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MOVING BEYOND THE COVID-19 OUTBREAK

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Funded
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1. INTRODUCTION

1.1 Background

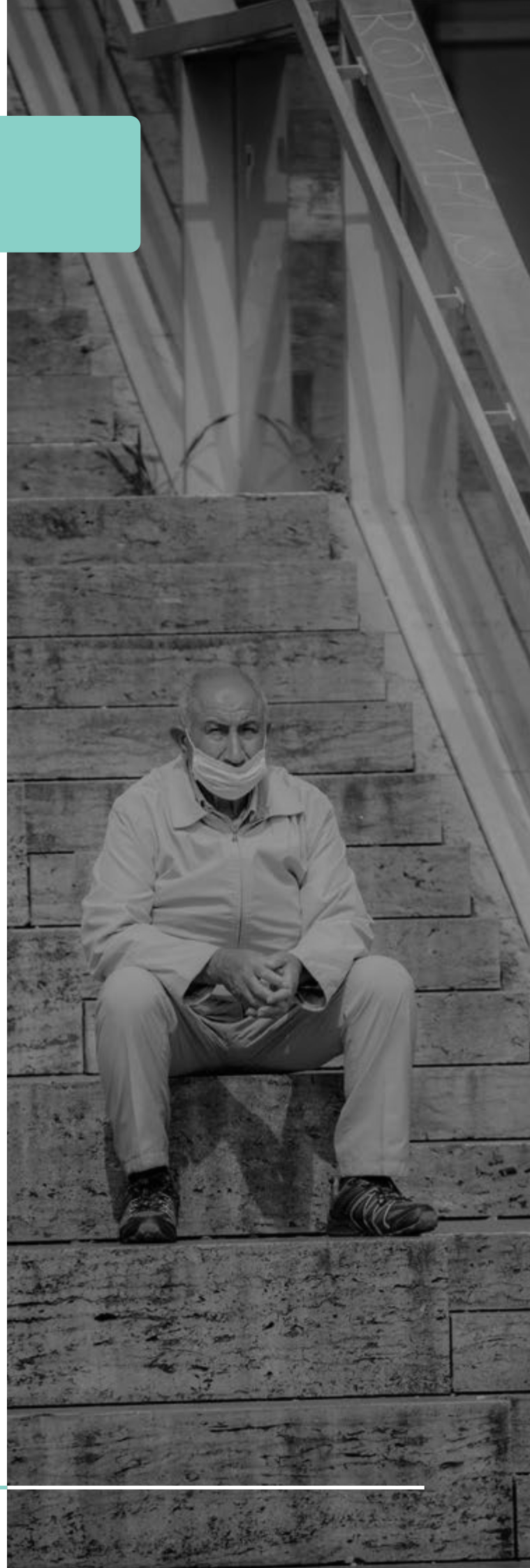
In October 2019, the United Nations High Commissioner for Refugees (UNHCR) launched a pilot project aimed at establishing an Umbrella Refugee Committee¹ (U-RC) in Brussels City. A number of factors motivated the choice of this committee, most notably, the positive and welcoming attitude of the local authorities and the fact that Brussels City had signed up to the UNHCR #CitiesWithRefugees campaign.² Given the diversity of the refugee population in Brussels City, UNHCR felt that a U-RC in Brussels would be able to integrate the different refugee committees (RCs) representing these different refugee groups³ and benefit from their diversity.

