

Détection des vulnérabilités des demandeurs de protection internationale

14.45-15.45

Detectie van kwetsbaarheden van verzoekers om internationale bescherming



Funded by the
European Union



- **Morgane Rousseaux - Conseillère migration/Migratie raadgever – Bruss'help**
- **Camille Coubeaux - Attachée de direction Département Arrivée/ Aankomst Departement - Fedasil**
- **Gunter Habets - Attaché Juridische Dienst /Service Juridique - CGVS**



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Overview of DPI/VIB outside the Fedasil reception network and vulnerabilities

State of play: DPI/VIB outside the Reception Network

- From a reception crisis to a humanitarian crisis
 - **Increasing number of DPI/VIB living on the streets**
 - **Little or no access to psycho medical social (PMS) follow up (DPI/VIB on the streets, closure of Info point)**
 - **Deteriorating health conditions (diphtheria, scabies etc)**
 - **Rising number of squats (mainly in Brussels – Rue des Palais)**
- **08/12/2022: signing of the federal (Fedasil) and regional (SPRB) agreement - the "Brussels deal"**
 - **Co-financing of humanitarian aid organised by the Brussels region: federal funding of 1200 to 2000 humanitarian places – 4 operators involved (Belrefugees, Croix-Rouge, Samusocial, Ukrainian Voices)**
 - **Federal recognition that the target group of DPI/VIB, under its responsibility, is concentrated in Brussels**
 - **The Brussels deal allows the integration of DPI/VIB in the streets into the Fedasil network via a referral tool based on identified criteria**
- Fedasil waiting list: 2600 DPI /VIB
- Estimated number of DPI/VIB in squats by the end of 2024 (Cover): 400

Detection of vulnerabilities among DPI/VIB outside the Fedasil network

- Since the crisis: no automatic screening at the arrival centre (Fedasil)
- Vulnerability detection occurs at multiple levels and stages by different actors, leading to delays in detection
 - **Via Immigration Office**
 - **Via humanitarian aid services**
 - **Via emergency shelters**
 - **Hotline 0800 Samusocial and Belrefugees waiting list**
 - **Need for knowledge of access channels (+ difficulties in accessing them if DPI/VIB is vulnerable)**
 - **Waiting times or lottery system**
 - **If a place is obtained: vulnerability occurs at different speeds (depending on length of stay in the centre, language barriers, cultural factors, presence of PMS staff in the emergency shelter etc)**

Integration into the Fedasil network & vulnerabilities

- **Registration on the waiting list via QR code – vulnerabilities cannot be added**
 - **difficulties for vulnerable individuals in registering**
- **For DPI/VIB in Brussels deal emergency shelters: registration in the humanitarian referral tool of Fedasil by social workers**
 - **vulnerabilities can be registered**
 - **criteria n°1 for invitation = date of DPI/VIB**
- **PRIO for highly vulnerable cases: operators in direct contact with Fedasil dispatching – case by case assessment**

Follow up of vulnerabilities outside the Fedasil network

- **PMS teams in emergency centres**
- **RMP (Croix-Rouge)**
- **MdM Hub Humanitaire**
- **Cover team in squats**
- **Mobilisation of Brussels network (MM, hospitals,...)**
- **Support groups**
- ...

Vulnerabilities - observations

- **Mental health**

- **Overloaded support network**
- **Continuity of care**
- **Specific trauma**
- **Psy vulnerabilities → complicate procedures**
- **Uncertainty and time on the streets → worsens the situation**

- **Medical issues**

- **TBC, serious illnesses**
- **Continuity of care**
- **Living on the streets worsens health conditions**

- **Human trafficking**

- **Difficulty to identify**
- **Increased exposure to prostitution and trafficking**

- **LGBTQIA+ community**

- **Difficult to identify**
- **Increase exposure to prostitution and trafficking**

Conclusions

- **Difficulties in identification (due to the lack of automatic screening with Fedasil)**
 - **Need to engage with aid services or PMS teams in emergency shelters**
 - **Some vulnerable DPI/VIB do not proactively seek help, lack of awareness of emergency shelters access channels, and long waiting times before integration in emergency shelter**
- **Delayed care → physical and mental health conditions of DPI/VIB can worsen due to late detection & time spent on the streets**
- **Need for a common list and shared definitions of vulnerabilities → ensuring coherence and efficiency**
- **Medical records: ensuring basic follow up and continuity of care for DPI/VIB**
- **Strengthening cooperation between the humanitarian network and agencies**

