

## **Update: initial research and key considerations around refugees**

Earlier this week, the Prime Minister announced that the UK would accept up to 20,000 refugees from Syria over the next five years.

Shropshire's Public Health team were asked to complete an initial scoping exercise to identify key considerations and 'headline' topics for attention around the acceptance of refugee into the UK. This update provides a broad overview of highlighted topics from a review of evidence-based research literature and provides areas for further investigation. It is not Shropshire-specific nor does it give specific examples for best practice in rural areas. Public Health can be contacted for further information if required.

### **Definitions:**

**Refugee** - One who flees, especially to another country, seeking refuge from war, political oppression, religious persecution, or a natural disaster.

**Integration** - Integration is a series of dynamic two-way processes of interaction and participation which begins the moment someone arrives in a place, whether they are staying for a year or for life. It occurs in different domains, including the economic, social, cultural and civic, and in relation to identity, each of which is related and which need to be considered together, not in isolation.

### **Key points to remember:**

Refugees are a heterogeneous group; men and women of different ages, religions, backgrounds, including highly-skilled professionals. There may be specific requirements for unaccompanied women, single mothers, pregnant women, the elderly, the young and other vulnerable individuals.

Support for refugees should be provided holistically and should take consideration of what the individual wants for the future as well as their more immediate needs. Response should be person-centred, rights-based and solution-focused.

Unaccompanied Asylum-seeking Children have some very specific and complex needs, covering all aspects of integration below.

Effective multi-agency and partnership working across organisational boundaries at both strategic and operational level is key in providing efficient and successful support. Decision making should be timely, transparent and involve the individual, or their advocate, as fully as possible in the process. Securing organisational commitment to promoting the wellbeing of refugees must be embedded and in place to arrival of the refugees.

Refugees can often face a significant burden of ill-health – remembering health in its most holistic form.

### **Determinants of integration**

Barriers to integration vary across the UK, across groups of migrants and dependent on the opportunities open to them. Priorities for an integration strategy may therefore differ.

Wider determinants of integration include:

- English for Speakers of Other Languages/ English
- Housing

- Employment, skills and enterprise
- Health & social care
- Community safety and community cohesion
- Children and young people
- Community development and participation

### **Barriers to integration**

A comprehensive review found that there were six mutually reinforcing factors that limit integration of refugees into host communities. These are:

- Lack of language skills and/or recognised qualifications
- Mobility – moving between places in an area
- Migrants' lack of knowledge of the system and access to services
- Generic services insufficient, in part, to meet migrants' needs
- Hostile public attitudes
- Legal barriers to integration associated with immigration status

### **Interventions to facilitate integration**

Integration is a society-wide responsibility with no focus on any one particular group. This can be seen as 'bridge-building' between communities. Interventions should be targeted at different levels, some will be society-wide, whilst others will focus on either the refugee population or the host population and services.

Interventions that build bridges between individuals, groups and institutions:

- Robust regulation of standards in private rented sector housing and in the areas of employment where migrants are concentrated, based on the use of existing regulatory frameworks and the promotion of best practice through kite-marking
- Focus cohesion and public communication in areas of the labour and housing market where migration impacts are likely to be felt: low skills areas and outer city 'new contact zones'
- Identify pathways back to legality for undocumented migrants, and the promotion of a living wage for all
- A strong communication strategy around migration including sophisticated myth-busting
- Embracing migrants within implementation on public bodies of the statutory duty to promote racial equality and good race relations (and from 2011 the broader equality duty)
- Harnessing the potential of partners in civil society, including businesses, the media and trade unions, to facilitate integration
- Outreach by service providers to introduce themselves to migrants,
- Introducing migrants to their neighbours,
- Mentoring, befriending and hosting schemes in the community
- Volunteering by migrants
- Conflict prevention and resolution initiatives

Interventions aimed at migrants:

- Targeted English as a Second Language (ESOL) provision, based on review of the available evidence and on best practice, at the times and in the locations best suited for those who most need it and English language support
- Clear information and advice on entitlements to housing, health and other social goods and on responsibilities

- Targeted employment support, based on best practice, focusing on skills, employment sustainability and combating under-employment.
- Evidence based planning for health needs of migrant populations, particularly in mental health and maternity care.
- Supporting migrant community organisations and the involvement of migrants in mainstream community and civic structures.
- Provision of information to newcomers before and after arrival - on local services, rights and responsibilities, and where to get advice.
- Structured assessment, induction and ongoing support to assess individual needs and target appropriate support, including health needs and skills training
- Capacity building with migrant community organisations
- Schools are a stabilising feature in the unsettled lives of refugee students providing safe spaces for new encounters, interactions and learning opportunities. Both specific ESOL service and a whole school approach to integration are vital

Interventions focused on employers, agencies or the public:

- Provision of information to, and consultation with, local communities, adults and schoolchildren to prepare them for new arrivals,
- Myth-busting strategies – including media work
- Information to front-line service providers
- Adaptation of mainstream services to meet the particular circumstances of migrants
- Training service providers in mainstream agencies in meeting the specific needs of the migrants
- Appointment of specialist staff
- Appointment of staff from newly arrived communities

### **Health considerations**

There are recommendations to provide new migrant health assessments, but critically these should not be too narrow and simply be screening for infectious disease. The assessment should cover health in its most holistic sense. Aspects of health should include, but not be limited to:

- Mental health (including all aspects from trauma to longer term depression)
- Non-communicable diseases
- Child maltreatment
- Intimate partner violence
- Iron-deficiency anemia
- Dental health
- Contraception use and pregnancy care.

Rehabilitation from trauma should be evidence based – for example using the NICE guideline (CG26).

### **Key sources:**

Gidley, B. and Jayaweera, H. (2010). *An evidence base on migration and integration in London*. ESRC Centre on Migration, Policy and Society: University of Oxford.

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<http://www.scie.org.uk/publications/guides/guide37-good-practice-in-social-care-with-refugees-and-asylum-seekers/>

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