



## Social Networks, Social Capital and Refugee Integration

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### Executive Summary

With over 300,000 refugees living in the UK and more arriving each year much attention has focused upon refugee integration policy and practice. Whilst there is no agreement about what constitutes integration certain trends can be identified. These include the importance of access to employment and public services, and the development of social connections and the ability to speak English. It is recognised that integration is multi-dimensional and while not a linear process, does occur over time. Yet little research has focused upon how different factors combine to influence the refugee integration experience. Ager and Strang’s (2004; 2008) integration framework was developed in a bid to bring the multiple dimensions together in an analytical framework. We utilise this framework looking in detail at the role of social capital in relation to the indicators identified by Ager and Strang:

#### Ager and Strang’s Integration Framework

<b>Means and Markers</b>	Employment	Housing	Education	Health
<b>Social Connections</b>	Social bridges		Social bonds	Social Links
<b>Facilitators</b>	Language and Cultural Knowledge		Safety and stability	
<b>Foundation</b>	Rights and Citizenship			

Our aim was to increase understanding about the impact of social capital on refugee integration. Our objectives were to:

- Investigate the role of different types of capital in refugee integration
- Isolate social capital from other kinds of capital
- Explore interrelationships with different integration indicators
- To inform integration policy and practice

#### Methods

We analysed the Survey of New Refugees (SNR) a longitudinal survey conducted with some 5000 new refugees between 2005 and 2009 exploring integration outcomes in the 21 months after leave to remain was received. Distinguishing between social networks and social capital we conducted and multivariate analysis to the associations between different types of networks, capital and integration outcomes. We also utilised the findings from an e-survey with 233 respondents to identify integration priorities of refugees, practitioners, researchers and policymakers.

#### Social network and capital profile

Refugees in the SNR came from over 100 different countries. Around 37% were women, 21% lived with a spouse, and 25% with a child at the time their status was granted. Nineteen per cent waited less than six months for a decision and 22% waited more than five years.

The e-survey showed that refugees placed greater emphasis on functional domains of integration than on social networks or capital and were more likely to value networks with place of worship (63%) and family (58%) than friends (44%). Social networks and capital were found to be multi-dimensional with regular contact with, or help received from, religious, co-ethnic and co-national groups significantly correlated to contact with other groups and organisations. Friends and relatives were the most consistent source of capital accessed. Few gender differences were identified in access to networks and capital.

### **Social networks and capital and employment and education**

Employment did not appear to be a high priority for e-survey respondents, falling below other functional indicators. However, in the SNR, there were clear differences in the pre-migration employment and education profiles of refugees of different ages and countries of origin. Once in the UK women fared much worse than men in all types of employment and were likely to be found in highly feminised roles, to be students or homemakers regardless of their pre-migration employment or education profile. Both men and women considered themselves over-qualified for work undertaken in the UK, a situation that barely changes throughout the observation period of the SNR. Significant Muslim and African penalties were identified. Living with a partner in the UK, higher levels of pre-migration employment or education and length of residence in the UK significantly increased the chance of permanent employment by 21 months. Those with managerial or professional or highly-qualified pre-migration profiles had the widest social networks.

Language fluency was important in accessing employment while literacy was important in accessing managerial and professional jobs. Contacts with friends and relatives reduced the likelihood of receiving help to access work eight months after grant while contacts with religious, national, co-ethnic and other groups enhance the likelihood of getting such help. Refugees with no social networks at all were the least likely to be employed. At the early stages after gaining status, help received from Jobcentre Plus was negatively associated with gaining employment but this situation changed over time where a higher proportion of refugees managed to obtain work.

### **Social networks and capital and health**

Health did not emerge as a priority for e-survey respondents possibly as health only becomes a priority to those in poor health. Women refugees have poorer subjective health than men. Those from Europe reported the lowest proportion on good health (49%) and from Africa the highest (72%). Christians were the healthiest (70%) and those with no religion the least (52%). Health tended to improve over time in the UK and with levels of pre-migration education. Women were more likely to suffer limiting emotional and physical problems than men and less likely to seek help. Emotional and physical problems tend to be correlated with each other. Living with children had an adverse effect on health but living with family at the time that leave was granted has clear benefits. Those living with friends were healthier while those in NASS accommodation.

