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# The RefuAID Equal Access Loan programme: Economic Analysis: Full report

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Science



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## ABBREVIATIONS

COMPAS	Oxford's Centre on Migration, Policy and Society
EAL	Equal Access Loan programme
EU	European Union
GMC	General Medical Council
IELTS	International English Language Testing System
IOM	International Organisation for Migration
LSE	London School of Economics and Political Science
MS	Microsoft
NHS	National Health Service
OSCOE	Objective Structured Clinical and Oral Exam
PLAB	Professional and Linguistic Assessment Board
PTSD	Post-traumatic stress disorder
UK	United Kingdom

# 1. Introduction

## 1.1. Refugees and the United Kingdom – a complex relationship

According to the International Organisation for Migration (IOM), the term ‘migration’ is understood as a move “away from [the] place of usual residence” (1). If the movement is triggered by force, it is described as ‘forced migration’ or ‘forced displacement’ (2). Should such forced migration involve moving across national borders, the migrant is referred to as a ‘refugee’ (3). Nearly 123 million people had been involuntarily displaced by the end of 2024, of whom almost 40% met the criteria for refugees due to crossing national borders (4).

The vast majority (75%) of these refugees resettle in low- and middle-income countries and only a fraction seek asylum in the United Kingdom (UK). In the year ending March 2024, for example, the UK received 108,138 asylum applications, receiving 9% of all asylum claims in the UK and EU+ countries in 2024 (EU, three European Economic Area countries, Switzerland, Montenegro) (5). Despite this comparatively low number, there is a heated debate about refugees. On the one hand, refugees are often perceived as an economic burden due to costs resulting from welfare and housing support, language courses, health care and children’s education (6). At the same time, others point to economic contributions of refugees and see them as a resource and a potential catalyst for development, in particular in the context of labour supply (7–9). One prime example is the health care sector, with the National Health Service England (NHS) reporting an 8% of all staff vacancy rate (with 6% medical and 10.2% nursing vacancy rates) as of December 2024 (10). In addition, the majority of the medical workforce in England is 45 years or older and the number of doctors in England and Wales who retired early more than tripled between 2007/08 and 2020/21 (11,12).

Integration is seen as crucial in the context of refugee policies, with not only the United Nations Refugee Agency (UNHCR) defining it as one of the three ‘durable solutions’ (besides voluntary repatriation and resettlement) to the challenges of displacement (13), but also identifying a lack of integration as the reason for ‘failed multiculturalism’ (14).

Consequently, many political and societal initiatives specifically address different aspects of integration to enable refugees to become a part of the hosting society. As one example, UK-based charity RefuAid focusses on facilitating access to the employment market by supporting the re-accreditation of refugees via interest-free loans and administrative guidance. In this study, the RefuAid programme and its impact on integration will be evaluated.

## 1.2. Employment as a fast track to integration

While there is no universal definition of “refugee integration” in the literature, it is commonly seen as a two-way, multidimensional process which requires adaptation from both the refugee and the hosting society that impacts and is impacted by various domains of life (15–17). According to many authors, successful integration requires equal access to resources and social participation in the hosting society (18–20). Consequently, five

interconnected areas have been identified to be of specific relevance in the context of successful integration: employment, language, living conditions, social inclusion, and health/well-being (21). Amongst these five areas, employment holds a central position, as being in a stable employment relationship can contribute substantially to resettling in the hosting society in numerous ways (22).

For example, employment can be beneficial for overcoming language barriers, which hinder interaction with the surrounding environment and result in social isolation (23–26). Entering the local employment market often requires a certain language level (27). Consequentially, the prospect of employment can serve as an incentive for language training. In addition, employment can enhance language proficiency through frequent interaction with native speakers at work (28) and by providing the means to attend language classes and other educational offers. For example, the average cost of one English lesson in the UK was £25 in 2022 (29), with 200 to 400 hours of guided training needed to improve by one language level (30) – costs covered more easily with a regular income. Overall, employment can facilitate integration via enhancing language proficiency, as good language skills improve the interaction with and inclusion in the host society (31). These positive impacts extend to the next generation, as children of refugees who received language training exhibit higher rates of school completion and lower crime rates compared to those whose parents did not participate in language training (32).

Employment can also positively impact the living situation of refugees, in particular housing. Refugees often face precarious housing situations. After arrival, they are accommodated in facilities provided by the government, associated with limited space and sometimes severe health and safety risks, making it hard to feel safe and settle in (21). Once granted asylum, they have to leave these facilities within 28 days. As a result, a substantial number of refugees households have been classified as homeless. For example, between October and December 2023, this figure reached over 5,000 refugee households in England alone (33). Even if homelessness can be avoided, refugees often only have access to housing located in less desirable areas characterised by poverty and crime due to limited financial means (34). In combination, these aspects significantly hinder interaction with the local population and lead to a feeling of instability, vulnerability and isolation (34). Being employed and having a regular income gives refugees a better chance to avoid such conditions and afford stable and safe housing, which makes it easier to familiarise with the new environment in the hosting society and ultimately benefits integration.

In addition, employment contributes directly – and through improved language skills and better housing – to social inclusion, another factor of great importance to integration of refugees (24,35–37). First, paid employment provides the opportunity to interact with colleagues on a regular basis, to attend cultural events or to go shopping at local stores, almost inevitably leading to a frequent exchange with others (38). Such exchange will be facilitated by the ability to speak English. Also, the continuity associated with self-selected accommodation in more pleasant neighbourhoods makes it significantly easier to form connections and build a network with residents of the respective area (39). The continuous exposure to each other's behaviour, culture and needs can help to normalise differences,

change negative perceptions and reduce the distance between the local and the refugee population.

Finally, paid employment is a recognised social determinant of health and has a proven positive effect in that regard (40). At the same time, unemployment has been identified as a relevant contributor to sickness and increased mortality (41–47). The impact of employment is particularly present in the context of well-being (22,35,48–52). Employment not only provides the financial means to counter poverty as a major risk factor for mental illness (53), it also helps to structure the day and increases stability and self-esteem, all factors beneficial to well-being (21,49,50). In line with these findings, patients suffering from mental health conditions report a decrease in symptoms when being employed and an overall desire to engage in purposeful work (49,54). Consequentially, employment is generally considered beneficial for well-being (55).

### 1.3. Overcoming a roadblock? The role of supported re-accreditation

Overall, employment plays a central role for the integration of refugees. Ironically, unemployment amongst refugees is comparatively high. According to a 2019 report by the University of Oxford's Centre on Migration, Policy and Society (COMPAS), the unemployment rate amongst migrants with an asylum-seeking background was three times as high as amongst UK locals (18% vs. 6%) (56). This apparent contradiction can be attributed to the significant challenges refugees have to overcome before entering the employment market. Besides factors like the often-existing language barrier and potential employer bias against refugees (21,57), the lack of recognition of refugee credentials has proven to be a substantial hurdle for their employment (26). Education and qualifications are generally seen as a signal for being capable and productive (58) and therefore regularly result in higher income (59). At the same time, qualifications are not easy to transfer across country borders (60). If acquired in a foreign country, especially a non-Western country, qualifications are often less valued due to a lack of information on their quality in the hosting society (61,62). As a result, foreign-qualified immigrants are either paid substantially less than local employees (63) or have to work in positions below their actual skill level (59,64).

The latter issue is particularly relevant in regulated sectors like health care, law and teaching, where re-accreditation through specific tests is required. Such re-accreditation therefore not only serves as a signal for specific skills but is also a legal entry barrier to the employment market (65). Originally intended to secure a certain quality standard, this requirement can lead to underutilisation of skills if highly trained professionals cannot work in their original profession due to not passing the formal entry procedure (66,67). The required re-accreditation is often associated with significant costs. For example, to be allowed to practice in the UK, foreign-qualified doctors have to register with the General Medical Council (GMC), mostly done through the Professional and Linguistic Assessment Board (PLAB) (68). The procedure includes proof of English language (e.g., via International English Language Testing System (IELTS)) and clinical proficiency (via Objective Structured



Clinical and Oral Exam (OSCOE)) (69) and regularly costs more than £1,600 (IELTS: £220 (70), PLAB: £1249 in total (71), and GMC registration: £174, all excluding costs for training, transport and potential retakes).

To provide monetary and organisational support throughout the re-accreditation process, RefuAid, a UK-based donor-funded charity, initiated the Equal Access Loan programme (EAL) in 2017 (72). The main component of EAL is an interest-free loan of up to £10,000 to help refugees who require re-accreditation in the UK. The exact amount of the loan is calculated based on the individual needs of the applicants and is only paid out to those with the level of English required for their re-accreditation (73). Each recipient follows a personalised repayment schedule, receiving ongoing support from a caseworker throughout the re-accreditation process.

