

Well-being and daily life in collective reception

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**Well-being and daily life in collective reception
a fragile balance between vulnerability and resilience**

Purpose, methodology and results

Acknowledgements

This report is the result of a survey of residents at four Fedasil reception centres. The Research and Policy Unit would like to thank the centres involved for their hospitality and openness to receiving and guiding the researchers. The greatest thanks go to all the residents who took the time to share their findings about their stay in reception in a nuanced and respectful manner.

Summary

As an agency, Fedasil has a legal mission to provide every asylum seeker with a reception service that enables him or her to live a life that is in keeping with human dignity. To succeed in this task, a well-founded reception policy requires a thorough knowledge of the needs of the end users and their daily experiences in reception structures. In this context, the Research and Policy Unit of the Policy Support Directorate set up an innovative study into the well-being of applicants in reception. This report discusses the purpose and methodology of this study. It also discusses the results of the study into applicants residing in a collective reception structure. In a second report, the well-being of applicants living in an individual reception structure will be examined in more detail.

The aim of the study was to develop a better understanding of the well-being of applicants in reception. Well-being refers to how the applicants 'feel' and how they 'function'. It is about how they themselves experience their daily lives in reception. This experience is complex and has several dimensions. In order to make well-being comprehensible, ten different aspects of well-being are distinguished in this study on the basis of Martha Nussbaum's work, namely (1) safety, (2) health, (3) integrity, (4) meaningfulness, (5) security, (6) independence, (7) belonging, (8) leisure, (9) participation and (10) nature. Well-being is not only complex, it is also dynamic and variable. How a resident feels and functions can change throughout the reception process. Residents themselves can influence their well-being by changing their behaviour. This is why the study also investigates the patterns of behaviour that residents develop in order to influence their well-being. A distinction is drawn between four different patterns of behaviour, namely (1) acceptance, (2) adaptation, (3) withdrawal and (4) resistance.

In this study, Fedasil is also aiming to better understand the factors that can influence the well-being of residents. There appears to be some disagreement in scientific literature on this. Some scholars emphasise the role of a variety of institutional characteristics of reception facilities in understanding well-being. This concerns in particular the type of reception structure, its location and the services offered to residents. However, there are also scholars who believe that the individual characteristics of applicants determine how they experience reception. Differences between residents in terms of personal characteristics (such as family type, gender, age), specific contextual characteristics (such as chances of recognition, reception duration, escape route) or social networks are then cited to explain differences in well-being between residents. Based on a review of the literature, the report presents a heuristic diagram distinguishing the various institutional and individual factors. Since research to date has been inconclusive, both strands of the scientific literature were taken into account in the development of the study.

The research was qualitative in nature and consisted of a series of 106 in-depth interviews with adult residents, supplemented by ethnographic observations. In the design of the study, the selection of respondents deliberately sought to maximise the variety of both institutional and individual factors that can impact upon well-being. This report is limited to the collective reception structures, but varies in terms of their reception capacity and location. Two centres were selected that have approximately the same medium capacity, but are respectively close to and far from a variety of important facilities. In addition, two centres were selected for which facilities are accessible but whose reception capacity varies between small and large. In terms of individual factors, variation was sought in terms of family type, age, medical situation, length of time in reception, nationality and social network. There was an active search for certain resident profiles designated as vulnerable by the Reception Act, such as single parents or elderly persons people.

In order to analyse the large amount of data, the interviews with residents were transcribed and the observations were written up. Next, codes were assigned with Nvivo software. For this purpose, an a priori codebook was used whose structure was based on the ten different dimensions of well-being, the four different patterns of behaviour and the various institutional and individual factors. The report adopts this structure of the codebook and consists of a rich account in which residents describe in their own words how they feel and how they function in reception. There is a great deal of nuance in residents' formulations and a considerable degree of variation in well-being, both between individuals and between dimensions. Nevertheless, it can be concluded that, in general, residents perceive their well-being rather negatively. The only dimension of well-being that is almost unanimously rated as positive is safety. To illustrate, a few key ideas for each dimension of well-being are explained here. These key ideas are based on how residents described their daily lives.

1. **Safety:** Residents in collective centres have no fear for their own life or that of family members. They feel safe because there are clear rules at the centres, for example about who is allowed to enter the centre, and because of the permanent presence of staff.
2. **Health:** Residents appreciate the presence of a medical service at the centre, even if they sometimes experience barriers to access. The possibilities for receiving psychological support are not always clear to them. A major concern is the sanitary conditions that they find unhealthy, the fear of being infected by their fellow residents and food that they find inappropriate and unhealthy.
3. **Integrity:** Residents feel that they lose their privacy at collective centres, both in their own rooms and in the collective areas. There is a certain fear of public intimidation, especially because of gender identity and sexual orientation.
4. **Meaningfulness:** Residents experience daily life as repetitive and without perspective. Waiting is tedious because residents are unsure of how long the period in reception will last. They break the monotonous pattern by deriving a sense of purpose from taking on caring tasks for children, by believing, by working or through (language) education.
5. **Security:** Residents mainly have superficial and distant mutual contacts. Close friendships and close collaboration are rather exceptional. Normal family relationships are put to the test in collective reception structures; for example, by jealousy and the fear of bad influence from others.
6. **Independence:** Residents experience a language gap that makes them dependent on individuals who can interpret and on translated communication. Due to the limited possessions, it is difficult in practice to make plans and people live from day to day. There is a strong motivation to earn money, but due to all kinds of barriers, residents are forced to make do with performing community services for a limited fee.
7. **Belonging:** Residents report that they do not always feel at home at the reception centre because they have limited opportunities to experience their own culture. This is expressed, among other things, in the preparation and consumption of food. Those who wish to experience their own faith outside the reception centre are faced with practical obstacles, such as mobility.
8. **Leisure:** Residents enjoy being able to relax by playing sports, reading, surfing the Internet or sitting together with others. However, the facilities and organised activities at the centre are perceived as too limited and insufficiently diversified. For participation in activities outside the centre, significant barriers must be overcome, in particular language barriers and financial barriers.
9. **Participation:** Residents indicate that there are few structural opportunities for their opinions and cooperation to be sought. This creates a feeling that they are not involved in important decisions about the management of the centre, which could however have a significant impact on their daily lives.
10. **Nature:** Residents have mixed feelings about the green environment where the centres are located. The peace and quiet that emanates from them may be experienced as oppressive by some and bring back memories of the escape route. Some centres pay little explicit attention to nature, which is why residents themselves invest in plants, for example.

It is notable that the majority of those surveyed accept their negative well-being. They resign themselves to their situation because they say they cannot do otherwise, feel grateful, are ashamed to criticise, put the situation in perspective compared to the country of origin and the escape route, have come to accept the situation as normal, or hope that the reception is only a temporary phase. Individuals who do not accept the situation generally withdraw. For example, they avoid certain parts of the centre, repress bad thoughts, or seek diversion so they no longer have to think about the reception situation. Only a small minority of residents try to adapt their behaviour or show resistance. Adaptation may consist of investing in the reception situation to improve well-being, making the most of the facilities or organising collectively. Very rarely, residents show resistance and oppose the reception, or start to show self-destructive behaviour.

If certain behaviour leads to an improvement in well-being, we can describe it as 'resilient'. The inability to protect well-being is what characterises 'vulnerability'. Viewed in this way, each of the patterns of behaviour

could be resilient or vulnerable. There is no direct relationship between the pattern of behaviour developed by the applicants and the positive or negative evolution of their well-being. It would be wrong to describe certain behaviours as intrinsically resilient or vulnerable. A resident who withdraws from social life, for example, may feel less secure, but can compensate for this by investing more in leisure or gaining more control over daily life. Their well-being will therefore improve. Equally, however, withdrawal can lead to isolation, the development of mental health problems and a lack of belonging, resulting in a decline in well-being.

The multitude of behaviours clearly shows agency by residents, who are not simply passive individuals. This study concludes that all residents, in their own way, will seek ways to protect well-being. It is not the case that only so-called 'vulnerable' people are confronted with this. This study presents the notion of 'fragility' to refer to the difficult balancing act in which all residents try to change their well-being positively rather than negatively through their behaviour. However, it is more difficult for some residents to stay balanced than others. In order to understand the 'difficulty' of the balancing act, this study suggests looking at the interaction between the institutional and individual factors distinguished in the literature.

The observation that, despite their differences, all the residents rate their well-being negatively to a greater or lesser extent indicates that collective reception structures offer a difficult reception environment. The study's second report, where residents in individual reception will have their say, will further investigate whether the well-being is better there. It can be anticipated that certain dimensions of well-being, in particular health, integrity, independence and participation, will be evaluated more positively by residents of individual reception structures. Regarding the other institutional dimensions, the study finds that:

- The **reception capacity** of a reception centre has no unequivocal influence in the applicants' experience. Residents find that it is more the density of the residents in relation to the architecture of the centre, rather than the objective number of applicants, that is important. A centre where residents live together in greater concentrations may increase the feeling of mutual involvement, but otherwise has little concrete effect on well-being.
- The objective **location** of the centre has no unequivocal relationship with well-being. Rather than distance, mobility options are a determining factor. Remote centres that are well-served by public transport may be easier for some residents to reach than centres that are close in distance, but where journeys have to be made on foot, for example. Mobility plays a particularly important role in terms of meaningfulness, independence and belonging.
- The **services** are provided by the staff at the reception centres in a respectful and high-quality manner, but they also come up against all kinds of limitations. In the eyes of residents, there is sometimes under-staffing and over-questioning. Residents say they like to build trusting relationships with staff, but they mainly have superficial and practical relationships with them. This mainly affects residents' security, independence and sense of meaning.

How easy or difficult it is for a person to cope with the institutional conditions is determined by individual factors. The study clearly shows that there are more differences than similarities between residents. The beneficiary of reception is an artificial category to which no clear profile can be applied. Residents differ in age, in gender, in nationality, and so on. Some have been staying in reception for several years, while others have just arrived. There are people with an extensive social network and there are residents who do not know anyone in Belgium or at the centre. The differences between residents can be described at an individual level by the term 'superdiversity'. This means that, even between people who share certain characteristics, important differences remain. People therefore cannot be reduced to just one of their characteristics. Each person is a complex and unique combination of different characteristics. Looking at the characteristics separately, some mechanisms that influence well-being do stand out.

- The **personal characteristics and needs** of residents have the most important influence on well-being. An important factor is the age of residents. The majority of the residents are in an active phase of life and want to expand their lives, which is made more difficult within the context of collective reception. Physically, many residents are healthy, but for those who require extensive medical attention, this puts well-being under additional pressure. Differences are also identified along the fault lines of gender and orientation, especially in terms of integrity. The financial capacity of residents is a factor that has so far been underestimated. Some residents have access to their own (limited) resources, which they can use to improve the impact of living collectively, for example by buying their own food or paying for leisure.

- There are individual **context-related risks and opportunities** for each resident. An important factor is the length of time spent in reception, which varies widely among residents. As the length of stay increases, there is more pressure on well-being. Residents stress that the lack of clarity about the duration of reception is perhaps even more important than the duration itself. Certain rights, such as the right to employment or access to language education, are linked to the status of the asylum procedure and the period in Belgium. This conditionality and precarity is experienced negatively by residents. Residents question the transfers between reception structures, especially for certain nationality groups who are allowed to go to individual reception earlier. This is experienced as discrimination and negatively affects well-being.
- The **social network** surrounding a person can play an important mediating role. The presence of family members has the greatest impact because people find support and anchoring in one another, although the reception situation also puts pressure on intra-family relationships, resulting in changing partner, parent and child roles. The setting of a collective reception centre and being forced to live together are not ideal breeding grounds for close friendships. Residents' contact is rather more superficial in nature and therefore has limited instrumental and emotional added value. Contact with individuals outside of the centre can be highly valuable, but rarely occurs without help from centre staff or outside organisations.

During the analysis of the interviews, two clear patterns emerged in the diversity of the residents. The first pattern had to do with **family type**. Collective centres provide reception for both single people and families with children. There are also couples without children, but they are in a minority. The study shows that there is a systematic difference between the well-being of single people and the well-being of parents with children. Although there are some differences between single people or between families, family type provides certain structural similarities.

- For **families**, caring tasks are central to daily life. Children give meaning and orientation to life, but at the same time, they also require a lot of attention. Family life is strongly structured by the rhythm of school and the rhythm of upbringing. In a collective setting, parents find that they cannot fully assume their parental role because, for example, they have limited independence. The infrastructure of certain collective facilities, such as the sanitary facilities, is apparently inadequate for children and causes parents to worry.
- For **single people**, daily life is far less structured and arranged, leading to a greater sense of a lack of purpose. Single people do not have a clear role, because they are only a limited part of society and have no family obligations in Belgium. They are at risk of a much greater sense of loneliness and isolation, because of the limited security in the absence of family or close friends.

The question that arises is how reception can be adapted to both types of family in the context of a collective reception centre, without overlooking the internal diversity of both groups. The study shows that the difference between the two family types is not about vulnerability or resilience. There are both vulnerable and resilient families, just as there are vulnerable or resilient single people. Where there is a mutual difference is the way in which daily life is experienced, and this is reflected in the various dimensions of well-being.

A second pattern that emerges from the analysis is the importance of **language**. A large majority of residents face a structural language gap. That is, they do not have a shared language to communicate with reception centre staff. In exceptional cases, residents cannot even talk to any of their fellow residents. Language forms a structural threshold that transversally straddles all dimensions of well-being. A language gap, for example, makes it difficult for residents to call for help in the event of an incident, hinders the passing on of medical communication, or excludes people from certain leisure opportunities or makes it difficult for them to express their opinions about reception. The question that arises is how this fundamental factor can be taken into account within the reception system. This is because the structural language gap is an important determinant of the fragility of a large proportion of residents.

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Introduction

This report is the first part of a study on the well-being of applicants for international protection in asylum seekers' reception centres. It reports on how residents feel and function in collective reception. A second report is about well-being in individual reception. This study was carried out because it is crucial for Fedasil to understand how the final recipients experience the reception conditions, so that reception can be adapted to their needs. The research was conducted by Fedasil's Research and Policy Unit, which compiled the daily experiences of residents into this report.

Well-being is an umbrella term that, in this study, refers to the personal experience of reception conditions. It is about what residents think of reception. It goes without saying that well-being is complex and dynamic. In order to make well-being comprehensible, ten different aspects of well-being are distinguished in this study on the basis of Martha Nussbaum's work, namely (1) safety, (2) health, (3) integrity, (4) meaningfulness, (5) security, (6) independence, (7) belonging, (8) leisure, (9) participation and (10) nature.

This first report elaborates upon the theoretical basis for the study. It determines that only limited research has been conducted in scientific literature on the perception of asylum reception. Scholars are divided on the most important determinants for approaching the well-being of applicants. Some focus on the institutional reception conditions, describing the collective reception centres as refugee camps. Others focus more on the individual characteristics of applicants, emphasising their specific vulnerability. This study attempts to move beyond this dichotomy by examining how residents' well-being comes about through the interaction of their individual characteristics with the institutional reception characteristics. In order to describe the complexity of daily life in reception, an overarching diagram was constructed for this study.

In addition, this report describes the methodology of the study. Given the exploratory nature, an inductive, qualitative methodology was chosen. Data was collected using ethnographic observations and in-depth interviews. The data collection took place at two Fedasil collective centres in Flanders and two in Wallonia. These were selected on the basis of their location in relation to key facilities, such as the presence of a railway station, leisure infrastructure and medical facilities. They were also selected on the basis of their reception capacity, distinguishing between small, medium, and large centres. The interviews conducted with residents in individual reception will be discussed in a second report. The added value of this extensive data collection is that it allows for comparisons to be drawn between different types of reception.

In addition to the theory and methodology of the study, this first report aims to describe in detail what can be understood concretely from the various dimensions of well-being. On the basis of original quotes and field notes, examples are given to demonstrate what an abstract dimension such as 'integrity' means in concrete terms in the daily lives of residents. In so doing, this report provides an insight into the multifaceted and complex nature of well-being in reception. It also explains how residents cope with the reception conditions. A distinction is drawn between four different patterns of behaviour, namely (1) acceptance, (2) adaptation, (3) withdrawal, (4) resistance. This report explains in detail how residents interact differently with the reception conditions.

The conclusion of this report evaluates the extent to which residents' well-being is negative or positive. Negative well-being can be associated with vulnerability and positive well-being with resilience. The results show that vulnerability and resilience are in a 'fragile balance'. The applicants attempt to maintain this balance, but do not always succeed in doing so, as a result of both the reception conditions in which they live and their personal situation. This tilts the balance towards vulnerability and negative well-being.

Section 1 – Purpose

The purpose of this report is to describe and understand how applicants experience their stay in collective reception. The research came about in the context of a broader reflection on the way in which Fedasil should organise the reception of ‘vulnerable applicants’, as they are known. The Belgian Reception Act states in article 36 that the specific needs of vulnerable people must be met.ⁱ In order to develop a scientifically underpinned policy on vulnerability, the Research and Policy Unit of the Policy Support Directorate at Fedasil conducted a study into how reception staff understand vulnerability.ⁱⁱ This showed that there is no clear definition of who a vulnerable person is and what their specific needs are. There are a wide range of definitions in circulation as to what vulnerability is, how to identify a vulnerable person and what kind of assistance is appropriate to their specific needs. This study addresses the applicants themselves. The Research and Policy Unit maintains scientific neutrality and attempts to describe the experiences of residents as faithfully as possible.

This study expands the perspective of vulnerability to include the more comprehensive well-being of applicants in reception. The intention is to let the applicants themselves talk about how they experience their daily lives. The question can then be asked whether this experience indicates vulnerability or resilience and what the specific needs or opportunities are. This study is thus in line with the more general objective of the Reception Act as formulated in article 3, which states that every applicant has a right to reception that should enable them to lead a life that is in accordance with ‘human dignity’. More specifically, it states that the ‘personal situation’ (article 22), ‘daily life’ (article 24) and ‘living conditions’ (article 46) in reception must allow for a dignified life.

This research project concerns the well-being of applicants during various phases of their reception process. An updated reception model has been in place since August 2016. In principle, regular applicants are accommodated in collective reception structures during their procedure. Those who receive a positive decision have the option of moving to individual accommodation in local reception for a transition period of two months, from where they must then look for their own accommodation. If necessary, this transition can be extended two (or exceptionally three) times by one month. The reception model places a strong emphasis on collective reception, but also provides for applicants with a high rate of protection to be moved on to individual reception even before recognition in order to integrate more quickly and sustainably. Equally, some vulnerable applicants may be allocated an individual reception place more quickly if this allows their specific needs to be met more effectively.

This first report deals solely with reception in collective reception structures. The second report examines the perception of individual reception. During the research project, a new phase was added to the phasing of the reception model. In December 2019, the Arrival Centre opened at the former collective centre Klein Kasteeltje. From now on, people who register an application for asylum will be accommodated there for a few days before being allocated to a collective (or exceptionally individual) reception structure. However, this additional phase in the reception process is not addressed in this research project.

In this first part, the conceptual and theoretical background of the research project is discussed. This concerns successively: operationalising the concept of ‘well-being’, a discussion of the institutional and individual determinants of well-being and the introduction of an overarching heuristicⁱⁱⁱ diagram for describing and understanding the dynamics of well-being. The second part discusses the methodology of the research project, including the selection of collective centres and respondents. The third and fourth parts form the core of the report and discuss the results of the empirical research into applicants’ well-being. Finally, the fifth section takes stock of applicants’ well-being and the extent to which it indicates vulnerability or resilience.

1.1 Well-being in daily life

This study positions itself as a study into well-being in daily life, rather than a study of vulnerability and specific needs. In scientific literature, the notion of ‘daily life’ has been given a specific interpretation. It derives from the work of Henri Lefebvre, but was used by Conlon (2010) in the context of reception and asylum. Daily life refers to the personal perception of an applicant. As Rotter (2016, 84) points out, few researchers have so far shown an interest in how applicants spend their time during the asylum procedure, which is often approached

as an ‘empty interlude’: “Most existing research focuses on the content of ‘events’ (the escape route, the asylum interview and appeal) (...) the ordinary ‘non-events’, or everyday life and waiting between events has received far less attention, perhaps because it is assumed that nothing (interesting) happens during these periods”^{iv}.

Conlon (2011) was among the first to point out the complexity of daily life in reception. She illustrates this with the practice of ‘waiting’ for an asylum decision. According to her, waiting is often misunderstood as a state of passivity. She shows that applicants create routines, for example, to make the wait bearable. A similar observation was made by Rottier (2016, 82) when he stated that “*waiting for asylum was, for my respondents, neither stagnant empty time nor characterised by miserable passivity. This ultimately suggests that more happens during seemingly dull periods of waiting; even for individuals who have endured loss, trauma and prolonged uncertainty, waiting can include intentionality, action, and potential.*”^v

The notion of ‘well-being’ is used in this context to refer to how daily life is experienced (Dodge et al., 2012). Compared to the notion of ‘welfare’, perception is a subjective matter. Welfare, on the other hand, describes the objective situation in which a person finds themselves (Alatartseva and Barysheva, 2014). For example, a person’s income can be used as a measure of welfare, but this should be distinguished from how a person evaluates income, which is an appraisal of well-being. Somewhat confusingly, this difference is referred to in English-language literature as ‘welfare’ and ‘well-being’. The English language (contrary to Dutch) allows for an additional distinction between ‘well-being’, or positive well-being, and ‘ill-being’, or negative well-being (Huppert, 2014). In this study, we use well-being as an umbrella term for both the positive and negative poles.

There is great disagreement among scientists from different disciplines about the definition of well-being. It is generally accepted that there are several dimensions and that well-being is a complex construct. For example, a distinction is made between ‘feeling’ good or bad (hedonic component) and ‘functioning’ well or badly (eudaimonic component) (Huppert and So, 2013). Nonetheless, both dimensions are not accepted by all authors and there are a range of indicators in circulation for subsequently operationalising both dimensions. A key assumption is that individuals can experience both positive and negative well-being simultaneously (Groeninck et al., 2019). Indeed, daily life is not necessarily a coherent experience. Conlon (2010) expresses this idea by describing the lives of the respondents in her research with the metaphor of a ‘fractured mosaic’, indicating that the different aspects that make up daily life do not necessarily form a unified picture.

For this study, we have chosen a broad interpretation of well-being. In this, we find inspiration in the ‘capabilities approach’ as developed by Martha Nussbaum. This approach “*is not a theory that can explain well-being (...); instead, it is a tool and framework that allows for conceptualising and evaluating these phenomena*”^{vi} (Robeyns 2005, 94). The basic position of this approach is that well-being depends on the ability of individuals to exercise a number of substantial freedoms that are fundamental to human dignity. It is dangerous to define in advance what these freedoms are, as this could reflect certain Western normative biases. This is why it is important to define these ‘capabilities’ broadly, so that applicants can give their own interpretation of them. Nor does the fact that certain people have the ability to exercise a certain freedom mean that they will do so. It is therefore important to distinguish ‘actual functionings’ from ‘capabilities’. Nussbaum (2011) distinguished 10 capabilities^{vii}, which we will reformulate below and classify according to the hedonic and eudaimonic component of well-being:

| | |
|----------------------------|---|
| Hedonic FEELING | (1) Safety <i>Threat to own life and the life of family members</i> |
| | (2) Health <i>Satisfaction of physical and mental needs</i> |
| | (3) Integrity <i>Possession of personal space</i> |
| | (4) Meaningfulness <i>Having meaningful objectives</i> |
| | (5) Security <i>Commitment towards others</i> |
| | (6) Independence <i>The ability to choose</i> |

| | |
|-----------------------------------|--|
| Eudaimonic FUNCTIONING | (7) Belonging <i>Belonging to a group</i> |
| | (8) Leisure <i>Activities that bring peace</i> |
| | (9) Participation <i>Involvement in decisions</i> |
| | (10) Nature <i>Spending time in and with nature</i> |

A characteristic of well-being is its dynamic nature. After all, well-being is not a stable condition and it is subject to change. Some researchers address the question of the extent to which migratory movements alter the well-being of individuals, positively or negatively (Hendriks, 2015). It is often observed that migration leads to an improvement in welfare (e.g. by generating objective security or better material living conditions), but that the increase in well-being is less unambiguous. Alienation is a frequently observed phenomenon in the context of migration. In addition, many immigrants find that, despite their improved welfare, they are socially inferior, leading to relatively lower well-being.

In the first instance, this study aims to obtain a picture of the well-being of applicants in reception for the various dimensions of feeling and functioning. Secondly, it also seeks to develop an understanding of how well-being comes about and how it can be changed through policy. Nussbaum (2011, 61) indicates that well-being is influenced both by individual characteristics of people (such as health status, gender, age), and by the external institutional environment they are part of (such as the type of reception structure, social rights): “*The difficulty is that the notion of capability combines inner willingness and external opportunity in complex ways*”^{viii}. Personal well-being comes about at the intersection and through the interaction of individual and institutional factors. In the next section, we will review the scientific literature on both types of factors and their interaction.

In summary, this report is about the well-being of applicants for international protection in reception, looking at both how residents feel and how they think they function. In addition to a description of the sense of well-being, the institutional and individual factors that have an impact on the sense of well-being and how the applicants deal with these are examined.

1.2 Between individual and institutional factors

Scientific research into the well-being of applicants in reception remains in its infancy. This section of the report reviews the state of the literature. The literature review identified that the available research can be divided into two clusters, which approach well-being from the individual or institutional factors respectively. This study attempts to transcend this dichotomy from a perspective of the interaction between the two. However, both clusters are presented separately below, for the time being.

Individual: the interaction between personal, situational and social factors

Research on applicants for international protection has so far focused mainly on the asylum procedure and the escape narrative (Gill and Good, 2019). Given the central importance of testimony about asylum motives, there has been a strong interest in the discursive construction of migration narratives, with a specific focus on the linguistic misunderstandings and power imbalances that can sometimes be found in asylum interviews (Blommaert, 2001; Dahlvik, 2017; Maryns, 2017). In addition, the literature pays considerable attention to how applicants fare after acquiring protection status, for example in the search for housing (Aigner, 2018; Netto, 2011), finding employment (De Vroome and Van Tubergen, 2010) or developing a new identity in their host country (Platts-Fowler Robinson, 2015). The time spent in asylum reception is comparatively less explored.

When investigating applicants, a clear focus is placed on individuals who are assessed as ‘vulnerable’. The notion of vulnerability has been well-established in academic literature, mainly to describe the lives of individuals living in refugee camps (De Haas, 2010) or to indicate the risks associated with fleeing the homeland (Horst and Grabska, 2015). The concept also has a longer history in literature on the impact of natural disasters, such as tsunamis and extreme weather phenomena, on the lives of individuals and communities (Findley, 2005; Hogan and Marandola, 2005). Recently, the concept of ‘vulnerability’ has been

introduced into the literature on asylum reception. There, the concept of 'social exclusion' was more common. The advantage of the concept of vulnerability is that it also refers to situations where individuals are 'at risk' of exclusion: "*The experiences of 'vulnerable' groups, such as asylum seekers, have generally been examined on the basis of the concept of 'social exclusion' (...) Nonetheless, the added value of the concept of 'vulnerability' in relation to social exclusion lies in its ability to identify populations that may experience vulnerability in the future*"^{xix} (Stewart 2005, 501). In order to distinguish it from research into natural risks, it is increasingly referred to as 'social vulnerability' (Alwang, Siegel and Jorgensen, 2001).

Authors identify several factors at the individual level that can make reception applicants vulnerable. These are factors related to their personal characteristics (such as age), to their personal situation (such as their duration in reception), or to their social network (such as the lack of friends).

Proportionally, most research has been done on personal characteristics. Demographic factors may be considered here. Age is widely accepted as an important factor in vulnerability. Minors need a protective and stable environment, which cannot always be guaranteed in reception (Chase, 2013; Thommessen, Corcoran and Todd, 2015; White, 2012). Difficulties in coping with change are noted in the elderly (Hatzidimitriadou, 2010). For example, they are less able to acquire a new language quickly. Another factor that often comes up in research is gender. There is a wide variety of mechanisms behind this, which also relate to other personal factors. There are all manner of forms of (sexual) gender-based violence, often but not exclusively directed at women (Arikoglu, 2010; Hunt, 2008; Lenette, Brough and Cox, 2013; Pittaway and Pittaway, 2004). Kegnaert et al. (2014) found that the sexual health of female applicants for international protection is often worse. This can be explained by a patriarchal culture and a lower average level of education, which, among other things, results in unequal access to information about sexuality and contraceptives.

In addition to demographic factors (such as age and gender), there are also other personal factors that increase the likelihood of vulnerability. Individuals with disabilities are highly likely to become vulnerable, both because of the intrinsic challenges of their situation (such as being blind) and because of a lack of appropriate care (Yeo, 2015; 2017). The same applies to individuals who have a serious physical or mental illness. The applicants' previous experiences also play an important role in vulnerability. The studies by Fazel et al. (2012) and Carswell et al. (2012) conclude, based on comparative research, that the mental health of applicants is strongly dependent on the extent to which they were exposed to violence and traumatic events in their country of origin (Fazel et al., 2012). Related to this are the specific psychological and physical challenges associated with human trafficking and smuggling (Steel, 2009). The literature also points out the specific situation of LGBTIQ people. Negative experiences in the country of origin because of their sexual orientation can have a negative impact on their well-being and make them especially vulnerable in the reception country (Heller, 2009). LGBTIQ people often face uncertainty about the extent to which they can show their sexual orientation and also regularly encounter misunderstanding and discrimination in their country of asylum.

Looking at situational factors, authors such as Darling (2009) argue that intermediate status during reception is a threat to applicants' well-being because it feels like 'lost time' (Advisory Committee on Immigration, 2013) or 'halting life' (Hainmueller et al., 2016). Hynes (2011) and Parker (2018) speak of '*policy-imposed liminality*' in this context. Referring to the work of Anthony Giddens, Chase (2013, 860) argues that it is a sense of ontological security that is at stake in everyday life in reception, by which he means a "*stable sense of self anchored in the belief that life events have a degree of certainty and continuity*"^x. In their study with applicants in Germany, Vertovec et al. (2017) also found that applicants were looking for a situation where they could be 'autonomous', 'normal' and 'secure'. A similar observation was also made in the research of Ingvarsson, Egilson and Skaptadottir (2016), who quote one of their respondents who stated: "*I want a normal life like everyone else*"^{xi}.

Laban et al. (2008) indicate that a long stay is detrimental to both physical and mental well-being. This includes growing apathy, the loss of a normal family life and a lack of perspective. Nielsen et al. (2008) also found that the amount of residential moves made by minors during the reception period had a negative effect on their mental health. Situational factors also relate to symbolic access to different dimensions of society. In a great many countries, asylum seekers have no or only limited access to the labour market, which perpetuates their dependent situation. Mayblin (2014, 381), for example, argues in this regard that "*asylum seekers in the UK are extremely vulnerable to poverty, and the need for help is a major problem among the migrant group. This phenomenon is directly linked to their limited rights to employment and benefits*"^{xii}. In the event of post-reception recognition, research also finds that well-being generally improves. This is mainly due to improved living conditions, as well as through increasing labour market participation. In an attempt to cope with the

uncertain future prospects and the experience of hopelessness, some applicants turn to drugs and alcohol, a phenomenon described by Dupont et al. (2005) as 'killing time'. Some even go so far astray as to attempt suicide (Richards and Rotter, 2013).

To mediate the effects of individual needs and situational risks, researchers increasingly point to the importance of social networks (Saeys, Vandevordt, and Verschraegen, 2018). Social relationships are usually classified according to their strength or geographical scope. 'Weak ties', as they are known, develop between acquaintances and make it possible to bridge differences in social profiles, nationalities or gender. On the other hand, 'strong ties' indicate close relationships between like-minded people who create a close bond. Williams (2006) found that the local networks of most applicants consisted mainly of weak relationships. Applicants rarely have any really close friends around them, which can increase feelings of isolation. At the same time, these weak relationships are also a potential tool as they bring applicants into contact with very different people, making it easier for them to obtain information, for example. Strong ties are often maintained by applicants only with individuals in the home country: "Technology (mobile telephony and e-mail, for example) can enable separated members of a community to maintain contact. (...) Contact is expensive, but is considered a priority"^{xiii} (Williams 2006, 873). The development of social networks can be facilitated by intermediary actors, such as associations. Research shows, however, that applicants often lack such 'social links', which forms an additional barrier: "recently arrived asylum seekers in particular appear to have difficulty establishing social links"^{xiv} (Spicer 2008, 499).

Family and household connections play a special role in the analysis of social networks. For example, there is research on 'family resilience', as it is known, that examines how family connections give individuals the strength to overcome challenges (Walsh, 2002; Groeninck et al., 2019). A family setting often offers economies of scale and creates opportunities for mutually distributing tasks. It is also a potential source of security and social identity. As Goodman et al. (2015) observed, the reverse reasoning is equally valid, with the absence of family life creating additional challenges. For example, single parents are often far more vulnerable than families because they have to take on the care of children alone, and therefore have little opportunity to build up social networks. This shows how different factors interact and, in some cases, cumulate.

In summary, the well-being of applicants for international protection is influenced by the interaction of individual factors in a complex manner. These include personal characteristics (such as gender), situational factors (such as the length of time spent in reception) and social factors (such as the size of the social network). The literature has mainly focused on which of these factors put applicants in a vulnerable position, while there are equally factors that can strengthen resilience.

Institutional: variety in location, size and service provision

As a counterpoint to the literature that focuses on the individual factors that influence the well-being of applicants, we can refer to research on the impact of reception structures (Lietaert et al., 2019). Again, we note here that there are very few scientific studies. However, academic interest in migration to Europe has increased significantly since the early 1990s. This growing interest reflected the real increase in the number of applicants for international protection, but it also reflected the growing political attention paid to the issue. High numbers of applicants have drawn attention to the way in which sovereign European countries guard their external borders. According to Huysmans (2000), one of the founders of the field of 'Border Studies', immigration policy has become increasingly restrictive in an attempt to limit the influx of migrants, including applicants for international protection. He introduced the notion of 'securitisation' to refer to how immigration is considered a threat to national security and how border control is becoming militarised. Securitisation is evident in the metaphor of 'fortress Europe', which refers to immigration deterrents, including undermining rescue efforts for escape attempts in the Mediterranean.

In comparison, the investigation into the applicants' reception conditions began only much later. Most attention was paid to the negative public reactions against the arrival of asylum infrastructure. For example, research by Blommaert et al. (2003) describes negative perceptions and attitudes towards the arrival of collective reception structures in local communities, illustrating the 'not-in-my-backyard' phenomenon. While mobilisation against the arrival of reception structures is an ongoing research theme (Haselbacher and Rosenberger, 2018; Rosenberger, Stern, and Merhaut, 2018), the Border Studies literature has also become concerned with how applicants are treated in reception structures (Gill, 2010). Researchers are deconstructing the idea that borders are exclusively on the outside of a country (Tsianos and Karakayali, 2010). It is increasingly assumed that border control also occurs at a distance from the imaginary boundary line that

separates nations. According to some, reception centres should be interpreted in this context as an extension of border control. For example, Szczepanikova (2012, 133) states: *"reception centres serve as a tool for migration control because they are used to establish control measures. The detention of asylum seekers in centres can be used as a deterrent to reduce the number of asylum applications. It also facilitates control over those who have already submitted an application for asylum"*^{xv}.

A great many European countries offer applicants temporary accommodation in collective facilities. Schuster (2003, 244) has described these specialised and segregated places for applicants as arising from what she calls 'state racism' *"to describe the unequal treatment of asylum seekers by governments, their subjection to practices that would be completely unacceptable to citizens"*^{xvi}. Based on ethnographic research at reception centres on Europe's southern borders, Campesi (2015) describes this unequal treatment as a form of 'humanitarian detention' that severely restricts applicants' freedom of movement. In his award-winning paper, René Kreichauf (2018) goes so far as to argue that *"accommodation for refugees is increasingly being transformed into large, camp-like structures with lower living standards and an enclosed nature"*^{xvii}. The 'camp-like' description is based upon the observation that the applicants have no realistic option of staying outside the reception structure and that they are kept in a state of exception, where they are considered anomalies on the national territory. In the words of Fontanari (2015), applicants are *'confined to the threshold'* of normal society.

This confinement is partly materialised in the architecture of collective reception centres, which despite their open nature have a series of control measures such as badges and gates to secure and prevent access, which is why they are sometimes also described as 'total institutions' (Beeckmans and Vanden Houte, 2019). Van der Horst (2004) illustrates that asylum centres meet all the criteria of Erving Goffman's analysis of total institutions, namely that they are *"places of living and working, where a large number of individuals in the same situation, cut off from the wider environment, for a considerable period of time, lead a closed and formally regulated life"*^{xviii}. In reference to Marc Augé (2009), Diken (2004) has described reception centres as 'non-places' that make it impossible to feel at home there, leading to *"ontological homelessness and alienation from the conditions of well-being"*^{xix} (Fox, O'Mahony and Sweeney, 2010).

However, so-called collective 'segregation' in asylum centres is only one end of the reception spectrum. Some European countries choose to disperse (part of) their applicants individually over the national territory during a certain stage of their procedure. This is often achieved by using private and non-governmental partners (Darling, 2016) to provide small-scale accommodation with the aim of sharing the *'burden of reception'* (Myrberg, 2017). A recurring argument about these decentralised forms of reception is that they *"potentially lead to better integration of individuals who later move out of the municipality, and are generally believed to provide a less institutionalised everyday environment that better prepares individuals for life outside of an asylum centre, regardless of the outcome of their asylum claim"*^{xx} (Thorshaug 2019, 212). However, compared to collective accommodation, access to services, including medical assistance, is likely to be more complicated in decentralised accommodation, especially if it is far from major cities and run by private actors (Bakker, Cheung, and Phillimore, 2016; Phillips, 2006; Wren, 2007; Zetter and Pearl, 2000). There are also indications that this housing is often of low quality and remote: *"asylum seekers often get 'surplus' buildings where nobody wants to live. Housing quality is basic, maintenance is not a priority"*^{xxi} (Hauge, Stoa and Denizou 2017, 2). What collective centres seem to lack in terms of integration, they thus make up for in terms of social and medical guidance. This suggests a trade-off between access to services and integration when comparing 'segregated' collective and decentralised individual reception.

The general image created of asylum reception is evidently ambivalent. On the one hand, reception is seen as an expression of securitisation that attempts to limit the mobility of applicants. According to Darling (2011, 23), *"an accommodation is emerging that is deployed as a management tool (...) and that brings about the affective construct of discomfort, marginality and uncertainty for those who are received there"*^{xxii}. On the other hand, reception structures are seen as places of social and medical guidance and even as a stepping stone to integration. This intrinsic ambivalence is well articulated by Thorshaug (2019, 208): *"Reception centres (...) provide temporary reception for individuals who need to prepare for two completely different, alternative future scenarios: they are either accepted as refugees and can settle in the host country, or this is not the case, and they have to return. The current transnational management of asylum thus reflects a double normativity of arrival. While the system decides between these two outcomes, asylum seekers are not expected to have truly and fully 'arrived'"*^{xxiii}. The ambiguous nature of reception facilities makes the work of reception professionals particularly difficult. A growing body of literature, relying mainly on ethnographic research, illustrates how social workers (Guhan and Liebling-Kalifani, 2011; Robinson, 2014), volunteers (Larruina and

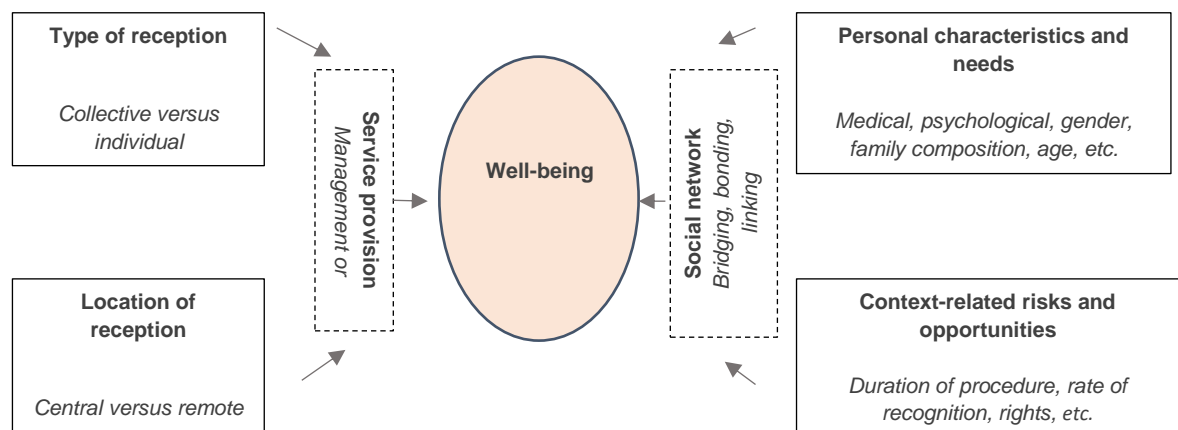
Ghorashi, 2016; Sawtell, Dickson-Swift and Verrinder, 2010) and return counsellors (Vandevoordt, 2017; 2018) are struggling with moral dilemmas arising from the ambiguity of reception, which balances between migration management and counselling.

Scientific literature indicates that certain categories of applicants place limits on this double normativity of reception structures. Thus, on the one hand, there is a growing focus on those who are seen as too vulnerable to live within the camp-like environment of collective reception structures. Derluyn (2018), for example, points out how in Belgium separate facilities have been created for certain unaccompanied minors from the perceived maladjusted nature of mainstream collective reception structures. The creation of special accommodation for those who are too vulnerable paradoxically also creates a legitimisation for the less good conditions for the less vulnerable unaccompanied minors. Somewhat ironically, according to Rainbird (2012, 410), this has also led to “aid organisations with prestige” attempting to “discount asylum seekers as vulnerable in order to secure their own share in the asylum seeker industry”^{xxiv}. On the other hand, there is a tendency not to expose applicants with a high chance of international protection (for too long) to the difficult reception conditions associated with collective reception structures. Will (2018, 173), for example, points out that a regime of ‘differential inclusion’ is emerging that privileges the integration of “individuals with a high probability of obtaining a residence permit on humanitarian grounds”^{xxv}. Both trends indicate that reception network management operates according to what Watters (2007) has called a ‘moral economy of care’ which categorises who deserves to stay in more appropriate or better reception conditions.

In summary, we find that there is a critical attitude in scientific literature towards the existing reception facilities for applicants for international protection. They are approached as domestic continuations of restrictive border policies that are thought to be primarily interested in immigration management, rather than the well-being of applicants. The main institutional characteristics of reception emphasised are the type of reception structure (collective or individual) and the location and accessibility of crucial services. Counselling in reception structures can be seen as a mediating factor that channels the impact of these institutional characteristics on well-being.

1.3 Diversity in patterns of behaviour

Despite the important contribution of the literature that focuses respectively on individual or institutional factors, we note a tendency to descend into stereotypes. On the one hand, the institutional focus tends to reduce applicants to passive recipients. However, the idea that individuals are subject to reception conditions is seeing increasing criticism. For example, Kallio, Häkli and Pascucci (2019, 2) stress that it is essential to recognise the ‘subjectivity’ in terms of actorhood of applicants: “For us, subjectivity is a theoretical concept referring to the irreducibility of a subject to an identity or a subject position, including the ‘refugee’. It is precisely the openness of subjectivity which makes the political possible in everyday life, that is to say the ability to manoeuvre and to move away from routines in ordinary situations”^{xxvi}. On the other hand, there is also a danger in the individual approach insofar as people with the same characteristics are presented as a homogeneous group. Research by Vertovec (2017, 29) shows “how extremely different individuals can be, even when they fall into the same administrative categories and therefore appear to administrative institutions as similar cases”^{xxvii}. This complexity is described as ‘superdiversity’ (Vertovec, 2007). To avoid these stereotypes, we have assumed in this study that well-being is determined by an interaction of individual and institutional factors. The diagram below offers a heuristic framework on the basis of which the concrete interactions that influence well-being can be examined. It is thus not to be confused with a theoretical model that presupposes certain connections. Well-being in daily life is central, at the crossroads of individual and institutional factors.



According to Valenta and Berg (2010), it is important to consider the relationship between individual and institutional factors on well-being as non-deterministic. The dynamic nature of well-being also means that people can change their behaviour within the given conditions. The authors draw a distinction between four different patterns of behaviour: (1) acceptance, (2) withdrawal, (3) adaptation, (4) resistance. These 'patterns of behaviour' are in line with what Norbert Elias has called 'configurations' (Quintaneiro, 2004). Further on in this report, some concrete examples are given of how applicants deal with their reception situation in different ways.

| | |
|------------|------------|
| ACCEPTANCE | ADAPTATION |
| WITHDRAWAL | RESISTANCE |

In summary, this study seeks to understand how well-being comes about as a result of the interaction between individual and institutional factors. This recognises that the applicants are actors in their own existence. Within the situation they find themselves in, they can to some extent determine their behaviour, which can range from acceptance and adaptation to withdrawal and resistance. Although individuals may find themselves in the same situation, this actorhood ensures that well-being may nonetheless differ greatly among them.

Section 2 – Methodology

Despite the increasing number of studies on the well-being of applicants in reception, a great deal remains unclear. There is some evidence that certain institutional and individual factors have a significant impact, but more research is required to uncover the underlying mechanisms in detail. For this study, this first brought us to an inductive research methodology. Rather than testing certain hypotheses about well-being, the objective is exploratory and aimed at understanding the relationship between individual and institutional factors. Secondly, we chose a qualitative research methodology. Whereas quantitative research aims to make representative statements about the entire research population, qualitative research attempts to analyse a phenomenon in depth until no new information is obtained, known as the saturation point.

2.1 Data collection

There is a great debate as to the best way of collecting data on well-being. Quantitative research, especially in psychology, attempts to obtain a valid and quantifiable picture of well-being and its various dimensions by means of standardised questions (lists). Because of the exploratory intention behind this study, however, narrative methods were used here, whereby applicants were allowed to talk about their experiences in their own words first and foremost. Such a methodology, which is common in research with applicants (De Haene, Grietens and Verschueren, 2010), comes with certain challenges. Applicants are often wary and therefore not always articulate, which makes it important to create a safe and familiar environment in which to hold discussions. In order to be able to express oneself in such a simple and nuanced manner, it is also important to work with interpreters so that the person can express themselves in their mother tongue.

Building up a relationship of trust with the residents was a major challenge. Residents often looked at the researchers with pity at first. The description below illustrates how some people thought the researchers were some kind of spies sent to monitor their daily lives at the behest of Fedasil.

Espionage in the reception centre ?

While I was walking in the centre with my Afghan interpreter, we pass some young men that are talking in front of one of the buildings. We try to start a conversation; the Afghan residents reply polite. Still, we notice a certain mistrust and the men try to end the conversation. After a short talk of not more than 2 minutes, my interpreter tells me that they do not want to talk. Later, he would explain that they thought I was a spy.

Field note by the researcher

For residents, it was sometimes their first experience with this type of research, so they could not properly assess how their cooperation would go. The excerpt below illustrates that it was often difficult to convince residents. The use of interpreters provided an important added value in establishing initial contact.

Stage fear for an interview ?

I meet Esaya, a young Eritrean, while he is collecting garbage bags and throwing them in the garbage collector. We say hi, I ask him how he is doing, he replies that he is doing well. I explain him what I do in the centre. His English is pretty good. I propose him to speak later that day, if he is willing to do an interview. He replies that he is currently busy, but that he would like to participate later. By the end of the day, I see him again and he is still busy with the garbage. I propose to him to see each other in the afternoon and he agrees. However, Esaya is not there during our meeting. I wait for a while and decide then to go and look for him (I did not write down his room number, but he told me in which block he was living). When I arrive in his block, I find him, playing football with other Eritreans. When he sees me, he tells me a bit embarrassed that he doesn't want to do the interview, perhaps another time. I ask him why. He tells me that he is unsure, that he has never done such an interview. I do not insist and tell him that it is important he feels comfortable and that we maybe do it another time. I meet him on several occasions, but we will never do the interview. I have the impression it is not only stage fear, but that he also mistrusts the situation and fears what will be said. I have encountered mistrust with many residents, especially from Eritrea. Luckily, I will bring an Eritrean interpreter soon, so I will gain more trust and will be able to engage with Eritreans.

Field note researcher

a life story consists of events that are often not strictly distinct from each other in time, but flow into one another. Such a narrative is complex, because it is not simply an immediate representation of well-being. As Eastmond (2007, 250) points out, a life story is a “*strategic representation of oneself. As a representation, rather than a description of reality, narratives are methodologically more complex*”^{xxviii}.

Talking about one's own life story in the context of research is always a social interaction too, in which an applicant tries to present a certain image of himself or herself to the researcher. In the construction of a life story, life as it is lived is also often transformed and deformed; for example, to legitimise life events or to give a certain coherence and consistency to diverse events. Moreover, as Ghorashi (2007, 120) established in her research among Iranian women, it is not only the content that is told, but also the way in which it is told, that is of importance: “*the duration of the interview and the fact that someone can take the time to think about it are very important factors that do justice to painful memories*”^{xxix}.

In order to address these challenges, the plan was to combine four qualitative methods at the start of the study at collective centres, namely conducting focus groups, in-depth interviews, ethnographic observation and ‘guided walks’, as they are known. Focus groups should give a picture of the most important aspects that influence well-being, while in-depth interviews should explore these in more detail. Ethnographic observation and guided walks also aimed to go beyond the discursive representation of the experience to look at how daily life actually takes shape in practice. During the study, two methods were abandoned due to practical reasons.

It proved difficult in practice to organise focus groups with applicants due to the multitude of different languages at the centres. The questionnaire used during the in-depth interviews was consequently drawn up on the basis of the literature study. Interviews were conducted in the mother tongue in the majority of cases. Quiet rooms were provided at the centres where interviews could be held, unless respondents indicated that they would prefer the conversation to be held elsewhere, such as in their own rooms or in a public area.

In addition, the idea of guided tours by applicants in their reception structure was abandoned because they found it difficult to see the point. The applicants who were polled for this indicated that there was little to show and almost automatically took the researchers back to their own rooms. Through ethnographic observation, including regular walks through the reception structure, consuming meals in the restaurant and public kitchens, participating in public meetings and staying overnight at the centre, it was still possible to place the stories as recorded during the in-depth interviews in context.

During both forms of data collection, it was important to thoroughly inform applicants about the purpose of the study and the role of the researcher. In social sciences, standardised informed consent forms are often used. This is where a respondent is given a document that explains the research and it is signed for consent. Such forms are part of what Darling (2014, 203) has called a ‘procedural approach’ to research ethics: “*ethical review procedures are often of limited use in confronting the complexity of actual fieldwork (...) in reflecting the entanglement of emotions, roles and politics (...), I argue that fieldwork requires the development of situated judgements that go beyond a procedural ethical model*”^{xxx}. Such documents often disrupt spontaneous interaction. They are also not always easy to understand, for example due to the choice of words or the fact that they are written. Particularly in ethnographic research, it is practically impossible to present such forms to respondents.

In this study, the objective was orally explained to applicants at length during the ethnographic survey. The researchers were very open and explicit about the fact that participation in the study would not have a direct positive impact on interviewees. This honesty also caused some residents to decide not to participate.

A pressing question

While I was walking along the side of the road next to the centre, I meet Amadou, a resident from Guinea who is spitting sand. I introduce myself and my activities in the centre. He tells me he is busy, but that he wants to speak later. Then he asks me something no one has yet asked me during the research: ‘Is it useful?’ I explain to him that the conversation will not be useful to him, but that it will be for future residents, at least that is what I hope. Apparently, he was not convinced by my answer, because he would not turn up to the meeting.

Field note researcher

The researchers also needed to clearly differentiate their role from other staff in the centre for the residents, particularly social workers. This was not always easy. Often, residents would spontaneously knock on the researchers' doors, asking all kinds of counselling questions.

A man in distress

While I was writing down field notes in my office, a man of around thirty years came knocking on my door in distress. His name was Imad and he was from Moroccan descent. He was very worried and he asked if we could talk. He explained to me that he could no longer support one of his roommates. He makes too much noise at night and threatens him; Imad hasn't been sleeping for three days. I explain him that I cannot help him and that he should see his social assistant. He says he had done so already, but he does not believe this is going to change anything. I talk to him about the research, and he accepts to meet the next day. He does warn me that, given the circumstances, he might not show up. Eventually he turns up.

Field note researcher

During the ethnography, no audio recordings were made to ensure confidentiality and instead 'field notes', as they are known, were written up. Respondents for the in-depth interviews were recruited during the fieldwork. If they were willing to do an in-depth interview, the objective of the study was explained again in collaboration with an interpreter and the conversation was recorded. Here, we are following the recommendation of Mackenzie, McDowell and Pittaway (2007, 307), who argue for a model of informed consent that works with repetition and exchange: "*Models of repetition of consent start from the assumption that ethical agreement is best secured through a process of exchange, which seeks to develop a shared understanding of all stages in a research process*"^{xxxix}.

