

# Integration or isolation? Refugees' social connections and well-being

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## Abstract

The Indicators of Integration Framework, a conceptual framework defining core domains of refugee integration, has had a significant impact on the discourse surrounding refugee integration and a major role in shaping policy, practice and academic debate. Drawing on an innovative participatory mapping approach, this study examined the social connections of isolated single refugee men from Iran and Afghanistan (highlighted as particularly marginalised) and the implications for their mental health and well-being. Findings indicated very low levels of contact with family, local friends or local services, difficulties establishing trust and few opportunities for reciprocal relationships. The paper makes an important contribution to the field of refugee integration in a number of ways. It suggests that the role of trust should be made explicit within the Indicators of Integration framework and be included as a 'Facilitator' of integration. It challenges Putnam's simple binary distinction between bonding and bridging relationships and suggesting a new conceptualisation based on a continuum between bonds and bridges. It offers theoretical innovation by bringing together the concept of reciprocity with Hobfoll's resource conservation model to offer new insights into the way domains of the Framework interact. Its important contribution is in critiquing Putnam's reliance on the idealisation of community solidarity and suggesting conceptualisations of integration must be informed by the impact of intersecting but differentiated communities. Two

key priorities emerge for policy and practice: enabling asylum seekers and refugees to develop sufficient close bonding relationships and finding more effective ways of building knowledge and trust of relevant resources and services.

## **Integration or isolation? Refugees' social connections and well-being**

### **Literature review**

The experiences and impact of forced migration present multiple challenges to integration, well-being and mental health faced by refugees (XXX first author; Davidson et al., 2008; Kramer et al., 2011; Nickerson et al. 2011; Tol et al., 2011; Bogic et al., 2012; Phillimore, 2012; XXXXX second author). Refugees have often suffered multiple losses and experienced acutely distressing events before fleeing their homes and during their journeys. . Displacement brings a loss of identity and a loss of rights. Even after arriving in a place of resettlement, many feel powerless, not only lacking in language skills and confidence, but also in knowledge of how the new society works. It is widely reported that refugees and asylum seekers experience poor mental health, especially anxiety and depression (Davidson et al., 2008; Kramer et al., 2011; Bogic et al., 2012). Studies on refugee mental health consistently point to the significance of post-migration experiences such as lack of stable housing or economic opportunity (Porter & Haslam, 2005), experiences of the asylum process, discrimination, racism and stigma (XXXXX second author), low social status, discrimination and bullying and social exclusion (Correa-Velez et al. 2010 & 2015).

There is a particular challenge for refugees experiencing social isolation. Building social relationships in a new country of settlement is fundamental to refugee integration

(XXXXXX first author; Watters, 2010; Phillimore, 2012). Yet receiving countries tend to house asylum seekers in economically deprived communities with poor living conditions, exacerbating exclusion through poverty and social deprivation (Phillimore & Goodson, 2008; Mulvey, 2010; Kearns & Whitley, 2015).

Isolation undermines mental health through a lack of emotional support and difficulty accessing both general health services and mental health services. The negative impact of social isolation on mental health and well-being is likely to be cumulative. For example, the XXXXXX (second author) study showed that refugees who were already isolated showed a lack of awareness of where to go for help and support, and a lack of trust of services and other members of the community. Furthermore, insecurity of rights engenders a sense of powerlessness and exclusion as well as impeding access to appropriate resources (XXXXXX, first author).

In this paper we examine the Indicators of Integration framework – a conceptual model of refugee integration. This work was commissioned by the UK Home Office and was based on documentary and conceptual analysis and fieldwork in settings of refugee settlement (Ager and Strang, 2004). It identifies ten domains of integration according to four groups: ‘markers and means’ within the sectors of employment, housing, education and health; types of social connections drawing on social capital constructs of ‘bonds’, ‘bridges’ and ‘links’; facilitators to such connection including language, culture, safety and stability; and assumptions and practice regarding citizenship and rights (Ager & Strang, 2008). The Indicators of Integration framework has shaped policy, practice and academic discourse surrounding refugee integration. It has influenced the formulation of UK national and regional policy (Home Office, 2005; WMSPARS, 2006) and its critique (ICAR, 2004; Refugee Council, 2006) by emphasising the need for a holistic approach to integration that places social connections at the core. It has been used as a structure for developing services aimed at supporting refugee

