

Helping new refugees integrate into the UK: baseline data analysis from the Survey of New Refugees

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Refugees have a diverse range of experiences and skills which may be of benefit to the UK. Variation in the education and skills of refugees upon arrival in the UK is closely linked to their country of origin.

English language ability varied by country of origin and length of time in the UK. Demand for English language training and interpretation services may increase as asylum cases are concluded more quickly through the New Asylum Model (NAM+). Changes in key countries of origin may be useful in forecasting trends in the demand/need for language services and training.

Some refugees, such as those from Somalia and Afghanistan, may need help improving their English language so they can gain employment appropriate to their qualifications.

Whilst many refugees come equipped with a variety of skills, a substantial proportion of new refugees had spent no years in education (14%) or had relatively limited education (13% spent six or less years in education) before coming to the UK. They may find it difficult to gain employment and may need extra help to develop basic numeracy and literacy skills.

Refugees from some countries, for example Eritrea and Somalia (which together made up one-third of the sample), are likely to need more assistance in finding employment than others.

Refugees who did not have experience of employment before coming to the UK, such as those who had been students (16%) or looking after home or family (16%), may need support to study and develop the skills needed for employment.

Some groups of refugees are likely to experience multiple barriers to integration in the UK. For example those from Eritrea and Somalia are likely to have low English language ability and no qualifications on arrival in the UK. Older refugees are more likely to have a low level of English language ability and to experience poorer health than younger refugees. These groups may require additional support.

Almost two-thirds of refugees who lived with children had at least one child under the age of five in their care. Education and language training opportunities for parents or guardians should continue to take into account the need for childcare and flexible attendance.

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Keywords

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Refugees have poorer general and emotional health than the general population. The poorer health of some refugees may need to be addressed before other integration objectives, such as employment, can be achieved. Service providers may need to be aware of the implications of this for resource management.

Refugees may gain help or support from different types of groups or organisations in the UK, such as groups set up for their national or ethnic community or place of worship. The majority of refugees appear to be receiving good support from these groups. However, one in five refugees reported that the help they received from these groups or organisations in the UK was not beneficial.

Seventeen per cent of refugees reported having no friends or relatives in the UK. This group is likely to be particularly vulnerable and may benefit from additional support.

Cross-departmental working, for example with Communities and Local Government, Department for Children, Schools and Families, the National Health Service (NHS) and local authorities aids the development of effective support services for refugees.

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This report presents findings from the Survey of New Refugees. A questionnaire was distributed on a weekly basis, by post, to all people over the age of 18 who were granted asylum, humanitarian protection or discretionary leave to remain between 1 December 2005 and 25 March 2007. Data were collected on the general characteristics of refugees, their education and employment before coming to the UK, English language ability, health and support needs. Questionnaires were sent within a week of the asylum decision (the baseline) and followed up 8, 15 and 21 months later. A total of 5,678 baseline questionnaires were analysed (response rate 70%). Responses were weighted so that results are representative of the whole cohort of new refugees who entered the UK in this time period.

The majority of refugees in this time period were men (63%) and aged under 35 (70%). The largest proportions were from Eritrea (17%) and Somalia (16%). Almost a third (31%) had spent less than six months in the UK before gaining their status. Nearly half of refugees held qualifications and had been in employment before they came to the UK, and were able to understand, speak, read or write English well. The health of refugees was generally poorer than the health of the general UK population and refugees reported needing a variety of types of help and support from community organisations.

Implications for the employment of refugees

Refugees were found to have a diverse range of experiences and skills which could be of benefit to the UK, and which could help them gain employment. Variation in the education and skills of refugees was closely linked to their country of origin. Changes in the key countries of origin of refugees over time may therefore provide a better indication of employment trends and support needs than absolute numbers of refugees.

Almost half of refugees had a qualification when they came to the UK (45%) and had been employed or self-employed before they came to the UK (49%). Refugees who held qualifications before coming to the UK were more likely than those who did not hold any qualifications to be able to speak English well. It may be easier for these refugees to gain employment in the UK, due to their previous knowledge, skills and English language ability. However, it may take time for these refugees to find a job which is appropriate to their skill level, particularly if they need to develop better language skills. There is a relatively small group of refugees with A Level or higher qualifications who will continue to need help to improve their English language ability if they are to reach their full potential in the employment market (i.e. able to gain employment appropriate to their level of qualification).

Refugees with previous qualifications may need support to get their qualifications recognised in the UK in order to gain employment suited to their level of education. The time taken to gain accreditation for qualifications should be factored into expectations of the length of time it should take refugees to find employment, both from the perspective of service providers and of refugees themselves. Employers should also be made aware of the processes available for refugee job applicants to have their qualifications recognised and accredited.

Knowledge of the industry and occupations refugees had previously been employed in is useful in allowing service providers to target employment opportunities and opportunities for self-employment appropriately for the age, sex and country of origin of the refugee groups they work with. For example, the majority of refugees from Zimbabwe were employed or self-employed before coming to the UK. This previous experience may make them easier to employ, especially as they may also have reduced language barriers to obtaining employment as English is an official language in Zimbabwe. With a large proportion working in the education

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industry before coming to the UK, refugees from Zimbabwe would benefit from being made aware of methods for getting their qualifications recognised in the UK.

Conversely, more than half of refugees (55%) did not have any qualifications, 14 per cent of refugees had received no years in education and 13 per cent had received six or less years in education before coming to the UK. These refugees may find it difficult to gain employment and as such may be at risk of poverty and exclusion. They may need considerable extra help to develop basic numeracy and literacy skills, and may need support adjusting to a classroom environment.

