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# Reflections from the field:

## Moving beyond vulnerability in Belgium's reception policies

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30/09 EMN Luxembourg Conference – 'Detecting and protecting vulnerable migrants'



# Overview

- 1) Historical milestones: targeting vulnerable persons
- 2) Research findings: inflation of vulnerability
- 3) At the crossroads: promoting well-being

# Historical milestones

Targeting vulnerable persons

# Milestones



**1986**

Opening of the first reception centre 'Petit Chateau'. Only short stay in transition to financial benefits. Medical examination. All applicants treated equally.

**2000**

Opening of specific reception facilities for unaccompanied minors and persons with medical needs requiring specific reception accommodation

**2003-2007**

Transposition EU Directive 2003/9/EC. Legal framework reference to vulnerable categories – obligatory identification

**2010**

Opening of 'Les logis de Louvranges' (Caritas International) for vulnerable women

**2014-2015**

First conventions for specific medical and psychological accommodation by NGO's

**2018**

Opening of arrival centre : systematic medical and social screening to early identify vulnerable persons



# Targeting vulnerable persons

- Defining vulnerable target groups: unaccompanied minors, vulnerable (single) women, persons with specific medical or psychological problems
- Mostly in specific accommodation centres
- In strong collaboration with specialised NGO-partners
- Procedures for early identification

→ What future for vulnerability within reception ?

# Research findings

Inflation of vulnerability



# Vulnerability in practice

## Experiences by reception workers

- 17 focus groups – 11 participants
- Vulnerability is **seldom used** as a category in daily practice as it is stigmatizing and of little analytical use
- Vulnerability is associated to many **more factors** than those mentioned in the reception law. For instance factors such as family composition, literacy, sexual orientation, young age, ..play an equally important role
- Residents classified as belonging to the same vulnerable category can still be **extremely different**
- Vulnerability is dynamic and **early identification is often impossible**

## Experiences of daily life for residents

- 106 in-depth interviews in four reception centres
- Residents do **not self-identify** as vulnerable and often have to creatively adapt their lives to meet reception conditions
- A range of **factors related to reception facilities and the asylum procedure are considered by residents as harmful to their well-being**, such as shared rooms, waiting, uncertainty, isolation
- There is very **little sense of community** amongst residents with similar profiles
- Residents often feel **worse after a while** in reception in contrast to their situation at first arrival



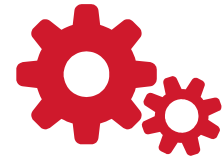
# Inflation of vulnerability

- Vulnerable persons are widely diverse and group-definitions do not match actual complexity
- All residents face threats to well-being, although the degree may vary
- Reception workers need to remain attentive to changing needs and difficulties over time



# At the crossroads

Promoting well-being



# Promoting well-being

- Limitations of the targeted approach: no further extension of vulnerable categories
- Need for continuous monitoring of well-being and preventive strengthening of supportive factors and resilience
- General sensitivity amongst all reception workers, not only specialised NGO's
- Addressing neglected dimensions of well-being, such as multilingual communication, accompanied minors and family life, recreational activities, sense of belonging, participation, ...



# Thank you!

## Questions?

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