integration (Esterhuizen & Murphy, 2007; Scottish Refugee Council, 2016; RISE, 2016). It has informed international integration scholarship conceptually and methodologically (Beirens et al., 2007; Daley, 2009; Mulvey, 2013; Kohlbacher & Rasuly-Paleczek, 2018; Hersi, 2018). Integration policy has conventionally been framed in terms of sector outcome goals (e.g., in employment or education). However, the Ager and Strang study found that social relationships are at the core of a sense of belonging for both refugees and non-refugees. These range from superficial acquaintances to relationships with close family and friends, providing intimacy and emotional support. The framework draws on Putnam's social capital constructs to describe different forms of social connection (Putnam, 2000; Szreter & Woolcock, 2004). Putnam's model was selected as a basis for the framework because of its particular relevance for understanding and explaining the integration experience of refugees. In particular, the domains of social bonds (with family and co-ethnic, co-national, co-religious or other forms of group), social bridges (with other communities) and social links (with the structures of the state) reflect the range of social connections valued by refugees (Ager & Strang, 2008, p3). However, some authors critique Putnam's binary distinction between social 'bonds' and social 'bridges'. For example, Cederberg argues that this distinction appears to rest on homogenous and bounded conceptions of different social groupings (Cederberg, 2012). Other scholars suggest that the dichotomy of bonding and bridging capital is not useful (Morosanu, 2015; Wessendorf & Phillimore, 2018) and that a more nuanced understanding of how ethnicity may inform cosmopolitan ties is needed (Morosanu, 2017).

The framework proposes a set of resource domains important for integration. According to social capital theory, these resources can be mobilised and exchanged through social connections or relationships. In studying refugee mental health, Hobfoll postulates the theory of 'resource conservation' (Hobfoll, 2014). He argues that people are constantly striving to

build or at least maintain the psychological resources available to them. Refugees find themselves with depleted resources as a result of loss, along with the impotence of some resources in new contexts (for example work skills or qualifications are no longer currency, or cultural norms are not widely applicable). They will therefore try to mobilise whatever social resources (i.e., social connections) they have in the most effective way, with the least drain on remaining resources for maximum benefit. It is therefore important to explore the social resources available to refugees and how these are mobilised to protect and strengthen access to resources and support their wellbeing.

According to social capital theory, the exercise of reciprocal help-giving and receiving is fundamental to the development and maintenance of social capital (Coleman, 1988). Phillimore et al. (2017) have shown how new migrants make and sustain connections through reciprocity and in this way, access the affective, psychological and spiritual resources frequently neglected in integration theory. Putnam has argued that reciprocal relationships between members of diverse groups in society will enable the growth of social capital through the combination of exchanging resources and building trust, and that such relationships promote solidarity. Zetter et al. (2006), on the other hand, critique Putnam's reliance on the idealisation of community solidarity, arguing that it ignores the complex and diverse nature of communities. In particular, Putnam's theory ignores the impact of power differentials (Bourdieu and Passeron, 1977). The current study examines the extent of reciprocity experienced by these refugees and the ways in which social resources are used to support mental well-being.

This paper unpicks some of these key concepts within social capital theory and explores how this theory is applied to the field of refugee integration within the Indicators of Integration framework to develop important new insights into refugee social connections and the impact of these connections on mental health and well-being.

Our rationale for this study is that whilst some studies have attempted to measure refugees' social connectedness (Mulvey, 2013; Tip et al., 2017), there is little available evidence of new refugees' patterns of social connections or the links between patterns of connection and refugees' mental health and well-being. Local stakeholders in Glasgow identified that Iranian and Afghan male refugees were under-represented in community initiatives and therefore likely to be isolated. This study set out to address a gap in the literature by investigating these potentially isolated male refugees' accounts of their patterns of social connection and of how they mobilise these to support their own mental health and well-being. Studies of men's experiences of depression have concluded that recovery is closely linked to the capacity to reconstruct a valued sense of their own masculine identity (Emslie et al., 2005). Yet refugee men are transposed into an unfamiliar culture and gendered identity. Other studies have found significant gender differences in language, self-reported health and access to formal social networks, with women generally faring worse than men and some inequalities enduring or intensifying over time (Cheung & Phillimore, 2016). Further research is needed to investigate patterns of social connections and links with mental health and well-being for refugee women and men to draw out broader gendered lessons for refugee resettlement.

The study adopted an innovative participatory methodology, previously developed within humanitarian settings and combining group and individual data collection. Participatory activities were used in a group setting to ascertain a list of potential social connections recognised and valued by the population forming the focus of the study – isolated male refugees in Glasgow. Individual data was collected through confidential interviews to gather information for each participant on levels of actual contact, on trust and opportunities for reciprocity **related to each of the valued potential connections**. Scores were combined to

provide a robust measure of social connections grounded in the particular contexts of the study.. Focus group discussions were used to explore participants' experiences of mental health and well-being (xxxx first & second author).

