

**CONFERENCE REPORT**  
**EMN Luxembourg (Online) Annual National conference**  
**“Detecting and protecting vulnerable migrants”**  
**30 September 2021**



**Conférence Nationale 2021**

**« Detecting and protecting vulnerable migrants »**

**30 septembre 2021, 9h - 12h**

**Opening remarks**

**Prof. Dr Birte Nienaber** (coordinator of the EMN Luxembourg) introduced the topic of the conference. The detection and protection of vulnerable migrants have received a lot of interest among national stakeholders in Luxembourg and remains a hot topic in migration research and policymaking in EU Member States and beyond. The broad interest in this topic is also due to the complex questions it raises: How can we conceptualise ‘vulnerability’ in the context of asylum where all migrants are potentially ‘vulnerable’? What are the legal and procedural frameworks to decide which migrant is ‘vulnerable’ and which migrant is not? And, finally, how can EU Member States assure the protection of ‘vulnerable’ migrants?

To address some of these questions, the conference hosted experts from a wide array of domains and institutions, including academic research, international organisations, national governments, as well as NGOs and legal experts. In two very promising panels on the EU and the Luxembourgish level, the experts presented their perspectives and discussed their ideas regarding the topic of vulnerability in the international protection procedure.

Prof. Dr Birte Nienaber introduced the Minister of Foreign and European Affairs, Minister of Immigration and Asylum of the Grand Duchy of Luxembourg, Jean Asselborn, and the Vice-Rector for Academic Affairs at the University of Luxembourg, Prof. Cathérine Léglu, who welcomed the participants.

## Welcome speeches

In his video message, the Minister of Foreign and European Affairs, and Minister of Immigration and Asylum of the Grand-Duchy of Luxembourg, **Jean Asselborn**, stated that the reception and protection of vulnerable asylum seekers is an important topic, both for him personally and the Luxembourgish government in general. It is a human duty to respect and protect people in search of a life in dignity and safety, which applies even more to vulnerable people. This is why vulnerable people have to be detected as soon as possible after their arrival in Luxembourg in order to guarantee adequate support. The COVID-19 crisis has exacerbated some vulnerable migrants' traumatising experiences, making human and professional support necessary.

Since the beginning of 2021, 1.291 persons arrived in the first arrival centres ('structures de primo-accueil') of the National Reception Office ('Office national de l'accueil' – ONA). Currently, 3.300 people reside in the 55 reception centres managed by ONA and its partners Caritas and the Red Cross. First arrival centres are foreseen to host newcomers for a short period of time, during which basic medical, psychological, schooling needs and potential vulnerabilities can be identified. An ethno-psychological team works in close cooperation with external service providers to identify newcomers with psychological troubles and guarantee immediate follow-up.

From the moment of detection, the National Reception Office and its partners accompany vulnerable persons, orient them towards specialised services, and propose them, to the extent possible, accommodation adapted to their needs. The Ministry of Foreign and European Affairs takes into account the vulnerabilities of these persons throughout the entire international protection procedure and provides special procedural guarantees for vulnerable applicants for international protection (AIPs).

The minister was proud to say that Luxembourg assumes its responsibility on national, European and international levels regarding the topic of vulnerability in the international protection procedure. Luxembourg is a candidate for the Human Rights Council of the United Nations for the period from 2022 to 2024. The priorities of Luxembourg's mandate would be to support Human Rights Defenders, the rule of law, the fight for gender equality, and the protection of vulnerable groups against violence and discrimination.

The minister welcomed the collective effort and commitment of many actors that show solidarity, openness and provide direct and indirect support to vulnerable persons. Despite certain discourses, it is important to keep spirits and hearts open and to guarantee reception in dignity to those who need it most. To conclude, the minister thanked all persons engaged for the cause of vulnerable persons and the EMN Luxembourg for the initiative to host a conference on this topic. He wished participants two insightful panels and ensured to remain informed about the conclusions of the discussions.