Caution should be exercised in collecting data from applicants. Without lapsing into paternalism, research should take due account of the exceptional and difficult situation in which applicants live: "*On the one hand, researchers should respect the capacity for self-determination, actorhood and resilience of participants, and avoid paternalism. On the other hand, it is imperative that researchers recognise how the effects of forced removal and trauma can affect the self-determination capabilities of participants*"^{xxxix} (Mackenzie, McDowell, and Pittaway 2007, 309). A recurring problem the researchers faced was the fact that residents had difficulty keeping appointments.

Reda, who is everywhere, but still hard to reach

I meet Reda, a resident from Algeria. He is always very friendly and I suggest we meet up. He never says no, but it is difficult to fix a date. Finally, we agree on Wednesday, in the morning. That day, I cross him in the morning, on the long street that connects the reception centre to the city, but he is walking in the other direction, to the train station. I am surprised because we had a meeting. He tells me he has to see his lawyer in Brussels and will only be back late, around 8 or 9 at night, so we will need to cancel the meeting. He agrees that we see each other another day, but we don't fix a date. Although we often see each other, we never meet. Reda has serious health problems; he has a tumor and would like to have a medical room. He does not get one because they are all occupied. Another possibility would be to ask for a transfer to another facility. He has made his mind up and he tells me he is leaving soon. I still often come across him near the block where he is living. He tells me that he is really struggling. I also see him at other places in the centre. For instance, on the road that connects the different blocks, in the main corridor where the social and medical service are, and even in another block, where he is having some biscuits as breakfast, in the collective kitchen although he is not staying there. He never eats in the restaurant, but he is well aware of his bad eating habits. He has a small Italian coffee machine, so at least his coffee is nice. Reda appears to be everywhere, he is always in for a chat with me or one of the colleagues, and he has good sense of humour. Although he appears to be very social, I never see him talking to other residents, apart from one time. I never manage to have an interview with him, although I always see him when I come to the centre. He looks busy always, has a meeting, is going to the city, to the doctor or his lawyer. A couple of months after my first visit, he finally changed to another block, closer to all services. He walks on crutches, rather difficult, but that doesn't prevent him from going to the bus stop. He always recognizes me when I arrive in the centre and I feel he is interested in my job, but he hesitates to share his daily life experiences with us. Our talks are rich, to the point and he addresses many questions that I normally ask during an interview. However, both my colleague and I never manage to have a formal interview with him.

Field note researcher

The personal nature of conversations about well-being is capable of evoking certain repressed traumas or emotions because it “*mobilises certain aspects of psychological functioning that have been most affected by traumatisations. In this sense, the medical impact of trauma on health not only constitutes the research question, but is equally an essential feature of the research relationship itself*”^{xxxiii} (De Haene, Grietens and Verschueren 2010, 1665). For this reason, it was decided beforehand not to ask about the situation before the escape and the underlying escape motives. Within the framework of what Bartolomei and Hugman (2010, 238) have called ‘*reciprocal research*’, applicants were also asked for their own input and were asked “*for their ideas about solutions and their description of problems*”^{xxxiv}.

2.2 Research design

Because of the exploratory nature of this research, the plan was to aim for as much variation as possible in both the individual and institutional factors. It was decided to exclude two groups beforehand. Individuals who are part of a resettlement program were not eligible to participate in the study. Their reception trajectory is so different from the majority of applicants that it was decided to take a closer look at them in a separate study. Also, (unaccompanied) minors were not included in the study. Research on minors poses additional challenges, including obtaining informed consent and working with adapted questions, which could not be sufficiently guaranteed in this study. With the exception of these two specific groups, all applicants in the Belgian reception network were eligible in principle. The objective was to achieve as much diversity as possible among applicants, in terms of personal characteristics and needs, context-specific risks and opportunities and social network.

On the individual factors side, we wanted to take into account the list of vulnerable profiles from the Reception Act. The list includes minors and unaccompanied minors, who were thus excluded on principle. The remaining eight categories are (1) single parents accompanied by minors, (2) pregnant women, (3) disabled individuals, (4) elderly, (5) people with serious illnesses, (6) people with mental disorders, (7) victims of human trafficking and (8) people who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence, such as victims of female genital mutilation. When selecting on the basis of individual factors, we also wanted to take into account factors that are not included in the Reception Act's list. Previous research conducted by the Research and Policy Unit among aid workers on their assessment of which applicants are vulnerable revealed that they also consider people who are LGBTIQ, have low-literacy, speak a rare mother tongue, large families (with three or more children), former unaccompanied foreign minors and people with very long residence to be vulnerable.

In terms of institutional factors, it was decided to provide for variation in both the type and location of reception structures. The two main types of reception for applicants for international protection are collective reception centres and local reception initiatives. This report limits itself to the collective reception centres, based on the idea that there is already a great deal of variety to be noted within this type, which would be lost if both types were to be discussed together in one report. Collective reception centres are managed in Belgium by Fedasil and by partners (such as the Red Cross, Croix Rouge, Caritas International, or private companies). For practical reasons, it was decided to limit the study to Fedasil centres. This restriction to only one operator may have an impact on the way service provision is organised at the centres. This is because operators have a certain autonomy over the way they organise reception.

The selection of collective reception centres took into account the reception capacity first of all. Collective centres vary in size from about one hundred to about eight hundred places. Although reception capacity is a continuous variable, we can state that a medium-sized centre has about 400 reception places. Centres with lower reception capacity are called small, while those with higher reception capacity are called large. The selection had to include small, medium and large centres. A second selection criterion concerns the location of the centre in relation to facilities that may be of interest to applicants. This concerns the distance in relation to, for example, a train or bus station, a hospital, cultural centres, religious facilities (such as a mosque, temple or church), leisure facilities (swimming pool, library), employment agencies, department stores, primary and secondary schools and language institutes. Again, this criterion is a continuum, ranging from centres that are located close to most of these facilities to centres that are located a great distance away. If the distance to all these facilities is less than two kilometres, we state that the centre is nearby. If most of these facilities are located within a radius of two kilometres, we note this as an accessible centre. If the facilities are further away, we note this as a centre that is remote in terms of facilities.

In principle, nine different types of centres are possible based on the classification according to type and location. The table below shows the possible combinations. For practical reasons, the choice was made to limit the study to four collective centres. The region in which the centres are located was also taken into account. Centres A and B are in Flanders, while centres C and D are in Wallonia. For reasons of confidentiality, the names of the centres were made anonymous. The respective centres are presented in more detail below. Next, an overview of the residents who participated in the study is provided.

| <i>Access to facilities</i> <i>Reception</i> | Nearby | Accessible | Remote |
|---|---------------|-------------------|---------------|
| Small | | Centre C | |
| Medium | Centre A | | Centre B |
| Large | | Centre D | |

2.3 Selection of collective centres

This report discusses the results of observations and interviews at four collective reception centres. Below is a brief outline of the centres' infrastructure, their location and the way their service provision is organised. This information is important for contextualising the applicants' experience. In order to better understand the context of these collective reception centres, 30 interviews were held with the respective heads of department (and staff) for the reception, medical service, social service, entertainment service and logistics service. The table at the end provides an overview of the characteristics of the four selected centres.

Infrastructure and location

Three of the four centres are former barracks. Only centre C has a different history as a care home. The centres have an 'open' nature, as it is known, which means that in principle residents are free to go in and out. Nevertheless, the centres are fenced off and residents must pass by the reception desk. At Centre A, residents have an electronic badge that grants them access to the centre; at Centres B, C and D, access is granted manually by reception staff who request the resident's badge. The registration allows a centre to check who is present. Residents may stay outside the centre for a maximum of 10 days per month. In addition, they may sleep elsewhere for a maximum of three consecutive days. The access control system also allows people who are not registered as residents to be registered as visitors or denied access to the centre.

Centres A and B both have a medium capacity of approximately 400 people. Centre C is the smallest, with a reception capacity of about 200 places. Centre D is the largest, with a capacity of 600 places. Centre C, the smallest of the four, centralises all the reception areas in one building. At centres A, B, and D, the rooms are spread over several buildings that surround a large courtyard. There are significant differences between the blocks in terms of room facilities. The Reception Act does not stipulate any specific characteristics that reception locations must meet. In 2018, Fedasil introduced minimum standards that specify more detailed conditions, although these standards still allow for some variation.

At Centre A, there is one large building where all the single men stay. They live there in 'chambrettes', as they are known. These are large spaces which are divided by means of wooden fences into rooms for (mainly) two people. There is also a wing in the building intended for couples and families (with or without children), who use the same sanitary facilities as the single men. The rest of the families stay in separate rooms, in smaller buildings scattered around the centre. There is also a separate block provided for single women and mothers, who live together in rooms provided for three people. In the large building, there is also a small infirmary with adapted rooms and separate sanitary facilities.

Centre B, on the other hand, has more small buildings scattered around the reception centre. At the time of the research, this also included three containers. As with Centre A, there is a separate block for single women and mothers. Single men, couples and families live largely intermingled in small rooms with a capacity of four people. A few months before the start of the research, collective spaces such as an entertainment hall were

transformed into dormitories for 15 to 20 single men. Their residents have no direct access to sanitary facilities and rely on other blocks. The centre does not have a specific medical infirmary, although there are some rooms with adapted facilities (such as access to a separate shower).

Centre C consists of two buildings, but all the rooms are in one building. Rooms for families and for single people (in pairs or in fours) are mixed together. The centre provides one separate wing in the central building for underage pregnant girls. Five mobile units were also placed on the centre's grounds.

Centre D consists of ten buildings, eight of which house residents. The composition of residents varies per building. There is a wide variety of rooms, including medical rooms, shared rooms for six to nine single men, chambrettes for two single men, family rooms, family studio flats or rooms for single women.

The centres are authorised to conduct room checks on residents. The checks relate to the presence of prohibited items, such as alcohol and drugs or cooking equipment. The opportunities for decorating the interior of the room are limited: flammable objects, such as carpets or posters, for example, are prohibited. There is also a limit on the amount of luggage that may be in the room. Each resident is assigned a closet in which, in principle, all their luggage must fit. Excess baggage can be stored in a depot. Residents normally have a table and chair in their room.

Residents receive pocket money in the form of a daily allowance during their stay. For adults and children, this is 7.90 euros, and for non-school-age children, 4.80 euros per week. There is the ability to perform community services at the centres to earn additional income, with a maximum of 185 euros per month (including pocket money). The centres have set up systems to distribute community services among residents who are interested in them. Residents are also entitled to a variety of sanitary consumer items, such as a toothbrush, toilet paper and soap. At Centre A, a fixed sanitary package is given to the residents at regular intervals; at Centres B, C and D, residents have a points credit that allows them to choose which sanitary products they want to purchase at a centre shop.

There are significant differences between the four centres in terms of collective facilities. At centres A, C and D, the vast majority of residents rely on the restaurant, where food is offered three times a day. There are only a few studio flats or family rooms that have access to a separate residents' kitchen. There are some small public kitchens that can be used to a limited extent at the residents' own initiative. In contrast, there are large kitchens at Centre B, where a significant proportion of residents, whether couples, families or single people, have to cook for themselves. They receive a fixed monthly amount per person for this, and they get a fridge in their bedroom. The rest of the residents can use the kitchen facilities, but they receive no financial support for this and are expected to use the residents' restaurant. The centres organise a form of internal mobility as regards rooms with access to cooking facilities. As centres A, C and D have a limited supply of self-catering rooms, there are long waiting lists. Single people are not eligible as a matter of principle. At Centre B, on the other hand, a kind of pass-through system is used, whereby applicants who have been at the centre the longest can move to a room with access to the public residents' kitchen. No distinction is drawn between family types here.

The Reception Act does not state what leisure activities must be provided at collective centres. The minimum standards do include a leisure offering, including access to sports and entertainment infrastructure, both at the centre and outside. This includes TV rooms and sitting areas. Despite these minimum standards, it appears that not all the centres actually have them. The four centres have a lot of outdoor space, including sports infrastructure (such as a ping pong table, volleyball net, fitness equipment) and a playground. However, there is a difference when it comes to indoor public spaces. Centre A has an Internet room with fixed computers, a homework room, a leisure room with an adjacent fitness room and library, and an indoor sports hall. During the course of the research, Centre B had only a gymnasium and a homework room. The centre's entertainment rooms had been transformed into dormitories. A temporary seating area had been created at reception, with a WiFi hotspot. Centre C has some entertainment rooms (including a library) and a sports hall. Centre D also has a sports hall and entertainment rooms, as well as a room for language lessons and a hairdressing salon. At all the centres, the restaurant is also accessible as a seating area outside of mealtimes.

In selecting the centres, there was a deliberate search for variation in location. Centre A is located just outside the ring road of a medium-sized town and is 1.6 kilometres from the town centre and railway station. All the necessary facilities are therefore in the vicinity of the reception structure. Centre B, on the other hand, is

located on a major road in a rural setting, 16 kilometres from the nearest medium-sized town with a railway station. 4 kilometres away from the centre is a small municipality with limited facilities, such as supermarkets, a library and a swimming pool. Reception structure C is located in the centre of a small community with a railway station. There is a limited range of amenities, but they are all within walking distance. Centre D is 2 kilometres from a small town with a great many amenities. Despite its proximity, it does lack some important facilities, such as a train station.

Service provision

In the heuristic framework underlying this study, service delivery was presented as a mediating institutional factor. This study selected four centres under the authority of Fedasil, minimising differences in service delivery. Nonetheless, Fedasil centres also have a certain amount of leeway to set their own emphasis. The way the service is provided and where some differences can be noted is presented below. The explanation is structured according to the forms of guidance as distinguished in the Reception Act, namely guidance in social, medical, psychological and legal respects.

In terms of social counselling, centres A and B have organised their social workers by residential block. The centres' social service thus works in a decentralised way, with different offices spread out among the residential blocks. This working method was recently introduced at centre A, while centre B has been functioning this way for several years. Centre C consists of only one residential block and has one centralised social service. However, the social service at centre D, which consists of eight different housing blocks located far apart from each other, works in a centralised manner. The decision was taken to organise some social workers according to expertise rather than per residential block.

At the Fedasil centres, each household (single people or family) has a social worker as a reference person in principle. They are responsible for maintaining a social record and an individual guidance plan. Each social worker has a caseload of approximately 50 cases. Upon arrival at the centre, the social worker conducts an intake interview for each household. Social workers differ widely on how social guidance is shaped during the stay, but it includes assisting with administrative actions, informing people of employment opportunities outside the centre and providing practical assistance (such as providing train tickets as part of the procedure). In addition to the social workers who monitor individual cases, the social service at Centre A has a social assistant who is specifically involved in setting up a women's work programme for the centre. Her office is located in the residential block provided for single women, but the organised activities (such as cooking workshops or leisure sessions) are also open to women staying at the centre with their families.

The Reception Act states that providing information about daily life in a reception structure, as well as the activities to which an applicant has access, is part of the social guidance. At the four centres, in addition to the social service, there is also a separate service that deals with what can generally be described as 'entertainment'. The employees are multi-purpose centre employees, also called 'social guides' or 'monitors'. The animation service is centralised at Centres A, C and D, while the social workers at Centre B are also divided up by block. The centres' animation services are of the opinion that it is only a limited task of a reception structure to organise activities for residents. Their role is usually that of a facilitator of self-initiative, for example by providing materials that can be borrowed. The animation services also have the role of mediating in the event of any cohabitation problems in the reception structure. In addition, they are authorised to enrol children in education.

In terms of medical services, the four centres have a centralised medical service with nursing staff and an (external) doctor (who holds consultations on-site). Upon arrival, residents are invited for a medical intake. Unless the resident requires medical attention, there will be no permanent medical monitoring. Residents are supposed to ask for help from the medical service if they are ill. Its operation could be compared to general practice. Centre C works with on-call medical staff. Residents can drop by without an appointment during opening hours. At centres A and B, a switch was made from a system of free consultation to an appointment system. At centre A, residents can visit the Reception to make an appointment at any time, which will usually be a few days later. At centre B, residents need to make an appointment at the Reception Desk between 7am and 8.30am on the day itself, but there is a daily limit. In urgent situations, however, the Reception can ask for additional consultations. Centre D works with both appointments and on-call staff.

There is always a consultation with the nursing staff first. A follow-up appointment will only be made if they find it necessary to involve a doctor. The centre physician intervenes for general health complaints and refers to specialist medical services as needed. In addition, the centre physician provides medical certification as part of the application procedure, such as drawing up so-called 'scar certificates' or certificates of female

genital mutilation. Some medications are freely available at the Reception (such as painkillers), while medication on prescription is provided by the medical service or must be collected by the resident from a pharmacist.

The Reception Act is very brief on psychological services and merely states that this assistance must be assured. There is no psychologist appointed at any of the centres. Social workers and medical service staff indicate that they provide limited psychosocial guidance, particularly when residents come to ask for help themselves. However, the focus is on referrals to external psychologists. Referral to a psychologist may vary between centres. At centre A, for example, it is the social workers from the social service who refer a resident; at centres B and D, on the other hand, it is only after a consultation with the centre physician that a referral to the psychologist is permitted. It is characteristic of centres B and C that they work with a permanent psychologist who comes on-site. The psychologist clusters the consultations according to languages and interpreters.

In legal terms, the Reception Act refers to ensuring effective access to first and second-line legal assistance for the beneficiary of reception. At the four centres, it was found that legal counselling is broadly taken up by social workers. Social workers indicate that providing information on the asylum procedure and preparing the resident is part of their core task. The frequency with which they see their residents is often geared around important points in the procedure, ranging from the submission of the application for international protection, the personal interview at the Immigration Office, the interview at the Office of the Commissioner-General for Refugees and Stateless Persons, the decision, any appeals procedure and information on voluntary return.

| | Centre A | Centre B | Centre C | Centre D |
|----------------------------------|--|---|---|--|
| Nature | Former barracks | Former barracks | Former care home | Former barracks |
| Capacity | 400 places | 400 places | 200 places | 600 places |
| Rooms | - Chambrettes and rooms - Women's block | - Dormitories and rooms - Women's block | - Dormitories and rooms - Tents | - Chambrettes and rooms - Studio flats for families |
| Restaurant and kitchens | - Restaurant - Limited private kitchens - Small public kitchen | - Restaurant - No private kitchens - Large public kitchen | - Restaurant - No private kitchens - Limited public kitchen | - Restaurant - Limited private kitchens - Small public kitchen |
| Entertainment and leisure | - Outdoor facilities - Extensive indoor facilities | - Outdoor facilities - Limited indoor facilities | - Outdoor facilities - Extensive indoor facilities | - Outdoor facilities - Limited indoor facilities |
| Location | Nearby | Remote | Accessible | Accessible |
| Social counselling | Social service by block Centralised animation | Social service by block Animation by block | Centralised social service Centralised animation | Centralised social service Centralised animation |
| Medical guidance | Centralised medical service Nursing and doctor | Centralised medical service Nursing and doctor | Centralised medical service Nursing and doctor | Centralised medical service Nursing and doctor |
| Psychological guidance | Referral by social service | Referral by medical service | Referral by medical service | Referral by medical service |
| Legal guidance | Social service | Social service | Social service | Social service |

2.4 Interviews and observations

To answer the seemingly simple question of how applicants experience reception, we draw upon 93 in-depth interviews, 13 informal conversations and 47 days of observation at four Fedasil reception centres. The data for Centres A and B was collected in the spring of 2019, from April to June. Data for Centres C and D was collected between September and December. The applicants form a heterogeneous group, for example in terms of gender, age, nationality, family composition and time spent in reception. As indicated earlier, the intention was to reflect this variety in the selection of respondents and reception structures. We will introduce

the respondents who participated in the survey at the collective centres below. Representativeness was not sought in the selection, in the sense that not as many respondents had to be selected as were present in the total resident population. Relatively speaking, an over-representation of certain minorities was in fact sought, such as the elderly, transgender people, single fathers, people with a very long stay in reception or people coming from a country of origin that is not very well-represented (such as India, Namibia, Tanzania or Tibet). Nonetheless, the selection does reflect the main groups in reception, being young people (between 18 and 30 years old), single people, men, coming from countries such as Afghanistan, Syria, Palestine, Iraq and Eritrea. The tables below summarise the characteristics of the applicants who ultimately participated in the study.

Profile

People staying in the reception network are not divided according to the extensive list of vulnerable categories as included in the Reception Act. An intentional selection was therefore not possible. Applicants were alternatively selected on a random basis in an attempt to find individuals for each category. This selection method is time-consuming because certain profiles are rare and/or difficult to detect. This is the case, for example, for victims of human trafficking. Some individuals are also more likely to be quite reserved and, for example, are reluctant to tell others that they have been tortured, raped or subjected to other serious forms of psychological, physical or sexual violence. The table below shows the number of respondents per category of vulnerability. In some cases, respondents belonged to more than one category at the same time.

| Category | Number |
|--|--------|
| Single parents accompanied by minors | 22 |
| Pregnant women | 2 |
| People with physical disabilities | 1 |
| Elderly (60+) | 5 |
| People with serious illnesses | 4 |
| People with mental disorders | 9 |
| Potential victims of human trafficking | 2 |
| People who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence, such as victims of female genital mutilation | 2 |
| LGBTIQ | 4 |
| Low-literacy | 4 |
| People with a rare mother tongue | 4 |
| Large families (three children or more) | 13 |
| Former unaccompanied foreign minors | 3 |
| Very long stay in reception (more than three years) | 7 |

Age

As regards age, the applicants were divided into four categories (young, adult, middle-aged, senior). This classification facilitates comparisons, although it is important to note that the limit values used are somewhat arbitrary. It was decided to take being of majority age as the starting point, although there is often some debate about the biological age of a person. Also, it is not generally accepted how long youth lasts. Although it is generally accepted that adolescence extends beyond the age of majority, there is some debate about the age

of maturity. The categories of adult, middle-aged and elderly are also strongly culturally determined. The classification made here is a tool for having sufficient variation in the selection and should not be interpreted as a determinant of well-being.

| | A | B | C | D | Grand total |
|---------------------|-----------|-----------|-----------|-----------|-------------|
| Young (18-30) | 15 | 13 | 7 | 6 | 41 |
| Adult (31-45) | 15 | 8 | 11 | 13 | 47 |
| Middle-aged (46-60) | 4 | 1 | 2 | 6 | 13 |
| Senior (60+) | 1 | 0 | 0 | 4 | 5 |
| Grand total | 35 | 22 | 20 | 29 | 106 |

Gender

By gender, a distinction was drawn between men, women and transgender people. If individuals presented as transgender, regardless of whether they had already received gender-affirming treatment, they were classified as such. In 9 interviews, both a man and a woman were present, which explains the composite category.

| | A | B | C | D | Grand total |
|--------------------|-----------|-----------|-----------|-----------|-------------|
| Female | 10 | 5 | 10 | 8 | 33 |
| Male | 19 | 15 | 9 | 19 | 62 |
| Mixed | 4 | 2 | 1 | 2 | 9 |
| Transgender | 2 | 0 | 0 | 0 | 2 |
| Grand total | 35 | 22 | 20 | 29 | 106 |

Family composition

For family composition, a detailed distinction was drawn between 7 categories. Single people were distinguished from single people with family members at the centre (such as a brother or sister). For single parents, fathers were distinguished from mothers. Couples involve two partners, regardless of their official status, without children. Families were defined as households with children, regardless of the official relationship of both parents to the children. It could also, for example, be a newly formed family. A distinction was drawn between rather small families with two or fewer children and large families with three or more children. The description of the family situation is based on the situation at the reception centre. For example, single people may have a family in the country of origin or the partner or children may be in another country.

| | A | B | C | D | Grand total |
|--------------------|----|----|---|----|-------------|
| Single | 22 | 13 | 1 | 18 | 54 |
| Single with family | 2 | 1 | 1 | 1 | 5 |
| Single father | 1 | 0 | 2 | 0 | 3 |
| Single mother | 3 | 3 | 7 | 6 | 19 |

| | | | | | |
|---------------------------------|-----------|-----------|-----------|-----------|------------|
| Couple | 1 | 0 | 0 | 2 | 3 |
| Family with 2 or fewer children | 3 | 3 | 8 | 0 | 14 |
| Family with 3 or more children | 3 | 2 | 1 | 2 | 8 |
| Grand total | 35 | 22 | 20 | 29 | 106 |

Nationality

The applicants' nationality refers to the country of their birth. For many, however, this is not the country they lived in before coming to Belgium. Some have lived in exile for years, as was the case for a great many Palestinians living in Lebanon or Afghans previously in Iran, for example. For a great many applicants, Belgium was not the first country where they applied for asylum and sometimes they had already lived in other European countries for several years.

| Country | Number | Country | Number | Country | Number | Country | Number |
|--------------------|--------|--------------------|--------|------------------|--------|------------------|--------|
| Afghanistan | 15 | Eritrea | 7 | Mexico | 1 | Tanzania | 1 |
| Albania | 3 | Gabon | 1 | Namibia | 1 | Tibet | 1 |
| Algeria | 3 | Ghana | 1 | Nepal | 2 | Turkey | 4 |
| Angola | 4 | Guinea | 5 | Niger | 1 | Ukraine | 2 |
| Armenia | 1 | India | 1 | Pakistan | 1 | Venezuela | 2 |
| Burundi | 1 | Iraq | 3 | Palestine | 14 | Yemen | 1 |
| Cameroon | 1 | Iran | 1 | Rwanda | 1 | | |
| China | 1 | Ivory Coast | 1 | Somalia | 2 | | |
| DR Congo | 5 | Morocco | 1 | Surinam | 1 | | |
| El Salvador | 4 | Mauritania | 1 | Syria | 11 | | |

Length of stay

On average, the applicants who participated had been staying in the reception structure for 6 months at the time of the study. Residents who had just arrived (less than two weeks) were not eligible to participate. The maximum number of months in the respective reception structure was 51 months (i.e. more than 4 years). It is important to consider the total period of time spent in reception and not just the period of time spent in the reception structure where the applicants were staying at the time of the study. The total average period spent in reception by the applicants surveyed is in fact 11 months, with the exception of one person who has been staying in reception for several years. For various reasons, the applicants changed their place of residence. This relates to both the closure of a collective reception structure, disciplinary transfers or the change of reception structure after the submission of a subsequent request.

2.5 Analysis

The interviews were transcribed verbatim in the language of the interviewer and interpreter, namely Dutch, French or English. This means that the original wording of the respondents could not be reproduced literally. It was practically unfeasible to make transcriptions in a variety of languages, from Arabic to Dari. Moreover, there was no multilingual research team that could then process this data. Ethnographic observation was

limited in time to blocks of up to 2 hours, which were then written up by the researcher. All the data collected was fed into the qualitative data processing program Nvivo.

The first step of the analysis consisted of coding the data. An a priori structure was used for the codebook, which was formed by the separate dimensions of the heuristic framework, being the individual factors, the institutional factors, the dimensions of well-being and the four different patterns of behaviour. New codes were then created within this rough structure based on personal statements. Some of these codes were grouped together according to theme, creating a three-level codebook. The coding allows for a picture of the main dynamics for the various factors. In this report, extensive use is made of quotes in order to reflect as closely as possible the original perception of the applicants.

While the practice of coding helps to develop a deep understanding of the various dimensions of well-being, there is also a certain danger of overlooking the complex inter-relationships, hence why it is also important to look for linkages at the case level. As stated earlier, this report is part of a series in which the institutional variety is further increased. The data is compared in this report according to the difference in location and size of the reception structures and according to the variety among the selected respondents. The second report allows for a comparison based on the difference between collective and individual forms of reception. In order to emphasise the relationship between various factors, short descriptions of the applicants' experiences are also used. In particular, when discussing the various patterns of behaviour, we are mindful of how applicants navigate between their individual and institutional positions, thus influencing their own well-being.

Section 3 – Daily life in collective reception

Stories from applicants about their daily lives in reception are rarely straightforward and unambiguous. Listening to the conversations with residents, one is taken on a meandering ride. The applicants jump about in time and compare past, present and future. They think back to the country they left behind and long for their own place in Belgium. In this section, we try to translate these personal stories from the applicants into recognisable and comparable experiences. For this purpose, we use the diagram that was drawn up on the basis of the scientific literature. The stories are organised into four headings. The first section is about how individuals presented themselves. Secondly, the way in which the reception centres were presented is considered. The third section focuses on how residents feel and function in reception. The fourth step is a discussion of the residents' strategies for coping with their stay in reception.

Conversations with residents always began with the question of what their first impression of the centre was. Fabian, a single resident from Venezuela, replied as follows:

Can you describe me your first impression when you arrived here ?

That is a good question. And I like the way you put it, because my first impression of the centre is totally different from how I think of it now. When I first arrived here, I was not really scared, but I was cautious, to be honest. I didn't know what to expect, how my procedure would go. Emotionally, it was a very difficult situation for me.

And so you tell me your impression changed ? Can you explain me what exactly has changed ?

In a certain sense, I am more at ease, because I have got used to my situation. But it did take me a couple of weeks to adapt to how things go here.

Fabian, Venezuela, single, centre A

The experience of uncertainty as to what to expect from reception at a centre was shared by all the residents. Anyone who has never been to a collective reception centre can hardly imagine what it must be like to live there. Each resident starts the reception process with the feeling of entering an unknown world, which evokes fear and emotions. How it proceeds from there depends on the interaction of many factors. While Fabian indicates that he got used to the situation, there are also residents for whom reception never becomes normal. In this section, we unravel the complex reality of daily life in reception to describe and understand the differences and similarities between residents.

3.1 Individual factors

Residents are often presented as a group because they all have ongoing applications for international protection. Behind this objective similarity, however, lies a world of individual differences. These manifest themselves at three levels. First of all, residents have different personal characteristics and needs, which vary according to age, medical needs, social class, etc. Secondly, there are context-specific risks and opportunities. For example, the duration of reception and the course of the procedure are not the same for everyone. Thirdly, there are differences in the composition and strength of the social network surrounding residents. These three sources of difference will now be discussed in turn.

Personal characteristics and needs

On the assumption that individual factors have an impact on residents' well-being, this study deliberately sought to include much individual diversity. Based on our qualitative data, it is obviously not possible to make a statement about the extent of this diversity in the total population. We can, however, point to the significance that contrast between residents can assume. We can confidently assume that residents are 'superdiverse'. This refers to the fact that the individual contrasts are so great that it is difficult to expect clear resident profiles and corresponding needs at the group level. In the absence of comparable research over time, making the case that superdiversity is a new and growing phenomenon is not straightforward. However, previous research among reception operators does indicate that residents have gradually become more diverse in the eyes of staff in recent years. This is manifested in terms of age (with more underage and elderly residents), medical

condition (with more seriously ill individuals), mental health (with more traumatised individuals), social class (with less affluent individuals), educational attainment (with more low-literacy individuals), and sexual orientation (with more LGBTIQ individuals), among others. Without wanting to be exhaustive, some examples of these differences are given below.

From age to stage of life

The majority of residents who spoke in the survey were between the ages of 18 and 45. This stage of life is generally seen as the productive stage, where adults build their lives. It is the age at which people might start a family, develop a career and assume a social identity. There is a great urge for residents to achieve their aims as quickly as possible, or at least to obtain some certainty as to the timeframe for when they will be able to start their lives fully in Belgium. In the words of Malek, a single man from Syria:

I do not have a future yet. I am 37 years old. I have spent one year in Greece. I have spent seven months and a half in the Netherlands, and I have been here for one year and a half. I feel that I have no future yet. This is why I am frankly tired. I have no woman and I want to get married and start planning for my life outside. I cannot do that.

Malek, Syria, single, centre A

Aïcha, a young single mother from Guinea, expresses the same feeling:

Well, that is why I say to you that it is uncertain. And if I will have a positive answer, I will have a better future, because I will resume my studies, I will finally start living, I will start living a happy life, I think.

Aïcha, Guinee, single, centre D

Residents who are somewhat older have often already built a life in their home country. Fleeing interrupted their old existence. This is accompanied by the experience of loss and grief.

This feeling of not being well, is it caused by what you experienced in Syria, or by what you are experiencing here ?

Before coming to Belgium, I have lived for 8 years in Lebanon. I both worked and studied there at university, so I was very busy. Coming here, I thought it would be better. I was expecting everything would go fast here , but this is not the case.

Hani, Syria, couple, centre C

Slightly older individuals have often started a family too. Jawar, a single man from Pakistan, tells of his stress about raising his children, who are still in his home country. He fears for his children's educational opportunities: the longer reception takes, the later he can bring his children to Belgium.

What is the cause of the stress?

Because my family is in Pakistan, I have small children there. Sometimes they, I tell them, they are sometimes in hospital, they don't go to school, I am worried about their studies because they are growing in age. These are the problems and my time here is, I just lost 5 years of my life, so that's the main reason, and I cannot go back to my country because we have, there, problems, it is not a life there so I just want to give a good future for my children OK I didn't get there still in 40 years but I want to promote these things in my children. I want to give them a good education. (...) what can I do for them. I just sacrifice for them, they will come here and they will go to good school and good colleges, they can study here very well. (...) the future I am worried about it because my children are not going to school over there, that's the main reason, because you have one chance for everything in life. If you don't study at that time on which you need it, then the other time I think it is not, because if I'm young and I'm studying and I get the benefit of my studies, it's good. But if I'm 70 years old 75 years old I can just spend my life at that time in a good way.

Jawar, Pakistan, single, centre A

What older applicants desire most of all is to be able to take back their former lives. They want to go back to their normal life as they knew it before they fled. Ayah, a Palestinian resident, dreams of settling down somewhere and resuming her daily life:

What gives you strength in life?

Ohh yes, dream or hope. I hope to leave the centre and ... to find a good life with my children and my children they speak and understand Français très bien. And I find work here in Belgium and a small, small house with two cats, because we love cats. (...) Because in our home in Ghaza, there is, were a cat. (...) Yes yes, we make food and ... (...) I hope. I hope, because I like cats very much. And my children like, yes. It's a small dream, I think, it's okay for me.

Ayah, Palestine, single mother, centre D

Among the eldest residents, we find more resignation and less pressure to achieve their aims as soon as possible. Their productive phase of life is partially behind them and their future prospects in Belgium look different. Mo, a sixty-year-old Palestinian man, has health problems and needs to have an operation on his back. He stands out from the young people at the centre and is uncertain about how to build his future in Belgium:

According to my personal situation, things are different. The youths are able to go out and find jobs, and hang on. But for me, and from my past situation, I am not capable of finding a job or going around. It is my health situation that imposes to me to live this way. I don't have such capabilities.

Mo, Palestine, single, centre A

Lukas, an Albanian man aged 61, expects little more from life now. He continues to feel connected to the family he left behind, but sees no future for himself:

What do you wish for the future ?

The most beautiful would be that God would help me to die and I could go to a different place... Because this is not life. What still gives me strength in life, is the love I have for my children, especially for my daughter. I feel sorry for her, I feel I failed as a father. But this is life.

Lukas, Albania, single, centre D

When we compare the quotes from Malek, Jawar, Mo and Lukas, four single men, it is striking how differently they look at their future. Aïcha, a young mother with a small son, and Ayah, a single mother with four children, clearly have a different outlook on life too. Age differences in reception bring about a very different perspective, with different sources of stress.

Between fit and listless

The medical condition of residents at the collective centres varies widely. A limited proportion require very intensive medical care and stay in medical rooms, for example with a hospital bed or access to a separate shower. Sami from Palestine is one of them.

Immobility

It has been a couple of days that I saw Sami. Normally he sits in the courtyard, everyday on the same bench. He sits there smoking cigarettes all day and occasionally other residents come to him for a chat. He walks on crutches and it is clearly difficult for him to go from his room to the bench. Recently, he started having lunch and dinner in his room because the restaurant is too far away. Staff from the kitchen bring it to him. I asked him where he has been. He answers: "Sometimes, I don't like to see anyone. I stay in my room. Rarely, I go outside the center. Maybe I went out 3 times since I got here 5 months ago."

Field note researcher

However, compared to Sami, there are also some residents who require absolutely no medical supervision and are in good health. Alena and Valera from Ukraine, for example, have an active lifestyle:

There is also a fitness facility. You sometimes go there?

I'm trying, but mm-mm [no]. My wife using, but I'm not, because it's not much for me. I worked in fitness before, in my country, six years, and I don't like. I go to boxing lately.

Ah, you go boxing? And your wife, she uses the fitness. During the regular opening hours or...?

For woman, you can take the key when you want.

She often goes there?

In the morning. Yeah, at 7 or... Because after, she brings children to school and after we work. She has time in the morning.

Did she also do sports or fitness when you were still in Ukraine? Can you tell me why you started boxing? Was it something you already did in...?

I did it in my country, like.. yeah, it's my sport.

Alena, Ukraine, family, centre B

The medical condition of most residents is between the two extremes. Many residents suffer from minor medical problems, such as digestive problems, poor dental hygiene, etc. The cause of these problems sometimes lies in the country of origin, the escape route, or the reception in Belgium. Applicants have high expectations of healthcare in Belgium, but as will be discussed later, these cannot always be met.

With regard to mental health, applicants are sometimes presented in scientific literature as severely traumatised, passive individuals. What is striking, however, is that such 'abnormalisation' does not correspond to the way in which applicants present themselves. Imad from Morocco, for example, does not agree with the 'categories' that are applied to him:

The director wrote in the transfer document that I am ill and suffer from paranoia. Am I ill and paranoia ? The director has not consulted a psychiatrist or psychologist to screen me, and still she says I am. And even more, this is a medical secret. She has no right to share my medical history, voila. So I didn't sign no document.

Imad, Morocco, single, centre D

In the interviews with residents, it became clear that they are often very aware of the profound experiences they have been through. A great many respondents did indeed carry psychological baggage with them and were open about it. Yousef, Ejaz and Saïd all talk very openly about the time when their psychological problems began:

The issue I have that all of a sudden I forget things. For example, I'm talking to you and in the meanwhile I wouldn't know that what I spoke five minutes ago. So it happens to me because I went to the Norwegian embassy in Pakistan because I have family in Norway and there I came under an attack and because of that attack I now have psychological issues.

Ejaz, Afghanistan, single, centre D

I came with my psychological issues. I consider myself as sick. This regard... I was sleeping on streets and I came with that. (...) I had a friend in Italy and he was like a brother. He was very close friend and he died on my lap and I saw him taking his last breath.

Yousef, Palestine, single, centre A

When I was coming on the way here to Belgium, on the way we had crossed big forests etc. so it was dangerous. So when I arrived here, I couldn't sleep on the way for 8 days, so I was sleepless in fact, when I arrived here in this centre, for 3 days I had this feeling that because of my sleeplessness and depression that I was having, I might have some psychological issues so this was the kind of impression that I was having the first 3 days.

Saïd, Afghanistan, single, centre D

In the above quotes, Yousef, Ejaz and Saïd do not come across as passive individuals. This observation also applies to the other residents we interviewed. It is important to bear in mind the traumatic experiences of residents, but their impact should not be interpreted too deterministically. The most important differences lie in the way in which residents want to be helped with their psychological problems and how accessible psychological care is. This will be discussed in more detail later on.

Orientation: overt or covert

People with different sexual orientations live together in collective reception. Just as in society, the majority are straight and there is a minority who belong to what is often described by the cluster term LGBTIQ (Lesbian, Gay, Bisexual, Transgender, Intersex, Queer). Not everyone likes to reveal their sexual orientation openly. Some residents are on the run because of their orientation and are therefore more wary. During the interview with Joel, aged in his thirties from the Ivory Coast, his sexual orientation suddenly came up. He turned out to be gay, but did not share this with the other residents at the centre.

Are you in love with some from the centre ?

No

Outside of the centre?

Mmm, yes (...)

Alright. And do you see her often ?

Euh... (silence)... it is not a girl.

Ah ok, I see.

It is not a girl.

And did you meet him here ? In a bar ... or how ? It is not easy to meet people..

In fact, we have met in a bar in Antwerp. It is a gay bar, we have met there.

Do your fellow residents know that... ?

No, I don't tell about my private life

Joël, Ivory Coast, single, centre B

For other residents, like lesbian couple Alena and Valera from Ukraine, it is harder to keep their orientation a secret. They indicated that they were confronted with a lack of understanding from fellow residents, who were not tolerant of their orientation:

Do you feel safe here in the centre?

Not too much. Yeah, because, yeah... Because not everybody expects you're a family, yeah. Afghani people. Sometimes we have conflict, but it's no reason to make a conflict.

What is the conflict about then?

About LGBT. They don't expect it...

And how do you react if..? Can you explain me for instance when you had a conflict, what happened, how did it start..?

When they see you, they started to talk to you with words. Beh-beh, like this. I was angry, and it's... there's no reason to make it.

Alena, Ukraine, family, centre B

It is generally difficult for transgender people to keep their gender identity hidden at the centre too. Akhil from India, for example, was well on the way to transitioning from male to female. He liked to dress and act like a woman, even though he was still physically male. He, too, regularly encountered a lack of understanding from fellow residents.

I'm girl, like I'm not boy, I'm not girl, I'm boy. I'm like, make-up is my hobby, nail polish, but problem, Afghani boys, they're speaking, fighting, wishing to kill me.

Akhil, India, single, centre A

All kinds of sexual codes play a role in hiding and revealing gender identity and sexual preference. Such codes vary from culture to culture, so residents do not always understand each other's behaviour. This can lead to misunderstandings where certain behaviours (such as boys being very physical with each other) are misunderstood as a code for homosexuality. Fabian from Venezuela said during an interview that this had already put him in a difficult position with Afghan boys, for example.

Before, you mentioned that you are homosexual. Has this caused for any problems here in the centre ?

Yes, but this was also partly my fault. There are a few people, mostly Muslim men, but of course not all, that are fairly hostile towards homosexual men. They don't know how to deal with men who are homosexual. This of course depends on the person and also the country of origin plays a role. But some have a problem with it. Due to the cultural differences and the language barriers, misunderstandings can occur. For me flirting is a game, it is playful and some understand this, but other people take it serious. This culture shock can lead to uncomfortable situations. I have been dealing all my life with heterosexual men and I have always been flirting with them in a playful way. It was always clear that I was just joking, that I didn't doubt their sexual orientation and that I did not think I could 'convert' them. But due to the cultural differences, some people don't understand that they don't have to take my behaviour seriously. This is why I said it was partly my own fault, because I was not aware of the cultural differences and the culture shock that my behaviour could lead to. Some groups from certain countries, men from Afghanistan for instance, consider themselves as powerful and courageous. Certain 'jokes' about homosexuality are considered by them as degrading. I also have difficulty in seeing at first sight who is an adult in these groups. There has been an incident when two minor boys from such a group took my behaviour seriously and threatened to call the police because I was supposedly harassing them.

Fabian, Venezuela, single, centre A

There is a lot of mutual sympathy between individuals who are classified as LGBTIQ. Sometimes, for example, they come together at meetings of Rainbowhouse Brussels. However, personal identities are complex and people differentiate from each other. This nuance is clearly expressed in a conversation with Ansha, a transgender person from Surinam:

Do you self-identify as an LGBTI-person, or how do you consider your orientation, how do you categorise it ?

I describe myself as a transgender woman. Yes LGBT, but my orientation, my sexual orientation, I would say, bisexual trans woman.

Ansha, Suriname, single, centre A

There is also mutual distrust, with applicants questioning each other as to whether someone actually belongs to the LGBTIQ category. Some individuals would pose as LGBTIQ individual in the hope of more easily obtaining residence papers. In the words of Ansha:

Do you know who in the centre is trans ?

I have noticed that a lot of Africans pretend and use it. And at one time, someone asked of pictures of me with him and then I have to explain, that I am not gay, I cannot help you with your case, so then you should not ask me, and it is a bit insulting actually, to use someone, you feel used, just used.

Ansha, Suriname, single, centre A

Gap in culture and class

Residents at the reception centres studied come from very different countries, although there are some nationalities that are more strongly represented, such as Afghanistan, Iraq and Palestine. Many residents had not anticipated this diversity and it overwhelmed them upon arrival at the centre. In the words of Rashid from Yemen:

What I did not expect is that I would meet people from different backgrounds, nationalities and cultures, and how this is an opportunity to get to know different cultures and how you can get into contact with those people and learn things about people.

Rashid, Jemen, single, centre B

Residents are far more aware of the cultural differences at the centres than, for example, diversity of orientation. Amina describes how these differences coexist at one centre, without much interaction between people of different cultures.

Everyone lives his own life, everyone has his own culture, dresses differently, and no one complains about the other. This does not cause any problems.

Amina, Palestine, family, centre C

However, not everyone is as positive as Rashid or as neutral as Amina towards cultural diversity. Residents also see a source of miscommunication and incompatible cultural practices in cultural diversity. Philip, an Angolan man with his family, describes the centre as follows:

I always say, this is like the tower of Babel. Many mentalities, nationalities, origins, characters, bad habits. A mixture.

Philip, Angola, family, centre A

As Philip points out with the metaphor of the 'Tower of Babel', it is often not easy for residents to talk to each other because they speak a different language. This reinforces the feeling that fellow residents are 'others', with whom one has little in common beyond the place where one is staying. There is a tendency to attribute a level of development to this cultural diversity. Residents describe each other and the differing cultural customs as underdeveloped. Or as Ali, a single man from Iran, put it:

It's the weakness of the development of the people here. They don't care about each other.

Ali, Iran, single, centre A

Hani, a well-educated Syrian, shows little understanding for fellow residents who do not respect other people's cultures. He finds it paradoxical that intolerant people have fled to Belgium, of all places, a country that according to him is known for its positive appreciation of cultural diversity:

For example, I am a Syrian Muslim, but this is personal. Some people might have problems with other cultures, but not me, I don't have. I am not sure if these people exist, and if they do, they should think well before coming to Belgium. Because Belgium in particular is known for the diversity of its population, its languages, its cultures, its nationalities, its regions, its religions. So people that have a problem with other cultures should've come to Belgium.

Hani, Syrië, family, centre C

It is difficult to make an objective assessment of the social class to which a person belonged before coming to Belgium. Moreover, the class habitus differs between countries, such that class is also a relative concept. The testimonies found that some residents perceived the reception conditions at the collective centre as a regression compared to their former social class. Mohamed from Palestine, who is staying at the centre with his wife and five-year-old son, puts it as follows:

Because some people they are... they came from places who are... I'm not being racist or discriminatory, but it's true that there are different strata in the society. For some people who came from specific backgrounds, it's not as others. They treat us here as we all came from this really low level in the society. And for me, it's not the same. I didn't come from poverty and not like some other people who used to stay like in the streets, who will not find any issues in the lifestyle here. But for me, I came from a background that makes this really tough for me. Because I didn't come from poverty and yeah... and this is the main reason why I've been living tough this here.

Mohamed, Palestine, family, centre A

Sami, who is also from Palestine but has lived with his family in Lebanon for many years, comes from the lower strata of society. In contrast to a decline in living conditions, he sees reception in Belgium as more of a social ladder for upward mobility. Despite the fact that both men and their families have Palestinian roots, one therefore cannot derive from this what their expectations of reception will be.

The treatment is top. It's how you define humanity, the treatment. I did not see such treatment in Lebanon. I've got two kids and one of them has only 10% strength in one of the eyes and the other eye is not functional. The other one is only 35%. And all the treatment and the advantages we got here is just awesome, because I've stayed in Lebanon for a while and all what I've got after all the years I've spend there is to be called a refugee and not be admitted as a citizen and I'm getting all the privilege here.

Sami, Palestina, gezin, centrum A

There are, however, some indications of a large gap in education between residents. Indirectly, they point to a class gap. A good indicator is the literacy rate. Several respondents had never been to school and were therefore unable to read and write. The quotes below from three Afghan respondents point to the difficulties of illiteracy (such as orientation difficulties) and the effort it takes to work on literacy in later life.

If I am lost, it is really difficult for me to see where I am and to find my way back.

Do you have a map of the city or do you use Google Maps ?

We are illiterate, so what are you going to do with a route description if you cannot read. It is as if we are blind.

Mohamar, Afghanistan, family, centre A

In Afghanistan I never went to school, I am absolutely illiterate. I am also unable to read or write in my mother tongue. It is going to be very difficult for me to learn Dutch. I started literacy classes. First I have to learn the alphabet.

Arghawan, Afghanistan, single, centre A

In Afghanistan, did you go to school?

No.

Is there something you would like to be, to be able to write and to read?

I really want to develop myself so I'm able to read and write and I think I have developed myself a lot compared to before because I had a friend in Brussels who helped me out a lot and now I have a friend here in the centre who speaks very good English and most of the time he helps me out and teaches me. So now I'm able to read the alphabet, like A, B, C, D, etc.

Ejaz, Afghanistan, single, centre D

Just because people come from the same country, this does not mean they will get along with each other. The testimony below from the student Omid, who like Mohamar, Arghawan and Ajaz is from Afghanistan, illustrates that sharing the same social class can be of far greater importance:

When I came here, it was completely different in general. In fact all centres in Belgium are similar, they are places for asylum seekers. Because none of the persons staying in the centres is a student. They are all asylum seekers and refugees. For me it was difficult to stay together in the same room with four persons who have different professions or hobbies than mine. Some of them watch some things, some of them do something else. I was supposed to do about my study, like studying. It was difficult for me. But above all things, I had to accept kind of environment and behaviours of persons. Because there was no other solution. It is like obligated for us. Otherwise we will have to spent all of our time outside the centre, be living in the street. So that is way we have to accept this thing. We are struggling all these tough situations, but one day we hope we will reach at our goal. That's what we are struggling for.

Now in the second room, where is your roommate from?

He is from Afghanistan. I have chosen him only because he is educated not because he has the same nationality. I don't care that he is from Afghanistan. I am not someone who favours people on the basis of their origin, religion and so on. For me respect is the first criterion to coexist with someone. If he is my brother and he is uneducated and he does not respect other humans, I will not stay with him for one minute. If someone is educated and has something in his mind, I can live with him. My roommate is in secondary school and he is busy with his study. Now I am happy.

Omid, Afghanistan, single, centre C

The variation in cultural and social background between residents currently reception is clearly very large. This obviously leads to differing expectations in respect of reception. It also creates challenges in the coexistence of residents with very diverse profiles.

Purchasing power and material assets

As stated earlier, residents receive weekly payments based on their age. For adults, for example, this amounts to 7.90 euros per week. On top of this amount, some residents have additional financial purchasing power, such as savings. The extra room for financial manoeuvre can play an important role in dealing with reception conditions. For example, Ali from Iran has savings that he accumulated by working in Germany. Every day, he uses these savings to make small expenditures, such as buying cigarettes or going out for a coffee.

How do you cope with 7,90 € if you want to have a drink for instance in the city ? And if you don't have a job...

It's hard... Before I came here, I was working for three years in Germany. I have still saved money. I can have for the next three, four months too. It's a good situation but no more. I don't know what will happen if I had to go out. Maybe you can ask me later, in six months...

Ali, Iran, single, centre A

Residents can also earn money during reception by performing community services or working outside the home. However, some of that money often goes to family or creditors abroad in the form of 'remittances'. It therefore does not increase financial purchasing power. It is notable that the flow of resources also runs in the opposite direction, with residents receiving financial assistance from their home country to survive in Belgium. For example, Ansha from Suriname tells us that she can avoid the centre's restaurant, which she associates with poor food and unwanted looks, because she receives money from her family.

Do you get by with this amount ?

No, but luckily a small part of my family knows where I am and they provide me some support. And this is why I am able to buy a bit of my own food and my cigarettes. For the rest, it is survival.

Ansha, Suriname, single, centre A

This is also the case for Ayah, a Palestinian single mother with four children, who tells us that her husband who stayed behind sends them money from time to time. With the money, she can buy train tickets and pay for some extra clothes for the children. Without her husband's extras, she would struggle to make ends meet and provide for her children.

There is not enough, so?

No, I, I...this money...when my husband can send me, also (...) Yes, because...it's difficult, they are children. We didn't buy clothes, or some. Little, little, I buy little, but the money is very...yes. So, I want to work, this is... (...) If I go alone to shopping, I buy a ticket.

You buy it by yourself?

Yes.

And you buy it with the money that you receive here?

Uuhhm...yes... but sometimes my husband send to me...uuhhm...a little money, because the money here is very...we are five persons...yes.

Ayah, Palestine, single mother, centre D

Residents do not all have the same devices either (such as a smartphone or laptop). Rashid, aged in his twenties from Yemen, who has been staying in collective reception for 3 months, testifies about his mobile phone breaking:

My mobile broke down and I cannot buy a new one.

A mobile phone is a very precious thing.

Yes, very important.

How do you feel know that your phone is broken ? What is the consequence ?

I can't contact my family, my friends, I can't access the social media world, but I see that the main part of life are my family and friends, and as long as I have both, I can manage without a mobile.