## 2. Objective

The goal of this study is to evaluate how supporting the re-accreditation of refugees in the UK impacts their integration. The analysis will focus on EAL impacting integration via enabling work in the area of qualification (hereinafter referred to as “entering qualified employment”) by supporting the required re-accreditation. In this context, the following research questions will be answered:

1. What role does EAL play for the re-accreditation of the refugees?
2. Does re-accreditation facilitate entering qualified employment?
3. How is entering qualified employment interconnected with other aspects relevant for integration, namely language, living situation, social inclusion mental health/well-being?
4. What are the economic implications of facilitating re-accreditation?

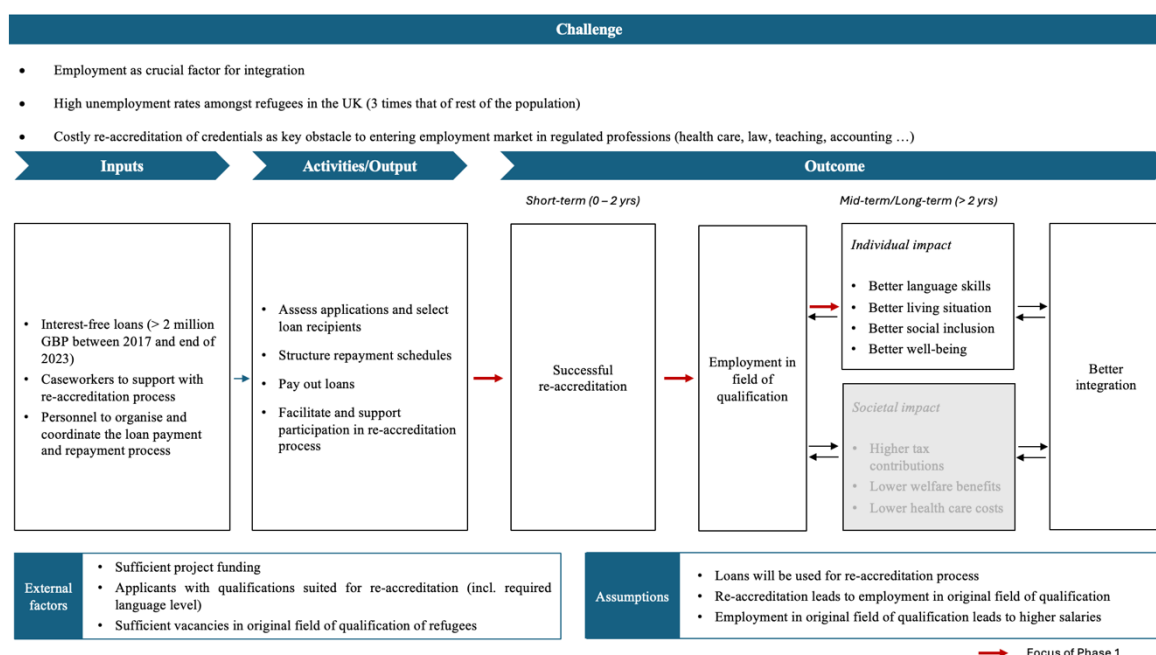
## 3. Qualitative work

### 3.1. Methods

#### 3.1.1. Conceptual framework

Based on the research objective, findings from the literature and the structure of EAL, a conceptual framework was developed and refined after consultation with senior RefuAid officers (Figure 1).

Figure 1: Conceptual framework



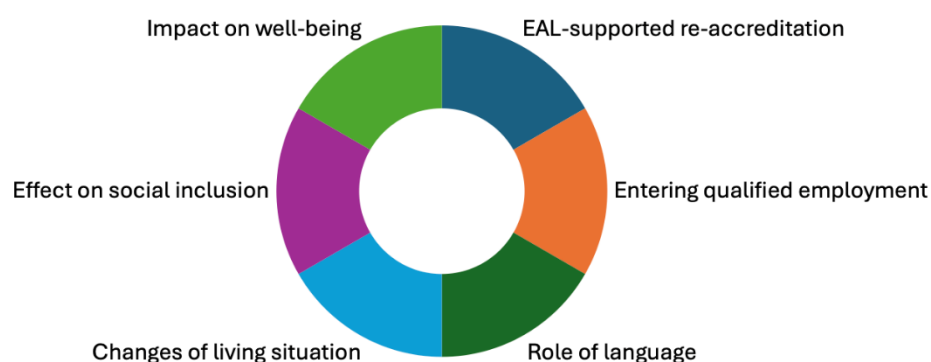
The framework illustrates that EAL-support serves as an enabler in the context of re-accreditation, which in turn can be considered a barrier for entering qualified employment. The latter is, directly or via the interconnection with language, living conditions, health and well-being and social inclusion, a major factor impacting integration. Consequentially, the focus of the analysis was on the role of EAL in the re-accreditation process, the effect of re-accreditation on entering qualified employment, and the interconnection of the latter with language, living conditions as well as social inclusion and well-being. Based on evidence from the literature, it is expected that EAL facilitates re-accreditation and re-accreditation fosters entering qualified employment. Language skills are anticipated to improve through preparation for re-accreditation, while living conditions are expected to benefit from the financial stability gained through employment. Additionally, social inclusion is likely to be enhanced through workplace interactions and entering qualified employment after EAL-supported re-accreditation is expected to be beneficial for well-being. Overall, supported re-accreditation should positively impact all five integration areas.

### 3.1.2. Qualitative study design and data analysis

Twelve semi-structured interviews were conducted with EAL-clients. To be included in the study, participants had to be (i) professionals with refugee status, who (ii) qualified in a profession that requires re-accreditation to work in the UK, and (iii) received financial and/or administrative support for their successfully concluded re-accreditation. All RefuAid clients met these criteria. No further inclusion criteria were applied (e.g., regarding age or profession) to capture experiences across the demographic and professional spectrum. To limit data transfer, the interview participants were selected and contacted by RefuAid.

Interviews were planned and coordinated via email, lasted 30 minutes on average (from 15 to 46 minutes), were conducted online via Microsoft (MS) Teams, audio-recorded and transcribed ad verbatim. Interview participants consented via email (Annex 1: Information/consent mail) and were explicitly informed that they could opt out of the interview and the study at any time. The interview questions were informed both by the findings from the literature and the conceptual framework and were refined throughout the interview process (Annex 2: Interview topic guide). The interview data were analysed using the framework method (74). For that purpose, six main themes were developed based on the established conceptual framework and presented in Figure 2.

**Figure 2: Main themes included in the interviews**



These themes served as the framework for the analysis of the interviews. Within these themes, codes were created, and further subthemes were developed. The themes and subthemes were applied to further transcripts and MS Excel was used to chart the data into a matrix (74). The interview process continued until the six pre-determined themes were sufficiently represented in the data, no further subthemes emerged and data saturation was reached (75). All study data were handled in accordance with London School of Economics and Political Science (LSE) and UK ethical and data protection requirements. Ethical approval was obtained through the LSE research ethics process.

## 3.2. Results

Overall, twelve participants were interviewed. Sociodemographic characteristics of the interviewees are summarised in Table 1.

**Table 1: Sociodemographic characteristics of participants**

Category	N of participants
Age	
25-30	1
31-35	3
36-40	4
41-45	4
Country of origin	
Syria	3
Sudan	3
Libya	2
Egypt	1
Iran	2
Afghanistan	1
Place of residence	
Birmingham	1
London	2
Manchester	3
Nottingham	2
Sheffield	1
Edinburgh	1
Cardiff	1
Swansea	1
Profession	
Doctor	7
Pharmacist	1
Lawyer	2
Accountant	1
Teacher	1

When applying the six pre-determined themes described above to the interview data, a total of 16 further subthemes emerged. Table 2 gives an overview of the relevant themes and subthemes with quotes (further examples: Annex 3: Excerpt data matrix).