**Prof. Dr Cathérine Léglu** welcomed the participants on behalf of the University of Luxembourg. She stated that there are several ongoing migration-related projects at the University of Luxembourg and that this topic has been important since the founding of the University in 2003. Luxembourg is an open country, and migration has played an essential role in the country's development. Historically and in the future, migration is a crucial element for constructing a multicultural country.

The University of Luxembourg hosts and offers support to refugee students, including vulnerable persons. The Inclusion Team of the University supports them on a case-by-case basis. Thanks to the support they received in Luxembourg and at the University, refugee alumni now pursue successful careers. Prof. Dr Cathérine Léglu concluded by wishing participants a pleasant and fruitful conference.

## Panel 1: The concept of vulnerability in the European migration context

Moderator: Adolfo Sommarribas, EMN Luxembourg

- **Dr Luc Leboeuf**, H2020 Project VULNER, Max Planck Institute for Social Anthropology, Germany

Based on preliminary results from the H2020 project VULNER, **Dr Luc Leboeuf** critically examined the different meanings assigned to 'vulnerability' in the context of migration and asylum. While 'vulnerability' has for a long time been used in the analytical sphere, e.g., by social scientists, to depict context-specific complexities of human experiences, the notion is increasingly used as a tool to decide on the treatment and outcome of asylum applications. Thus, a context-specific concept turned into firm bureaucratic categories that must be well-established for public servants to take clear decisions. The VULNER project analyses the resulting tensions, looking at the legal frameworks in place, how they are implemented in practice, and how asylum seekers experience them. In the first phase of the project, VULNER collected interview data from 216 decision-makers (social workers and public servants) in a set of EU and non-EU countries.

The analysis of the data hinted at two main bureaucratic meanings assigned to the concept of 'vulnerability'. First, 'vulnerability' refers to special/specific needs, especially concerning minors and traumatised people, resulting in immediate reception and procedural needs. Countries address these special needs differently, either through a more 'formalised' procedure, such as Belgium and Norway, or more 'pragmatically' without standardised procedures or tools. Interviewees commonly emphasised the need for sufficient leeway to address individual situations of vulnerability. Moreover, interviewees highlighted the lack of resources and time to detect vulnerabilities in detail, as well as clear guidelines on how to follow up on vulnerable cases.

The second meaning of 'vulnerability' refers to a flexible tool to assess the credibility of an asylum application. For example, minors or traumatised people may not be able to articulate themselves sufficiently, or some groups may be more vulnerable than others in their country of origin (e.g., women). In fact, the concept of 'vulnerability' may be so flexible that its application can depend on the specific person in charge.

Given these two meanings, there are several challenges connected to the concept of 'vulnerability'. The first is a lack of systematic and consistent engagement with asylum seekers' complex and intersecting vulnerabilities. While standardised tools are useful to detect vulnerabilities, they alone are not sufficient to account for individual situations. Second, there is a lack of consistent communication channels between involved state actors. Finally, some state actors, especially higher courts, are reluctant to recognise and engage with 'vulnerability' from a legal perspective, providing clear legal guidelines and obligations attached to the condition of being 'vulnerable'.

To conclude, Dr Luc Leboeuf emphasised that one should acknowledge the political dimensions of 'vulnerability'. If some persons are considered 'vulnerable' and thus receive more favourable treatment, this has exclusionary effects and can lead to tensions. The discussion surrounding the notion of 'vulnerability' is also directed by the origin of the concept grounded in feminist theories and the ethics of care, thus paying particular attention to children, minors, or inequalities related to traditional gender roles. While this is not a bad thing, one should be aware of the impact of the concept's origin.

- **Nicolas Van Puymbroeck, Fedasil, Belgium**

**Nicolas Van Puymbroeck** presented the evolution and challenges connected to Belgium's approach to dealing with vulnerable asylum seekers. The formalised procedure to detect vulnerabilities in Belgium is confronted to some limits because the distinction between 'vulnerable' and 'not vulnerable' is delicate and flawed. Based on field research, Fedasil (Federal agency for the reception of asylum seekers) is currently undergoing a conceptual reorientation concerning the notion of 'vulnerability'. Rather than providing selection criteria to assess asylum applications, Fedasil is working towards a more open concept of 'vulnerability' used to sensitise staff to asylum seekers' special and complex situations.