Vulnerability Detection and Referral Project

27 March 2025



SERVICE PUBLIC FÉDÉRAL
JUSTICE



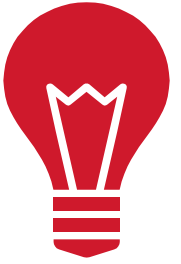
fedasil
FEDERAAL AGENTSCHAP OPVANG ASIELZOEKERS
AGENCE FEDERALE ACCUEIL DEMANDEURS D'ASILE

Introduction



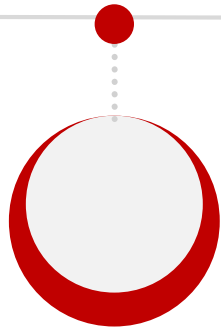
- 1) Background
- 2) Mapping
- 3) Objectives and Outcomes
- 4) Key impact

Background



Background

March 2024

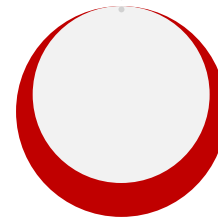


Reflection on the **inter-agency** mechanism of **vulnerability and special needs** identification, assessment and referral



Mapping of the Vulnerability Detection and Referral by **Asylum Chain Actors**

May
2024



Adoption of **recommendations**, definition of a roadmap incorporating **3 strategic trajectories**

August 2024



Kick-off first **activities**



Project

- **Duration:** 18 months
- **Fedasil** has accountability in federating partners and mobilizing resources (For instance EUAA expertise)
- **Involved actors:** Immigration Office, Guardianship Services, Fedasil, CGRS, Civil Society, EUAA, NGOs
- **Scope :** Early detection and link with 2nd phase and civil society actors
- **Responsibilities assignment:**

DECISION MAKERS

*Steering Committee :
Fedasil, IO, GS , CGRS*

RESPONSIBLE FOR THE OUTCOME

*Technical Group & 4
Thematic Working Groups*

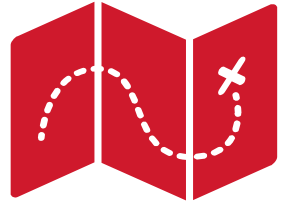
CONSULTED

*Professionals from chain actors and others,
consulted for expert advice. Example: CGRA,
Second Phase Reception Centers, Civil Society,
Law enforcement and EUAA .*

Mapping

Mapping

Objectives

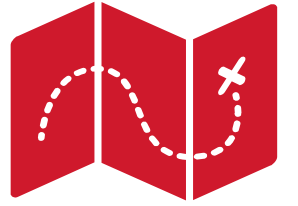


1. Record the vulnerability detection flow chain
2. Identify the relevant tools for vulnerability detection at all stages
3. Reflect the communication/referral lines between different stakeholders

MAPPED	PENDING
Immigration Office Guardianship Services InfoPoint Reach Out Refugee Medical Point AMC Dispatching Medical, Social AMC Reception Medical, Social, Psy Brussels Deal	Observation and Orientation Centre with/without age doubt (collection done, pending data analysis) CGRS

Mapping

Outcomes



Flow diagrams graphically representing:

1. Role of asylum and reception authorities (chain actors) and external service providers in the identification, assessment and referral of Vulnerabilities and Specific Needs (VSN)
2. Purpose of the identification, assessment and referral and tools used
3. Flow of information between asylum and reception chain actors and external service providers

Three trajectories

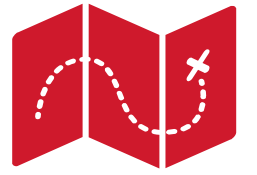
Trajectory 1: Asylum Seeker who registers for International Protection at the Immigration Office and receives reception immediately through Fedasil (*In reception*)

Trajectory 2: The unaccompanied minors' trajectory (*MENA*)

Trajectory 3: Asylum Seeker who registers for International Protection at the Immigration Office but does not obtain reception immediately through Fedasil - for instance single men registered on the waiting list (*Out of reception*)