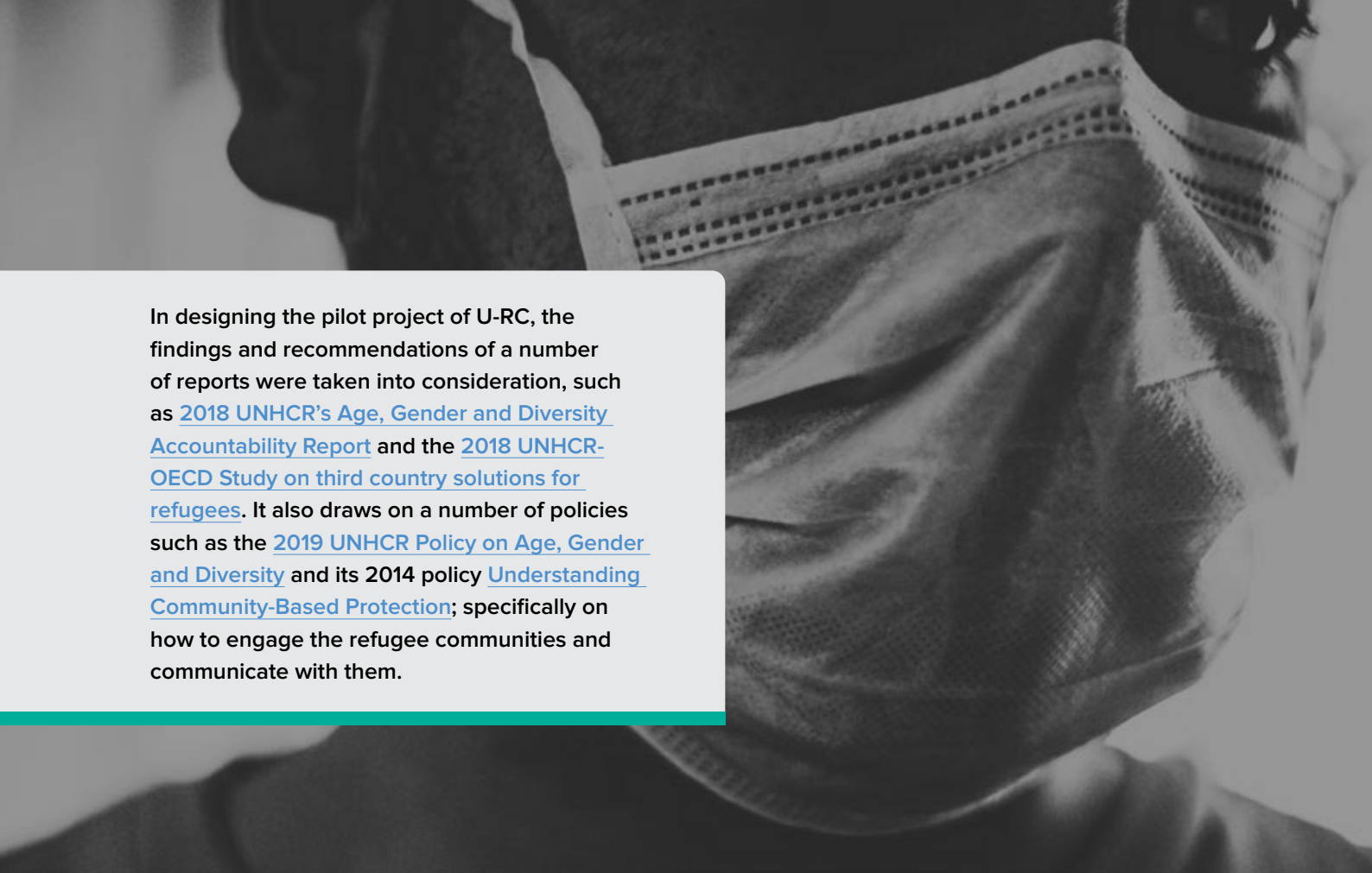
The goal of establishing the U-RC was to become a trusted collective structure that faithfully represents the community; share information among its members; and act as a bridge between refugees, UNHCR, municipal authorities, service providers and the civil society members. It was also meant to contribute to a constructive and inclusive dialogue on refugees' integration and welfare in Brussels City.

¹ A Refugee Committee is a refugee led advisory body, across nationalities, cultural groups, and gender orientations. The main goal of this community-based structure is to design effective advocacy strategies and establish a dialogue between refugee communities and local authorities regarding service delivery and integration affairs.

² The #WithRefugees campaign was launched in 2016 by UNHCR "to support the development of the global compact on refugees. As part of this campaign, the Cities #WithRefugees initiative seeks to amplify **the efforts of cities that are creating inclusive communities** where everyone can live in safety, become self-reliant, and contribute to and participate in their local community. The initiative highlights **the increasingly important role cities have taken on in accommodating refugees.** (<https://bit.ly/3snp6uK>).

³ In the framework of this project, the term refugee encompasses recognized refugees, beneficiaries of subsidiary protection, and their families.





In designing the pilot project of U-RC, the findings and recommendations of a number of reports were taken into consideration, such as [2018 UNHCR's Age, Gender and Diversity Accountability Report](#) and the [2018 UNHCR-OECD Study on third country solutions for refugees](#). It also draws on a number of policies such as the [2019 UNHCR Policy on Age, Gender and Diversity](#) and its 2014 policy [Understanding Community-Based Protection](#); specifically on how to engage the refugee communities and communicate with them.

As of January 2021, five RCs have been created under the U-RC, namely: The Queer Refugee Committee, the Syrian Refugee Committee, the Afghan Refugee Committee and the Iraqi Refugee Committee. In addition, a Women Refugee Committee was also created with a view to establishing an autonomous transnational space for refugee women action and coordination.

Prior to the outbreak of COVID-19, and in the period between November 2019 to February 2020, refugee representatives and UNHCR held “face to face” consultations that were centred around the topic of ‘local integration’ in Belgium. The spread of the COVID-19 pandemic prompted the U-RC to reprioritize its objectives and agenda. As such, and during the COVID-19 lockdown in Belgium (March – May 2020), the RCs decided to participate in the ongoing efforts led by the Belgian local authorities to respond to the COVID-19 crisis, by supporting the production of masks, as well as by collaborating with the COVID-19 clinic project run by MSF Belgium (MSFB) in Brussels. The latter consisted of making a roster of refugee volunteers available as volunteers on standby to support MSFB with translation or tele-conversation with patients at the clinic.

As the epidemic spread in Belgium, it was clear for the RCs and UNHCR that a survey on the impact of COVID-19 on refugees and migrants was required to help the RCs in better identifying priority needs; plan their response, as well as document the experience of refugees and migrants during these challenging times. Most importantly, it was deemed crucial to inform policy-makers and service providers about the specific challenges experienced by refugee communities in the context of the COVID-19 outbreak. A number of reports by the United Nations issued in 2020 drew attention to the disproportionate brunt born by migrant and refugee populations around the world. The reports had highlighted that refugees and migrants were particularly exposed to infections due to a combination of factors such as: Greater difficulty in accessing health care; weaker safety nets; more limited livelihood opportunities and more precarious working conditions compared to the average non-refugee population. In addition, refugees and migrants often have a precarious legal status which only serves to exacerbate their vulnerabilities.



