
Well-being and daily life in reception

Executive summary

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As an agency, Fedasil has the legal mission to provide every asylum seeker with reception that enables him or her to lead a life that is in keeping with human dignity. In order to succeed in this mission, a well-founded reception policy requires a thorough knowledge of the needs of the end users and their daily experiences in reception structures. Within this framework, Fedasil launched an innovative study into the well-being of applicants in reception. The report discusses the design and methodology of this study. It also examines the results of the study of applicants residing in a collective reception structure. In a second report the well-being of applicants living in an individual reception structure will be discussed.

The objective of the study was to develop a better understanding of the well-being of applicants in reception. Well-being refers to how applicants 'feel' and how they 'function'. It is about how they experience their daily lives in the reception centre. This experience is complex and has various 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) meaning, (5) security, (6) independence, (7) belonging, (8) relaxation, (9) participation and (10) nature. Well-being is not only complex, it is also dynamic and changeable. How a resident feels and functions can change throughout the care process. Residents themselves can influence their well-being by changing their behaviour. That is why the study also examines which behavioural patterns residents develop in order to influence their well-being. A distinction is made between four different behavioural patterns, namely (1) acceptance, (2) adaptation, (3) withdrawal and (4) resistance.

With this study, Fedasil also wants to better understand which factors can influence the well-being of residents. The scientific literature is divided on this issue. Some researchers emphasise the role of various institutional characteristics of the 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 their reception. Differences between occupants in terms of personal characteristics (such as family type, gender, age), specific contextual characteristics (such as chances of recognition, reception period, migration route) or social networks are then cited to explain differences in well-being between occupants. Based on a review of the literature, the report presents a heuristic diagram in which the various institutional and individual factors are distinguished. As research to date is not conclusive, both strands in the scientific literature were taken into account in the elaboration of the study.

The study 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 was deliberately aimed at achieving the greatest possible variety of both institutional and individual factors that can have an impact on well-being. The present report is limited to the collective reception facilities, but varies in terms of their reception capacity and location. Two reception centres were selected that have roughly the same medium-sized reception capacity, but are respectively located close to and far from all kinds of important facilities. In addition, two centres were selected for which facilities are accessible, but whose reception capacity differs between small and large. In terms of individual factors, variation was sought in terms of family type, age, medical situation, length of stay in reception, nationality and social network. We actively sought to identify certain resident profiles that the Reception Act refers to as vulnerable, such as single parents or older persons.

To analyse the large amount of data, the conversations with residents were transcribed and the observations written out. Coding was then carried out using Nvivo software. This was done using an a priori codebook whose structure was based on the ten different dimensions of wellbeing, 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 exposition in which residents describe in their own words

how they feel and how they function in the reception. There is a great deal of nuance in the 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 tend to present their well-being in a negative way. The only dimension of well-being that is almost unanimously rated as positive is safety. To illustrate this, some key ideas per dimension of well-being are explained here. These key ideas are based on how residents describe their daily lives.

1. Safety: In collective centres, residents do not fear for their own lives or those of family members. They feel safe because there are clear rules in the centres, among others 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 in the centre, even though they sometimes experience barriers to access. The possibilities of psychological support are not always clear to them. A major concern are the sanitary conditions that they find unhealthy, the fear of being infected by fellow residents and food that they find inappropriate and unhealthy.

3. Integrity: Residents feel that they lose privacy in 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. Sense of purpose: Residents experience daily life as repetitive and without perspective. Waiting is tedious because residents are unsure how long the period in the reception centre will last. They break through the monotonous pattern by deriving a sense of meaning from taking on caring tasks for their children, by believing, by working or by following (language) education.

5. Security: Residents have mainly superficial and distant mutual contacts. Close friendships and close cooperation 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 people who can interpret and on translated communication. Having limited possessions makes it practically difficult to make plans and they live from day to day. There is a strong motivation to earn money, but due to all kinds of barriers, residents are forced to be satisfied with performing community services for a limited fee.

7. Belonging: Residents indicate that they do not always feel at home in 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. Relaxation: Residents enjoy being able to relax by playing sports, reading, surfing the Internet or sitting with others. However, the facilities and organised activities in the centre are perceived as too limited and insufficiently diversified. Participation in activities outside the centre requires overcoming important barriers, especially language and financial barriers.

9. Involvement: Residents indicate that there are few structural moments when their opinions and cooperation are sought. This creates the feeling that they are not involved in important decisions about the management of the centre, which can, however, have an important impact on their daily lives.

10. Nature: Residents have mixed feelings about the green surroundings where the centres are located. The peace and quiet that emanates from it can be oppressive to some and bring back memories of the migration route. Some centres pay little explicit attention to nature, which is why residents themselves invest in plants, for example.

It is striking that the majority of the interviewees accept their negative well-being. They accept their situation because, according to them, they cannot do otherwise, they feel grateful, they are ashamed to criticise, they put the situation in perspective compared to the country of origin and the migration route, they have come to accept the situation as normal, or they hope that the reception is only a temporary phase. Persons who do not accept the situation usually withdraw. For example, they avoid certain parts

of the centre, repress bad thoughts or seek diversion so that 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 in order to improve one's well-being, making the most of the facilities or organising themselves collectively. Very rarely do residents show resistance and oppose the reception facility or show self-destructive behaviour.

