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FEDERAL AGENCY FOR THE RECEPTION OF ASYLUM SEEKERS

Vulnerable persons with specific reception needs

Definition, identification, care

Executive summary

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Executive summary

This report focuses on the reception of vulnerable applicants for international protection with specific needs. It discusses how field staff define, identify and respond to vulnerability in reception practice. The objective is to develop a better understanding of how Fedasil and its partners implement the requirement of Belgian and European legislation to meet the specific needs of applicants for international protection. Indeed, as reception legislation remains vague in its description of how vulnerable persons should be treated, there is an important role for field staff in putting the reception of vulnerable persons into practice. Vulnerability is not a new theme in reception. The requirement to meet specific reception needs was first laid down in European 'Council Directive 2003/9/EC of 27 January 2003 laying down minimum standards for the reception of asylum seekers'. The federal government was one of the first member states to transpose this requirement into national legislation in 2007 through the Belgian Reception Act. We note that the emphatic focus on vulnerability has gained further political importance in recent years, resulting in, among other things, new legislative initiatives. Also within the reception network new procedures, instruments and conventions are increasingly being created for vulnerable persons.

This report confirms and reiterates the results of an earlier interim report, which, on the basis of exploratory interviews, observations of a number of reception structures and a questionnaire, probed the most important general points for attention for the reception of vulnerable persons. This report also further elaborates on these insights through additional research, namely 17 focus groups with field staff, targeted in-depth interviews with some services and reception partners and a survey of external organisations providing assistance to people in reception. The information obtained was combined and grouped according to three themes, namely (1) definition of vulnerability, (2) identification of specific needs and (3) appropriate care. The structure of this final report consists of three chapters. The first chapter is introductory and outlines the legal, political, and institutional frameworks within which the actual policy on vulnerable persons is developed. The second chapter is the core of the empirical research and consists of a discussion of the three central themes of vulnerability (definition, identification, care). Here, the focus is on the perceptions of field staff, which are illustrated in detail through quotations. The third chapter concludes the study by confronting a management and counselling perspective on vulnerability.

Chapter 1 examines the legal reception requirements for vulnerable persons and notes that the legislation offers no substantive definition of vulnerability, but suffices with a non-exhaustive list of examples of vulnerable persons, including persons with disabilities, pregnant women or persons who are victims of rape. There is also a lack of concrete identification procedures and it is unclear which care is adapted to which specific reception needs. At the political level, within the growing attention for the theme, it is noted that different approaches are in circulation, namely a focus on vulnerable target groups and a mainstreaming of specific reception needs. From an institutional perspective, there have been significant changes in the reception network that have had an impact, directly and indirectly, on the focus on vulnerable persons, in particular the pressure on reception capacity and the development of a new phasing of the reception process.

Chapter 2 examines in detail how vulnerability is defined, identified and dealt with by field staff. As a leitmotif, a distinction is made between two types of actors who are involved in the reception process from different roles. On the one hand, there are the actors involved in the allocation of a reception place (Immigration Office, Dispatching Fedasil, Region North and Region South Fedasil). On the other hand, there are the actors who actually provide reception (pre-reception , collective reception centres, individual reception structures, local reception initiatives, external organisations). Despite nuanced differences within each type, as well as overlaps between the two types, there are clear differences that are summarised below in table form.

ALLOCATION		RECEPTION
Categorial definition dividing people into 'vulnerable' and 'non vulnerable' target groups	**Definition**	**Factorial definition** distinguishing between threatening and protective factors in applicants
Immediate assessment Fast, short, formal procedures to assign and verify labels	**Identification**	**Continuous evaluation** Long, elaborate, (in)formal procedures in team
Matching matching of person and place labels within existing reception capacity	**Care**	**Tailor-made** Adapted guidance and infrastructure provided, or transfer request

Actors involved in the allocation process use a categorical definition of vulnerability, whereby they distinguish four vulnerable target groups: unaccompanied minors, persons with medical problems (including psychological needs), vulnerable single mothers and persons who are vulnerable during the transition just after obtaining a protection status. However, the study does not address the target group of unaccompanied minors. Actors involved in the actual reception do not divide persons into target groups, but analyse their individual situation in search of threatening factors that can make persons vulnerable and factors that can protect against vulnerability. Within a factorial definition, more persons are usually identified as vulnerable than is the case within a categorical definition, for example, illiterate persons or persons with large families. With regard to the identification of vulnerability, actors involved in allocation usually have fast-track procedures whereby they have to decide on who belongs to a vulnerable target group on the basis of short consultations or formal registration sheets. For reception actors, on the other hand, identification is a continuous and complex process, involving both formal and informal observations, which are often discussed in a team context. While allocation actors mainly focus on immediately observable vulnerabilities, reception may reveal deeper and often hidden problems (such as female genital mutilation). The care strategy of those involved in the allocation process consists of looking for the most suitable reception location that meets the specific needs identified. For the purpose of matching, the existing reception capacity is used, which is divided into generic and specific target group places, and an attempt is made to find a match with the assigned personal labels. The reception structures, for their part, try to adapt the guidance and infrastructure for vulnerable persons.