Rashid, Yemen, single, centre B

Staff at the reception structures often do not know who is affluent and who is not. Material inequalities create a gap between poorer and richer residents in reception structures. This contributes to varying perceptions of reception conditions and other survival strategies.

Context-related risks and opportunities

In addition to the differences due to residents' personal characteristics, the context in which they find themselves generates an additional source of diversity. Sofia, a single woman from Tanzania, makes it clear that it is not so much about the reception conditions, but about what she calls 'the situation': *'the centre is okay, it's the situation that is stressful'*. The most important contextual factor is the course of the procedure. Although all residents have pending applications for international protection, none of them have identical procedures. Below, we consider various aspects of the procedure, including the experience of uncertainty and waiting, the period and the rights attached to the procedure. In addition, the impact of transfers during the procedure is also discussed.

Uncertainty and waiting

All the residents share the experience that waiting for a decision on the protection status leads to uncertainty.

Do you sometimes worry ?

Yes, all the time. Yes of course, I feel the uncertainty because I don't know what to expect. As much as I am educated, I feel uncertainty and anxiety. In general, I am not the only one, and there are others as well.

Khaled, Palestine, couple, centre D

Now, it has been black and grey. It has been a long time that we are waiting. We don't know if the procedure will turn out positive or negative.

Ahmed, Mauritania, family, centre C

Alegria from El Salvador indicates that residents do not necessarily think about the procedure all the time, but that it does cast a shadow over their daily lives:

To be very honest, this is something we think about every day, even if is only unconsciously. Because although we are in the procedure right now, we don't know what the end result will be and this causes uncertainty.

Alegria, El Salvador, single, centre A

An important aspect of the uncertainty has to do with the distorted perception of time. For example, Arghawan from Afghanistan explains that uncertainty has a negative impact on his daily life because he does not know what the future will look like.

I worry a lot about, the doubt of, not knowing which direction you are heading. Will I receive a positive decision or will I receive a negative answer. These are the things that influence my life, influence it negatively.

Arghawan, Afghanistan, single, centre A

For Hani from Syria, it is difficult to let go of the past, as long as he has no certainty about the future. He has difficulty reconciling the past and the future. Adil and Rafa confirm this feeling and indicate that it is impossible for them to make plans.

Can you talk to me about your daily habits, about what you do during the day ?

Frankly speaking, this is a difficult question. The problem is that in general, there is not a lot to do. It often happens that I feel bored. And this affects my mental health. To think about the past and the future at the same time, this is difficult.

Hani, Syria, family, centre C

How long have you been staying in the centre ?

Two months. But some people since eleven or twelve months. Some people more... I don't know till which time I will still be here but it would be very difficult to if I stay here for six, seven [months] or more with the same system. It will be very hard for me. (...) The waiting, I don't know what will happen. Of course the waiting of the results. In Brussels we don't... I had a fingerprint in Germany and I don't know what will happen with me. This waiting for announcing is very difficult. I don't know how long I will stay here. That's also very difficult. (...) Because it's not clear for me what will happen, I cannot plan anything, really. But if I... I hope that I will take positive. I will do the normal. I will search for a job. The children will go to school. My wife will search for a job also and then we will set up. Because I change many houses, many countries, this is my last position I hope. I hope that will be the last stop, the last position.

Adil, Palestine, family, centre A

There is no stability, the person is not knowing where he is headed, he is just waiting.

Rafa, Palestine, single, centre A

Wasif, a Syrian man who has been living at the centre with his wife and three children for more than 8 months, sees the lack of clarity about the period as a particular problem. It frustrates him that there is no uniform standard for everyone, regardless of the status of the procedure. While a great many of his Syrian compatriots were able to exchange the centre for individual reception, he is still waiting for a transfer.

Here in the centre, you are always waiting. I have been for eight or nine months here in the centre. I am not only talking about me, I am talking about all the people that is staying here before being transferred to a social house. That's a shame to stay all that long in this place. I would say that Fedasil put a time limit, for example four months or six months, one year, one year and a half, and this time limit should apply on all people, even those who got negative responses should be transferred after this time limit into private housing. Because of your psyche, you would be dying after a while.

Wasif, Syria, family, centre B

While the length of time in collective reception is clearly a challenge, it is also the lack of perspective on its end that frustrates residents. The uncertainty that reception could end tomorrow or within a year is a challenge that comes on top of the long duration. Ibrahim aptly describes it using a metaphor:

How do you see your future ? Comment est-ce que vous voyez votre futur ?

I see my future as an image, not sharp, but black, a big question mark.

Ibrahim, Algeria, family, centre C

Ultimately, though, the perception of time seems secondary to the fundamental uncertainty of obtaining the status. Residents are aware that they do not all have the same opportunities for recognition. Alegria from El Salvador, for example, was well aware of the recognition potential for individuals from her country of origin:

You know, our country is on the good list, so we have a bigger chance of obtaining a positive decision. And in a social house it will be possible to do certain things, to cook or to go running, and these are not possible here due to fear amongst others.

This information that El Salvador is on the list of countries with a high rate of recognition, is this something that your social assistant told you, or your lawyer ? How do you know ?

Yes, we heard it from our social assistant and our lawyer. We also saw it on the web-page of Fedasil. If I am not mistaken, five countries are on the list.

Alegria, El Salvador, single, centre A

Other residents fear certain procedural aspects, such as the return to another European asylum country on the basis of the Dublin Regulation. In the case of Freya, from Eritrea, the handling of her case has been repeatedly postponed. Aside from the fact that it means she has to stay in reception for longer, it especially fuels her worries. It is the uncertainty of what is happening at the asylum authorities that makes her unhappy.

I had fingerprints in Spain and then they cancelled the fingerprints in September and I got worried. They postpone, postpone.. Always two months, two months.. I used to expect that I would be done in two or three months and every time they would delay more, so I get bored. Four months ago I would cry everyday. I fall sometimes.

Freya, Eritrea, single, centre A

The quotes above indicate that the processes underlying the uncertainty are complex. Sometimes people are uncertain about the asylum decision, and sometimes they are more uncertain about the timeframe in which a decision will be made.

Conditional rights

The right to employment depends on the period for the application procedure. This is because, at the time of the study, those who wanted to work in the regular labour market had to wait four months to be eligible. This generates an additional source of diversity between residents. Amburo from Somalia, who has been staying in the reception centre for only one month, feels that the legislation concerning employment is an obstacle to getting ahead in life. Because he is one of the residents who are not lucky enough to have savings or family to fall back on, he wants to get to work as soon as possible. However, the legislation does not allow for this:

The government they don't give money, like social money, and also they don't have the right to work. These people need to work, but they have to wait for four months until they get orange card. And the people here, they have to sacrifice, for cigarettes, you need to pay, clothes you need.

Amburo, Somalia, single, centre B

People whose applications for international protection have been rejected also lose certain rights they had acquired, including the right to work. As Ibrahim from Algeria states:

They have taken away my orange card, my work permit and my annexe 26, so now I have nothing.

Ibrahim, Algeria, family, centre C

Residents also do not all have the same opportunities to find work that matches their skills. Some professions are closely linked to certain national rules, which means that the profession cannot simply be practised in any country. This may involve more intellectual professions (such as in the legal or medical professions), but it may also involve technical professions. Yacil was a truck driver in Turkey, but he cannot continue his profession in Belgium for the time being. He says he does not like to be in the dependent position of a beneficiary of reception, but the legislation makes it difficult for him to take care of himself and his wife^{xxxv}:

I am looking for a job. I was a truck driver in Turkey, but I cannot work here because I don't have a code 95 yet. I cannot yet obtain it, because it requires a certain language level. But I want to work so strongly and not be a burden to this country. I want to participate to society and be productive. But so far I am unable to..

Yacil, Turkey, couple, centre A

In turn, the inability to work has a further impact on the financial capacity of individuals, so there is also an interaction effect with personal characteristics. It is always important not to lose sight of the relationship between individual characteristics.

Transfers and mobility

The current standard reception process for applicants consists of three stages, namely a short stay at the arrival centre, a collective stay during the asylum procedure and possibly an individual stay after recognition. Although we are limiting ourselves to the phase of collective residence in this report, we observe that not everyone has followed a similar path. Some transfers fail to materialise or there are anomalous transfers. There are several reasons for this.

There is a difference at the start of the standard course due to the fact that the arrival centre had only been open for a few months at the time of the study. Residents who had already been staying in reception for more than six months were therefore not admitted to the arrival centre. Those who did pass through described it as a transition centre, maladjusted to feeling at home. Ali from Iran, for example, says the following:

Well there was a centre in city of Brussels, the Klein Kasteeltje, but it was changed into a temporary centre...

I lived there, the old building next the river.

Yeah, yeah.

It's not a good place.

Why not ? What is the difference between that place and this place ?

That place, it was a temporary living place. I mean, not a good cause, nothing is not... get ready for a long time. Everything, they made there, it's for three days living. Because of that, it's not good. But for the temporary living, it was fine and also it was in Brussels. I don't feel safe really in Brussels, but it's a good adventure. You can see a lot, a lot.

Ali, Iran, single, centre A

Some deviations are possible during the middle phase of the reception process. Since October 2016, Fedasil has given certain nationality groups the opportunity to move to a local reception initiative. These are nationalities with a high chance of recognition. The list of eligible nationalities is updated twice a year on the basis of data from the CGRS. In June 2016, for example, Palestinians were added to the list. However, Palestine was removed from the list in August 2019. Residents are well aware of the nationalities on the list. Adnan was very disappointed that, as a Palestinian, he no longer had a right to move to individual reception after August 2019. Residents with a nationality that is not on the list also find the unequal treatment unjust.

And they have cancelled the possibility of going to the local reception initiatives to Palestinians.

Adnan, Palestine, single father, centre C

We have asked for a social house, we are a family, my wife is ill, she doesn't eat food from the centre, she doesn't eat sugar, and I have a dental problem, I don't eat sandwiches. We have asked for a social house, we have asked because of multiple reasons. But they told us : « No, the social houses are only for three countries.' How come, only for three countries ? What is this system ? In Belgium, there are supposed to be human rights, but why they do this ? I know that there are not enough for everyone, but they should see who is in need. I have asked to put a request in my name, but they told me no, because I don't have the right. Even more so, they did not say it gently : 'no, you don't have the right'. It is sad. It is sad.

Ibrahim, Algeria, familie, centre C

There are also some residents who have already lived in several centres. Transfers took place for a variety of reasons^{xxxvi}. The first reason is of an organisational nature. Some residents had to move when a centre closed. The second reason has to do with the asylum procedure. Yury from Ukraine has already had a turbulent path, with several transfers between centres. As he points out, every centre is different and he and his family with two children have had to adapt again and again.

And is this your first centre ?

No, I think I live in five centres. This is my fifth centre.

And so how long are you in Belgium ?

Three years and a half.

And why are you here now in this centre ? Why did you move ?

I have second asylum. Before I had negative, after that I went to the Commissariat and I asked for second asylum. Now I live in this centre. (...) Another centre is another system.

Yury, Ukraine, family, centre B

There are also transfers for disciplinary reasons. In exceptional cases, the police are called in if a person has to (temporarily) leave the centre.

I was at the centre of Yvoir. I have a son who has a mental disability and we had to change centre, first to Tournai. But then he did some stupid things there as well, so we had to go to Arlon and then again he repeated his behaviour. Then we had to go to Sugny, and then finally to this centre.

Farid, Algeria, family, centre C

If you want me to change centre, I will do what you tell me. If you want me to leave the centre and be on the street, I will do as you say. I follow your command. Me, I respect you, you are employees here in the centre, I respect you. When the police comes. But they only come to protect me. The police takes me to the train station and then I took the train to change the centre.

Imad, Morocco, single, centre D

Finally, there are transfers for social and medical reasons. For example, Omid was transferred to a centre closer to the university so that he could continue his studies.

If I may ask you, why did you come here ?

The reason was that I have received an official letter from the government that I was allowed to change centre. The official right for my was that I was accepted by the University of Louvain-la-Neuve and this centre is nearer to the University of Louvain where I have got the chance to study than Manderfelt.

Omid, Afghanistan, single , centre C

The demand for transfers is high, but can rarely be met. Like Omid, Aïcha was given permission to enrol in university. However, no suitable reception location was found for her:

I have written to universities and I was admitted to one. But the fact of having a child at school here and the faculty I wanted was in Brussels, in Woluwe. (...) I have enrolled at Louvain-la-Neuve, but the faculty is in Woluwe. So I have enrolled in Louvain-la-Neuve, not in Brussels. They told me there was no possibility to move to Brussels. So I cancelled my studies. (...) But afterwards, I have again enrolled and I wanted to see if I could continue my public health studies this year. I have again asked if they could transfer me to Brussels. But once again, no availability. This really kills me and I don't like it.

Aïcha, Guinee, single mother, centre D

Residents are often told by their social worker that the chances of a transfer are very small.

I have asked for an appointment to discuss changing centre, but they have given me an appointment with the psychologist so he can make a certificate that says that I don't support the stonegrove and the planes. The appointment is in a month. I have asked the social assistant, but she told me that there is 90% chance that I don't change the centre.

Moussab, Syria, single, centre D

The motivation of residents to move from a centre does not always qualify for Fedasil. For example, Adnan wants to live closer to his family in Belgium, but his application could not be granted.

And I would even be willing to live in a tent in Antwerp instead of my room here. I am going to take a train from here to go and live in Antwerp. For my daughter, it is important that she is in contact with her aunt, she takes a maternal role, she is in Antwerp she can be with other children of the family with whom she plays. Here in the centre, she meets with other children that don't have the same habits as her. And it is also important that she has a maternal role model, because in our culture, the mother has an important role in the family.

Adnan, Palestine, single father, centre C

At the end of the standard course, we note that there are also some residents who have already lived in an individual facility in the past, but who have had to move again to a collective centre. This is the case for Nadir, who, with his wife and four children (two of whom have severe mental handicaps), had to move from a local reception initiative to a collective centre after making a subsequent application. Their perception of collective facilities is coloured by their experience of the reality of individual reception.

In the previous house where we stayed, we had everything we needed for the children, all activities. I mean facilities such as a television, wifi, internet, music, songs, everything to keep the children busy. But now that we have arrived in the Fedasil centre, we have nothing to keep the children occupied, so the children that don't go to school like Omar who stays in the room, we cannot keep him calm and we cannot explain to him why we don't have the means. We used to have different activities in our previous home. When we were there, we could keep the children busy, like Omar, he was constantly busy, we put on the television, we could browse internet, music, listen to songs. Here, we don't have wifi, no resources, no television.

Nadir, Afghanistan, family, centre A

The most important conclusion to be drawn from the above quotes is that centres are inhabited at any one point in time by people who have had a reception trajectory that often differs thoroughly from one another.

It should also be noted that some of the residents had already had a long journey behind them before coming to Belgium. Mokhtiar has lived outside his country of origin for most of his life, living in a kind of permanent displacement, searching for somewhere to finally settle down.

I lived in Iran for 30 years and I was never deported back to Afghanistan. I came to Europe. It's been my first year that I go from one country to another, from one centre to another refugee centre so I face a difficult situation, so what I want, I want to get out of this situation because coming to Europe I thought I could live a better life by going to Europe, but once I'm here I am only facing difficulties and I would like to get out of this difficult situation. Other than this I do not have a particular wish or desire.

Mokhtiar, Afghanistan, single, centre D

For the Kurdish couple Avan and Jalal from Iraq, their wanderings began five years ago. These took them to several European countries and they stayed in a range of reception centres.

We have arrived in Belgium in 2015 and we have lived in several centres. We have even been to Germany, where we stayed 9 months before we had to come back to Belgium. Then, we had to stay for six months on the streets, without a reception centre. Just on the streets. Then we were in France for nine months, until Belgium told us to come back. And now, there is just an asylum procedure for my son, this is why we are currently in the centre.

Avan and Jalal, Irak, family, centre D

Finally, there are also exceptional situations, such as was the case for Bibek from Nepal, who has been living for a long time in Belgium, both in and out of the centres, but who still has not obtained a durable stay.

Yes. I was in a refugee center before in... Mons. So I used to have papers. I was in the refugee center, after that I got my papers, but it was conditional. The condition was that I had diabetes, so I had to go through some medical examination, provide those examination test to the lawyer, and the lawyer had to send this to the Commissariat. And this procedure he didn't follow, and they took my paper back... the one thing I'm missing that, there were a lot of people that came after me and that other people that I know that they got their positive, they got their papers. Now they have jobs, they have cars, they have life, but I'm still waiting. So I would like to have my papers.

Bibek, Nepal, single, centre D

Social network

During the interviews with residents, they were asked to outline their social network. Indeed, the impact of personal characteristics and situational context can be mediated by what is sometimes called a person's 'social capital' (Zetter, Griffiths and Sigona, 2005). A distinction can be drawn between immediate family, friends and acquaintances^{xxxvii}. This distinction indicates a difference in social proximity. The literature also speaks of the difference between the 'bonding', 'bridging' and 'linking' social capital of individuals. They are, as it were, complementary 'layers' of social proximity around a person.

Family ties near and far

As soon as we started talking about family, residents found it very difficult to limit themselves to the family that is actually in Belgium. Fleeing can break up family and familial relationships, and residents invariably told of the relatives they had left behind or lost while fleeing.

Even death is better. My wife and kids are bombarded and I am here. It is difficult.

Moussab, Syria, single, centre D

Xian, a single Chinese man, was separated during the flight from his family, who now reside in Turkey. The lack of his family occupies him constantly and makes him lonely:

Turkey. My children and my wife are in Turkey. I'm far away from Turkey, because nowhere is safe for me. Nowhere is safe for me, other than Europe. (...) So it's so awful and I feel myself so alone here because there are some awful things in my mind. There is no one to talk and to tell. It hurts that my family is ... For me, I have four children and my wife is with 4 children in Turkey, I am here. And it is also an awful thing for me.

Xian, China, single, centre B

Mokhtiar was also separated from his wife. It makes him lonely and causes him psychological stress, which also impacts upon his physical health.

In Germany. Which family?

My wife is in Germany.

Why are you alone and not with your wife here in Belgium?

We were together till Germany but we somehow got separated in Germany and then she stayed in Germany and I came to Belgium.

Why don't you feel very good in the centre?

I'm sad because I live alone, my wife is in another country we are separate now so that's what makes me sad. (...) It's been 10 or 11 months that I live alone, that I'm separated from my wife. If you see this grey hair and this beard, it's because of the stress. Before I wasn't like this.

Mokhtiar, Afghanistan, single, centre D

Single parents often have a hard time explaining to their children why mummy, daddy, or other family members are living somewhere else.

Often at night my daughter wakes up and asks 'when are mama and my brothers and sisters going to come'? Every time, I tell her, in a week, in a month.

Adnan, Palestine, single father, centre C

Fleeing also causes families to break up. Ejaz, a young single man from Afghanistan, tells for example how he got separated from his brother and how much he misses his mother:

How do you feel about your daily life ?

Overall it's okay, I'm happy with it, but sometimes I miss my family, particularly my mother, so it makes me a bit sad.

And about your family life, you told me your family is in Norway, your whole family?

No, just the family of my brother. His wife and son. We're not in contact very often. But he told me last time that he will come here in the next three, four days to see me.

What's giving you strength in life?

Prayers and the prayers of my mother.

Ejaz, Afghanistan, single, centre D

During the study, it became clear how important social media is for maintaining virtual contact with family members. Access to public (wireless) Internet is considered very important by residents, yet virtual contact is not able to replace physical touch.

One year and half I go in Gaza strip, and I don't speak with her, don't see her, don't touch her, you know for me different, just my wife, because this for me. And you know situation for me, I'm a human (...) One year and half, I don't touch...

And how do you feel about your family life?

How I feel? And my wife what you feel? I miss my family, and my family miss you.

Do you contact them, to speak with them?

Oui, all time. But sometime I don't like speak.

On the phone?

The phone, the camera.

Mohammed, Palestine, single father, centre C

Is having WIFI important to talk to your family ?

Yes, it is important, because otherwise we could not talk to the rest of the family who stayed in Lebanon. Today, my wife called our son, the eldest, and his wife, who was pregnant but who lost the child because she was unable to reach the hospital in time because the roads in Lebanon are always blocked. They wanted to go to the hospital, but the roads were barred.

Abdallah, Palestine, family, centre C

In the long run, the family bond risks being diluted if contact can only be made virtually. Bibek from Nepal, who has been living in Belgium for a long time, has lost contact with his family over the years.

And you have family in Nepal?

I have a family, but it's been 15 years, so I'm not sure whether they live or not.

Bibek, Nepal, single, centre D

The distance between family members also creates an inability to take on caring tasks. Residents worry about loved ones who are still in their home country and facing danger there. Because of the distance, they cannot protect them. Some residents, like Amburo, Lukas or Moussab, even experience a sense of guilt or shame that they themselves are living in safety while their families are in danger.

The law is not easy, you have to wait, but the people are dying, people have problems because they are bombarded. Because my sister and my brother, they died like this. In the bombardment, so how come I sacrificed, I am here, it does not make me happy, to live here peacefully when my family is not peaceful.

Amburo, Somalië, single, centre B

What gives me strenght in life is the love I have for my children, especially for my daughter. I am sad for her, I feel like a father who has failed. That's my life.

Lukas, Albania, single, centre D

How do you feel about your daily life ?

Even being death is better. My wife and and children are being bombardes and I am here. It is difficult. (...)

Does it make you worries ?

Yes, I am worried. I have left behind my faimy, my children, my parents, how am I not to feel worried ? Would you be able to live without your husband, your children, your family ?

Moussab, Syria, single, centre C

Those who live at the centre with their partners usually draw a lot of strength from this. We notice that it brings partners closer together. Yacil from Turkey has been staying at the centre with his wife Ayce for eight months. Without each other, they say, life in collective reception would be far more difficult:

What drives you? What gives you strength ? What is your motivation in life ?

Each other (laughter). For the time being it is each other. This reality. We depend on each other. This is a process we have to go through. As long as we are supportive of each other we are able to support the circumstances and will be able to overcome the difficulties in a way.

Yacil, Turkey, couple, centre A

Families are able to put the difficult situation in Belgium into perspective because the family members have each other. They draw strength from being together.

What gives you strength in life?

My son, my son and my husband... But despite we are still stressed because we don't have nothing. My husband and my son, Because... They... It is because of them that I have accepted the situation here.

María, El Salvador, family, centre C

At the same time, however, life in exile can also put pressure on intra-family relationships and family dynamics. As Ibrahim from Algeria testifies:

It has been several years that you are in this situation. Did it have an important impact on your family life ?

My wife, when she is sad, she always says : « this is all because of you. Why did you work for these big companies in Algeria. You should have quit. It is because of you that we are here ? Because of you, they wanted to get us killed. Because of you, we are here in the shitthole of Fedasil, because of you. » I did not know anything about asylum when I was in Algeria.

Ibrahim, Algeria, family, centre C

If the family has children, we find that there are partners who divide tasks among themselves, for example to take children to school. For example, Sami and his wife Yasmina from Palestine each take on household chores to free up time to work. This equal division of labour between men and women is not equally accepted in all cultures and social classes. The following quote is interesting because Sami refers to a form of social control over family life that he says is present at the centre, encouraging more egalitarian relationships.

*Ok, so you know my kid who is 11 years old, he's 11 years old but his ability is that of a 7 year old. So we see if there are needs and things like a shopping list and we go together to Aldi. What should we need, procedures, when I'm on the job, she does the tasks that we should do. We cooperate all the time, she goes to the medical facility, she goes to do some shopping if I can't. In the evening I go with my friends and she goes with her friends, we have gatherings. If she is isolated in her room and locked her door, she would get bored. Here you will have to stay like..., you have to keep saying beautiful things to her, because if you hit her, they would f*ck you...*

Sami, Palestina, family, centre A

Single parents, on the other hand, find it more difficult to combine childcare with employment, language-learning or leisure activities. In the words of Farag and Adnan, two Palestinian single fathers:

I am everything for my son: father, mother, friend.

Farag, Palestine, single father, centre A

So you have other children ?

Yes, three children that stayed there [in Gaza].

Is it not too difficult for you to raise your daughter alone ?

It is not that it is difficult to raise my daughter alone, but I am always thinking, I am thinking if she ate well, if they beat her at school, And my other children and my wife are in Gaza. Just yesterday, there were bombardments in Gaza and my daughter who is older than my daughter here, did not stop crying, she was afraid. And everytime, I would say to myself 'They have bombed our house'. And my parents are in Lybia.

Adnan, Palestine, single father, centre C

Family members may also live outside the centre. It is often the case that residents have family connections in Belgium. However, in some cases, the distance to family is so great that it is difficult to have physical contact.

Did you have the chance to leave the centre from time to time ?

I go to Antwerp most of the time, I have a lot of family there. They are all in Antwerp, I am the only who is in Wallonia. I visit them every two weeks, and as soon as I can. It is important for my daughter that she sees her cousins and nieces. Her aunt is also there. My daughter has the impression that her aunt is like a mother.

Adnan, Palestine, single father, centre C

Do you have family or friends in Belgium ?

I have relative from wife's side of the family.

Where in Belgium ? In Brussels ?

In Liège.

And do you sometimes meet them ?

No. I haven't seen them for now. But it is also a matter of budget, because I need a train ticket to go to Brussels, and then from Brussels to Liège, and there I have to take a bus, and then there is also the return back.

Youssef, Syria, family, centre C

Do you often get the chance to go outside of the centre ?

Yes, I walk in the surroundings and we also go and see the brother of my husband who is in Flanders. It is he who comes to get us in his car.

Najla, Syria, family, centre C

It is often assumed that family in Belgium is an additional support factor. However, we find that the relationship is more complex. Often, residents choose to stay aloof and only ask for help when the worst happens. For example, people say they do not want to be a burden to their family, because they are often having a hard time as well. A characteristic of 'bonding' capital, as it is known, is that it connects people who find themselves in a similar situation, so that they can only help each other to a limited extent. Aamir from Afghanistan, for example, says that he prefers to be independent and would rather not seek help from his family.

Do you sometimes obtain a bit of financial support from your brother-in-law?

Most often we try to work ourselves, to remain independent. I don't go to others and ask for help.

Aamir, Afghanistan, family, centre B

Family relationships are also not only a source of support, but also bring responsibilities. Residents sometimes avoid family because they want to avoid expectations. Those who are not able to offer help themselves when needed will in turn call upon others less often. Such a mechanism ensures that Arghawan rarely contacts his sister, who is a recognised refugee in Belgium.

You mentioned that you also have a sister in Belgium. Where does your sister live?

Aarschot

And do you see her often ?

I often refrain from going to her because I am not 100% psychologically present, my situation in which I do not know where I am going, my health issues, for instance my stomach, and also the expectations my Afghan family has of me. These are the things that influence my daily behaviour and I don't want to influence the life of someone else due to my own problems.

Arghawan, Afghanistan, single, centre A

Residents sometimes find it embarrassing that they cannot reciprocate social relationships with family. For example, the centres do not allow for hosting guests. Wasif tells of the awkward situation when relatives from abroad visited him:

Even when you have guests, and we had his cousin coming from far away, from Austria, they refused them, the family, to enter the room and we had to stand outside in the rain to host them. (...) They entered the camp, but they didn't allow us to host them in the room. To just have a cup of coffee. To just stay in our room and drink something. But they said it was prohibited and they were coming from Austria and from Holland. From Vienna.

Wasif, Syria, family, centre B

Conversely, family members in Belgium sometimes do not want to maintain contact with their relatives in the asylum procedure. They fear that they themselves will get into trouble with their residence status.

Allright. Before, you talked about family in Brussels, can you tell me about them ?

Yes. I have a sister in Brussels. But she was never willing to approach me because we did not grow up together. So, I don't know if it is out of fear, that I am still a source of troubles like those she left behind when she fled from the country, or if it is out of jealousy, I cannot know why she has never want to see me (...) So she says she doesn't want to have any contact with the family. But I told her that I am not responsible for what she has been through. And also me, I have lived through the same. But perhaps she must have thought that I am a spy for the rest of the family, I don't know.

And you also have a cousin in Belgium ? In Brussels ?

Yes, I have a cousin in Belgium, in Brussels..

And are you sometimes able to see him ?

Yes, him, I sometimes see him. .

And, does it help the fact of having contacts with your relatives ?

No, because he is afraid, because here, what I already noticed, not only with me but with other persons as well, is that when you live in a centre, people don't approach you, they avoid you because you might be a source of problems. Often... because we don't meet up at his place, we meet up at (...). Because they, they could think we are in contact with you, they will have problems with the Belgian state, because you don't have papers, because you are in a centre. You see ?

Aïcha, Guinea, single mother, centre D

In summary, the mediating impact of family and relatives can be both negative and positive. For example, while the absence of close family may add pressure to a resident's life, sharing the experience of reception with a partner may provide some relief from the situation.

Scarce friendships

In the second layer of the social network are friends. The interpretation of what constitutes a friend varies from person to person and seems to be influenced by cultural patterns. In some cultures, people are very quick to talk about friendships, while in other cultures they are more cautious about calling someone a friend. During the interviews with residents, we avoided explaining what was meant by 'friend' as far as possible. At the most, it was stated that these were people whom the person trusted, to whom the person told private information and with whom the person had regular contact.

There were some residents who indicated that they had a confidant at the centre. In the following quote, Saïd explains how his friend senses when things are not going well for him. The friend takes him outside so he can take his mind off things.

You told me that you have friends in the centre. Are you close to them?

I have a friend and we have this trust relation with each other and if there is something that we want to share then I think we can share.

Do you know whom to turn to when you feel ill? Do you which person you could go to when you feel ill?

Whenever I feel bad, there is a friend of mine, he knows when I feel bad, I don't have to tell him. We just go out, he takes me out, we just go out together.

Saïd, Afghanistan, single, centre D

Christelle from Congo also indicates that she trusts her Congolese 'sisters':

Do you have persons in the centre that you fully trust, with whom you share secrets ?

Yes, ... like my Congolese sisters. We are a group of eight, eight Congolese.

Christelle, DRC, single mother, centre C

What was striking, however, was that many residents indicated they knew many fellow residents at the reception centre, but that they were not friends. Fahim, a 50-year-old single Palestinian man who resides in a medical room, states:

Do you have many friends here in the centre ?

I put someone who I consider as... ?

Yes, yes...

That's hard... Honestly, if I look in the all camp, I will go out with no friends.

Fahim, Palestine, single, centre A

The feeling of not having close friends at the centre makes residents lonely.

Yes, it would be better to get someone whom you trust and you share all your feelings, but I don't have.

Arsema, Eritrea, single mother, centre C

The absence of friendships can be interpreted in different ways. One of the elements we often see emerging is that establishing friendships presupposes a shared and familiar language. It is hard to deepen a relationship if you are not able to communicate properly and with nuance. The reception network houses people who speak a language that is rarely spoken by their fellow residents. For example, Xian from China is the only one at his centre who speaks Uyghur; Bibek speaks Nepali. Because of this, they find it difficult to build friendships:

So you were telling me that you feel alone in the centre?

Yes, I feel so alone. Everyone has a friend, even though everyone has a person that understands their language, each other, but for me no.

Xian, China, single, centre B

I don't have anybody. I don't have any friends, so I don't see or meet anyone outside of the center [...] I don't have no one like that, with whom I can share my feelings or whom I can trust. And I'm saying that there are a few reasons. One of them is that none of them understand my language, beside 3 Afghan people. And I speaks broken English, which other people don't understand. So this language barrier actually prevent me to establish this kind of contact with somebody with whom I can share my feelings or trust.

Bibek, Nepal, single, centre A

Of course, there may also be personal reasons for not making friends. Not everyone is equally social and some see making friends as an afterthought. Residents did not come to Belgium to make friends, but to obtain international protection. They are thus more concerned with themselves than with others. According to Masood, everyone has their own problems, so they cannot concern themselves with the problems of others as well.

No, there is no such person with whom I can share what I feel or whom I can trust.

Ok. Why?

People who share their feelings with a person who can understand their feelings, and unfortunately in the center, everybody has their own issues so people don't really bother about other people what they feel.

Masood, Afghanistan, single, centre D

In order to form friendships, it is also important to have a similar frame of reference, both culturally and in terms of interests. Despite the diversity at the centres, it is not easy to find people with whom one clicks. Fahim indicates that he would like to have a friend at the centre, but that so far he has not found anyone with whom there were enough shared interests:

How does it make you feel that you don't have any friends or people that you can connect with in the centre ?

I couldn't find a person who has my education, my culture, my understanding of things, my perceptions, my age, ... My respect for others, I respect the others to respect me. I'm not finding any person here. It's not important, even I don't find now. Maybe with time, I'm going to find someone.

Fahim, Palestine, single, centre A

In fact, according to Lucía, other residents do not want to be friends with her and are racist towards her.

Here I have no one. I just have my two kids, that are not with me now unfortunately, my husband and myself. It is very difficult to become friends with people here. I don't have any female friends, no friends, because I noticed that the African people are racist. I have been living with them for a long time, so I have noticed. They don't say hi to me.

Lucía, Venezuela, family, centre C

Certain contextual factors also affect the dynamics of social relationships. People find it difficult to form friendships when they have not yet known people for a long time:

Those friends, would you consider them as close friends, with whom you would share emotions and secrets ?

No, no. I would never tell someone who I have known only for two months all my secrets.

Baris, Turkey, single, centre A

I sometimes go up to have a coffee, because they have a coffee maker in their room. I just go and have coffee. Sometimes, two times, we took coffee together, but they don't speak French, they talk the language of their country, Tigrinya and when I am with them I feel a bit embarrassed. (...) I have acquaintances in the centre, but not friends with whom I could share secrets, no, I just arrived, this is normal.

Moumini, Guinea, single, centre D

Following on from this, we find that the uncertainty about the period of reception makes it difficult to form friendships. Fafa from Ghana explains that she prefers not to get involved in friendships because contact in reception is fleeting: sooner or later, everyone goes their own way and friendships are bound to break up. Residents are not prepared for a long stay, even though the reception generally lasts longer than expected. Forming a close friendship takes time, so to speak.

And what would be the difference between a special friend and a regular friend for you?

The special is the one that is so close to you, you can share your idea with that friend. That one is your special friend, your close friend. I don't have close friends for now. If I see you, I talk to you, hello, I smile and talk bla bla then we go. You can, one trusted person you can share your problem with that person. No I don't have it. But this is a transit place, when I leave you will not see me again. When he or she leaves we will not see them again, so this place is just a transit. But we need to be social with everybody.

Fafa, Ghana, single, centre A

The fragile nature of friendships in reception is confirmed by Ayah, who lost her only friends at the centre when they were transferred:

Sometimes, because it happened with my friend, with my only friend here. I didn't have any friend in the centre. But there was a family, (...) they are Palestinian also. They are kind and the children like them. But there is a problem with another family here. They take the two family and separate 'ici', 'ici'. (...) Both of them. But they are... the problem it was from the other family. Uhhh...

Ahh now they stay in another centre?

Yes, I change the centre to go, to there. And go...when they leave my children are weeping, so I go to assistant social and told her we want to change the centre, we want this centre. She told me "okay, you can".

Uhum, and for you, it wasn't fair?

Yes, for me it was very difficult, because I'm alone and I can't find another friend here, really. Because the people from many countries and many cultures. It's difficult to find a real friend.

Ayah, Palestine, single mother, centre D

In conclusion, we find that there is very little 'bonding' social capital available at the centres. This is an important finding, because friendships can have a positive impact on residents' well-being. In the words of Ansha from Surinam:

I always say, we are strong apart, but we are stronger together.

Ansha, Suriname, single, centre A

Superficial contact at the centre

A reception centre is a complex microcosm of social contact. Residents do not have any choice of who they will live with at a reception centre. According to Najla from Syria, she does have some contact at the centre, although she would prefer to live an independent life where she would be free to decide with whom she associates.

I also have friends who live here with me in the centre, from Iraq, Syria, Palestine. We eat together, we have tea together, etcetera... It is enjoyable, even though we would all prefer to have our own independent lives.

Najla, Syria, family, centre C

During the ethnographic part of the study, residents were observed interacting with each other daily during lunch. The restaurant is one of the places where the presence and absence of social relations become clearly visible. The following excerpt from an observation report indicates the different degrees of social contact that can be observed between residents.

The restaurant as microcosm

The restaurant is serving chicken with vegetables and fries. A group of Palestinian boys sit in the back, in a corner of the restaurant. They all received a plate with the entire menu. Before they start, they put the plates in the middle, and put all fries on one plate, and do the same with the chicken and the vegetables. It is no longer clear who got which piece of chicken and how many fries each one received. Together they eat of everyone's plate.

In the meantime, Sofia from Tanzania enters the restaurant. She talks to no one, and goes directly to the microwave oven. In a used icecream packaging she heats beans and rice. When it is hot, she puts it in her bag and goes outside, probably to eat it later in her room.

The single mother Josephine from Ivory Coast is carrying her little daughter on the arm. She wants to take a baby chair, but is unable to do so as long as she is carrying the baby. Pahil from India sees what is happening, he reaches out his arms, gesturing that he wants to hold the baby. Pahil and Josephine don't say a word, but the child goes from one arm to the other while her mother takes the baby chair. She sits down next to Pahil and then goes to get her plate of food.

In the front of the restaurant Malika from Palestine, Jennifer from Eritrea and Anihata from Iran share a table. Just like Sofia, they have a room in the centre which is women only. They exchange English and Arabic words, sometimes even a bit of Dutch.

Field note researcher

This description of a typical lunch shows different degrees of social contact at a centre. The Palestinian boys are clearly good acquaintances since they are sharing their food; the diverse group of women know each other less well, but still sit together at the table; Josephine and Pahil know each other by sight, and Sofia does not seem to know anyone in the restaurant. There are several mechanisms that influence proximity and distance.

A common origin or language is one of the most important factors that connects residents. For practical forms of communication, residents usually switch to some kind of improvised gestures and body language, or they make a mixture of different languages:

But, sometimes as well, with madame, she does not understand, she understands nothing, but with gestures. I communicate with gestures and we manage to understand each other. Sometimes, I show her the object I want to talk about, and otherwise we do with gestures and we understand each other.

Aïcha, Guinea, single mother, centre D

How are your relations to other residents in bloc 2 ?

Very good... there is family from Albania, an African family, one from Kosovo and one from Serbia, etcetera.... We have no problems and get along fine. Me personally, I respect all religions. And to communicate, they speak a bit French. I also speak Russian and the people from Serbia, when they speak their language, I understand them somewhat. In English, in French, a bit of everything, we manage to understand each other.

Anna, Armenia, family, centre D

For a real conversation, a shared language is an obvious bridge that makes it easy to make first contact. Saïd, for example, said he was glad to see more Afghans coming to his centre, so he had someone to talk to.

Afterwards when I settled down a bit, I realised that there are not many Afghans in this centre. (...) He is a roommate. In the meantime other Afghans also came to the centre, I got acquainted with them, familiarised myself with them so there was somebody to interact with. (...) Compared to before, I am a bit happy and the reason for that is because I have good friends here. So we spend some quality time here together. Even we don't eat once or twice a day, it is not a big issue because we hang out together and that's what gives us energy.

Saïd, Afghanistan, single, centre D

For her part, Semret from Eritrea was happy to be surrounded by fellow compatriots, who explained to her how everything works at the centre:

My relation is good with all. We meet in different places in the center, like on the way, in the shower room, in the toilet and so on. But they speak French, so we have that communication problem. My relationship with people from other nationalities is not that strong, because they speak different languages, mostly they are French speakers. But with the Eritreans (who are not my neighbours in the center) my relation is very good, because we speak the same language: Tigrinya. (...) At the beginning everything was a bit strange as it is for any newcomer. But when I met some fellow Eritreans, with time everything started to go normal. The other Eritreans in the center also started to show me how things here work (...) I could learn from my Eritrean brothers and sisters who had come in this center before me, they explained me.

Semret, Eritrea, single mother, centre C

However, it is not the case that all the residents from the same country will automatically form a group. Rafa talks, for example, about the differences between the Palestinians:

There are quite a lot of Palestinians in the centre, right, do you form a community, that you're a Palestinian group or is it more splintered?

It is different. Even among Palestinians, there are some who are from Palestine and others from Lebanon, there are different ways of thinking and different traditions between those but they are still...

Rafa, Palestine, single, centre A

Another connecting factor is children. Parents often come into contact with each other because children play with each other. Some residents also mention that there is a solidarity between residents because they are all in roughly the same position. Sami states, for example:

I have no enemies here and I have a friendship with most people, even if they are from different races or colours. I hate the speech of 'oh this is black, he is from this country', I treat all people because we are all here for the same goal. We are all friends. They are all my lovers.

Sami, Palestina, family, centre A

In comparison, however, there are more factors that distinguish people from each other than connect them. A great many residents live next to each other instead of together. Saïd, for example, has a lot of contact with the Afghans in his room, but there is little or no interactions with the other residents:

How is the relationship with your roommates, how is it, in daily life?

In our room our relation is pretty good because we are mostly Afghans in our room, so we are quite frank between us, we share things, we hang out together, so we are on pretty good terms with each other, but with other people in the centre we only interact or approach each other if there is a need. Without a need we do not actually talk to each other outside of the room.

Saïd, Afghanistan, single, centre D

Just as with making friends, differences in language, culture, class, etc., form major barriers between residents. The most practical barrier is the lack of a common language. Daniel talks about how this prevents him from really connecting with the people he shares the room with:

And how is the relationship between the other persons in the room and yourself?

We have good relationship, but considering that we do not share a common language, we do not have a close relationship because we cannot speak and understand each other. But generally we have a good relationship, we at least say to each other good morning, good afternoon, how are you. They for instance are nationals, they speak among themselves because they have the same language, but in general, among them, they have a good relationship.

And how do you do to communicate with someone in your room that does not speak the same language as you?

Sometimes using body language. They normally don't speak English, they only speak their own language, but speaking English if the person can speak English. And we try to understand their local English, in that way we can have a little understanding.

Daniel, Eritrea, single, centre D

There are also all kinds of normative assumptions circulating about other population groups that make social contact difficult and perpetuate a sense of distrust. To illustrate, we cite the following prejudice expressed by Yacil from Turkey:

Because mainly the Arabs and Afghans are just lying around the entire day, they do nothing and will later only cause for extra burden and trouble for this country and for Europe. They don't produce and they just consume (...) In Arabia they did nothing but consume, and this is the only thing they think about here (...) In the desert they have oil, it makes them rich and they don't have to work.

Yacil, Turkey, couple, centre A

Residents did not come to Belgium to be social with others. Their focus is on their procedure, not socialising with other residents. Alegria from El Salvador is, in her own words, 'reserved'.

You just mentioned you are a bit reserved. Can you explain a bit better what you mean by that ? Being reserved ?

Yes, I want to expand on this. What I mean exactly, is that we are somewhat secluded: our goal here in Belgium is to get protection and that is why we are not just open to share our story with any one.

Alegria, El Salvador, single, centre A

An important underlying motivation for this reserve is that residents harbour a great deal of mistrust in one another. Philip from Angola, for example, avoids too much social contact because he does not want others to talk about him. Salou from Niger also deliberately keeps his distance from others out of distrust.

We avoid problems. There is too much small chat, a lot of misunderstandings and people that don't understand each other well. This we want to avoid.

Philip, Angola, family, centre A

Do you trust the residents around you, do you tell them stories ?

No, I have no trust, I keep things for me, this is my nature... We say 'Good morning and Good Night', but we don't ask private things.

Salou, Niger, single, centre D

Residents see too intense contact with others as a potential source of danger. They prefer to isolate themselves and avoid others. According to Fahim from Syria and Imad from Morocco, you have to be constantly on your guard and filter between people to determine who you can and cannot talk to:

You would always need to do that to filter between people and also the dealings, the constant dealings with the people, would reveal their real nature. So you would filter between the people you can believe in and the people you cannot. Because in this life the bad companies may destroy you and really destroy your life. Because if you only have this number on the phone and this person has some things in his life would fall into a hole or a real problem or issue in his life, then he may drag you into this hole only by the phone number that was stored on your mobile phone for example, and this is happening in real life.

Fahim, Syria, family, centre B

If anyone says to me 'Hello, how are you doing', then I respond 'Hello, I am good, bye'. And for me, I choose my relations with people. I look at people, one time, a second time, a third time... If I feel I can trust the person, that he is friendly, calm, then I see the person. Because this is good for me. But I don't enter in contact with people whom I do not know, no.

Imad, Morocco, single, centre D

Residents like Wasif and María find it too exhausting to make the selection between who can and cannot be trusted and withdraw from social life at the centre.

We have no one here, no no, we don't communicate. There is no safety, there is nothing. You cannot communicate to all the people, you have to be specific. I am not a monster of course and I can speak with people, but I will not be speaking with all the people because this is a hassle, not an enjoyable thing.

Wasif, Syria, family, centre B

Not really. Not because I had friends, the two other mothers from El Salvador. But I distanced myself from them, because I realised they were not respectful to me and my husband. So I distanced myself. I have no one like that. Except my husband, just my husband.

María, El Salvador, family, centre C

It follows that the 'bridging' social capital at the centre is also relatively limited. Contact is usually superficial because residents are suspicious of each other.

Links outside the centre

Some residents explicitly seek out people of the same nationality to broaden their contacts in Belgium. María uses social media for this; Bibek makes direct contact.

I have made friends on Facebook. There is a page 'Latino's in Belgium'. We notice that in other centres... A friend that I made on Facebook, she sometimes cooks, she cooks for the children or takes care of the children.

Do you know other persons in Belgium?

No. Just conversation through the webpage I was telling you about. But it not like I know them.

María, El Salvador, family, centre C

I go to Brussels if people from my country organizes some social events, for example birthday party, new year, or any other religious event. So they invite me, sometimes to work and sometimes just as a guest.

Bibek, Nepal, single, centre D

However, it is striking that, in general, residents tend not to connect with their compatriots who have a status in Belgium. As long as one stays at a reception centre, one is limited in meeting social expectations. People also sometimes avoid fellow compatriots to avoid conversations about their motives for fleeing. Hence, people prefer to keep to the sidelines. Despite the large Turkish community, for example, Yacil expressly keeps to himself:

We distance ourselves slightly from the Turkish community, of those that have been living here for a long time. Because they think we are hungry, needy or powerless, that we always need something and they want to buy us something but we don't want this. In that way they bother us. This is why we keep a distance until we are able to support ourselves. That is why we prefer to stay here in the centre.

Yacil, Turkije, couple, centre A

Social networks also show remarkably few links with the Belgian population. Nonetheless, residents do want to meet Belgians. Residents are keen to establish links with the Belgian population. Language is often a problem for them and is the most important barrier.

To you think you have opportunities to meet people from outside the centre ?

I don't know. Not because of the language....

Ana, El Salvador, single mother, centre C

We cannot communicate with other people because of the language barrier so we don't really interact with them and there is no such problem that we have from the other side.

Tahmina, Afghanistan, single other, centre D

We go to school to get the children and there is (among the parents who are waiting for their kids) the Belgian side and the side of the refugees and this, it hurts. For me, this is starting to change because I have tried to communicate with the parents... No, there is not a lot of contact, it is sad (...) We also go to church, but we don't really establish links with other believers. Perhaps because I don't have the time.

Anna, Armenia, family, centre D

According to Ali, opportunities to meet are also lacking because the reception centre is far away from the city centre, where Belgians live:

Because I can't socialize with people here. I'm here to be with you, Belgians. And you Belgians are not here, you are in the city.

Ali, Iran, single, centre A

There are some exceptions, such as Ibrahim, who has been able to develop a social network with Belgians anyway.

We had to leave the territory. But luckily, three friendly Belgians, that have survived the Second World War, three elderly, two of whom women, one of more than 80 years old, have taken my family in until June 2018. Almost four months in one house. They sacrificed themselves to help us. They saw our suffering. They have suffered during the Second World War. This is why they wanted to help us. They are really nice.

Ibrahim, Algeria, family, centre C

Omid from Afghanistan also comes into contact with Belgians. Interestingly, he explicitly conceals his status as an applicant.

How is your social network?

Yeah, we have a lot of friends from different countries. I have good contact with many people from different countries, including Belgians, Germans, Italians, Australians, Canadians, Chines, Japanese, Koreans, but not from the USA. We are taking French courses together.

Do your friends know that you are an asylum seeker?

No, they don't know that I am an asylum seeker. I prefer to not talk about that, because these problems are enough to keep it to myself. I don't want anyone else to talk about this things every single day, 'how did you come, and how was your country, you're from Afghanistan, you are that, ...'. But they know that I'm Afghan, I'm proud of my country. And I'm giving presentations about the situation in Afghanistan, In French. I was really active when I was in Manderfeld. I was writing something about the history of Afghanistan in English and it was translated in German. There is a magazine in the village of Manderfeld, so they took pictures of me and shared my story on Afghanistan, how the life is in Afghanistan, how people are living there, the traditions, the culture. But my classmates don't know that I'm living in a Fedasil camp.

Omid, Afghanistan, single, centre C

In short

Residents at the collective centres form a very heterogeneous population. One of the striking observations is the diversity in social class and the divergent expectations of reception that come with this. In scientific literature, the regression on the social ladder is a hitherto underestimated factor of vulnerability. At a situational level, the uncertainty about the asylum procedure obviously plays a major role. In reception, however, this translates into uncertainty about how long one will have to stay at the centre, which makes it difficult to make plans and organise one's life. In the social field, the results of previous research are confirmed: the applicants' networks are generally very limited and not very deep. As a result, loneliness is widespread. There are all kinds of barriers that make social relationships difficult, which means that many residents are at risk of loneliness. However, some residents prefer to isolate themselves to escape social pressure.

3.2 Institutional factors

This part of the report focuses on how residents described the institutional facilities of the four selected collective reception centres. It therefore concerns their personal perception and is not about the objective characteristics of the centres. This experience is discussed in three sections. Firstly, the type of reception is discussed. Although, within the broad scope of this research, the intention is to involve residents from both collective and individual reception structures, this report limits itself to the collective centres. Nevertheless, there is a great deal of variation between collective reception centres, including in terms of reception capacity. Secondly, the location of the reception centres in relation to a range of facilities is discussed. Finally, in the third instance, the service provision to residents is addressed.

Type of reception

A collective reception centre constitutes an unusual living environment. Few of the applicants have any experience of living in a collective environment, as is common at a boarding school or a residential care centre, for example. They often do not know what to expect. Below, we set out how residents spoke about the centre as a whole and what they thought of their room.

Spatiality and temporality of the centre

Reception capacity was used as a selection criterion in the selection of the centres. A distinction was thus drawn between small, medium and large centres on the basis of their total number of reception places. Usually, residents have no knowledge of other reception centres, which makes it unclear to them whether they are staying at a smaller or larger reception centre. Hani has never visited another reception centre, yet he is convinced that he is staying at the best reception centre.

I had never been to a centre but from what I heard, I am in one of the best centres that are there.

Hani, Syria, family, centre C

In the interviews with residents, they were asked about their perception of the centre. These showed that the size of a collective centre was different in their esteem than the objective size suggests. This is particularly clear if one compares Centres C and D, which are diametrically opposed in terms of size.

Centre D is the largest of the selection in terms of population and is generally among the larger Fedasil centres. Most of the residents know this, yet they are not very aware of it in daily life. In the residents' experience, the spaciousness of the reception centre is far more decisive than the number of people accommodated there. Ejaz puts it aptly:

I'm not really aware about other centres, so I cannot say anything about other centres, but regarding this centre, I think it is a quite big place. You have enough place to roam around, to stroll around where ever you want. And when it comes to people, I don't think so that there are large number of people in this centre. Or maybe there are large number of people, but the centre is quite big, so we cannot really feel it.

Ejaz, Afghanistan, single, centre D

Residents feel that Centre D is very sprawling. The residential blocks are spread across a very large area and are very far apart. Due to the reception centre's large grounds, some residents even use a bicycle to move between blocks.

I don't really know about other centres but it look bigger to me, also to similar places in my village, to me it looks bigger.

Tahmina, Afghanistan, single mother, centre D

It's a pretty big center, because it takes approximately 1 hour for each food time, lunch time or dinner time, even breakfast, it takes 1 hour for people to come there, stand there and eat. So according to me it's a pretty big center.

Bibek, Nepal, single, centre D

Yes, it is more easy, to go from bloc 1 to the cafeteria.

(...) Ah yes. I thought there was a waiting list to have a bike ?

Yes, there is a long one, a long one. In my case, it took a year.

Henri, Cameroon, single, centre D

Although the centre has many residents, the density is low due to the great distribution. This makes each residential block a place of its own. Meetings between residents from other blocks are kept to a minimum. In the words of Daniel from Eritrea:

The most important thing that I find good here is the peace and security in this camp. And also, we are a very large number but we don't see too much people, it is not crowded. Maybe most of us stay in our respective rooms, there is no fight. This is the thing I like about this place.