Flow - in Reception

Generic trajectory – Flow of vulnerabilities identification & Assessment



IMMIGRATION OFFICE

Registration

Vulnerability pre-Identification

Vulnerability Unit

Interview

First

Identification of procedural needs and vulnerabilities (based on file and declaration/questionnaire)

CGRS

Council of Aliens Law Litigation

Police

DISPATCHING

SOC

MED

Check of pre-identified vulnerabilities & further Identification of MED vulnerabilities

FIRST PHASE CENTER

SOC

MED

PSY

Vulnerability Identification

2nd Phase (Fedasil or partners)

Vulnerabilities Assessment



Objectives and Outcomes

Objectives & outcomes



OUTCOMES

Enhanced multi-stakeholder coordination and cooperation

Improved VSN identification and assessment in the different stages of AS procedure

Systematisation of data-collection and sharing

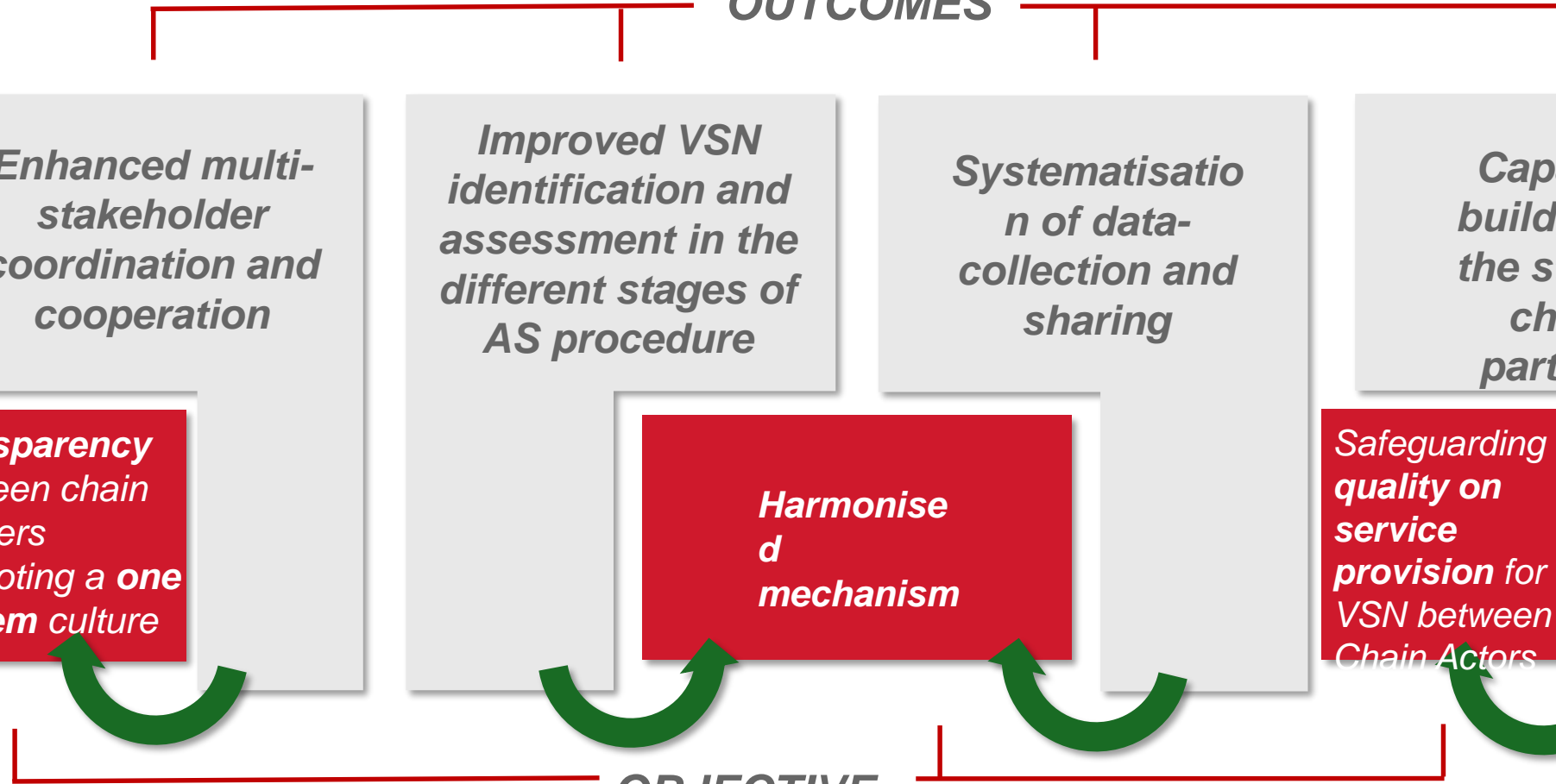
Capacity building of the staff of chain partners

