tasks for efficiency gains. Some may be externalised through partnerships. Staff of the reception centre must facilitate residents' access to services and professionals provided by other stakeholders (e.g. legal counsellors).	
<ol style="list-style-type: none"> 10. Reception staff for reception tasks such as reception intake, issuance of any relevant documentation, reception allocation, etc. 11. Health care professionals (doctors and nurses; specialised doctors depending on needs and organisational set up). 12. Interpreters//cultural mediators. 13. Information providers. 14. Security staff (security assistants and security guards, for the entry-exit system and for ongoing security). 	<ol style="list-style-type: none"> 15. Care provision officers (for specialised reception interventions including identification, assessments, provision of specialised care and support) such as: <ol style="list-style-type: none"> (a) social workers, (b) psychologists, (c) vulnerability officers, (d) child protection staff, etc. 16. Flow managers. 17. Reception staff for occupational and leisure activities. 18. Educators for educational activities.
Profiles for the operational back-office component	
Support and technical staff may cover more areas for efficiency gains. Some may be externalised.	
<ol style="list-style-type: none"> 19. Catering/food distribution staff. 20. Non-food items distribution staff. 21. Transportation staff, such as drivers. 	<ol style="list-style-type: none"> 22. Cleaning staff. 23. Maintenance staff. 24. Logistics staff.





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