**Table 2: Overview of main themes and subthemes with example quotes**

Theme	Subtheme	Example quote
EAL-supported re-accreditation	Administrational challenges	<p><i>"I didn't know the system. I didn't know most of the stuff" (P1)</i></p> <p><i>"I think the process is easy and straightforward. But what made it really difficult for me was COVID" (P2)</i></p>
	Financial challenges	<p><i>"I live in London and the costs. It adds more. PLAB I wasn't that expensive, but PLAB II was expensive and also I did the course for PLAB II as well, which was I think it was 600 GBP, something like that. And also you know the travel cost as well there" (P2)</i></p> <p><i>"I decided to give up because, you know, with the with what they were paying us from the job centre, it was barely supporting me and my family, so I at some point I decided I might give up this and just try to find whatever other job" (P5)</i></p>
	Role of EAL	<p><i>"Needed it. I couldn't manage to do it without" (P1)</i></p> <p><i>"So without the loan, I wouldn't have imagined being able to afford, you know, doing this or thinking about working as a doctor" (P5)</i></p>
Entering qualified employment	Professional background	<p><i>"I did economics in Sudan and I worked in Middle East for couple of years" (P11)</i></p> <p><i>"I have two certificate in my country, English and Math" (P9)</i></p>
	UK employment before EAL-supported re-accreditation	<p><i>"I worked in a restaurant in a cafe, but that wasn't long, to be honest" (P10)</i></p> <p><i>"I started as a delivery driver with Uber Eats and Amazon" (P6)</i></p> <p><i>"I haven't done any jobs because the time it was a COVID time, it was tough to get through" (P2)</i></p>
	UK employment after EAL-supported re-accreditation	<p><i>"I'm a senior fellow in vascular surgery" (P3)</i></p> <p><i>"So the full-time job is a job at a startup. My position is a legal advisor" (P10)</i></p>
	Welfare benefits	<p><i>"No, I did not [receive welfare benefits]" (P4)</i></p> <p><i>"I was applicable to have governmental fund and that initially helped me" (P7)</i></p>
Role of language	Language education	<p><i>"[RefuAid] supported me in my language test because, you know, the OET was very expensive" (P8)</i></p>

		<i>"I learned English back in Syria [...] We started to learn English and it was like more about like a grammars and like reading, writing. We didn't practice speaking or communication or spoken English" (P3)</i>
	Language for re-accreditation	<i>"But English is essential, it's not just for job, for GMC registration we need it actually. Before English, you can't attend medical exams" (P4)</i> <i>"It was mandatory" (P7)</i>
	Language and employment	<i>"Immensely because at home we only speak our own language, and when we go to work, we speak with other people who speak the language fluently. We learn new terms every day. New phrases and things. Yeah, it makes a lot of difference to the language, yeah" (P5)</i>
Changes of living situation	Changes in housing	<i>"Well, in terms of our living, our contract will be finished in August. So we plan to move..." (P4)</i> <i>"We do also our private renting house" (P7)</i>
	Lifestyle changes	<i>"I can travel. I can, you know, travel in UK like within UK like domestic, you know outside and help people" (P2)</i> <i>"Yeah, better living circumstances" (P3)</i>
Effect on social inclusion	Interaction with others	<i>"I feel that having more friends. I didn't have friends or I didn't set out with community. So now I feel more relaxed" (P4)</i> <i>My colleague in work are very the respective all and good. I met people from different background from different places, either pitch or from other countries. We made that we are good relationship" (P8)</i>
	Feeling settled	<i>"... feeling settled, social network, self-esteem because basically you also want to know that you fit in this in this society. Because for me, what I've done all my life is law. So coming here and not to be part of that would have been devastating because I would be, I don't know what I've been doing" (P10)</i> <i>"I feel settled and home" (P8)</i>
Impact on well-being	Well-being prior to EAL-supported re-accreditation	<i>"At some point I was giving up on everything and I I thought, you know, I'll just, umm, continue my life here as any other person who doesn't have any qualifications" (P5)</i> <i>"So I went to because I was, you know, really, really depressed. You are a doctor. You are few years in the UK and you are not qualification" (P4)</i>

	Well-being after EAL-supported re-accreditation	<p><i>"So, so mentally physically, emotionally, things. Like it, it helps us. I feel so happy. Overwhelmed but very, very happy. And I worked hard because I thought it was a great opportunity and I don't wanna mess it up" (P7)</i></p> <p><i>"I am proud that being a doctor working in NHS requalified because you know I'm from Afghanistan. Everyone unfortunately think that when you say Afghanistan, they think about the terrorist bombs and stuff like this. So actually normal people is not like this in Afghanistan. We are not the supporting war, so when I say OK, I'm a girl coming from Afghanistan, I study all my education in Persian than a study in Turkish and now I am a doctor here. It's a big proud for myself, my family" (P4)</i></p> <p><i>"... when they see you make some successes and you study in this age, this encourages them very much" (P7)</i></p>
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### 3.2.1. EAL-supported re-accreditation

When asked about the re-accreditation process, it became clear that the interview participants faced certain administrative challenges. While only three participants stated that the process itself was "not easy" and one explicitly said they "needed help", most interviewees mentioned COVID-19 and the related restrictions as a major obstacle. Long waiting times for exam slots, travel bans, and test cancellations led to uncertainty and significant delays, extending the process of re-accreditation from "a couple of months maximum" under regular circumstances to two years or more for the participants. In addition, the requirement of providing "a lot of papers" from the country of origin was mentioned as a challenge, given different documentation standards and the effects of active conflicts in these areas.

All interviewees described the substantial financial challenges associated with re-accreditation. Besides travel and accommodation costs and the costs for preparation material and courses, exams fees were mentioned as the most relevant factors. As "some people may end up paying for a couple of exams before they can actually pass" due to often-necessary retakes, these fees were seen as a critical hurdle.

In the context of these challenges, the enabling role of EAL became apparent. All participants stated that re-accreditation would have either been "impossible" without the loan or was at least made "quite easy" by it, particularly highlighting the significance of the financial support. Two participants also pointed to the organisational support via EAL and saw that as "really, really helpful in terms of like guiding you by giving you info". In addition, the cultural relevance of the interest-free loan was highlighted by two Muslim interviewees, stating that a loan with interest "doesn't fit with our religion" and would therefore not have been an option for financial support. Finally, the clear and easy application process for EAL was mentioned as a major advantage, as it made the support more accessible. Numerous

participants mentioned how “surprised” they were by the straightforward structure, the fast turnaround and the friendly interaction within the programme.

### 3.2.2. Entering qualified employment

All interviewees described their professional background as having studied in their country of origin and gaining first practical experience there (through internships or full-time positions). In the UK, all participants were legally not allowed to work until their refugee status was acknowledged (76). After gaining refugee status and before their re-accreditation, all participants experienced difficulties finding employment, with some mentioning the need to apply for any job despite being a fully trained professional as a major challenge. Six participants worked in part-time positions (teaching assistant, medical support worker, delivery driver, grocery store and two in cafés); all other participants were without employment and focussed on their re-accreditation. Consequently, all but one interviewee received welfare benefits during this time, which “were really helpful”, but also provided not more than “the bare minimum” to get by. After re-accreditation, all participants found employment in the field of their qualification, often within “a few months”. Only one interviewee, who was working part-time, occasional relied on government support and considered themselves as “not yet that very financially secured”, all other participants did not receive welfare benefits, are “getting good pay” and “pay taxes”.

### 3.2.3. Role of language

All participants received initial English language education in their home country, with most of them conducting their university studies in English. Despite this background, all participants took English classes in the UK to improve their language for re-accreditation. The classes were self-funded or financed through the language programme of RefuAid (outside of EAL) and seen as necessary, because English was described as the “first requirement” and “essential” for re-accreditation. Also, the classes often served as an opportunity for networking and a resource for knowledge going beyond language skills. The relationship between English language and employment was summarised by stating that “without English, you can’t work [...] in the UK”. At the same time, employment was seen as a chance to learn “new terms every day” and improve the language level to interact “with other people who speak the language fluently”.

### 3.2.4. Changes in living situation

For several interviewees, changes in housing after being re-accredited were modest, as they considered themselves to still be “very, very at the beginning”, given the limited time in employment. Five participants, however, had moved to bigger accommodation. All other participants verbalised specific plans “to do some savings to hopefully get some like houses through the mortgage”, indicating a clear perspective to upgrade their accommodation in the future.



General lifestyle changes were also reported. Three participants were able to take driving lessons and to buy a car since having entered qualified employment, describing the added mobility as an advantage (“...yesterday we went just we went: OK, let's go somewhere. We went to waterfall, near to Manchester countryside”). Several other interviewees mentioned the ability to travel and to afford “better type of clothes” for themselves and their family as another benefit. Overall, interviewees reported “better living circumstances” associated with having entered qualified employment.