Daniel, Eritrea, single, centre D

The researchers had a similar experience regarding the sprawling nature of the centre. For example, it was sometimes difficult to find residents to participate in the study, especially when the weather was poor and everyone seemed to be staying in their rooms, with the door closed.

A rainy day in a deserted centre

Just like the other days, I take a small tour around the centre when I arrive. I walk alongside the different blocks and go from the ground floor to the first floor. I talk to people that I come across or say hi to them at least. It has been raining all morning. The centre is one of the biggest in the country, and yet it seems deserted. There are barely people, even in the corridors. I can hear residents in the rooms (talks, background music, ...) but I don't want to disturb the residents so I do not knock on the doors. I only have some conversations outside. On this sad day in Autumn, in this big centre, you need to look for a long time to find someone to talk to.

Field note researcher

By comparison, Centre C is one of the smallest Fedasil centres. The number of residents is far lower than at Centre D. However, the density is much higher, such that residents are more aware of the total number of fellow residents. The different areas of the centre are close to each other, which means that there are many more encounters between them. During the study, we noticed that there was far greater circulation in the corridors and public areas at Centre C than at Centre D. This gives a feeling of proximity, but can also feed the perception that the reception centre is overcrowded, which means that the necessary attention cannot be paid to each individual resident.

Well, to tell you the truth, I don't think it is good that there are so much more people than the capacity of the facility allows, because you cannot devote proper attention.

María, El Salvador, family, centre C

In summary, the perception of the centres seems to depend much more on the spatiality and architecture of the centres than on their absolute reception capacity. This also appears to be the case at Centres A and B, which are both medium-sized.

Residents have very explicit opinions about the spatial characteristics of the centres. They are aware of the fact that the buildings they live in originally had a different purpose. In their experience, the buildings feel 'second-hand'. They are worn out and no longer in good condition. Decrepit buildings can create a sense of insecurity. The following quotes indicate that some parents are worried that something might happen to their children in damaged buildings:

Are there places that you avoid to go? That you don't feel comfortable to go?

Yes, there is a place here, I don't understand, it's a block no people inside. It's broken and sometimes I tell the children don't go there. Maybe because, maybe someone there, some people drinking, I don't know. I'm afraid because I'm alone with the children... yes yes.

Ayah, Palestine, single mother, centre D

Here, the interior, this block is all broken. This place makes me scared. Especially this one day when my daughter went over there. (...) But I didn't know she was going there. It makes me scared that she went over there. Because my sons have told me that certain people go there, that they use drugs there or they are watching. I don't know. From my room, I can see this block. For the first time, I went through a crisis.

Laura, Mexico, single mother, centre D

Three centres where the research took place are former barracks. Philip from Angola says he experiences that military history in his perception of the centre:

This building was not designed for refugees, it was built for military purposes.

Philip, Angola, family, centre A

At Centre D, the military presence is visibly present as the centre is surrounded by an active army base. For individuals who have come from war zones, this brings back both negative and positive memories.

How did you feel when you first arrived in the reception centre ?

Surprised. When I arrived, I was surprised because the place made me think exactly like the conditions in my country, because the surroundings were military airplanes and a military camp.

Khaled, Palestine, couple, centre D

We are coming from Ghaza. At the first time we are here and when we arrive, also we hear boem boem "Ohhh mama!" All of us on the floor. Because in Ghaza we do that, when we hear a plane, we all on the floor. So, at the beginning we are very afraid. But now it's okay, no problem.

Ayah, Palestine, single mother, centre D

I fled my country to escape from bombardments and gunfire, but when I arrived here, there were planes and at one in the morning I was hearing planes and this disturbed me. I have asked for a psychologist, but my meeting with him will only be in one month. [airplane noise]

What do you think of the surroundings ?

There is a stonegrove next to it, and every two minutes I hear planes or rock explosions.

Moussab, Syria, single, centre D

This is a very high secured place and there is the Airforce. So security issues in this place are very tight and very high. So we don't feel afraid of any threat.

Daniel, Eritrea, single, centre D

One of the clear references to the reception centres' military past is the fence. The former barracks are completely fenced off from the wider area and have only one guarded entrance gate. Khaled was surprised when he arrived at the centre and had imagined it differently. According to Yacil from Turkey, the fence around the centre also gives the impression that residents are not free to move in and out:

We are surrounded by fences, okay, this is an open centre, we are free to go as we please, but still we have to stay here in the centre. This puts psychological pressure on us and uncertainty.

Yacil, Turkey, couple, centre A

Although there is in fact the option to leave the centre, some residents described it as a 'prison'. Wasif from Syria, for example, blames this on the identity check that is carried out at the reception desk. The five-year-old son of Adil from Palestine cannot see the difference between a centre and a prison either.

It is definitely like a prison because we are controlled and everything is supervised. And for example, if you leave in the morning, you should come back in the evening, and whenever you leave, you should accompany the badge with you. So it is not like home because at home you would leave whenever you feel, you want to leave, but here, you don't have this freedom. Living in a grave or living here is the same.

Wasif, Syria, family, centre B

And even for my kid, I don't teach them to say that but in its perceptions, as he grew up in my family he used to describe this camp as a prison. I did not teach him this word but it's because, this is our perception in the way we used to live, let's say.

Adil, Palestina, family, centre A

Most residents do not go so far in their comparison as to associate the centres with a prison. There is nonetheless a consistent sense that the reception centres are relatively closed off. There is also the feeling of a strong collective regulation of life. It reminded Alain from Burundi of the boarding school from his youth:

When I arrived here, what did I see ? I was in a hall, a big hall. Everyone was sleeping. There were people snoring. I said to myself I am returning to the boarding school of thirty years ago.

Alain, Burundi, single, centre D

Residents also feel that the centre has its own 'timing' or 'rhythm'. For example, there is a lot of activity during the day and during the week due to the presence of most of the centre staff. However, in the evening the hustle and bustle fades away and the feeling prevails that one has ended up in a kind of 'no-man's land'. Khadel talks about a 'ghost town':

Where is the safety in this centre. We go for a walk and there is really nothing else apart from the bedrooms. After 17h, it is like a ghost city here. I have the impression of living in a prison, after 17h, there is no one who walks around anymore. There is just the military camp next door, and I do not feel at ease. (...) In general, the women are separated from the men, but after 17h, there is no one left to control this.

Khaled, Palestine, couple, centre D

Michel from DR Congo metaphorically describes the centre at weekends as a 'cemetery' and feels overcome by its size and emptiness. Jamil confirms this feeling.

Weekdays is a vibe, you see people, go up and down, all the offices are open. And during the week-end it's quiet. You don't have nowhere to go, it's not easy, you see. The place is very quiet. Like a cemetery. This place is very big, when there are no people.

Michel, DRC, single, centre B

Do you feel there is a big difference between weekdays and weekends ?

The difference is as big as the the sky is high. I don't like Saturdays and Sundays, these days I am sad.

Sad ? Because there are less people ?

Because these are days off.

Jamil, Syria, single, centre D

A second attempt at describing the rhythm of the centre sees it as a place of transit that remains the same, while the inhabitants are constantly changing. Marc Augé (2009) calls these 'non-places' because they do not invite one to make a home there. In the literature, this is also called a '*space of flows*' (Glorius and Doomernik, 2016). The archetype of this type of place is the transit area of an airport. Residents who have been at the collective reception centre for a long time describe their situation as though they are stuck in the transit space, while the others are on their way to a new destination. In the words of Fazil from Syria and Sadi from Afghanistan:

I have actually been here for a long time. It got to be a piece of cake as they say, normal, because it is the same place and people are changing while I am standing unchanged.

Malek, Syria, single, centre A

I came here 1.5 year ago, and it is still the same. Only the residents change, but the rest stays the same.

Sadi, Afghanistan, single, centre B

Variety of room types

Various different room types are available at the four centres. Under normal circumstances, families do not have to share the room, which makes them happy. Because of the saturation of reception capacity in 2018-2019, in exceptional cases, two families were (temporarily) accommodated in larger rooms or tents that were divided by a partition. Families found this a highly negative experience:

We stayed for three or four nights in the tent. Then we got this room, which we have to share with another family. We are stressed out, we do not sleep well.

Avan and Jalal, Iraq, family, centre D

We are lucky to be with the whole family, even if we have to share the same room. Sometimes room have to be shared between two different families, who have different cultures or see things differently. Some want to let the lights on for example, others don't. Some are tidy, others not. This all plays a role in how one lives one's life in a centre.

Amina, Palestine, family, centre C

At all the centres, efforts were made to spatially separate family rooms, women's rooms, rooms for single men and rooms for unaccompanied minors as far as possible, so they would not have to share collective facilities. In exceptional cases, this was not successful, requiring women in families at certain centres, for example, to use sanitary facilities located in a corridor with single rooms for men or with unaccompanied minors. Residents found this inconvenient and would prefer centres to be classified according to family type.

Imagine you would be the boss of the centre, what would you change ?

First thing, I would separate between family and singles. That is not acceptable. Families and girls should be on their own, in one centre. The guys are different.

Wasif, Syria, family, centre B

We are a family, we need respect (...)

Do you share the showers between families and singles ?

With all. Also with the singles. The singles use the same toilets and showers. And there is a part of it that you cannot open, there is no ventilation. It is horrible. When you enter the showers, there are two separate showers, and then there is a door separating three showers. So, when I really need to take a shower, when there are no other solutions, I go there and I close the three showers. But one time I wanted to close it and there was a boy inside.

Laura, Mexico, single mother, centre D

There are hardly any separate rooms for single people, so they almost always have to sleep among other residents. However, women and men are not mixed. The centres guarantee separate wings for single women. However, not all women are afraid to stay among men. The single young woman Dechen from Tibet sees no problem in sharing the wing with men, as long as they do not misbehave.

How do you feel about that? That there is a building where normally only girls or women are allowed?

Yeah, if boys are not discerning, it's ok. For me it's not an objective.

Dechen, Tibet, single, centre B

Conversely, however, no single women seem to have a problem with living segregated from men. Single women are actually a minority and some feel the same way, fearing male misbehaviour. Mariam from Eritrea puts it this way:

This is the women's block, what do you feel about living in a women's block?

Good. That's good. There's another centre, where I've heard they don't have respect. And the boys are with the girls, so this is good here.

Is it respected, do men don't go inside the block after 20h or 22h?

Usually they don't, but some people come to pick up water or food.

Mariam, Eritrea, single, centre A

Single residents are often anxious and uncomfortable when they arrive at the centre, because they will have to share a room with people they do not know. As Bibek explains:

When I arrived, I had to share the room with 8 people. Like, the principal is that you have to share the room with 8 people and I was wondering that how I gonna share the room with 8 people. So that was my biggest worry. But now there are 7 people, sometimes there are 3 people. So sometimes there are less people, sometimes there are more people, but I'm concerned with how I can manage or how I can share a room with so many people [...] According to European principle, there is supposed to be one person in one room. But we live here, we share one room for 7 people or 8 people and if one resident do a smaller action, another person would hear it or see it. So no privacy there, so if there is no privacy and one room is shared by multiple people, 7 or 8 people, then of course there would be problem. And if there would be problem, so to deal with this situation, that since they are not giving us separate rooms, so we should bear each other. I mean that I cannot change this, because we have to bear with each other. If I make problem, the other person should bear that and if other person make problem, I should bear that.

Bibek, Nepal, single, centre D

Given the great diversity at the centres, there is a real chance that single people will have little in common with room-mates and can barely communicate with them. Aguerre from Eritrea talks about how he tries to communicate with his room-mate through Google Translate. However, he finds that his messages are rarely understood.

I speak with him, but we don't understand each other. We use google translate.

Aguerre, Eritrea, single, centre B

Living together is not an easy matter because people often have different customs, rhythms and lifestyles. For example, Mariam from Eritrea shared a room with three other women, all from Afghanistan. Mariam felt outnumbered in her room and did not dare to speak up against her fellow residents.

There are 3 girls in the room and I didn't speak their language before and I couldn't deliver and now I tell them, don't turn the light on after 10, don't cook in the room, but they still do it. There are girls who cook in the room, they are on the telephone at 3 am. But I don't speak with them, because I don't want to get in trouble.

Mariam, Eritrea, single, centre A

Still, Mariam was glad not to be sleeping alone in the room. When her room-mates left and she was suddenly alone in the room, loneliness set in.

I'm on my own in my room. Because we had three girls before and one of them was sick in her head and she was sent to the hospital. And the others went and I'm alone.

And how do you feel about being alone in your room? Is it..?

It's not a good feeling. No, 24 hours alone, that's not a good feeling. I do not need to talk all the day, but I need to talk about what's happening in the day, what we studied, how it is going. And there are no girls in the room to talk to.

It's interesting, sometimes people specifically ask for a single room and now you are saying you don't want a single room.

It's good, but because of me, my head is not good, so I need to speak to people. This is why I work 24 hours, I get my job and I go to my room only late at night.

Mariam, Eritrea, single, centre A

Therefore, while sharing a room can also be seen as an advantage, it mainly brings challenges. One of the most frequently cited problems is the lack of peace. It is difficult for residents to withdraw to their rooms when other residents are present. In the words of Jamal or Aguerre:

No, it is chaos in the room. There is really a lot of nuisance. Because, for instance, when you sleep, there are others who speak and who bother those that want to sleep in the room.

Jamil, Syria, single, centre D

I try to open my book, but I cannot. It is difficult in my room. There are too much people, they speak loud, they put on music, they make noise, you cannot concentrate.

Aguerre, Eritrea, single, centre B

There are often small misunderstandings and irritations in shared rooms because room-mates do not follow the centre's rules. They do not respect the silence after 10pm, for example, or smoke in the room.

First of all, the administration of this camp told us or informed us at the beginning that in case there is anyone smoking inside, the rules, they needed to be informed. Mostly, we the Eritreans don't smoke but the other nationalities smoke so if it stinks inside, they don't take it seriously. They mostly smoke so they cannot stop smoking because mostly all of them smoke. They smoke in the night time to not be identified and they sleep in their respective beds and cover themselves with their blankets. Whom should I have to blame? But we smell the smoke. For instance, we have a lot of problems when they smoke in the night time, I have to get out of there.

Daniel, Eritrea, single, centre D

And how is your relationship to your roommates?

Overall I'm in a good relationship with everybody, but there are times that we find ourselves in conflict. For example, the age difference, there are people with different age. I mean, he is a bit more mature, but there are younger people, so when younger people do sometimes some stupid stuff. For example, there is this guy and he switched on an mp3 music loudly which disturbs me and he doesn't listen to me when I told him to reduce or turn down the volume, and he doesn't listen to me. So these kind of, you know, conflicts arise with time to time. But overall their relationship is good.

Masood, Afghanistan, single, centre D

These shared room experiences vary depending on the room type. There is a continuum ranging from shared rooms, chambrettes of different sizes (4, 6 or 8 people), containers and mobile units to dormitories. Large makeshift dormitories (e.g. in former common areas) are particularly negatively perceived. As the number of residents increases and the space is not specifically designed to accommodate residents, the negative aspects of sharing a room are amplified. This leads to a very negative perception. Gaëtan from DR Congo calls the dormitory the 'ghetto', for example:

Is this your room ?

Yes, it is the ghetto. This is my room, but... I don't know how to put it, well you don't sleep because there are so many people, full of people, more or less twenty people. Everyone behaves in a certain way, has its own habits. It is difficult to respect each others character. For instance, there are people that want to, I don't know, make noise when the others are sleeping. And there are others that don't want to be tidy, you see. Sometimes you want to clean, for health and the ability to breath, because it really smells inside. Because we use one bathroom for twenty persons.(...) When it was really cold, the door was open 24h. You close it, and then someone else comes in. Sometimes, they forget, and they leave the door open. It was too cold, with the mosquitos as well. To be honest, it was a catastrophe.

Gaëtan, DRC, single, centre B

Due to the saturation of the reception capacity, some centres also had to resort to temporary accommodation in tents or containers. Residents found this highly negative.

I was really feeling bad because they did not tell us at the Petit Chateau (...) they told us that they would't put us in a tent but in a repair yard. But when we arrived here, they put us here (...) Because I was really feeling bad . It is a drastic change. Want ik voelde me echt slecht, extreem slecht. Het is een drastische verandering. (...) At the Petit Chateau they told us that they would put us in tents, but they were standing in a repair yard, where they put airplanes. When we arrived here, they did not have protection, it were just the tents.

María, El Salvador, family, centre C

In the beginning, I was afraid, because I was in the tent. Because of the cold and with two children, but this was only one night. Afterwards I became more calm.

Ana, El Salvador, single mother, centre C

The four centres have some rooms for residents with a specific medical profile. These rooms are often occupied, which means that people with medical needs sometimes have to wait until a place becomes available. In the meantime, they have to share a room with other residents. In some cases, this causes inconvenience. The situation sketch below by Louis from Angola makes this clear.

Reduced mobility due to old age

Louis is an elderly man who has trouble walking and who uses crutches in the centre. The centre direction gave him a room on the ground floor because he has difficulties to take stairs. Louis also has a prostate issue causing him to go to the toilet, often at night. Because of his limited mobility, he is afraid of not getting to the toilet in time. This is why at night he urinates in a bottle. Louis asked for a medical room, where he could be on his own, but there was no availability. The best option was to put him in front of the toilet. His roommates complain about the solution for Louis and think it is unhygienic that he does not go to the toilet. Louis is bothered about it as well and is ashamed of the difficult situation, but there is nothing he can do about it. In his own words: 'I am lost.'

Field note researcher

From time to time, some residents at the centres have to change rooms. At one of the centres, for example, there was a large-scale pest infestation, which meant that some of the rooms were temporarily out of use. Residents indicate that they have little say in who they will share a room with next. If there is any internal mobility at all at the centres, it is mainly controlled by the centre management. The preferences of residents are taken into account as far as possible. For example, at the centre with large public kitchens, the centre has introduced a rule whereby residents who stay the longest at the centre essentially move into a room with its own fridge and have to provide their own food. Residents indicate that they have little say in that decision. As a result, it is not necessarily the residents who would prefer to cook for themselves who have access to the public kitchens. The aid worker for Yuri from Ukraine asked him to switch blocks with his pregnant wife so they would have access to the public kitchen. Although Yuri is happy that they can cook from now on, he thought his old room was nicer and more spacious. He does not understand why access to the kitchen has to be linked to a move of room. Some residents see this as a form of blackmail or exchange.

And why did you move ?

For kitchen. The food is not good, now I have food in the kitchen. And it was not possible to stay in block 4 and therefore we came to this block.

And you want to move back to block 4, but this is impossible?

Yes, everything here for kitchen. You get money here for kitchen.

Why and did you ask to change from block 4 to block 8 ?

Me not ask, but my assistant, I ask to come back.

Yuri, Ukraine, family, centre B

A small minority of the reception capacity consists of studio flats, where residents have their own kitchen as well as a place to live, for example. In the eyes of Anna from Armenia, the advantage is that she and her family can be all alone here, separated from the collectivity of the reception centre.

We are lucky to have a studio for ourselves... I tell you, and I often tell it to the assistants, if I did not come out of the studio, I would not have the feeling that I was in a centre. Because we have two bedrooms, a living room, a kitchen, a shower, a small room to put our luggage. We are really good.

Anna, Armenia, family, centre D

Location

In addition to reception capacity, the centres for this study were selected on the basis of their location in relation to facilities that might be of interest to applicants. A distinction was drawn between centres where facilities were objectively more likely to be remote, accessible or nearby. Below, we zoom in on how the applicants themselves evaluate that distance. In doing so, we compare reception centre A, which is centrally located, with reception centre B, which is very remote. This reveals a complex picture about the impact of distance. Although the objective distance to facilities plays a part, individual mobility and the availability of public transport appear to play an important mediating role. The importance of these factors was also noted for Centres C and D, from which most facilities are fairly accessible.

Central, but not close enough

Reception centre A is located within walking distance of a medium-sized town. The proximity of the town centre makes it easy for many residents to go on an outing. Since Jawar from Pakistan arrived at the centre, he has been going for a walk into town and back at least daily.

I'm fond of jogging and walking also. Two times I go with my friends to the centrum and then we walk and come back, one time in the morning and one time in the evening.

Every day?

Yeah every day, sometimes one time, sometimes for example in a day one time and sometimes two times

Jawar, Pakistan, single, centre A

Are there specific places in the city centre where you like going ?

Yes. We are in the city centre all the time because our child goes to school there. We are there almost every day to drop them off at school and to collect them. And it is far away from here. So, this also a difficulty we have. We have to take the children by foot in going and in returning, 30 minutes one way. You get tired. Even the children get tired. So, they go to school tired and they come back tired.

Philip, Angola, family, centre A

Weather conditions are an additional factor that can nonetheless make the short route seem long. Fabian from Venezuela is a single young man who sees the centre as nearby because he has a bicycle. Fellow residents with children have complained to him before about the distance, especially during the winter.

What do you think about the distance between the centre and the city ?

I don't really mind. With the bike it is of course much more easy. I also heard stories about families or mothers with children for whom the situation is much more complicated. They have to bring the children to school every day. I haven't experienced it myself, but I have heard about it. For instance, I have heard about a six-year old girl from Venezuela who suffers from asthma. In the wintertime she was really struggling, because the walking distance is about 40 minutes and because she didn't have a bike this was very difficult for her and her asthma.

Fabian, Venezuela, single, centre A

Despite the proximity of a medium-sized town, the local school network is not able to accommodate all the children. As a result, some children have to go to school in the surrounding municipalities. Parents who want to take their children to school must therefore first walk to the town centre and take the bus to school from there. The lack of a bus stop at the centre gates is therefore felt to be a major shortcoming. Adil, who brings his children to school every day on foot and by bus, finds his own opportunities to take language lessons decreasing, for example.

I go on foot about 20 minutes till last station. And then with the bus about 15 minutes and then 10 minutes again on foot. The problem is not only this but I'm waiting the bus. Because the bus comes every one hour... every one hour comes one bus. You have to wait the next one. So I cannot do anything else. I cannot go to language course, for example, because it's in the morning. I come back 9:30 or later, the courses begin usually at 9 o'clock. In the evening it is the same : I go from here about 2:30 and come back about 4 o'clock or something like that.

Adil, Palestina, family, centre A

Some parents help each other and have drawn up a rota for taking the children to school. This requires a great deal of trust in fellow residents. However, close social networks are scarce at the centres, which means that this type of assistance strategy is rather limited. Nadir from Afghanistan has two sons with disabilities, which makes it difficult for him to take his eight-year-old daughter to school. Other parents were willing to help them:

How does she go to school ? Does one of you bring her to school or how ?

We have made arrangements with the other parents. For instance, on Monday, Tuesday and Thursday and Friday Nadeshe can go school with the other children, and on Wednesday it is my turn to get Nadeshe and two or three other children from school.

Nadir, Afghanistan, family, centre A

The centre also houses some residents who are less mobile. For example, they are in a wheelchair or have a motor disability. For them, too, even the limited distance is too great. The centre does not have the means to help these residents with their daily journey, unless it is to help them with their medical situation or their asylum procedure. Residents do not understand that centre employees cannot take them in their private vehicle. Nadir recounts that when he and his family with the two disabled sons wanted to take the train to family during the Easter holidays, the following situation occurred:

Did you maybe go to see family ?

In Mortsel, at my sister's place.

And did your sister come and get you or did you go there ?

So we asked permission to go by train, which was granted to us.

And how did you get tot he station ? From here ?

Just on foot. Every two or three minutes we had to stop somewhere to catch our breath because we had to carry the children. If they take a few steps, there feet get limp, so they cannot touch the ground properly. They get limp so they cannot walk.

And did you aske the centre staff to ... ?

As I just said, even when we are on the road and a car by Fedasil passes by, we ask for a ride and they refuse. No one accepts to take us. Sometimes, if we ask to use the Fedasil cars, they refuse.

Nadir, Afghanistan, family, centre A

As a result, people with reduced mobility are sometimes unable to leave the centre for long periods. Although the centre is open, in practice they feel trapped because they do not seem to have the ability to leave the

centre. Mo from Palestine, who is seriously ill and moves around the centre on crutches, says he has only been outside a few times since his arrival:

Are you often outside or are you often in your room?

It depends on my mood. Sometimes, I don't like to see anyone. I stay in my room. Rarely, I go outside. Maybe I went out 3 times since I got here 5 months ago.

Mo, Palestine, single, centre A

Remote, but well-connected

Reception centre B is more remote, making it difficult for residents to walk to the nearest medium-sized town. Those with a bicycle can go to the nearby village with its facilities such as schools, shops and a library. For a train station, however, one has to go to the medium-sized town. The location of the reception centre has an impact on residents' mobility behaviour. After arrival, residents often feel 'closed off'. This is why Beydaan from Somalia calls the reception centre a de facto 'prison':

Since you arrived here, did you go outside the centre ?

Where is the ticket ? We are here in a prison. There is no money, no money. There is here my friend, he goes out, you get your card, it has seven euros on it, if you leave and go back, this is three euros going and another three euros to come back. It is over, you consumed all your money. Because here, for each person, they give you seven euros. You obtain seven euros and then you go to the village and you pay three euros, you pay another three euros to come back.

Beydaan, Somalia, single, centre B

There is a bus stop right in front of the reception centre. In the quote above, Beydaan refers to the fact that he does not have tickets to take the bus and that his weekly allowance is insufficient for getting on and off more than once a week. For children who need to go to school by bus, the centre pays for a bus pass. Parents of small children also receive a bus pass for taking their children to school. Other residents who want a bus pass have to pay for it themselves. As previously indicated, residents typically have few savings. This means they have to save up first to be able to buy a bus pass. The limited weekly allowance means that many residents have to work first in order to save up enough money to buy the bus pass. Joel from the Ivory Coast says that people living at the centre have 'no choice' if they want to leave the centre:

And did you buy a bus pass after you moved ?

No, I already took a bus pass when I arrived in August.

Ah ok, already.

Because without it, you cannot get out, you cannot take anything. They don't give you tickets, they make it clear, it is there ? When you can pay a bus pass that costs 42euros. You have no choice, you have to buy it. Everyone does. You cannot if you don't pay.

And did you have the money to buy ?

No, I worked first. .

Allright.

I worked and saved. At first it was 7.50 euros. They gave me 7.50 euros a week. I saved and then I worked.

Joël, Ivory Coast, single, centre B

The distribution of community services at the centre takes into account the needs of newcomers so that they can save money in the short term. However, not everyone is able to work. For individuals in poor health or single parents, it is not always possible to work enough in a short period of time. This was also the case, for example, with Yuri's wife, who had a baby at the centre. Although Yuri works, he cannot afford two bus passes. If his wife wants to go to the shop with him, she has to buy a regular bus ticket. That requires her to spend almost all of her weekly allowance. This illustrates that those with the least resources also have fewer opportunities to save money.

Do you have a bus pass ?

Me, I have, but my wife doesn't. It is not her money for the pay, it is 49 euro. It is difficult. Me I have bus pass, my wife no. Always must buy ticket. Only for the ticket. I go to the city, I pay three euro, to come back, I pay three euro, in total six euro. One ticket to go and come back is six euro.

That is expensive.

Yes, it is, but forty-nine euro is too much money. Not have enough money for one week for to pay.

Yuri, Ukraine, family, centre B

Even for those who have a bus pass, the distance to the nearest medium-sized town remains an obstacle. It takes a lot of time to make the journey. Parents taking their children to school say that they spend almost the whole day doing so. For other residents, the time for the journey often outweighs the need, so they end up staying at the reception centre. Rifat from Iraq says he is reluctant to go into town for a small errand, despite having a bus pass.

Can you describe your first impression of the centre, when you arrived here, what was your first idea?

The first impression when you walk into this centre is eum, you feel like it's crowded, you feel like you're not going to have your privacy, that's for sure, and eum it's far, it's far location for the centrum, so if you wanted to, for example, I'm a smoker, if I wanted to go buy cigarettes I have to go a long way like 2 hours minimum, like the first bus every 30 minutes, then I have to wait a bit, take a second bus, just for a pack of cigarettes or to go shopping.

What do you think about the distance from here to the city ?

The only problem is that there are no buses. We have to wait one hour, for the frequency. It is only the problem of the bus. Every time it comes in a different timing, the bus, it is never precise. Sometimes it never comes. You will wait two or three hours and they stop.

Wasif, Syria, family, centre B

Given the context of the expense of public transport in Wallonia, Centre D has set up a weekly shuttle service for residents with a private kitchen who need to go shopping.

Is this to do grocery shopping ? It is far away right ?

The centre drives us. We leave on Saturdays with the car from the centre. Every Saturday the centre drives us with the car. We do shopping and then they bring us back home.

And how is this organized ? Do you have to enroll ? Et comment c'est organisé ?

No, there is no list. They go back and forth. Sometimes they are two cars.

Teresa, Angola, single mother, centre D

In general, I am not someone who walks a lot, but I have to go to the supermarket. I walk one hour, going and coming back. Sometimes, on Saturday, between 14h and 15h, the centre drives us with their minivan to go to the supermarket. Not everyone can use this, only people from block 2. Logically speaking, I have to do shopping every day, to buy bread, lettuce, eggs. It would be good if there was a supermarket, that there was something in the centre like that so we didn't have to go out all the time. So people who would be hungry, at night or when there is no breakfast, lunch or dinner, they could buy something to eat, because when I go to the city at 7, there is no more bread left.

Khaled, Palestine, couple, centre D

The location of the centre appears to play a role in the mobility pattern of residents. At all the centres, the action radius of residents is in any case limited to the immediate surroundings. Most residents have difficulty paying for train tickets, so their personal travel is rarely very far.

Sometimes, we just want to go out but there is a problem with the transportation because we don't have the tickets to go out to use public transportation, which makes us stuck (...) I would like to go out, but I need money. I would like to go to the city and leave the centre.

Khaled, Palestina, couple, centre D

Between welcome and unwelcome in the neighbourhood

Location is about more than just the distance to key facilities. It also has to do with the neighbourhood and surroundings where a centre is located. The centres located in former barracks are all in non-residential neighbourhoods. Only the former care home is directly surrounded by houses. However, residents at the different types of centres experience a kind of symbolic distance in relation to the neighbourhood.

Adnan is staying at Centre C, the former care home in a residential area. He has the following to say about the centre's location:

What do you think of the surroundings ?

There is nothing ... it is calm. I only leave here to bring my daughter to school.

Adnan, Palestine, single father, centre C

Khaled is staying with his wife at Centre D, a former barracks. He too has a negative evaluation of the location:

The centre is difficult but I have got used to it, by contrast, in my wife's case it is more complicated. The centre is far away from everything and we are rather isolated here. And the conditions are not the best given that the centre is surrounded by a military base.

Khaled, Palestine, couple, centre D

In respect of the same centre, Jamil says that the village where it is located feels too small and calm for him.

I did not like the fact that the centre was located in a tiny village. When I saw the centre for the first time, I did not feel at ease psychological speaking.

Jamil, Syrie, single, centre C

However, there are also some residents who find separation from the neighbourhood rather positive. For Sami from Palestine, the centre feels like a place where he can retreat:

Do you think the city center is far away from the centre?

No, it's close, it just takes a walk. It's only twenty minutes and you are in the centre. It's much better that we are not that close, because we have our space. I don't like. It's a retreat place."

Sami, Palestine, family, centre A

Many applicants want to be modest and do not want to cause any inconvenience. In the words of Baris from Turkey:

What do you think of the distance between the centre and the city ?

Normal. It is between 1.5 and 2 km. I would not be appropriate to have a reception centre more close to the city.

Why not ? What do you mean by that ?

As a politician, I would have done it in the same way, just outside the city. Because otherwise it is different to control the people.

What do you mean by control ?

Because I am a soldier, I want to control people, so there are no problems, no fights.

Do you feel you are being controlled here ?

No. Perhaps control is not the right terminology but it is rather that people in the city would be

Baris, Turkey, single, centre A

Some residents do not feel at ease in Belgium and fear that Belgians would rather not see them coming. We heard from several residents that they find Belgian society closed-off and that they think applicants for international protection are not welcome.

What do you think about the surroundings here?

Everybody, the residents of this area, they just shut their door and stay inside the home. Or if they're not in the home, they just goes to work. So you wouldn't see anybody outside the home. And I only go to the market if I need to buy something.

Bibek, Nepal, single, centre D

And do you also feel safe outside ?

In general, I refrain from going outside. Because I am new in this country and I don't like it when people stare at me negatively. It has never happened to me, but it more like a feeling and perhaps I am wrong, but this is the reason why.

Hani, Syrië, family, centre C

I understand... Do you also go often to the village?

Not most of the time.

Why not ?

Honestly ?

Of course...

I'm saying that... very honestly, I feel that people are looking us in a specific way. I can not...

Fahim, Palestine, single, centre A

I am not saying there is racism, but how to put it, there is not a lot of understanding for migrants. And there were also police officers when I did the interview in Brussels and I found them cold.

Lukas, Albania, single, centre D

What do you think about the surroundings of the centre?

It is beautiful. I just have the feeling that people don't trust it. You don't know them... Let's say: there have been old ladies that were carrying things and I wanted to help them, but they were fearfull. But they act as if I am doing something to them. I don't know why. No, it is as if. I have the feeling the mistrust. I don't know if anything happened to them. I don't know.

Rosa, El Salvador, single mother, centre C

It takes courage and specific encouragement for applicants to explore the neighbourhood environment. Lionel from Gabon literally had to overcome his fear of entry after arriving at the centre. Tahmina was also anxious and was unsure whether it was safe in the neighbourhood surrounding the reception centre.

In the beginning as well, when I went out, I walked because it was not easy here. I didn't even know if we had the right to go out. It was my assistant, I was too stressed out, and she told me I had to go out. And to have the strength to go out, because the problem why I did not go out before was also personal, the skin colour, the fact that one is of colour and I didn't know about the others ... when I went out... how is the population, how people would take it. By contrast, in the centre I new the rules that were there for us and for everybody. Well, because she told us to go out, we went out and contrary to what I thought, it was not because I went out, but everyone was friendly, saying hi. This gave courage and motivation.

Lionel, Gabon, single, centre D

When we arrived first I was a bit hesitant to go here and there. I was scared a bit. Not because of the centre because the centre itself is pretty much similar my village because we were new. But afterwards I was – by other people I was encouraged to go here and there and they told me, in Belgium we have law and order, there is no such threat so you should feel safe. So now I feel better, I'm not scared anymore.

Tahmina, Afghanistan, single mother, centre D

Some residents feel that the centre's staff could play a role in helping residents find their way around the centre.

I hope, they was, take us to recognize about the village near this...they didn't do....Yes, discover and the people, yes. And, I want to ... Some, when my husband ask me the near village, I don't know.

Do you visite any near village?

No no no, I don't know anything. Just Charleroi, Namur, the doctor and...

Okay. What would like to realize in the near future?

I want to, to know about, about the job, about the rules in Belgium...just.

To have more informations?

Yes, about the life here and...about the village and countries in Belgium, something like this, information, important information.

Ayah, Palestine, single mother, centre D

Applicants who are in actual contact with Belgians tend to have a more positive attitude towards the neighbourhood. Contact with Belgians can resolve cold feet among residents, such that they feel more welcome in the neighbourhood.

The people in this country are really nice. Some say there are racists but me, I have been here for two years, , I never saw any, everyone I meet is friendly. I have Belgian friends in the youth house, Moroccans as well, Portugese and Italians.

Ahmed, Mauritania, family, centre D

Service provision

A reception centre is about far more than its material infrastructure. The services provided by the employees form the centre's social infrastructure, as it were. Of course, staff cannot change the reality of the reception conditions in certain rooms or the centre's distance from all manner of facilities, but they can mediate the impact of these. In the words of Ibrahim:

Me, I have seen, it is like a prison, a military base. But, when you see that the people are friendly and all, they give you the courage to wait. Because for asylum seekers, refugees, when they introduce their application for international protection, they need a lot of patience.

Ibrahim, Algeria, family, centre D

Below, we first elaborate upon how residents described the role of social workers at the centres. We then zoom in on the service provision in general.

The role of the social worker

Each resident is assigned a social worker upon arrival at a reception centre. During the interviews, there were many positive statements about their efforts. Like many others, Najla is grateful for all the help she has received from her aid worker:

The social assistant is there to reply to our complaints, to find solutions to our problems. She gave us advice ever since we arrived, she put us in contact with a lawyer, ... We don't know how it goes with other social assistants, but we are happy with ours.

Najla, Syria, family, centre B

Residents are sometimes confused about the specific role of the social worker, which they say falls somewhere between that of a lawyer and a therapist. In the quote below, Ali from Iran describes it rather unsightly as though the social worker does nothing:

She does nothing. They do nothing if you have your knowledge to manage yourself to be at your appointment. 'You are awaited in Brussels.' What they do, except that ? What they do ? Tell me please, I don't know what is their job ? What they do, except that ?

Well, I think every one of them thinks differently about their job. But some of them might talk to you about your mental situation, the stress you...

They are therapists ?

They are not psychologists, no...

I want see... Describe that job please.

Ali, Iran, alleenstaand, centrum A

However, residents are rarely so adamant and extreme in their description of social workers. Mamadou from Guinea puts it more cautiously:

Well, the social assistant... Like me, I don't know things, I don't know how it works. But if I see her, she puts things this way, she writes, she gives me tickets, she respects me, she does her job. I personally don't know what her job is exactly, but anyway, she welcomed me well.

Mamadou, Guinea, single, centre D

A more general perception shines through in the statements from Ali and Mamadou, namely that according to residents, social workers primarily have practical tasks (communicating appointments and providing tickets, for example). Most residents interviewed rarely saw their personal social worker. They will only contact him/her if it is really necessary. Semret from Eritrea and Saïd and Tahmina from Afghanistan, for example, think that their aid worker mainly has administrative tasks.

How often do you meet your social assistant?

Really I see her only when I want to ask her for tickets, when I have an appointment with her and when I want to ask her for my asylum procedure. Otherwise I don't go to her.

Semret, Eritrea, single mother, centre C

And with the staff?

We only see our assistant or people who work here if we need to see them for our administration stuff, otherwise we do not share our personal feelings with them. I found this when I arrived first in this centre because I really wanted to change my centre, I couldn't live here in the beginning, I requested my social assistant to change me to another centre but she said it is not possible at all. I see my social assistant whenever I need to see her. For example if I need to have my post, then I'm gonna go and see her. Otherwise I don't see her. Only for administration purposes.

Saïd, Afghanistan, single, centre D

What would you expect of a good social assistant?

My social assistant is very cooperative. Whenever we have some administrative stuff so she's a very handy and helpful. She also helps my kids to go to school or when we have to visit the lawyer, she always gives some maps etc. She's very cooperative. We don't go without a purpose to see our social assistant. We only go when we have to do something.

Tahmina, Afghanistan, single mother, centre D

The perception that an aid worker is only there for practical matters means that a trust relationship is not established. Nonetheless, some residents would like this. Myriam from Eritrea indicates that she would like her social worker to show more interest in her:

I wanted to ask you about your social assistant, do you often have contact with your social assistant?

If I have an appointment I will go, that's it.

So in the last 9 months that you've been here, how often did you see your social assistant?

I don't remember. When I have a problem or I would need to go to the hospital. She will not tell me 'come, you have a problem', I'm the one who will need to approach her. There are some assistants who would ask, who would even go to the room, but for me, my assistant doesn't ask.

How do you feel about that? Do you feel it's good that she doesn't ask?

It's not a good feeling. I tell some people my assistant is not good. She's not good.

What would you expect of a good assistant?

She would come to my room, tell me 'how is life, what are the problems, how is it going?'. But for me, I'm the one who needs to go to her.

And is it easy for you to come up to her?

She would tell me if I come someday 'we are closing now, come next week'. I went to the hospital and I was hospitalised for 5 days and she didn't know about it. Some assistant would trace their people and would buy them stuff. And my assistant did not know I was in the hospital and I'm the one who told her afterwards.

Mariam, Eritrea, single, centre A

For Arsema, too, the guidance could be better anchored in the individual. She would like her aid worker to ask more questions, but otherwise she feels that the centre's staff treat her with respect.

If he or she asks me to know about what is missed in my life, what are the problems we have, what is my health condition and if she cares about me in general. If someone asks you about these things, it would be a good social assistant [...] I am crying only because I have my own problems, but all the staff members are very good persons. They receive us, they are hospitable, they serve us well and they are respectful persons.

Arsema, Eritrea, single mother, centre C

However, some residents indicate that they do have a good and deep relationship with their aid worker.

I have a good relationship with everyone, with all staff members. With my social assistant as well, he is nice. He calls me if he has any news. If I need to talk to someone, I can drop in, no problem., he takes his time, we get along fine. He is always there and in case of need... I see him perhaps once every two weeks, it depends. But if I want, I can go every day according to my needs, when I have the need to talk. And it is the same for the other residents. (...) My social assistant is really exemplary. He does everything on the procedural level... he helps me a lot, I can trust him and talk to him, that is really important. We are 700 and for instance the medical service, there are 4 or 5 nurses, so we cannot all come on the same time, we have to wait on the patient side, because staff do what they can.

Anna, Armenia, family, centre D

Ah, to see my social assistant. Every time he has to look up something. This week we had the first interview. She is constaty on top of everything. She gave us the orange cart. Always, if we need to talk to her, she is available. (...) I don't understand. In my case she took great care of us. I also saw that she pays a lot of attention to the people that have been appointed to her. She is always very polite. She goes to the rooms. I have seen that... She hasn't been to my room yet, but I saw she collects people.

María, El Salvador, family, centre C

Well, they have called my assistant to come and talk to me because she knows me best. Afterwards, she came to see me and gave me advice (...) The words of the social assitant have helped me., I said no problem, I am going to come down and stay with the couple. This is why I came here. But because he saw its was very urgent, he came to look for me. (...) And the first assistant I had gave me a lot of advice because I came with a lot of problems and I was really stressed... I cried every day because I couldn't sleep. I felt insecure but he really gave me a lot of advice, a lot. He looked for a psychologist for me. He has done his job.

Teresa, Angola, single mother, centre D

If a bond of trust has been established, it is also very personal and volatile. Applicants are sometimes confronted with social workers who are temporarily absent, change jobs, etc. This makes it very difficult to build up a trust relationship with another employee:

About your social assistant, you have a social assistant?

I had a very good social assistant but she also became pregnant and left me. (...) With my former assistant, it is almost on a daily basis because her office was also close to my class. But with the new social assistant, it is not often because she asked me or told me to wait for any information for me? In case there is any information for me, she will notify me.

Daniel, Eritrea, single, centre D

A series of barriers prevent residents from seeking help from their social worker effectively. The lack of a common language in which to express oneself in a nuanced way is probably the most important factor. In the case of Arghawan, who has never been to school and cannot read or write, this barrier is also accompanied by a sense of shame about asking others for help:

Do you have the feeling you can always go the social assistanti f you have questions ?

Non, if I really have some urgent I go to her. This is not her fault, it is not like she does not want to help me, it is also me because I find really diffuicult to always have to ask someone to accompany me to interpret.

Arghawan, Afghanistan, single, centre A

As it turns out, it is not always easy to get a social worker to talk to you either. The opening hours for the social service fall mainly during office hours, when residents also have other activities.

Yesterday I went to her office, but she was not there. Then I went to her co-worker and asked her about my social assistant. The co-worker replied that she was not here, but maybe later. But I couldn't find her. Then I went back to the university. Today I came at 3 o'clock, but she is not here. She has to be there on the times she should be working. Generally, she does not stick to the timetable as it is displayed on the board. I am patient, but one day it may spill over and need to speak to someone else to find a solution [...] Such as today, you see, I came here like 3 o'clock and knocked on the door, but she was not here. On the door it is written that they are open from 1 o'clock to 5 o'clock, except for Tuesday. But today is Friday and she is not here.

Ejaz, Afghanistan, single, centre D

Residents also report that they feel there is time pressure and that conversations with social workers can rarely last long. In the words of Aguerre from Ethiopia:

Assistants always full-time work. They have no time to talk to us.

Aguerre, Eritrea, single, centrum B

I see her, too much work my assistant. We have too much people in here, so I see her working for other people. Not everything for my family. That is normal. We have respect. Also too much stress, when here in the centre there is every day fighting. Really too much stress, also for the assistants. Work here is very difficult. Also for the assistant, work here is very difficult.

Yuri, Ukraine, family, centre A

In exceptional cases, residents openly express negative opinions about their aid worker. A very sensitive issue is what they see as unequal treatment between residents.

I see that there are a lot of assistants, whom I know by face when I see them, 'Hi, miss, hi'. I see that they do help other women that are pregnant and that they carry their children. I see that they help them, but they don't help me. I have actually none of this type of help by no one. I see that they hold babies for a moment, and I even think that they bring food to the rooms of the pregnant women. I don't know. They have never helped me.

Lucía, Venezuela, family, centre C

Our social assistant has done us wrong. Compared to other families and residents here, our case hasn't evolved. We have had no interviews at the Office of the Commissioner General and that is already since months. And on top of that, we have been wanting to change lawyer. And it has been the lawyer who has finally been able to get things moving at the Office of the Commissioner General. The social assistant is supposed to examine what the problems are, this is the role of the social assistant.

Abdallah, Palestine, family, centre C

In summary, residents often appear to be positive about their social aid worker in general, when it comes to practical matters. There is more diversity between residents when it comes to true trusting relationships with their aid worker. Some residents feel that this is not the aid worker's job or that they do not have time for this, while others would instead prefer the aid worker to be their personal confidant.

Mixed feelings

There are employees other than social workers at the reception centres too. These include, for example, supervisors, kitchen staff, technical staff, nurses and reception staff. Residents come into contact with them on a daily basis. Residents seem to have mixed feelings about the staff. It is often mentioned that the staff are friendly, reliable and helpful.

All the employees in the centre, they are super respectful for me. And the way they treated me, it was always respectful, not only the employees, even the doctors, all of them.

Fahim, Syrië, family, centre B

Some residents even admire the work of the employees and draw strength from it themselves.

What gives you strength in life?

It's courage. When I look at the people here, Belgians, I tell myself that everyone is brave. When I get up at 7:30, for example, there is already someone working here who got up at 6am to be there on time. So, we must do better, have courage, stand up and that's what gives me strength. Thinking about the staff who's brave, who's there, helping people in such situations as refugees: they are here, brave. So, you too, it can give you faith to stay up and strong.

Moumini, Guinea, single, centre D

Sometimes, residents find the contact too informal and superficial. Within the context of limited social networks, residents often seek close contact with staff, but they do not always have time for this.

I haven't talked to anyone here yet. Employees are walking away from you. I don't know why. That's very strange. They don't say goodmorning. My assistant is an exception, though. He always waves at me, always says hello. He's a really super assistant. But the others always walk away from us, and that's what the other residents are also saying, that they walk away and don't say hello.

Baris, Turkey, single, centre A

The problem is they deal with us as a number, not as a people or a human being. As a number. Therefore we feel that we are not important.

Adil, Palestine, family, centre A

Residents say they have sympathy with the staff, who are too few for too many residents:

There are 700 of us and for example in the medical department, there are 4 or 5 nurses, so they can not go through at the same time. We must wait a little bit on the resident side because the staff does what they can.

Anna, Armenia, family, centre D

They say there is a lot of people. New people. But I don't feel crowded. The ones that feel it are the workers because they get 50, 100 people at different times.

Laura, Mexico, single mother, centre D

Only in very rare cases did residents talk about highly negative experiences with staff. For example, they cite the fact that staff members have too little idea of what it means to be at a reception centre as an applicant.

And nobody doesn't know, nobody doesn't care. Why? They have their own life. They come here for five, six hours. Even the manager is evacuated in the office. When you want to visit him, it's not easy even to reach in. How is amazing here. The manager has never been in the kitchen, never in the restaurant, never in the recreation area. How can he say I have feelings about things that you are telling me? He's never been there. Like... imagine the place for him, he has just heard about that place, he's never been in the place.

Sadly, I saw afterwards when other Latinos arrived, they all got a ride. Luckily, I already spoke a little bit French, so I was able to help them a little bit. But when they arrived, I saw that they had already been well informed. It was painful for me "Why not me? Why not me." I don't know, I never understood. I thought I was guilty of everything because I didn't know the language, that it was an obligation that I learn. (...) I didn't speak French, and English, and I thought it was my fault, I was the one who arrived, and I had to learn the language. It was a punishment...

Laura, Mexico, single mother, centre D

In short

Residents' perceptions of the collective centres are generally less positive. There are elements at the four centres that make residents feel their freedom is in fact limited. Access control, fencing and the type of architecture are reminiscent of confinement. There are some gradual differences, with the smallest centre in particular, located in a former retirement home, feeling more like a home. Yet, the centre's reception capacity seems secondary to its collective character in itself. Collective centres have a special spatiality and temporality, which many residents find oppressive. Although room types vary, few residents appear to be completely satisfied with the sleeping arrangements. In terms of location, the distance to important facilities appears to make a substantial difference, although its importance should not be overestimated either. Residents are more likely to feel insecure about leaving the centre, have few activities outside the home and generally lack the financial means to participate in social life in a general sense. Moreover, distance is a relative term that depends on the mobility options available. Public transport can play an important role in bridging distances, but again this requires sufficient funding. As a result, many residents feel effectively disconnected from the neighbourhood and wider society. Services provided by the staff are generally described as positive. What is particularly striking is the distance that residents experience with respect to the social workers. The relationship with the staff is often practical and superficial in nature and rarely develops into a personal trust relationship. Residents understand what staff at the centres can and cannot do. They are aware of the high workload on staff. The combination of these factors indicates that institutional conditions are an important factor that can make individuals vulnerable in reception.

3.3 Well-being

The previous sections portrayed who the residents are and how they describe their centres. In this section, we look more closely at well-being. In this report, this umbrella term is used to describe how a person feels and functions in reception. Well-being is multifaceted and variable. Hence, no two residents feel and function exactly alike. Nevertheless, we try to transcend the 106 different personal experiences from a thematic analysis of ten different dimensions of well-being. In doing so, we try to find out what is important to residents in reception and how this is influenced by individual and institutional characteristics.

Safety

The first dimension of well-being is safety. By this, we mean whether individuals feel threatened or fear that the lives of themselves and their family members are at risk. Compared to the situation before and during the flight, residents feel that the centres provide a safe environment.

Moreover, as you know life between Afghanistan and Belgium, there is a huge difference. Life in Afghanistan is pretty difficult. There is a conflict, but here life in Belgium is pretty comfortable. You do not have to worry about your life.

Tahmina, Afghanistan, single mom, centrum D

Yes yes...If I told you what I was experiencing at home, it was a disaster. I had a house with an enclosure all around and it was hovering all around. I had a dog, and he was always alerting us day and night. We were not safe at all. But here I am safe.

Alain, Burundi, single, centre D

For example, some residents explain how, after arriving at the centre, they finally found the opportunity to sleep, eat and unwind.

Is it easy for you to sleep?

Here I started to sleep better, there I was worried before. I was always afraid, here finally I feel safe. I swear, I'm serious. (...) I was completely broke when I travelled. So when I came here, I was broke.

Sami, Palestine, family, centre A

I arrived very exhausted, the journey was a long journey. They welcomed me very well and they put me in a suitable place that was comfortable for me.

Mo, Palestine, single, centre A

Do you remember the first day you arrived? What did you do ?

Yes, we went around the building. First of all, they gave us food, at the reception desk there, right away, they gave us food and they gave us water, we drank, that's good. When they gave us food, when they welcomed us, it was too much for me to handle. For someone like me, who has lived a lot on a corner, where you don't have food, where the guards don't give you food, like that, then I came here, and they give you food.

Mamadou, Guinea, single, centre D

In contrast to the relief that comes with safety, many people also experience a degree of emotional shock. Although individuals felt safe, the context of the reception centre was a great shock for them and they were not prepared for it. Many people had imagined life in Belgium to be something other than a collective centre. The security of the centre reinforces the existential reality of flight. The arrival is often accompanied by tears:

And when you arrived here, what were your first impressions?

I arrived at the centre. And I cried all night long.

Josephine, DR Congo, single, centre B

And in the center, do you feel safe?

Yes, in the center there is security. There is the reception, the cameras to monitor. And above all, the people at the reception desk work well, even at night, they keep watching.

Ahmed, Mauritania, family, centre C

Yes, I feel safe. Because you have to go through the reception, not just anyone can enter the center.

Anna, Armenia, family, centre D

Do you agree with all the rules, or are there rules that you find unnecessary or not strict enough?

No, I agree, because it is for the protection of the people, really. They are right. These are important safety measures.

Philip, Angola, family, centre A

In this context, it is interesting that some residents talk about safety compared to other residents. For them, the cause of a potential lack of safety lies with fellow residents.

Nobody threatens me, there is no threat. I feel safe in the center from other residents.

Bibek, Nepal, single, centre D

Although residents describe the centres as a safe environment, this does not mean that they automatically feel free to behave entirely as they are. Some residents, particularly women and LGBTIQ people, do fear for their personal integrity. They fear not so much for their lives as for their way of life. This will be discussed further.