*Transparency between chain partners promoting a **one system** culture*

Harmonised mechanism

Safeguarding quality on service provision for VSN between Chain Actors

OBJECTIVES



Deliverables



- 1. Mapping of vulnerability by asylum chain actors**
- 2. Non exhaustive list of vulnerabilities and special needs**
- 3. Screening, identification, assessment tools and procedures**
- 4. Applicants' self-declaration**
- 5. EUAA Referral Tool**

- 6. Harmonized procedures on consent**
- 7. Feedback and complaint mechanism**
- 8. Agreement on data sharing between asylum chain actor**
- 9. Capacity building of staff on vulnerability and special needs**

Key impacts

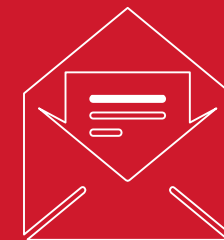


Key impacts

- Enhanced **collaboration** amongst asylum chain partners
- **Harmonised and efficient approach** to vulnerability detection amongst :
 - Asylum chain **partners**
 - **Stakeholders** whether in or outside the reception network
- Alignment with the requirement of the **Migration Pact**
- Safe and efficient **information sharing mechanism**
- Harmonised and enhanced **referral** mechanisms
- **Safe environment** for international protection applicants to declare vulnerabilities and needs



Thank you !



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Commissioner General for Refugees and Stateless Persons



Co-funded by the European Union

AMIF Project CGRS

Addressing (Mental) Health Vulnerabilities and Special Procedural Needs in Asylum Applications

EMN Belgium Policy Event,
March 27, 2025
Brussels

Challenges

Applicant Perspective

CGRS Perspective

Societal Perspective



Start-up AMIF Project CGRS



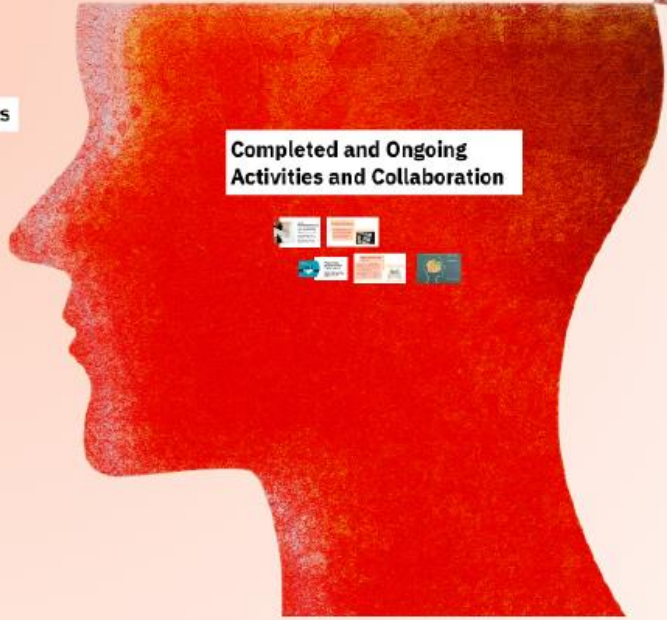
Background AMIF project CGRS



Completed and Ongoing Activities and Collaboration



Challenges, Obligations, Interagency Dependency and Collaboration



Challenges, Obligations, Interagency Dependency and Collaboration

Vulnerability and special needs: risk factors

Applicants for international protection may face many challenges that affect their past, present and future and that can increase their vulnerability and special needs. This may be related to events in their country of origin, during the migration route but also in the country of reception.