In the first part of his presentation, Nicolas Van Puymbroeck presented a short history of the reception of asylum seekers in Belgium. In the first reception centre, opened in 1986, all asylum seekers were treated equally, which raised practical and ethical concerns. In response, authorities created specific rooms and, eventually, separate centres for specific groups (e.g., minors, people with

specific medical needs). In 2007, Belgium transposed the EU Directive 2003/9/EC and created a reception law establishing defined categories of vulnerable groups and the need to assess vulnerabilities within 30 days after arrival. In 2010, Caritas International opened a centre for vulnerable women. In 2014 and 2015, the first conventions with NGOs to provide accommodation for people with specific medical and psychological needs followed. In 2018, Belgium opened an arrival centre with systematic medical and social screenings to detect vulnerabilities shortly after arrival. In sum, Belgium evolved from a uniform treatment for all asylum seekers to identifying special needs as a priority.

In the second part of his presentation, Nicolas Van Puymbroeck presented the results of field research conducted by Fedasil on how reception workers (17 focus groups with social workers and medical staff) and residents of reception centres (106 in-depth interviews) experience 'vulnerability'. Reception workers rarely use the term 'vulnerability' because they perceive it as stigmatising and little analytical. They associate 'vulnerability' with many more factors than those mentioned in the Belgian reception law, including conditions linked to family composition, sexual orientation, young age, etc. Moreover, 'vulnerable' people in the same category may still be very different from one another. Finally, reception workers are critical of early identification procedures because people's vulnerabilities evolve or may arise only after a while.

Residents of reception centres, on the other hand, usually do not want to self-identify as 'vulnerable'. Rather than their personal characteristics, residents perceive a large spectrum of vulnerability-increasing factors (e.g., shared rooms, long waiting time, uncertainty). Moreover, there is little sense of community among residents with similar profiles of 'vulnerability'. Finally, residents often feel worse over time in the reception centres.

To sum up, the research results showed that vulnerable persons are too diverse to match static group definitions. All residents face threats to their well-being, although to varying degrees. Furthermore, vulnerability seems to evolve over time, making a once and for all assessment difficult.

These findings encouraged Fedasil to engage with a more open conceptualisation of 'vulnerability' and promote the notion of 'well-being'. Fedasil acknowledges that a simple extension of the list of 'vulnerable' groups would inflate the notion, making it practically impossible to cater to all the different groups. Instead, there is the need for continuous monitoring of well-being and preventive strengthening of supportive factors and resilience, as well as general sensitivity among all reception workers about an AIP's potential difficulties. Therefore, Fedasil calls for the 'mainstreaming of vulnerability', taking into account often neglected dimensions of well-being, such as multilingual communication, family composition, recreational activities, and the sense of belonging and participation.

- **Ralph Petry – EMN Luxembourg**

**Ralph Petry** presented the preliminary results of the EMN Luxembourg Inform entitled "Detection of vulnerabilities in the international protection procedure", which is based on information provided by 23 EU Member States through the EMN Ad-hoc query system.

The Recast Asylum Procedures Directive (2013/32/EU) and the Recast Reception Conditions Directive (2013/33/EU) provide several criteria of vulnerability or categories of vulnerable groups. Based on this EU legal framework, EMN Luxembourg asked Member States about the most common categories of vulnerable people. Three main criteria to define categories emerged: Age and family composition (e.g., unaccompanied minors, single parents with minor children), psycho-medical condition (e.g., people with mental health issues, victims of trafficking in human beings, or victims of torture), gender and sexual orientation (e.g., women, victims of gender-based violence). Six Member States do not register data on categories of vulnerable groups.