Health

The second dimension of well-being relates to the health of residents. It is important to start from a broad understanding of what health is. Health thus has both a physical and a mental component, which are often closely intertwined. In addition, being healthy is more than just the opposite of being ill. A person in good health is one who feels that his or her needs are being met. The basic provisions that the reception must offer are often referred to as the 'bed, bath, bread' formula. The variety of rooms offered by a collective reception and the challenges associated with them have been discussed at length above. Below, we will first discuss the basic facilities of 'bath' (sanitary facilities) and 'bread' (food). This will be followed by zooming in on the theme of hygiene. We will only discuss physical and mental health in the narrow sense as a last recourse.

Sanitary facilities

One of the important basic services that a reception centre must provide is access to sanitary facilities. Residents need to be able to go to the toilet and wash themselves. Many residents find the sanitary facilities at the centres insufficiently clean.

I already mentioned that the hygiene bothered me here anyway. The poor hygiene and smell were very difficult for me to get used to. I took at least 20 extra minutes in the shower to deep clean all the little corners.

Fabian, Venezuela, single, centre A

Are there any places you don't like to go in the centre?

Yes, the toilets! They are not clean at all. The showers too.

Salou, Niger, single, centre D

The bathrooms are dirty! And the water dispensers are not working, and the problem has been going on for several months.

Abdallah, Palestine, family, centre C

The toilets are very dirty. And the showers, it still smells bad than in the toilets, it bothers me a bit.

Amina, Palestine, family, centre C

The bathroom is disgusting, very dirty. Even though they clean every day, it smells like piss. It always smells bad, even if one cleans. On my floor it is worse, on the second floor. The second floor bedroom is a little better. (...) And the showers. Have you seen the showers? They are very dirty, black walls. Where you shower, it is very dirty.

Lucía, Venezuela, family, centre C

Residents give various reasons for the lack of hygiene. They often blame their fellow residents. Because toilet use is anonymous, it is thought that residents do not take responsibility for leaving everything clean. They reproach the others for being free-riders and argue that not everyone should be allowed to use every toilet in order to sharpen the sense of responsibility.

And regarding toilet and bathroom, I say this now because I was allowed to dream for a moment now, that I prefer that there would be toilets for 8 people for example but no more. So the users are known and that way everything will stay much cleaner.

Yigit, Turkey, single, centre A

People should be made responsible by assigning each room a toilet. That way, if it is dirty, we know who knows. And everyone cleans their own toilets.

Alain, Burundi, single, centre D

The people are not taking the responsibility for themselves. People are going and doing whatever they want. We are all asylum seekers, but the attitude is very important. I had a good upbringing, so I'm taking care of myself, I'm clean, I'm not disturbing other people, I'm not annoying and I'm not doing other things. This is because of my family. Here the people are not cleaning their body, their own hands, their own face. What does this mean? They are young people, old people they go to the toilet, but do not think, in 2 hours I've to come back to this toilet, so they make it dirty. Fedasil, the centre is responsible for the money they are giving to the person who is supposed to clean it. Fedasil should ask the person why he is not cleaning it before giving money.

Omid, Afghanistan, single, centre D

And again, I also have something important, the toilets. If I were a director here, every room would have its own toilet. Toilet, toilet. I close. We are 705. I give a toilet to room 705 where it is written 705. I lock the key, I put a padlock, I put something to wash over there. If it's dirty, it is their responsibility. Now, here, every toilet is open. The people that go, they do their thing there... And also, every morning, they come, and they work. It hurts. You hear they're fixing something, and some days you hear, it's broken. That's not good, it hurts me. I go to the bathroom, I see the dirty things... I go to wash myself; I see the dirty things. It's not good. But, if it's ordered, if it's me, the only thing I want to impose is that.

Mamadou, Guinea, single, centre D

Hygiene is also thought to suffer from other cultural practices. Dechen from Tibet tells of her surprise that fellow Arab residents rinse themselves with water after using the toilet, leaving the bathroom floor wet. For her, this was a culture shock and she sees it as a major cause of dirty collective spaces.

Yeah, one thing I couldn't understand is, some ladies don't go inside. They worry that... You can use everything, they have a flush also, but they will bring a bottle of water, go inside, after flush they wash and everything and make all the floor dirty. Yeah, this is quite weird. But I don't know why they are doing like this, you can use your tissue paper, if you don't feel good with the tissue paper, you can use wet tissue. I don't know. Yeah, they make all the floor dirty and this dirty things again. People will enter the toilet, again they go back to the room with the dirty things on their shoes and.. This is quite, I can't understand. And then some ladies, they comb their hair and leave their hair on the tab. This is also quite difficult.

Dechen, Tibet, single, centre B

The toilets clearly do not lend themselves to everyone's cultural practices and hygiene standards.

Are there places in the centre that you would rather try to avoid, that you would rather not visit ?

Toilets. It's really bad (...) We gave toilet training in military school. Maybe if one could organize something like that it would be really useful to teach people how to use toilets. Most of the residents are from the Muslim countries and therefore they stand on a regular toilet seat with their feet. We mentioned that to the director and said that anyway some toilets would be best replaced with squat toilets, French toilets. He said he can submit a project by 2020. Because I think those French toilets can solve 50% of all the problems, that people don't have to stand on the toilet seat anymore. It is especially the Afghans and Pakistanis who stand on the toilet seat and do it.

According to the residents, there are also insufficient toilets. Especially for those accommodated in improvised rooms (such as containers, mobile housing units, or collective spaces), there is usually no direct access to sanitary facilities, such that those who need to go to the toilet, for example, must first go outside. The residents who are accommodated there indicated that it forms a barrier to meeting their basic needs:

There was no toilet inside. We used to get up, I swear, get up in the night when we needed the toilet, and we would consider for long whether we go out because you know, it was sometimes snowing and raining. We did not have an umbrella. We would go from there to there to the toilet and go back at night, bitterly cold. You go and go back, there is no toilet. We asked them to set up a toilet in the caravan or to do something, but no one even tried.

Salman, Palestine, single, centre B

You said previously that it is a bit far away to the toilet?

To the toilet yeah. You have to go to the toilet in the other block. In the cold days you can go to the shower block. You feel very cold then.

Yes, I understand. And what do you do for instance when it is raining?

Running.

Xian, China, single, centre B

Because of the intensive use, toilets get dirty quickly and there is a need for almost permanent cleaning. Moreover, at Centre B, the choice was made to clean the sanitary facilities only during the mornings, such that hygiene is insufficient during the evening and at night.

There are three toilets. You want to use the bathroom, there are 3 toilets. In each bathroom you would find one toilet broken. When you have 40 to 50 guys at one block, what level of cleanliness will be there? If each person throws away one tissue or one empty bottle or makes something. There are also kids who come to the toilet unaccompanied. So, whatever cleaning service you have, you will have non-existent cleanliness. Cleaning is done once in the morning. If we got another cleaning shift in the middle of the day, we got one at 11 am and one around 4 or 5 pm it would kind of be fine, then.

Salman, Palestine, single, centre B

At the four centres, it is the residents who do the cleaning as part of community services. However, they are not cleaning professionals, so the quality cannot always be guaranteed.

That is also why the premises are not clean, because they are paid only one euro, therefore they don't clean the rooms and the corridors properly. This is the reason.

Daniel, Eritrea, single, centre D

Although sanitary hygiene is a concern for everyone, we find that some get used to the situation more easily than others. For example, people with medical needs worry more than others because they are afraid of further medical complications. Rafa, for example, has an open wound and he fears getting an infection:

So yesterday they clean the toilets and just in 1 hour they turn a mess because some people who are really dirty. And I have a nurse that comes and changes every day and change on my injury in the back and it should not get wet and whenever I have to clean or take a shower actually I wash up here in my own room and I wash this frontal part in the toilet but I have to wipe in the back because it should not get any water and I'm afraid I might get some bacteria especially for the place over there, the injury, because of the toilets.

Rafa, Palestine, single, centre A

There is limited infrastructure at the centres for people with medical needs. Nadir's two sons with disabilities often have urine loss and have to take a shower in the middle of the night. They then have to walk through the corridor with wet clothes and cause a lot of noise for fellow residents.

Is it easy to take them to the shower here ?

No, absolutely not. It is not adapted to the needs of the two disabled children. It's just like to shower as the other healthy people. It was also brought back just now, you heard it passed, that the children have urine leakage. If they can't hold back their pee and have urine leakage, they have to be taken to the shower. At night when the children are on their way over yonder, they scream and make noise. The shower is upstairs, so the people who sleep and stay here at 2 a.m. or 4 a.m. when they need to be showered. They have to be taken upstairs, so then it's super, super hard to get them clean. The shower is not adapted to the health of the children, the toilets are not adapted to the health of the children, so that's very difficult.

Nadir, Afghanistan, family, centre A

One of the difficulties in washing the two handicapped boys is the fact that the shower heads are fixed and they work with a push button system with a timer. Nadir and his wife find it difficult to perform targeted washing.

The problem with the shower is that whenever you want to take a shower, you will have to press the button, when you press the button you will have water for less than one minute. If you have soap on your face you will keep doing it. Another problem is that at the beginning when you press the button, you will get cold water and then you will have warm water. With the second press you will have cold water and then. So, you would go aside the shower, press the button, and wait a bit and get the hot water 30 seconds, and do it all over again.

Nadir, Afghanistan, family, centre A

Children experience similar problems with sanitary facilities. The facilities are not child-sized, so children cannot go to the toilet on their own. For example, parents have to hold them above the toilet bowl, because otherwise they cannot reach it. For very small children, this poses many practical challenges, even when there is a special baby shower, as Lucía testifies:

I'm not happy here and I can't take good care of my babies here. (...) I don't have a bathroom where my baby can start taking pee and poop, clean. I don't have a shower where I can wash my children. Many facilities are missing for me". (...) I was somewhat happy with the Baby Shower, but I tell you, when it was time to wash the baby, it was quite a work. Almost no children went to wash in the morning so the door was not open. So then there was the stress, to go with your baby and your bag prepared to wash and they never opened the door. You had to go downstairs with your bag and with your baby, to the reception so they opened the door for you. You had to wait until the man at the front desk called the woman at the Baby Shower to come and open the door. She never opened it. And it was always like that. It was very difficult. But it was my magical moment of the day.

Lucía, Venezuela, family, centre C

Finally, it is difficult for parents to let their children go to the public toilets. Children have a hard time accepting it and parents are also concerned about their children's health.

It's not comfortable for a family and specially you want to go to the toilet because for me or for my wife or the two children, they need many times to go to the toilet. Sometimes in the night. In the public toilets... specially these toilets are not clean, never. That's also disgusting for us. I... I not visit... And the children... In the beginning, the kids used to pee on themselves and they cry because they refused, they couldn't stand if they go to the public toilets. They didn't like the idea. And it took them some time to accept this and yeah... it was mainly shocking for the all family, the level of hygiene in the toilets. And we didn't expect that because we are family. So we expected that we would have our own private bathroom or at least a bathroom dedicated only for families. But it's not the case.

Adil, Palestine, family, centre A

Every time one of her four children needs to go to the toilet, single mother Ayah cleans the toilet as a precaution.

Because the room I clean. That's okay. But the toilet it's...uuhm impossible to clean and other people come and dirty and...I do that up till now. I, I with the gloves and go and clean of them the toilets and we go. After one hour it.

Every time you go to the toilet you have to clean...

Yes, every time I have to clean toilet.

Infection and hygiene

A characteristic of life at a reception centre is that residents share facilities with each other. A recurring pattern in all the interviews and observations, regardless of place or person, is a concern about hygiene. Because people are sharing the centre with others they barely know, residents are uneasy and fear being infected by others. Sanitary hygiene has already been mentioned above. However, there is also a great distrust about the personal hygiene of fellow residents. For example, Rifat from Iraq avoids washing his clothes at the centre's laundry. He only trusts boiling wash programmes because the temperature is high enough to avoid infection:

How do you feel about having to share your laundry with someone else ?

I don't have to share it, personally, I, when I go there, I tell them, like, when I go there at the time when they put the machine on like 90 degrees, personally I like a bit of hygiene. Personally- sensitive clothes, I wash them myself by hand, because it's, you don't know whose there, what kind of diseases they have, so I wouldn't, like, share my sensitive clothes with the other person.

So clothes that you don't wash at 90 degrees you mean?

Yeah. Because when they do a normal wash, they 're gonna wash them at 40 or 30 or something like that, and it's not gonna kill any bacteria. Other than that, I wash my own personal things in really hot water.

Rifat, Irak, single, centre B

Concerns about hygiene also extend throughout the centre. Residents talk about odour nuisance and vermin, for example. Imane, a single widow from Syria with two young children, wakes up at night to the sound of mice scrabbling around in the cavity of her room wall:

It is just the moment you start thinking about the rat, you don't want to sleep anymore. It is just this normal concern. But it doesn't hurt. I don't leave bread in the room at all because I have this fear that a mouse would come.

Imane, Syria, single, centre A

This is why cleaning the room is usually one of the first things new residents do.

At first, my room, I couldn't see it, it was dirty, there were cockroaches. I cleaned it up. Usually there are cockroaches if the residents cook. But since I had just arrived, I guess it was the previous resident who was cooking if there were so many cockroaches.

Amina, Palestine, family, centre C

And that day, when I came, I introduced myself to the reception, they gave me my room but it was not clean. There was dust, it was dirty, I asked if I could have some materials to clean, to be able to sleep. And I got that, I cleaned it.

Aïcha, Guinea, single mother, centre D

Yeah, it's good. Before I go to this room, insect too much, insect too much here. Here, insect.

Mohammed, Palestine, single father, centre C

Disrupted eating patterns

Nutrition is vital to a healthy lifestyle. The majority of residents are dependent on the collective meals offered at the restaurant. In general, there are few complaints about hygiene at the restaurant. Still, Avan and Jalal feel that the kitchen and restaurant are not clean enough:

The toilets are very dirty, even though we clean them every day. It's the same for the kitchen. Because of the cockroaches, I can't eat in the dining room. The staff, the medical, the assistants, everything is very good, it's just the cleanliness the problem.

Avan and Jalal, Iraq, family, centre C

The main complaint from residents is about the quality of the food: residents find it warmed-up, unhealthy, industrial catering, which does not sufficiently reflect their cultural habits and is too repetitive:

The problem of the food is rooted in two things. The first one is the type and the second the repetition. For the type, generally, the kind of dishes that we are provided with... isn't our traditions or what we are used to eat. So all the looks of the dishes are really not attractive at all. And generally I would describe the dishes as concocted... Do you know this verb?... Yeah... You concoct when you make the remain of different dishes into one dish. So you make something that's not really a dish. But for practical reasons... so yeah... it's so that I describe the dishes. So it's a disgusting mixture of things, that's not really delicious. And about the repetition, the frequency, there is really a high frequency of repetition of the same dishes. There is a problem of the schedule. It's almost every week. The same dishes are repeated. And this is driving people to throw away the dishes completely. And generally the components are either rice, potatoes, meat or macaroni. And they are repeated all over again.

Adil, Palestine, family, centre A

Yes, the kind of food...doesn't change, yes. This is nine months the same problem. I, I, I suggest if there are more vegetables, no no, without anything, more vegetables, tomatoes, cucumber. The food sometimes okay and sometimes it's not so nice.

But what do you tell me that every week it's the same?

Yes, every week. Yes, the same programme, they didn't change anything. It's not easy to change, because many culture, many people from many...I know, I understand, but sometimes it's for us boring. Yeah, the children can't eat it. But everything is nice. Okay? Okay, no problem.

Ayah, Palestine, single mother, centre D

You talk about food, what do you think of the food?

(...) It has been prepared for a long time, then they heat it up here. What's the food that has been prepared for two months, a month, I don't know how long. Here, they heat everything, all the food is heated here. I think it's only the fries that are cooked here. There are the kitchens here, why they don't do the system ...?

Ibrahim, Algeria, family, centre C

Varying on resident to resident, the restaurant also offers portions that are too small:

Even, the food in the kitchen, people complain because they give small slices of cheese or food but that it is not enough. It would not even fill the belly of a cockroach.

Khaled, Palestine, couple, centre D

When people disturb, because often there are residents who are disturbing. Maybe at noon, maybe someone will come by, these are rules you know, if you are given three breads, three slices for lunch, there are people who are hungry, who discuss for adding one, adding two.

Henri, Cameroon, single, centre D

Residents with medical problems feel that the food at the restaurant is not sufficiently adapted to their diet.

At the Chateau, they gave me everything I needed for diabetes. The soup that I never saw here... Here there is only steak, bread, pasta, carrots. Carrots that are too hard. I can't eat them because I have no teeth anymore! And now I have pains in my mouth. I try to eat like this, without teeth. But it's difficult, eating carrots without teeth...

Lukas, Albania, single, centre D

My wife has had gestational diabetes.

So, now she is healthy?

I hope so. Because, we here, we eat a lot of sugar. Because, when the food is not ok, she makes toasts. And my wife doesn't eat cheese on toast, she only eats butter. Butter, sometimes ... you have to put jam or something, which makes sugar ... which always makes sugar. That's the problem.

Ibrahim, Algeria, family, centre C

Mo's situation indicates that dissatisfaction with food from the restaurant can have profound health consequences. Mo lost a great deal of weight and has weakened physically as a result, just at a time when he was about to undergo surgery:

So, I often skip. I don't use the lunch meal and I will lively use the breakfast. And maybe I would also eat potato. But I don't like the food.

Do you feel that the quality of the food has an impact on your health situation?

Definitely. I lost some weight here. I have an operation next week. I have to eat. I thought that I may talk about this to my medical assistant. Maybe today I eat just the lunch. But I think that after the operation, I will need energy. So I will try to discuss this with my doctor and I will see.

Mo, Palestine, single, centre A

Delayed medical assistance

The vast majority of residents do not have serious medical needs. Naturally, residents sometimes fall ill, but this is usually only temporary. The reception centres have a medical service where residents can go for regular

consultations. It can be compared to a general practice surgery, with the difference, however, that it is mainly nurses working there. Centre C works with on-call staff, whereby residents can visit the medical service without an appointment. The facility's ease of accessibility is welcomed by some residents, but there are also residents who are concerned about possible long waiting times.

That's easy. The system for the doctor is good. You have to do nothing more than just go there and say 'I need an appointment at the dentist, that day at that hour'. Then you have the 'requisitoire' on the same day. The doctor works very well, really. They take good care of me, they are good people and they help me with what I need. If I need medication, they give it to me. That's not a problem. Everything medical is very good. There are a lot of people, but that's like any doctor's office.

Lucía, Venezuela, family, centre C

Even last year, when I came here, I find anything in the medical department. I asked for one little thing. There was a line, I said, make tickets. In the previous center, he does that. I saw that. In Jodoigne, wonderful, at the front desk, medical service, the assistants, the people who work in the dining hall and everything. Wonderful. The administration, the shop, wonderful.

Ibrahim, Algeria, family, centre C

The medical services at Centres A, B and D work with an appointment system. To make an appointment, residents must be at the reception desk. The speed with which they can go to the medical service varies and can be up to several days, but the reception desk can request exceptions in the event of urgent needs. Most residents accept the system and are happy to have medical supervision. Nonetheless, some residents are also more critical of the system. For example, they feel that the reception desk is an unnecessary and obstructive link in the process of contacting the medical service. They do not trust staff to identify who has urgent medical needs and who can wait:

And do you think it is fast enough, that it takes one or two days to see the doctor ?

I don't consider it fast. You need a reason because you seem surprised. Some cases, in my opinion, need an examination, and this examination should be on the spot. This examination would determine whether the case is urgent or could be dealt with in a slower pace, and this is not what is the case. And because of that, some people might have consequences until they would have the actual appointment.

Rashid, Jemen, single, centre B

While waiting for an appointment, the reception desk can provide medication without a prescription, such as painkillers. This position reinforces the image that the employees have no medical knowledge and only do symptom control.

In the hospital we have an issue. You tell them I'm sick and I need to come tomorrow. And they will tell you 'no, next week'. And I will tell them "I'm dying" and they tell me 'we do nothing, we have paracetamol'. I have headache 'oh here's paracetamol'. They don't even tell me 'today you take paracetamol and tomorrow you come', no next week you come. They have a problem in the hospital.

Okay, and here in the centre your medical check-up is everything okay or if you have medical question can you go to medical facility building?

Yeah you can go there but they give you maybe ... like the way I was sick they needed me to make an appointment for one week. And if I didn't go and see the assistant at that time I think I would be dead. Because I was very sick, but these people are saying that you need to make an appointment. You need to do this and I said I am very sick I cannot make an appointment. So when the assistant called them the medical service then the doctor said that I should come.

Fafa, Ghana, single, centre A

There is this guy who has this pain, appendix, so he went to the medical centre and they said, the doctor's not there. After that he went to the reception and they gave him paracetamol, so he was still in pain but the doctor was not there.

Saïd, Afghanistan, single, centre D

Recently, she had an operation to remove her gallbladder. She suffered more than 4 months. Every time, when she has pain, she goes to the medical service, here, I have pain here, it swells, there is this, and that ... Paracetamol or Dafalgan. 1st time, 2nd time, 3rd time, 4th time, I don't know how many times. Normally, he asks that you go to the hospital for a scan. Fortunately, it didn't burst in his belly.

Ibrahim, Algeria, family, centre C

The consequence of the appointment system and waiting times is that barriers are created for residents against making the move to the medical service. This goes so far as to say that there are residents who indicate that they do not use medical assistance.

When you are sick or catch a cold, you have to take an appointment and the first available appointment is in three or four days. For example, the toothache and you know that the toothache is unliveable. Could you imagine that ? You have to wait for this, for one week, to wait the appointment. I pull out my tooth myself. (...) I stopped going there even I feel sick. I would take pill from the reception and I would not go there. If I become better, that's it. But I don't, I would wait for one or two weeks to go on myself.

Yousef, Palestine, single, centre A

Where a nurse from the medical service is not able to diagnose or help a person further, it can take a long time before the person is helped. This is the case, for example, with toothache. A resident must first make an appointment with the medical service, which in turn will make an appointment with the dentist. In the eyes of

the residents, the medical assistance is also only focused on the most needy. They are of the opinion that certain examinations or operations are postponed until one has obtained international protection status.

So you are a little bit angry today?

Ya, because I have dental pain, I went there, I was there the whole day and I came back without anything. And they also gave me another appointment after one month, so for this I am really disappointed. Sometimes I cannot sleep, I have sleeplessness.

Arsema, Eritrea, single mother, centre C

My back problems has been a long time, already when I was in Iran and I've been to the doctor several times and the doctor said, just keep taking your medication and there was one time when I had been, look more treatments we can't offer because our budget is short, because we don't have the resources right now so you really have to wait until your application is granted as refugee, then you can get further treatment.

Mohamar, Afghanistan, family, centre A

Comment vivez-vous votre quotidien, cette phase actuelle de votre vie ?

It's less than 0! My daughter has heart problems and I have been waiting for 3 months for her to see a doctor. It's true that she doesn't have to have surgery right away, but it's not right that she's not being followed. The hospital contacted me and told me that an operation will be possible when I have a residence permit. And my procedure has been going on for 10 months now. We waited 10 months for the first interview, we might have to wait as long for the next interview.

Adnan, Palestina, single father, centre C

Although residents are satisfied with the medical care provided, they also experience significant barriers. The appointment system seems too cumbersome to them, it takes too long before they can come to a consultation, the right help is not offered immediately, and they feel that there are medical needs that are not taken into account.

The options for psychological assistance

Almost all the residents mention that they are struggling psychologically. Most residents are dealing with stress.

I'm sick but I'm having headaches most of the time but I also have psychological issues. I'm stressed most of the time.

Tahmina, Afghanistan, single mother, centre D

Stress often manifests itself in sleeplessness and worrying, with potential further physical discomforts arising from this. For example, Arghawan from Afghanistan explains that worrying is giving him an ulcer. Adnan saw insomnia as the cause of his weight loss. Mohammed explains how sleeplessness disturbs his daily rhythm.

Do you sometimes have trouble sleeping?

The problem is very often that I can't sleep or can't sleep right away, that I have to lie down for a very long time. Worrying about the present condition, that has effect on my ulcer also so if I think too much about the condition, how I experience it that has immediate impression on my stomach.

Arghawan, Afghanistan, single, centre A

People ask me why I have dark circles under my eyes, if I smoke, if I take drugs. But no, it's not the cigarettes or the drugs that make me like this, it's by thinking. It affects my health. Recently I woke up at 2am and didn't go back to sleep until 10pm the next day. I can't sleep at all [...] In 20 days, I lost 10 kilos because of all the problems, all the thoughts I have. Even the doctor asked me to come and explain to him what the problem is. When you think 24 hours a day, it's a lot...

Adnan, Palestine, single father, centre C

All time. I think before I come here, but if you come here, I think too much.

And in your daily life, what do you do? At what time do you get up in the morning?

I don't sleep, because I want come, all time I, really.

You are every time awake?

Maybe I here, 4 o'clock, 5 o'clock I go, I pray, and after I ... But I wake up. Sometime sometime I'm tired, I sleep. I wake up and my alarm it, I wake up. And sometime if you need sleep, maybe sleep one day, I don't wake up, I don't go to toilet, I don't go to eat.

Mohammed, Palestine, single father, centre C

Residents struggling with insomnia are prescribed sleeping pills by the centre doctor. It is striking that some residents admit to being very dependent on the pills and cannot live without them.

The doctor suggested, so I take medication to sleep because I have to admit that without the medication I can't sleep at night.

Because it is too hard to be with other people in your room? Is it too noisy?

Not that much noise but the thinking, thinking about it, it doesn't give me sleep. Living the movie that you lived, you know, that I don't... Without the medication, I can't sleep.

Joël, Ivory Coast, single, centre B

I have a big box full of sleeping pills, which the doctor has given me. When I get tired I take a pill and sleep. (...) in the evening weird things happen that I do not approve of. I would like to sleep, and I would have to take a pill to sleep and feel relieved.

Malek, Syria, single, centre A

And do you sleep at night?

Before, I didn't sleep. But when he gave us trazodones, that's what helped me sleep.

Lionel, Gabon, alleenstaand, centrum D

There are also residents who go to a psychologist to deal with their stress. Residents do not all seem to be aware of the possibility of consulting a psychologist. They do not all have the same information about options for psychological assistance. Residents who are aware indicate that a social worker took the initiative, or residents have heard about it from others and are asking to take advantage of this offer as well. Those who do go to a psychologist see them as a confidant who sets aside more time for residents.

There is a psychologist also coming to the centre once in a while.

I go there regularly, I would have an appointment, every one month, and I would talk about my psychological issues, because I am really tired inside and this would really help me.

Wasif, Syra, family, centre B

And does it help you, the psychologist ?

At least, he's the only one that I can use as an outlet. And I cry to him in the event, whatever I have in my heart.

Yousef, Palestine, single, centre A

Usually, there is a waiting period to see a psychologist, which makes residents reluctant.

I asked for an appointment to change centre and she gave me an appointment to go to the psychologist so that she could make an attestation that I can't stand the career and the planes. But the appointment is in a month...

Moussab, Syria, single, centre D

In addition, there is only a limited number of psychologists in service. In the case of Ibrahim, who prefers to see a different psychologist than his wife, this poses a practical problem:

For example, my wife, she needs... I see my psychologist here at the center, he comes here every Tuesday. But, my wife, she can't see the same psychologist. It's not logical. For example, me and my wife, we have family problems, we can't see the same psychologist. Because me, when I tell my life, about my wife and everything, my wife, she can't go to her house and everything, and tell her husband's life. Because me, I think it's nonsense. My wife already didn't accept. She did 2/3 sessions with her, then she asked for Exil for psychologists.

Ibrahim, Algeria, family, centre C

At the same time, some residents are critical of the added value that a psychologist's guidance brings. Residents see the situation they are in as the cause of their poor mental health. As long as a psychologist cannot change the situation itself, consultations will have little benefit.

It's just talking, and talking, and talking. But this doesn't help anything. It is life that is difficult, and talking is not going to solve anything.

Aguerre, Eritrea, single, centre B

When you were so worried about the possibility of a negative decision, did you ever see a psychologist ?

Yes, I have been. We can only chat.

And did that help, was that positive for you ?

Asking the same questions every day, then I got tired, and then I said, I don't have to go anymore. Always the same thing.

Sadi, Afghanistan, single, centre B

Although all residents report limited psychological problems, a minority of residents are suffering from severe psychological disorders or even psychiatric illnesses dating back to before their arrival in Belgium. Such residents were not spoken to as part of the study.

In summary, we find that residents do not have equal access to psychological assistance. In addition, they also assess the added value differently. In a context where residents have few close friends and there are significant barriers to social workers, we find that psychologists help to fill the social gap that thus arises.

Integrity

An important aspect of well-being is the feeling that one can be who one wants to be. Personal integrity thus refers to the personal space available to a person to behave freely. This includes, for example, the clothing a person wears, the activities they engage in and their social relationships. Personal integrity thus goes a step further than the basic feeling of safety. Below, we approach integrity from the point of view of the ability to withdraw into a private space, as well as from the point of view of the ability to be oneself in public places.

Lack of privacy

At a reception centre, residents must share a great many facilities with one another. The most drastic aspect is that single people normally have to share a room with others. In exceptional situations, families will also share a room. As a result, by definition, they lack their own private space.

According to European principle, there is supposed to be one person in one room. But we live here, we share one room for 7 people or 8 people and if one resident do a smaller action, another person would hear it or see it. So no privacy there, so if there is no privacy and one room is shared by multiple people, 7 or 8 people, then of course there would be problem. And if there would be problem, so to deal with this situation, that since they are not giving us separate rooms, so we should bear each other. I mean that I cannot change this, because we have to bear with each other. If I make problem, the other person should bear that and if other person make problem, I should bear that.

Bibek, Nepal, single, centre D

We don't really have privacy. For example, when we change our clothes everybody is there, but we put a blanket on ourselves and that's how we change. But we do not have privacy and if we want to talk to someone on the phone, we just go out of the room.

Ejaz, Afghanistan, single, centre D

In general, if I want to talk on the phone, for example, I will leave the room to not disturb the others. And if I want to get dressed, I have to stand in the corner with my wife so we can get dressed. Sometimes I even go to the bathroom to change myself.

Youssef, Syria, family, centre C

There can be very different reasons as to why people do not like to share a room. Michel from DR Congo sleeps in an improvised dormitory. He points out that it is impossible to close the door. This mainly generates practical inconvenience and it worries him that his belongings will be stolen:

Here the thing is that you got one room and many people. There you had one room and four people. I had also my own key to open the room door and enter and do my stuff. Here it's not, you cannot lock it. So you just open the door, you walk out, you just come in. (...)

How do you feel about not being able to close the door?

Sometimes it's not secure. Sometimes it's not secure, you know. The thing is like, I'm here you know. I'm sure something bad is not going to happen. I'm here. We have to follow the rules of Fedasil. We don't have another option. I wish it's just for a moment, maybe some other time things change. Maybe in time I can pass through another room.

Michel, DR Congo, single, centre B

However, sharing a room can also have a more subtle impact on personal integrity. Below, for example, Youssef explains that he did not want fellow residents to know that he is struggling psychologically. In a shared room, that was hard to keep secret. Out of shame, he therefore asked for a separate room, which he got, although this was highly unusual.

Before I had people in my room with me. Then I applied for a room only for myself and so after five months, I got the room.

Why did you ask a room for yourself ?

I used to wake up in the night crying and I don't want people to know about my situation or about my story... I remember when I wake up.

Do you feel now at ease now in your new room ?

At least, no-one hears me and attends what happens to me. I don't want people to perceive me as an unusual person. So I would try to respond in a very normal way and to react to this topic. (...) I don't want anyone to know what's hurting me inside.

Youssef, Palestine, single, centre A

There is also a privacy issue for families. Although they normally get their own room, they have the feeling that other residents can come in permanently.

Nothing privacy. You can hear everything your neighbor is doing. If someone farts, you can hear it. There is no privacy. The children open the door of the room to see what we are doing. They see everything. There is a lot of noise.

Lucía, Venezuela, family, centre C

For example, there is a young person who allowed himself to come to my house and enter my room without knocking on the door. And I told him that the next time you do that, I'm going to get you in trouble because I'm going to complain. I'm going to lock you in here and scream and then they find you in my room.

Aïcha, Guinea, single mother, centre D

Because of this, families sometimes fear that their personal belongings will be stolen. Wasif's family, for example, has already been the victim of a theft:

They also robbed money once from the room although the door was locked and we don't understand how this happened. And there is no specific place for family that is isolated but we are mixed, family among others, we will have to lock the door all the time, you cannot leave the door open even for one minute. And there are no cameras. We informed the police, but the police said that you should have seen someone stealing and I was wondering why if I saw who was stealing, why I am informing the police ? The bag was in the wardrobe and they took the money out of it.

Wasif, Syria, family, centre B

Moreover, parents do have to share a room with their children. Families use their rooms in many different ways. It is their bedroom, living room, dining room, study room, etc. Parents who want to create intimacy among themselves do not have any appropriate space for this.

It's a big room, but there is no privacy, no... something like... it's difficult for five people to live in one room, of course.

Alena, Ukraine, family, centre A

We play the story of the wolf and .. The red girl. When it's empty, when the kids are not around. What can I do, we return back to my grandparents days. If you don't empty, you get crazy, you have to do it.

Sami, Palestine, family, centre A

In my family, there has always been respect. So if my daughter or I are changing, we tell the boys. We made a little space with our closets. That way, we respect each other a lot.

Laura, Mexico, single mother, centre D

In a more general sense, the centre also carries out permanent surveillance over the residents, which can make them feel their privacy is being invaded. For example, residents cannot enter and leave the centre unnoticed. The presence of the residents is constantly recorded, which for some feels like living in a Big Brother regime. Below, we reiterate the words of Wasif, who states:

It is definitely like a prison because we are controlled and everything is supervised. And for example, if you leave in the morning, you should come back in the evening, and whenever you leave, you should accompany the badge with you. So it is not like home because at home you would leave whenever you feel, you want to leave, but here, you don't have this freedom.

Wasif, Syria, family, centre B

For other residents, this control is desirable because it also ensures that external people cannot simply enter the centre.

Yes, I feel safe. Because you have to go through the reception, not just anyone can enter the center.

Anna, Armenia, family, centre D

Residents are expected to be able to identify themselves at all times at the centre too. When they go to the restaurant, for example, they have to show their badge. But they can also be asked to show the badge when they use the computer room or the leisure room, for example. As a result, residents feel like permanent guests and never really at home.

Identity Check

I meet Sadiq at the door of the relaxation room. He is using the wifi signal, but decided not to go inside. I ask him why he is not inside on one of the seats. Sadiq answers me that he doesn't want to show his badge to a resident supervisor. It's a matter of principle for him. In Iraq, he was often asked on the street to show his identity papers. He does not want to be reminded of this and therefore avoids the wifi room.

Field Note Researcher

Finally, in certain circumstances, centre staff may also enter residents' bedrooms at their own initiative. Wasif from Syria has no problem with staff warning in advance that they will be visiting. However, he had already experienced them entering unannounced and uninvited, both when he was absent and present. This reinforces the feeling that personal integrity is not guaranteed even in one's own room, and feels as though one's privacy is being 'invaded'.

And anyone may knock on your door and they would come inside and they would investigate the room. (...) The person in its own home, it is different. It is very different. You would be relaxed and everything. Sometimes I would be sleeping and they would open the door and get inside. What is that ? I am not here and they open the door and get inside. This is nonsense, I am not in the room, they should not enter. They should ask for this, not right away open the door and try to get inside (...) But you are not here and they check the room. They should not touch anything or enter the room if I am not in the room. If I am here, investigate whatever you want, but in my absence, this is like breaking in, am I right ?

Wasif, Syria, family, centre B

Sleeping at home is different from sleeping in the center. You don't know if there's someone knocking on the door, if someone's going to break in. Yeah, so you're never comfortable here at the center. You can never be comfortable.

Philip, Angola, family, centre A

Public intimidation

There are many public areas at a centre, such as the restaurant, the courtyard, the toilets and the leisure rooms. There are some residents who do not care what others think about them. They see the public spaces as an extension of their own private sphere. Sami from Palestine, for example, is quite happy to walk through the corridors in his underpants when he wants to take a shower:

I get up around 7h. I start to .. I shave, I take a shower. You know you get dirty, you smell and it's not good to stink. All people see me in my boxers, every morning, it's Europe, I'm free.

Sami, Palestine, family, centre A

Other residents, however, are more reserved. Nadir from Afghanistan, for example, is embarrassed about his two handicapped sons. He never takes them with him to the restaurant or the leisure area for fear that they will make noise and inconvenience others.

And we don't even want to take our kids to the chill space. Because if they go there and constantly make noise and yell. We don't want our sons to drive other people away. That they just quiet, that they don't get anxious or screaming or shrieking because then. That is why we are going to avoid going there.

Nadir, Afghanistan, family, centre A

Between the two extremes is a spectrum in which residents adapt their behaviour to the potential reactions of others. We find that women are more likely to feel uncomfortable in collective spaces because they are numerically in a minority there. They are apprehensive about potential sexual harassment from men, such as inappropriate looks, comments or touching. This, for example, is one of the reasons why women use the public kitchens or the leisure areas of the centres less than men:

You go inside or you stay outside the relaxation area?

Inside, no. Inside are all the boys. Some of them are playing games, some are watching movies, some are talking with their friends or parents, just like that. And very, the only girl who is there is my roommate, otherwise there are no girls. So it's quite afraid, I feel a little bit afraid to go inside. Even when it was cold, we used to stay out. We feel a little bit afraid going inside, I feel like uncomfortable, because once we enter they look at you like this. All your body is quite weird, I don't know.

Even, if there is staff sitting over there in the relaxation area. So if the boys would do anything, they could intervene, but you still feel afraid or scared?

A little bit uncomfortable. Like if all boys sitting there and we enter, it's quite.. Once girls enter, everybody will look at you. There is something uncomfortable there, I can't explain.

Dechen, Tibet, single, centre B

I would not go to the kitchen because it is full of guys.

And you would feel unsafe in the kitchen ?

So we eat in the restaurant, as for the kitchen, I have ever been there, but I have heard from people that some Afghan guys would exist there, and I would be afraid that they may annoy me. I would say it is just better to stay away from trouble

Imane, Syria, single, centre A

Apart from that, another thing I'm a victim of is sexual harassment. But, knowing the seriousness of this in Europe, I prefer not to be a source of problem for someone who already has a problem, I try to manage in my own way. All day long, there are residents who are there, who try to court me, to do things sometimes when I refuse, on my child. (...) And often, it is my son who suffers the most. Often, he comes to me and says "so-and-so hit me on the head, so-and-so kicked me, but I didn't do anything". So, I know, it's because he asked me out and I didn't want to. You see, I get this all the time too.

Aïcha, Guinea, single mother, centre D

In addition to women, individuals belonging to a sexual minority group in particular feel that other residents do not accept their orientation. Transgender and gay couples in particular attract a lot of attention because they find it hard to hide their individuality. The testimonies below of a Surinamese and an Indian transgender show that their personal integrity is threatened, especially by verbal intimidation.

Do you have positive experiences within the center as a transgender person?

Mmh, yeah, it's not that I feel very scared of people, more at least. In the beginning I was naively looking around of 'oh, not everybody here is going to accept like that's like ok', and that put me in a dip for a while, that it seemed like I was in the same situation that I came from.

Ansha, Suriname, single, centre A

If I only go to restaurant eat foods, 100 percent problems, 100 percent yes, problems "How are you darling? You very good looking." It is very bad, it is no good. How are you darling, no me speaking, I speaking in girls. I'm angry really, I'm not fine. Yes, Afghani 100 percent problems, all Africa 100 percent problems.

Akhil, India, single, centre A

Both residents largely withdraw from the public life of the centre to avoid the unwanted comments and threats. Ansha, for example, reverses the day and night rhythm and only gets up by 3:30pm. She uses public areas, such as the leisure area, in the early morning, when the other residents are asleep.

Meaningfulness

The fourth dimension of well-being concerns the feeling that daily life has meaning. It is the feeling of having something meaningful to do instead of being bored. Meaningfulness as a dimension of well-being is about how people give meaning to their lives.

Repetition and waiting

The interviews reveal an important difference between parents with children and single people when it comes to meaning. The daily life of parents is strongly oriented towards the children. Caring for children generates meaning and gives structure to life. Arsema describes in the following quote how her days at the reception centre are very busy due to her caring duties. She loses track of time as a result.

I spend the whole day just doing my business. For instance, I take my child to school, I go to school, I help my child also to do his homework or to do some class activities [...] In the morning I wake up and I prepare my child to take him to the school. I change his clothes, wash his face, I pack up everything and I let him take his breakfast and take him to the school. Then I go to my school. Then at 12 o'clock I come back to the center. I take my lunch. If I hadn't cleaned my room, I have to clean. When it is 15:30 I have to go to the school to bring my child back to the center. Then I check my exercise book. Then it is dinner time in the evening. Then later we sleep, we go to our bed. We really don't understand how the times goes so fast. Maybe because we are busy, we don't feel how fast it goes.

Arsema, single mother, centre C

Mums and dads strongly identify with their parenting role. Being with their children is the most important thing in their lives.

Are you happy or not, about the daily life?

Yes I'm happy with my daily life, my kids go to school, they go to school and when they come back we discuss what they did in the school or what they learned, so I'm pretty happy with my life. [...] I am a mother, I have kids so I spend most of the time taking care of them, cooking for them. Sometimes I go to the restaurant or the kitchen, usually there are already people so I have to wait my turn. That's how I spend my time.

Parents report that they have few other activities beyond caring for their children that give them meaning. When Adnan is not taking care of his daughter, he sits in his room and is bored:

When I go out here, it's just to take my daughter to school [...] I get up at 6 o'clock... sometimes earlier at 5 o'clock, never later than 6 o'clock. I pray and then I dress my daughter, I help her get ready, I take her to school at 8 o'clock. She stays at school until 3pm and during the day I don't do anything special except stay in the room.

Adnan, Palestine, single father, centre C

The sense of a lack of meaning is strongest among single people. Because they have no caring duties, they have no fixed structure in their daily lives. Single people often feel like they have nothing to do.

And what did you think of the center when you arrived ?

It's okay. What should I do? I'm not doing anything. All good or no good, I do nothing.

Nadeem, Afghanistan, single, centre A

The hard thing about Fedasil is that there is nothing to do. Every day is monotonous. From Monday to Sunday, it's the same thing (...) To spend a day here, without doing anything else, it's ... It's not even that I'm bored, it stresses me, because I see people, they go crazy. They stay in the room, I see Malikou, the Ethiopian, he stays like that, he looks at the ceiling. When you leave the center for a while, but when you stay here, for a week, a month, that's why I even cried. That's why, when I stay like that, I take my bike, I go around the city and then I come back.

Henri, Cameroon, single, centre D

A significant part of the time at the reception centre is spent waiting by residents:

Waiting a lot is difficult, it makes you sad. Waiting and doing nothing is difficult, Fedasil should take this into account, this "dead time" and organize more activities."

Hani, Syria, family, centre C

We also sometimes go down near the kitchen where there is WIFI. And here we are, what can we do, we have to find a hobby.

Amina, Palestine, family, centre C

There is also little 'contrast' in daily life: every day feels the same. In the words of Adil, life at the centre feels 'machine-like' and automatic.

Here I feel that we are just like a machine, we live the same routine every day, just repeated.

Adil, Palestine, family, centre A

The longer residents live at the centre, the more this sense of monotony is reinforced. This is also due to the fact that residents find it very difficult to make plans for the future, as their lives are set against the wider horizon of their application for international protection. The longer residents stay in reception, the more difficult it becomes to give meaning to daily life. Anastacia from Ukraine has been staying at the reception centre for 20 months. She indicates that her daily life is overshadowed by the prolonged uncertainty and lack of perspective:

How do you feel about your daily life?

Here, I lose my life.

What do you mean?

I don't see light in the future. No, it's a very hard life.

And is it because of your asylum procedure or is it because of the centre?

Because of the procedure. And I wait for two, a long time, more than one year I wait to have this court. And I want to rent an apartment, I can't because I don't have this orange card. I want a good job, I can't.

Anastacia, Ukraine, single, centre A

Faith and meaning

A significant proportion of residents indicate that they are religious. Faith plays a decisive role in the daily life of residents because it allows them to put the reception and the asylum procedure into perspective. This was reflected when we asked residents during interviews what gave them strength in life. A very common answer was faith in God, which gives residents hope.

But it is the Good Lord who gives me strength.

Alain, Burundi, single, centre D

It is God. If you rely on God, He will help you, for every passage in life, to motivate you in the future.

Ahmed, Mauritania, family, centre C

The more tough time I am facing the more difficulties I have in life, the more I consult to my religion and practice my religion because this is what gives me strength in my hardships.

Tahmina, Afghanistan, single mother, centre D

Only God is the source of my strength. When I remember God, I feel happiness because I feel safe and protected.

Semret, single mother, centre C

It is the Good Lord who gives me strength.

Christelle, RDCongo, single mother, centre C

You said you pray, you read the koran, does this help you in your daily life?

The kind of difficulty I'm facing, if it was another person, they would have quit ages ago but it is because of religion that I am surviving. The kind of stress, the kind of tension that I am facing, it is because of religion that I am surviving, if it would have been another person, they would have run away.

Mokhtiar, Afghanistan, single, centre D

The way faith gives meaning to life differs from person to person. For some, faith provides a form of resignation to the situation and a confidence that all will be well. This is the case, for example, with Marie-Lou, who says she puts her fate in the hands of God:

You know that in life, if you don't want to accept your reality, you will suffer. I accept my reality. If I don't have enough, if I say "oh no, I have to have this", I will suffer. And I say one thing, the God is an invisible God. We can't see God, but we can see what he has created, the sky, the sea, the earth. It is his work. (...) From the moment I came into the world, he knew that I would be Marie-Lou and that I would go through many situations. So I remain in God's hands. Note that there are moments when I wake up, I feel bad, I get a little frustrated, because I am also a person, I am a person. Even if I get frustrated, what will I gain? Nothing. The situation, it will be the same. And afterwards, it is my [...] state that will change, I will be uncomfortable, I will speak badly and with people. So, it is of no use to me because life is too short. Life is too short to start stressing. Already, I have accepted my reality, it is difficult

Marie-Lou, Angola, single mother, centre B

For Mamadou, faith instead provides the strength to actively seek to improve daily life.

That's it, praying God that I meet the right people. I am interested in meeting people, I want to talk. That's why I said, when you are in Brussels, there are many people who want to talk. But here, it's not like that, you don't meet, you don't know how to move. Even if you can pray to God, God, God, but God is waiting for your request, but you also have to move to meet people. When you stay at home, and you say that God is waiting, God is going to give me something, it doesn't work. If I was at home, you would not have met me. Because I moved ... That's it, God made me move. You have to search too. That's why I like to move.

Mamadou, Guinea, single, centre D

Hani also believes that faith does not mean that you have to occupy yourself only with praying. One must also put into practice what one believes in.

Yes it is important but it is not the most essential. Religion helps a lot of course, but the relationship with God is personal and in everyday life you can't spend your days just praying, that's not enough. You have to pray but at the same time do things in your life.

Hani, Syria, family, centre C

For Aïcha, faith gives her a perspective on the future. She sees the difficult time she is going through as a test, for which she will later be rewarded by God.

What gives you strength in life?

It is my faith in God. Yes. Because I sometimes wonder, I say to myself: "But someone who doesn't believe in God, how does he manage to deal with all this injustice in this world? Because certainly, I am sure that each of us lives injustice somewhere. And if you are in a weak position, you can't take revenge, you can't get justice. How do you manage this if you don't believe in God, if you know that divine justice will one day be done to restore your rights? That's what gives me strength. I can't imagine not believing in a God, who one day ... will reward me for being honest with myself and with people. And my son too.

Aïcha, Guinea, single mother, centre D

Working as self-actualisation

A great many residents have the ambition to work, both in reception and afterwards. This report will later discuss how residents want to work to earn money, so that they can be independent and make certain purchases or savings. However, work also provides a form of meaningfulness. Working is seen firstly as a way of passing the time and not having to think about the asylum procedure. Residents consider working to be a way of temporarily escaping boredom. It is a pastime and an occupational therapy:

Every day is the same, the same routine, nothing is new. (...) In the morning I wake up for the breakfast. I look for a job around, try to find something to keep myself occupied. I have nothing to do and I would just be concerned about how it would go with the papers. (...) I do nothing. It depends as I told you, if I have a job I will go out. If not, I will stay here, where else to go? When I work, my day gets occupied. I feel happy with working and wasting my time. (...) I like it when I am working, but when it is a holiday, I do not feel comfortable.

Malek, Syria, single, centre A

Does this daily life suit you?

It suits me. Because if I say no, I'm going to stay in the center all the time. It's not easy, it's the stress of staying in the room all the time, and you have nothing to do, it's not easy. It's good that here at the center, they give us community service. For example, I used to work at the cleaning here at the center. I did the laundry and everything. After that, I signed up to work in the commissary, in the locker room, arranging clothes and everything.

Teresa, Angola, single mother, centre D

What is your motivation to do the jobs here in the centre ?

So if I stay without a job, I would be reflecting on my history and either it's the reality or the dream in about what happens, and the main stories that I remember. Yeah...this is something I would doing if I'm not doing the job.

Yousef, Palestine, single, centre A

Only a few residents are employed full-time. The main form of employment is community services. Its regularity is variable and it involves a limited number of hours. Lionel, one of the few interviewees who did voluntary work, wanted to work more, even though he was not paid for it. At least that way, he would not have to be bored.

I wish there were more activities. The fact that there's nothing to do, it stresses more. For example, I take my case. Since I volunteer at the Red Cross, because I volunteer at the Red Cross, I did BEPS, so there you go... and that got me out, and since I started going out, it relaxed me a lot. Because before, I wasn't doing anything. I would be there in the morning, we would maybe do community service, one hour, two hours, and then it was over. And what do we do all day? It was just sleeping, and waiting for noon to come and eat, and in the evening we would come and take ... You know? And with that, all the problems that we went through before we came here, it's stays, it's just working on us, it's stressing us out more. You see, some people show really aggressive behaviors, often it's not them, it's because at some point, they are at the end. But, on the other hand, if there are activities that allow each person to go out, or to exercise something, it allows them to forget what they have been through, the moments they have had. (...) It would help a lot of people.

Lionel, Gabon, single, centre D

Secondly, work is also seen as something that provides a public identity. It should not be forgotten that a great many residents are in the active phase of life. Flight has interrupted their employment and they are eager to get back on track.

How do you see your future?

If we have the papers, we can open a business. If not, it will be difficult. And a return to Albania, no, it is not possible, my family will kill us both... The hope of having papers, the desire to work. When I work, I am well, otherwise I am not well.

Isa, Albania, couple, centre D

I am hopeful that my husband will start working again. He is a house painter. As for me, my hope, if we receive a positive decision, I would like to take a hairdressing course to work as a hairdresser. I would also like to volunteer in refugee centers, to translate, help sick people, bring clothes, etc...

Avan, Iraq, family, centre C

Thirdly, employment creates a sense of doing something useful.

And what is your motivation for working here in the center?

I work in the center because I am a human being. I have to [...] How can I say? Because work dignifies a person. So, I have fingers, I have feet, I walk normally, I have no disease. So why not work? I have to work.

Marie-Lou, Angola, single mother, centre B

What gives you strength in life?

Work. If a human being does not work, it is as if he or she has not done anything in life. And always relying on others is not the solution. Work is really what allows us to live.

Hani, Syria, family, centre C

Fourthly, employment is a way of acquiring skills, learning new things and developing one's own talents.

But I would still appreciate all kinds of jobs, because for me this is investing in my time and it is something I would like to do always because I cannot stay without any job or free. And it is also a way of gaining experience, and I also appreciate every gaining of experience.

Rashid, Jemen, single, centre B

Finally, some applicants feel it is their duty to work during reception, as this demonstrates that they are taking responsibility and making a contribution.

Ok, this job that I'm doing now (...) I'm getting tired and the money is not that much, but I'm allowed to do that. In my opinion when you seek a job, it's not about the materialistic side because in the beginning money would not be enough for sure but you have to pursue things, I don't believe that you should be sleeping, I should do something, make an effort. I'm not getting out to this place to do a picnic, it's not a picnic.

Sami, Palestine, family, centre A

Lifelong learning

A sense of purpose in life can also be derived from studying. There are residents like Semret who are completing their secondary education, like Aïcha who are taking a training course or like Omid who are even attending college or university.

Right now it's holidays, but normally in the week I wake up at 7 am because I have to go to school. And in the weekends I have to wake up at 9 o'clock in the morning. And sometimes they give us work here in the center. I also have to look after my baby, my daughter, I have to wash her and feed her etc. Then in the afternoon I have to come here to the restaurant to use the wifi. It becomes evening like this, then when it becomes at around 10:00, 10:30 we must go to our beds.

