EASO has started the production of the 2018 Annual Report on the Situation of Asylum in the European Union, in line with Article 12 (1) of the EASO Regulation. The report aims to provide a comprehensive overview of important asylum-related developments at EU+ and national level, and the functioning of all key aspects of the Common European Asylum System (CEAS). Previous reports are available at EASO’s website.

While the final product comes out of an analytical and synthetic process that takes place in-house, a critical part of information is elicited through valuable contributions by a multiplicity of stakeholders from EU+ countries, civil society organizations, UNHCR, and other actors possessing in-depth knowledge on main developments in asylum policies and practices in EU+ countries.

We would like to kindly invite you to take part in this process, by sharing your observations on developments in asylum law, policy or practice in 2018 (and early 2019) in the areas listed on the online survey. The topics listed there reflect the structure of Chapter 4 of the EASO Annual Report, which focuses on the ‘Functioning of the CEAS’. To this end, your observations may concern national practices of specific EU+ countries or the EU as a whole. You can fill in all or only some of the points. Overall, the EASO Annual Report is not meant to describe the national asylum systems in detail, but present key developments in 2018, including improvements and new/remaining concerns. In terms of format, your contributions would be preferably offered in the form of bullet points, which would facilitate further processing of your input.

Please, bear in mind that the EASO Annual Report is a public document. Accordingly, it would be desirable that your contributions, whenever possible, be supported by references to relevant sources. Providing links to materials such as analytical studies, articles, reports, websites, press releases, position papers/statements, and press releases, would allow for maintaining transparency. For your reference, you may review the contributions offered by civil society actors for the 2017 Annual Report. If you do not consent on EASO making your submission available, please indicate so in the relevant part of the online survey.

In our effort to provide an inclusive overview of all relevant developments, we strive to incorporate as
many contributions as possible. At the same time, the final content of the EASO Annual Report is subject to its set terms of reference and volume limitations. To this end, your submissions, which are gratefully received and acknowledged, may be edited for length and clarity so that the final product concisely serves the objectives of the Annual Report: to improve the quality, consistency, and effectiveness of CEAS. From our side, we can assure you that the valuable insights you offer feed into EASO’s work in multiple ways and inform reports and analyses beyond the production of the Annual Report.

Please, kindly provide your input completing the online survey by Thursday, 28 February 2019.

Instructions

Within each area, please highlight the following type of information:

- NEW positive developments; improvements and NEW or remaining matters of concern;
- Changes in policies or practices; transposition of legislation; institutional changes; relevant national jurisprudence.

You are kindly requested to make sure that your input falls within each section’s scope. Please, refrain from including information that goes beyond the thematic focus of each section or is not related to recent developments. Feel free to use Section 16 to share information on developments you consider important that may have not been covered in previous sections.

Prior to completing the survey, please take a moment to review the list of areas and the types of information that needs to be included in each area.

Please contribute your feedback online or copy and paste your answers from an editable type document.

Questions

1. Access to territory and access to asylum procedure (including first arrival to territory and registration)

2. Access to information and legal assistance (including counselling and representation)
Across research locations visited by Refugee Rights Europe (RRE) in 2018, large numbers of displaced people were unable to access vital information about their rights and opportunities, as well as information about European asylum law and immigration policies:

In Paris, France, January 2018 (1):

• 66.2% of respondents were lacking access to information about their rights and opportunities.
• 66.9% said they were unable to access information about European immigration and asylum rules.

In Lesvos, Greece, June 2018 (2):

• 75.5% of respondents said they did not have access to information concerning their legal rights and opportunities to change their situation.
• A similar 76.2% said they did not have access to information concerning immigration rules and European asylum law.
• Amongst women, this figure was higher, with 85.2% of woman saying that they did not have access to information about their rights, while only 13% said they had access to information about European asylum law and immigration rules.
• 52.2% of minors did not have access to information about their legal rights, while 56.5% said they were unable to access information regarding European asylum rules.

In Brussels, Belgium, June 2018 (3):

• 79.8% of respondents did have access to information about their rights and opportunities.
• 75.2% said they were unable to access information about European immigration and asylum rules, including information about family reunion.