If a certain behaviour leads to an improvement in well-being, we can describe it as 'resilient'. The inability to protect well-being characterises 'vulnerability'. Viewed in this way, each of the behavioural patterns can be resilient or vulnerable. There is no direct relationship between the pattern of behaviour that applicants develop 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 relaxation or gaining more control over daily life. His well-being will therefore improve. Withdrawal, however, can also lead to isolation, the development of psychological complaints and a lack of belonging, resulting in a decline in well-being.

The multitude of behaviours clearly shows the ownership of residents, who are not simply passive persons. This study concludes that all residents search in their own way for a way to protect their well-being. It is not the case that only so-called 'vulnerable' persons are confronted with this. This study advances the notion of 'fragility' to refer to the difficult balancing act whereby all residents attempt to change their well-being positively rather than negatively through their behaviour. However, for some residents it is more difficult to stay in balance than for others. 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 finding that, despite their differences, all residents rate their well-being negatively to a greater or lesser extent suggests that collective reception facilities provide a difficult reception environment. In the second report of the study, where residents from individual shelters are interviewed, it will be further investigated whether the well-being is better there. It can be expected that certain dimensions of well-being, in particular health, integrity, independence and participation, will be evaluated more positively by occupants of individual reception structures. With regard to the other institutional dimensions, the study notes :

- The **reception capacity** of a reception centre has no unequivocal influence in the perception of the applicants. Residents feel that it is 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 a more concentrated way can increase the feeling of mutual involvement, but otherwise has little concrete effect on well-being.
- The objective **location** of the centre has no unambiguous relationship with well-being. Rather than distance, mobility options are a decisive factor. Remote centres that are well served by public transport are easier for some residents to reach than centres that are close by in terms of distance, but where people have to travel on foot, for example. Mobility plays a particularly important role in terms of meaning, independence and accessibility.
- The **service provided** by the staff of the reception centres is respectful and of high quality, but it also comes up against all kinds of boundaries. In the eyes of the residents, they are sometimes understaffed and overcharged. Residents say they would like to develop relationships of trust with staff, but they have mainly superficial and practical relationships with them. This mainly affects the sense of purpose, security and independence of residents.

How hard or easy a person can cope with the institutional conditions is determined by individual factors. The study clearly shows that there are more differences between residents than similarities. The one and only beneficiary of the care is an artificial category that cannot be clearly profiled. Residents differ in age, gender, nationality, and so on. Some have been staying in the 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 in 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. Persons should therefore not be reduced to one of their characteristics. Each person is a complex and unique combination of different characteristics. If we look at the characteristics separately, some mechanisms that influence well-being 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 residents are in an active phase of life and want to develop their lives, which is difficult in the context of a collective reception centre. Physically, many residents are healthy, but for those who need extensive medical assistance, their well-being is under extra pressure. Differences are also noted 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 (limited) personal resources with which they can improve the impact of living collectively, for example by buying their own food or paying for entertainment.

- For each resident there are individual **context-specific risks and opportunities**. An important factor is the length of time spent in reception, which varies widely among residents. As the length of time spent in reception increases, so does the pressure on well-being. Occupants emphasise that the lack of clarity about the duration of the 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 time limit in Belgium. This conditionality and precariousness is perceived negatively by residents. Occupants question the transfers between reception structures, especially for certain nationality groups that are allowed to go to individual reception earlier. This is experienced as discrimination and has a negative impact on 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 each other, 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 the need to live together are not an ideal breeding ground for close friendships. Residents' contacts are rather superficial in nature and therefore have limited instrumental and emotional added value. Contacts with people outside the centre can be very valuable, but rarely happen without help from centre staff or external organisations.

During the analysis of the interviews, two clear patterns emerged regarding the diversity of residents. A first pattern had to do with the **family type**. Collective centres provide care for both singles and families with children. There are also couples without children, but they are a minority. The research shows that there is a systematic difference between the wellbeing of singles and that of parents with children. Although there are differences between single persons or between families, the family type provides certain structural similarities.

- In **families**, caring tasks are central to daily life. Children give meaning and orientation to life, but at the same time require a lot of attention. Family life is strongly structured by the rhythm of school and education. 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, appears to be inadequately equipped for children and causes parents to feel anxious.

- In the case of **singles**, daily life is much less structured and organised, which leads to a greater sense of a lack of meaning. Single people have no clear role because they are only a limited part of society and have no family obligations in Belgium. They risk a much greater sense of loneliness and isolation because of the limited security they provide in the absence of family or close friends.

The question that arises is how to offer adapted care to both family types in the context of a collective reception centre, without overlooking the internal diversity of both groups. The research 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 singles. What does differ is the way daily life is experienced, and this is reflected in the different dimensions of well-being.

A second pattern that emerges from the analysis is the importance of **language**. A large majority of residents are confronted with a structural language gap. This means that they do not have a shared language to communicate with the reception centre staff. In exceptional cases, residents cannot even talk to any of their fellow residents. Language forms a structural barrier that cuts across all dimensions of well-being. A language gap, for example, makes it difficult for occupants to call for help in the event of an incident, hinders the passing on of medical communication or excludes people from certain recreational facilities or from expressing their opinion about the reception facility. The question that arises is how this fundamental factor can be taken into account within the reception. The structural language gap is in fact an important determinant of the fragility of a large part of the residents.