

## Background

- Identifying and addressing special needs of refugees and asylum seekers is essential for **adequate accommodation**, access to **healthcare** and the **asylum procedure**.
- The reform of the Common European Asylum System (CEAS) in 2024 revises regulations on refugees with special protection needs.

## Methods

- Network analysis and qualitative synthesis of three multi-stakeholder workshops (n=62 participants from public health services, reception authorities, medical and social care across six German federal states).
- Document analysis of new CEAS directives and regulations.
- Triangulation of findings.

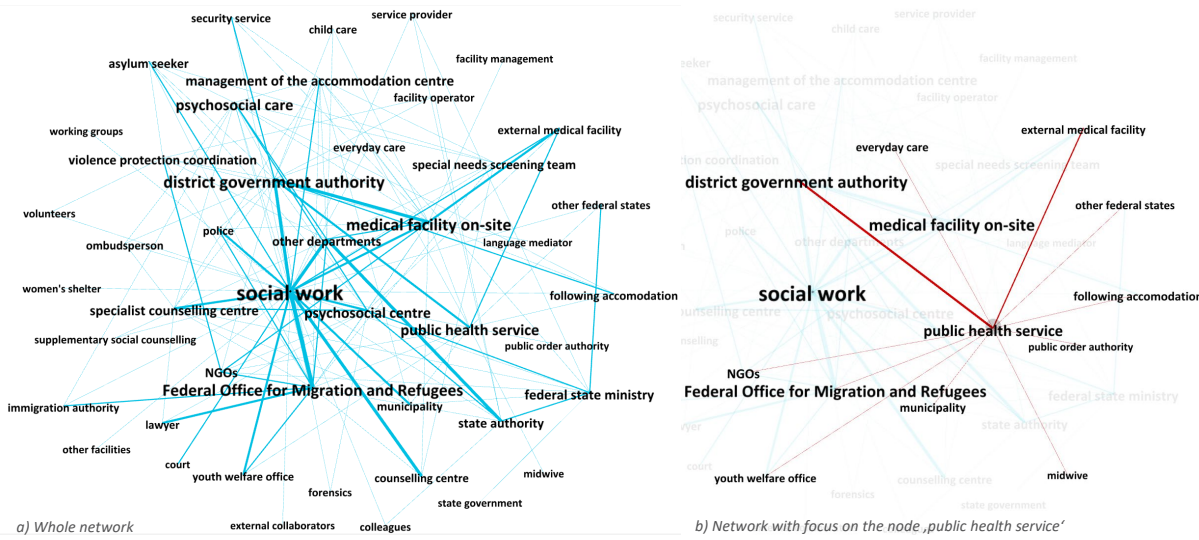
## Results

- Healthcare, social work, public health services, asylum and reception authorities as well as a multitude of further actors are involved in identifying and addressing special needs of refugees.
- Structured procedures exist mainly for infectious disease assessments, while gaps persist in other domains of special needs and vulnerability.
- Practices in identifying special needs vary between and within federal states and information sharing is often hindered by data protection and processing constraints.
- Digital tools used for identifying and documenting needs, and for transferring information, are heterogeneous and lack interoperability standards.
- New CEAS regulations require host countries to identify special reception and procedural needs, as well as conduct ‘preliminary vulnerability checks’ at the borders (Directive 2024/1346 and Regulations 2024/1348 and 2024/1356). Transposition into national laws and further operationalisation is needed in all EU member states.

## Conclusions

- Public health services already play an important role in initial assessments of refugees, but often focused on infection control.
- Following CEAS implementation, mandates should broaden to include vulnerability assessments and care coordination.
- Identifying special needs is essential, yet a common structured process is still missing. Harmonised, structured procedures are needed beyond the existing ones for infectious diseases.

Fig.: Visualisation of information-sharing networks in the context of identifying and addressing special needs in Germany | font size and thickness of lines represent intensity of contact



## Implications

- Assign a clear mandate and resource public health services and others to identify needs and coordinate care.
- Establish standardised, cross-setting vulnerability screening and referral protocols.
- Operationalise secure, lawful information-sharing pathways between different agencies.
- Develop interoperability standards for secure digital information transfer.
- These are vital components in the safeguarding of refugees' rights.

Project Website



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Contact Details



Cooperation



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