### **Policy context**

The population of refugees in Scotland has been growing since the introduction of a 'Dispersal Policy' by the UK government in 1999. As Kearns and Whitley (2015) observe, the arrival of refugees has impacted both the ethnic mix in the city of Glasgow (increasing from 7.2% of the population to 15.4% between 2001 and 2011) and the absolute population of Scotland, which grew through net migration during the same period. During 2012/13 the largest groups of refugees came from Pakistan, Iran, Sri Lanka, Syria, Eritrea, Albania, Bangladesh and Afghanistan (Migration Observatory, 2015). The profile of new refugees in Glasgow has shifted from majority women and families to majority single men (SRC, 2014; SRC, 2015a; SRC, 2016). Increasingly, asylum seekers and refugees have been dispersed across the city. Studies have shown that many refugees report feeling at home and welcome in the city, but most also experience racism and discrimination (Netto, 2011; Stewart & Shaffer, 2015; Kearns & Whitley, 2015; SRC, 2016).

The 2014-2017 Scottish Government 'New Scots' strategy took a progressive approach to integration underpinned by the Indicators of Integration framework, aiming to ensure that:

'...refugees are able to build a new life from the day they arrive in Scotland and to realise their full potential with the support of mainstream services; and where they become active members of our communities with strong social relationships.' (Scottish Government, 2015), p11.).

This strategy reflects a policy climate welcoming to inward migration, recognising human rights of refugees, and the benefits of migrants to society. The strategy conceptualizes

integration as a two-way process requiring adaptation by the established society, its people and structures, as well as by newcomers. However, there are enormous challenges to realising this ambition. The major movements of refugees, especially from Syria, across Europe in 2015 have created further opportunities and challenges for addressing social integration. Given the growing numbers and wider global dispersal of refugees, there are clearly significant international implications for developing a more effective policy response that enhances the social connections of asylum seekers and refugees.

## **Method**

### *Approach*

This study contributed to a programme of research seeking to develop a tool for mapping social connections in humanitarian settings and in contrasting cultural contexts (xxx 2014; xxx first author, 2017). This tool uses participatory activities to establish an understanding of potential connections grounded within a particular context. Sample ‘real life’ problems are used to explore connections associated with differing forms of social capital and the related exchange of emotional support (e.g., feeling lonely), practical help (e.g., broken mobile phone) and access to rights (e.g., problems with housing provider). A list of potential social connections is generated by the group which is relevant for participants as a potential resource and can act as a proxy indicator for their full range of connections. Based on social capital theory (Putnam, 2000; Torche and Valanzuela, 2011), the emergent list of pertinent connections forms the basis of a series of questions about individual connectedness, levels of trust and experiences of reciprocity . The methodology for this study is described in figure 1. The tool is designed to avoid imposing assumptions about what social resources are valued in a particular context. Individual participants’ levels of connection, trust and reciprocity are collected in relation to the particular social resources identified as relevant by the collective

participant group. In this way, the emerging data is sensitive to the sub-cultures that exist within different groups – even within those living in close geographic proximity.

Participants were invited to contribute to the interpretation of information emerging from the group activities by identifying where they would be likely to find each of the connections suggested: in their household, neighbourhood, city, UK-wide or overseas.

Recognising the vulnerability of the group, the research event was designed to be of intrinsic benefit to participants. It promoted the opportunity for participants to share knowledge of resources with each other and meet local service providers after the data collection process. An experienced mental health practitioner attended each session to provide support and/or referrals if needed.

The study targeted single refugee men (over the age of 18 years, and without a partner or children in the UK) from Iran and Afghanistan, either seeking asylum or with refugee status, and living in Glasgow. Participants were recruited with the help of a large social housing provider using housing lists to maximise the involvement of isolated refugees.

The design was guided by a steering group of local service providers and community stakeholders. Approval was secured from the relevant University Ethics Committee.

### *Participants*

Sixteen participants were recruited through posters and individual invitations, targeting male Iranian and Afghani refugees (in appropriate languages posted through doors by housing association staff, followed up a few days later by a personal visit by a researcher and interpreter, accompanied by a member of the housing association staff). A further fourteen participants were recruited through a ‘snowball process’ using data from this first phase of the study. The total number of participants was therefore thirty.

*Data Collection*

Four research workshops were held in familiar community venues. Workshops were conducted in English, with interpretation (Farsi, Dari, Kurdish and Pashto). Refreshments were provided during the workshops, but no other incentives. The research team comprised a minimum of three researchers, two interpreters, one administrator and a mental health professional.