Semret, Eritrea, single mother, centre C

I said to myself, instead of staying like this in the center doing nothing, I decided to train as a nurse's aide. (...) I don't like ... what bothers me in all this is not the living conditions, I'm used to living in the ... difficult, I'll say. What bothers me is to stay without doing anything. (...) I forget a lot of things at the moment. The big problem for me is to stay without doing anything.

Aïcha, Guinea, single mother, centre D

I am studying Nursing, because it was my dream to study this. I was interested in Medicine, to be a doctor when I was in high school, I was able to do it. Coming to Turkey was an opportunity for me, to leave Afghanistan because of the situation in there. You know the situation in Afghanistan, it is very hard and tough. When I got this opportunity, I got the chance to change my field into Economics. Due to the situation in Afghanistan I crossed over from my dream faculty of Medicine to Economics. When I arrived in Belgium and showed my documents, my diplomas, I was given the chance to choose either to make masters in Economics or to study another department. I studies in English. I said that I want to do Nursing, back to my dream. Thanks to the university that it has accredited all my study credentials [...] Every morning I wake up at 6 am, taking a shower, preparing myself, having breakfast and then I spend all my time in the university, like until 6 pm, 7 pm or sometimes 9 pm. Because we have courses at different times. This is between Monday and Thursday. On Friday we have only one class which is not obligatory. It is French conversation practice with other Belgian students. In the weekends I repeat all lessons I have learned in the week times, in my room and even in the weekend I'm going to the library as some times it is open on Saturday. On Sunday, I'm here in the centre, half day I am at rest and the rest half day preparing myself for the next week.

Omid, Afghanistan, single, centre C

Nonetheless, studying effectively is not always easy. As was mentioned earlier, the location of the centre and the location of the training can be far apart. For single parents, it is especially difficult to combine caring for

children with studying. Aïcha, for example, wonders who will pick up her son from school when she is in the lecture hall.

But, the concern is who is going to stay with the little one when I'm in college. Because sometimes classes go until 7pm, and the kid gets out of school at 3pm, and there's no daycare. Fedasil doesn't take care of that, it's the school, but they say that the daycare, they don't take care of that. So who was going to stay with the little? But if it's in Brussels, I have acquaintances who can pick up my son after school until I leave the university.

Aïcha, Guinea, single mother, centrum D

In addition, there is no suitable infrastructure at the centres for allowing everyone to study. For example, Omid tells us that he is going to university to study.

Do you have enough place to study in the centre?

No, our room is very small, there are two beds and our room is full of materials, clothes, table. Normally I don't study in my room. For example today is Friday, I don't have class. I go to the university and study in the library and in the premises of the faculties until late in the evening, until 10 pm. Other libraries are opened till 6 pm.

Omid, Afghanistan, single, centre C

The main area of study for residents is language education. A major part of the language education on offer in Flanders and Wallonia consists of language lessons given by volunteers, either at the centre or at voluntary organisations. Some residents are surprised that they cannot take 'professional' Dutch or French lessons from the moment they arrive at the reception centre. According to Rashid, the language education he receives from volunteers is of a low standard:

But now you are taking courses right ?

The people I talked about are volunteers and they come from Monday till Thursday, those four days, from 10 to 11 or 12, and they don't follow textbooks, they don't really teach you in a systematic way, but they would teach you some words, mainly they would help you manage with the language. What I talked about, my expectations, is that I expected that we would at least have two or three hours of teaching of the language daily and I see that as a negative point that this is lacking.

Rashid, Yemen, single, centre B

There are also some residents who opt to learn the language through self-study rather than through language lessons.

Before I arrived in Belgium, I didn't speak French. Here, I developed it, I always went to the library to get books [...]. The local people are very nice. Some people say that there are racists, but I have never seen any in almost two years, all the people I find are nice... I have Belgian friends at the youth center, Moroccans too, Portuguese and Italians.

Ahmed, Mauritania, family, centre C

However, residents are generally very grateful for the opportunity to attend language lessons. Those who choose them find that it gives a rhythm and structure to daily life.

There is this daily routine, every day the same thing, the same meals... The only fun we have during the day is to go to French class.

Abdallah, Palestine, family, centre C

There is no such leisure activity, but I spent every day a portion of my time in language course, apart from that we Afghan friends come together and hang out.

Ejaz, Afghanistan, single, centre D

An important motivation to take language lessons is the experience that, in many cases, one does not share a language with fellow residents or with the centre staff. Learning Dutch or French is a way to bridge the language gap.

We use the language that is taught us by our teacher, so we now have a common system, a common language, for instance, how to say good morning, everything. So we have good relations.

Semret, Eritrea, single mother, centre C

The first and the most important is the language, the basic things, because knowing language, you can express yourself and then you can share what you want to say to your manager or social assistant. To express yourself, you must be able to speak the basic language.

Daniel, Eritrea, single, centre D

Residents who attend language lessons are generally disappointed by the lack of practice opportunities to put the knowledge they acquire into practice. In the words of Yacil from Turkey:

In such a class it is very difficult to learn the language. It is important that you get practical experience, use the language in social life. That's how you master the language. What we learn here at the center is mostly Arabic. 90% of the residents speak Arabic. The assistants also always speak English to the residents. I must explicitly say "Dutch Dutch" and then he switches to Dutch.

Yacil, Turkey, couple, centre A

I play and spend most of my time learning language. Sometimes I watch something on youtube, I believe French is a very important language and I really want to learn French by watching some videos. There are other people but with them I cannot practice my French because their level is very low, not like me but there is this other guy who works in Brussels but who comes to this center once a week, so when he comes back I really practice with him.

Saïd, Afghanistan, single, centre D

For some residents, taking language lessons gives a sense of preparing for potential recognition, rather than merely waiting.

And why do you take the French classes?

Because the language is very important for me, the key for everything, I think. (...)

But you also speak good English?

No, but I want to understand, to understand everything about my children. But now there is problem with them I can't understand, I must understand everything. I, I...would to find friend, a friend from this, from Belgique. I like the people here, all smile, "bonjour, bonjour". Just, I want to contact with the people and find a job for me. I hope, it's my dream, because I like, the life here is very nice, safety...everything is nice, I like everything here in Belgium. So, I must learn, must.

Ayah, Palestine, single mother, centre D

Conversely, however, some residents also question why they would take language lessons if the chances of their recognition are low.

I also would like to learn a language but at the same time I know that the authorities told me that, you have fingerprints in Germany and in France, if they do not allow me to stay in Belgium and of they send me back, then what's the point of learning a language. As I told you that by profession I am an electrician, it has been 4 years that I haven't done anything, I didn't do any work with my profession so its the kind of difficulties I'm facing it increased my mental stress and depression and I'm afraid that with this kind of stress and depression I can have some mental issues and if I have mental issues then I won't be able to continue my profession or to do any kind of job. Moreover, if they send me back to Afghanistan, what am I going to do after 30 years, in Afghanistan because I never lived there.

Mokthiar, Afghanistan, single, centre D

In addition, there are a range of barriers to taking language lessons. Firstly, there are residents for whom language lessons are not a priority because their focus is on the procedure and not on beginning to integrate.

So I need to learn, but I will choose the correct time, I should say. Right now I need to take, because I first came here, so the environment, with so many things, I need to get a vaccine, then I need to check my eyes and teeth. I cannot do my study and at the same time, it's quite heavy for me, again I need to prepare my interview and all this, so it's too much work. Maybe this all I will finish this month, then I will study.

Dechen, Tibet, single, centre B

Some residents do want to take language lessons, but cannot find the time or energy:

Yes, it's very difficult, but for us it's normal. Because me, I like to learn, but the time with the children and my energy, when I finish everything, I, I very tired. So I go to sleep, no time for myself, yes.

Ayah, Palestine, single mother, centre D

In a stressful context, learning another language is not always easy. Youssef, Abdallah and Avan both indicate that it is difficult for them to focus their attention on learning a new language. Bibek shares this sentiment, but attributes it to his age.

I stopped the second level because the school hasn't helped me to improve my situation. Because I used to be very absentminded during the classes. So, I quit. I would be looking at the teacher, but my mind is elsewhere. So, I go back to the job because in the job, I would concentrate on the fact I have a job and in the job, I can control my mind and I control my mind with good strain. So, I feel I'm having more control of the situation.

Youssef, Palestine, single, centre A

I have been taking French classes for about 7 months. As time goes by, we receive certificates... I have trouble concentrating, I have trouble retaining the lessons, I am preoccupied, I think a lot... I think about my family who stayed there and my family who is here, because I don't know what is waiting for us here too.

Abdallah, Palestine, family, centre C

You speak French well, did you learned it in Iraq?

No, in Iraq, I had only studied English. I learned French here by talking to people. But I don't take classes, because to take classes, you have to sleep well first. And at night, I can't sleep, too much stress!

Avan, Iraq, family, centre C

So I didn't have my orange card at the beginning in order to go to school. So one of my social worker, they provided me with an attestation and paper, they contacted the commune. The commune gave me, issued me an orange card. So once I had the orange card and I was eligible to go to the language school, so I didn't go because I believe that I'm an old person, what I gonna do? Even if I learn the language, there is no use for me. Even if I go to school, learn few words, for couple of, in 1 hour – or for whatever time I stay in the school – so once I'm out of the school, I will forget it anyway. So there is no point of going to learn a new language.

Bibek, Nepal, single, centre D

Finally, the language-learning provision is usually limited to the official national language spoken in the region of the centre. Residents who eventually plan to move to another region are often not motivated to take language lessons. For some residents, based on their language skills, it is also easier to learn another language than the language of the region.

Are you taking french classes?

No... I would have liked to take Dutch classes, but they are not proposed. And even my daughter, I would have liked to put her in a school in the Dutch system but there are only French schools. If I could, I would have done it. Because in any case, I plan to go there [to Antwerp]. My whole community is there.

Adan, Palestine, single father, centre C

We would rather learn Dutch than French. Since we have studied English, we find that Dutch is closer. But here, we can't learn Dutch.

Najla, Syria, family, centre C

Security

Being surrounded by acquaintances, friends and family generates a feeling of security. This contrasts with a sense of loneliness. The social networks of residents were described previously. These showed that friendships tend to be scarce and contact tends to remain superficial. In this section, we seek to better understand the dynamics of social relationships. In addition, we dwell on the perception of family life at a reception centre.

Collaboration and detachment

Depending on the resident one speaks with, the atmosphere of a reception centre is presented differently. According to Mohammed, he was treated with respect at the centre because he himself was also respectful towards his fellow residents.

All people is good here. Really, all people is good here. It is the same thing, one family, all people respect. You see, no problem for black, white. No problem, really really no problem, all respect. For me, I love all people. I help all people. I don't need anything for other people. Just I help, because if you smile, all people will smile. If you angry, all people are angry.

Mohammed, Palestine, single father, centre C

The study found that residents help each other in all sorts of ways: parents take turns to take their children to school, residents lend each other things (such as a bicycle), people try to share as much information as possible about the course of the procedure or residents interpret for each other. Ali from Iran, for example, tells how his friends share their cigarettes with him, a precious commodity at the centre. Henri describes that he makes his television available and that others bring the coffee.

Yesterday I told them "I smoke with you, so I have to buy the flavours". They said "No, we are friends and we don't let you buy something". The friends... We do whatever I can, they do whatever they can to me. I can mention what I did for them too. But I'm good friend with them.

Ali, Iran, alleenstaande, centre A

Do you share everything?

We share everything. The coffeemachine. Television. I have tv, you have the coffeemachine. We share everything.

Henri, Cameroon, single, centre D

At the room level, a form of solidarity sometimes develops between room-mates. Salou says, for example, that the younger residents clean so that the older residents can rest more.

How are the relationships with the other residents in your room?

I'm not used to sharing a room with 6 people... but I don't find problems with people, there is respect [...] It's important to keep clean, we clean the rooms each one in turn. But the three oldest people in the room don't do it. At first they wanted to do it, but we younger ones didn't want to see them cleaning so we asked them not to.

Salou, Niger, single, centre D

In general, however, mutual aid is not so widespread. Lucía talks about when she arrived at the centre as a pregnant woman and nobody spontaneously offered her any help.

I felt miserable, especially since my husband was not there that day. He came the next day, a day later than me. So I had to go upstairs with all the things I had brought with me, with all the luggage. I saw that no one wanted to help me. There was a boy who went to look after my things, but in a bad mood, he didn't want to help at all. Even when I had to go to the second floor, pregnant, with my baby. Even when getting on the bus, no one helped me.

Lucía, Venezuela, family, centre C

The limited solidarity is partly due to the great diversity among residents, which makes close ties difficult. We can also state that residents generally prefer not to call on each other's help. Collaboration emerges to fill certain gaps, such as the shortage of professional interpreters. Residents do not want to be a burden to each other and do not want others to come knocking on their door with their own problems. Everyone is primarily concerned with their own situation.

Since no one can help us, we also do not immediately expect to share our secrets with anyone. The others also have problems and then we also try to avoid sharing our problems with the others.

Nadir, Afghanistan, family, centre A

An important explanation for why residents are reluctant to ask for each other's help stems from a form of pride. Those who ask for help put themselves in a weak position, which hurts their own pride. Residents prefer not to show their needs.

In this centre, no one shows emotions. Everyone is to herself.

Hakima, Tanzania, single, centre A

It is not good to be asking please give me bicycle, no no it is not good. Maybe the person does not like, but maybe he will give you, at the end of the day we hear that they will talk bla bla. I just prefer I walk.

Fafa, Ghana, single, centre A

Distrust and free-loaders

There is also a lot of mutual distrust among residents, which undermines collaboration. Applicants come from very different countries and harbour negative prejudices towards each other. This makes it difficult to establish social relationships. According to Lucía and Aïcha, there is an element of racism at the centre between different population groups.

Living together is also very difficult, with so many people. And on top of that, nobody wants to talk to me, just me. Another thing I notice is the racism. I don't know if you know this, but the Arabs and blacks don't get along well. They talk, but it's a movie. And, since I am the wife of a black man, the Arabs don't talk to me either. There is a lot of racism. They are races that don't get along well, Africans and Arabs. I don't know how they can put so many Arabs together with Africans. One day there will be war or something.

Lucía, Venezuela, family, centre C

So, there are children who say "dirty black, I don't play with you" or other racist remarks, but as they are children, you, as an adult, can't take them into account, but my son, it bothers him.

What is the source of conflict in the center, in your experience? Is it the fact that there are different nationalities, different cultures, different religions, or something else?

I see my son, he is a victim [of racism] every day, even at school, even here at the center. But, mostly, he says it's the Arabs. That's what he tells me. But, I see that it's kind of everywhere. Well, I also see the children causing problems between the parents. Conflicts that I've noticed, that happen here. They argue because of religion. For example, the day before yesterday, I was going to block 7, and my son was reading the Koran, because I am Muslim. So, there is a man who wants to provoke me, he hands me the beer and he says "hum hum, here." So, it's making me understand ... he knows that it's forbidden in my religion, but he still wants to give it to me, it's a way to provoke me.

Aïcha, Guinea, single mother, centre D

A lack of trust in each other can create a negative group dynamic. Some residents report that they are bullied, for example. Rosa says that other residents sabotage her community service work:

Because of the work plans, they often pissed me off when I finished my work. Before they saw that it was done properly, they would trash it and say I didn't do my job, already several times.... I already talked to Mr. Paul about it. I told him that I took pictures of how I left the place where I had to clean. I showed the pictures. I said: this is how I leave it. They do it and disadvantage me and pull all kinds of stuff so I don't work and so I don't get paid.

Rosa, El Salvador, single mother, centre C

When residents have to share certain facilities, conflicts regularly arise. Aïcha and Rosa share a studio flat with a fellow resident. Sometimes, there are confrontations about daily matters, such as the household or the children:

I have a bit of a problem because she acts like she's the master of the studio. She decides everything, when I put my things, she throws them away. And often, in the kitchen ... In fact, she decides everything. Often I take advantage of her absence to do the cooking. But she is really clean. She is clean. She cleans up every time. And that, even if I can't. She cleans up every time. She is clean, but she wants to decide everything. The living room, I don't get anything in the living room. We had two tables, she had one and I had one. But she took my table and she put it on the wall with my fridge on the same side and she took the rest of the living room.

Aïcha, Guinea, single mother, centre D

In the beginning, everything was good. We didn't know each other yet, well, we were getting to know each other. There was a fight between me and roommate. Because of the kids. I was about to hit her. I am very aggressive and am a good fighter. I don't like that. I endured a lot, that she lied about my daughter for things her son did. I was just waiting for her to correct her son, and she didn't. (...) That's why nothing more happened. As the days passed, she became more tense. I told her, 'look, let's talk, we can't stay like this. We are living together. The kids see us fighting.' I avoided it, I talked and currently we are calm.

Rosa, El Salvador, single mother, centre C

There is often a perception among residents that they follow the rules, but others do not. Anastacia from Ukraine, for example, wonders why she abides by the centre's rules while other residents, in her own words, 'break everything'. She suspects others of acting like 'free-loaders'.

No, here is normal, here is good. But you see these people, they play, they scream, they've broken everything. And they give positive for these people. They don't respect nobody, they say bad words. And you think 'Why I am quiet? Why do I respect everybody, everything, why do I follow these rules' and you think Belgium, they don't need normal, they want like these.. I'm sorry, I am not a racist, but these monkeys, they...

Anastacia, Ukraine, single, centre A

Gaëtan from DR Congo shares the same sentiment. He is staying in a makeshift dormitory. He regularly cleans the communal areas. According to him, his fellow residents do not do this. In his eyes, they behave like free-loaders who take advantage of his efforts.

Yeah, I take responsibility, I clean up but it's not every day, you know. We are still humans, it's not every day. If I was alone, it's understandable. About twenty people! If one person takes on this responsibility to do them, it's hard. I also need them to help me because the room is not only mine. I'm not alone and... that's it... For them, it's like I'm working for them. And they see me as if I were a Fedasil worker and so on. But I'm also an asylum seeker like them.

Gaëtan, DR Congo, single, centre B

The feeling that free-loaders live at the centre is part of a more general dynamic in which residents do not accept authority from one another. Residents do not accept others holding them to account for their behaviour. Fabian formulates it as follows:

Few here want to listen to the opinions of other refugees. They reason "you are not Belgian or you are not a social worker, so I have no reason to listen to you." They feel protected here at the center and therefore think they can just go about their business. Many don't even respect the opinions of the social assistants. The only reason they end up listening anyway is that they are afraid that if they do not respect the social assistant's opinion, it may affect their further asylum procedure.

Fabian, Venezuela, single, centre A

It is not easy to hold fellow residents directly accountable. Some residents are afraid to complain.

I am scared to talk to them, I do not know how they will react to me.

Pierre, Namibia, single, centre B

If residents have a dispute with each other, they often use the argument that they should complain to the aid worker. Take Ali, for example, who complained to his room-mates about them smoking in the room, even though this is not allowed under the house rules:

I told my roommate, please, please, gently, "Do not smoking to my face, I cannot take it". He said "It's not a problem. Go call the assistant". Here is smoke forbidden. How they are asking me to call the assistant ?

Ali, Iran, single, centre A

Taking the step to see a social worker takes courage. Residents are more likely to accept that their fellow residents are not behaving properly than to seek help from centre staff. In fact, residents are more afraid of what would happen if they were to complain:

You have, these kind of people, you don't want to get into an argument with them, you know that you are going to live with them, so, trying to make it easy, you just accept the fact that you can't do anything about it. And if you go and if they hear that you go complain, they'll have like a personal problem with you, why do you complain, why do you this, it's annoying. Still you just accept the fact that this is a temporary thing, and I would say it is not that temporary, but, yeah, some people have patience and some people don't have patience, so...

Rifat, Irak, single, centre B

The feeling that fellow residents cannot be trusted and do not put in the same level of effort for the reception centre can create the opposite of a sense of security. It can feed repressed tensions and put pressure on daily life.

Family life under pressure

Residents staying at a centre with their families derive meaning as well as security from the presence of their partners and/or children. However, it should not be forgotten that the reception conditions also put a major strain on 'normal' family life. According to Ibrahim, the problems in his marriage and with his daughter are the result of the reception situation:

Yes, but, when we see for the families, I speak for the families. When I see the situation of the families, if I stay another year or two years with Fedasil, my big daughter, she goes crazy. Because I lose my life. I have already lost more than 3 years. And then I lose my daughter. And then I lose my wife. She has already asked for a divorce several times because of the situation. It's all nonsense. It's because of Fedasil. They have to see what happened. There are psychologists' reports, there is everything. I'm not just saying this to get the social house. When they give me a room with a shower and toilet and a kitchen, it's fine. I don't need 3 or 4 rooms. No. Only a studio. The main part is occupied.

Ibrahim, Algeria, family, centre C

Living as a couple or family in collectivity creates difficult dynamics, such as jealousy. Philip from Angola, for example, says that fellow residents are trying to seduce his wife:

So families mixed with single people and that's it. My wife goes to the bathroom. There is a man who is looking at her, he is trying to seduce her. So that's not good.

Philip, Angola, family, centre A

Parents with children also struggle with major worries. Raising small children in particular entails many practical difficulties, which the centres are not always equipped to deal with. For example, some centres have stairs and are therefore unsuitable for prams. For single parents, practical obstacles in raising the children are usually more difficult to solve.

Besides, my wife, at that time, she is pregnant. And then she gave birth, so you need a stroller. And I have a daughter, who at that time, was not yet walking, the one who was born in 2017. So that's two people. And when I ask for a ticket so I can go with her. They tell me: "Why don't you keep the children at home?" There, I can keep the big one. But the baby is breastfeeding, so she has to go with her. Moreover, my wife is weak and tired. She has a lot of psychological and physical problems. She can't take the stroller up the stairs. I have to go with her.

Ibrahim, Algeria, family, centre C

A recurring theme cited by residents is the difficulty in explaining to children why the family is staying in reception. Children do not understand why they have to stay at a collective reception centre.

My 6 year old daughter, she says to me, "That's crazy-dasil, that's a big thing. She didn't hear that outside. She woke up in the morning. "Daddy, how long do we have to stay with this situation; I'd like to take time off like my friends; I'd like a house; I'd like a shower next to my room, ..."

Ibrahim, Algeria, family, centre C

I would have liked to have had a home, leave the center for the children. At school, they are asked questions, "Where do you live? Do you have your own room?", etc...

Anna, Armenia, family, centre D

Children also question the fact that social workers, and not their parents, seem to have the final say in the running of the centre. As Adil points out, this calls parental authority into question:

And he asks me when we will get our proper house and leave this prison. And I will tell him that hopefully it will happen soon. And even when he wants to play in the playground, the assistant will come and scold them. Because he's ... I don't know why... No no, not in the playground, in the building. In the winter, it's too cold to play outside, so the kids play in the hallways and the assistant comes every time and scold them. And he got angry and at the end he told to his father that we want to move to our own house where there is no assistant because I want to play.

Adil, Palestine, family, centre A

Parents want their children to grow up carefree in a happy family. However, the stress over the procedure makes it difficult to create this protected context:

My son. If I didn't have him... I might think about killing myself. But I can't, my son has to have his mom no matter what the outcome of the process, positive or negative. He doesn't understand our problems, sometimes he asks questions about our situation, but sometimes I can't answer, sometimes I get stuck. Raising a child is not just about feeding him and providing for his material needs, it is also about educating him in a good environment, showing him that we are a happy family. But we are not a happy family, we are a sad family, with problems. A family of refugees. For this reason, as long as I am in this situation, I will not want to have a second child, no. And I will not have a second child to hope for a positive decision, no.

Avan, Iraq, family, centre C

Parents also want their children to have everything they need, but are in a situation where they have little margin to buy gifts or take their children on an outing, for example. Anastacia lies awake at night mulling over how to indulge her children:

So you were saying that you think you have a problem? Because you can't sleep, you can't.. What is preventing you from sleeping? Are you thinking of specific things that have happened in the past or are you thinking about the future?

About the future. Now it's two months school vacation and they must make something in this vacation. To get out of the camp, I must seek something but how...

Anastacia, Ukraine, single, centre A

When parents earn money from community services, it often goes to the children. Ana says:

You get money per week and also money for your work ?

Yes.

What do you do with that money?

I buy things for the kids, toys, or things they need.

Ana, El Salvador, single mother, centre C

Parents repeatedly stated that they were 'sacrificing' their own lives, interests and needs for the sake of the children. In the words of Imane:

What are your interests? What is it that you like to do? Your hobbies?

Like you mean in the camp?

Like in general, I mean what do you like ?

To be honest, I don't have a goal. Since I have the kids, I am concerned about them.

Imane, Syria, single mother, centre A

For example, the laundry is a mess. We are 5 people and they give us 3 tickets a week. What do I do with 3 tickets a week to wash clothes? I have 3 children. Only 3 children is not enough with 3 tickets. 1 ticket is a bag. So I have 3 bags a week. Now, the truth is that I stay with my dirty clothes. Not the small clothes, I wash them in the shower. But, for example, this big t-shirt, when it is stained with coffee, I keep it until I find a place in the bag. Because the priority is for my children. And that's bullshit too.

Ibrahim, Algeria, family, centre C

The presence of many strangers at the centre also makes parents feel they have to keep a constant eye on things.

You let your children play freely here, in the hallway, or...

Yes, in fact, we don't let them go free. We always keep an eye on them because you never know. Neighbors come from different countries, for different reasons, we don't know everyone. We don't know who is who, so we always have to be careful. We always try to control the children's movements because it is dangerous. We must not let them go, no.

So, were there moments of danger, events that you...

Oh, yes. There was one time. A young man was threatening the child, so we had to intervene. Yeah. So these are people with a little bit of weird behavior. So you have to be careful to intervene all the time. But it's rare, it doesn't happen all the time.

Philip, Angola, family, centre A

Everywhere they go, no problem. But I tell them: "Don't enter any room." Because, here in the ground floor, there is a men, only just men. This is new. They put men in... All the rooms. Yes, I sometimes hear they take a drink and some ... maybe the people speak about this. So, I tell the children don't go to that room. But nothing happen, it's okay, it's safety.

Ayah, Palestine, single mother, centre D

Parents feel pressured to check who their children are coming into contact with. They fear that the behaviour of fellow residents and other people's children will make their own upbringing duties more difficult.

And I have this problem that I raise my kids in the room, but they go outside and they pick up bad terms from other kids and they would learn bad things. The atmosphere here, it is like a camp, kids would learn everything, and would learn dirty things from the other kids and the community here. (...) People are not well-raised, the kids they learn everything. Outside, you would have a house and your kids would come from school and they would stay in the house. But here, whenever they come back, they would go out, instantly, and we are running after them. If you would have a house, your kid would stay in the house and study and do everything.

Wasif, Syria, family, centre B

For the children, it's difficult, there are different nationalities, different educations, it's a bit difficult with the children. Just an example, I have to put them to bed at 7:30 pm, and then the children start to say "Why can he stay and play"... It is sometimes difficult to manage. But on the other hand, for the children, it's also good, they can play together in the center, they are safe, even if they have to be supervised a little bit.

Anna, Armenia, family, centre D

The four centres also house unaccompanied minors. Parents are afraid that these young people will have a bad influence on their children, because there is no-one to control their behaviour. Unaccompanied minors are sometimes seen as a trigger for licentious behaviour:

Look, if you have those minors without supervision or something, they use drugs and alcohol and stuff. If my kids become friends with them, look they're 15,16,17 years old, that's puberty, and they can be influenced quickly. That's why I make sure my kids don't come in contact with guys like that.

Aamir, Afghanistan, family, centre B

A significant proportion of parents indicated that they felt it was important for their children to do well in school. However, they themselves experience difficulties in following what their children are learning at school or supporting them with homework. Because Ayah does not yet speak enough French, she is finding that she cannot help her children if they have a problem with the subject matter:

But I want to understand, to understand everything about my children. My children are very clever in the school, it's okay, there was, I think and I go to school and I study with them. My study is mathematics...I study mathematics and I study, learn mathematics very well. But now there is problem with them I can't understand, I must understand everything.

Ayah, Palestine, single mother, centre D

Aïcha from Guinea is French-speaking and is able to talk to her son's teacher, thus enabling her to help monitor his upbringing and education:

And do you have any contact with the teachers or other parents?

With parents no. But with the teachers yes. I often call the principal. I often go and talk to the teacher and other teachers. Because he comes to tell me that such and such a teacher is nice while such and such is not. So, I try to see why, what this teacher does that the other one doesn't. I don't know them, it's not like I know them. I don't know them, they are children. But I try to intervene, to know, because I don't want to see my son sad, and I don't want him to be allowed to do stupid things without correction because he is a child. So, often, I will ask his teacher, the principal, how things are going.

Aïcha, Guinea, single mother, centre D

From the time children start school, parents notice that they integrate faster. They learn the language more quickly and understand social life in Belgium better. This triggers processes of 'parentification', whereby

Are you going grocery shopping?

With my daughter.

Where do you go shopping?

Colruyt, Aldi, Lidl

Do you sometimes go shopping alone too?

No, never been.

Why not, why not alone?

A language problem a bit.

Is it easy for you to read?

No, it is not easy for me.

Cara, Afghanistan, single mother, centre B

Children are generally assigned responsibilities at an early age. For example, Marie-Lou from Angola asks her children, aged five and eight, to babysit. She is also a single mother and, when she has to cook, she cannot look after her newborn baby. Instead of playing, her children have to give her a hand:

So if the kids aren't at an activity, they're near you?

Yes. They are in the bedroom. If I'm here in the kitchen, it's hard to come to the kitchen with the two little ones. It's hard, I think since I've been here, this is the second time I've come here with the baby. They always stay in the room with their sister.

And, there's no one to watch the child while you're in the kitchen ?

Sometimes he sleeps. He stays with the children. They are 8 years old and the other one is 6. 5 years old. Not yet 6.

So, the kids keep the little one?

Yes, yes. But, when he cries, then he comes to tell me «Mommy, he's crying.» So, I have to go out and keep the baby. I go out and then I come back.

Marie-Lou, Angola, single mother, centre B

In summary, we can state that family life brings not only security, but also extra worries and caring duties.

Independence

Well-being is more than just a feeling. It is also about how one functions in daily life. Five dimensions of functioning were distinguished earlier, including independence. Independence refers to the extent to which a person is able to make choices about their own well-being and is able to take care of themselves. Being able to make oneself understood and to understand what others are saying is an important component of independence. Another component that is very important for independence involves employment and having the financial resources to make choices. Residents are recipients of material reception, which means that they are dependent on the reception facilities offered to them for a significant part of their daily lives. Earning money allows them to partially break free from the reception provision.

Language gap

There was an earlier discussion on how the population at the reception centres is characterised by great cultural and linguistic diversity. In a great many cases, residents do not share any language with the centre's staff or with their fellow residents. This is due both to the language skills of the centre's staff and to the language skills of the applicants. Where there is no shared language, we refer to a language gap. There is only a minority of applicants who do not experience a language gap because they speak French or English, for example, or because the centre employs multilingual staff with whom they can speak their own language, such as Arabic.

The effect of a language gap is that it drastically limits a resident's independence. For example, the resident has difficulty in gathering essential information and expressing their own needs. Arghawan from Afghanistan is struggling with stomach problems, but because of the language gap, he cannot tell the medical service this. Amina also has difficulty explaining her medical problems to the doctor.

Have you asked an assistant to get a modified diet for your stomach?

I don't speak the language, I don't speak Dutch, I don't speak English, it's very difficult to relay such complicated information.

Arghawan, Afghanistan, single, centre A

I have doctor's appointments in Brussels and sometimes it's very complicated, because I don't speak French or English, I have problems to communicate.

Amina, Palestine, family, centre C

The language gap is not limited to the centre and manifests itself outside the centre as well. It does not allow residents to function independently in society, for example by going to the shop.

So I'm not educated, so I don't speak foreign languages. And I speak a bit of French, a bit of English, which is not perfect. And sometimes, most of the times, people as me have difficulties to understand each other. For example, the other day I went to the store to buy a filter. In English it's called 'filter', that is being used to make a cigarette roll. And I demanded that from the shopkeeper and he didn't understand what 'filter' is, and after having little argument and some explanation I finally understood what he means.

Bibek, Nepal, single, centre D

The impact of a language gap is far-reaching. For example, it also has implications for social interactions at a centre. Mariam from Eritrea, who spoke only Tigrinya, talked about the difficulties she faced because she could not communicate with anyone:

When you arrived here, so you already told me that you had the impression that it was a bit crowded, there's a lot of people, other first impressions you had?

My main problem is the linguistic problem, I came here first and I didn't know how to speak English. And then you have this French and this Dutch. All this. And I couldn't communicate. And the people in my room they spoke languages that I couldn't understand and the boys were saying bad things and I couldn't understand what they were talking about. What are the examples of bad things? Like saying 'oh this girl is pretty' or for example talking about my body because I got like a big booty.

Ok. I understand. Did your social assistant ever call an interpreter for you or did they ask someone here in the center who speaks Tigrinya and Dutch /English to help translate for you?

They said there's no interpreters here in the center. They tell me, 'Speak English, speak English', but I don't know how to speak English.

Mariam, Eritrea, single, centre A

Because of the importance of communication, some multilingual residents are asked to translate as 'auxiliary interpreters'. For example, Fahim, a Palestinian in his fifties who speaks only Arabic, talks about how he came into contact with a young Palestinian man who translated his conversations with the social worker into English for him:

So one time I was walking and he was standing with the social assistant and he was speaking in English. And I thought "Oh, maybe he speaks good English". So I approached him and I asked "Do you speak good English?" and he said "Yes, I do" and I asked him "Could you please translate for me in the future and he said "Yes". And the assistant told him "You speak good English and you can do that as a job and you will get paid" while interpreting for me. But he said to the assistant "No, I'm not getting money for this because he's my father's age and I'm just going to help him.

Fahim, Palestine, single, centre A

However, it is with mixed feelings that residents enlist each other's help to interpret. If given the choice, people prefer a professional interpreter to a fellow resident interpreting.

How do you feel that a friend is translating for you instead of a professional interpreter ?

If it would be a professional interpreter, this would be much better. I would assume that each center would have its interpreters. Each center should have. But there is not a single. (...) They translate on the computer and it gives you rubbish sentences. And they give other versions of the Arabic that you don't understand.

Wasif, Syria, family, centre B

According to Wasif, the use of auxiliary interpreters is a stopgap measure that often fails to produce a good translation. Salman and Rosa share the same opinion: by using residents, part of the original message is lost, preventing them from expressing themselves in a nuanced way.

He will never express or put things like I want them to be expressed or put. When I speak Arabic and she does not understand Arabic, I speak to the interpreter. He will not put it like I want. He will not convey the message in the way I want. (...) I felt while the guy was interpreting to her, that he was not speaking out about the pain that I was feeling inside and that I wanted to convey.

Salman, Palestine, single, centre B

I don't like it. First, because he doesn't tell me properly. I feel like... He doesn't say it right, not like her. I don't know. I don't like it. He doesn't say it completely, like her. He says it to me in short, like he understands what she's saying to me. It's not like he's going to explain it to me and say it to me. It's not easy. I don't like it.

Rosa, El Salvador, single mother, centre C

Some also object to using fellow residents to interpret because they prefer to maintain their privacy. Professional interpreters are bound by professional secrecy, but with fellow residents, you cannot possibly know for sure what they will do with your information. In the words of Imane:

Do you sometimes ask another resident to help you translate ?

Honestly, I don't prefer to ask for anyone's help because they are my private issues and I don't want people to know them.

Imane, Syria, single, centre A

As regards auxiliary interpreters, we see that they are called upon in some very different contexts – even in a medical context.

In the center, there are many Africans and Arabs. The Guineans, the Malians, the Senegalese, they are very close to us. The Asian Arabs, like the Syrians, I didn't know any before, but now I help them with the translations, as I speak French and Arabic. And they often come knocking at my door to help with translations with the workers, social workers, doctor, etc. I have even been to the hospital with a resident to help her.

Ahmed, Mauritania, family, centre C

Some residents see it almost as their obligation to help by interpreting.

And when you have to translate into Turkish, how do you feel?

No, I don't mind, I don't mind. This is help. This is help because sometimes when you help people, it's also recognition. I don't mind. If I have the time, I always do it. I can't refuse, my time is free. Why can't I say no? Because the other person doesn't speak the language, French, English or Dutch. You always have to help him. And the assistants too, they don't speak Turkish, you see. It becomes another world. So you have to be there just to share, to try to listen to the other.

By interpreting, they become closely involved in their fellow residents' situations. This is in addition to the difficulties experienced by the auxiliary interpreters themselves. Indeed, this then becomes an extra psychological burden.

Do they ask you to translate in different situations, for instance medical service?

Yes, medical issues, personal issues, asylum issues, and euh family issues

Do you feel comfortable in all of these settings, translating?

Honestly personally I don't want to get involved with people, you know, but every time I do that, I tell the people that hey, the assistant came for me, I didn't personally decide to come here. So, I'm just trying to translate, words spoken through here come back through here, I'm not going to memorise anything, it's none of my business. You can remember some things and, yes, of course, you listen to these kinds of words but I don't, I wouldn't involve myself in these kind of situations.

Rifat, Iraq, single, centre B

A great many residents do not like the dependence on an auxiliary interpreter and do not trust fellow residents enough. Some reception staff bring in social interpreters instead of auxiliary interpreters. The situations in which social interpreters are used depend on the discretionary power of the reception staff member. Thus, residents cannot independently choose whether they need a social interpreter. From the interviews, it does appear that, in situations where an interpreter is used, the independence of the resident increases because they can express themselves as though there were no language gap.

And about the language during the interview with the social assistant, in which language do you usually talk to the staff?

He calls somebody and then we can talk. There is always an interpreter on the phone, that's how we communicate.

Tahmina, Afghanistan, single mother, centre D

The longer the residents stay in reception, especially when they are taking language lessons, their autonomy increases as they develop a vocabulary that allows them to communicate with staff to a certain extent.

Initially we had a translator in the meeting, but now we don't really need a translator. We see the assistant only for appointment and we know which words we need to use. So we communicate with each other to understand and explain ourselves.

Ejaz, Afghanistan, single, centre D

Living from day to day

In addition to the inability to build a meaningful life in the longer term, residents also experience short-term obstacles in their practical concerns. Owing to a lack of means, one is forced to live from day to day. This survival mode is revealed in some concrete examples. The first example is about buying and preparing food. Residents who eat in the restaurant do not have their own refrigerator in their room. If they want to cook for themselves, they are forced to eat it right away because they cannot store it. They also have to buy small quantities each time, which often works out more expensive.

I don't have money to buy fridge to put in my room, and I cannot cook every day, so that I consume it two days or one day and the next day. No it's too much of stress. If I have the fridge, I can cook it for one week and I can keep it in the fridge.

Fafa, Ghana, single, centre A

And is it enough for you to pay for food because as you mentioned, you only eat...

We pay for... we buy the necessity thing for example, I work for a week and I buy for a week, and I pay for the stuff that I bought.

Rafa, Palestine, single, centre A

Residents who have a cooking budget report that they experience fewer financial difficulties. Their independence increases when they have a budget to spend on food themselves.

But it was not easy. Afterwards, the center started to give us 7.50 euros, me with my son, it was 15 euros per week. When I took the 15 euros, that's what helped us, there we could eat the food of the center and with 15 euros, I could go to get something, a little to eat me and my son. That's how it was.

And now, how does it work?

Now we are really comfortable. Here, we prepare our own food. Each week, they give us, for me and my son, 60 euros in addition to the 15 euros that we were already given. In my account, I always find 84 euros, if I am not mistaken, 84 euros per week.

Teresa, Angola, single mother, centre D

The second example concerns applicants' clothing. Residents do not have an extensive wardrobe. This means they sometimes have to make a choice between wearing dirty clothes or going out without certain items of clothing. Wasif says:

Do you do your own laundry or do you bring your laundry to the laundry saloon ?

Before the system was much better and we were allowed to wash for ourselves and then we had the freedom because we put the laundry in, we pick it up back, and in two or three hours, but now, we will have to wait two days and by this waiting we would not have the clothes that we need. For example, I would put the jacket of my kids and they would go to school without a jacket in the cold weather because I would have to wait two days to pick the clothes, so it was much better.

Wasif, Syra, family, centre B

Thirdly, we found that applicants often have to save for a long time to make certain large purchases. In time, Arghawan managed to raise enough money to buy a worn-out second-hand bicycle. However, he had no money left for a lock, putting him at risk of theft.

On the way to school I saw that bike many times, tied to the tree and it said, yes, I didn't understand the language, it said for sale, and the same day when I saw the bike I asked a friend, do you have any cents with you because I only had 7.5 euros in my pocket, and he didn't have anything with it so I had to postpone my purchase, and a few days later I saw that bike again in its place and I spoke to the man.

Meanwhile, do you have a lock as well or are you still driving around without one?

You are not going to do a very stupid cost for something that is worth 100 euros you are not going to spend 1000 euros to make it nicer. No, I don't have a lock. Already lucky that sometimes there are two of us, then we can lock the two bikes together with one lock, but if it is not there, then yes I leave it.

Arghawan, Afghanistan, single, centre A

What these examples have in common is that residents lack the financial resources to make plans in the short term. This hinders their control over their own lives.

I pay one day sometimes more than what I take in one week. Because the children need many things. And as a human, I need also to buy something... But now I don't buy anything, because I have money with me, but now it's all finished...

Adil, Palestine, family, centre A

Do you feel that the daily allowance is enough? For the things that you have to buy?

It is not a big amount. Unless that you have to buy something that costs less than 7 euros but if you want to buy something that is more than 7 euros then you have to wait 2 weeks. For example, I have to buy a shampoo or something like that for my hair but it costs more than 7 euros so I have to wait 2 weeks.

Saïd, Afghanistan, single, centre D

Motivated to make money

Work can be a way to achieve one's potential and to develop one's own talents. At the same time, work is also a way to earn money. For residents in reception, a lack of financial resources is the primary motivation to work, both through community services and regular employment. Residents want to have more purchasing power than their allowance provides for. Mohamar from Afghanistan says he wants financial means to buy clothing and food for his children.

What is your motivation to work?

Financial is the main reason, because we get those 7 euros a week, which is way too little, because as I said earlier, the children don't always have the food from the restaurant that we go there to get so from time to time we try to buy something in the store to cook. And also, small things like shoes, clothes that the kids need. We don't have the budget to go and buy a pair of shoes of 30 euros or 25 euros, we try to buy second-hand for 2 euros or 5 euros for the kids on a limited budget. That's the main reason.

Mohamar, Afghanistan, family, centre A

Despite a strong motivation to work, residents experience significant barriers to finding employment, especially in the regular job market. They initially come up against the statutory waiting period of four months before they are allowed to work. As Baris from Turkey says:

I am waiting for that paper to work. Because both in Brussels and in Leuven, I've been told, someone told me that I'm just welcome to join them as soon as I have my permit. Then I will work in a bakery to bake bread.

Baris, Turkey, single, centre A

A second obstacle is the status of the applicant as such, which causes many residents to deem their chances of regular employment as low:

Now, with your second asylum application, you have not regained the right to work?

I received that, yes, yes. I received a work permit. During the month of October 2018, I applied in June, I stayed until October 2018. When I received it, I took a test in the factory here, GSK, which prepares medicines and everything. I passed the test, but to work, I can't. Because I am a refugee. I found another company, in Gembloux, in the pipelines. They accepted me, I did the interview and they accepted me, but when we got to the contract, she told me that I needed annex 60. I don't have annex 60. Well, they really need workers, but she can't give me the job because of annex 60. And so I didn't work. I've been going to restaurants and everything, but every time they see the orange card, they say no. It's hard to work with the orange refugee card. That's it.

Ibrahim, Algeria family, centre C

A third obstacle for most residents is that they do not have intermediaries to help them find work. Their limited social network in Belgium reduces their chances of employment.

Have you found a lot of jobs already?

No, I have not found. Unfortunately, I do not have connections. I stay in the camp, so I do not get to know people outside.

Malek, Syria, single, centre A

Fourthly, residents come up against the barriers of language and transport. Rifat testifies about his frustrating search for work:

I had to go all the way to different places, to interims to find a job, and it's extremely difficult to find a job because I don't have a vehicle here, and the language barrier is also difficult. I've been studying for like 3 months but I'm picking up on the language. But still, you need to speak perfect Dutch to be able to work here.

And not having a vehicle and being depend on public transport makes it...

Public transport is, you can't work with public transport because most jobs start at 6 in the morning, 7 in the morning, and if you speak English, you have to work in bigger cities, Antwerp and whatsoever, and you can't go to Antwerp like at 5.30 for the first bus, 6 AM start... yeah, it just doesn't work. And even if you work in the afternoon shift, if you go at 2, you must come back. I once stayed in the nearby city. I came back late and I got stuck in there for 3 hours. Walking from the city to here. And it was raining.

Rifat, Irak, single, centre B

Most of the people in our community live there and the work there is guaranteed. Anytime you can find a job. I've been here for 10 months, looking for work, and I haven't found any, I could never work on the French side. I found work on the Flemish side and I asked to be transferred there. But they didn't accept because my daughter is in a French school here.

Adnan, Palestine, single father, centre C

The sixth obstacle has to do with the type of work. Bibek from Nepal explains that he cannot find suitable work that takes into account his medical condition and advanced age. Single mother Ayah indicates that she cannot find work that is compatible with her caring duties.

I have a permission to work and I want to work, but my physical condition doesn't allow me, because sometimes I have pain in my shin, my legs. And also sometimes I have pain in my arms, muscles, and they become numb, so I don't feel anything. I'm extremely tired and because of these reasons I cannot work.

Bibek, Nepal, single, centre D

And also, I have four children, the time is uuhhm...it's uuhhm, I'm not free to go and to look for the job. It's, I'm not free woman, yes. It's the other problem.

Ayah, Palestine, single mother, centre D

Finally, regular employment often proves very difficult to combine with other obligations or expectations in respect of applicants. The reception centres place a strong emphasis on learning Dutch or French during reception. In practice, due to time constraints, residents are forced to choose between working and going to school.

Did you already take Dutch classes?

I had the offer to the course and the first class would be on the 24th of April. I registered my wife and my kids at the school now and they will go. But to be honest with you, I'm not going to do the course now because, you understand me, the situation, like the money is a bit tight and we still have our needs and actually the 7 euro's per week they pay us are sometimes not enough. Ramadan is coming and after that the celebration and they all have their financial requirements and I'm thinking of all of that, so I will have to skip course for now and you understand that it's only for financial reasons. But it's not that I don't want to. But the wife and the kids, they are all at the school. And I want to go to the school, but I need time. The situation is tight. But you can see, I have a job, I'm not sleeping, I'm doing my best."

Sami, Palestine, family, centre A

I would like to work in painting. In Lebanon, I was working in real estate. I would like to work, but since I don't speak French, I was advised to learn the language first before working.

Abdallah, Palestine, family, centre C

This accumulation of obstacles to the regular job market makes it difficult for residents to find work from the reception centre. As a result, they feel that they are not fully functioning and are not sufficiently autonomous.

Better than nothing

The centres have the ability to engage residents in community services. These include serving in the restaurant, cleaning, doing odd jobs, supervising and so on. Residents receive an increase in their daily allowance for this. Given the high demand for work and the obstacles to the regular job market, many residents are willing to perform community services. The underlying feeling, however, is that this is better than nothing. Residents would prefer to do a regular job, but are satisfied that they can at least be active in community services, so they have a little extra income.

Ya, it is very good, first to have these washing machines plus it offers work opportunity for us, for some basic expenses. It is better than staying dull.

Arsema, Eritrea, single mother, centre C

While a great many residents are satisfied with the ability to provide community services, they do have significant reservations. Firstly, they say there is not enough work for the number of residents:

Everyone has the chance to work. That's it. But not every week. It's not every week because you have to give other people the opportunity too. It's a lot of people for not a lot of work, so you have to change all the time but everyone has that opportunity there. But not every week.

Philip, Angola, family, centre A

Me, I do my community service, Monday yesterday, but I didn't work because I had an appointment in Namur for my eyes. Otherwise, I work one week on I do not know how many, there are many residents.

Henri, Cameroon, single, centre D

And I don't have a lot of job in the center, because they are a lot of people and everybody is asking for a job. So I only work seven days a month and I'm doing cleaning here and there and when and wherever it is needed. (...) I want to work more, because I have diabetes and I would like to keep myself busy. But there is not a lot of job, there is not a lot of work. And I only work 1 hour per 1 day. It's not every day, but the 7 days a month, it means 7 hours a month.

Bibek, Nepal, single, centre D

Secondly, according to residents, the increase in the daily allowance is very low. Therefore, there are residents who are not willing to do the work at the low rate:

I'm not insulting... Cleaning the toilets for 1,90 € per hour ?

Ali, Iran, single, centre A

Here you cannot do any extra activities. What can you do? For instance, they sometimes ask us if we are interested to work and it is only allowed one working hour. For that working hour, it is only one euro. For me, it is better to read than to work because the working hour is only one euro.

Daniel, Eritrea, single, centre D

Yes. I worked. I wash the toilets from the hallway.

And what do you think about community service?

If you ask me? Because I like to be sincere. I say it's exploitation, because frankly ... I consider it is exploitation because you can't work 7 days and only get 20 euros. In a country like Belgium? But, as we have no other choice, we have to do it. You see? Here, we work 7 days, and we only have 20 euros... It's very little.

Aïcha, Guinea, single mother, centre D

Another thing, sometimes we work in the laundry and the working hours are very long and especially if you experience it as a woman, it's very long hours. And for these working hours we get only €10 per day. For instance I worked for 3 days and I earned only €30. So if at least they could increase the payment, it's not proportional, the payment and the long working hours.

Arsema, Eritrea, single mother, centre C

Thirdly, some residents refuse to do certain types of community services, particularly cleaning. The low rate also plays an important role in this.

Do you sometimes work at the center?

No

Have you considered to work?

Euh yes, but when I looked at the hygiene of certain people, then I thought, I'm not going to clean the toilets or the bathrooms if you keep making that dirty. I think everyone has to pay a little bit of attention to how clean they keep it. Not only you go there, but also other people go there so I try my best on my own to keep it clean when I go, but yeah, not everybody has that, and I also think that's a little bit of a culture difference.

Ansha, Suriname, single, centre A

Fourthly, community services are also not for everyone. Pregnant women, seriously ill people, single parents with small children, etc., find that they cannot participate in the system. It is the most resilient residents who are able to strengthen their position, while the most vulnerable encounter obstacles.

Do you work here in the center?

Me no because of my pregnancy. I stopped everything. My husband works.

Hala, Eritrea, family, centre A

How do you feel that you are unable to work because of your medical condition?

You would feel that there is something lacking, I feel that guys work and get around and so, I cannot because of my chest. I would be a bit tired of it. I feel that I am tired, I look around and I see that all guys work, frankly I feel upset. It makes me angry when I see my friends getting around and working, while I am just looking on my own at them, one gets a bit tired.

Salman, Palestine, single, centrum B

And, would you like to work now?

No.No.No.

And why not ?

He cries a lot at night. I do not sleep. At 12, 11, he sleeps a lot. That's why I do too. When she sleeps, I sleep.

Josephine, DR Congo, single, centre B

If I work then I have to miss my language classes. And secondly, I'm not well physically. I have a problem with my kidney and also I have psychological issues because of that and I do not work.

Ejaz, Afghanistan, single, centre D

Finally, residents feel that the distribution of the type of community services is not sufficiently objective. According to them, there are certain residents who receive preferential treatment.

Do you ever do community service?

Me, no. But my son, he already did some but it didn't go well. Normally, there are different tasks that are done in turn, hallways, stairs, toilets, etc. But my son was getting the bathroom done every time. But my son was getting the bathrooms done every time. And he decided to stop because my son can't stand injustice!

Abdallah, Palestina, family, center C

I was putting things away, cleaning, and I asked Mr. German if I could do something for the center I was living in, and he sent me to the place where they distribute the work, but I was talking about teamwork, I didn't know that they were receiving, that they were being paid, to clean. For a language problem and sometimes a treatment that I don't like from the person who distributes the work, they never gave me a job because, according to them, I didn't understand. In fact, even though I didn't speak the language well, I did understand. He would tell me, you have to go at 11:00, I would go at 11:00. He would tell me that it wasn't there, that it was at 10. But I understood very well that it was at 11. Even though it's not a problem, if it's there at 10 o'clock on Thursdays and Tuesdays, I would be there on Tuesdays at 10 o'clock. And then he said I didn't understand anything. And I was treated, something I don't like, I was disrespected.

Laura, Mexico, single mother, centre D

Belonging

In this study, belonging is understood to mean that a person is part of a social group. It is about adopting a certain social identity from which one derives status and recognition. Belonging is an important dimension of well-being because it draws a distinction between social inclusion and exclusion. This delineation does not necessarily have to be formalised in membership, as is the case with an association. The study found that residents belong to various social groups. These could be cultural groups, for example, as much as they could be religious and gender groups. An important aspect in delineating social groups is to distinguish between those who are part of the social group and the others. In scientific literature, these are referred to as 'we-they' oppositions (Petintseva, 2015). In addition to the different interpretations of social groups, it is particularly important to analyse the extent to which residents experience limitations to their belonging to a social group in practice.