In nearly all Member States, the Asylum or Immigration Law, including the related legal provisions, provide the national legal framework to detect and protect vulnerable AIPs. In Belgium, Finland, and Luxembourg, a separate reception law exists, including the provisions of the Recast Reception Conditions Directive (2013/33/EU). In addition, Member States may use internal guidelines

and standardised operating procedures, such as dedicated questionnaires, to detect vulnerabilities. In most Member States, the authorities concerned with asylum or reception are in charge of detecting vulnerabilities, as well as additional stakeholders, such as authorities in charge of immigration, the police or state border guards, medical professionals, or NGOs.

Vulnerabilities may be detected and should be taken into account at any stage of the asylum procedure. The first phase to detect (visible) vulnerabilities is usually the registration of applications for international protection. Cyprus and France conduct dedicated vulnerability interviews at this early stage. The second phase is the medical examination required or offered by Member States. The third phase to detect vulnerabilities is during reception, notably through reception workers or the staff of responsible authorities. The last phase concerns the personal asylum interviews and the examination of the application, which may lead to detecting vulnerabilities that arise later.

Almost all Member States follow up on detected cases of vulnerability, be it via a formalised procedure, e.g., Belgium, or a more flexible approach. Member States usually grant special procedural guarantees in relation to the asylum interview: The interview's location, time, or setting may be adapted to the applicant's special needs. For example, interviews may be conducted with specific care (i.e., avoiding trigger questions, providing additional explanations and sufficient breaks, etc.). Moreover, vulnerable AIPs may be assigned to experienced caseworkers, granted more time to deliver medical proofs or receive priority treatment.

Apart from special procedural guarantees, there is generally no direct impact of applicants' vulnerabilities on the assessment of their international protection application. The outcome depends entirely on individual circumstances. However, Lithuania mentioned that the evaluation of vulnerable peoples' application does not adhere to criteria of comprehensiveness or coherence. In Ireland, caseworkers should consider the consequences of vulnerabilities to assess credibility. Lastly, Austria may grant a 'residence permit for individual protection' to vulnerable applicants for international protection.

- **Anne Kayser, Council of Europe, France**

**Anne Kayser** presented the Council of Europe's Action Plan on Protecting Vulnerable Persons in the Context of Migration and Asylum in Europe (2021-2025). The Special Representative on Migration and Refugees of the Council of Europe has only existed since 2016. The representative's mandate includes factfinding missions, as well as intergovernmental cooperation and coordination.

The Council of Europe elaborates action plans to implement current standards, provide concrete steps and future directions for Member States who, in turn, support and approve the Council's action plans. Since the Action plan on Protecting Refugee and Migrant Children in Europe (2017-2019) successfully finished, Member States decided to support a new Action Plan on Protecting Vulnerable Persons in the Context of Migration and Asylum in Europe (2021-2025), which represents a continuation with a wider focus in terms of the target group.

A major challenge was to define the target group of the new action plan. The Council of Europe refrained from thinking in terms of a list of vulnerable groups and defined vulnerable people as persons with "special needs" to allow Member States to adapt the target group to their national context. Thus, Member States have the competency to identify and protect vulnerable people.

The Action Plan on Protecting Vulnerable Persons in the Context of Migration and Asylum in Europe (2021-2025) follows the three core values of the Council of Europe's mandate, namely human rights (ensuring protection and promoting safeguards), the rule of law (ensuring access to law and justice), and democracy (fostering democratic participation and enhancing inclusion). Moreover, the action plan includes a transversal pillar on cooperation and focuses on multiple areas, such as the protection of refugee and migrant children and women and the health issues and challenges raised by the COVID-19 pandemic.

The action plan's flagship project is to elaborate practical guidance on identifying and respecting vulnerabilities throughout the migration and asylum procedures. To do so, the Council of Europe will map, take up and put together existing standards to assist Member States in screening vulnerability,

addressing vulnerabilities throughout the international protection procedures, and enhancing procedural safeguards. Finally, the action plan will address specific vulnerabilities, such as those related to statelessness, smuggling, and drug addiction.