### 3.2.5. Effect on social inclusion

Several interviewees described a significant increase in interaction with others through their work, stating that “... going to the work here, the department I work in, I feel that I'm going to my home so who I work with is like really like a family” and that this led to “having more friends”. Being able to enter qualified employment was identified as being specifically beneficial in that regard (“... and it's a very satisfying feeling when you speak to people with similar minds and with similar experience”). Employment was overall seen as helpful for feeling settled due to providing the opportunity to contribute to the hosting society (“So at the moment I feel like I'm doing something which I'm proud of, and my presence makes a sense to the country and to myself as well”). However, one interviewee who was transitioning from a temporary to a permanent position described a different experience by stating that they are “still not familiar with [the British] and they are still not familiar with” them.

### 3.2.6. Impact on well-being

Several participants described their well-being prior to re-accreditation as negatively affected by not being able to work in their profession. Unemployment was associated with a feeling of social exclusion and loneliness (“I thought that I am not part of this world at all. [...] being at home all the time, just watching the empty street through the window”). This was once more aggravated by COVID-19 (“You don't do anything, so and during COVID I was very depressed”).

According to the interviewees, their well-being did significantly improve after re-accreditation and subsequently entering qualified employment. While several participants saw adapting to the new system (including factors like long commutes, documentation requirements and workload) as challenging, the overall impact of employment was very positive. Numerous participants stated that they are “happy” and “proud” to work again. They emphasised the importance of qualified employment (“Of course, it's a big difference between working in any job or your original job, which you work in for 15 years”) and described the return to their profession as a “dream”. In this context, they also described a general sense of appreciation and happiness amongst their family members, resulting in better well-being and higher ambitions on their side (“But once, like someone in the family achieves something, it makes sense for the other members of the family to feel they are allowed to dream or to be ambitious in life). Overall, entering qualified employment has led to “mentally feeling better” and being “content” with life.

## 4. Quantitative work

### 4.1. Methods

#### 4.1.1. Study design and model structures

We developed two models to estimate the economic impact of RefuAid. The first model was the return on investment (ROI) from facilitating the re-accreditation of refugees. We used the conceptual framework (Figure 1) to capture the potential costs and benefits of the loan and to model the expected return on investment in both the short and medium term. We assessed the conceptual framework to identify those components that could be reasonably reliably quantified – these are outlined in the model inputs described in Table 3. The ROI calculations represent expected or actual financial gains that can be obtained from an investment in an intervention aimed at benefiting service users. The percentage ROI was calculated using the following formula, where  $B_t$  was the total benefit of RefuAid valued in monetary terms over time period  $t$ , and  $C_t$  was the total cost of delivering those benefits over time period  $t$ :

$$ROI = \frac{B_t - C_t}{C_t}$$

The second approach was a Markov model to represent the journey of refugees with and without the receipt of the re-accreditation loan and to estimate the wider economic implications. The Markov model includes two mutually exclusive states to represent the key stages of refugees when they gain refugee status and start the process of integration in the country. For simplicity, these are called:

- Stage 1: Grant of leave to remain
- Stage 2: With employment

It is recognised that there is heterogeneity in the refugee population. For example, there will likely be differences in integration outcomes between refugees from different backgrounds, between men and women, across age groups and level of educational qualifications. However, for the purposes of modelling and due to limitations in the available data, the cohort reflects an overall average and not specific subgroups. The Markov model assumed monthly cycles and the transition probability from Stage 1 to 2 was represented by refugees' employment rates taken from the available evidence (77).

**Table 3: Model inputs**

Description	Figure	Reference
<i>Population</i>		
People receiving loan	401	RefuAid data
Time to find employment pre-loan	2 years	European Commission and UK government (78)
Refugee employment rate	56%	Fernández-Reino et al. (77)
Time to find employment post-loan	6 months	Assumption, based on Breaking Barriers (79) and Job Search Statistics UK
<i>Probabilities</i>		
Language course	85%	Assumption, based on Greater London Authority data 2023 (80)
Use on mental health services without employment	50%	Hendrickx et al. (81)
Use on mental health services with employment	17%	Assumption, based on national average, NHS England 2022 (82)
Use of welfare benefits pre loan	72.6%	RefuAid data
Use of welfare benefits post loan	25.7%	RefuAid data
Unemployment pre loan	68.6%	RefuAid data
Unemployment post loan	28.9%	RefuAid data
<i>Costs (GBPs)</i>		
Average cost of loan	£5,256	RefuAid data
Fixed operating costs	£356,000	RefuAid data
Variable operating cost (per person)	£183.97	Assumption, based on RefuAid data
Cost of language course	£9,000	Refugee Council 2024
Job seeker's allowance	£4,410	Refugee Support Group
Welfare benefits	£12,267	RefuAid data
Mental health care use	£1,336	PSSRU 2022 (83)
<i>Benefits (per person, GBPs)</i>		
Salary pre loan	£14,691	RefuAid data
Salary post loan	£32,655	RefuAid data
Tax contributions and NI pre loan	£570	RefuAid data
Tax contributions and NI post loan	£4,670	RefuAid data

In both models, costs and benefits were simulated over a five-year time horizon from a societal perspective, which covers the short- and medium-term outcomes component of the conceptual framework. So, while this captures many of the benefits of the loan and re-accreditation, longer-term implications described in the conceptual framework, such as

other measures of social integration, were not included. All costs were standardised to 2024 prices in British Pounds (£) and both costs and benefits were discounted from the second year over the five-year time horizon at a rate of 3.5%.

#### 4.1.2. Model inputs and assumptions

Model inputs and assumptions used were drawn from data provided by RefuAid, secondary data and evidence from a range of sources, including private organisations, central government, independent bodies and academic research (see Table 3). The number of people assumed in the model was taken from data provided by RefuAid. Costs include fixed and variable operating costs of the loan programme, English language course, job seekers' allowance (JSA) (a welfare benefit for people not in employment who are capable of working and actively looking for work), mental healthcare costs and other welfare benefits. The annual fixed operating costs and variable operating costs per person were provided by RefuAid. The variable operating costs included the costs of processing the loans (estimated per person). Benefits included increase in tax revenues (council tax, National Insurance contributions and income tax), increase in salary, reduction in mental health use due to employment, reduction in welfare benefits and reduction in JSA.

We assumed the average cost of an English language lesson, the number of hours on average needed to achieve the minimum level of English to secure employment, and the number of eligible refugees for English language support. The model considers 300 hours of ESOL for a year to achieve B1 level, third level on the CEFR scale which corresponds to being an independent user of the language; this is the requirement needed to gain a work visa. According to Breaking Barriers, 84% of refugees said they do not have sufficient English language ability to get employment (79).

#### 4.1.3. Sensitivity analysis

We conducted different sensitivity analyses. In the case of ROI, base case model inputs were fixed in multi-way sensitivity analyses to approximate a conservative scenario (high investment costs, low net benefit) and optimistic scenario (low investment costs, high net benefit) for the return on investment for the loan and re-accreditation. This entailed  $\pm 20\%$  variation in the estimates related to costs of operating the programme, and benefits and savings associated with an increase in income, and consequential tax return, and reduction in mental health service use.

For the Markov model, we conducted probabilistic sensitivity analysis to explore parameter uncertainty and assess robustness of results to changes in key cost and outcome parameters. For proportions and costs, we assumed baseline estimates with  $\pm 20\%$  variation in the mean value, assuming beta distribution for proportions and gamma distribution for cost variations. Analyses were carried out using Microsoft Excel Office 365, with 1,000 Monte Carlo simulations using the Visual Basic for Applications (VBA) macro fully parameterised to conduct the PSA.

## 4.2. Results

### 4.2.1. Return on investment

The costs, monetary benefits and the return on investment using the base case inputs and the return on investment for the sensitivity analysis using conservative and optimistic case inputs are shown in Table 4. The return on investment for the base case (566%) was expressed as the financial gain from investing in a RefuAid loan. That is, for every £1 invested in the loan, the economic return was £5.66, even when only a narrow selection of short-term benefits is considered. The economic return is likely to be greater if longer-term and less quantifiable benefits outlined in the conceptual framework could be accounted for. The sensitivity of the return on investment estimate to a decrease or increase in model input variables is shown by the conservative (344%) and optimistic (899%) scenarios.

