

How to overcome barriers to a healthy return

Policy brief v.1

KEY MESSAGES

- Bureaucracy and red tape are an obstacle to return.
- The administrations must offer free and personalised counselling services.
- Policies must be designed to avoid the delays suffered by returnees in accessing social and health care and services.
- It is necessary to move towards the digitalisation of public services, but with user-friendly platforms and sustainable, ensuring that all potential users can use them.
- Competent authorities should develop agreements and procedures for the recognition of educational qualifications and further education for returnee migrants.

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RETORNO study

Interventions on Social Determinants of Health
– A comparative study of returned migrants from the UK and Spain post-Brexit referendum



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Introduction

The principal purpose of the EU-funded RETORNO study is to develop an evidence-based, context-sensitive theory of how intra-EU returned migrants' health could be improved. The objectives are to investigate how Brexit is affecting social and health issues in returned migrants, especially between the United Kingdom and Spain, but also at a European level. Intra-EU migration policies interact with social determinants of health, which are the circumstances in which people are born, grow, live, work and age. These vary depending on how policies distribute money, power and resources, and have an impact on people's health.

The Welfare State at the European level is designed for a sedentary status (for nationals and permanent residents), and linked to labour (by having contributions), which does not allow citizens to come and go within a framework of guaranteed rights^{1,2}. Social citizenship has been dismantled because there is no access to justice or to free legal aid, both civil rights. Other social and political rights are then put at risk³. This whole situation has been aggravated by the UK's withdrawal from the EU⁴ and by the Covid-19 pandemic. Moreover, in these countries/regions there are no return plans or they are unclear; in addition, the different levels of government (state, local) generate territorial inequalities^{5,6}.

Our approach

We used an innovative literature review methodology (Realist Synthesis) with five co-productive stakeholders workshops (returnees, NGOs, charities, diplomatic representations, policy makers, etc.).

- ✓ The first workshops were held in phase one of the Realist Synthesis, in order to map initial contextual differences between Spain and the UK, helping to refine initial knowledge and consolidate the scope and objectives of the study.
- ✓ The second round of workshops were carried out in the evidence analysis and synthesis phase, in order to refine and validate the identified recurring patterns of contexts and outcomes and then explain these through the mechanisms by which they were produced.
- ✓ In the final phase of Realist Synthesis, a final co-productive stakeholder workshop was held to develop joint strategies from an inter-sectoral approach on Return Migration and Health.

What we found

Key findings from our study are:

Disaffection, lost and forsaken: In the context of a static and weakened Welfare State (increased by Brexit), designed for nationals/permanent residents, and linked to work (contributions), with difficulties and lack of guarantees in the country of origin (work, housing, schooling, family reunification, health and social services, recognition of academic and professional trajectory, etc.), returnees feel disaffection with the country of origin, as well as feelings of abandonment and being lost, causing inequalities in

access to social and health services, and negative impacts on their health (the Covid-19 pandemic acting as an enhancer).

- ✓ The **bureaucracy** required to undertake people's return and access to financial, social and health and benefits is overwhelming, unclear, not easily accessible, not always possible to carry out online and the processes are very slow. This is a general perception for all returned migrants irrespectively of their educational attainment.
 - Many returnees implement strategies to overcome these healthcare access barriers such as avoiding getting sick or having accidents by reducing potential "hazards" related to daily activities, trying to maintain residency rights in outward and inward countries, paying privately for health insurance, etc.). These strategies (also known as "DIY health or **health bricolage**") can generate a sense of protection and control over their lives. However these tactics are fragile, unstable and often at the limits of legality and can increase the delays in seeking social and health care.
 - **Situations of vulnerability** and lack of protection are generated for those who initiate the return or have already returned because social and health benefits and services are not guaranteed, at least from the beginning of the arrival. Especially vulnerable are:
 - Those who return without an employment contract and/or when they do not have contributions or cannot export them from the receiving country.
 - When returnees do not have financial and social capital (they cannot access private insurance), neither support networks.
 - People with chronic illnesses or disabilities, children and women (especially if they are single mothers or have suffered violence), people with mental health problems, older people and those without family contact. They can experience for example delay in treatments, follow-ups and controls, such as pregnancy visits, sexual and reproductive health care check-ups, immunisation programmes, etc., in general, continuity of care problems.
 - Return migrants experience a **sense of "not belonging"**, a decline in quality of life, economic power and well-being and an increase in emotional and mental health problems (in adults and children), aggravating chronic diseases and/or problems resulting from lack of care for impairments.
- ✓ **Personalised counselling interventions** are a common intervention to support return migrants. These can look like personal or employment coaching and are not always free and/or effective (even if they are done with good intentions). These although potentially useful for those who can afford them can also lead to disaffection towards the public administration, frustration, uncertainty about the future, job insecurity, feelings of institutional mistrust, etc.
- ✓ The absence, lack of clarity and/or high difficulty in the **recognition procedures of qualifications and accreditation of competencies** (especially if the qualifications are not university degrees). This generates negative repercussions at the socio-economic level (obstacles to academic/professional advancement, especially for those who target the public sector; lower status jobs; periods of unemployment; spending of savings). These are likely

to be increased in returnees who are not highly qualified/skilled, are women and over 40 years old.

- ✓ Return migrants often experience negative impacts on their well-being and mental health problems, related to a phenomenon referred to as "**reverse culture shock**" (emotional distress linked to living in an environment with which one differs culturally, but which is precisely the country of origin).

Policy implications / Recommendations

- **Bureaucracy and red tape are an obstacle**, and even a deterrent, to return.
- **Free and personalised counselling services** that are not just focused on employment are necessary to support return and respond effectively to the demands and needs of returnees, as well as those who are thinking of returning.
- When national and local policies are designed, **access rights for return migrants must be taken into consideration**. This is especially important because by linking residency status to rights, return migrants experience delays in accessing social-health care, schooling, housing and access to employment (or unemployment benefits where applicable).
- **Return administrative procedures must be facilitated** by inward and onward countries, irrespectively of migrant location.
- There is **potential in the digitalisation of public service** to provide timely online access to public administration platforms to return migrants. In addition, return procedures should be able to be initiated in the receiving country, through **user-friendly platforms** that allow for one-to-one "live chat". **Sustainable digitalisation** must also be promoted because there are people who do not have the technological resources (computer, smartphones, internet, digital competence) to be able to make use of these services.
- **Agreements and procedures for the recognition** of educational qualifications and further education must be developed by the competent authorities, so that return migrants can progress with their academic and professional careers.
- All these measures will contribute to **guarantee/ensure the well-being, quality of life and health of returnees**.

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