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INSERT TABLE 1 HERE

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The workshop programme, piloted by a group of volunteers from the target population, is outlined in Table 1. Activities took place during a single two- hour session. On arrival, participants were taken through the information sheet again, and invited to sign research participation consent forms. After securing informed consent, participants were asked for demographic information, including their status as a refugee or asylum seeker, (which researchers assured participants would be confidential and would not affect their visa status). Participants were assigned randomly to a group of four to six participants.. Each group, led by a facilitator (supported by an interpreter), considered the three locally recognisable problem scenarios in turn (see Table 1) to identify social resources (people and organisations) seen as pertinent in addressing the problem. Each person or organisation that was suggested was noted down on a shared sheet, with a line connecting them to the example problem (see Figure 1). Facilitators encouraged participants to identify other people or organisations to whom they might be referred by their first point of contact. New suggestions were added to the collective record. Facilitators encouraged the group to explore all possible sources of support for the particular problem until no new data was generated. They then moved on to the second problem and repeated the process each time.

INSERT FIGURE 1 HERE

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Whilst participants received refreshments and presentations from local service providers, the research team compiled a master list of social connections, removed duplicates and clarified meanings. Items were transferred to sets of cards, with the name of one kind of personal relationship (e.g. ‘friend’, ‘brother’) or organisation on each card. Participants were then invited individually to a private space to complete three card-sorting tasks. For the first task, they were shown each card in turn and asked if they had spoken to, or contacted, that particular person or organisation in the last six months. This was to attain an individual measure of connectedness to these potential social resources. The cards were then shuffled, and participants were shown the cards one at a time again. This time they were asked: ‘How much would you trust this person/organisation to do their best to help you – even if they don’t succeed?’ They were given the options to respond: ‘A lot/a little/not at all’ or ‘I don’t know about them’. The third task was to measure levels of opportunity for reciprocity by showing the cards again and asking the question: ‘In the last six months, has this person/organisation asked you to help them, or talked to you about their problems?’ (Figure 1). When not engaged in an individual interview, participants were invited to help map the emerging connections according to geographic proximity to their neighbourhood.

Four workshops with six to nine participants were run during 2013. Two workshops, run in north and east Glasgow, were attended by men recruited individually, one attended by seven participants and the other by nine. Two further workshops were convened on a ‘snowball’ principle. One comprised Iranian refugees and asylum seekers attending an Iranian church (six participants), and the other included members of an Afghan community football group (eight participants).

## Results

Details of participants are outlined in table 2. The largest group of participants were Farsi-speaking Iranians, the next largest group comprised Dari speakers from Afghanistan, and a further two spoke Kurdish and one Pashto. Ages ranged from eighteen years to over forty years old, with the majority being between twenty-five and thirty years old. Participants had been in the UK between two weeks and over ten years. Most participated actively and enthusiastically in the whole workshop, only one individual appeared to be very withdrawn. Two people were connected with mental health support services at their request. Participants exchanged information about resources (e.g., free library and sports), reported finding service provider input useful, and several signed up for college courses.

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INSERT TABLE 2 HERE

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Participants individually invited to the first two workshops shared a similar profile (including age, ethnicity, language, time in Glasgow) so the data is combined (see Figure 2). The third and fourth workshops accessed discrete language groups and are analysed separately (see Figures 3 and 4). In each case, data from the participatory activity has been plotted according to geographic proximity to create a map of social connections. Individual data on connection, trust and reciprocity is added to this map by the researchers.

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INSERT FIGURE 2, 3 and 4 HERE

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### *Patterns of connection*

One key theme to emerge was the pattern of social connections. Figure 2 demonstrates that this group was generally isolated from family. Less than half had any contact with family

in Glasgow. Some had relatives in the UK or overseas, but less than half had had any contact within the last six months. This pattern is repeated where participants were part of an informal group (see Figures 3 and 4). The exception was the Afghan group with respect to connection to 'Relatives in Glasgow who speak English'. Participants spoke of these relatives as a source of information – because they speak English - rather than emotional support. Some participants contacted families and friends overseas using the internet. Some Iranian men explained how local friendships had evolved to compensate for their lack of family. They observed that it would be normal in their culture to avoid talking about emotional issues outside the family. However, in their isolated situation, away from family, as one participant expressed; 'we become like brothers'.

The more isolated participants demonstrated that contacts are most likely to be with people from their own background or another overseas background. Fewer than half of participants in the first two workshops had had any contact at all with someone they could call a Scottish friend in the past six months (Figure 2). Those who attended the third and fourth workshops were connected to co-ethnic groups and were also more likely to report contact with Scottish friends (Figures 3 and 4).

The figures illustrate very limited awareness of wider community resources and services, such as sports facilities, libraries or advice agencies. A similar participatory exercise conducted with Glasgow stakeholders and service providers generated a list of 75 distinct social resources of relevance for refugees (XXXXX first & second author). Some participants enrolled for classes they had not accessed through other channels during the workshops. Participants appeared to be unaware of the range of formal and informal mental health services available. They were aware that people could turn to their local doctor for support, although asserted that there are no other informal mental health support services available in the community.