1.2 Objective of the report

The following report is a summary of the results of the survey that was jointly administered by UNHCR and researchers from several universities in Belgium in the period between May and July 2020 to document how refugees in Brussels were coping with the COVID-19 outbreak. More precisely, the survey aimed at producing empirical evidence regarding the challenges and related psychological strains that refugees experienced, and the resources that refugees could mobilize to face the pandemic.

Noticeably, the survey was not an end in itself: Following the administration of the survey, UNHCR, and the RCs met with four RCs to review and discuss the findings and their implications, as well as draw up a joint advocacy plan targeting the local authorities. It also constituted the first steppingstone in the multi-stakeholder process that aimed at fostering intercultural dialogue, community resilience and the civic participation of refugees in their host countries.⁴

1.3 Survey methodology and approach

The research advisors, Antoine Roblain of the *Université Libre de Bruxelles* (ULB) and Emanuele Politi of the *Katholieke Universiteit Leuven* (KU Leuven) developed the methodology for this survey, analysed the data that was collected and summarized the main findings into this analytical report. The survey was disseminated among refugees in Brussels with the support of UNHCR, the RCs and Elodie Hut from the *University of Liège* (ULiège).

Given the nation-wide lockdown that was enforced by the Belgian authorities to contain the spread of COVID-19, outreach to refugees was therefore challenging and required adaptation to mainly online data collection tool. As such, the survey was administered online between the 14 May - 5 July 2020. The survey was disseminated on social media, with the help of community facilitators to widen the pool of refugees that may have been interested in participating in it. Their efforts ensured that the survey reached as many refugees of different backgrounds and profiles as possible. Refugee participants were also able to fill it out from their homes and using their own devices. Unfortunately, disseminating and administering the survey online meant that the voices of very vulnerable refugees who may not have the resources or access to technology could not be included.

It is worth mentioning that since a relatively limited number of refugees participated in the survey (355 persons), its results cannot be generalized to the constellation of migrant trajectories across refugee communities.

Throughout this analytical report, mean differences across categories and correlations between variables were calculated using standard analytical techniques, such as analyses of variance and linear regression models. A system of metrics was applied to social network data, such as network size, centrality, density, and propinquity. Differences between groups and linear associations between variables were reported when significant relative to standard statistical thresholds that were used. Missing values were not imputed, listwise deletion was used. Readers are referred to specialistic publications to get a detailed description of the analytical approach, description that goes beyond the scope of the present analytical report.

⁴ More information can be found on the dedicated website: <https://refugee-committee.org>

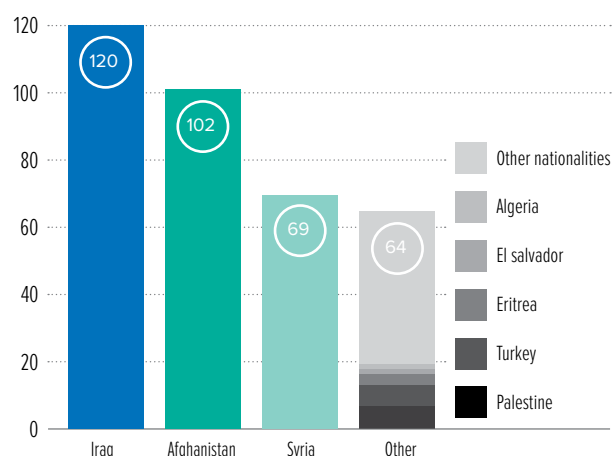
2. ANALYSIS OF THE SURVEY DATA

2.1 PROFILE OF THE RESPONDENTS

Countries of origin

With the help of community focal points, the questionnaire was first circulated among Afghan community, followed by the Syrian community, and then the Iraqi community. Of the 355 persons that participated, 120 (33,8%) were Iraqi, 102 (28,7%) Afghan and 69 (19,4%) Syrian. The remaining 64 (18%) of participants originated from other countries, mainly Palestine, Turkey and Eritrea (see Figure 1).

