

The health of refugees in the UK

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This research note uses 2010 – 2016 data to explore the health status of foreign-born individuals who migrated to the UK in order to seek asylum. The analysis also compares the health status of this group to that of the UK-born and those who migrated to the UK for other reasons.

Information on the prevalence of particular health conditions among those who came to the UK in order to seek asylum is essential in order to inform strategic policy interventions directed at improving the health outcomes of these individuals. Also, different health conditions (e.g. physical limitation versus mental health) have different effects on labour market outcomes and knowledge about the specific health problems faced by refugees is essential in order to support their overall economic integration into the UK.

Long-term health problems

The first row of Table 1 reports the share of those who reported having a long lasting long-term health problem or disability (more than a year) among UK-born, all foreign-born (that is, all reasons for migration) and those who migrated for asylum reasons. Close to one third (32%) of the UK-born reported suffering from a long lasting condition, while only 22% of the foreign-born did so. This is in accordance with a large literature which suggests that the foreign-born are generally healthier than the UK-born (Giuntella et al., 2015). The corresponding value was 35% for those who migrated to the UK in order to seek asylum, somewhat close to natives but much higher in comparison to the foreign-born population as a whole.

Definitions



The analysis in this research note focuses on those who reported coming to the UK in order to seek asylum (main reason for original migration).

Most of those in our dataset who originally “migrated to seek asylum” are no longer asylum seekers. The majority have been in the UK for several years and many are now UK nationals.

Table 1: Prevalence of health problem among subgroups of the UK population

	UK-born	All foreign born	Migrated to seek asylum
Has a long lasting health problem	0.32	0.22***	0.35***
Health problem limits labour market performance (among those with a problem)			
Limits number of hours worked	0.33	0.28***	0.51***
Limits type of work	0.37	0.30***	0.52***

The stars indicate that the estimate is statistically different from the one for the UK-born: ***P<.01.

Health problems and labour market outcomes

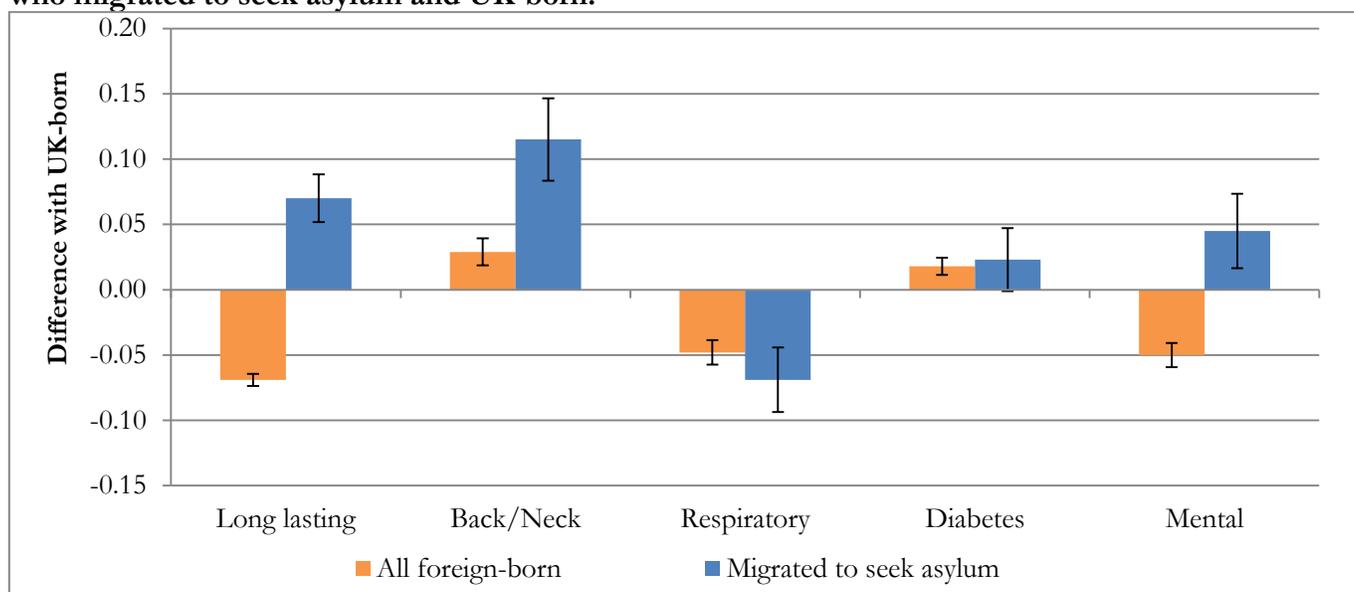
Close to half of those who migrated to seek asylum and reported suffering from a long lasting health problem, also reported that this problem limits the number of hours which they can work and the type of work that they can undertake. The corresponding shares were smaller for the UK-born (33% face a limitation in hours worked and 37% in type of work) and foreign-born population as a whole (28% face a limitation in hours worked and 30% in type of work).