There was little awareness of UK-wide agencies. Participants connected with the UK Home Office and lawyers through the asylum process. However, they were not able to suggest resources for supporting them in access to their rights such as politicians, tribunals or consumer groups. Participants expressed a sense of powerlessness regarding helping their families at home and how to pursue their right to family reunion.

The figures provide an insight into the levels of shared connectedness within the workshop groups. For example in Figure 2, only around one-third of connections mentioned had been accessed by more than half of the participants in the last six months. With the Iranian group (Figure 3) nearly a half of connections were shared most participants; the Afghan group (Figure 4) shared nearly three-quarters of their connections (see Figure 4). These patterns demonstrate that the two informal ethnic groups have more dense social networks, likely due to the fact that these were already two pre-formed groups through shared connections in addition to having shared ethnicity and language. However despite this, the members of these groups were aware of the fewest services.

Participants had lived in Glasgow from between two weeks and over ten years. In this small sample, the length of time living in the area did not correlate with their levels of social connection, which is in contrast to a larger-scale study, which found that migrants' social contacts did gradually increase over time (Kearns & Whitley, 2015). The participatory methodology used did not aim to measure absolute numbers of connections (e.g., numbers of friends, family members or services accessed), but rather the extensiveness of the range of connections. So it might be implied that refugees' range of connections has not increased consistently with time. In conclusion, the study found very low levels of contact with family, local friends or local services.

### *Patterns of trust*

Another key issue for refugee integration to emerge from the study is trust. Participants were asked to indicate whether they trusted each type of person or organisation ‘a lot’, ‘a little’ or ‘not at all’. Responses were then given a weighting (2, 1 and 0 respectively), and total scores for each potential social connection were calculated and a total ‘trust’ score was calculated for each item as a percentage of responses to that item (excluding all ‘Don’t know’ responses). Trust scores of 80% or more are indicated on the social connection maps. The item consistently scoring highest for trust across all groups was ‘family’ whether living nearby, elsewhere in the UK or overseas. We can see that whilst families are consistently trusted, the level of trust in friends is more variable. The members of the Iranian group (Figure 3), for example, did not indicate over 80% trust in any of their friendship groups, although they did indicate trust in the church through which they knew each other. The members of the Afghan group (Figure 4) indicated high levels of trust in the range of friendships – with the exception of ‘girlfriend’ which appeared to be an aspirational rather than actual social connection for most of the group.

Trust in services was variable, with a slight bias towards services that involve one-to-one relationships (local doctor; guardians<sup>1</sup>; social worker; lawyer; interpreters). In addition, participants indicated high levels of trust in the police. Trust does not seem to be strongly associated with levels of engagement with services. During focus group discussions, some expressed a reluctance to engage with medical services because they did not know what ‘terms’ to use. Others gave examples to illustrate their view that statutory mental health services take too long to access to be of use. Overall, the study identifies refugees have difficulties establishing trust.

### *Opportunities for reciprocity*

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<sup>1</sup> Some participants had entered the UK as unaccompanied minors and therefore been supported by an adult appointed as ‘Guardian’.

Another key theme was reciprocity. The card sorting tasks generated data on the extent to which others had asked participants for either practical or emotional support. Responses are plotted on the maps according to whether or not the majority of respondents in the group had been asked for help. There are striking differences between the three cohorts in this regard. In the cohort of individuals (figure 2) and the Afghan group (figure 4) participants generally reported that the only reciprocal relationships they have are with friends from their own background. In contrast, the Iranian group (figure 3) experience reciprocity in their relationships with friends, family and their church. They were the only group reporting high levels of contact and reciprocity with Scottish friends.

In discussion, participants gave examples of providing mutual practical and emotional support. Yet others talked about feeling useless and not needed by anyone. One man remarked on the contrast he felt between his previous life as a husband, father and community member to his life now, when no one even contacted him to wish him a 'Happy New Year' (XXXXX first & second author)). Overall the study revealed very few opportunities for reciprocal relationships.

#### *Participants' reflections on mental health and wellbeing*

A full account of the data emerging from the focus group discussions is reported elsewhere (xxxxx first & second authors), however in this section we will highlight key findings relating to the present consideration of social connection. Participants consistently demonstrated that they considered mental health issues to be a common problem for refugees and asylum seekers, due to insecurity of circumstances, social isolation, culture shock, poverty and inactivity. Social isolation was highlighted:

'A person who is alone, they don't have contact.... You become depressed straight away.' (Group 4)

Participants were asked where people who were, 'distressed, anxious or sad' could find help. Although most recognised that the local doctor could be a source of help, examples were given of delays and difficulties in accessing medical help. There was no mention of voluntary sector mental health support. Participants consistently saw friends or family as their primary source of help.

