MOVING ON? DISPERSAL POLICY, ONWARD MIGRATION AND INTEGRATION OF REFUGEES IN THE UK

Health Briefing

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December 2015

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Since 2000, the UK has operated a policy of compulsory dispersal, designed to 'spread the burden' of housing asylum seekers across the UK and discourage long-term settlement in London and the South East. This research enhances the understanding of refugee integration in the UK by focusing on the onward migration after dispersal of those who were granted refugee or humanitarian protection status.

This two-year (2012–14), ESRC-funded project:

- mapped the geography of onward migration among refugees dispersed across the UK as asylum seekers;
- explored the main factors that influence refugees' decision to move or stay in a town or city and how this affects the process of integration; and
- considered the policy implications for the different levels of government, service providers and the voluntary sector of the impact of UK dispersal upon refugee onward migration and integration.

The results are based on quantitative and qualitative research data from four different sites across the UK: Glasgow, Cardiff, Manchester and London. The data included 83 in-depth interviews with refugees, analysis of Refugee Integration and Employment Service (RIES) client data (2008–11) and Home Office Survey of New Refugees (SNR) data (2005–09).

The key findings of the study are:

- Dispersal policy has diversified the ethnic composition of UK cities, with evidence of growing numbers of refugees staying in the areas to which they were dispersed.
- Nevertheless, refugees who are dispersed as asylum seekers still have higher levels of onward migration than other new refugees.
- Multiple factors influence refugees' decisions to stay or move on from dispersal locations including co-ethnic and local communities, employment, education, life course, housing, place of dispersal, racism and health.
- Refugees may onward migrate or decide to stay after being dispersed, but neither of the two options can be regarded as always being the best for integration.

This briefing focuses on health as a factor influencing decisions to onward migrate or stay, as well as its impact on refugee integration.

Policy context

UK dispersal policy began in 2000, a result of the Immigration and Asylum Act 1999. Asylum applicants can opt to be 'fully supported' (i.e. receive housing and subsistence) or 'subsistence only'. If individuals require housing while awaiting their asylum decision (fully supported), they are dispersed across the country on a no-choice basis. Alternatively, they can choose to live with friends or family in any location (subsistence only). Once an individual is granted refugee status, those fully supported must leave their dispersal accommodation within 28 days. Section 11 of the Asylum and Immigration (Treatment of Claimants etc.) Act 2004 provided that asylum seekers establish a local connection to the dispersal site where they were provided accommodation. This means that refugees who require local authority housing must apply in the same area to which they are dispersed and is known as the 'local connection rule'. Local authorities can refer individuals to the original dispersal area for housing claims, with the aim of reducing onward movement.[1]

Asylum seekers are entitled to free primary and secondary healthcare while their claim is being processed.[2] Asylum seekers supported by the Home Office are issued with an exemption certificate which entitles them to help with additional health costs, including dental costs, glasses, travel expenses and prescription charges.[3] Refugees have access to health care on the same basis as UK nationals. Those receiving benefits are entitled to help with additional health costs, while refugees on low income can apply for assistance.

Health is an important aspect of integration[4] and has an impact on social and economic participation. In the UK, refugees tend to have poorer health than the general population, with emotional health problems being more prevalent than issues with physical health. Refugees' experiences during the asylum process, including detention and social isolation as well as the transition period after obtaining status, can exacerbate existing physical and mental health problems, or create new ones.[5]

Integration strategies at the national,[6] regional and local[7] levels have acknowledged the importance of access to healthcare services and responsiveness

[1] Different rules apply in Scotland where asylum seekers are not deemed to have established a local connection as a result of being provided with dispersal accommodation there.

[2] While the provision of health services is a devolved matter, differences between England, Scotland and Wales mostly concern access to healthcare for asylum seekers whose claims have been refused.

[3] In Wales, Scotland and Northern Ireland, prescription charges have been abolished and medicines are dispensed to patients free of charge.

[4] Ager A. and Strang A. 2008. Understanding integration: a conceptual framework. *Journal of Refugee Studies* 21(2): 166–91.

[5] Bakker L., Dagevos J. and Engbersen G. 2014. The importance of resources and security in the socio-economic integration of refugees: a study on the impact of length of stay in asylum accommodation and residence status on socio-economic integration for the four largest refugee groups in the Netherlands. *International Migration and Integration* 15: 431–48.