Younger refugees tend to be healthier while those in contact with groups were less likely to need help with emotional problems. Good fluency and literacy at time of grant were associated with

good general health. Being satisfied with training received in the UK and experiencing an improvement in language ability is associated with good health. Pre-migration managerial and professional status and being economically active in the UK is also associated with good health. Those in contact with friends were less likely to experience limiting physical problems while those associated with other groups were less likely to experience limited emotional or physical problems.

Having no social networks were significantly associated with poorer health while there is very clear evidence that the more frequently you meet or speak with friends and/or relatives the healthier you were.

Victims of physical or verbal attack in the UK, those experiencing difficulties with money, needing help with food, clothes or transport, waiting long periods for Jobseekers Allowance, or frequent house moves were less likely to experience good health. Refugees who reported high levels of satisfaction with life in the UK, intending to remain in their current city and not wanting to change housing or receiving a positive response to their application for family reunion were most likely to report good health.

### **Social networks, social capital and housing**

The e-survey indicated that housing was rated second (above absence of physical or verbal attack) of all integration priorities. The housing profile of refugees change over time with the numbers living in self-contained accommodation increasing to 80% at the end of the 21 month period. At this stage some 9% remain in temporary housing and 38% continue to need assistance with accessing secure housing. Those in higher level occupations were most likely to live in self-contained privately rented or owned accommodation while the unemployed or economically inactive were most likely to be homeless or housed in temporary accommodation.

Refugees living in NASS accommodation at the survey baseline made more contacts with religious and other groups while those in non-NASS housing were more likely to be in contact with friends and family and less with religious and other groups indicating the importance of civil society organisations to dispersed refugees. With increasing length of residence the scale of social networks reduces suggesting that contacts and services become less important as refugees become established. Tenants in social housing appeared to have the most social capital and those in owner occupation the least. Those who moved more frequently obtain more help from other groups than those who were securely housed. Clearly stability reduced the need for support. Overcrowding, under-furnishing, noise and lack of light were associated with poor health. Those living in private rented or owner occupied housing were most healthy.

### **Language and other training**

Refugees rated the importance of learning English highly in the e-survey, higher than policymakers and researchers. Language skills improve over time for all refugees regardless of gender. Men were less likely to think they need formal classes than women but women were less likely to access classes even if they need them, a trend that increased over time. Men were more likely to report benefits from attending ESOL classes (64% against 52%). However the fact that between 36% and 48% of respondents reported no progress is a worrying indicator of the inefficacy of ESOL classes.

The longer time refugees spent in the UK, the better their language skills and the more extensive their social networks. Attendance at ESOL classes is positively correlated with frequency of help

received. Those arriving in the UK able to speak English fared best in the labour market. There were indications that those with better language skills were less likely to seek help from other groups perhaps suggesting they were more self-sufficient.

## Discussion

The e-survey showed that refugees prioritise means and markers, family reunion and facilitators over social connections but analysis of the SNR demonstrates that refugees possess different kinds of social networks and access different types of social capital and that these have a generally positive impact on their integration. While the picture is mixed for access to employment and housing the importance of social networks and to a lesser extent, capital, for health and language ability is clear. The analysis of SNR demonstrates that different groups of refugees experience different outcomes with women, Africans and Muslims faring the worse and men from managerial and professional backgrounds faring the best. Living with family and being free from verbal or physical attack is clearly very important for good integration outcomes as is the avoidance of NASS (now UKBA) housing.

## Recommendations

- Improve refugees' access to good quality language training
- Encourage all initiatives that enable network development
- Support NGOs that work with new refugees
- Support initiatives that increase refugees' economic activity rates and social mobility
- Actively protect refugees from verbal and physical harassment
- Signpost refugees to financial support to help avoid financial difficulties
- Offer asylum seekers choice of dispersal locations if they have friends or family in close proximity
- Prioritise integration initiatives for women and Muslims
- Promote family reunion

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