'I've never been to an official organisation, but I go to people I know or friends and they've generally been able to help.' (Group 3)

Several participants were keen to point out that they would be selective about which friends they would share emotional problems with – and to explain that they only shared with friends because they did not have access to family.

Many participants were able to suggest a range of strategies for supporting one another to improve their mental health and well-being, including having company, doing things with others – especially exercise – as well as talking about problems. There was a strong consensus that being connected with other people is important for improving mental health and well-being. As one man pointed out,

'It's good to have lots of different friends so that they can give you different kinds of help and support.' (Group 3)

## **Discussion**

The study contributes to the field of refugee integration by enhancing our theoretical understanding of refugee social connections. The implications arising from the study for the Indicators of Integration framework and the application of social capital theory within a migration context will now be explored in relation to a number of themes.

### *Social isolation, trust and identity*

Our data indicates that the refugee men not participating in formal social groups had few social connections. This occurred despite that fact that these participants recognised the value of social connections in protecting mental health and well-being. This may be related to the low levels of trust observed – particularly significant given that ‘trust’ is a key component of Putnam’s model of social capital.

These findings support studies that show how conflict directly undermines people’s ability to trust by violating social relationships (Tilly, 2007; Flores-Yeffal, 2013), and additionally, how the experience of forced migration further undermines trust and reinforces the benefits of avoiding intimacy (Flores-Yeffal, 2013). It not surprising that people who have gone through such psychologically challenging experiences often find it difficult to rebuild a new social world on arrival in a new country where they lack shared language or culture, and experience instability and insecurity.

Refugees face major challenges and adjustments when they become migrants. Giddens’ work emphasising the importance to migrants of maintaining a coherent narrative is useful here (Giddens, 1991). The possibility to imagine a continuing narrative requires both connection to the past and a connection to the future. When even the most simple of daily interactions is unfamiliar and strange, an individual can easily ‘get lost’ in this new social setting. A different culture, language, and lifestyle, along with the process of relocating self, can be challenging. There is a serious danger that those most in need of emotional support, for whom the ability to trust is already considerably undermined and who may already be experiencing poor mental health, are the least able to maintain a coherent narrative or rebuild a supportive social network.

Although the Indicators of Integration framework assumes the presence of trust within Putnam’s model of social capital, it does not make the role of trust explicit. These findings suggests that trust could be included as a ‘facilitator’ in the framework, thereby promoting the

creation of trust between existing members of migrant networks (Flores-Yeffal, 2013) and newcomers as a focus of integration activity.

*Distinguishing 'bonds' and 'bridges'*

This study provides insights into the ways that isolated refugee men seek emotional support and the implications of this for social capital theory. Emotional support is associated with the high levels of trust that exist in the 'strong ties' characteristic of bonded network (McPherson et al., 2013). Our participants reported highest trust of family members and affirmed that they would normally only share intimate concerns and seek emotional support from close family members. However, most also reported very little contact with their families.

The data allows us to observe the refugees' strategies to develop alternative support networks. Some participants explained how their friends from the same country, 'become like brothers'. This appears to demonstrate that shared cultural capital (country of origin plus experience of forced migration) enables enough trust to be established to develop new context-appropriate cultural capital. Some built friendships through a church with 'Scottish friends'. Shared beliefs allowed relationships of trust to develop between people with different backgrounds that could be described as 'bonds' rather than 'bridges', thereby supporting the critique of Putnam's binary distinction between social 'bonds' and social 'bridges' (Wessendorf & Phillimore 2018; Cederberg, 2012). A more nuanced conceptualisation of the relationship between bonds and bridges could be introduced into the framework, potentially by acknowledging a continuum linking these forms of connection rather than binary categories. The study suggests where there is no access to established bonds with people with closely allied cultural norms, some refugees adjust to the majority cultural norms in order to build

relationships of trust through which they can receive emotional support. This has important implications for the application of social capital theory within a migration context.

Another strategy observed was a reliance on service providers for emotional support, despite different ethnic backgrounds and little shared cultural capital. The high levels of trust with service providers involved in individual support found in this study point to institutional rather than individual trust (Harpham et al., 2004).

### *Reciprocity and resources*

. In this study, it was found that these refugees' connections are dominated by relationships of dependency, with very few situations in which they have been asked, or are able, to give help. This is detrimental to mental health and well-being because it undermines self-efficacy and deprives the individual of the benefits of altruism (Green, 2006; XXXXX second author). In terms of social capital, according to Coleman (1998), a lack of evidence of reciprocal relationships indicates impoverished social capital, due to the lack of opportunity to build trust. This in turn will undermine access to the wider resources identified in the Indicators of Integration framework as important for integration.