[6] Home Office. 2000. ***Full and Equal Citizens: A Strategy for the Integration of Refugees into the United Kingdom***; Home Office. 2005 ***Integration Matters: A National Strategy for Refugee Integration***; Home Office. 2009. ***Moving On Together: Government's Recommitment to Supporting Refugees***.

[7] Scottish Government. 2013. ***New Scots: Integrating Refugees In Scotland's Communities***; Welsh Assembly Government. 2008. ***Refugee Inclusion Strategy***; Yorkshire and Humber Regional Migration Partnership. 2009. ***Finding Sanctuary, Enriching Yorkshire and Humber – the Regional Integration Strategy for Refugees and Asylum Seekers (2009-2011)***; Greater London Authority. 2009. ***London Enriched: The Mayor's Strategy for Refugee Integration in London***.

to refugees' specific needs for facilitating integration. Despite this, and in the absence of the targeted refugee integration support which had been provided nationally under RIES until 2011, asylum seekers and refugees continue to face barriers to accessing health care. Key obstacles emerging from the data are lack of interpretation, lack of information about entitlements and service provision, and unfamiliarity with the UK health care system.

Dispersal, health and refugee integration: findings and policy implications

Health is key to the successful long-term integration of refugees in UK society. The research explored how health issues influence migration decisions, as well as how the outcomes of such moves impact upon the health and integration of refugees.

Key findings

Onward migration decisions are informed by:

- physical and mental health problems;
- availability and experiences of accessing health care services in dispersal sites; and
- relationships with established medical care facilitators.

Health is closely linked to integration:

- The process of being dispersed and having no choice in housing location combined with the inability to migrate onward (as a result of the local connection rule) can contribute to poor mental health.
- Refugees migrate towards or stay in locations where they have personal relationships and/or strong support systems, which help refugees feel settled and combat feelings of loneliness and depression.

Discussion

Concerning the impact of health on refugees' decisions to move on or stay at their dispersal location, the research found that:

- physical health problems can motivate onward migration decisions for refugees in search of suitable medical facilities; and
- relationships with medical care facilitators can encourage refugees to stay in their dispersal sites.

To discourage onward migration and improve the welfare of asylum seekers, these findings demonstrate the importance of early identification of healthcare needs and dispersing asylum seekers to an area where suitable accommodation can be provided and health needs addressed adequately. While the Home Office has developed guidance on identification and dis-

persal of applicants with health care needs,[8] there is no formal mechanism to ensure that the needs arising or disclosed later in the asylum process are also met. A more transparent system allowing asylum seekers to move dispersal accommodation when their health care needs can be met effectively, would improve their well-being and could encourage them to stay in that area after being granted status.

- **Stress caused by the asylum process can trigger or exacerbate poor physical or mental health; the resulting negative experiences in dispersal sites then motivate the desire to migrate onward.**
- **Refugees with mental health problems may decide to stay in their dispersal sites for the familiarity and stability the city provides.**

The process of seeking asylum can be very stressful and impact negatively on asylum seekers' health. As one refugee explained:

'When I came here everything changed, maybe because I moved from other country. I had like depression, a lost trust … Once I get here, I got knee problems. Day after day, my health is destroyed, day by day.' [Fathia, F, Kuwait, Cardiff].

Such negative experiences in the dispersal city can lead to a decision to move to a different location:

'In Glasgow in those [first] two months, I developed some kind of physical illness, or feeling uncomfortable. I have really lost weight since I arrived in this country. I used to do sport and exercise probably six days a week. I had that consultation several times with my GP, and he suggested that I should go and do activities, meet people, go out, but overall nothing happened. I didn't feel okay in Glasgow.' [Sam, M, Iran, London].

At the same time, however, refugees with mental health problems may decide to remain in the stability and familiarity of the dispersal area. This underscores the need to ensure procedures to identify mental health needs, including when these arise or are disclosed in the course of the asylum procedure, as well as to ensure that appropriate care is available in the dispersal location.