4. Providing interpretation services

4. Dublin procedure (including the organisational framework, practical development and suspension of transfers to selected countries, detention in the framework of Dublin procedures)
In 2019, RRE research found that a number of unaccompanied minors reported having family members in another European country, meaning they might be eligible for family reunification under the Dublin procedure. Worryingly, a number of these minors had not yet applied through Dublin, or whose cases had been refused.

In Paris, France, January 2018:

• 84.5% of the minors we spoke to were unaccompanied. 20.7% of minors stated that they had family in Europe, including cousins, aunts, uncles, brothers, sisters and other family members. By far the largest number of minors said they had family in the UK (66.7%), while others reported having family members in Switzerland, France, Germany, Sweden and the Netherlands.
• 83.3% of minors had not applied for family relocation under Dublin. 8.3% reported that their application had been refused, while the same number had applied but not yet received a result.

In Lesvos, Greece, June 2018:

• 60.9% of the children interviewed said that they had family members in Europe. Nearly half of these respondents said that they had siblings or an aunt or uncle in another European country. 7.1% said they had a mother or father in another European country and therefore may be eligible for family reunification under European law.

5. Specific procedures (including border procedures, procedures in transit zones, accelerated procedures, admissibility procedures, prioritised procedures or any special procedure for selected caseloads)

6. Reception of applicants for international protection (including information on reception capacities – rise/fall/stable, material reception conditions, i.e. housing, food and clothing and financial support, contingency planning in reception, access to labour market and vocational training, medical care, schooling and education, residence and freedom of movement)

In 2018, RRE research suggests that living conditions for displaced people arriving in Europe remains in urgent need of redress. Across locations, respondents reported overcrowded and dirty or unclean conditions including in reception centres, asylum accommodation and the provision of shelter more generally. Respondents also reported feeling unsafe, with many reporting incidences of violence carried out by police and citizens. Health problems were also widely reported with many unable to access healthcare.

In Paris, France, January 2018:

• 85.5% of respondents reported they were currently living on the streets of Paris.
• 11.7% of respondents reported that they were currently staying in accommodation centres.
• RRE also spoke to several respondents who, despite either having their asylum claim accepted or having an active claim in the French system, remained sleeping on the streets. Several refugees said they had received their status in France but continued to sleep rough, with limited access to services and support.
• 47.7% of respondents told us they did not have access to enough food every day.
• 42% of respondents told researchers they ‘don’t feel safe’ or ‘don’t feel safe at all’.
• 33.8% of respondents said they had experienced police violence. Of these, 86% said they had experienced tear gas, 28% verbal abuse, while 20.4% reported physical abuse.
• 63.3% of respondents reported that they had been told by police to move from where they were sleeping. Of these, nearly half (49.1%) described this incident as ‘violent’. 86.7% of respondents had not been told where they could sleep instead.
• 35.8% of respondents reported that their belongings had been taken since arriving in Paris. 55.5% reported that these were taken by the police. The removed items were often items of clothing, with a number of refugees reporting that police had taken their shoes.
• 43.9% of respondents reported that they had experienced a health problem since arriving in France. 37.3% of these respondents reported that these problems were caused by the unhealthy living environment on the streets of Paris.
• 15.3% of respondents referred to their health concern as a mental health problem, rather than a physical ailment.
• 59.3% of respondents told researchers that they did not receive any medical care in France.

In Lesvos, Greece, June 2018:

• Living conditions on the island were severely overcrowded with people living in tents and shipping containers, lacking privacy and security (4). This has led people to pitch tents in other areas where they risk being bitten by reptiles.
• Respondents reported a lack of access to water in the camp for bathing and using the toilets. The unsanitary conditions in the camps on Lesvos risk contributing to the spread of disease, inflammation, scabies and skin infections (5).
• 65.7% said that they ‘never feel safe’ inside the camp, while another 22.4% said that they ‘don’t feel very safe’.
• 27.3% of respondents had experienced citizen violence in Greece. Whilst the majority of this abuse was verbal, there were also numerous reports of physical violence.
• 47.4% of respondents had experienced some form of police violence. A worrying 84.9% of those had been exposed to tear gas. 34.3% reported that they had been physically abused, while 35.6% said they had experienced verbal abuse.
• 86.2% had experienced a health problem since arriving in Greece. 57.1% of those who reported health problems believed that these had been brought on by the unhealthy camp environment.
• 45.9% of those with a health problem stated that their concern was a mental health problem.
• 61.1% of those with a health problem said that they had not received medical care.