Phillimore et al. (2017) argue that, contrary to Hobfoll's ideas about conservation of resources in crisis, migrants use resource exchange strategies to develop social networks, which may form important buffers against migratory stress and aid access to functional, psychological and affective resources that can further integration. It can therefore be inferred that with very few reciprocal relationships, the participants in this study are likely to be more vulnerable to the effects of migratory stress.

This analysis shifts the theoretical focus to agency in the form of exchange of resources rather than identity (Bhatia and Ram, 2001) or functional indicators (Ager and Strang, 2008). It resonates with the definition of social capital proposed by Coleman (1990) as a resource that

can be used by the actors to realise their interests. As Phillimore and colleagues also argue, a reciprocity lens sheds new light on the relationship between social networks and integration, while allowing us to identify an extended range of resources from those generally associated with integration (Phillimore et al. *ibid.*).

These findings suggest that there should be more emphasis placed on finding ways of promoting opportunities for reciprocity and exchange of resources within migration policy and practice. The Indicators of Integration framework provides an opportunity for raising the importance of reciprocity and social resources. It identifies core domains of integration and posits that integration is shaped by the interaction between these – this interaction is mediated through active reciprocal relationships based on, and building, trust.

*‘Bridging’ capital and access to resources.*

In this study, even participants already involved in informal groups and with connections showed low levels of awareness of and connections with services, suggesting the existence of bridging relationships was not of itself enough to ensure effective access to resources. This challenges Putnam’s assertion that capital arises from social connection alone and challenges us to think about the social processes of migration. A number of different factors may potentially be at play here. At one level, it may be that the bridging relationships achieved by our participants did not link them to resources relevant to their needs. For example, members of the Iranian church group were more likely to have Scottish friends than the other cohorts. However, it seems quite likely that those Scottish friends themselves had very little knowledge of, or connection with for example, mental health services for ethnic minority groups, or immigration lawyers. Bridging relationships only improve access to resources where they connect people with resources that they can use. Feedback from local service providers

highlighted a large gap between the range of existing services and participants' awareness of those services. Whilst contact with any service might be assumed to provide a bridge into other services, this is clearly not always the case. Community groups face competition over scarce resources, which inhibits exchange and trust building (Kearns and Forrest, 2000). Refugee organisations and communities in particular face an environment of distrust and conflict, which can then negatively impact social cohesion (Griffiths et al., 2005, Griffiths, 2006; Zetter et al., 2005).

We also note that whilst some participants do report bridging relationships with local people, these are very limited and do not represent a cross-section of society or even of the refugees' own immediate neighbours. Bridging relationships may build trust with other particular groupings within a community, and enable the exchange of resources. However, 'solidarity' implies a shared sense of purpose and identity across the breadth of intersecting, but differentiated groups present. Many authors refer to the 'dark side' of social capital, where it can be used as a means to promote resistance to immigration and the exclusion of outsiders (Portes, 1995). Explanatory models of integration need to reflect a nuanced understanding of social connection that recognises the complexity of association and migration. In Putnam's version of social capital, the place of 'outsiders', such as immigrant communities, remains underdeveloped (Zetter et al., 2006).

### ***Gender***

The study demonstrates how the framework can be used to explore gendered differences in developing social connections for refugee men and women. This study focused on the social connections of single isolated males and highlighted specific issues facing this group. It supports research demonstrating men's concerns with what they consider to be

‘normal’ masculine behaviour (Emslie et al., 2005). Participants indicated that their traditional notions of masculinity had not allowed for the sharing of emotional issues outside the family, yet in the isolated situation created by resettlement they had developed a new way of being a man and sharing emotional issues with friends who have ‘become like brothers’. Studies of women refugees suggest that their gender identity allows for more sharing with friends, but often practical circumstances (such as childcare responsibilities) preclude their take up of mental health support services (Robertshaw et al., 2017). In addition, we need to consider the role of cultural understanding of mental health, which intersects with gender in creating barriers to service access (Cheung & Phillimore, 2017). Further study is needed to explore refugees’ navigation of adjustments in gender identity and its impact on mental health and well-being.

Academic scholarship indicates that both gender and demographic composition of migrant populations emerge as significant variables in the way social capital is formed and invested. New migrants appear to accumulate bonding capital at early stages, although amongst young single men, the impetus to develop this into formal associational groups seems relatively weak and fragile (Zetter et al., 2006). The Indicators of Integration framework could be used to explore the different needs and processes involved in developing social connections for men and women.

### ***Critique of the Social Connections Mapping tool***

As we noted at the outset, this study has formed part of a programme of research seeking to develop a tool for mapping social connections in humanitarian settings and in contrasting cultural contexts.