## Panel 2: Expert discussion on the Luxembourgish context

**Moderator:** Ralph Petry, EMN Luxembourg

**Panellists:**

- **Frank Wies, Legal expert in migration and asylum in Luxembourg**
- **Nonna Sehovic, Caritas Luxembourg**
- **Dr Nariman Nouri, National Reception Office ('Office national de l'accueil' - ONA)**
- **Yannick Genot, Directorate of Immigration ('Direction de l'Immigration')**

### Reactions to the first panel and general interventions

To start the discussion, the moderator introduced the panellists and invited them to react to the first panel's presentations or provide more detail on the context surrounding the detection of vulnerabilities in Luxembourg.

**Nonna Sehovic** mentioned that Luxembourg could learn from good practices presented in the first panel, specifically from the reflection around the concept of 'well-being'. Moreover, Nonna Sehovic welcomed the opportunity to exchange between representatives of governmental agencies, NGOs, and lawyers and suggested that creating a multi-disciplinary working group on the issue of vulnerability could be useful.

**Frank Wies** provided more detail on the Luxembourgish legal framework concerning the detection of vulnerable AIPs. Frank Wies emphasised that it is necessary to distinguish between vulnerability in the context of reception and the special procedural guarantees granted to vulnerable AIPs. While the asylum law does not define the special procedural guarantees nor the persons entitled to them, the reception law does provide a list of vulnerable groups, although non-exhaustive.

**Yannick Genot** agreed that it is necessary to distinguish between the two laws but indicated that the asylum law nevertheless provides a legal framework with several concrete dispositions.

**Dr Nariman Nouri** mentioned that additionally to ONA, the Directorate of Health ('Direction de la Santé') of the Ministry of Health plays an essential role in detecting vulnerabilities, especially in the medical field.

### How is vulnerability detected in practice?

**Dr Nariman Nouri** highlighted that there are both social and medical vulnerabilities. Some forms of vulnerability, such as being minor, may not require a medical examination; thus, recognition and follow-up may happen quickly. When vulnerabilities are detected during the medical examination of an AIP, the Directorate of Health may, with the consent of the patient, communicate this information to ONA that, in turn, adjusts the person's accommodation and reception needs to the extent possible.

**Yannick Genot** insisted that vulnerabilities are not detected at a specific moment but throughout the entire international protection procedure. However, there are three important occasions for public servants at the Directorate of Immigration to detect vulnerabilities. First, when a person applies for international protection at the Directorate of Immigration, a public servant may identify visible vulnerabilities. Second, during the interview with the Judicial Police ('Police judiciaire') to establish the applicant's identity and, if applicable, in the interview within the framework of the Dublin III regulation, in which applicants can already provide information on their experiences and migration trajectory. Third, the asylum interview provides the occasion for AIPs to talk about the motives of their application and build up the necessary confidence to share information on their vulnerabilities. Yannick

Genot underlined that public servants at the Directorate of Immigration in contact with AIPs are trained to detect vulnerabilities and react adequately.

**Nonna Sehovic** asked whether standardised surveys to detect vulnerabilities used in other EU countries, such as France, exist in the context of registration and reception of AIPs in Luxembourg.

**Dr Nariman Nouri** answered that a working group, including representatives of ONA, Caritas, and Red Cross, works on developing a more harmonised and systematic approach for the reception of AIPs. Until now, newly arriving AIPs have been treated on a case-by-case basis. However, as individual follow-up becomes less feasible, it is necessary to establish a more systematic approach. Nevertheless, surveys already exist at ONA, Caritas, and Red Cross, containing information on the needs of people, the contact details of their treating doctors, etc.

**Yannick Genot** confirmed that the Directorate of Immigration does not conduct systematic surveys to detect vulnerabilities. During interviews in the context of the Dublin III regulation, interviewers ask questions on potential torture to be able to decide whether to place the interviewee in the semi-closed accommodation centre SHUK ('Structure d'hébergement d'urgence Kirchberg') or not. Yannick Genot insisted that it is very important to receive information on vulnerabilities from other involved actors.