**Table 4: Return on investment (ROI).**

	ROI	Cost	Benefit
Conservative	344%	£ 9,188,642	£ 40,790,813
Base case	566%	£ 7,657,202	£ 50,988,517
Optimistic	899%	£ 6,125,761	£ 61,186,220

### 4.2.2. Wider economic implications

We estimated that, for the baseline scenario (i.e., without receiving the loan for re-accreditation), the total cost per individual in the first year would be £14,535 with no monetary benefits because of the assumption that refugees without re-accreditation would take around 18 months to find employment. Once they find employment, refugees progress to Stage 2, and therefore there is an increasing proportion of refugees who contribute economically to the system. As refugees progress to Stage 2, costs for the Government decrease progressively and in year 4, the economic benefits are greater than the costs (see Table 5). The total cost per individual over the 5 years horizon was estimated to be £50,649, and the total benefits to be £24,202.

**Table 5: Total annual costs and benefits per individual**

	Year 1	Year 2	Year 3	Year 4	Year 5
Baseline					
Costs	£ 14,535	£ 13,446	£ 9,938	£ 7,263	£ 5,410
Benefits	£ 0	£ 784	£ 4,893	£ 8,147	£ 10,378
With re-accreditation					
Costs	£ 26,027	£ 6,092	£ 3,521	£ 2,741	£ 2,463
Benefits	£ 5,302	£ 24,998	£ 31,285	£ 32,221	£ 31,689

\*All costs and benefits are discounted at 3.5%.

When facilitating re-accreditation through the loan, we assumed that the time to find employment decreased from 18 months to 6 months, based on the published evidence (79) and the recommendation provided by the Commission on the Integration of Refugees (21). Refugees, therefore, progress faster from Stage 1 to Stage 2. Also, given the evidence on mental health, we assumed that, with employment, mental health service use decreased, further reducing the overall costs. There is an initial increase in costs in year 1, driven by the costs of the loan and English language course costs. However, as refugees progress faster from indefinite leave to remain (Stage 1) to employed (Stage 2), there is a reduction in Government expenditure on welfare benefits, JSA and mental healthcare use. Also, when facilitating re-accreditation, refugees earn higher salaries, increasing their tax contributions. Thus, in year 2, the economic benefits are greater than the costs (Table 5). The total costs per individual over the 5 years horizon was estimated in £40,844, and the total benefits in £125,494.

## 5. Discussion

This study investigated how supporting the re-accreditation of refugees via EAL impacts their integration in the UK through different key areas of integration. For this purpose, a framework was developed to capture the significance of EAL for re-accreditation, the effect of re-accreditation on entering qualified employment and the interconnection of employment with four other areas relevant for integration (language, living conditions, social inclusion, well-being). This framework informed the six pre-established themes explored via semi-structured interviews and followed by economic analyses. Overall, the study demonstrated that EAL facilitates re-accreditation, enables refugees to enter qualified employment and thereby impacts the five relevant integration areas in a primarily positive way, with substantial economic benefits to the individuals themselves and to wider society.

### 5.1. Interpretating the results in the context of the literature

#### 5.1.1. EAL-supported re-accreditation

The interview data confirmed that re-accreditation is associated with several challenges, especially financial challenges. EAL has been shown to be instrumental in overcoming these challenges.

When discussing their re-accreditation process, interview participants offered varied descriptions of its administrative aspects. While most interviewees, in particular those working in health care, found the process straightforward and clear, others struggled due to a lack of knowledge about the local (UK) system. This aligns with the literature, as administrative hurdles have been previously identified as a relevant, yet not necessarily major barrier to re-accreditation. For example, a German study reported that 17.8% of immigrants not seeking re-accreditation named bureaucracy, lack of understanding of the procedure or missing documents as the reason for not doing so (65). The varying experience with the re-accreditation process could be a result of different language capabilities, as getting re-accredited requires navigation of a system primarily designed in English. Despite

the need to pass specific English tests for re-accreditation, the language levels can still vary substantially, as the vocabulary required for the tests was described as different from the English spoken on a daily basis by the participants. In addition, several interviewees mentioned receiving re-accreditation advice from other refugees via language classes and study groups. Not all participants might have had access to such networks, especially during the COVID-19 pandemic. Finally, re-accreditation could be more accessible in certain professions, which could explain why health care professionals seemed to have struggled less in that regard.

In contrast to administrative challenges, there was a clear consensus on the financial aspect of re-accreditation. All participants mentioned high costs as a major barrier, which is in line with previous research (84). Many interviewees pointed out that they were not able to afford starting or proceeding with the re-accreditation process. Given the limited financial means of many refugees prior to re-accreditation (85) and the high dependency on welfare benefits, this finding is hardly surprising. Consequently, the financial and, to a lesser extent, also the administrative support through EAL proved to be crucial for re-accreditation by the participants. The vast majority of interviewees even described it as essential and stated that they would not have re-qualified without it, underlining its utmost importance. The significance of EAL in the refugee context was further cemented by some participants pointing out that interest-free loans like the ones provided through EAL are the only loans accessible for Muslims, as they are in line with their religious understanding of finance (86).

Although it is difficult to determine whether the participants would have eventually managed to fund re-accreditation independently, it can be concluded that EAL made the process much more accessible. The programme addresses a hurdle with major implications, as only successful re-accreditation enables refugees to enter qualified employment. By providing an accessible, easy to navigate and culturally sensitive pathway to overcoming this hurdle, EAL plays a significant role in facilitating re-accreditation. Also, it is likely that EAL accelerated re-accreditation as it provided the necessary funding upfront and thereby avoided delays caused by lack of financing. This effect, however, could not be verified in this study as most interviewees requalified during the COVID-19 pandemic which prolonged the process substantially due to exam cancellations and travel restrictions.

### 5.1.2. Entering qualified employment

Based on the interview findings and further information provided by RefuAid, EAL-supported re-accreditation fostered entry into qualified employment and led to higher income and less reliance on welfare benefits.

In the interviews, all participants described struggles in finding adequate employment prior to re-accreditation. Despite extensive studies and sometimes multiple years of work experience in their origin countries, they were either unemployed or working in low-skill positions in the UK, often depending on welfare benefits. This underutilisation of skills has been discussed in the literature as a downside of strict entry requirements of regulated professions in combination with a lack of recognition of foreign credentials (65,87,88). The reasons for not working included taking care of children and focussing on exam preparation,



so the reported unemployment cannot solely be attributed to the missing re-accreditation. At the same time, several interviewees described insecurity and discomfort with working outside of their field of qualification, thereby illustrating the significance of re-accreditation for employment. After successful re-accreditation, all participants entering qualified employment, and all except one interviewee noted that they have a good salary and are not receiving any welfare benefits. The sole participant occasionally relying on government support re-qualified shortly before the interview and was, at the time, working part-time and applying for full-time positions.

A positive impact of successful recognition of foreign credentials on employment outcomes has previously been reported in the literature, although with an effect less prominent than in the present study. A Swedish study estimated an employment rate increase by 4.4 percentage points and an increase of salaries after official recognition of foreign credentials (60), an Australian study identified a salary increase of 40% in this scenario (89), and studies in Germany and Switzerland suggest that formally recognising foreign credentials increased employment chances almost to the level of those with native education (59,90). The fact that none of these studies focused on professions that legally require re-accreditation can serve as an explanation for the different impact size. While credential recognition might be beneficial in non-regulated professions, re-accreditation is essential in regulated ones. This ‘all or nothing’ approach, in combination with the high demand for workforce in many regulated areas (e.g. 100,658 vacancies in secondary care reported by the National Health Service England (NHS) as of March 2024 (10)) can lead to a surge in employment after re-accreditation. Also, regulated professions are often associated with higher salaries. Consequently, the few studies focussing on regulated professions show more substantial re-accreditation effects on income (65,66,91), with one study reporting a salary increase of up to 340% for re-accredited physicians in Israel (92). Finally, all of the above studies include migrants in general and did not focus on refugees. Refugees often have to leave their country of origin spontaneously, with little opportunity to familiarise themselves with the employment market of the destination country or to apply for positions prior to arrival. Also, while still seeking asylum, they are not allowed to work in the UK for at least twelve months after arrival. Both aspects contribute to lower pre-re-accreditation employment rates and salaries and therefore to a higher increase after re-accreditation.

### 5.1.3. Interconnection with other integration factors

As indicated by the literature, the findings of the interviews demonstrate strong interconnections between employment, language, living situation, social inclusion and well-being.