Legal obligations: present and going forward

This reality poses important challenges for the asylum-chain partners and the various actors working in the field of asylum, as illustrated by the examples earlier today. These challenges are without prejudice to the legal obligations of the asylum-chain partners to identify early and reliable possible vulnerabilities and special needs and to take appropriate support measures if needed. The rights of every applicant must be guaranteed as required by current EU legislation and the Pact on Migration and Asylum.



Further Strengthening of Interagency Collaboration

The CGRE recognises the interconnectedness of the asylum-chain partners and the importance of strengthening cooperation, taking into account the mandate and competences of each partner. The CGRE welcomes and recently joined the Fadaal/EUBA interagency project, and contributes to its various working groups on the processes of screening, identification and assessment of vulnerabilities and special needs, as well as information sharing between the different agencies. Indeed, these aspects are crucial for all partners to achieve a comprehensive approach.

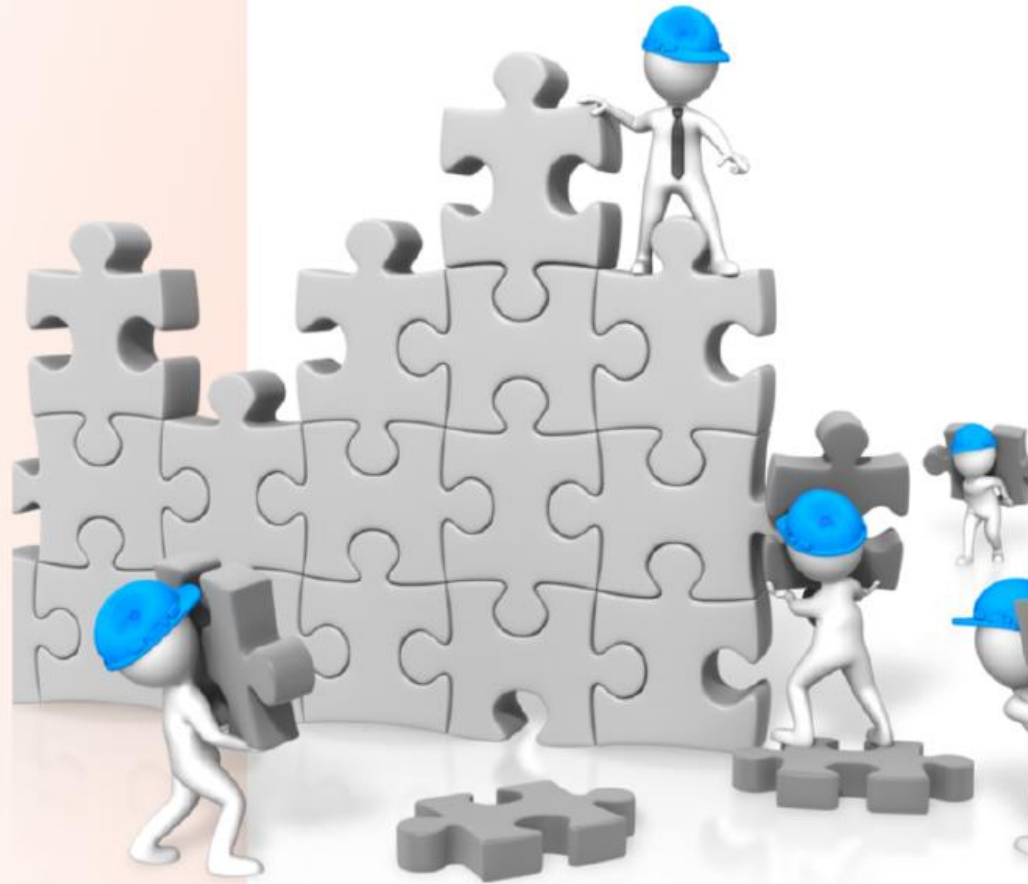
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Background AMIF project CGRS



Medical Findings

Medical findings show the physical or mental health of asylum seekers have been a reality in the asylum procedure for years. With just the background of ethnic, developmental, and social issues related to an upward travel

Increase in Migration and International Protection Applications

There has been a notable rise in migration to the EU over Belgium over several years and, since 2017, the number of migration applications in Belgium has sharply increased. In 2020, an average of 1,100 applications per month were received. The peak was in the month of October when 6,800 people submitted a request, far less the highest figure since October 2016.