### **Transmission of information between involved actors and institutions**

**Yannick Genot** emphasised the dependency on the transmission of information from other actors and institutions that have more regular and direct contact with AIPs. The more information received, the better the Directorate of Immigration can take the appropriate measures to guarantee an international protection procedure in the best possible conditions.

**Nonna Sehovic** emphasised that the transmission of information between involved actors and institutions remains little elaborated and transparent and thus should receive more attention.

**Frank Wies** stated that according to his experience, the transmission of information on medical vulnerabilities strongly depends on the patient's initiative and asked whether this information is transmitted between the Directorate of Health and ONA through other communication channels.

**Dr Nariman Nouri** answered that information is shared on different levels but only with the consent of the AIP. In more complex cases, and when in doubt about whether the patient wants to transmit the information, the Directorate of Health issues a medical file, which patients can present to lawyers, ONA, or the Directorate of Immigration to claim their rights. ONA may also receive information through calls or e-mails from the Directorate of Health if patients agreed to this form of communication. Dr Nariman Nouri highlighted that it is often in favour of the applicant to share information on vulnerabilities because communication is necessary to ensure appropriate follow-up.

**Nonna Sehovic** mentioned that, according to the reception law, AIP's medical examination should include an inspection of signs of persecution or torture and asked whether the medical staff transmits this kind of information to ONA.

**Dr Nariman Nouri** answered that this kind of information reaches ONA in the form of a medical certificate describing the patient's injuries and lived experiences, which an AIP may receive after medical examination and share with ONA. However, ONA does not systematically transfer this information to the Directorate of Immigration without the applicant's consent. Therefore, public servants at ONA ask AIPs whether they would like to share the information with the Directorate of Immigration.

**Yannick Genot** confirmed that the transmission of information is not automatic but always depends on the applicant's consent.

**Nonna Sehovic** indicated that Caritas usually shares evidence on vulnerabilities with AIPs' lawyers, who, in turn, may know the appropriate contact at the Directorate of Immigration to forward the information. Nonna Sehovic provided a concrete example to illustrate this point: An Iraqi mother who seemed depressed and isolated told a psychologist in the reception centre that she was raped in Iraq. The woman agreed to share her story with her lawyer, who transmitted the information to the Directorate of Immigration.



**Frank Wies** highlighted that many AIPs do not identify themselves as 'vulnerable' and thus confirmed that lawyers strongly depend on the preliminary work of NGOs and reception staff to obtain information on vulnerabilities. Moreover, Frank Wies underlined the importance of medical certificates to prove an AIP's vulnerabilities and obtain the relevant procedural guarantees. While ONA and the Directorate of Immigration are highly sensible for vulnerable cases, it is difficult to obtain procedural guarantees without a medical certificate.

### **Special procedural guarantees for vulnerable applicants for international protection**

**Yannick Genot** emphasised that any information on vulnerabilities provided by lawyers or Caritas is considered in the international protection procedure. Nevertheless, medical certificates are best suited to prove an AIP's vulnerabilities. Moreover, not all forms of vulnerability make special procedural guarantees necessary. For example, a person in a wheelchair may have special needs in the context of reception but not on the procedural level.

**Yannick Genot** also explained that it is difficult to indicate the average time frame to implement special procedural guarantees because vulnerabilities may be detected throughout the entire international protection procedure. Some vulnerabilities, such as being minor, may be detected quickly and receive immediate follow-up, while other, more complex cases may be detected at a later stage, e.g. victims of torture. If in doubt, the Directorate of Immigration postpones the asylum interview and, if necessary, the decision on the asylum application.

Finally, **Yannick Genot** emphasised the importance of the asylum interview on the procedural level. The interview is the moment to apply various kinds of special procedural guarantees, such as assigning vulnerable persons to specialised interviewers, granting more breaks, or demanding information in writing if talking is impossible for the applicant.