Figure 1: Number of participants across nationalities



Legal status

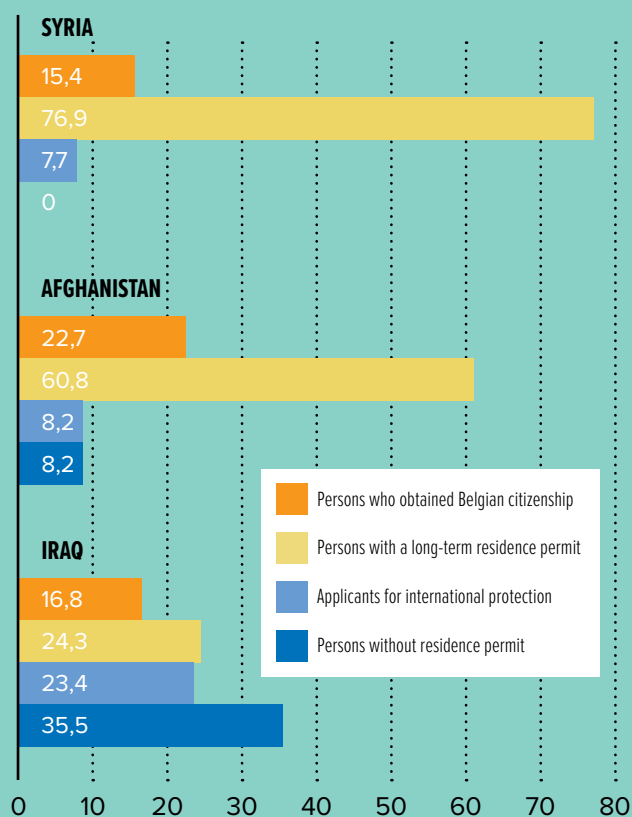
The survey was disseminated among refugees, asylum-seekers, documented and undocumented migrants, as well as former refugees who had obtained Belgian citizenship. The term “refugee” was therefore employed inclusively in the survey, respondents enjoying different legal statuses in the country. (For details, please see Table 1) As shown in the table below, initial categories were regrouped into a reduced number of groups according to their legal status: 50 (14,1%) respondents were without a residence permit; 51 (14,4%) respondents were applicants for international protection; 163 (45,9%) respondents were with a long-term residence permit; 62 (17,5%) respondents had obtained Belgian citizenship; 29 (8,2%) preferred not to declare their legal status.

Table 1: Broad legal statuses that reflect

1 Initial categories: Participant's self-assessment	2 Participants (percentage %)	3 Final regrouping
I have obtained Belgian citizenship	62 (17,5 %)	Persons who obtained Belgian citizenship
I have obtained a resident permit without requesting asylum (for example through family reunification)	27 (7,6%)	Persons with a long-term residence permit (> 3 months) This includes among others • Beneficiaries of family reunification status • Recognized refugees • Beneficiaries of subsidiary protection status
I have applied for asylum in Belgium and obtained refugee status	109 (30,7%)	
I have applied for asylum in Belgium and obtained subsidiary protection	27 (7,6%)	
I am an asylum-seeker	51 (14,4%)	Applicants for international protection
I am currently undocumented	50 (14,1%)	Persons without a residence permit

Legal status varied across refugee communities (see Figure 2). On the one hand, 39 (36,1%) Iraqi respondents declared not having a residence permit for foreigners, while only 8 (8,2%) Afghans and no Syrian respondents reported so. Similarly, 25 (23,1%) Iraqis declared being applicants for international protection, while only 8 (8,2%) Afghans and 5 (7,7%) Syrian respondents reported so. On the other hand, only 26 (24,1%) Iraqis declared having a long-term residence permit, while 59 (60,8%) Afghans and 50 (76,9%) Syrian respondents reported so. Noticeably, Belgian citizenship was more evenly reported by the three main communities: 18 (16,7%) Iraqis, 22 (22,7%) Afghans, and 10 (15,4%) Syrian respondents declared having obtained Belgian citizenship in the past.

Figure 2: Legal status across nationalities



Education

Respondents were generally highly educated: 114 (32,1 %) had obtained a university degree; 65 (18,3%) had completed non-university higher education degree; 106 (29,9%) completed high school; 52 (14,7%) did not have any secondary education diploma; 18 (5,1%) preferred not to report their education level.

Education varied across refugee communities, Syrian respondents being generally higher educated than Afghans and Iraqis: 26 (39,4%) Syrians, 32 (28,1%) Iraqis and 27 (27,3%) Afghan respondents had obtained a university degree; 14 (20,3%) Syrians, 21 (18,4%) Iraqis, and 19 (19,2%) Afghan respondents had completed non-university higher education degree; 21 (31,8%) Syrians, 40 (35,1%) Iraqis, and 36 (36,4%) Afghan respondents completed high school; 5 (7,6%) Syrians, 21 (18,4%) Iraqis, and 17 (17,2%) Afghan respondents did not have any secondary education diploma.

Gender and Age

Of the total sample, 224 (64.4%) respondents were men, while the remaining 124 (35.6%) were women. Of the latter, 41 (59.4%) Syrian respondents were female; followed by 39 (38.2%) female Afghans, and 26 (21.8%) female Iraqis. Ensuring the participation of women in the survey was possible thanks to the efforts of the Refugee Women Group.

While the age of respondents ranged from 15 to 88, the average age of respondents was 34 ($SD = 10,61$); two third of respondents were younger than 36 years old; only 2% were underage. No statistical differences in terms of age were observed across refugee communities.

Employment status

Prior to the COVID-19 outbreak, the employment situation of respondents was very diverse. Of the total sample, 133 (41,7%) were employed. Among them, 41 (30,8%) were employed with open-ended contracts; 40 (30,1%) had fixed-term contracts; 26 (19,5%) had occasional jobs; 26 (19,5%) had undeclared jobs. Main sectors were commerce ($n = 20$, 20,8%), public sector ($n = 15$, 15,6%), and construction ($n = 13$, 13,5%). Of the total sample, 186 (52,4%) were out of work. Among them, 68 (22,0%) were beneficiaries of welfare schemes, 46 participants (24,7%) were students, and 31 (16,7%) reported being in other situations (e.g. maternity/paternity leave, retirement, inability to work). The remaining 36 (10,1%) respondents preferred not to declare their employment status.