Food as a cultural and religious expression

Nutrition has already been mentioned under the dimension of health, but it is about much more than that. Eating is not just a way of staying alive, but also a way of expressing oneself and experiencing one's own identity. Food is one of the concrete examples where cultural and religious belonging becomes tangible. The centres try to accommodate religious dietary requirements. They offer a vegetarian menu and the meat is Halal. Still, residents sometimes come up against limitations. During Ramadan, Salman from Palestine told us that the type of food at the restaurant, for example, is not adapted to the fact that someone is fasting all day. This means that people still have to buy and cook their own food.

How is the centre facilitating Ramadan for you?

Look it is almost I mean it was, let's talk about the pros and cons to be fair. They would usually close the kitchen at 10. In some centres or some countries, they do not take Ramadan into consideration. This centre answered our call, that it is Ramadan and so. They allowed people from outside to come and give away food, Moroccan people, volunteers who want to do something and cook food, they allowed them to give food away to those who fast and those who do not, those Moroccan people they give you dates biscuit breakfast meals that you can do with. I mean this centre, I mean the kitchen used to close at 11 pm, inaccessible after, now it is open 24 hours. The kitchen where you do your stuff, if you want to do something. The restaurant is what we suffer from, the diversity of food, you give us for example an egg, it goes stale after 5, 6 or 8 hours, you eat it after, it is tasteless, nothing. You give us a piece of bread, it will be tasteless. An egg, food, potato or something, they are tasteless, not like when they are hot and fresh.

So, what do you eat at night? Do you eat what has been prepared for the other residents for the evening dinner and then you would heat it up, how would it work?

For us, honestly speaking the food for the breakfast in Ramadan, the food of the centre as for one who fasts is useless. There is nothing to satisfy the body. So, as you can see the guys, this 2 euros, this 2 euros and this 2 euros, we collect money together and we cook our food that we like and that we eat.

Salman, Palestine, single, centre B

Bibek from Nepal is sometimes dissatisfied with the food at the restaurant too. He is Hindu and therefore does not eat beef. The restaurant does offer him a vegetarian alternative, but he prefers meat.

I don't have any issues with anybody, but the problem is that whenever they serve cow meat, I don't eat that dish. And when I don't eat that dish, those people gets worried about me. They become you know, they think about me, because I'm not eating, so I might be starving etc.

There is no alternative? To cow meat?

It's not possible, because I'm the only person who doesn't eat meat [...] They serve me vegetarian food, if there is any.

Ah so there is an alternative.

Yes.

Bibek, Nepal, single, centre D

Residents who rely on the restaurant also find that the food is not always adapted to their cultural and culinary habits. As Fahim points out, there is nothing objectively wrong with the quality of the food, but the food does not match what he is used to. Adil gives a concrete example of this, namely how meat is insufficiently fried.

What was it exactly about the food you did not like?

The food has no main problem, but this is my nature I like to eat food out my hands. I like to eat what I cook myself. It gives you pleasure when you cook your own food."

Fahim, Syria, family, centre B

For the chicken and meat, there is a real issue in the way they are cooked, they are not well done. So for the meat is still red inside and the chicken, is not cleaned... So I you a have a tigh like they have ... I don't know the other word... And for the tigh, if you left the flesh, you will the blood, you will see black color, you will see that is not cleaned, the meat is not cleaned. And due to these reasons mainly whenever we have dishes with meat or chicken, we don't eat them, we throw them away. So... yeah... that leads to the fact that the amount of food that's been thrown away in this place is very huge.

Adil, Palestine, family, centre A

The difficulty is in offering food at the restaurant that is to everyone's taste and preference. Teresa from Angola says she thinks there is only one dish that everyone at the centre appreciates, and that is French fries.

You have to mix it up a bit. It feels a little bit good. But, all the time, the same food... If you go to the kitchen, and you just see the food, you say, "ah." But, maybe it's the Whites diet here. On Wednesdays, in the evening, it's a party here at the center. The chicken with fries, it's okay for everyone, even the fries, it's okay for everyone. It's a party on Wednesday. Everybody... Nobody throws this away, everybody wants to eat.

Teresa, Angola, single mother, centre D

In general, however, there is an understanding among residents that it is difficult to satisfy everyone in terms of food. The fact that the food is foreign to many residents also reinforces the feeling of not feeling quite at home.

It depends on the day, sometimes it's good, sometimes not. But that's normal, here it's not Syrian or Lebanese food, so sometimes it's difficult.

Najla, Syria, family, centre C

The food? Sometimes you come in and there's food that you're not used to and I think that makes sense. That's the way they prepare it. You can't do anything about it, it's normal. Because we are in a society, there are a lot of people, you can come today and find something that you like but someone else doesn't like... But since it's always accompanied by bread, you enjoy it, it's okay.

Moumini, Guinea, single, centre D

Eating is not just about the actual food, but has a social component too. The study took place during Ramadan. During this religious period, food takes a very important place as Muslims fast during the day. At the four centres, efforts were made to adapt facilities to Ramadan, such as keeping kitchens and the restaurant open longer. Apart from Ramadan, residents in general felt that meals are eaten too early. Residents who have few activities during the day often get up late after breakfast. As a result, they miss the first meal of the day. In many cultures, the evening meal is also later than in Belgium, so this also requires an adjustment.

Chicken take-away

In the restaurant, a group of Palestinian men sit together. One of them went to get a stack of paper towels at the sink. Normally, residents dry their own cutlery and cup with these. The men use the towels to wrap the chicken legs that were on the menu one by one. None of them eat in the restaurant and they take the legs back to their rooms to eat later in the evening. There are no fridges in the rooms. They thus have to put the complicated bolts on their personal small table in the room.

Field note researcher

In the former barracks, where rooms and restaurant are usually in a different block, residents also complain about having to go outside to eat.

The problem is that there are some blocks that are far from the kitchens. When it snows, in the morning, from block 1 to here to block 8, you don't want to have breakfast. So, when it snows, I myself don't go out. But, if you have your coffee pot, your milk, your sugar, you can have breakfast in your room. When you're in Block 1, up to here.

And you come here... ?

Three times a day. And each time, you have to leave your room, your block. Leave in the morning, get off, leave at noon, get off, leave at 6:00, get off. And it changes according to the periods, because, as it is the classes there, they open the cafeteria, I think from 8:25 to 9:00. From 7:25 to 8:00, you can have lunch and go back up. If you don't have anything to do...

Henri, Cameroon, single, centre D

A minority of residents at the four centres cook for themselves. There are residents who use a publicly accessible kitchen at the centre. These kitchens are intended for residents who occasionally want to cook for themselves. At Centre C, residents must make reservations in advance if they want to use the kitchen. This can only be done once a week, which is insufficient for Ana from El Salvador. At Centre D, the kitchens also have fixed opening hours, which Laura finds annoying.

Yes, once a week we get to use the kitchen and sometimes.... I know how... but sometimes it feels like there is preference for other people and they don't let us use the kitchen.

Is it a different person every time? How does it work?

We have to write down which day we will use the kitchen.

And the system, the kitchen, does the system work well?

With the people? Yes, but, well... We request the kitchen, but sometimes they tell us that there is no room because it is the turn of other persons who are minors.

Would you like to cook more?

Yes, I would like to.

Ana, El Salvador, single mother, centre C

I think that there is a lack of infrastructure but also more flexible hours. For example, the kitchens are closed. They only open at mealtimes. That's 8:00 in the morning, 8:30. 7:15 when there is school. No, that's not right. At 7:15, the kitchens are not open. At 7:15, breakfast is open. But, many people, not just Latinos, we are used to eating more substantial food. Not just a loaf of bread and a chocolate milk. Cooking. So, if I go to school at 7:00 in the morning, I have to cook at 5:00, 5:30, so my kids can eat before they go to school. And when I don't go to school, I have to cook at 7:00, but how can I cook if the kitchens open at 9:00 or if the kitchen in block 5 opens at 10:00. I can't cook for my kids.

Laura, Mexico, single mother, centre D

Residents who have access to the restaurant do not receive a budget from the centre to cook for themselves. Without a cooking budget, it is usually difficult to buy their own food.

First of all we do not have something to support us financially here, so we use that money most of the time to buy candy or stuff for our kids and if there's something left, then we buy something to cook for ourselves.

Tahmina, Afghanistan, single mother, centre D

But it was not easy. Afterwards, the center started to give us 7.50 euros, me with my son, it was 15 euros per week. When I took the 15 euros, that's what helped us, there we could eat the food of the center and with 15 euros, I could go to get something, a little to eat me and my son. That's how it was.

Teresa, Angola, single mother, centre D

It often happens that residents take food from the restaurant and then later combine it with something they have made themselves. By combining things creatively, they attempt to prepare something that is more to their expectations and tastes:

So, it's not a lot of money to cook with. Does it work? Is it okay?

Heuu, it doesn't work but we deal with it. So, there is no miracle. It's established. So we respected it. We take chicken from the restaurant and we buy our pasta, we buy our vegetables. Sometimes outside. We try to mix it up. That's the way it is. If you have to buy everything outside it's not enough. Because things are also expensive here.

Philip, Angola, family, centre A

Some residents still manage not to go to the restaurant and fully provide for themselves. They often use the money they earn from community services or other forms of employment to do this.

No, never. I haven't eaten there for more than 3 months. I cook myself. I don't like the food, even my daughter doesn't want to eat the food that is offered. It's the same food every time. I buy the ingredients myself and cook.

Adnan, Palestine, single father, centre C

There are also some residents who receive a cooking budget from the centre and are thus not entitled to eat in the restaurant. Centres A and B have dedicated public kitchens for them; at Centre D, there are studio flats where at most a few residents share a kitchen.

Now we are really comfortable. Here, we prepare our own food. Each week, they give us, for me and my son, 60 euros in addition to the 15 euros that we were already given. In my account, I always find 84 euros, if I am not mistaken, 84 euros per week.

Teresa, Angola, single mother, centre D

Residents who have their own budget for cooking are very satisfied with this and say it benefits their health. For example, the children of Anastacia from Ukraine refused the food from the restaurant because they did not like it and it was the same every week. Since she got approval to cook for herself, Anastacia can once again make dishes from her homeland and the children are eating full meals again.

And before you ate at the restaurant. Why did you ask to be moved to this room?

Because my children don't eat food from the restaurant. My daughter she doesn't like to eat soup, they have different food. And my son, he said 'I can't eat chicken anymore, I want to change my badge for a vegetarian'. Because it was always the same, the same, the same.

Anastacia, Ukraine, single, centre A

Many residents have a clear preference for switching from the regime of collective meals to self-catering. In addition to the culinary preference, this is also thought to also give residents an activity they can engage in.

Instead of eating frozen food reheated just before meals, it would be nice to have kitchens and a small budget of 30 € like other centers, to buy more decent food. And at the same time, cooking three times a day, it occupies the time to do something one likes, instead of sitting around all day.

Hani, Syria, family, centre C

Practising faith

It was mentioned earlier in this report that faith can give meaning to the daily life of applicants in reception. Here, we will look more closely at how faith is practised as a social activity. Some of the applicants experience their faith mainly individually, for example through prayer.

I have my little Bible and read it every day. This helps me to be strong spiritually.

Arsema, Eritrea, single mother, centre C

I am a Protestant. There isn't any protestant Church around here, so I don't go. (...) Me, on a daily basis, I am happy because I get reassured with the spirit, I get from the Holy Book because of the scriptures I read in the Book. With the Holy Scriptures I get blessed and happy every day.

Daniel, Eritrea, single, centre D

There is a small prayer space in the center. But I have my carpet and I pray alone just in the room [...] I always keep hope. I have never been discouraged in life. This is my fate, I have to accept it, but I believe in God, and that gives me courage. There are people who complain, but you must also think of the people who suffer even more than you. You must always have hope.

Salou, Niger, single, centre D

As Salou points out in the quote above, there is a space provided at Centre D where one may be able to meet with other people of faith. This is not the case at the other three centres, which means that believers have to rely on mosques, churches, temples, etc., if they want to experience their faith collectively. Ejaz and Mokhtiar find it very important that they have a space at the centre that can be used as a prayer room.

Most of the time I pray in my room because I have the praying carpet. But for Friday prayers we go to another room that acts as mosque in the building. It is always in the centre [...] I think that it is one of the most important elements that we have in the centre because it is something that gives us peace of mind and peace of hart. Besides that, in our religion, God says if you would ask for anything, I would give it to you. So, I think that this is something very important to me.

Ejaz, Afghanistan, single, centre D

It's not a proper mosque but it's just a little room where we can pray. It it good that we can pray there 5 times. If somebody wants to go pray to they can go there. Nobody is forced to go there. Exactly, like we are couple of people who want to pray so we go there.

Mokhtiar, Afghanistan, single, centre D

Praying at the centre does not have to mean that the centre loses its neutrality. Najla argues that faith is something personal and belongs to the private sphere.

For personal life, religion is of course important. For example, during Ramadan, we practice it. But it remains personal, it has no impact on the functioning of the center. I will never go and pray in the social worker's office for example!

Najla, Syria, family, centre C

There are a great many devout residents who go to places of worship outside the centre.

I am a Protestant. And I go to church in Brussels, I try to go on Sundays. It helps, it makes me feel good.

Christelle, RDCongo, single mother, centre C

Yes... I pray, I fast, yes of course. Every Friday, I take the bike and I go to pray at the mosque, in Ottignies. It takes 23 minutes to go there.

Adnan, Palestina, single father, centre C

Ya, there is a church in Brussels, although I don't go every Sunday, but sometimes on Sundays I go to that church [...] It is an Eritrean orthodox church.

Semret, Eritrea, single mother, centre C

However, believers face significant barriers to going to these places. Mobility plays a central role here. Residents living at the very remote centre find it difficult to access places of worship if they do not have a bus pass.

Do you go to the mosque sometimes ?

Yes, we go to moskee, but the big problem we have is that you cannot get a ticket without an appointment if there is no interview or so. So, if you cannot work, you cannot go.

Amburo, Somalia, single, centre B

It is also not guaranteed that a place of worship will be located in the vicinity of the centre. Philip from Angola is a Jehovah's Witness. By chance, he met some other Witnesses on the street who take him and his family from the centre to church every week. Teresa also met an African family that takes her to church every weekend.

We found the brothers in the street. They were preaching.

Ah! And how do you see that they are brothers?

Ah, but we can identify them.

How ?

Ah, Jehovah's witnesses they are easily identifiable.

Yes ? Ah ok.

We don't identify them. They are the only ones who preach in the streets.

Philip, Angola, family, centre A

And then there are the weekends that I don't go, because I go to church. I go to church on Sundays.

And how do you get there?

There is a family of Africans, who are very close to here, who come to take us with their car and we leave together. They do not live in the center; they are outside the center. There are six of them and me with my son.

Teresa, Angola, single mother, centre D

There are also some residents who, for reasons of mobility, experience their faith virtually. Michel from DR Congo would like to pray with his family, but he has no money to pay for the train and, because of his asylum procedure, he is not allowed to leave the country. Hence, he prays online:

In the night we're praying, because I've got my sisters and brothers in Germany and in France. So every night we're meeting together, so we're praying online.

Ok. Is it open all night, the reception?

Yeah, the reception is always waking, 24hours a day. And then the thing is that after 12, they switch off the wifi.

Ok. And can you still do the praying with your family in Germany after 12?

No. We do it before 12. So, we do it until 11, half past 11 (pm). Sometimes we're starting early, when at 9 o'clock, we'll finish at 10. Sometimes we'll start at 10, because we have like the family matters, you know. We still have some things to talk about and then after that we can start late. We start maybe 11 and half past 11, we finish. If we start early, 9 o'clock, 10 we finish. If we start at 10, at 11 we finish. Not 12.

Do you sometimes go to church here in Belgium?

Yeah, like this Sunday, one of the brothers, we were praying together. Because me, I go to Liège. So, the train there is very expensive. Like, now I don't have money. I have to go there because one of our brothers lost his father. So it's like, Sunday we have to be there and then we will be meeting and talk about that, you know. So now to go there is not easy, because the train costs a lot. (...) I'm thinking now of Sunday, I cannot go there. Because I don't have a train ticket. I'm planning there. I'm going also, like especially, if I go somewhere, I find a church that I prefer to go for praying. Because me, I come from the Catholic Church. Me and my family, my auntie is a nun.

Michel, DR Congo, single, centre B

The collective experience is not only of religious significance. Believers also indicate that places of worship allow them to get to know other people. They are thus also meeting places.

Outside the center, did you have the opportunity to meet other people?

The only family I see is the family of Africans with whom we go to church, otherwise not.

How did you meet them?

Through another family that was here in the center and went to church with them. As I am a Christian, I was looking for a place where I could go and pray. This family there is now in a social house in Walcourt. As I was talking a lot with the family there, she told me that there was a family of Africans who were going to church in Namur and that she was going together with them. She told me if you can also go with... I said I would like to, I like... I can go with you. That's why I went to see the couple there. We got in touch. From the first day we got in touch, it was great. We are like a family really.

Teresa, Angola, single mother, centre D

Yes, I go regularly to the mass where I meet people, even if there are few.

Alain, Burundi, single, centre D

To Brussels

When discussing personal characteristics, it has already been noted that some residents who participated in the study belong to a sexual or gender minority at the centre. Not everyone is open about this and some people prefer to keep it hidden. Moreover, it is difficult to classify this diverse group under one denominator. Nevertheless, there are some organisations, such as Rainbow House in Brussels, that organise meetings aimed at this target group. At the four centres, social workers provide train tickets for participation. While some people do experience obstacles to mobility when practising their own religion, the centres facilitate this form of social identity experience. All the LGBTIQ applicants we spoke to took advantage of this opportunity. They often combined the free train tickets to Brussels with a visit to the city or with shopping at specialist shops. Ansha, a Surinamese transgender person, tells how she came to know of the existence of the organisation and the ability to go there:

Are there any organizations you go to?

Not in this city, but we've been to Rainbow House in Brussels. It's kind of nice there, and I love Brussels. Brussels is such a beautiful city.

And how did you know about it?

Tom, a fellow resident, told us that there is a Rainbow organization and that we could go, and then we did go with him once.

And then you get a ticket?

Yes, from the center we get train tickets. We have to go on time, it's every last Thursday of the month, it's go to the assistant, apply, get for the next one.

Ansha, Suriname, single, centre A

Other residents are unaware that LGBTIQ individuals are given extra train tickets to enhance their belonging.

Leisure

People feel relaxed when they perform activities that bring them peace. Relaxation is not merely a passive state. On the contrary, it constitutes an active dimension of well-being. There is a perception among residents at the four centres that the range of activities on offer is limited, which has a negative impact on their mental health. In the words of Imane from Syria:

If you would be able to change certain things about the centre, what would you decide to change ?

At least they take us on some trips, outside the centre, and maybe outside the city. Some collective activities they would give us. Our psychological health would need something like this.

Imane, Syrië, single, centre A

Residents feel trapped between two realities. On the one hand, there are few activities at the centre. On the other, there are significant barriers to participation in activities outside reception. The most important of these is financial purchasing power. Consequently, residents spend a lot of time in their rooms:

Do you often go outside the centre?

No. If you should go, you should need money. If you don't have money, what would you go and do? Staying here is better.

Wasif, Syria, family, centre B

I don't want to go out. Maybe if it's necessary, I go, if it's not necessary, I don't go. Outside everything is also expensive, it's quite expensive for me. So I'm not going out.

Dechen, Tibet, single, centre B

We are in the room a lot. Also because we don't really have much to do. Every time you want to do something, you have to have a little money to go there, or if you want to go outside you have to go for a walk, you're going to be thirsty, you want to eat, it's hence we just stay in the room a lot, not much to do.

Ansha, Suriname, single, centre A

Apart going to the supermarket, do you ever go outside the center ?

No, there's nothing around. So I don't go out. Coffee is 3.5 euros. If I want to go twice a week, it's 7 euros and ... If I want to buy something, I have to carry (...) ten times, a thousand times, the thing before buying it.

Khaled, Palestine, couple, centre D

Do you ever leave the center?

Brussels is better for me. The only reason I would go out is if I had a lawyer's appointment. And here, there's nothing to do in the area.

You said that Brussels is the only good place for you. Have you ever been back there?

I don't have the money to go to Brussels. The round trip is 50 euros and I don't have 50 euros.

Moussab, Syria, single, centre D

Another important barrier is the lack of a social network in Belgium, which means that residents do not know where they could go.

The city, I don't know anyone there, so why should I go ?

Beydaan, Somalia, single, centre B

When you're new in a place, you don't know anyone, you don't do anything so you don't have a place to go and hang around. So... you can't just go out there and sit down and not talk to anyone. It's kind of weird. So you just prefer to go shopping, come back home. You don't do a lot.

Rifat, Iraq, single, centre B

I would be happy if I had contact with at least one person, who could direct us, who could help us. My son doesn't speak French and me I don't speak French, but if we could get someone, a Belgian, who could guide and support us I would be happy, but we don't have.

Arsema, Eritrea, single mother, centre C

We have no acquaintances within Belgium, so we don't need to go anywhere such as relatives or friends. Nobody has to say to us you can go to a certain place or not because we don't need to go. They arrange some visits for us because they believe that since we don't go somewhere else there is a possibility that we might get bored so every now and then they organise some visits for us to different centres or to different places, but we do not go outside.

Tahmina, Afghanistan, single mother, centre D

With no alternative, some residents spend a lot of time in their rooms. In the room, a large part of the time is spent sleeping. Residents sleep at all hours to fill their day. Jalebi from Afghanistan says he spends his free time sleeping:

Can you describe for me what your day looks like? What do you do in the morning, afternoon, evening?

In the morning when I wake up I go to the restaurant to eat, have tea and coffee, then I go downtown and look for work. I come back at noon and then I eat here. After noon sleep until 5pm.

Sleep until 5pm ?

Yes, when I am free, then I sleep. If I'm busy, then I don't sleep. Until 5pm sleep. After 5pm if I'm awake then I play volleyball, cricket, soccer. Dinner lately at 5pm.

Jalebi, Afghanistan, single, centre A

Residents' daily rhythm is often disturbed because they have no fixed activities. Fabian explains that he sometimes stays in bed all day to pass the time:

On my most difficult days, I spent a lot of time in bed. I could sometimes lie in my bed until five in the afternoon, not because I was tired, but because I just had no energy to do anything. No energy to go outside, no energy to eat, ...

Fabian, Venezuela, single, centre A

However, some residents have a hard time staying in their rooms. Jamil says that he finds his room oppressive and feels the need to get outside instead:

I like to go out because I don't like to stay in the room, because I don't feel comfortable psychologically when I'm in the room. What am I going to do in the room, am I going to talk to the wall?

Jamil, Syria, single, centre D

We discuss below the other activities that residents fill their day with and that relax them. They are discussed below in order of importance.

Digitally connected

Residents indicate that they like to stay connected to the rest of the world. They want to maintain contact with their family and friends. Equally, they want to be kept informed of what is happening in their home country and, for example, they want to follow the football results for their favourite sports club. However, the options offered by the four centres for staying digitally connected are currently limited. At Centre A there is a television in the restaurant, but it cannot be operated by the residents. Centres B, C and D have no television:

And the other thing is, we don't have TV. We cannot watch news, we cannot watch soccer, movies.

Michel, DR Congo, single, centre B

During the Nations Cup, we went to see Roland who is in charge of the trainings, Africans, we want to spend time together, when there is a match, we like to see the match, but there were no decoder boxes, there was nothing. We wanted to see the game, but there was nothing, we have to use our phone, to connect ... You need a decoder box. The championships begin. You can leave your room, if there is a game, you can spend your day there, in block 9. When they had not yet changed the room there into a room. But, it's every day that people come, every day that people come so... It's everybody looking for something.

Henri, Cameroon, single, centre D

The centres do offer Internet access. At Centre A, there is a room with fixed computers and a WiFi area. Centre B only offers WiFi, in two different locations at the centre. At Centre C, there is only Internet in some corridors of part of the building. Centre D offers Internet access in the restaurant area, which also serves as a leisure area outside of opening hours. Residents are happy to be able to use the Internet, although they do find it annoying that it is only available in public areas.

If you could change things in the center, what would you change?

Apart from the food, the WIFI. If there was WIFI in every room, it would be better. There is WIFI downstairs in the dining hall, but you find people sitting on the floor and besides, the WIFI is weak because everyone is connected to the same WIFI.

Ahmed, Mauritania, family, centre C

I can comment on the wifi, if they could make it work better, because it is not working well, so if they could improve the network I would be happy [...] It is only here, in the common place.

Semret, Eritrea, single mother, centre C

Internet access in public places comes with some obstacles. In the WiFi areas, for example, some residents use the telephone, while others want to watch a series or quietly download something. These different functions are difficult to combine in one space.

It's very bad signal. Because too much people and speaking with parents, it's impossible.

Alena, Ukraine, family, centre A

Some residents see the WiFi areas as a place of social control. For example, women often linger at the doorway because the majority inside are men. This makes them feel uncomfortable. It is also difficult for parents with children to use the collective space, because they are afraid of disturbing the other residents. As Marie-Lou, a single mum from Angola, says:

Do you ever go to the front desk for wifi ?

Sometimes I go to wifi, but when I go to wifi, the baby starts to disturb. He starts crying, a lot of noise there.

Marie-Lou, Angola, single mother, centre B

Because of the shortcomings of public Internet access, residents look for alternatives. In the medium-sized town within walking distance of Centre A, there are a number of public hotspots that applicants can use free of charge. Because of the proximity, many residents go there.

Where are you going?

To downtown, to the train station, in the park, sometimes sitting in the park. We use wifi there as well.

Jalebi, Afghanistan, single, centre A

However, those with sufficient financial resources can purchase their own SIM card with mobile data. That way, they can use the Internet in their room as well.

All guys will go to the reception to use the Internet. So, it is the reception you know how many meters it is, the guys want to use the Internet there, so they set up a connection in the restaurant to distribute the burden. They closed the restaurant, it is the reception then. Guys started buying SIM cards I do not know, they would share their cellular data connection. A guy in the room has data for example, he will share it with the guys in the room. This guy for example is not one of the residents of this room, but he spends more time in this room than me, because he comes to connect to this guy's hotspot. I am telling you about our reality, I would not go to the reception to hit someone on their head with my mobile.

Salman, Palestine, single, centrum B

What do you usually do with your pocket money?

I use it mostly to buy food at the stores and also to have internet on my laptop, because there is no WIFI in the rooms. To talk with my family on Whatsapp, it's important.

Salou, Niger, single, centre D

Sports for relaxation

One of the activities that allows residents to relax is playing sports. Jawar from Pakistan explains that, for him, it is a way to deal with stress:

Otherwise I like sports because we have stress, if we will make sports then I think we will relax ourselves. I'm fond of jogging and walking also. Two times I go with my friends to the centrum and then we walk and come back, one time in the morning and one time in the evening.

Jawar, Pakistan, single, centre A

The four centres differ in terms of their sports offerings. They have open-air infrastructure, such as football goals. They also each have a small gym. At Centre A, there is a large indoor sports hall, where for example indoor football can be played. However, the available sports infrastructure is not in good condition, nor does it always correspond to the type of sports that residents like to play, such as basketball or cricket.

I personally like to go to the gym, but unfortunately we don't have enough equipment there. So because the equipment is very less, if somebody trains there, then the other person cannot actually train. So he has to wait until the first guy finishes [...] But we would love to play cricket, but we do not have the money to buy a cricket ball, bat and wickets [...] It would be great if the centre organized this kind of activities for us. We wouldn't feel so desperate and depressed, we would feel happier [...] If I was the director, I would first of all organize leisure activities and support facilities for the residents for example to play cricket, volleyball etc. because we do not have such place to play or amuse ourselves. Second, I would renew the equipment or bring new equipment for the gym, because we do not really have equipment, it is just a gym by name.

Ejaz, Afghanistan, single, centre D

I like basketball, volleyball,... But it's a pity that there is no basketball court. There is a court with baskets, but in fact the layout of the court is that of handball. It's a handball court, not a basketball court. However, I have a basketball in my room, we can get some in the center.

Alain, Burundi, single, centre D

Yes the centre is quite large but for me there are no such facilities, for entertainment, to spend time... that are important. We play, as you saw, we play on this road but most of the time the ball goes across the fence and whenever the ball goes across the fence we are not allowed to go and get it back. We used to play cricket and 1 cricket ball costs 6 euros so we friends gathered some money to get a ball to play with. As I said the ball went across the fences but we were not allowed to go and get it so in order to buy another ball we had to wait. It costs 6 euros but we couldn't withdraw 6 euros from the cash machine, it give you 10 or 20 euros so we had to wait one week to withdraw 10 euros from the cash machine. So far we lost 5 cricket balls and all Afghans love cricket because it is one of the national games in Afghanistan, we would like to play cricket but we cannot because we do not have a bat and ball and yes, we requested the administration here, the director, and asked for a ball and bat but they haven't provided us yet.

Saïd, Afghanistan, single, centre D

The interviews revealed that it is mainly men who make use of the sports infrastructure. This is due to the type of infrastructure available. Fitness equipment is mainly aimed at strength training and less at fitness training, for example.

Yes, I like to, I like to go the gym, for women.

And here in the gym it's?

For men and not...the machine there it's not so nice. It's all of them for the, no running, no...I like to do that.

Ayah, Palestine, single mother, centre D

In addition, women often feel intimidated by the large male presence for playing sports at the centre. Alegria from El Salvador, for example, testifies:

Are there other activities you would like to do?

Yes, I would like to do some sports, because I did crossfit in my home country. I do miss that, having that exercise. I've thought about going to the gym or possibly walking outside, but as I mentioned before, with those men who are here it scares me a little bit. I have also noticed that when the women go outside to walk the men sometimes follow them.

Alegria, El Salvador, single, centre A

Residents can also borrow sports equipment. At Centre B, they have to pay a deposit for this. In a context of limited financial capacity, some residents are not willing to take the risk or do not have sufficient resources to pay the deposit.

We used to play. When we would go to this room, who wanted to get something would have to pay approximately 5 euros to get the ball. If the ball goes missing or gets damaged, you will be responsible, if it punctures or such. The area over there is not safe for the balls that you pay 5 euros for. So, not that many people would get the ball. Many guys did not have money to put but felt like playing volleyball. They had to pay 5 euros or so. So, they would not go playing.

Salman, Palestina, single, centre B

There are also some sports activities organised by the centre or in collaboration with external organisations. Although this offer is too limited for the number of residents and more often aimed at men, it is very much appreciated.

Yes, there are activities organized by the center, I do soccer, we have a team in the center and we also have matches, it's very good.

Ahmed, Mauritania, family, centre C

Do you have any other recreational activities at the center?

I go to soccer on Mondays and Tuesdays with the center, and on Thursdays with a non-profit organization.

So, you have a team?

These are people in the center.

Did you already play soccer in Syria?

I am a tailor. But, sometimes, I meet with friends to play soccer.

Do you think these activities are important?

Yes, of course, sport is very important.

And this is also important in relation to your experience in the center?

Yes, sure, for me, it changes my environment and we meet between men to play.

Youssef, Syria, family, centre C

A small minority of residents also exercise outside of the reception centre. For example, there are residents who work out, box, swim, etc. This usually requires a financial contribution from the resident.

So... you do boxing. Can you tell me why you started boxing? Was it something you already did in...?

I did it in my country, like.. yeah, it's my sport.

Is it kickboxing or is it...?

In my country Thai boxing, but here it's just classic boxing.

Do you do training then? How often a week...? How do you go there?

By bicycle. Two times a week, Monday and Thursday.

And how did you find this boxing club?

Assistant told me.

Ah, cool. So, you told your assistant that you do boxing and then she asked?

Yeah, asked where I can do boxing, she told me. because in Turnhout it's a little bit expensive, but in Jette, it's cheaper. It's not like... club, it's like garage. For few people. Just for laughs.

Alena, Ukraine, family, centre A

Sitting together

An important activity for residents is sitting and talking together. At the four centres, the dining room is open outside of restaurant hours. Residents can have a drink then. Observations show that residents only make frequent use of this possibility at Centre C. In all likelihood, this has to do with the Internet access available in the restaurant. At the other centres, the non-use is related to the uncomfortable layout of the dining room, with long dining tables in a large space. Centre A also has a leisure room where residents can play board games, for example. However, the room is also the WiFi area, so different functions come into conflict. Again, it appears that it is mainly a male group that makes use of the facility. At Centres B and C, the former leisure

room was converted into a dormitory, leaving residents without a convenient place to sit together. Residents say they find this unfortunate:

Usually when we go out, we want to play with the ball outside and there's no room set aside to be able to accommodate me and my friends to hang out. And when we do want to hang out, at that point, it's in the bedrooms. For example, we want to play cards, but smoking is not allowed, so it's not really an atmosphere for playing. It would be nice if there was at least one room where we could have fun and get together.

Khaled, Palestine, couple, centre D

So, you liked to go to this community room where there was a TV?

Yes, there was television. We used to go and have fun. In those days, we used to go and watch the games, all that, it's not there anymore.

And there is nothing else besides that ?

There's only the gym. There, there was still a television, tennis tables, ping-pong tables. There's nothing there anymore. I used to go there to kick the ball. And when I see the room ... the ping-pong table, over there in block 5, they put that over there in block 5...

Henri, Cameroon, single, centre D

I think that before here there were rooms of animation, to make games...

Yes before... I was going and then they gave up...

Do you miss the animation room?

Well... Yeah, because we used to go there, we used to play,... Yeah I miss it actually.

Jean-Philippe, Guinea, single, centre B

As Khaled points out in the quote above, residents hang around in each other's rooms for a lack of meeting spaces. Because people share rooms, this does not always go down well with room-mates. When the weather is good, residents gather outside. For example, they sit in groups in the courtyard or hang around a few benches. Residents are inventive and sometimes create improvised meeting spaces. During the summer months, after office hours, some residents made a small shisha café in the covered entrance hall to Centre A's restaurant. Someone among them had a water pipe around which they gathered. As Ali from Iran tells us, the social gatherings are times to support each other.

But if you want to smoke chicha, you can come by me in the centre...

OK. And what do you do during chicha, you talk with people ?

Talking, sharing the experience about being refugee here. And it's good to talk about that. Some of the people are disappointed, some of them are refused, some of them are tired of waiting...

Ali, Iran, single, centre A

Reading as a diversion

Two of the centres have a library area. Observations showed that hardly any adults used these spaces. When we asked Baris from Turkey whether he sometimes goes to the central library, he made it clear that the area was inappropriate and that he could not find any books to read there:

Regarding the library, I don't think that's so good there. Because that's normally a recreation room. But fitness and library are next to each other and it doesn't fit. One should be able to sit quietly, nicely and read something but music is playing there, they are doing fitness. That just doesn't go. Also regarding the library, it would be good if there were Kurdish, Arabic or Turkish books there. And also we spend a lot of time here. That's also a good opportunity to learn the language. We could just sit there and learn Dutch while translating or comparing books in our mother tongue.

Baris, Turkey, single, centre A

This does not alter the fact that residents are interested in reading.

Unlike many residents here, I noticed that you don't often go to your smartphone while for many others, their main occupation is to stay on the WIFI. You, you read.

Yes, the book is a faithful friend. The book can't hurt you.

Imad, Marocco, single, centre D

When I have nothing to do, I stay in my room alone, I look at my phone, I read, it makes me feel good.

Christelle, DR Congo, single mother, centre C

There is, however, a great demand for books to read. Some residents, such as Alain, indicated that they regularly go to the municipal library. Gaëtan from DR Congo, for example, spends all his time there, both reading books and relaxing:

I often go to the village library in the morning, I like to read.

Alain, Burundi, single, centre D

I take French classes and also go to the library on Wednesday nights and Thursday mornings to read.

Salou, Niger, single, centre D

Yes, I stay in the library during the whole day, because during the day, in the center there is nothing to do, nothing to do... there is nothing to do in the center. It's always stressful, full of problems in the head, it comes... To avoid all this stress, it's better to stay there where you can be concentrated to contemplate, to meditate. And it's very interesting.

Gaëtan, DR Congo, single, centre B

Residents who speak English or French usually find something to their liking at the public libraries. However, there are also some residents who deliberately borrow Dutch or French books. They are attempting to master the language more quickly this way.

Sometimes in the week, two, three days, we go to the library. And then we go to lend books. CDs, some Dutch series and so on, we go to lend for the children, for the language practice with the subtitles.

Do you also borrow books in Dutch to read?

I have a library subscription and I also go to borrow books. Yesterday I borrowed a couple of books. Do you want to see them ? (Person goes to get books in the children's room)

Waw, those are real novels you read. And then comics.

I read other books too, which I got from someone else, not from the library. But I'm always reading the books that way.

How did you end up at the library? Did someone tell you there was a library ?

The first time I asked one of the assistants. I asked: where is there a library here, I want to borrow books for my children and for myself. And then here, a directions assistant of school and so on, he helped me and he said go to town, there is a library there and if you get a subscription there, then you can borrow books.

Aamir, Afghanistan, family, centre B

Before I came to Belgium, I didn't speak French. Here, I developed it, I always went to the library to get books.

Ahmed, Mauritania, family, centre C

For residents looking for reading material in their own language, there is often no supply.

I would have preferred to read books in a library. There is a library, but I only read Arabic. It would be nice if Fedasil provided books in several languages in the centers.

Hani, Syria, couple, centre C

Writing as an expression

Creative activities are a final way to relax. In exceptional cases, there are some residents who, for example, do crafts, make music or paint. These activities require a lot of material that is not always available at the centres. Specific workshops are occasionally organised, but it is not the case that residents can really fill their days with them. However, this does not apply to an activity such as writing, which does occur more frequently at the centres. For example, some residents keep a journal to relax and calm them down. This is the case for Dechen from Tibet:

You mentioned several times that you sometimes write in your room, is it things for your interview or also private, writing for..

I just write what I am thinking, sometimes for example, I read one person, their personality, the way a person is thinking, I just write that and at the same time I write how I think about this. Also, I write like we women, how we are handling things. Maybe other people don't do that, but I write like that. Sometimes I lay, sometimes I just write and.. What do I do ? Maybe because here are few people who can talk with me, that's why I talk with the books and...

Dechen, Tibet, single, centre B

Writing can also be more than just a private activity. It can be a way of expressing oneself socially. For example, the Palestinian resident Salman wrote a poem in Arabic on his room wall in large pencil letters. When we asked him about its meaning, he told us the following:

It says, "a person who was exhausted by the expatriation". How, he was at his home country and he came here. Who leaves their country, we depict them as alienated. Ok? A man who was exhausted by his alienation, how was he exhausted? He is psychologically tired of the place where he is. A man was exhausted by the expatriation which is like an alienation. "A pain of the sixth sky, a pain that will not be felt by a passer-by". You look, how the seventh sky is way far away, the pain you are in, whoever comes would not feel it. Whoever drops by, whoever drops by you, your friend, brother, mother, or father, would not feel the pain the man is in, ok? (...) Look, there are people who ventilate their feelings and anger and, everyone who gets a problem or something, you would find them drawing. There are those who would be breaking, those who would be hitting, those who would have fights, those who would do bad things, ok? There is me, one of those who would be writing, drawing and doing anything, that you would find a bit expressive. You find a guy like you or him, when you came and asked me 'what is that'? I felt a bit relieved that one came and read that. I felt glad when one read that or said something about it.

Salman, Palestine, single, centre B

Participation

A less obvious dimension of well-being concerns the extent to which a person is involved in decisions that have an impact on their life. While the dimension of independence is about self-care, participation relates to care for the centre. It is about the extent to which a person can participate in public decisions. Participation is a manner of public functioning that creates ownership and involvement.

Distance

At the end of each interview, residents were asked what they would change about the reception centre. It was repeatedly pointed out that centre staff are very helpful, but currently would not listen enough to residents' views about the centre. This creates a sense of distance for residents between themselves and the staff at the centres. Participation does not have to lead immediately to practical changes. As Jawar suggests below, it is primarily a form of symbolic recognition.

If you would be the director of this centre for one day, what would you change if you had the chance of changing something?

I will just ask the assistants, all the assistants, keep in contact with your, for example I am under 1 assistant, I will just ask them just keep in the contact with the bewoners here which is concerned to that assistant. I will just tell them, always contact the bewoner, what they want, what they don't want, have they any problems or have they not any problems, it is good for him because it just boost them up and they don't think so we are around here. I think they give us everything, food, shelter, the shelter is main thing, if I have no shelter then I think it is not possible to pass one day here so we are obliged to the Belgian government and our centre director that they give us shelter and food and everything, but if they contact with us and they just ask our problems, that will be more important thing for myself. The other things, everything is here.

Jawar, Pakistan, single, centre A

Residents feel that centre staff do not realise what it means to live at a reception centre. Sometimes, they do not know who is responsible for the centre. Opportunities for participation should aim to close this distance. In the words of several respondents:

The responsible of the camp should check the requirements of the people. We don't know even who is the main responsible. The responsible should ask about the needs of the people in the centre.

Wasif, Syria, family, centre B

But if I was a manager, really, if I was a manager, I would meet that people, even ten minutes in a day. I would really walk in the corridors, even ten minutes in a day. I would really walk in the corridors. I would really eat that food with them. The manager never taste that shit, he never knows it's a catastrophe. I'm sure. It's not a hard job to make that quite better. You know that. It just takes five minutes more per day. But your manager never knew, never knows and never will know about that. Because he doesn't care.

Ali, Iran, single, centre A

Participatory culture

At the four centres, there were no regular consultation sessions with residents or with a representation of residents at the time of the study. At Centre A, some ad hoc meetings were organised in view of some important changes that were about to take place, including a move of residents and the change of opening hours for the restaurant during Ramadan.

Improvised meeting in the hallway

Center staff hung out posters around the center announcing the meetings. No residents showed up, so it was decided to knock directly on residents' doors asking if they wanted to join the meeting. As a result, the location of the meeting was changed, from the restaurant to the hallway. The meeting started with a few residents, but more and more residents joined in. The conversation took place in several languages simultaneously, with attempts by staff and residents to translate simultaneously. Each person who spoke began by thanking the staff for the initiative. Residents commented that it was the first time they were able to express their concerns directly.

Field note researcher

The contrast between residents' gratitude for the organisation of a public participation session on the one hand and the initial absence of participants on the other is striking. A range of factors may explain this, ranging from the time when the meetings were organised to the manner of communication. Philip from Angola, who joined one of the meetings, explains the contrast based on the absence of a culture of participation. He himself proposes that meetings be organised on a regular basis:

I would say, I would like to listen to people more, more, I would have "weekly" meetings with everybody, in a room, to listen to them especially. Because I think one of the things that refugees need the most is to listen. They want to say what they feel, what's going on with them. That's it. They want to express their discontent, their difficulties because they are human beings, they are not in prison. They are in a precarious, temporary situation. That's it. They want someone to listen to them. I think that's it. Finally, we must give them this chance, even if it is only to listen to them. I think it's good. It's good because when it doesn't work, it happens the opposite. You need them and they are not there. They don't come because it's like in a family, when the father is not used to give attention to the children, the day you need this attention, they won't be there. So, you need a culture: to show them that I am here for you. Here, I'm here for you. And when you say, "Here, look, I need to talk to you," they will come, they will come. But when there is not this habit, so, questions that they only listen here to the director passing by, there you go.

Philip, Angola, family, centre A

The lack of fixed consultation sessions means that residents have few channels to express their opinions if they disagree with how the centre works. In the event of dissatisfaction, they are therefore more inclined to resort to actions that run counter to the centre. During the study, it was found that some of the residents went on a 'strike' at one centre. They decided to stop doing community service because they could not agree on the increase in the daily allowance that came with it. Because the participation of residents is crucial to the daily operation of the centre, the centre management reacted quickly to the action, and the strikers were invited to a consultation. During this consultation, it was explained that the centre board does not have the authority to intervene in community service rates. The strikers did get the management to make changes in the organisation of community services.

It is important to note about the event that not all the residents were of the same opinion regarding the motives for the strike and the choice of the type of action. This led to tensions between the residents. Ana talks about how she was intimidated by other residents for refusing to strike.

I just had a problem with some girls last week. Because they didn't want to work, and I was working. They didn't want to stick to the schedule they had given. They didn't want to and then they came to Petite Ecole and they threw away my water. They wanted to beat us, we told the director. Even this week when I was working, they threw away the mops. I haven't said that to the director yet.

And the girls also want to work?

They do not want to work because they do not agree with the money they would be paid. We are left with three families who do continue to work.

Ana, El Salvador, single mother, centre C

The tensions show that participation also raises questions about who can participate and who has the legitimacy to speak for other residents. In the end, the centre management invited only the strikers to the enforced consultation, leaving Ana and other non-strikers feeling excluded when it was in fact they who were playing by the rules.

Nature

The final dimension of well-being is the relationship that residents have with nature. It is certain that residents do not all attach equal importance to this. Nonetheless, we noted in the interviews that this dimension can be of great importance to some residents and should not be forgotten or underestimated. It is difficult to get a full picture and understanding of the importance of nature because the four centres are located in green surroundings. We noted that the location of the centres studied is reassuring for some of the residents because they recognise their homeland in it.

What was the first impression?

First impression when I arrived in the centre? First thing that I loved so much is the kindness of the workers, assistants. They're helping us so much. And the environment of the centre, the trees, the greens. It's so beautiful here. Oh, I felt it was so beautiful because my city is as green as this. So, I feel myself that I came to my city again, that is the feeling. Good.

Xian, China, single, centre B

For Ejaz and Mamadou, however, the green surroundings brought about a sense of unease:

Are there places you don't like to go? Where you don't feel safe?

Yes, because, behind there, there is the forest like this... The forest, I don't... The forest, like this... No, no. It's there... that's why I have the house on this side.

And why do you avoid these places?

When I see there, I don't see anybody. I only see the trees like that... And, there are things that will go away, my mind goes right away in what I lived, in the fact that my wife stayed, it comes back. For example, if there are a lot of people, I don't think about that, I see the people...

Mamadou, Guinea, single, centre D

What do you think about the surroundings of the centre?

The surrounding of the centre is forest area and it reminds me of the forest and jungle that I crossed on my way to Belgium. So it reminds me a bit of my past and when I think of my past, I become down emotionally.

Ejaz, Afghanistan, single, centre D

The relationship to nature is more than just a sense of recognition and feeling at home. A more active component can also be identified, with nature becoming the object of care or a place to relax.

Care for plants and animals

Several residents were found to have plants in their rooms. This is not only a way of decorating the room, but also forms the object of something that can be taken care of. One of the residents went a step further and decided to plant flowers in the centre's public areas. The following quote shows Malek's complex motivation for caring for plants:

I like to buy and plant like that.

Can you explain to me why?

It became here like my home and neighborhood. When I walk the same way back and forth, I like to see flowers around and see them growing. I love to do sweet things, I have always loved to do such things.

Is that something you started here in the centre or something you already did in Syria?

Wherever I go, I like to disseminate happiness among people, for them and not me. Even kids I love them so much. I like what is joyful and sweet, but thinking, I am honestly getting tired. I wish to find external social activities, even if it is for free, so I help. I do not like to sit like this. You are staying here what would you do? You are put in a desert, so you will eventually plant. That year nine months ago I planted, the kids came, and they pulled all of them out, nothing was left. I had to do it all over again, now I plant anew. There are in front of the door, there next to the cars. I planted expensive flowers that would grow high and come out. Unfortunately, they never grew which frustrated me. I do not know why and they never emerged. It is weird, haha.

Did you buy them with your own pocket money?

Yes, I love that, to do things without being told to do so. Goodness, I like to do it of my own volition. When I was in Syria, I was like that. (...) So, one of Prophet Muhammad sayings is, "If you have a cutting in your hand and the final hour comes, plant it". So, it is over, but plant it. This means, learn that in life one shall make efforts, shall get up. One shall give something in this life.

Is this where you got your inspiration from, to plant the flowers here in the centre or...?

Yes, one shall definitely do something in their lives. Wherever you go, even if it is only one day that you have got left in this centre, you have to stand up and do something then leave.

Malek, Syria, single, centre A

From Malek's quote, we can deduce that caring for plants is a way of passing the time in a context in which he has little to do. It is also a way for him to make the centre his own and feel good about it. Further, his investment is also a way of giving something (back) to the centre. In this way, it is also a form of expressing gratitude. Caring for plants thus also takes on a symbolic meaning.

There is also a desire among some residents to care for animals. At Centre D, some residents were taking care of feral cats that had found their way to the centre from the wider area. From time to time, they give them a little cat food, on top of the leftovers they get from the centre's kitchen.

One last question: what gives you strength in life? What gives you hope?

In my life? Ohh yes, dream or hope. I hope to leave the centre and to find a good life with my children and my children they speak and understand Français très bien. And I find work here in Belgium and a small, small house with two cats, because we love cats.

There are a lot of cats here in the centre.

Yes, every day she take meat and go to...

Ayah, Palestine, single mother, centre D

There are even some residents who have tried to get cats as pets in their rooms, for example to cut through the loneliness. However, the centres' internal regulations prohibit individuals from keeping animals in their rooms. The cats therefore had to be transferred to a specialist organisation. This affected the residents greatly.

Nature brings peace

Nature is also a place where residents can retreat to find peace and quiet. For example, Ali from Iran goes for a walk in the greenery for several hours a day because it takes his mind off things.

So this is the map of the city ... So where are you go then ?

Where is the park... to walk... I don't know... They are new to me, but that one is speaks of, there is a park is out of the city. It's a long way. I used to walk there everyday. I can spend two hours of my time or more, it's good.

And what do you think about the distance between...

I love walking. Not jogging, just walking. I do more than three or four hours a day, I can check with my telephone how much... I walked... what's wrong with me ? In 18, I was more than four hours. On 19, I was more than four hours. What's wrong with me ?

And why did you walk so often ?

To just be out of here... 259 minutes walking...

Ali, Iran, single, centre A

Centre C is surrounded by a large garden, with benches, a playground and sports infrastructure. Local residents also have access to it. Amina made an improvised balcony so she could look out over the garden.

I like the garden in the center, even though it is partly occupied now by the tents. And the staircase that goes down to the garden, I made it a sort of little balcony where we sometimes spend some time.

Amina, Palestine, family, centre C

Jamil's take is that the centres should be torn down to make way for nature. He prefers to be close to nature.

What do you like about the reception center ?

What could I like? The view of the trees, the sun, the sky... I love the moon and sometimes the moon comes during the day here too.

Imagine you are the director of the reception center, if you had the opportunity to change something in the center, what would it be?

I would take out the whole center. I would replace it with flowers and trees. I would live with the cats and the trees.

Jamil, Syria, single, centre D

In summary

Above, discussed in detail the well-being of residents at four collective reception centres. Well-being was defined broadly, with consideration for how residents feel and how they function. The overall picture that emerges from this analysis is rather more negative for some of the residents. Only one aspect of well-being appears to be unanimously positive, namely safety. Residents regard the reception centres as a safe environment, where they do not have to fear for their lives. In contrast to their home situation or escape route, the reception centres at least give the assurance that there is no danger in principle. However, this basic reassurance is accompanied by significant deficiencies in all other dimensions of well-being. This perception is general, although there are gradational differences in line with the individual characteristics of residents.

The categories of vulnerable people included in the Reception Act are generally more affected by health and integrity problems. One important finding is that they also experience more problems with functioning. Seriously ill people, for example, not only need more adapted healthcare, but also encounter obstacles that put their independence at risk. Opportunities for work or leisure are thus unevenly distributed. This is a so-called 'Matthew effect', whereby the most vulnerable also experience the greatest difficulty in improving their situation. In line with previous research, we also find that certain factors, such as low literacy or a different sexual orientation, which are not included in the Act, are also factors that negatively influence well-being. The impact of these factors appears to branch out from, for example, access to healthcare to a sense of belonging. For example, a low-literacy person will have difficulty making a medical appointment, but will also encounter barriers to leaving the centre independently to go shopping.

Despite the differences according to individual profile, the most important conclusion is that well-being is interpreted rather more negatively for the majority of the residents. Certain factors, ranging from illness to belonging to a minority group, reinforce a general negative assessment of well-being. Residents who do not belong to the classic vulnerable groups also experience barriers to satisfying their physical and mental needs, lack sufficient privacy, have no meaningful way to spend their day, feel isolated, lack control over their daily lives, are damaged in their social identity, find it difficult to relax and are not asked for their opinion.

People whose well-being is under such pressure are more likely to find themselves in a vulnerable situation. This vulnerability seems to be influenced mainly by the institutional conditions of reception, but it also interacts with individual characteristics, causing individual variation. This conclusion must be placed in the right perspective and should not lead to a subsequent simplification of the behaviour of residents as passive victims. In the next section, we describe how residents develop different behavioural strategies to then deal with their vulnerable situation.