In Brussels, Belgium, June 2018:

• 94% of respondents reported that they were currently living in the street, the park or in the surrounding area. 7.7% reported that they were staying in accommodation centres at the time of the study.
• 72.6% of respondents told RRE that they did not have access to sufficient food every day.
• 44.7% of respondents said that they had experienced violence from the police in Belgium. 66.7% of them described the violence as physical, while 52.9% had experienced verbal abuse. 19.6% had experienced tear gas in Belgium.
• 86.6% of those interviewed had been driven away by police from their sleeping spot, 70.8% of whom described the incident as ‘violent’. Only 11.3% of these individuals had been told where they could sleep instead.
• 45.1% of respondents reported that they had experienced a health problem since arriving in Belgium.
• 37.3% of these respondents believed that these problems were caused by the unhealthy living environment on the streets of Brussels, while 29.4% described their health issue as a mental health concern.
•58% of those who had experienced a health problem told researchers that they had been unable to access medical care in Belgium.

7. Detention of applicants for international protection (including detention capacity – rise/fall /stable, practices regarding detention, grounds for detention, alternatives to detention, time limit for detention)

The detention of displaced people in Europe appears to take place across locations, where respondents regularly report arrests and detention, with many claiming they were not told of the reasons why they were being detained.

In Paris, France, January 2018:

•21.3% of respondents had been arrested while in France.

In Lesvos, Greece, June 2018:

•23.2% of respondents had been detained by the police at some stage in Lesvos. A Syrian man, aged 21, recounted having been in prison for 51 days on the grounds of ‘illegal entry’. Others explained that they had been arrested whilst finding themselves in the near vicinity of brawls between other refugees.
•Many respondents also explained that if asylum seekers decide to go back to Turkey or to their country of origin through the voluntary return process, they risk being detained for three-to-four months before being deported (6).

In Brussels, Belgium, June 2018:

•54% of respondents had been arrested or detained during their stay in Belgium.
•Others added that when the police release individuals from detention, they sometimes do this at night, after dark and in locations that are far away from the centre of Brussels.

8. Procedures at First Instance (including relevant changes in: the authority in charge, organisation of the process, interviews, evidence assessment, international protection status determination, decision making, timeframes, case management, including backlog management)

9. Procedures at Second Instance (including organisation of the process, hearings, written procedures, timeframes, case management, including backlog management)
10. Availability and use of Country of Origin Information (including organisation, methodology, products, databases, fact-finding missions, cooperation between stakeholders)

11. Vulnerable applicants (including definition, special reception facilities, identification mechanisms/referral, applicable procedural standards, provision of information, age assessment, legal guardianship and foster care for unaccompanied and separated children).
In 2018 RRE research suggests that more needs to be done to ensure appropriate safeguards and support for vulnerable people in displacement, including women and unaccompanied minors.

In Paris, France, January 2018:

- 84.5% of the children we spoke to were unaccompanied, while 12.1% said they were with friends.
- 44.8% said they ‘don’t feel safe’ or ‘don’t feel safe at all’.
- 31% of minors reported having experienced police violence while in Paris. Of these, 83.3% said this took the form of tear gas, while 27.8% reported verbal abuse and 22.2% physical abuse.
- 24.1% of minors reported having been arrested or detained in France.
- 77.6% of minors RRE interviewed were sleeping on the streets of Paris.
- 41.2% of minors reported that they did not have enough food to eat every day.
- 42.6% of minors reported suffering from a health problem in France. Of these, 39.1% stated that their health problem was a result of their unhealthy living environment.
- 8.7% of respondents reported that their health problem was a mental health issue, rather than a physical ailment.
- 73.9% of minors had not received any medical care in France.