After the COVID-19 outbreak, 47 (37,6%) of respondents who were previously employed reported that their professional situation remained the same. Conversely, 75 (60,0%) respondents declared to have been unable to keep their

professional activity. Among them, 59 (47,2%) were unemployed but received unemployment benefits or benefits for those laid-off, 11 (8,8%) respondents were excluded from welfare programs and 8 (6,4%) respondents reported other changes in their professional situation.

Afghan, Iraqi, and Syrian respondents differed in terms of employment status and the conditions in which they were working. Among those who were employed prior to the outbreak of COVID-19, 14 (53,8%) Syrians reported having had open-ended work contracts whereas only 11 (27,5%) Afghans and 9 (21,4%) Iraqi respondents did so.

In the aftermath of the COVID-19 outbreak, 23 Afghans, 7 Syrians and 6 Iraqis who were previously employed did not experience any changes in their employment situation. They amounted to 59%, 26,9% and 15,8% of the total respondents in that category respectively. Among the others, 5 (12,8%) Afghans, 9 (34,6%) Syrians, and 8 (21,1%) Iraqi respondents had been temporarily laid-off. Importantly, 7 (17,9%) Afghans, 9 (34,6%) Syrians, and 22 (57,9%) Iraqi respondents became unemployed after the outbreak of the COVID-19 pandemic and were excluded from welfare programs.

Length of stay in Belgium

While length of stay in Belgium ranged from 1 to 61 years, the average length of stay for responders was about eight years ($M = 7.8$, $SD = 9.51$). Two third of respondents have been living in Belgium since less than 5 years.

Clear differences could be observed between respondents based on their nationality. Afghan respondents appear to have lived in Belgium the longest (an average of 14 years) followed by Iraqis (an average of 6 years) and Syrians (an average of 4 years).



2.2 THE MAIN EXPERIENCES OF MIGRANTS CONFRONTING COVID-19

In order to design and implement of holistic responses that are able to cater to the needs of all the members of a society equally, it is crucial to understand the experiences that refugees and migrants have been having during the pandemic and their coping mechanisms (WHO, 2020). Starting from the general premise that refugees —like other vulnerable groups in society— disproportionately bear the brunt of the consequences of the COVID-19 outbreak, the core module of the survey aimed at assessing a variety of difficulties experienced during the lockdown period. Available research on the experiences of migrants and refugees point to the following challenges:

Lack of information and linguistic barriers

Similar to other countries around the world, confinement measures were swiftly introduced by the Belgian authorities to reduce the spread of the COVID-19 and were accompanied by sudden changes in complex health protocols. Legislative decrees were often announced on national media and explained in the national languages. Due of linguistic barriers and limited engagement with national media channels, migrants and refugees may have been less informed about the confinement measures and prevention protocols (Dreisbach & Mendoza-Dreisbach, 2020). The nation-wide confinement has also affected the ability of refugees and migrants to use public spaces, which are important points of contact, socialization and exchange of information for them (Guadagno, 2020).

Limited access to healthcare

Migrants, especially when in an irregular situation, may have been thwarted in their access to health care (Vearey et al., 2019). Even where they are entitled to relevant services, a number of elements such as language barriers, lack of access to general practitioners, and limited knowledge of the rules and regulations of the host society, may have resulted in reduced access to preventive care (Guadagno, 2020). Furthermore, irregular migrants may have had fears of being reported to the immigration authorities and deported had they sought assistance. These factors may have reduced their willingness to adhere to preventive screening and contact tracing protocols or to seek treatment (WHO, 2020).

Livelihood and financial concerns

Refugees and migrants generally make up a large share of the workforce in sectors that disproportionately bear the brunt of the pandemic (United Nations, 2020). Inability to work remotely, limited access to private transportation, and lack of adequate protective equipment and hygiene standards make their occupations particularly risky. Furthermore, migrants are often over-represented in some of the industries hardest hit by the health crisis, and are generally employed with precarious contractual conditions tend to exclude them from safety net programs (ILO, 2020). As a consequence, migrants are likely to be pushed further into unemployment and poverty (Mukumbang et al., 2020).

Housing issues and inappropriate living conditions

Refugees and migrants tend to live in low-income and unsuitable locations, where overcrowding is the norm. Social distancing and other practices to minimize the spread of the COVID-19 virus have therefore not been an option. Even isolating infected individuals in the same household has been difficult (United Nations, 2020). Many have remained excluded from COVID-19-response programs that aimed at supporting people's access to appropriate housing and living conditions, rental subsidies and reception facilities (Guadagno, 2020), thereby exacerbating the consequences of the pandemic for them.