To this end, they make use of internal specialists within the reception structure (such as Single Points of Contact), external referrals to specialised organisations or a transfer to another reception location. Underlying the differences identified at the level of definition, identification and care is a more fundamental perspective on vulnerability. Actors involved in allocation are particularly strongly influenced by what we describe as a "management perspective" on vulnerability. Here vulnerability is turned into a logistical challenge. Through the classification of applicants into separate target groups, an attempt is made to gain control over a complex problem. This allows for quick identification and

makes it possible to anticipate a care strategy. Actors involved in reception, on the other hand, are strongly influenced by what we might call a 'guidance perspective'. Here, vulnerability is first and foremost a challenge for professional interaction. Complexity is sought after rather than reduced and this requires permanent multidisciplinary evaluation and a tailor-made care strategy.

Finally, **Chapter 3** examines the way in which the various actors involved in the reception process interact. Three areas of tension are distinguished, related to the definition of who is vulnerable, the authority to identify vulnerability, and the approach to care strategy. The 'management perspective' always appears to be dominant because actors involved in the allocation process have the power to determine who will be allocated where. The concrete interaction between actors involved in allocation and reception can be summarised in five steps.

STEP 1: Rudimentary assessment of vulnerability at the start of the reception process

During the process of submitting an application for protection, an assessment of a person's vulnerability is immediately made by the Immigration Office the Dispatching medical service and the Dispatching allocation service. This assessment is rudimentary and focuses mainly on identifying two (visible) vulnerable target groups, in particular people with medical problems (including psychological needs) and vulnerable women/mothers, which are taken into account in the allocation process. Within the reception network, a distinction was made between generic places and places for specific target groups. Persons with a target group label must in principle be allocated to a specific target group place.

STEP 2: Priority allocation to collective reception

When allocating a place, regardless of whether the person belongs to a generic or specific target group, priority is always given to a collective reception structure. If there are insufficient specific reception places in the collective reception, an allocation can be made to an individual reception place. When allocating individual places, priority is given to places that are structurally provided by NGOs. Fedasil concluded specific agreements with them for a fixed number of specific individual target group places. Only when NGOs cannot provide a suitable place, can an allocation be made to local reception initiatives or LRI. In principle, LRI have generic individual places at their disposal, but by means of a personal tariff they can adapt their care provision.

STEP 3: Thorough permanent evaluation of vulnerability during the reception process

During a person's stay in a reception structure, there is a continuous evaluation of the person's vulnerability and specific reception needs, including a mandatory evaluation after the first 30 days. The concept of vulnerability is more extensive than the two specific target groups. Social workers, the medical service and other actors in a reception structure have an eye for personal, social and context-related threatening factors, as well as protective factors. This reveals a broader spectrum of vulnerable people. Some of them are also mentioned in the Reception Act (such as victims of female genital mutilation), while others are not (such as illiterate persons or LGBTI).

STEP 4: Adapted assistance and change of reception location as an exceptional measure

Reception structures are expected to accommodate in their guidance all kinds of vulnerabilities they identify. Exceptionally, there is also the possibility of changing a person's reception location via a transfer ‘adapted place’. This option is closely monitored and priority should be given to internal and external adjustments within the current reception place. Persons with limited prospects of obtaining a protection status (such as Dublin or safe country of origin) are not eligible for transfers ‘adapted place’. Transfers aimed at limiting the ‘reception damage’ to persons who have been staying in a collective reception

structure for more than six months are not allowed either. If the occupancy rate increases, transfers 'adapted place' may be temporarily reduced.

STEP 5: Individual reception in case of transition after obtaining a protection status with adapted duration

If a person obtains a residence permit for more than three months, a transfer to an individual reception location is made in principle. From this individual reception place, a person will transit to private housing outside the reception network. A specific procedure has been developed to allocate an additional target group label to persons who are expected to need additional help during the transition. In addition to this category, the medical target group and the target group of vulnerable mothers receive an adjusted transition period of three months which can be extended once by three months (instead of two months which can be extended twice by one month).

Field staff indicate that the current working method has limitations. These include: inappropriate initial allocations due to a lack of time for initial identification, too much focus on the collective reception without taking into account which reception best meets specific needs, too few ways to diversify the guidance and infrastructure at the reception location level, too limited transfer possibilities for an adapted place and too short a transition period for vulnerable people. There is a perception that these problems can be partially resolved by bringing the management and guidance perspectives more into line. At the same time, field staff warn that expectations of vulnerability must remain realistic because some applicants deliberately hide their vulnerabilities or refuse to be helped.