When asked about their language training, all participants reported having taken English classes in the UK, despite having had some English education in their origin country. They mostly mentioned the requirement to pass a standardised English test for re-accreditation as primary motivation. In addition, they acknowledged the essential importance of adequate language skills for employment and expressed the desire to be able to communicate without language limitations. This underlines the relevance of language for integration into the employment market extensively described in the literature (27,93–96). At the same



time, it also confirms that the prospect of employment can serve as a powerful motivation for language improvement, as the formal and informal language requirements associated with working in their respective fields facilitated continuous language studies by the participants. Also, several interviewees mentioned the positive effect of their work and the related interactions with native speakers on their language abilities, pointing out the opportunity to use English on a daily basis in addition to their mother tongue often spoken at home. This solidifies the potential of employment to positively affect language skills.

Another aspect documented in the interviews was the impact of employment on the living situation, with interviewees describing noticeable changes after returning to work in their area of qualification. While several participants reported moving to bigger accommodation, more than half had not changed their place of residence at the time of the interviews. A probable reason for this is the short amount of time most participants had been working since their re-accreditation (generally one year or less), limiting the opportunity to generate sufficient funds for moving. Also, due to leaving government housing after being granted refugee status, some participants explained that they were still trying to reach stability in the current environment before relocating again. Multiple interviewees, however, mentioned specific plans to move eventually, indicating further changes in the longer-term future. Other than housing, many interviewees described substantial improvements in their lifestyle. Three participants had purchased a car, resulting in a significant increase in mobility. Other interviewees mentioned the ability to travel nationally and internationally with their families and to purchase better clothing for their children. These changes, which are likely to be attributed to the salary increase resulting from entering qualified employment, demonstrate how improvements in one area (employment) transfer to another (living situation) and thereby increase the impact of support.

The majority of participants also described enhancement of social inclusion through their work. Employment has been identified in the literature as a major contributor to social inclusion and settlement (97, 98). In line with these findings, all but one interviewee reported a significant increase in interaction with others within the workplace and beyond. This interaction allowed participants to further familiarise themselves with the culture of the hosting society, form friendships with locals and, as explicitly stated multiple times throughout the interviews, feel more settled. The one participant who reported limited interaction was transitioning from a temporary to a permanent position, potentially explaining the reduced interactions with co-workers. Interestingly, entering qualified employment was identified as particularly important in the context of social inclusion by numerous participants. According to the interviewees, having similar working routines, shared professional interests and similar mindsets made it easier to form connections with colleagues. This is understandable, especially when entering a new environment. In this context, common topics and shared experiences accumulated through similar education can serve as an important starting point for further connection. In addition, working in their original profession was associated with a sense of pride and increased self-confidence. This can be seen as an important resource for overcoming reservations and proactively integrating into existing circles in the hosting society, ultimately facilitating social inclusion. These aspects illustrate the specific significance of entering qualified employment.

Entering qualified employment after EAL-supported re-accreditation has a positive impact on the well-being of refugees, as shown by previous research (99–101). This effect, however, depends on the specific conditions of the employment. Working in an unsafe or hostile environment can have a negative impact on mental health (102). The same applies to employment, which does not allow workers to utilise their skills properly: working below skill level can be perceived as a devaluation of abilities and a reduction in social status, therefore worsening well-being (103, 104). Such underutilisation of skills is common amongst migrants in general and refugees in particular, with several studies reporting rates of overqualification for the current position between 40% and over 60% (64,103,105,106). Underutilisation of skills often results from a lack of recognition of foreign credentials. Consequently, being able to enter qualified employment after successful re-accreditation was beneficial for the well-being of refugees. Many participants described how they transitioned from feeling isolated and unsatisfied before re-accreditation to being happy and proud after returning to their original profession. Beyond the increased financial security, the joy of being able to work in their profession again was consistently referred to as the main driver behind this positive change. The specific relevance of this aspect likely results from the strong identification that high-skill professionals have with their chosen careers, dedicating years of training to pursue it. Also, several participants mentioned their families in that context, explaining how entering qualified employment instilled pride and the motivation to pursue similar goals in their relatives, which in turn improved participants' own well-being.

Overall, entering qualified employment was described by the interviewees, and further shown by the economic analyses, as highly beneficial to the other four areas identified as crucial for integration (language, living situation, social inclusion, well-being). To get access to such qualified employment, all participants had to be re-accredited. This re-accreditation was associated with significant barriers, particularly financial ones. All participants described EAL support as instrumental in overcoming these barriers. EAL support can therefore be seen as positively impacting the five integration areas on an individual level.

## 5.2. Strengths and limitations

This study employed a rigorous methodology and a clear conceptual framework to guide the analysis of interview data and the estimation of return on investment and broader economic implications. The framework was used to identify relevant costs and benefits, while sensitivity analyses across different scenarios were conducted to test the reliability of the findings.

Despite these strengths, the results of the study have to be interpreted with the right amount of caution. The RefuAid clients willing to participate in the study likely had particularly positive experiences with EAL and were therefore willing to devote time to be interviewed, so potential self-selection bias has to be taken into account. Second, despite illustrating a positive impact, the results do not claim to establish a definitive and generalisable causal relationship between entering qualified employment after EAL-supported re-accreditation and enhanced well-being. The well-being of the participants

could have been impacted by other factors (family matters etc.) outside of the scope of what was captured in this work.

In relation to the economic analyses, models are a simplified representation of reality: in this case, it was not possible to consider all the complexities and dynamics of the real-world asylum seeker and refugee journey. When it was necessary to make assumptions, the model took a conservative approach. The time horizon used for the model was 5 years, therefore excluding any longer-term benefits of the modelled integration options, which could be important. There is a more general limitation around the heterogeneity of individual experiences: we have modelled the 'average' journey, and of course there will be differences between individuals at every stage. The economic analyses are based on hypothetical scenarios, and the input variables are subject to uncertainty, and therefore the results may not be generalisable to all loan programmes. Also, our study did not account for potential biases in the selection process of potential recipients of the loan, so further research should explore ways to maximise the economic benefits of such loans while ensuring equitable access for the re-accreditation of refugees.

## 6. Conclusion

The main aim of this study was to evaluate how supporting re-accreditation impacts the five areas relevant for the integration of refugees. The administrative and particularly the financial support provided to refugees via EAL has been shown to be instrumental in overcoming the challenges of re-accreditation. EAL facilitated refugee clients to enter qualified employment, which in turn positively impacted language, living situation, social inclusion and well-being, with important economic benefits for refugees and the UK.

We have described the economic costs and benefits associated with supporting re-accreditation. By providing re-accreditation support to refugees, the UK can achieve significant cost savings and economic benefits. This intervention not only enhances the well-being and self-sufficiency of refugees but also contributes positively to the broader economy. Wider re-accreditation support can enhance refugee integration, fostering a more inclusive society, where refugees are empowered to thrive and contribute meaningfully to society and the economy.

## References

1. International Organization for Migration [Internet]. [cited 2024 Jun 28]. About Migration. Available from: <https://www.iom.int/about-migration>
2. Types of movements | EMM2 [Internet]. [cited 2024 Jun 28]. Available from: <https://emm.iom.int/handbooks/global-context-international-migration/types-movements-0#>
3. Amnesty International [Internet]. [cited 2024 Jul 29]. Who is a refugee, a migrant or an asylum seeker? Available from: <https://www.amnesty.org/en/what-we-do/refugees-asylum-seekers-and-migrants/>
4. UNHCR Global website. The UN Refugee Agency; [cited 2025 Jun 30]. Refugees. Available from: <https://www.unhcr.org/global-trends>
5. GOV.UK [Internet]. [cited 2025 Jun 30]. How many people claim asylum in the UK? Available from: <https://www.gov.uk/government/statistics/immigration-system-statistics-year-ending-march-2025/how-many-people-claim-asylum-in-the-uk>
6. Hynie M. Refugee integration: Research and policy. *Peace Confl J Peace Psychol*. 2018 Aug;24(3):265–76.
7. Galera G, Giannetto L, Membretti A, Noya A. Integration of Migrants, Refugees and Asylum Seekers in Remote Areas with Declining Populations [Internet]. Paris: OECD; 2018 Dec [cited 2024 Jun 28]. Available from: [https://www.oecd-ilibrary.org/industry-and-services/integration-of-migrants-refugees-and-asylum-seekers-in-remote-areas-with-declining-populations\\_84043b2a-en](https://www.oecd-ilibrary.org/industry-and-services/integration-of-migrants-refugees-and-asylum-seekers-in-remote-areas-with-declining-populations_84043b2a-en)
8. Bonoli G, Otmani I. Upskilling as integration policy: Making the most of refugees' human capital in a context of skill shortage. *Soc Policy Adm*. 2023;57(1):51–66.
9. Deardorff Miller S. Assessing the Impacts of Hosting Refugees. *World Refug Counc Res Pap*. 2018 Aug;4:1–13.
10. NHS England Digital [Internet]. [cited 2024 Jun 28]. NHS Vacancy Statistics - England, April 2015 - December 2025. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015---december-2024-experimental-statistics>
11. The British Medical Association is the trade union and professional body for doctors in the UK. [Internet]. [cited 2024 Jun 28]. NHS medical staffing data analysis. Available from: <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/workforce/nhs-medical-staffing-data-analysis>
12. Moberly T. Doctors' early retirement has trebled since 2008. *BMJ*. 2021 Jun 24;373:n1594.
13. United Nations Refugee Agency. UNHCR Master Glossary of Terms [Internet]. Available from:

- <https://www.unhcr.org/sites/default/files/legacy-pdf/4371d1870.pdf>
14. The Independent [Internet]. 2023 [cited 2024 Jun 28]. Braverman: Multiculturalism has ‘failed’ and threatens security. Available from: <https://www.independent.co.uk/news/uk/europe-home-secretary-united-states-multiculturalism-prime-minister-b2418911.html>
  15. Heckmann F. Integration and integration policies: IMISCOE network feasibility study. Bamberg: europäisches forum für migrationsstudien (efms) Institut an der Universität Bamberg; 2005. 277 p.
  16. Berry JW. Immigration, Acculturation, and Adaptation. *Appl Psychol*. 1997;46(1):5–34.
  17. Phillimore J, Morrice L, Kabe K, Hashimoto N, Hassan S, Reyes M. Economic self-reliance or social relations? What works in refugee integration? Learning from resettlement programmes in Japan and the UK. *Comp Migr Stud*. 2021 Apr 28;9(1):17.
  18. Ager A, Strang A. Understanding Integration: A Conceptual Framework. *J Refug Stud*. 2008;21(2):166–91.
  19. Phillimore J, Goodson L. Making a Place in the Global City: The Relevance of Indicators of Integration. *J Refug Stud*. 2008 Sep 1;21(3):305–25.
  20. Scott Smith R. The Case of a City Where 1 in 6 Residents is a Refugee: Ecological Factors and Host Community Adaptation in Successful Resettlement. *Am J Community Psychol*. 2008 Dec 1;42(3):328–42.
  21. Knapp M, Walbaum M, Pasricha P. The Asylum System and Refugee Integration: Economic Analysis. Commission on the Integration of Refugees; 2024.
  22. Lai H, Due C, Ziersch A. The relationship between employment and health for people from refugee and asylum-seeking backgrounds: A systematic review of quantitative studies. *SSM - Popul Health*. 2022 Jun 1;18:101075.
  23. Beiser M, Hou F. Language acquisition, unemployment and depressive disorder among Southeast Asian refugees: a 10-year study. *Soc Sci Med*. 2001 Nov 1;53(10):1321–34.
  24. Wu S, Renzaho AMN, Hall BJ, Shi L, Ling L, Chen W. Time-varying associations of pre-migration and post-migration stressors in refugees’ mental health during resettlement: a longitudinal study in Australia. *Lancet Psychiatry*. 2021 Jan 1;8(1):36–47.
  25. Ahmad F, Othman N, Hynie M, Bayoumi AM, Oda A, McKenzie K. Depression-level symptoms among Syrian refugees: findings from a Canadian longitudinal study. *J Ment Health*. 2021 Mar 4;30(2):246–54.
  26. Hynie M. The Social Determinants of Refugee Mental Health in the Post-Migration Context: A Critical Review. *Can J Psychiatry Rev Can Psychiatr*. 2018 May;63(5):297–303.
  27. Campion ED. The career adaptive refugee: Exploring the structural and personal barriers to

- refugee resettlement. *J Vocat Behav.* 2018 Apr 1;105:6–16.
- 28.Brücker H, Croisier J, Kosyakova Y, Kröger H, Pietrantuono G, Rother N, et al. Second wave of the IAB-BAMF-SOEP Survey: Language skills and employment rate of refugees improving with time. Nürnberg: Bundesamt für Migration und Flüchtlinge (BAMF) Forschungszentrum Migration, Integration und Asyl (FZ); 2019. 18 p. (BAMF-Brief Analysis; vols 1–2019).
- 29.Refugee Support Group. Impact Report 2022. 2022.
- 30.Refugee Action. Let Refugees Learn - Challenges and opportunities to improve language provision to refugees in England [Internet]. 2016. Available from: <https://www.refugee-action.org.uk/wp-content/uploads/2016/11/letrefugeeslearnfullreport.pdf>
- 31.Foged M, van der Werf C. Access to language training and the local integration of refugees. *Labour Econ.* 2023 Oct 1;84:102366.
- 32.Foged M, Hasager L, Peri G, Arendt JN, Bolvig I. Intergenerational spillover effects of language training for refugees. *J Public Econ.* 2023 Apr 1;220:104840.
- 33.BBC News [Internet]. 2024 [cited 2024 Jul 8]. Asylum homelessness rises as refugees told to leave accommodation. Available from: <https://www.bbc.com/news/uk-68927101>
- 34.Phillips D. Moving Towards Integration: The Housing of Asylum Seekers and Refugees in Britain. *Hous Stud.* 2006 Jul 1;21(4):539–53.
- 35.Evans J, Repper J. Employment, social inclusion and mental health. *J Psychiatr Ment Health Nurs.* 2000;7(1):15–24.
- 36.Cooper S, Enticott JC, Shawyer F, Meadows G. Determinants of Mental Illness Among Humanitarian Migrants: Longitudinal Analysis of Findings From the First Three Waves of a Large Cohort Study. *Front Psychiatry* [Internet]. 2019 Aug 2 [cited 2024 Aug 13];10. Available from: <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsy.2019.00545/full>
- 37.Chen W, Wu S, Ling L, Renzaho AMN. Impacts of social integration and loneliness on mental health of humanitarian migrants in Australia: evidence from a longitudinal study. *Aust N Z J Public Health.* 2019 Feb 1;43(1):46–55.
- 38.Sultana RG. The labour market integration of migrants and refugees: career guidance and the newly arrived. *Int J Educ Vocat Guid.* 2022 Jul 1;22(2):491–510.
- 39.Lakševics K, Franz Y, Haase A, Nasya B, Patti D, Reeger U, et al. The permanent regime of temporary solutions: Housing of forced migrants in Europe as a policy challenge. *Eur Urban Reg Stud.* 2024 Jan 1;31(1):81–7.
- 40.Armenti K, Sweeney MH, Lingwall C, Yang L. Work: A Social Determinant of Health Worth Capturing. *Int J Environ Res Public Health.* 2023 Jan 10;20(2):1199.
- 41.Gallo WT, Teng HM, Falba TA, Kasl SV, Krumholz HM, Bradley EH. The impact of late career job

- loss on myocardial infarction and stroke: a 10 year follow up using the health and retirement survey. *Occup Environ Med*. 2006 Oct 1;63(10):683–7.
42. Strully KW. Job loss and health in the U.S. labor market. *Demography*. 2009 May 1;46(2):221–46.
  43. Kasl SV, Rodriguez E, Lasch KE. The impact of unemployment on health and well-being. In: *Adversity, stress, and psychopathology*. New York, NY, US: Oxford University Press; 1998. p. 111–31.
  44. Gallo WT, Bradley EH, Siegel M, Kasl SV. Health Effects of Involuntary Job Loss Among Older Workers: Findings From the Health and Retirement Survey. *J Gerontol Ser B*. 2000 May 1;55(3):S131–40.
  45. Bartley M. Unemployment and ill health: understanding the relationship. *J Epidemiol Community Health*. 1994 Aug 1;48(4):333–7.
  46. Martikainen PT, Valkonen T. Excess mortality of unemployed men and women during a period of rapidly increasing unemployment. *The Lancet*. 1996 Oct 5;348(9032):909–12.
  47. Morris JK, Cook DG, Shaper AG. Loss of employment and mortality. *BMJ*. 1994 Apr 30;308(6937):1135–9.
  48. Campbell M. Social determinants of mental health in new refugees in the UK: cross-sectional and longitudinal analyses. *The Lancet*. 2012 Nov 23;380:S27.
  49. Drake RE, Wallach MA. Employment is a critical mental health intervention. *Epidemiol Psychiatr Sci*. 2020 Nov 5;29:e178.
  50. Modini M, Joyce S, Mykletun A, Christensen H, Bryant RA, Mitchell PB, et al. The mental health benefits of employment: Results of a systematic meta-review. *Australas Psychiatry*. 2016 Aug 1;24(4):331–6.
  51. Hoare PN, Machin MA. The impact of reemployment on access to the latent and manifest benefits of employment and mental health. *J Occup Organ Psychol*. 2010;83(3):759–70.
  52. Ginexi EM, Howe GW, Caplan RD. Depression and control beliefs in relation to reemployment: What are the directions of effect? *J Occup Health Psychol*. 2000;5(3):323–36.
  53. Lund C, Brooke-Sumner C, Baingana F, Baron EC, Breuer E, Chandra P, et al. Social determinants of mental disorders and the Sustainable Development Goals: a systematic review of reviews. *Lancet Psychiatry*. 2018 Apr;5(4):357–69.
  54. Harvey SB, Modini M, Christensen H, Glozier N. Severe mental illness and work: What can we do to maximise the employment opportunities for individuals with psychosis? *Aust N Z J Psychiatry*. 2013 May 1;47(5):421–4.
  55. Waddell G, Burton AK, Pensions GBD for W and. *Is Work Good for Your Health and Well-being?* The Stationery Office; 2006. 260 p.