**Nonna Sehovic** reiterated that the procedure to detect vulnerabilities in Luxembourg is informal and that several special procedural guarantees are in place, but that one could reflect about extending them in light of existing possibilities in other EU countries. For example, it should be possible for legal guardians and psychologists to accompany minors and other vulnerable AIPs during the asylum interview.

**Frank Wies** mentioned positive experiences, e.g. that minors' legal guardians were allowed to join the asylum interviews if requested well in advance. However, it is more complicated for adults to be accompanied by persons of confidence. In this regard, it would be favourable to establish clear guidelines on when persons of confidence may join asylum interviews. Frank Wies added that it can be advantageous that special procedural guarantees are not defined concretely in the law as this provides leeway to adapt to individual cases.

### **Questions and Answers**

- a) **How to communicate information on potential vulnerabilities if psychologists are advised not to issue medical certificates?**

**Nonna Sehovic** mentioned that two psychologists work in the 12 reception centres managed by Caritas. The psychologists do not seem to receive the advice not to issue medical certificates. However, there is a need for more psychological staff in the reception centres.

**Frank Wies** said that he is aware of some cases where psychologists refuse to issue certificates in the midst of a patient's treatment, which hinders the implementation of procedural guarantees for which such a certificate may be necessary on short notice.

Speaking in his profession as a doctor and not in his position at ONA, **Dr Nariman Nouri** indicated that the problem is the long time frame necessary for psychologists to issue medical certificates. At the same time, lawyers need these certificates within short delays to assert the applicant's rights. Psychologists may be afraid to issue certificates on false grounds, e.g. when a patient imitates a depression to obtain benefits. To avoid this, psychologists may state that they will not issue a medical



certificate at the beginning of the treatment. However, psychologists may still issue the certificate at the end of the diagnosis if the patient proves to be sick. This example illustrates that legal requirements and professional practices do not always match. It is necessary to reflect on this problem and find a solution respecting both the legal framework and psychologists' professional duties.

**b) Do AIPs sign a consent form with ONA agreeing to transmit their data between actors and institutions throughout the international protection procedure?**

**Dr Nariman Nouri** answered that AIPs do not sign a form consenting to transmit their personal information throughout the entire international protection procedure. Given the great number of documents AIPs sign upon arrival in Luxembourg, a single signature to consent to general data transmission may not be feasible in practice. There is the risk of putting AIPs in a situation where they are not conscious of their signature's effects.

**Frank Wies** added that a single statement to consent to general data transmission might contradict data protection regulations.

**Conclusion: Main takeaways**

**Nonna Sehovic** reiterated the benefit of continuing the reflection on procedural guarantees and the transmission of information concerning vulnerability in a working group, including other stakeholders, such as doctors, lawyers and specialised service providers, e.g., organisations working with victims of human trafficking.

**Frank Wies** added that such a working group could also decrease existing prejudgements between practitioners and authorities. Frank Wies underlined that an increased understanding of each other's work is an essential takeaway from the conference.

**Dr Nariman Nouri** mentioned that Luxembourg's small size is an advantage. Until now, newly arriving AIPs have been treated on a case-by-case basis. In the future, it will be necessary to establish a more systematic approach to detecting vulnerabilities while leaving the necessary flexibility to adapt to individual cases.

**Yannick Genot** agreed that a small country with less formalised procedures provides the necessary leeway to find the appropriate solutions to varying situations of vulnerability. Until now, this approach has proven relatively successful, allowing AIPs to undergo international protection procedures in the best possible conditions. However, the transmission of information between involved actors and institutions remains a major challenge.

**Closing remarks**

**Prof. Dr Birte Nienaber** closed the conference by thanking the speakers and participants for joining. It was interesting to see the discussion span from the theoretical concept of vulnerability through practices at EU and national levels. The conference may also be a starting point to address the increased need for communication and work on the topic of vulnerability. It is important to keep this discussion going in the future.