Particular health conditions

Figure 1 reports differences in five health conditions between the UK-born, all foreign-born and those who migrated to seek asylum. To isolate the effects of socio-demographic factors (for example, education and ethnicity), we compute adjusted differences in the likelihood of reporting a health condition (see the technical discussion at the end of the research note for further details).

This exercise reveals important differences among migrant groups. For instance, those who migrated to seek asylum are significantly more likely to report a mental health problem than the UK-born (+5 percentage points). On the other hand, the foreign-born as a whole are less likely to report a mental health problem than the UK-born (-5 percentage points).

Figure 1 – Difference in prevalence rates between all foreign-born and UK-born, and between those who migrated to seek asylum and UK-born.

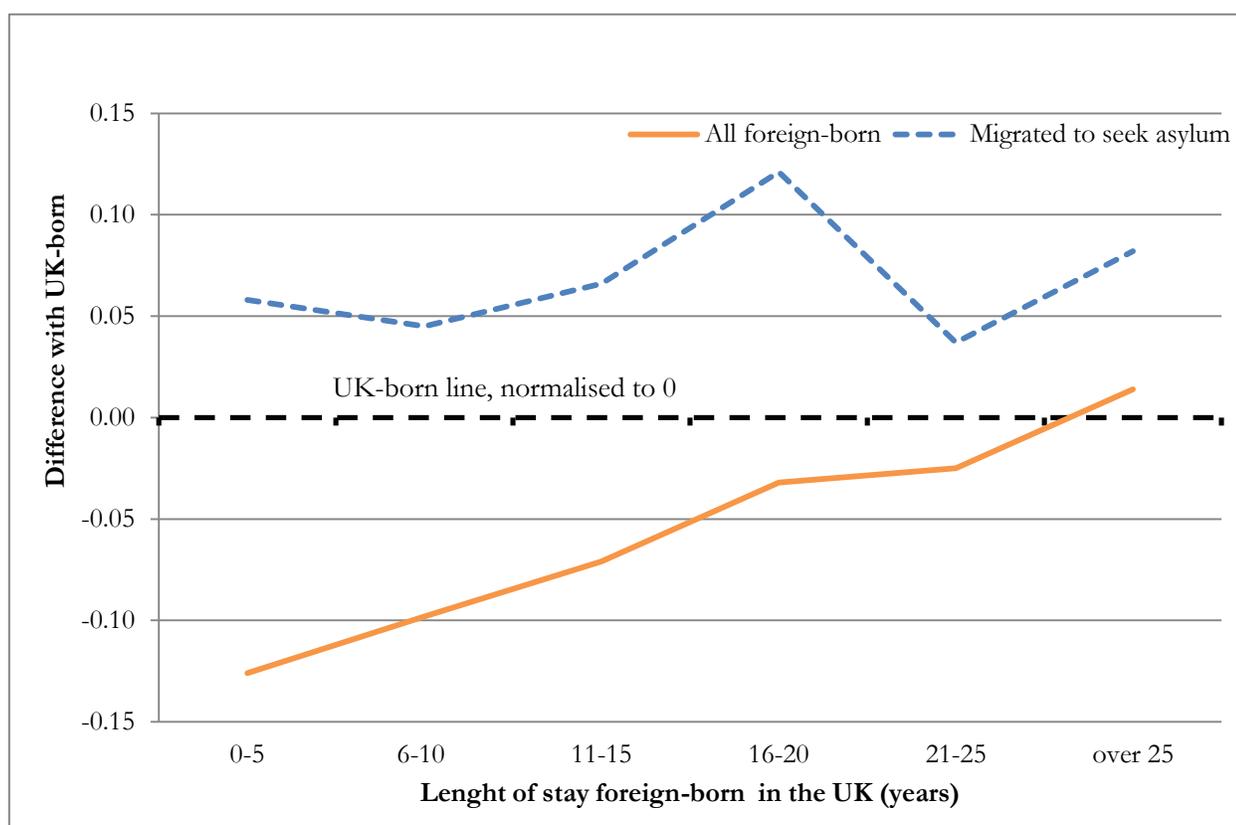


Error bars represent 95% confidence intervals.

Convergence over time

Figure 2 reports the differences in the likelihood of reporting a long lasting health problem between all foreign-born and those who migrated to seek asylum by length of stay in the UK (relative to the UK born). The result suggest that the foreign-born start with much better health status than the UK-born, but that their health outcomes converge over time. These findings are in line with the existing evidence on the “healthy migrant effect” and “unhealthy assimilation” (Balcazar et al. 2015; Giuntella et al., 2015; Jayaweera and Quigley, 2010). The story is different for those who migrated in order to seek asylum. On average, individuals in this group are more likely to report a long lasting health problem upon arrival to the country and there is no convergence over time.

Figure 2 – Relationship between length of stay in the UK and differences in the likelihood of reporting a long lasting illness relative to the UK-born.



Summary

Those who migrated to seek asylum have different health problems from other groups. Health related policies that work for the UK-born and/or foreign born population in general may have to be adjusted to the particular conditions of refugees. Among other policies, it seems that those who migrated to seek asylum can benefit