In Lesvos, Greece, June 2018:

- The situation for women was particularly acute with 92.6% stating that they either ‘do not feel very safe’ or they ‘never feel safe’.
- 64.8% of female respondents said that they had experienced police violence. 94.7% of these respondents had been exposed to tear gas, 21.1% to verbal abuse, 21.1% to physical abuse and 2.3% spoke about sexual abuse.
- 35.2% of displaced women interviewed said they had experienced violence by other refugees; all of which consisted of verbal abuse.
- 92.6% of female respondents had experienced health problems whilst in Lesvos, although only 30% of these women had received medical care. A striking 67.3% attributed these health concerns to the camp environment. This is particularly acute for pregnant women who are often unable to access vital healthcare both during and after pregnancy.
- At the time of the study, 69.6% of child respondents had been in Lesvos for four months or less. However, a number of the children interviewed had been in the camp since June 2017.
- 78.3% of the minors interviewed told us that they ‘never feel safe’. Much of this feeling appeared to be caused by instances of violence against them by local citizens, the police and other refugees.
- 39.1% of minors reported that they had experienced police violence in Lesvos. 85.7% of these children reported that this violence took the form of tear gas, with 42.9% reporting verbal abuse and physical abuse.
- 73.9% of children had suffered from a health problem whilst in Lesvos. 47.1% of children believed that their health issues were caused by the unhealthy conditions on the island.
- 26.1% of the minors interviewed said that they had been arrested or detained in Greece.
- 23.5% mentioned that they were suffering from mental health issues rather than a physical ailment.
- 41.2% also told us that they had not received medical care to treat their health problem.
- More widely, concerns have been raised that displaced people on the island who have been identified as vulnerable face a significant wait until they are transferred to the mainland (7). At the time of our study, according to local NGOs and camp residents, most new arrivals appeared to have been told that they would have to wait until 2019 or even 2020 for an admissibility or vulnerability assessment.

12. Content of protection – situation of beneficiaries of protection (including access to social security, social assistance, healthcare, housing and other basic services; Integration into the
13. Return of former applicants for international protection

14. Resettlement and humanitarian admission programmes including EU Joint Resettlement Programmes; national resettlement programme (UNHCR); National Humanitarian Admission Programme; Private sponsorship programme/scheme and Ad-hoc special programmes

15. Relocation (any relevant developments concerning persons transferred under the EU relocation programme and relocation activities organised under national schemes/on bilateral basis)

*16. Other relevant developments

1 character(s) minimum
As per the European Council conclusion of 28 June 2018, and the subsequent European Commission non-paper, RRE suggest that the concept of ‘Controlled Centres’ in EU or non-EU territory is fundamentally reconsidered, in light of evidence demonstrating that the seemingly similar ‘hot spots’ approach has a number of issues, as detailed above. Instead, open reception and asylum processing centres are favoured.

The Commission non-paper also puts forward proposals for regional disembarkation platforms in third country states. RRE suggest that disembarkation should not take place in States without a functioning asylum system adopted through national legislation, in states which are not parties to the 1951 Geneva Convention and the 1967 New York Protocol, or in states who do not comply in practice with international human rights law, and that all disembarkation platforms follow clear procedures to safeguard human rights, with clearly defined roles, responsibilities and accountability mechanisms in place. Moreover, all disembarkation locations ought to uphold the principle of non-refoulement, by providing access to fair and robust asylum procedures through the support of legal aid personnel and interpreters, and by ensuring access to appeal negative decisions via an independent body.

References and Sources

*17. Please provide links to references and sources and/or upload the related material in pdf format using the following box

(5) In September, Greek public health officials gave the Migration Minister and Camp Director 30 days to improve conditions, amidst public health fears: https://www.reuters.com/article/europe-migrants-greece-lesbos/greeces-moria-migrant-camp-faces-closure-over-public-health-fears-idUSL5N1VW3L3
(6) https://www.amnesty.org/download/Documents/EUR2556642017ENGLISH.PDF
Case law

Please include relevant case law and/or submit cases to EASO Portal IDS on Caselaw

Contact details

* Name of the contributing stakeholder

Contact person, Role

* Email

✓ * I accept the provisions of EASO Legal and Privacy Statements

Contact

Consultative-Forum@easo.europa.eu