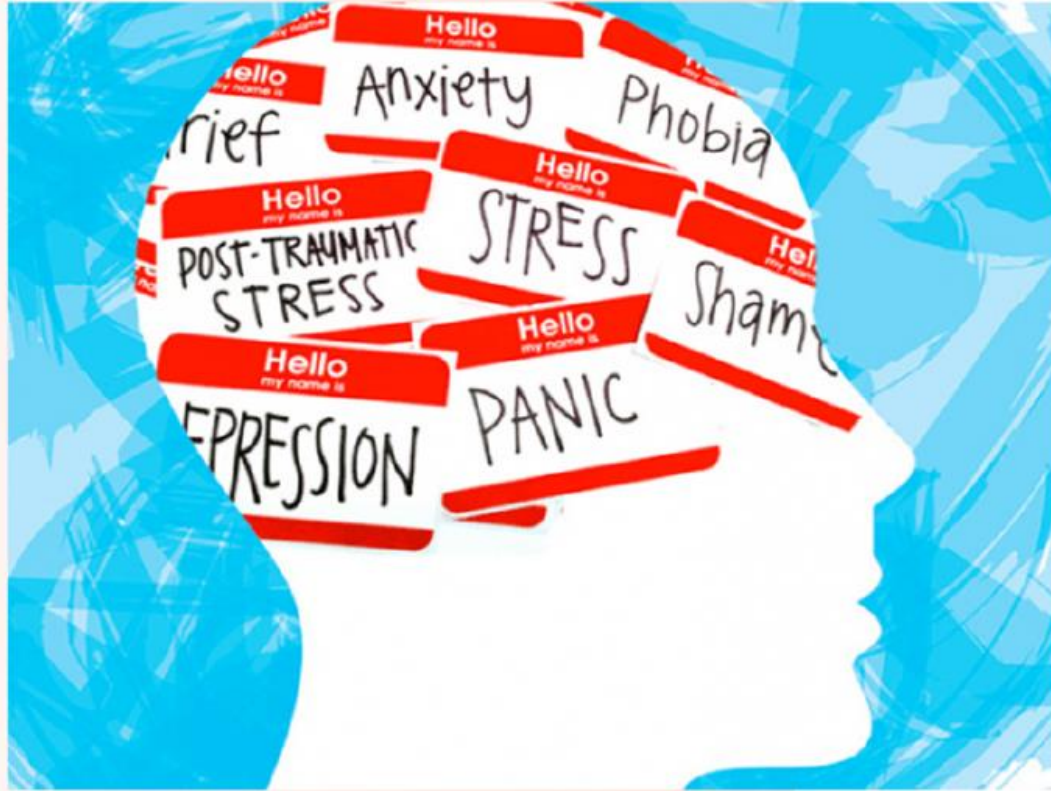
Psychological Vulnerabilities

Studies indicate a higher prevalence of psychological vulnerabilities among refugee seekers and refugees. This has led to a growing number of asylum seekers and refugees who are seeking mental health services and psychological support.



In the Spotlight

The topic of **asylum seekers' health** has gained increased attention from legislators, donors, health care professionals, and society, with the goal of raising awareness and increasing attention to being and to be well. It is a topic that has not received the attention it deserves and it is well-timed to be in the spotlight.



Medical Findings

Medical findings about **the physical or mental health of asylum seekers have been a reality in the asylum procedure for years.** And against the background of various developments, one could even argue that it is an **upward trend.**