Refugees without qualifications may be doubly disadvantaged when looking for employment because they often have lower levels of English language ability. For example, refugees from Somalia were more likely than refugees from other countries of origin to have spent less than six years in education, to have no qualifications and no English language skills at all. These refugees may need extra help with English language training before being able to find sustainable employment.

Refugees who had been students before coming to the UK (16%) may need support to complete their studies and gain qualifications before they find suitable employment. Those who had been looking after their home and family before coming to the UK (16%) may also need additional help to develop the skills and qualifications needed for employment, and to prepare them for the working environment and culture. Refugees who are looking after young children should continue to be given help and support to find childcare before they can gain employment.

Support with English language

Almost half of refugees reported not being able to understand or read English very well or not being able to understand or read English at all. This suggests that the continued provision of information, where possible, in refugees' own languages and the provision of interpreters is useful. The need for help with language translation or interpretation varied by country of origin, by time spent in the UK before grant (with those who had spent less time in the UK having a greater need) and by whether the refugees had friends or relatives in the UK (those without having the greater need). There is also a role for friends and relatives in the UK to provide help with language interpretation and translation, as well as more general social support.

Many refugees reported being able to read English better than they could understand spoken English. Writing information down may be an alternative strategy to improve communication. Refugees were least able in writing English and may need extra support when writing is required (e.g. filling out forms). Completion of benefit forms often takes place over the telephone and this may be particularly difficult for many refugees. Service providers may want to consider reviewing their standard procedures for dealing with refugees or other clients with poorer levels of English language ability.

Women were more likely than men to report that they did not have any English language ability at all. Women refugees may have a greater need for basic level English language training than men, particularly those from certain countries. Women refugees were also more likely than men to have children living with them. Although those with children appear to have better English language ability in terms of speaking and understanding they may need extra help with reading and writing. Support with finding suitable child care may be necessary to facilitate attendance of English language classes.

Only two per cent of new refugees in this time period were aged 65 or over. However, lower levels of English language ability of older refugees may make them vulnerable, and they may need more help and support (e.g. interpreters, information in their own language). It may be useful to explore what learning techniques work well with older people to inform the development/improvement of English language training courses. Older refugees may need help equally with all four English language skills (understanding, speaking, reading and writing).

Refugees from Somalia and Afghanistan may also need extra support due to their lower English language ability and due to the other disadvantages they face. These refugees were more likely than those from other countries of origin to have had no education before coming to the UK, and were less likely to have been previously employed or self-employed (along with those from Eritrea). Refugees from Somalia were also more likely than refugees from other countries of origin to be in the UK without a partner/spouse and to have spent less than six months in the UK before grant. The absence of social support networks may make this group of refugees particularly vulnerable. In 2007, Somalia and Afghanistan were among the top three countries of origin (in terms of numbers granted refugees status, discretionary leave or humanitarian protection). This reinforces the need for service providers to continue to be responsive to changes in the key countries of origin of refugees over time.

Information about the English language ability of refugees from different countries of origin and information about the flow and dispersal of refugees in the UK could be used to help plan English language classes and forecast peaks in demand. The New Asylum Model + is likely to increase the number of refugees who have spent less than a year in the UK and the demand or need for English language training may increase as a result.

The poorer health of refugees

Health may be a barrier to integration for a significant proportion of refugees. Service providers should be aware that refugees (especially those aged 65 or over) appear to have poorer health than the general UK population, and that refugees' needs may be different to those of the general population. The poorer health of some refugees, such as women and those aged over 65, may have implications for integration, including finding a job and learning English.

Refugees should continue to be made aware of healthcare services and how to access them at an early stage. They should also be informed of their right to request same-sex healthcare practitioners, as this matter may otherwise deter some refugees from seeking healthcare when they need it.

Refugees may require substantial levels of emotional support and should be made aware services available for individuals with emotional problems. They may be particularly vulnerable in the period of time following the resolution of their asylum claim when refugees may need to find accommodation and when Asylum Support comes to an end.

Other support needs

Refugees reported needing a variety of types of help or support, and many were in regular contact with non-governmental groups or organisations. Places of worship and groups set up for national or ethnic communities may be the most obvious source of support for refugees when they first arrive in the UK. However, there may be other 'non-traditional' infrastructures which also provide social support. The increased contact with 'other' types of groups or organisations amongst refugees who had spent longer in the UK before their grant may be due to refugees becoming aware of the existence of these groups over time. Providing information to refugees about the groups and organisations in their area at an early stage may increase awareness of the options for gaining help or support and making friends.

The majority of refugees appear to be receiving good support from the groups and organisations they are in contact with. However, community groups and organisations do not appear to be providing the support needed for about one in five refugees.

Refugees in contact with friends and/or relatives in the UK were more likely than those who were not to have reported needing help or support with information, legal advice, emotional issues and meeting people. These people may be more aware of what they are entitled to or can access than those who do not have friends or relatives in the UK. This finding also suggests that contact with groups or organisations may have helped new refugees make friends in the UK (i.e. the refugees contacted the groups/organisations to meet people). Partners/spouses also appeared to be an important source of support for refugees.

Just under a fifth (17%) of refugees reported they had no friends or relatives in the UK. Contact with friends or relatives in the UK increased with time spent in the UK before grant. Younger refugees are likely to have spent less time in the UK before grant than older refugees and have had less time to build up friendship networks. Refugees from Eritrea were also less likely than refugees from other countries of origin (except Ethiopia) to have been in contact with friends or relatives in the UK. These refugees (younger, with less time in the UK before grant or from Eritrea) may need extra help or support from groups or organisations or from public services and may be at the greatest risk of isolation and social exclusion.