Section 4 – Dynamic well-being

Well-being is influenced, but not determined, by the individual characteristics of residents and the institutional reception conditions. Residents develop patterns of behaviour in their daily lives to co-ordinate these factors. Individual and institutional characteristics make certain behaviours more or less likely, but it remains up to the resident to determine how to act. Ultimately, it is by developing certain behaviour that a person's well-being takes shape. We can distinguish four different patterns of behaviour. These involve (1) acceptance, (2) adaptation, (3) withdrawal, (4) opposition. These are ideal types. In practice, the patterns of behaviour intertwine. It is sometimes hard to tell where acceptance ends and where adjustment begins, or when withdrawal turns into resistance. Individuals are also not necessarily consistent in their behaviour. This means that residents may accept certain conditions (e.g. collective eating), but refuse to acquiesce in other conditions (e.g. the sanitary situation). Behaviour can also change over time: conditions that were initially not accepted can eventually become normal, and vice versa. We explain below how residents develop a particular pattern of behaviour.

4.1 Acceptance

The first pattern of behaviour is acceptance. This is one of the most common patterns of behaviour, both among recently arrived residents and among residents who have been staying in reception for some time. It is possible to identify five different considerations that lead to acceptance.

Out of necessity

The first reason why residents choose to accept the reception conditions arises from the perception that there is no alternative for them and that they must accept the situation. In the words of Omid, he had to accept the asylum reception, or else he would be out on the street:

It was difficult for me. But above all things, I had to accept kind of environment and behaviours of persons. Because there was no other solution. It is like obligated for us. Otherwise we will have to spent all of our time outside the centre, be living in the street. So that is way we have to accept this thing. We are struggling all these tough situations, but one day we hope we will reach at our goal. That's what we are struggling for.

Omid, Afghanistan, single, centre C

Marie-Lou from Angola has also come to terms with her situation. As a single mother, it is not easy for her at the centre. For example, she has a hard time cooking and taking care of her children at the same time. Nonetheless, she says she is not unhappy because she has made peace with the reception conditions. She states that she accepts reality as it is.

Do you like your room here in the center?

Well, I've figured out one thing in life. If I don't like where I am, I have no other option. I will suffer. So I feel good. I have a peace that the world can't understand, it can't [...], people can't understand, but I feel good, I feel good. Even my husband, his friends said, "you are in the center, and you have a home here." No, I am very [...] I was [...] I had no peace. I can lack food, but if I have peace, I want to live. I can have a lot of food, but if I don't have peace, I will leave that food. I will not eat much. That's the situation I encountered. It was a bit complicated. (...) Sometimes I feel lonely and isolated, but what can I do about it. I accepted the reality. Because I can say that I am alone, I am sad, it will not solve anything. I have to finish my procedure here and then I leave. It's a bit complicated but that's life.

Marie-Lou, Angola, single mother, centre B

Marie-Lou accepts her situation because otherwise she would be frustrated. There are very few options for changing the situation, according to her. She thus normalises the situation. In the following quote, Dechen from Tibet expressed the same choice very aptly using a metaphor. For her, waiting is an essential part of acceptance. She drew this insight from her faith, Buddhism.

Sometimes we feel sad, sometimes we feel homesick or all this problems that are naturally with us. But reading all the texts helps me much. In this textbook it is saying, every sacred things they have sadness, they have problems, but you need to come on with those old problems. Once you are born in this world, problems are there. And problems are like a wave of the water, if you throw one stone in the water, the water will go around. One wave, like this. So problems will always be there, so you need to keep calm, calm down and try to solve this problem. If that problem can be solved, than it is not a problem. If it couldn't be solved, then just wait till the problem can be solved.

Dechen, Tibet, single, centre B

In Dechen's imagery, acceptance occurs when one has the perception that nothing can be changed about the situation. She seems to reason that it is better to learn to live with the reception conditions than to constantly look for ways to change the impact of the situation. In concrete terms, this means, for example, accepting the limited mobility options of a centre rather than trying to devise solutions for them. For example, Arghawan states:

What do you actually think about the distance of my reception center from the town, do you think it's far or do you think it's close?

It is the reality, we cannot say that we are going to pull the city closer, or on the contrary pull the center towards it, that is the reality.

Arghawan, Afghanistan, single, centre A

Ali formulates the same thought more dramatically:

No power, what can I do ? I have just to move on. What can I do ? I can kill myself ? Suicide is not possible !

Ali, Iran, single, centre A

To counterbalance fatalism, laughter and humour prove to be important tactics for accepting the current situation. Anastacia from Ukraine, who is easily moved to laughter, explains that she feels like she has to laugh to keep from going under.

You said, that for you, sometimes it's very hard to live here? But still you're able to smile a lot.

I must smile, what do I have when I cry, what will help me? It does not save me when I cry. I'm like this, I must.

Where do you get your power from? Where does it come from, what's your secret?

I don't have a secret, I must. I must be friendly.

Anastacia, Ukraine, single, centre A

Out of a sense of normality

Some residents accept the situation out of a sense of normality because they think it is expected of them. Wasif formulates this in a general sense and sees himself and his family as model citizens who, regardless of where they live, will comply with the law. Momuni and Alain agree with him.

We like to abide by the law, we like to follow the rule because we have a proverb in Arabic 'don't sleep between graves and you would not see nightmares'.

Wasif, Syria, family, centre B

Rules? It's quite normal, when there is a society, you need rules. I don't find it abnormal, we stick to them little by little, just don't break them, it's normal.

Moumini, Guinea, single, centre D

This is perfectly normal. You should know that as soon as you are in a center, you have to follow the rules, that's all.

Alain, Burundi, single, centre D

This sense of duty also means that residents follow the rules, even if they personally disagree with them, like Hani.

Are there any rules in place that bother you?

Maybe yes... But that doesn't mean that the rule is not fair.

Hani, Syria, family, centre C

For some residents, the sense of duty stems from a specific appreciation for the reception they are offered. Michel used to stay with his family, but the situation became untenable and he was taken in by a reception centre. Although his previous living conditions were better, he is grateful for the shelter he has been given and wants to accept the situation as it is.

We have to follow the rules of Fedasil. We don't have another option. I wish it's just for a moment, maybe some other time things change.

Michel, Congo, single, centre B

It is remarkable that individuals who accept the reception conditions out of a sense of normality indicate that they do not really have a choice. They feel that acceptance is the logical way to go. This is the case, for example, with Fahim from Syria. He only speaks Arabic, which makes it difficult for him to express himself. The centre told him he should learn Dutch. Instead of asking for interpreters, for example, he feels it is his duty to do what is asked of him.

Previously you mentioned that you took Dutch classes. Why did you take Dutch classes ?

It is necessary to learn the language, it is very necessary. To manage, to speak to people. This is the normal thing and I found it obligatory. It is not my choice.

Fahim, Syria, family, centre B

the centre's staff should not treat him exceptionally just because he has bad legs and a serious medical problem. He has difficulty digesting the restaurant's food, which weakens him physically, yet he refuses to talk to his aid worker about it. Bibek from Nepal does not think the centre should adjust the restaurant's opening hours to suit his preference either. He feels it is his own responsibility to conform to the centre's rules and he does not want any exceptional treatment.

Is the staff easy to approach for you?

Here each individual would get their assistant and this supervisor assistant would be in contact with us and I have been assigned my assistant. What I would think on this front ... I appreciate that there are assistants that are limited by the system, so I would not ask for things that they would not be able to do because of the confines of their system. So, for example, even for the food, I have never mentioned the food issue to my assistant because I appreciate that ... This is the system and this is how it goes ... I'm not going to complain because it exists this way, because it is the system. (...) According to my understanding, there is a system here, and this system is closed. It is closed in the sense that it is not that flexible. Since it is the case, they can do nothing about it. I understand that. The system is very limited. You may say that we are like the sheep on the field. We say a proverb in Arabic that "if you want to be happy, you have to ask for things that are achievable."

Mo, Palestina, alleenstaand, centrum A

In case if I miss the breakfast, that's not the fault of the restaurant, people who works in the restaurant. That's my own fault. So if I miss the breakfast, they are not obliged to give me more food after the regular time of breakfast, so I rather wait till 12 o'clock. And when it's 12 o'clock, I eat a lot. Usually I eat once, that one time food is enough for me.

Bibek, Nepal, single, centre D

Out of humility

There is also some acceptance among residents out of humility.

The world goes like this... Because you can't change the world, the world changes you. I know this truth.

Imad, Marocco, single, centre D

Applicants consider that they are not in a position to make any demands because their use of the Belgian reception facilities is unsolicited. In the quotes below, Sami and Philip both indicate that their expectations of the reception conditions are low. They consider themselves 'ordinary people' who do not need much. This is reflected in their appreciation of their room. Both think the room is not so bad and state that it could have been less good.

How do you like your room?

It's good. It's beautiful. There is space. Not that much, but for this phase and then we would get... We are like other people, I'm not looking for the Sheraton. We are like other people.

Sami, Palestine, family, centre A

And how do you like this room?

It's okay because it's one of the biggest rooms there is in the center. One of the biggest rooms. So. The block here is the family block. In fact, we are in the block of as we are a family here. As they say, this is a refugee center, it's not a personal house. We don't have too much to ask. We think it's still okay.

Philip, Angola, family, centre A

We find the same reasoning with Ali, Sami, Henri and Imad when it comes to the food at the centre. In Ali's formulation, it is clear that the restaurant's food is not to his taste, but he does not want to appear ungrateful. Hence, he accepts whatever is put in front of him. Again, he too feels that no exceptions should be made for him. He recognises the diversity of the centre and sees his own interests and preferences as secondary to the functioning of reception for all. Along the same lines, Sami feels that people who complain about the restaurant are ungrateful and arrogant. Henri accepts his fate and says he has no choice. According to Imad, a real refugee is happy with protection and it does not matter what they are served up to eat.

How do you like the food in the kitchen, in the restaurant ?

The food is good... Don't complain about something free. I can do complains about hygienic things because it's humanity and it's human rights. But when you are eating the food here, it's as to fit you. If you are not enjoying, do something for yourself. It's not fair to complain about food here. Because there are African people, Indians, Asians, Mideast people,... How do you want to satisfy all of them, all together ? They do good. They are good.

Ali, Iran, single, centre A

There are some arrogant people who say 'ooh we are bored of this food' and I'm telling them 'Tomorrow when you go on your own and you leave the camp, you would appreciate all the good that they gave you.' There was this cheese I was dreaming of before, La Vache qui rit. We haven't seen that before in Lebanon. In Spain as well. There is no such treatment, I assure you. I wished to eat fish or chicken then and we would spent eating lentils all the time. I didn't have enough money. As much as I'm eating fish and chicken, I have feathers in my stomach.

Sami, Palestine, family, centre A

We eat. It's okay, it's okay. You don't force fate. When you've had somewhere, everything you see, you get used to it. You see, often, the Arabs, they come to the cafeteria, and then they throw away. They get angry there. Yesterday, I was there, we don't know how to eat together, they behave ... There, food, we adapt, that's all. There are 650 people, we can't choose. We are numerous, no, we eat.

Henri, Cameroon, single, centre D

The food at the center is very bad. But I can't talk about the food because I didn't come to Belgium for the food. The real refugee doesn't think about what to eat, where to sleep or pocket money; he thinks about protection, about follow-up because he is afraid of the return, of the country he comes from. A second sign of a true refugee: if you give him bread, he says thank you. Because the person has not come for material things but for protection.

Imad, Marocco, single, centre D

Some residents dwell on the cost of reception. They feel humble and grateful, which makes them accept the reception conditions. Rifat, for example, is dissatisfied with the remuneration for community services. Yet, he accepts the situation because he thinks beyond his own income and reflects upon the total cost to Fedasil:

I used to work here in the centrum. I mean 7 euro is not enough to get it, so, yeah... but still, I mean, a lot of people complain about 7 euros, but they have to calculate everything. It is not 1 centre, it is not 1 person, it's multiple people. People in here are like, they have to pay high taxes, they have to pay a lot of money to live. I mean, I don't know a lot about Belgium, I don't a lot about geography, what they import what they export, and how do we get money from, but what I know is, people here pay a lot of taxes for the government to work, right. This is a lot of money, 7 euros is a lot of money. It's not a lot for 1 person, but if you calculate it it's a lot of money for the government, there's a lot of refugees.

Rifat, Iraq, single, centre B

Out of perspective

Another reason for accepting the reception conditions is based on a comparison of the current situation with the situation before and during the flight. Residents lower their living standards and expectations because they have fled danger.

Moreover, as you know life between Afghanistan and Belgium, there is a huge difference. Life in Afghanistan is pretty difficult. There is a conflict but there, life in Belgium is pretty comfortable. You do not have to worry about your life.

Tahmina, Afghanistan, single mother, centre D

Here in the center, I really have nothing to complain about. From the first day I was welcomed and now I feel comfortable. I really have no remarks... compared to where I come from in Greece, in a camp in Lesbos.

Christelle, DR Congo, alleenstaande moeder, centrum C

First of all, it is not our own property where we should have a personal or private space and it is much, much, much better compared to the situation we faced on the way as well to the situation we had back home. At least we have a shelter, a space to sleep. So, I'm happy with it.

Ejaz, Afghanistan, single, centre D

This means that well-being is sometimes narrowed down to safety and all other dimensions are considered secondary. Before Laura came to Belgium from Mexico, she expected reception to be very minimal. She had hoped for a safe situation, but did not expect to be cared for in a broad sense.

But concerning the help, I felt very happy because, at first, I didn't think they were going to give me a place to live with my children. So, [...] when they told me that they were going to give me a place to sleep, I expected to see a big room with a lot of people, all types, on the floor, like in my country. Because that's how it is in my country. All lying down, people from different circles, from different families. I didn't expect to receive food, to have medical support, to have clothes. We arrived without clothes. I didn't expect to be given a kit to clean my house, nor personal things. When they gave me a place to stay for my children... It was without a chair, and the walls were dirty, but for me alone, well, I thanked, a lot, Fedasil and God. I cried with emotion, ...

Laura, Mexico, single mother, centrum D

Residents reduce their presence on Belgian territory to asking for international protection for their unsafe situation, nothing more. In the words of Jean-Philippe and Ali:

In fact, all I had in mind was my safety actually. Where I was insecure, safety is all I'm looking for actually. I'm not saying this is good or not good, no no... Here is better than where I lived before. Because there, as I don't have parents, if you have a problem, you are lost in fact. Here at least, if I'm sick, I ask for medicine, they give it to me.

Jean-Philippe, Guinea, single, centre B

The most of the reasons we are here is about to be safe and alive. We are not talking about why we are not in good situations because we didn't immigrate. Like here, we came here and ask help because we are in danger. And because of that, we cannot complaint about the environment here. It's better than we had before. I know it's not nice, there are sometimes places better than here, maybe.

Ali, Iran, single, centre A

For some residents, the reception conditions do not matter at all. They put every reception situation into perspective as long as their safety is guaranteed and they do not have to return to their country of origin.

You know, since I'm here in Belgium I've got a peace of mind. So any place you are going to send me, it will be well. So I'm willing to do that. If you say 'no, we need to move you to the social house', it's good. If I stay, it's good. You see, as long as everything is good. As long as I'm protected, it's good.

Michel, DR Congo, single, centre B

Out of hope

Another thing that helps in accepting the situation is to approach reception as a temporary phase. Despite the lack of clear timing about staying at the centre, residents accept the situation by stressing that it is transitory.

When I see myself at that position, I will feel confident and the rest of my life will be better. Therefore my hope to start a normal life out of this center will be my strength for all challenges that I may have ahead of me.

Arsema, Eritrea, single mother, centre C

Several residents referred to reception as a temporary phase in the 'ladder of life', as Fahim put it. In this way, they rationalise reception within a long-term perspective:

Is the room big enough for the five of you because it is not like you are sharing a room with small children?

It is not enough for five, no no, but we have no choice, and it is a phase that we should be patient to pass. This is life. When you climb on a ladder, you climb step by step, and you don't get up at once? This is the ladder of life.

Fahim, Syria, family, centre B

I have a rule in life that when you get satisfied with little, the more you get later on. I will have to accept that we rise, that we go up the ladder step by step. It's over, this is my country.

Sami, Palestine, family, centre A

Do you prefer the city over the countryside ? Why exactly ?

We feel a bit isolated. But, it's not really necessary. Because it's a reception center. If one day you can get your papers, you'll have to leave the center, you can't stay in the center forever. I've already heard a lot of people who have their papers, it's the center that proposes to look for the place where you can go. And if I have my papers, I can go even to Brussels, to Namur, to Charleroi... I will feel comfortable. But, for the moment, we are here and we have no choice.

Teresa, Angola, single mother, centre D

Out of habituation

Over time, the situation in reception also becomes normalised for some residents. Habituation to the reception conditions may occur. The initial shock that many residents have upon arrival may gradually fade into the background during the reception period. This was the case with Anna and Ahmed, for example.

The first week it was a bit difficult, but with time we got used to it. And now, when I go out, I want to return to the center, because I feel at home here. And even later, if I have my papers, I want to stay in Florennes.

Anna, Armenia, family, centre D

At first we were shocked, we were not used to this life, but then it was better, because we found a good welcome here.

Ahmed, Mauritania, family, centre D

It is important to recognise that habituation is not an automatic pattern that happens for everyone. There are also residents for whom, over time, certain aspects of the reception are considered abnormal and for whom acceptance does not occur.

4.2 Withdrawal

A second pattern of behaviour consists of withdrawal out of dissatisfaction with the reception conditions. Rather than resisting the institutional conditions, they are instead left aside. Withdrawal is also a behaviour that is often observed both when new residents arrive and when people have already lived in a collective centre for a longer period of time. Three variants were distinguished in the study.

Avoidance

The first form of withdrawal consists of shielding oneself from the aspects of the reception conditions that are experienced as negative. When we spoke to Malek from Syria, he had been staying in the same collective reception centre for 17 months. He did not accept that other Syrians often had to stay only a short time, while he had been there for almost a year and a half. Initially, he made acquaintances and friends from time to time, but decided to stop doing so because it hurt him too much when they moved on to individual reception and he was left alone.

Every two months I would get to know a Palestinian or Syrian person in the same room. Then he would leave me to the 'social', and I would stay on my own. This made me insane, so I started to talk with myself. I took eventually a room by myself so whoever comes or leaves, it will not affect, haha.

Malek, Syria, single, centre A

Adnan and Imad also avoid all contact with others and lock themselves up in their room:

Do you know many people in the center?

Yes, of course... but now I don't go out of the room much. Even the people in charge ask why I don't go out anymore... Because I have come to hate the center, to think a lot.

Adnan, Palestine, single father, centre C

All the time, I stay in my room. I leave it to get my food and then I go back. Why do I do that? To avoid problems with people, that's why.

Imad, Morocco, single, centre D

Social isolation is a pattern that was observed quite often in residents. While Malek, Adnan and Imad retreat to their rooms, there are also some residents who do just the opposite and barely spend any time at the reception centre. For example, Rifat from Iraq isolates himself from his fellow residents by spending time at school and at other places outside the reception centre:

I am isolating myself away from the place, that's the thing. I am getting more into school so I spend my time in school, recently, and I went to apply at interim offices to try and get a job, just basically to isolate myself away from the place because, you see a lot of kind people here. You see good people and bad people but you try not to communicate with them as much as possible because you don't know which one is who, which one is who, so...

Rifat, Iraq, single, centre B

In turn, the Surinamese transgender person avoids fellow residents by keeping to a different rhythm of life. She largely reversed day and night rhythms so she was confronted with the other residents less often.

Could you describe a standard day for me? As much as you can. What do you do in the morning, what do you do in the afternoon, what do you do in the evening?

I'm a late sleeper, so by 3:30, or sometimes even later than that, I go to sleep and sometimes I sleep until 1 or 3 p.m., I think, and then it's getting up, 'staying' in the room for a while, going downstairs for a smoke, going upstairs, 'staying' in the room, listening to music, bathing or showering, maybe go down to the store, get cigarettes or just something to eat, a loaf of bread maybe that I still need, walk around there for a while, or sit in the park and then walk back, and then I'm back in the room until I say, it's maybe midnight, then I'll go to the chill-area until 3:00 or 3:30, go to the room and then sleep.

Ansha, Suriname, single, centre A

Residents also protect themselves by guarding what they reveal about themselves. They take on a different role in the collective parts of the centre than in the private space of the room. Mariam explains how she has two faces:

I'm every day like this, I always laugh with people. I cry and I cry all my tears in the room. And I go outside, 'oh no I'm now smiling'. They would open the door after I was crying and I would wipe my tears and say 'no, no it's good now' and I'm smiling.

Mariam, Eritrea, single, centre A

Repression

A second variant of withdrawal consists of repressing the negative effects of the reception conditions. For example, residents decide not to focus on certain obstacles that they experience in their daily lives. Instead of normalising the reception conditions, as would be the case with acceptance, residents simply decide to ignore the object of their frustration.

Beydaan from Somalia, for example, has very poor oral hygiene, which in principle would require him to have completely new teeth. Also, his glasses are very outdated. The reception centre's medical service cannot help him adequately. Visits to the ophthalmologist are lengthy and there is no budget for false teeth or a completely new set of teeth. Beydaan indicates that his eyes and teeth are bothering him. Instead of confronting or accepting the situation, he represses his problems.

Those are my two problems: my teeth and my glasses. If only people would help me, because it is urgent for me. This board for number, for visit, I don't see. If I would do it like this, I would not see. Because I don't see anyone helping and I am tired. And then, what I do, is I stay silent. Because there is nothing else to do.

Beydaan, Somalia, single, centre B

The same thought is aptly formulated by Ansha:

I am the person who is going to be quiet, I am not going to say anything here, I think whatever, I do my thing and I leave.

Ansha, Suriname, single, centre A

Farid also prefers to avoid confrontation and represses bad events. When he received a notice from the centre because of his behaviour, but did not agree with it, he decided to acquiesce. He did this for the sake of his children, because he feared they would be victimised if it came to an open confrontation.

You know why I signed the warning, it's because of my kids. I didn't do anything, but they told me to sign the warning, I didn't do anything but I signed it anyway.

Farid, Algeria, family, centre D

Diversion

Diversion is a third common way of not having to dwell on the reception conditions. It was mentioned earlier that one of the motivations for performing community services is that one temporarily does not have to think. It has also been pointed out that residents resort to sleeping or resting to fill the time. In addition, watching downloaded series and surfing the Internet are ways to take one's mind off things. Residents would rather have interesting, meaningful activities or paid employment, but for as long as they have the impression that this is not possible, they retreat into themselves.

Whenever I feel I became free in my time and so involved in my history, my thought, I would choose to go on, change the thoughts, listen to music just to help me forget.

Yousef, Palestine, single, centre A

Other residents like walking as a way to retreat from the centre. This is their way of escaping the collectivity. Residents usually go for a stroll during the day, but Mariam from Eritrea leaves the centre at night. Because other residents are sleeping then, she tries to avoid social control:

And between then, the dinner and going to your room? You're outside or you're spending your time with other Eritreans? In the evening?

I walk around, usually I don't sleep until 3 or 4 am. I remember, I think about my family, my mother. And I will download a movie and watch it. And then I will walk outside and go.

Go where?

I go to the stop and go back.

Which stop?

The highway.

And it's really 4 am?

Yes. All Eritreans will be sleeping and there's no one to speak to. So I don't want people to see me inside the camp and think 'she's insane', so I walk out.

Mariam, Eritrea, single, centre A

There are also some residents who admit to seeking refuge in drugs and tranquillisers. At the time when we interviewed Sadi from Afghanistan, he had just received his recognition. This caused a huge weight to fall from his shoulders. Before that, he was under a lot of stress and regularly used drugs to retreat.

So since you got the recognition, something has changed.

Six months ago, I was a different Sadi. Now it is completely different. A lot of stress and not being able to sleep, there was always a lot of pressure. Now it is less problems.

And then what did you do when you were stressed ? How did you deal with that?

Sometimes smoking hash and sometimes taking a walk, listening to music, staying up all night.

Sadi, Afghanistan, single, centre B

4.3 Adaptation

A commonality in the preceding patterns of behaviour is that residents accept their reception situation, whether it is assessed as positive or negative. A minority of the residents show more entrepreneurial behaviour, whereby they change their normal behaviour so that the impact of the reception conditions changes. Residents who adapt show an understanding of the reception situation, but attempt to be innovative in dealing with it. Residents who show opposition, on the other hand, choose a strategy of resistance. We distinguish three variants of adaptation below

Investing

There are some residents who try to make their room a home by being creative with the existing reception conditions. They invest time and resources into personalising the reception location and making it their own. A good example is the room furnishing for Philip and his family from Angola.

Setting up in function of privacy

Philip's family has its own room in the center. Together with his wife and two children, he stays in the central wing. The majority of the rooms there are for single men, but they are in the social workers' hallway where there are also some family rooms. There are often men waiting in their hallway who have an appointment with a social worker. In the past, they could peek into Philip's room when he opened the door. This disrupted his family's intimacy. Philip found a solution to this. He moved the furniture in his room so that people could only see the closet door. With a purchased curtain stretched between the furniture, he created additional protection. Philip's redesign reduced the functional space in the small room by sacrificing a few square meters for a self-created hallway. At the same time, he gained privacy.

Field note researcher

Philip's example illustrates how residents can alter the impact of collective reception conditions in a positive manner. Furnishing the room is a form of demonstrating ownership that creates a sense of home. It does not always have to be about radical changes. For example, Adil from Palestine's wife hung an Easter wreath on the room door as an embellishment and as a way of showing in a Christian culture that she knows the religious festivals.

I saw there were flowers on your door ?

Yeah...That... My wife made them. Because she wants to make the room more beautiful. She buys everything and makes flowers in the room, candles and something like that... to make the atmosphere more beautiful.

Adil, Palestine, family, centre A

Such practices require more effort from residents than accepting the situation as it is, but they also provide a sense of control and self-fulfilment. The example of Malek from Syria, who used his own savings to buy plants for the centre, was mentioned earlier. He decided to improve the reception conditions at his own initiative.

Another example is to make maximum use of the time at a reception centre. As mentioned earlier, residents have a lot of free time. Some residents use this time to work and build up some savings. Others invest in themselves and strengthen their own competences, for example by taking language lessons or training. Omid was one of the few applicants we interviewed who used the time in reception to continue his academic studies.

When I arrived in Belgium and showed my documents, my diplomas, I was given the chance to choose either to make masters in Economics or to study another department. I studies in English. I said that I want to do Nursing, back to my dream. Thanks to the university that it has accredited all my study credentials.

Omid, Afghanistan, single, centre C

Optimising

A second form of adaptation is to make the best of what one has. It comes down to residents thinking about how to maximise the reception conditions. A good example of this is the way in which residents manage to combine food from the restaurant with food they have bought and cooked themselves. Optimisation is also reflected in the conscious handling of pocket money. Fahim from Syria, for example, accepts that the centre gives only a limited budget, but does everything he can through conscious shopping to buy as much food as possible that meets his expectations.

Do you often go outside the centre ?

I do my shopping in Antwerpen

To shop in Antwerp ?

I see some things that are cheaper there, so I buy. Sometimes the money is not enough, so you have to save up and organise things. So at the end of the week, we will reach 155 euros.

And how do you manage ? How do you cope with that budget ? Because you say you have to budget ?

The thing is that some things are cheap and some things are expensive, so you would alternate between them, and you would design your life in this way. So on one day you would cook a dish that is really very cheap and the other day you would cook a dish that is rich in expensive ingredients because otherwise you cannot manage because no one can jump the ladder at once.

Fahim, Syra, family, centre B

Organising

A third form of adaptation is social. It consists of collaboration between residents in order to meet their reception needs. A good example is the collaboration between parents to take children to school. Parents usually want nothing more than to take their children to school, but practical circumstances do not allow this. For single mother Anastacia, this form of collaboration brings relief from the pressure that rests on her shoulders:

I can imagine it is hard being a single mother with two children?

Yeah, no but this school, my son is apart and he goes alone. My daughter, tomorrow we go from school, we eat, we go for ballet, after I go for my school. So tomorrow I have a hard day. But it's good, we change with my neighbour, her daughter goes to the same school and this week, because I work in the morning, she goes in the morning and I go in the afternoon. I take her child. Yeah, it's good. We made this deal, we used this two years.

Anastacia, Ukraine, single mother, centre A

As already discussed at length, it is not easy to achieve social organisation in reception. Residents have their own concerns and a series of barriers, such as mutual distrust and the lack of a communication language, nip collaboration in the bud. Yet, there is a sense of communal solidarity among some residents:

It's quiet, knowing that we are here together, we are called to stay together. Because we're in the same structure, what I tell myself is that we have to stay together, strong [...] We haven't discussed any rules between us, but when you need something, you come and I give it to you. That's all.

Moumini, Guinea, single, centre D

4.4 Resistance

The last pattern of behaviour is resistance. This is the opposite of acceptance, because residents evaluate reception conditions negatively and also actively resist them. Just like adaptive behaviour, resistance is also present to a lesser extent among residents. A distinction can be drawn between two forms of resistance: resistance that focuses on the reception structure and resistance that turns inwards.

Against the reception structure

Residents have few forums to speak out against the conditions at the reception centres. It was notable that some of the residents used the interviews to complain about daily life at the centres. As Ali stated:

I'm sorry telling you. It's not insulting. I'm sorry to say that. But what is the point of your organisation ? They made Fedasil ten years ago... to say OK, we can. Many polite people here... we want to do the rules, we want make here places where people can be happy there. Sometimes I think I don't tease to be a normal guy. Because I have no bathroom, no toilets, I have no bed, at least comfortable... We have something... Again, nobody... doesn't come...

Ali, Iran, single, centre A

Similarly, Farid, a resident who was dissatisfied with a disciplinary transfer procedure, used the context of the interview to complain about his social worker:

I had problems with an assistant, I had to write an apology letter, but I refuse to do so because I don't agree. And for that I will be transferred again to another center [...] I can't find anyone here to listen to me.

Farid, Algeria, family, centre D

One of the arguments used by residents against reception in collective centres is that it does not recognise residents as full human beings and therefore violates their rights. The reception is thus abnormalised:

This law is not humane. This country is the country of human rights, but where are the human rights ? We heard about people who stayed here for five years, they would die in the centre. It should be a fixed period and then they go out.

Wasif, Syria, family, centre B

In doing so, the responsibility relationship is reversed: instead of focusing on residents and their responsibility to follow the centre's rules, it is the responsibility of reception centre staff to care for residents:

Because really we are not zombies or animals. We came here to get help and I would assume that they should help us.

Yousef, Palestine, single, centre A

Outside the context of the interviews, during the participatory observations, relatively little resistance was encountered at the centres. This is not to say that there is no resistance: there are heated discussions, there are confrontations and there is violence. However, compared to the other patterns of behaviour, it is a minority of residents who deal with the reception conditions in such a way.

A rare event of resistance was the so-called 'strike action', as referred to earlier in the discussion of the dimension of autonomy. For two days, some of the residents at Centre C refused to attend community services. They did this out of dissatisfaction with the low rate for the services they rendered. Since the cooperation of residents is crucial for many important functions at the centre (such as maintenance or the kitchen), the consequences of such action can quickly become dramatic. However, striking residents also affect themselves, making it difficult to sustain strikes for long. Moreover, strikes can also cause divisions among residents, between those in favour of and those against the action. At the centre in question, there was a group of residents who did not endorse the strike because they had a different pattern of behaviour. For example, Rosa believed that she should accept the situation in reception out of humility and out of a sense of normality, rather than resisting it.

In El Salvador, we are working people. We do it, and no matter what it is, we do it. At that moment it turned out that the black women were on strike. They told me: you're not going to work, are you? And I: yes, I'm going to work. I'm going to follow the rules from here, not the ones you tell me. So ... they intimidated me not to go. More than anything, they kept coming to me so that I would give in. I did not give in/I did not agree, for the same reason, that I began to think I came here to ask for something, refuge, asylum. I did not come to force people to do this for me. Therefore for that favor, I stay in my country and expose what happened in coming here. So until today they still intimidate me and everything, but I listen to myself. I am a person who works, I work.

Rosa, El Salvador, single mother, centre C

Against themselves

Resistance to the reception conditions can also cause residents to develop self-destructive behaviour. During the investigation, a resident who had just received a negative decision came to one of the investigators. He showed his forearm, which had been mangled by self-harm, and indicated that he was thinking about committing suicide. This most radical form of behaviour could be considered the ultimate form of resistance by residents. The resident in question was certainly not the only one contemplating suicide. In the past, Avan had also toyed with the idea of taking his own life, but did not do so because of the responsibility towards his family.

We came to Belgium in 2015 and went through different centers. We even went to Germany where we stayed 9 months, then we had to come back to Belgium. And then we stayed on the street for 6 months, without a reception center. Just on the street. Then we were in France for 9 months, then Belgium told us to come back [...] My son. If I didn't have him... I might think of killing myself. But I can't, my son has to have his mom no matter what the outcome of the procedure, positive or negative.

Avan, Iraq, family, centre C

Obviously, it is important not to interpret every form of self-harm as a mere reaction to the reception conditions. It is a complex phenomenon, but one that is related to the daily lives of the residents. There are also less serious forms of resistance against oneself. Some residents lose themselves (for example, in drinking or drugs) and stop taking care of themselves. Mohammed from Palestine, for example, loses himself in smoking as a way of coping with the loss of his wife, daughter and son.

Before I all time for my daughter here, and my wife and my son, another 2 daughter and my wife, all time problem. Now I think here for me and [daughter] and my wife. I want to see one picture for me before I come here. Look, before one month. [showing picture of himself to interviewee]. I changed, I didn't smoke. In Belgium, I smoke. (...) But all time I cry for [daughter], I cry. I'm not young. You understand what I mean. For man, for man who cry, it's problem.

Mohammed, Palestine, single father, centre C

4.5 In summary: protecting well-being

How a resident experiences daily life at a reception centre depends greatly on the pattern of behaviour that he or she develops. We found that most residents we interviewed chose to accept the situation or to withdraw. Only among a minority of residents did we observe more active strategies, where residents adapted or resisted. In general, it is the residents who have been staying in reception for longer than average who take more action. It is rather more rare for a newcomer to immediately adapt their behaviour or start resisting. The most important dynamics in behavioural patterns thus take place between acceptance and withdrawal. For example, there are some residents who come to consider negative conditions normal over time, moving from withdrawal to acceptance. Conversely, there are also some residents for whom the reception conditions are no longer acceptable and who become frustrated over time.

We assume that residents develop the various patterns of behaviour to protect their own well-being and that of their family members to some extent. If certain behaviour leads to an improvement in well-being, we can describe it as resilient. The inability to protect well-being is what characterises vulnerability. Viewed in this way, each of the patterns of behaviour could be resilient or vulnerable. It would be wrong to describe certain behaviours as intrinsically resilient or vulnerable. A resident who withdraws from social life may feel less secure, but can compensate for this by investing more in leisure or gaining more control over daily life. Their well-being will therefore improve. Equally, withdrawal can lead to isolation, the development of mental health problems and a lack of belonging, resulting in a decline in well-being. This means that it is always important to evaluate how a particular behaviour affects well-being. Residents navigate between different behaviours to direct their well-being. Their choices are made within a context they do not themselves control. Taking action, whether through adaptation or resistance, for example, can require a great deal of effort. This is probably one of the reasons why most residents decide to either accept the situation or withdraw.

Conclusion – Fragility in reception

The Belgian Reception Act stipulates that applicants for international protection must be able to lead a dignified life during their procedure. This requires, among other things, that the reception be tailored to the residents' specific needs. In order to achieve this objective, it is important to develop a good understanding of how applicants experience their daily lives in reception. This report is the first part of a two-part study, conducted by the Research and Policy Unit, on the well-being of beneficiaries of reception. The purpose of this study is to increase the understanding of the current perception of reception, with the aim of formulating concrete proposals for future improvement.

This report initially outlined the conceptual framework of the study, embedding it within the existing scientific literature. The central concept is well-being. It refers to how residents feel and function in reception. In order to understand how well-being is generated, a heuristic scheme was distilled from scientific literature. The supposition is that well-being is influenced by the interaction between individual characteristics of residents and the institutional characteristics of the reception conditions. This involves a relationship of influence rather than determination. Residents always have the ability to align individual and institutional characteristics through their behaviour. Residents develop patterns of behaviour that attempt to protect their well-being.

Secondly, this report discussed the methodology of the study. The research design consists of two phases. The first phase focuses on collective centres in Flanders and Wallonia (selected on the basis of size and access to facilities). The second phase will focus on individual reception. In each phase, a deliberate effort is made to achieve the greatest possible diversity among residents in terms of individual characteristics. Data is collected using in-depth interviews and ethnographic observation.

The aim of this report is to increase understanding of what well-being means to residents at collective centres. Based on the scientific literature, well-being was operationalised on the basis of ten dimensions: namely (1) safety, (2) health, (3) integrity, (4) meaningfulness, (5) security, (6) independence, (7) belonging, (8) leisure, (9) participation and (10) nature. These dimensions formed the starting point for the data collection. The aim was to determine what these dimensions meant to applicants in reception and whether they were found to be positive or negative. This report also attempts to give concrete form to the four different patterns of behaviour that were derived from the literature, namely (1) acceptance, (2) adaptation, (3) withdrawal, (4) resistance.

In short, this study found that a significant proportion of residents rated their well-being in collective reception as predominantly negative. Only a small minority of residents are generally positive about daily life in reception. Although reception is able to offer a safe environment, it does not meet a comprehensive definition of well-being based on a broad concept of human dignity. Almost all residents experience barriers to satisfying their physical and mental needs, lack sufficient privacy, have no meaningful way to spend their day, feel isolated, lack control over their daily lives, are damaged in their social identity, find it difficult to relax and are not asked for their opinion. Individual differences among residents may reinforce negative feelings and limited functioning, but institutional conditions clearly predominate in explaining negative well-being. In order to protect their well-being as best they can, most residents either accept their situation or withdraw. Only a small minority adapt their behaviour or resist the institutional conditions. The efforts required to cope with reception conditions often do not outweigh the anticipated improvement in well-being.

In their diverse patterns of behaviour, residents attempt to balance and reconcile the situation in which they are being accommodated with their individual characteristics. They do this, for example, by accepting the situation and anticipating a future after reception, or they decide to repress and forget about the situation. The multitude of behaviours clearly shows actorship by residents, who are not simply passive individuals. On the contrary, they actively mediate between their individual characteristics and the institutional conditions to protect their own well-being. When this balancing act is positive, we speak of 'resilience'. When the exercise has negative consequences, we speak of 'vulnerability'. In this study, we wish to reserve the notion of 'fragility' for describing this balancing act as such. The research results show that every resident is in a situation of fragility. It is more difficult for some residents to stay balanced than others, because their individual characteristics make it more difficult to act resiliently.

The observation that, despite their differences, all the residents rate their well-being negatively to a greater or lesser extent indicates that collective reception structures offer a difficult reception environment. The study's second report, where residents in individual reception will have their say, will further investigate whether the

well-being is better there. It can be anticipated that certain dimensions of well-being, in particular health, integrity, independence and participation, will be evaluated more positively by residents of individual reception structures. Regarding the other institutional dimensions, the study finds that:

- The **reception capacity** of a reception centre has no unequivocal influence in the applicants' experience. Residents find that it is more the density of the residents in relation to the architecture of the centre, rather than the objective number of applicants, that is important. A centre where residents live together in greater concentrations may increase the feeling of mutual participation, but otherwise has little concrete effect on well-being.
- The objective **location** of the centre has no unequivocal relationship with well-being. Rather than distance, mobility options are a determining factor. Remote centres that are well-served by public transport may be easier for some residents to reach than centres that are close in distance, but where journeys have to be made on foot, for example. Mobility plays a particularly important role in terms of meaningfulness, independence and belonging.
- The **services** are provided by the staff at the reception centres in a respectful and high-quality manner, but they also come up against all kinds of limitations. Understaffing and over-interrogation can lead to superficial and practical relationships rather than the building of deep and personalised trust relationships. This mainly affects residents' security, independence and sense of meaning.

How easy or difficult it is for a person to cope with the institutional conditions is determined by individual factors. The study clearly shows that there are more differences than similarities between residents. The beneficiary of reception is an artificial category to which no clear profile can be applied. Residents differ in age, in gender, in nationality, and so on. Some have been staying in reception for several years, while others have just arrived. There are people with an extensive social network and there are residents who do not know anyone in Belgium or at the centre. The differences between residents can be described at an individual level by the term 'superdiversity'. This means that, even between people who share certain characteristics, important differences remain. People therefore cannot be reduced to just one of their characteristics. Each person is a complex and unique combination of different characteristics. Looking at the characteristics separately, some mechanisms that influence well-being do stand out.

- The **personal characteristics and needs** of residents have the most important influence on well-being. An important factor is the age of residents. The majority of the residents are in an active phase of life and want to expand their lives, which is made more difficult within the context of collective reception. Physically, many residents are healthy, but for those who require medical attention, this puts well-being under additional pressure. Differences are also identified along the fault lines of gender and orientation, especially in terms of integrity. The financial capacity of residents is a factor that has so far been underestimated. Some residents have access to their own (limited) resources, which they can use to reduce the impact of living collectively, for example by buying their own food or paying for leisure.
- There are individual **context-related risks and opportunities** for each resident. An important factor is the length of time spent in reception, which varies widely among residents. As the reception period increases, there is more pressure on well-being. Residents stress that the lack of clarity about the duration of reception is perhaps even more important than the duration itself. Certain rights, such as the right to employment, are linked to the status of the asylum procedure and the period of residence in Belgium. This conditionality and precarity is experienced negatively by residents. Residents question the transfers between reception structures, especially for certain nationality groups who are allowed to go to individual reception earlier. This is experienced as discrimination and negatively affects well-being.
- The **social network** surrounding a person can play an important mediating role. The presence of family members has the greatest impact because people find support and anchoring in one another, although the reception situation also puts pressure on intra-family relationships, resulting in changing partner, parent and child roles. The setting of a collective reception centre and being forced to live together are not ideal breeding grounds for close friendships. Residents' contact is rather more superficial in nature and therefore has limited instrumental and emotional added value. Contact with individuals outside of the centre can be highly valuable, but rarely occurs without help from centre staff or outside organisations.

During the analysis of the interviews, two clear patterns emerged in the diversity of the residents. The first pattern had to do with **family type**. Collective centres provide reception for both single people and families with children. There are also couples without children, but they are in a minority. The study shows that there is a systematic difference between the well-being of single people and the well-being of parents with children. Although there are some differences between single people or between families, family type provides certain structural similarities.

- For **families**, caring tasks are central to daily life. Children give meaning and orientation to life, but at the same time, they also require a lot of attention. Family life is strongly structured by the rhythm of school and the rhythm of upbringing. In a collective setting, parents find that they cannot fully assume their parental role because, for example, they have limited independence. The infrastructure of certain collective facilities, such as the sanitary facilities, is apparently inadequate for children and causes parents to worry.
- For **single people**, daily life is far less structured and arranged, leading to a greater sense of a lack of purpose. Single people do not have a clear role, because they are only a limited part of society and have no family obligations in Belgium. They are at risk of a much greater sense of loneliness and isolation, because of the limited security in the absence of family or close friends.

A second pattern that emerges from the analysis is the importance of **language**. A large majority of residents face a structural language gap. That is, they do not have a shared language to communicate with reception centre staff. In exceptional cases, residents cannot even talk to any of their fellow residents. Language forms a structural threshold that transversally straddles all dimensions of well-being. A language gap, for example, makes it difficult for residents to call for help in the event of an incident, hinders the passing on of medical communication, or excludes people from certain leisure opportunities or makes it difficult for them to express their opinions about reception.

The concluding question asks how fragility can be addressed and reduced by Fedasil. During the interviews, we asked residents how they themselves would change reception if they were in charge. In the following quote, from Nadir from Afghanistan, he responds that reception at the centre should allow for positive discrimination in order to better meet the needs of particularly vulnerable people:

As a final concluding question, it may be a bit far from your mind, but if you were yourselves directors and directors of this center, what would you definitely change about this center and what would you definitely keep about this center?

We would then adjust the functioning according to people's needs. We would be more flexible with people who have more needs for something than people who can live more independently. Also give more resources for those who need more resources, like us with the sick children. An example for the laundry, the laundry room, I have to queue for a long time with the sick children. Basically, the one who has priority over her should be able to wait because it is a single healthy man. Whereas I have two sick children and can't queue there for 1.5 hours. Another example is in a hospital or in the waiting room at the doctor's office, surely a healthy man can stay (wait) 15 or 30 minutes longer. We should have the priority, that's a benefit for everyone because if we wait longer in the doctor's waiting room then our sons are also going to constantly harass the other people, by talking, by screeching, by screaming, actually constantly harassing. So that we are just let in more quickly so that other people are also reassured and that we are also helped more quickly. So those are things that we would change the rules, for the sick children.

Nadir, Afghanistan, family, centre A

Specific consideration and flexibility for individuals whose well-being is at risk seems like a good strategy. However, the research results show that this should be accompanied by an increase in well-being for everyone. Since well-being is a dynamic state that evolves over time, and it is also very difficult to determine who is more or less vulnerable, it would appear necessary to improve the reception conditions for everyone. The various dimensions of well-being can provide a stepping stone for making incremental improvements that can improve reception and reduce fragility. In order to achieve such a general improvement, it seems important to address the fundamental challenge of the language gap. Moreover, it is also important to take into account the specific realities of varying family types, which require a different type of framing.

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- ⁱ Act regarding the reception of asylum-seekers and of certain other categories of immigrants (12 January 2007): http://www.ejustice.just.fgov.be/cgi_loi/change_lg.pl?language=nl&la=N&cn=2007011252&table_name=wet
- ⁱⁱ Vulnerable people with specific reception needs: Definition, Identification, Care. Final report. Fedasil, Directorate of Policy Support, Study and Policy Department, December 6, 2018: https://www.fedasil.be/sites/default/files/content/download/files/fedasil_studie_kwetsbare_personen.pdf
- ⁱⁱⁱ In this report, the term 'heuristic' refers to a method of describing and understanding a phenomenon in a systematic manner. It differs from a theory in that no causal statements are made.
- ^{iv} *"Much of the existing research on asylum has focused on the content of the 'events' (the journey, the asylum interview and the appeal hearing) (...) the ordinary 'non-events', or everyday life of waiting between these events, have received much less attention, perhaps because it is assumed that nothing (of interest) happens during these periods".*
- ^v *"waiting for asylum was, for my participants, neither stagnant, empty time nor characterized by abject passivity. This ultimately suggests that more may be taking place during seemingly uneventful periods of waiting than meets the eye; even for people who have endured loss, trauma and protracted uncertainty, waiting may entail intentionality, action and potential".*
- ^{vi} *"is not a theory that can explain (...) well-being; instead, it rather provides a tool and a framework within which to conceptualize and evaluate these phenomena".*
- ^{vii} (1) Life (safe living conditions, family relations), (2) Bodily Health (access to medical care and prevention, nutrition), (3) Bodily Integrity (privacy, freedom of movement), (4) Senses, Imagination and Thought (education, understanding information, expressing oneself, religious practice), (5) Emotions (support, relationships), (6) Practical Reason (planning, critical reflection, work), (7) Affiliation (membership, social identity), (8) Play (recreational activities), (9) Control over one's Environment (participation, property), (10) Other Species (relation to nature).
- ^{viii} *"The difficulty is that the notion of capability combines internal preparedness with external opportunity in a complicated way".*
- ^{ix} *"The experiences of 'vulnerable' groups, like asylum seekers, have generally been explored in relation to the concept of 'social exclusion' (...) Nonetheless, the usefulness of the 'vulnerability' concept relative to that afforded by solely employing social exclusion lies in the ability to identify populations who may potentially experience vulnerability in the future".*
- ^x *"stable sense of self anchored in the belief that the event's in one's life have a degree of certainty and continuity".*
- ^{xi} *"I want a normal life like everyone else".*
- ^{xii} *"asylum seekers in the UK are extremely vulnerable to poverty, and destitution is a widespread problem amongst this group of migrants. This phenomenon is directly linked to their limited work and welfare rights."*
- ^{xiii} *"Technology (mobile phones and e-mail for instance) may allow disparate members of communities to keep in touch. (...) Contact is expensive but considered a priority".*
- ^{xiv} *"newly arrived asylum-seekers in particular tend to have multiple problems establishing social links".*
- ^{xv} *"accommodation centres serve as tools of migration control because they are instrumental in putting various control measures in place. The confinement of asylum seekers in the centres can be used as a deterrent to curb the numbers of new asylum applications. It also facilitates control over those who have already submitted asylum applications".*
- ^{xvi} *"to characterize the unequal treatment of asylum-seekers by governments, their subjection to practices that would be wholly unacceptable in respect of citizens".*
- ^{xvii} *"refugee accommodation has increasingly been transformed into large, camp-like structures with lowered living standards and a closed character".*
- ^{xviii} *"places of residence and work, where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered way of life".*
- ^{xix} *"ontological homelessness and alienation from the conditions for well-being".*
- ^{xx} *"possibly lead to better integration of people who later move out to a municipality, and generally it is believed that they provide a less institutionalized everyday environment, which makes people better prepared for life outside the asylum centre, whatever the outcome of their application for asylum".*
- ^{xxi} *"asylum seekers are often provided with 'left over buildings' where nobody else wants to live. The housing quality is basic, maintenance is generally not prioritized".*
- ^{xxii} *"the emergence of accommodation as a regulatory tool through which sovereign authority emerges (...) and forges the affective construction of discomfort, marginality and insecurity for those accommodated".*
- ^{xxiii} *"Asylum centers (...) provide temporary accommodation for people who have to prepare for two entirely different, alternative futures: they are either accepted as a refugee and can settle in the host country, or they are not, in which case they have to return. The current transnational governance of asylum thus reflects a dual normativity of arrival. While the system decides between these two new outcomes, asylum seekers are not supposed to have fully 'arrived'".*
- ^{xxiv} *"support organizations with an authoritative position" trachten om "commodify asylum seekers [as vulnerable] to further ensure their stake in the asylum seeker industry".*
- ^{xxv} *"people with a high probability of receiving a residence permit on humanitarian grounds".*

^{xxvi} “For us subjectivity is a theoretical notion that refers to the irreducibility of the subject to any identity or subject position, the ‘refugee’ included. It is precisely the open-endedness of subjectivity that sustains the political in everyday life, that is the capacity to manoeuvre and depart from routines in mundane situations.”

^{xxvii} “how extremely different people can be even if they fall into the same administrative categories and therefore appear as similar cases for administrative institutions”.

^{xxviii} “strategic presentation of self. As representation, rather than documentation of reality, narratives become methodologically more complex”.

^{xxix} “the length of the interview and the fact that someone can actually take her time to be and remain silent, are very important factors to do justice to painful memories”.

^{xxx} “processes of ethical review are often limited in their applicability once faced with the complexities of fieldwork itself (...) in reflecting on the entanglements of emotion, position and politics (...), I argue that fieldwork demands the development of situated judgments which exceed procedural models of ethics”.

^{xxxi} “Iterative models of consent start from the assumption that ethical agreements can best be secured through a process of negotiation, which aims to develop a shared understanding of what is involved at all stages of the research process”.

^{xxxii} “On the one hand, researchers need to respect refugee participants’ capacities for self-determination and their agency and resilience and avoid paternalism. On the other hand, it is imperative that researchers recognize the ways in which the ongoing effects of displacement and trauma may be affecting refugee participants’ capacities for autonomy”.

^{xxxiii} “mobilizes those aspects of psychosocial functioning that are most deeply affected by traumatization. If this holds true, the mental health impact of trauma is not only the research question under study, but equally forms an essential characteristic of the research relationship itself”.

^{xxxiv} “for their ideas about solutions as well as documenting problems”.

^{xxxv} The ‘code 95’ is displayed on a driving licence to indicate the professional competence of a driver. It is compulsory for all professional drivers holding a driving licence for category groups C and D. For more information, see:

https://mobilit.belgium.be/nl/wegverkeer/rijbewijzen/welk_rijbewijs_voor_welk_voertuig/vrachtwagen_bus_au_tocar/vakbekwaamheid

^{xxxvi} For an overview of the transfer options, see Vulnerable people with specific reception needs: Definition, Identification, Care. Final report. Fedasil, Directorate of Policy Support, Study and Policy Department, December 6, 2018:

https://www.fedasil.be/sites/default/files/content/download/files/fedasil_studie_kwetsbare_personen.pdf

^{xxxvii} To accompany this question, a diagram consisting of three concentric circles was used to map out the social network in Belgium. These circles demarcated the respondent from immediate family, friends and acquaintances respectively. Individuals who do not fall within these circles may be considered strangers. The concentric circles are a visual indication of social proximity.