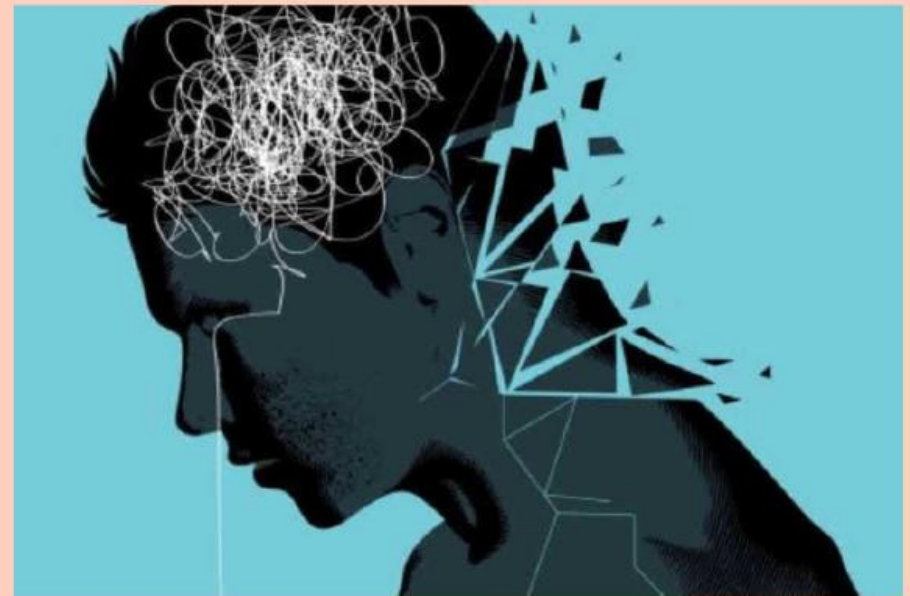
Increase in Migration and International Protection Applications

There has been a **notable rise in migration to the EU and Belgium** over recent years and, since mid-2021, the **number of asylum applications in Belgium has sharply increased**. In 2024, an average of 3,301 applicants per month were registered. The peak was in the month of October when 4,383 people submitted a request. This was the highest figure since autumn 2015.



Psychological Vulnerabilities

Studies indicate a **higher prevalence of psychological vulnerabilities among asylum seekers and refugees**. This will logically reflect in asylum proceedings considering the uptick in migratory movements and international protection applications.





In the Spotlight

The topic of **asylum seekers' health** has **garnered increased attention** from academic circles, health care professionals, civil society, interest groups, the legal profession, and on a policy level. The fact that more attention is being paid to this issue will naturally boost its visibility as well.

Challenges

Applicant Perspective

Aside from the legal obligations of the application process, it is essential for applicants that have made decisions about their future and financial independence that they understand the process and the impact of their application. Applicants may have physical and/or mental health conditions that may impact their ability to complete the application process. Applicants may also have limited resources to pay for the application process. Applicants may also have limited resources to pay for the application process.



CGRS Perspective

CGRS staff receive many questions and they often have a lot of time and energy invested in the process. Applicants may have limited resources to pay for the application process. Applicants may also have limited resources to pay for the application process.



Societal Perspective

The issue of homelessness is a complex one that involves many factors, including housing, social, and institutional constraints. These challenges not only affect the applicants but also their resources and services within the broader community.



Applicant Perspective

Apart from the legal obligations of the asylum-chain partners, the **burden of proof** dictates that applicants generally need to provide and disclose information on their specific needs and the relevant details of their application themselves. Inversely, **physical and/or mental health are notable factors which might prevent an applicant** from mentioning such information immediately, or mentioning it at all, which in turn will prevent the applicant from benefiting necessary procedural support.



CGRS Perspective

CGRS staff handling asylum applications are being confronted with **a lack of timely and/or reliable information on the possible vulnerabilities and special procedural needs of the applicant** which makes it difficult to process and assess international protection applications efficiently and effectively.

“

Vulnerability does not equal international protection need

(...) as active participants in their own quest for solutions, refugees must be seen as persons with specific needs and rights, rather than simply as members of 'vulnerable groups'. Seeing only the vulnerabilities can lead to insufficient analysis of the protection risks faced by individuals, and, in particular, disregard for their capacities.

(Source: UNHCR, Resettlement Handbook, 2011, p. 182)

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(Source: UNHCR, Resettlement Handbook, 2011, p. 182)



Societal Perspective

Delays in processing asylum applications have **far-reaching human, social, and institutional consequences**. These challenges not only affect the applicants but also strain resources and services within the broader community.



Start-up AMIF Project CGRS



Project Overview

Against the backdrop, the CGRS initiated by AMIF Project until the end of 2023. Scheduled to last until the end of 2023, it aims to better respond to procedural needs and to create a more equitable process.

Focus on Physical and/or Mental Vulnerabilities

The project essentially addresses applicants with mental and/or physical vulnerabilities during the asylum process. The focus is on their participation in asylum proceedings (preliminary personal interviews) and on certain elements related to the assessment of their protection needs (priority credibility assessment and medical/legal reports).