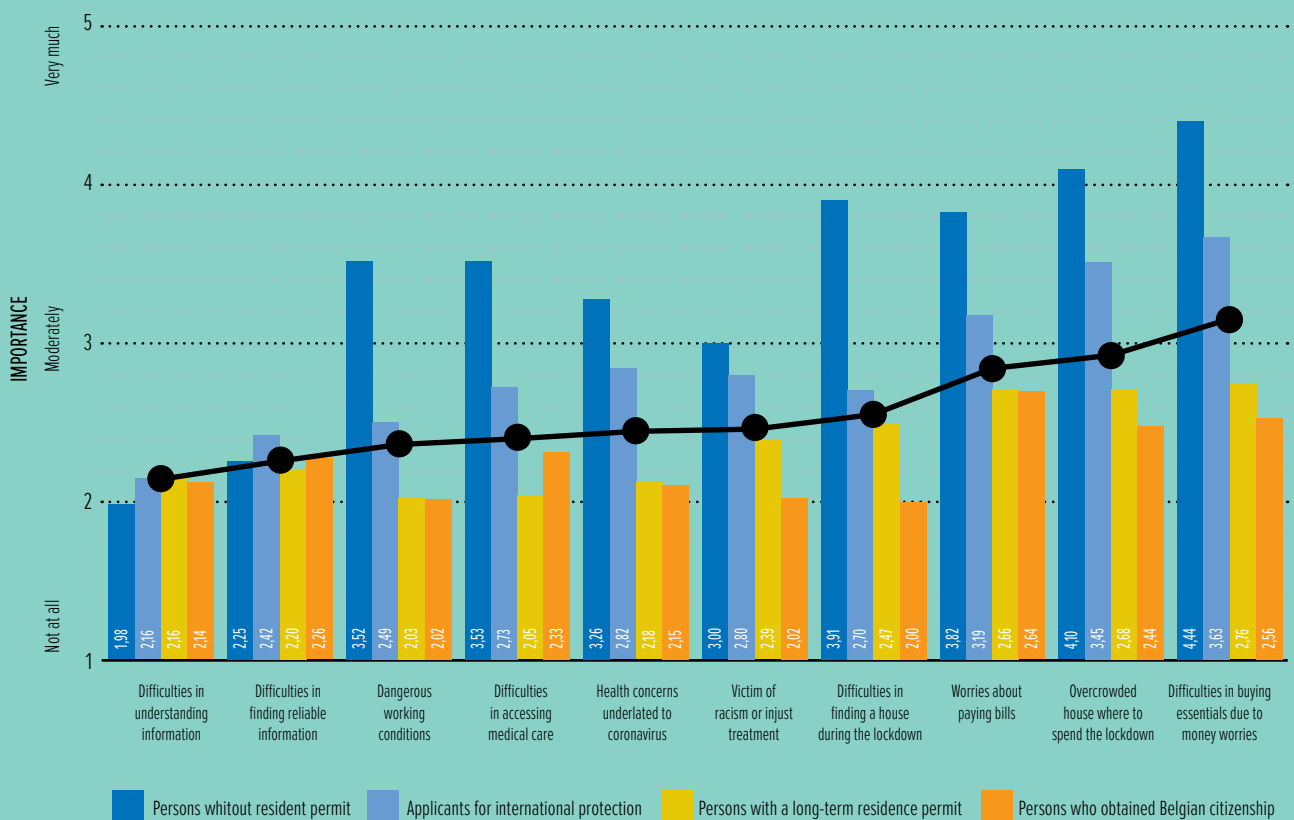
Rising stigmatization and discrimination

An important body of literature shows that emergencies and their aftermath usually give rise to conditions in which discrimination against migrants thrives (Markel & Stern, 2002). The COVID-19 outbreak is no exception and has resulted in a widespread increase of discrimination around the globe (Dubey et al., 2020). In fact, the pandemic has led to an increase in anti-migrant narratives calling for tougher immigration and border control and to limiting the rights of migrants. Migrants coming from areas and countries with limited or no risk of COVID-19 infection have often been targeted (Demirtaş-Madran, 2020).

2.3 DIFFERENT EXPERIENCE OBSERVED IN THE SURVEY RESULTS

Participants in the survey were asked to rank the difficulties they have experienced since the start of the confinement measures, with choices for their answers ranging from 1 (Not at all), to 5 (Very much). Mean levels can be found on the black line of the graph reported in Figure 3. To sum up, few difficulties were experienced in obtaining information on prevention and care, as well as around the dangers of the virus. Conversely, respondents reported greater concerns around livelihood and income, including difficulties in paying their bills and buying essential items. In addition, finding places to live where overcrowding proved to be challenging.

Figure 3: Main difficulties facing COVID-19



DIFFICULTIES EXPERIENCED

- Finding & understanding information
- Health concerns & access to healthcare
- Paying bills
- Paying for essential goods
- Finding housing that was not overcrowded
- Racism
- Dangerous working conditions
- Health concerns & access to healthcare



DEPRESSION SYMPTOMS

- Little interest or pleasure in doing things
- Being sad, depressed or desperate
- Difficulty falling asleep; staying asleep, or oversleeping
- Feeling tired or lacking energy
- Having little appetite or eating too much
- Having a low opinion of oneself
- Having trouble concentrating
- Feeling lonely, excluded and isolated

The negative consequences of a precarious legal status

The negative consequences of the COVID-19 pandemic were exacerbated by the precarious legal status that many refugees have in Belgium. Those with no residence permit experienced difficulties in most areas of their life, including access to prevention and care mechanisms put in place to reduce COVID-19 transmission. Of particular concern was their difficulty in accessing healthcare, working in physically safe environments that adhered to the COVID-19 regulations, as well finding suitable housing.

