Belgium: special needs program

Sub-theme 3.2 : responses to the specific needs of returned persons
Focus

Aim
Offer support to vulnerable migrants before, during and after return to country of origin. This support is a transitional measure, in order to give the migrant the possibility to organize his long-term reintegration.

Who?
Belgium: Immigration Office with local partners

Duration?
Maximum 1 year, shorter if possible
Vulnerable migrants

Who?

- Medical needs (physical or psychological)
- Pregnant women
- Seniors (> 65 years)
- Migrants who need a specific follow-up for other reasons
- Migrants who endanger the security and safety in the detention center, because of their medical problems
Which support?

3 categories:

1. Before return → follow-up in the detention center
2. During return → follow-up during flight
3. After return → reintegration measures in country of origin
follow-up in detention center

- Admittance in psychiatric facility
- Availability of medication in COI → medcoi-database
- Purchase of medication before return
- Courses for staff members
- Coordinating psychologists: liaisons between detention centers, prisons, ... and central immigration office
Follow-up during flight

Accompanied by:

- medical specialist or nurse
- Psychologist
- Person of trust
- Immigration liaison officer
Reintegration measures in country of origin

- Reintegration support for maximum 1 year with a maximum budget
- Medical follow-up (psychiatry, medication, doctor’s appointment, …)
- Administrative support
- Practical support (temporary shelter, food, …)
- NO economical support, NO cash money

depending on the possibilities in the country of origin
Example 1: DRC – psychiatric problems

30-year old man with combination of psychiatric problems (depression, autism, mental issues, schizo-affective problems), family not traceable, cannot take care of himself

1. Identification → DRC
2. Medication → available in DRC?
3. Psychiatric follow-up → contract with psychiatric institution near Kinshasa
4. Medical follow-up during flight
5. Accompanied to institution → medical follow-up
6. Family traced → sister takes care of him
Example 2: Tunisia – kidney dialysis

28-year old man, kidney transplant in 2007, kidney failure, needs 3 times/week kidney dialysis, no social insurance, not voluntary to return

1. Identification → Tunisia
2. Contacting doctors/hospitals in Tunis
3. social security (CNAM)
4. Fixing price for 10 times dialysis (3 offers) → prise en charge with guarantee dialysis after return
5. Arrest → medical follow-up in detention center
6. Medical follow-up during flight (doctor)
7. Dialysis took place
### statistics

<table>
<thead>
<tr>
<th>Category</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of requests</td>
<td>70</td>
<td>46</td>
</tr>
<tr>
<td>Admittance in psychiatry before return</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Purchase of medication</td>
<td>31</td>
<td>4</td>
</tr>
<tr>
<td>Follow-up during return</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Reintegration after return</td>
<td>46</td>
<td>6</td>
</tr>
</tbody>
</table>
• Humane return of vulnerable migrants is a basic obligation of every country

• Search for ad hoc solutions: time-consuming, costs but long-term perspective

• project does not replace the system of residence permits on the basis of medical reasons

• Project wants to keep voluntary return still more attractive
Questions?

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