from programmes that place particular attention on mental health issues. The evidence also suggests that those who migrated for asylum and who have a long-lasting health problem are more likely to report that this problem limits the number of hours that they can work and the type of employment that they can undertake. This fact could partly explain the labour market disadvantage of refugees found in previous studies for the UK (Ruiz and Vargas-Silva 2017a, 2017b).

References

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Contact information

This research note was prepared as part of the project “The Economic Integration of Refugees in the UK”. To find out more about the project please visit <http://www.econforced.com/econref> or contact Post-Doctoral Researcher Zovanga Kone (zovanga.kone@compas.ox.ac.uk) or Principal Investigator Carlos Vargas-Silva (carlos.vargas-silva@compas.ox.ac.uk) from the Centre on Migration, Policy and Society (COMPAS) at the University of Oxford.

Additional information

Technical details

The data used in this research note comes from the UK Labour Force Survey, covering the first quarter of 2010 to fourth quarter of 2016 (28 cross-sections). The analysis only includes individuals who are interviewed in the LFS for the first time in that quarter (about 20% of the sample for each quarter). In total we have a sample of 330,210 respondents who were at least 16 years of age in 2010 and at most 64 years of age in 2016. Close to 17% of those in the sample are foreign born (54,750) and about 1% migrated in order to seek asylum (2,807 or 5% of the foreign born).

Figure 1 reports the coefficients on immigration status from a regression with a given health outcome as the dependent variable and controlling for length of stay in the UK (years), age, education, gender ethnicity, local authority of residence, the quarter and year of the survey. Figure 2 reports the coefficients in a similar regression in which time in the UK categories replace the immigration status indicator.

Disclaimer

The UK Labour Force Survey by collated by the ONS and supplied by the UK Data Service. The use of the data in this work does not imply the endorsement of ONS or the Secure Data Service at the UK Data Archive in relation to the interpretation or analysis of the data.

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