Iraqi respondents to the survey reported facing more difficulties than Afghans and Syrians, most likely due to the fact that most did not have a regular residence permit.

2.4 DEPRESSION RELATED SYMPTOMS AMONG RESPONDENTS

“ The impact of the pandemic on people’s mental health is already extremely concerning (...) Social isolation, fear of contagion, and loss of family members is compounded by the distress caused by loss of income and often employment.”

Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization, 2020.

As the WHO Director emphasized, the COVID-19 pandemic sharpened psychological distress and

mental health problems among vulnerable groups, including refugees and migrants.⁵ Accordingly, while half of the respondents to the survey reported no symptoms of depression (28%) or mild depression (22%), the other half expressed moderate (35%) or severe forms of depression (22%). Since the survey was conducted in the midst of the COVID-19 outbreak and there was no information baseline on their situation prior to the pandemic, it was impossible to determine whether the conditions of depression reported by 72% of the respondents were mainly caused by the COVID-19 pandemic and its impact, or whether it was the result of migration-related trauma coupled with post-arrival cumulative experiences of exclusion and marginalization experienced in the host countries.

However, a positive correlation was identified between the symptoms of depression that respondents reported on and the difficulties they experienced since the outbreak of COVID-19. This finding suggested that **the more difficulties respondents experienced during the confinement, the more they tended to report psychological states associated with depression.** More precisely, the difficulties that migrants experienced in confronting the COVID-19 outbreak led generally to experiencing depression symptoms. It is very likely that their experiences of heightened distress due to pandemic induced concerns will lead to long-lasting mental health consequences.

⁵ The COVID-19 pandemic has prompted UNHCR to scale up its response and adjust its modalities to identify and assist refugees and other persons of concern to it with mental and psychosocial issues. For more on this see <https://bit.ly/3tQqS83>

Iraqi respondents reported on average more severe depression symptoms compared to Afghans and Syrians — most likely due to their more precarious living conditions. The lack of a regular residence status was a particular source of concern: Above and beyond national origins, all respondents without a residence permit and applicants for international protection, reported suffering from more depression-related symptoms than respondents with a long-term residence permit or Belgian citizens with a migrant background.

2.5 THE IMPORTANT ROLE OF AN ENABLING AND PROTECTIVE SOCIAL ENVIRONMENT

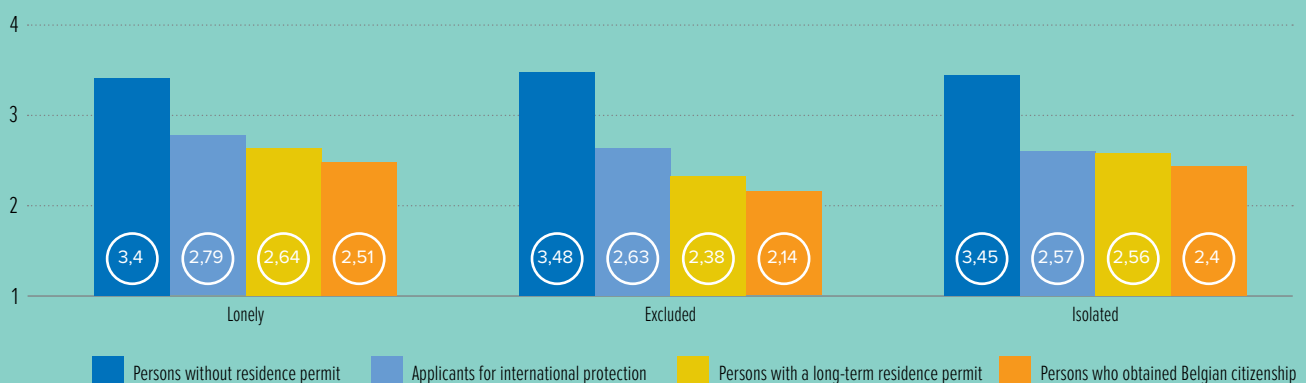
Given the high prevalence of psychological distress among survey responders, it became equally important to **identify factors that mitigated their depression** during the pandemic. As amply demonstrated by other research papers, supportive social environments can go a long way in improving coping mechanisms and bolstering resilience (See for instance Haslam et al., 2018). In the present survey, the term “social environment” is used to reflect the responders’ social network and level of social support they felt they could access around them to help them deal with distress and difficulties. Accordingly, responders were asked to name persons with whom they have been in contact since the beginning of the confinement and to report how much they were able to rely on each of these persons in case of emotional or instrumental need.

The results showed that **the more access respondents had on to a supportive social network, the less they expressed symptoms of depression**. This negative correlation was higher in those cases where the social network refugees had access to persons who were physically present in Belgium, as opposed to persons outside of the country, including in the refugees’ countries of origin.

Given the key-role played by supportive social environments in mitigating the negative psychological effects of the COVID-19 outbreak, it is clear that reducing situations of isolation among refugees is a priority. Doing so will be challenging, as a significant proportion of respondents reported facing difficulties in developing supportive social networks in Belgium. Survey responders generally felt isolated, excluded, and lonely during the lockdown.