This study has demonstrated the utility of the approach to engage a difficult-to-reach population of refugee men in the UK. Participants were able to share the challenges of integration through building collective pictorial maps based on their own experiences. Levels

of participation across group members were high and involvement was sustained throughout the process. The study design offered limited opportunity for comparison of the connections generated by different cohorts. However, there is now the potential for future studies to use this tool with different groups to compare the patterns of social connection, for example between men and women in the same context, or between different geographic and/or cultural contexts. Measures of actual connection provide an indicator of access to services and data on reciprocity and trust, which can help guide policy and practice. The tool also offers the potential to map changes in social connections over time, which can help in assessing the impact of integration policy and practice.

Following the development of the methodology through this small-scale study of a particularly hard-to-reach group, it should now be possible to gather more extensive data with larger numbers. The small numbers involved in this study do not allow for the quantitative analysis of some pertinent relationships such as between social connections and the length of time in neighbourhood, or English language ability and patterns of connection. However, the method will allow for generating such comparative data across diverse groups.

### ***Implications for policy and practice***

The theoretical insights emerging from this paper point to important implications for policy and practice. Given the impact of social isolation on poor mental health and well-being of refugees, it is imperative that any society receiving refugees addresses social isolation at all levels. Two key priorities emerge for policy and practice: enabling asylum seekers and refugees to build capacity for trust in order to develop sufficient close bonding relationships to provide them with protective emotional support; and finding more effective ways for refugees to build knowledge and trust of relevant resources and services.

Allowing the most isolated refugees to become more vulnerable through lack of emotional support and related poor mental health will have multiple negative consequences for

the individual and the host society. Such individuals are likely to withdraw further from other people and avoid engaging with both communities and formal services; language and cultural knowledge development will be slower; and mental health problems are likely to be exacerbated. As a result, isolated refugees' ability to find work, engage fully with society and become active members of their communities will be severely inhibited. This has implications for community cohesion as some members are seen as dependent and non-participatory. Migration policy and the associated political rhetoric plays a crucial role as either a barrier or enabler on the development of trust, social capital and integration for asylum seekers and refugees. Pro-migrant integration policy, such as the New Scots strategy in Scotland, is more likely to promote an environment where trust can be built with institutions and between migrants and established residents.

The data suggests that appropriate and timely support to every new refugee in building new 'bonding' relationships would be an effective way of mitigating these negative effects. This could be achieved through broadening 'befriending' schemes connecting refugees with someone with established local roots. Formal advisory services should seek to facilitate informal social connections to avoid being drawn into directly substituting for the lack of close intimate relationships. Additionally, service providers, such as language class providers and sport and leisure facilities, should be supported to maximise the potential of their services for building bonding relationships.

The challenge of building knowledge and trust of relevant resources and services is familiar to service providers. This research has suggested that simply being connected to others – even others from the settled community - is not sufficient to ensure that relevant knowledge is communicated. However, existing relationships of trust could provide an effective means to disseminate knowledge. For example 'peer education' models have been shown to facilitate

sharing of knowledge and engagement with formal and informal resources to promote health and well-being (Scottish Refugee Council, 2015b). To build solidarity, it will be important to encourage participation from the distinct and overlapping groupings present in the community.

### **Conclusions**

The study makes an important scholarly contribution to the field of refugee integration and how social capital theory can be applied within a migration context. It provides insights into the social processes of migration, linking the internal experiences of refugees with the structural factors underpinning the migration process. It confirms a pattern of extreme social isolation within personal relationships as well as poor access to services and rights and highlights the need to focus on the social connections of the most isolated refugees. It develops Putnam's social capital model by challenging the simple binary distinction between bonding and bridging relationships, and offers a new conceptualisation based on a continuum between bonds and bridges that allows for the fluidity of relationships. This study offers new directions for the potential theoretical extension of the Ager and Strang Indicators of Integration framework in a number of ways. It suggests the framework should make the role of trust explicit and be included as a 'facilitator' of integration. It suggests reciprocity offers insight into the way the domains of the framework interact and can play an important role in mediating the interdependence of the domains. It highlights the framework should be used to explore the different needs and processes involved in developing social connections for men and women. Very importantly, the study challenges Putnam's assertion that capital arises from social connection alone. It critiques Putnam's reliance on the idealisation of community solidarity and the impact of power differentials and suggests conceptualisations of integration must be informed by the impact of power differential in shaping patterns of social connection.

Extending this research using a similar mapping approach with both men and women and in other contexts would build our understandings of the social connections of resettling

refugees. With patterns of ever-increasing global migration, the imperative to promote social mixing and avoid social isolation becomes increasingly urgent and this study provides important insights that can inform refugee policy and practice across different countries and ethnic groups.

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