Project Overview

Against this backdrop, the CGRS initiated its **AMIF Project** at the end of 2023. Scheduled to run until the end of 2025, it **aims to better respond to procedural needs and to create a more equitable process.**

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This project essentially addresses **applicants with mental and/or physical vulnerabilities** during the asylum process. The focus is on **their participation in asylum proceedings** (particularly personal interviews) and on certain elements related to the **assessment of their protection needs** (mainly credibility assessment and medico-legal reports).



Completed and Ongoing Activities and Collaboration



CGRS Recommendations

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Training and Support for Protection Officers

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National, Local, Provincial/Interview, Health and International Protection Assessment

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Thematic Working Group Objectives

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Questions or Remarks?

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Thank you.



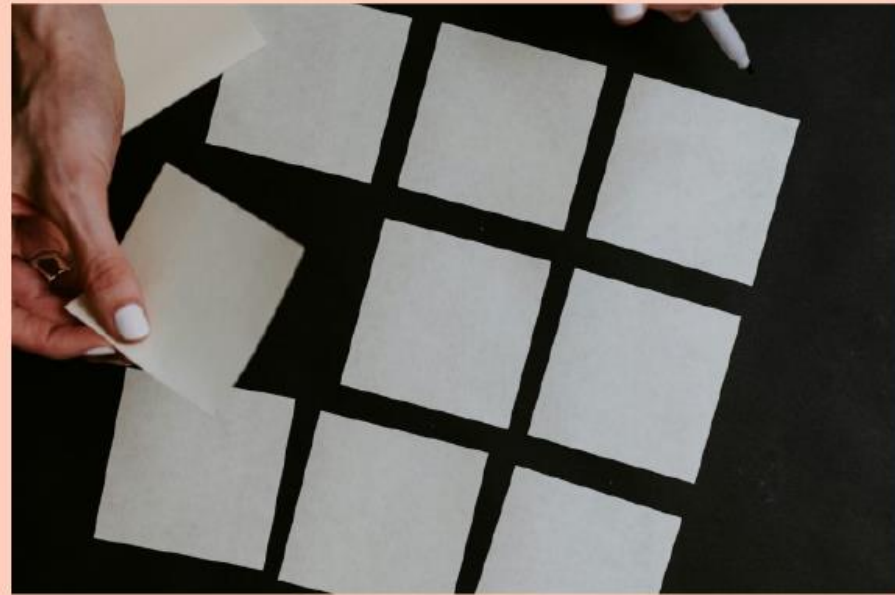
CGRS

Recommendations

In 2024, the CGRS prepared and completed **recommendations, some FAQ and an information poster on the importance and relevance of qualitative medical documents in the asylum procedure**, after consultation of the Superior Health Council and the Fedasil Medical Service (see: CGRS website, Publications). These products have been **presented and discussed in a series of online information webinars** for professionals in (mental) healthcare and other stakeholders such as lawyers, employees of Fedasil, Red Cross Flanders, Caritas, and interest groups such as Constats, Nansen, Doctors of the World and GAMS, or also social assistants associated with Public Centres for Social Welfare.

Training and Support for Protection Officers

Other initiatives since 2024 include training and support for protection officers to fill gaps in our existing toolkit. Ongoing activities relate to the preparation of **7 practical information sheets for case workers on emotional and physical responses of applicants to trauma** (e.g. PTSD). After publication of these sheets, a **train-the-trainer session, workshops and information sessions** will be organized, and for this we will also draw on the experience and assistance of a number of external experts.





Revisited: Special Procedural Interview Needs and International Protection Assessment

Another ongoing and important part of our project concerns the **revision of certain work processes in cooperation with asylum chain partners** (Fedasil, IO).

Thematic Working Group Objectives

- Optimizing methods for **obtaining reliable statements** from applicants with physical and, in particular, mental vulnerabilities. Including the **possibility of referral** to appropriate (mental) health practitioners to obtain advice on possible procedural needs
- Improving the **assessment of international protection needs** of applicants with physical and, in particular, mental vulnerabilities, with a **focus on credibility and medico-legal reports** on cases of torture or inhuman treatment



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Questions
or
Remarks?



Thank you!