As illustrated in the graph reported in Figure 4, the proportion of respondents expressing isolation, exclusion and loneliness was significantly higher among those who were not holding a temporary or a permanent residence permit as well as applicants for international protection: The positive relation between experiences of isolation during COVID-19 and a precarious legal status was not affected by the length of stay of the respondent in Belgium. This result is not surprising given that other pieces of research have consistently reported on the struggles of undocumented migrants in building supportive social networks (e.g., Martiniello & Rea, 2014).

Figure 4: Experiences of loneliness, exclusion, and isolation as a function of legal status





2.6 FORMS OF COLLECTIVE AGENCY AND COMMON DESTINY

The survey also looked at the factors that would create a stronger sense of connectedness and support within and between refugee communities. Accordingly, survey respondents were asked questions that attempted to gauge the extent to which they felt solidarity and closeness to other refugees living in Belgium. Again, the label of “refugee” was used in the wide sense, referring to persons in need of international protection that have a larger variety of legal statuses.

Results showed that the more respondents collectively felt they were “in the same boat” and the more they experienced a sense of “collective agency”, the more they reported a sense of cohesion and connectedness with those other refugees. In other words, those refugees that believed that they shared the same ordeal and interests with other refugees and believed in the importance and potential of joining forces for change, felt a greater sense of belonging and more supported.

2.7 THE GENDER FACTOR

The researchers looked for whether there were differences in the responses between men and women participants in the survey, with the objective of discerning the impact of gender on their situation during the COVID-19 pandemic.

The results showed that the majority of women responders tended to enjoy a legal residence status. Only 5 women among the respondents did not hold a residence permit at the time of the survey. In addition, women tended to benefit more often from social protection schemes than men.

In terms of employment, men, tended to have long-term employment contracts than women. Men also appeared to experience more incidents or racism and discrimination than women since the start of the pandemic. The precise causes of this phenomenon are difficult to establish. One possible explanation could be the fact that female participants in the survey tended overall to enjoy a regular residence status, while male participants experienced more problems on that front. Despite that, no other significant differences between the sexes were reported.

3. CONCLUSION AND RECOMMENDATIONS

3.1 ON SOCIAL COHESION

Overall, the survey shows the need for an inclusive process of fostering social cohesion. Such a process would allow refugees and migrants to have more systematic access to social support and resources, thereby allowing them to better cope with the consequences of the COVID-19 outbreak. For the refugee population in Brussels, establishing the U-RC is therefore an important step in that direction: It helps them find solutions to their individual and collective problems, and provides community-based social support and empowerment schemes.

The report also shows that psychological distress is a function of whether the refugees concerned feel a sense of belonging in society and whether there is a sense of social cohesion in the communities where they live. Given that this factor is relevant for refugees with all kinds of statuses, including those that now had regularized their residence in the country or are former refugees that have acquired the Belgian nationality, the U-RC should strive to be an open platform that can encompass refugees with all these statuses. Moreover, given the psychological toll that COVID-19 has taken on refugees, it would be important for the U-RC to also provide psycho-social and emotional support.

Furthermore, it is recommended that U-RC takes concrete steps to foster social cohesion within and between refugee communities as well as with Belgian society more broadly. In doing so, U-RC should be supported by civil society organizations and local authorities who play a crucial role in building social support and resources. As mentioned, refugees who enjoyed support by persons and other relevant actors in Belgium exhibited lower signs of depression. While current initiatives such as ‘buddy system’ between locals and refugees and mentoring programs are encouraging, efforts towards building social cohesion should be broader, more systematic, and more inclusive.



3.2 ON REFUGEES' EMPOWERMENT

The U-RC should also explicitly strive to empower refugees through fostering partnerships with key institutional stakeholders aimed to finding solutions to the problems that refugees face, particularly in the areas of housing and access to the labour market. Based on consultations with refugees that were held prior to the outbreak of the COVID-19 pandemic, the focus should be on harnessing the existing resources and skills among refugees and developing meaningful relevant opportunities for them that build on these skills.

Refugees engaging with the U-RC come from different walks of life and have different socio-professional and educational backgrounds. Through the mapping of their skill sets and expertise, refugees can put their skills at the service of the communities where they live. Such an assessment will require U-RC to have the ability to develop campaigns to reach refugees in the different parts of Belgium. Allowing refugees to realize themselves professionally is a win-win situation for the refugee and the host community. In advocating for refugees, the U-RC should develop a viable strategy of negotiation and coordination with local authorities, service providers and the wider civil society.

3.3 ON PARTICIPATION AND REPRESENTATION

Building on the finding that refugees are more resilient when they identify with each other and see themselves united in a common destiny, U-RC should encourage participation in its platform and activities. The COVID-19 outbreak can reinforce this experience that refugees are not only united in their refugee experience but also in their potential to change their situation. U-RC can do much to support them in being agents for change in their own lives, by seeking to empower refugee and to mobilize them around common goals.

Ultimately, participation in the U-RC is likely to depend on its perceived legitimacy. It is therefore important to consider what modes of representation and leadership styles will be applied to this body. The current survey was unable to explore this point. Future research however should investigate the forms of representation that are most legitimate and effective in the eyes of community members.



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