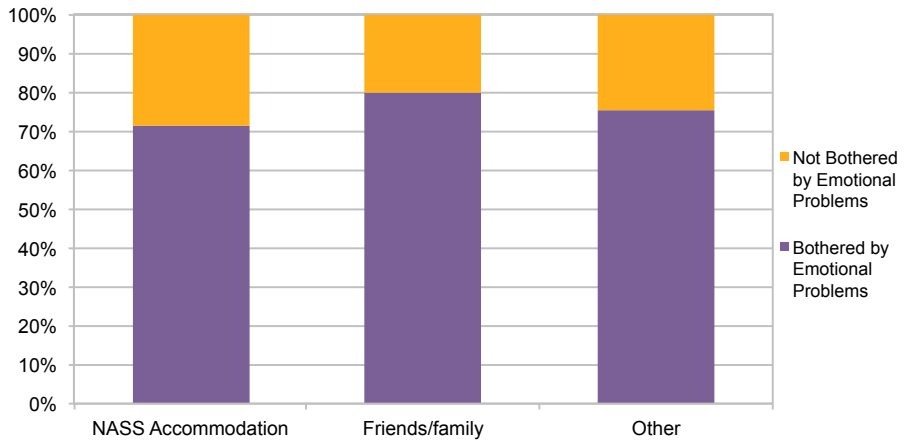
Concerning the impact of mobility on health and integration, the research found that:

- **The process of being dispersed and having no choice in housing location combined with the inability to migrate onward can contribute to poor mental health.**
- **Refugees migrate towards or stay in locations where they have personal relationships and/or strong support systems, which help refugees feel settled and combat feelings of loneliness and depression.**

[8] Home Office. 2012. Healthcare Needs and Pregnancy Dispersal Guidance.

Results show that those living in all accommodation types at the baseline SNR survey stated high levels of emotional problems at 15 months since grant of status, with the highest proportion among those living with friends and family (Figure 1). The process of being dispersed and isolated from family and kin can cause individuals to feel isolated and distressed. Those living with family or friends may experience emotional problems as a result of overcrowding and/or the lack of financial resources.

Figure 1. Refugees who stated they were bothered by emotional problems in the past four weeks (15 months after being granted status) (N=1103)



Source: SNR (2005–09)

By contrast, onward migration can contribute to improving mental and physical health. The research found that refugees who moved within 8 months of being granted status were less likely to be bothered by emotional problems and limited by physical health problems 21 months after being granted status compared with refugee stayers (SNR). This is most likely the result of refugees moving towards better health facilities and/or social networks which provide support. However, the local connection rule may prevent such moves and hence have a negative impact on health, affecting adversely refugees' integration prospects as well. In order to mitigate against this effect, local authorities could develop clear guidance on the application of the local connection rule to refugees, including its discretionary nature and flexibility in relation to what constitutes a local connection. In particular, the 'family associations' criterion could be applied more broadly, in line with existing guidance, to relatives with whom there are sufficiently close links or dependency due to healthcare needs.

Recommendations

The Home Office should:

- allow asylum seekers with healthcare needs to choose their dispersal location, if they wish to, subject to availability of adequate housing and care services provision; and
- provide clear guidance to case workers and accommodation providers to ensure asylum seekers with healthcare needs developed or identified after the initial screening can move to appropriate accommodation and have access to the necessary services.

Local authorities should:

- develop clear guidance on the application of the 'local connection rule' to refugees, especially in relation to a more flexible interpretation of the 'family associations' criterion, particularly in cases involving refugees with physical or mental healthcare needs;
- develop and distribute information packages for asylum seekers and refugees on what physical and mental healthcare services are available in the area and how to access them; and
- develop 'Peer Education' models for sharing information and confidence about the use of health services for asylum seekers and refugees (subject to funding).

Clinical Commissioning Groups/Health Boards should:

- ensure primary care practitioners receive training on refugees' specific needs, barriers to accessing healthcare and the impact of the asylum process on mental and physical care, and are aware of the appropriate referral mechanisms and services (training may be delivered in cooperation with refugee-assisting NGOs);
- encourage the use of qualified and appropriate interpreting services and ensure healthcare workers receive training on working with interpreters, know what rights patients have to access interpretation services and implement these rights fully and consistently;
- ensure physical and mental health services are responsive to asylum seekers' and refugees' needs by conducting an evaluation including effective engagement with service users; and
- develop and improve services to meet the mental health needs of asylum seekers and refugees, in particular those arising from the asylum process and past trauma and torture.

The results presented are drawn from the project report: Stewart, E. and Shaffer, M. (2015) *Moving on? Dispersal Policy, Onward Migration and Integration of Refugees in the UK*, University of Strathclyde, Glasgow.

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