- 56.Kone Z, Ruiz I, Vargas-Silva C. Refugees and the UK Labour Market. Centre on Migration, Policy and Society University of Oxford; 2019.
- 57.Shishehgar S, Gholizadeh L, DiGiacomo M, Green A, Davidson PM. Health and Socio-Cultural Experiences of Refugee Women: An Integrative Review. *J Immigr Minor Health*. 2017 Aug 1;19(4):959–73.
- 58.Spence M. Competition in Salaries, Credentials, and Signaling Prerequisites for Jobs. *Q J Econ*. 1976;90(1):51–74.
- 59.Pecoraro M, Tani M. Does Certifying Foreign Qualifications Lead to Better Immigrant Skills Utilization? *Soc Indic Res*. 2023 Nov 1;170(1):291–322.
- 60.Tibajev A, Hellgren C. The Effects of Recognition of Foreign Education for Newly Arrived Immigrants. *Eur Sociol Rev*. 2019 Aug 1;35(4):506–21.
- 61.Buzdugan R, Halli SS. Labor Market Experiences of Canadian Immigrants with Focus on Foreign Education and Experience. *Int Migr Rev*. 2009;43(2):366–86.
- 62.Chiswick BR, Miller PW. The international transferability of immigrants' human capital. *Econ Educ Rev*. 2009 Apr 1;28(2):162–9.
- 63.Lancee B, Bol T. The Transferability of Skills and Degrees: Why the Place of Education Affects Immigrant Earnings. *Soc Forces*. 2017 Dec 1;96(2):691–716.
- 64.Chen C, Smith P, Mustard C. The prevalence of over-qualification and its association with health status among occupationally active new immigrants to Canada. *Ethn Health*. 2010 Dec 1;15(6):601–19.
- 65.Brücker H, Glitz A, Lerche A, Romiti A. Occupational Recognition and Immigrant Labor Market Outcomes. *J Labor Econ*. 2021;(39 (2)):497–529.
- 66.Kleiner MM, Krueger AB. The Prevalence and Effects of Occupational Licensing. *Br J Ind Relat*. 2010;48(4):676–87.
- 67.Dustmann C, Frattini T. Immigration: The European Experience. Immigr Poverty Socioecon Inequal Russell Sage Found [Internet]. 2013 [cited 2024 Aug 13]; Available from: <https://www.iza.org/publications/dp/6261/immigration-the-european-experience>
- 68.Berlin A, Gill P, Eversley J. Refugee doctors in Britain: a wasted resource. *BMJ*. 1997 Aug 2;315(7103):264–5.
- 69.A guide to the PLAB test [Internet]. [cited 2024 Jul 7]. Available from: <https://www.gmc-uk.org/registration-and-licensing/join-the-register/plab/a-guide-to-the-plab-test>
- 70.IELTS UK: Book Your Test for Study, Work, or Visa [Internet]. [cited 2024 Jul 7]. Available from: <https://takeielts.britishcouncil.org/united-kingdom>
- 71.Fees and funding [Internet]. [cited 2024 Jul 7]. Available from: <https://www.gmc->



- uk.org/registration-and-licensing/managing-your-registration/fees-and-funding
- 72.RefuAid [Internet]. [cited 2024 Jun 30]. Our Accounts. Available from:  
<https://refuaid.org/accounts>
- 73.RefuAid The Equal Access Loan Portfolio Report. 2024.
- 74.Gale NK, Heath G, Cameron E, Rashid S, Redwood S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Med Res Methodol*. 2013 Sep 18;13(1):117.
- 75.Saunders B, Sim J, Kingstone T, Baker S, Waterfield J, Bartlam B, et al. Saturation in qualitative research: exploring its conceptualization and operationalization. *Qual Quant*. 2018 Jul 1;52(4):1893–907.
- 76.Aleynikova E, Mosley M. The Economic and Social Impacts of Lifting Work Restrictions on People Seeking Asylum. *Natl Inst Econ Soc Res Discuss Pap*. 2023 Jun 25;(No. 549).
- 77.Fernández-Reino, M., & Brindle, B. (2024). Migrants in the UK labour market: an overview.  
<https://migrationobservatory.ox.ac.uk/wp-content/uploads/2019/07/MigObs-Briefing-Migrants-in-the-UK-labour-market-an-overview-2024.pdf>
- 78.European Asylum Support Office [Internet]. [cited 2025 Jun 30] Overview of the organisation of reception systems in EU+ countries.  
[https://euaa.europa.eu/sites/default/files/publications/2022-01/2021\\_situational\\_update\\_issue8\\_reception\\_systems\\_EN\\_0.pdf](https://euaa.europa.eu/sites/default/files/publications/2022-01/2021_situational_update_issue8_reception_systems_EN_0.pdf)
- 79.Breaking Barriers. (2023b). Refugees Who Find Employment With Employment Support from Breaking Barriers. In *Breaking Barriers*. Email
- 80.Greater London Authority. (2023, June 12). English Language (ESOL) for Resettlement. Greater London Authority. <https://www.london.gov.uk/programmes-strategies/communities-and-social-justice/migrants-and-refugees/english-esol-classes-london/english-language-esol-resettlement>
- 81.Hendrickx, M., Woodward, A., Fuhr, D. C., Sondorp, E., & Roberts, B. (2020). The Burden of Mental Disorders and Access to Mental Health and Psychosocial Support Services in Syria and Among Syrian Refugees in Neighboring Countries: A Systematic Review. *Journal of Public Health*, 42(3), e299–e310.
- 82.NHS England. (2022). NHS mental health dashboard. NHS England.  
<https://www.england.nhs.uk/mental-health/taskforce/imp/mh-dashboard/>
- 83.Jones K, H. W, Birch S, Castelli A, Chalkley M, Dargan A, et al. Unit Costs of Health and Social Care 2022 Manual. UK: Personal Social Services Research Unit, University of Kent; Centre of Health Economics, University of York.; 2022.
- 84.Efe SS. A Novel Model for Economic Integration of ‘Refugee Doctors’ in the UK: Opportunities and

- Costs of New Policy Initiatives. *Migr Divers*. 2023 Feb 28;2(1):15–34.
85. British Red Cross [Internet]. [cited 2024 Aug 13]. The British Red Cross: ending refugee poverty in the UK. Available from: <https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/improving-the-lives-of-refugees/ending-refugee-poverty>
  86. What is Islamic finance? [Internet]. [cited 2024 Aug 11]. Available from: <https://www.bankofengland.co.uk/explainers/what-is-islamic-finance>
  87. Friedberg RM. The Impact of Mass Migration on the Israeli Labor Market. *Q J Econ*. 2001;116(4):1373–408.
  88. Mattoo A, Neagu IC, Özden Ç. Brain waste? Educated immigrants in the US labor market. *J Dev Econ*. 2008 Oct 1;87(2):255–69.
  89. Tani M. Local signals and the returns to foreign education. *Econ Educ Rev*. 2017 Dec 1;61:174–90.
  90. Damelang A, Ebensperger S, Stumpf F. Foreign Credential Recognition and Immigrants' Chances of Being Hired for Skilled Jobs—Evidence from a Survey Experiment Among Employers. *Soc Forces*. 2020 Nov 5;99(2):648–71.
  91. Gittleman M, Klee MA, Kleiner MM. Analyzing the Labor Market Outcomes of Occupational Licensing. *Ind Relat J Econ Soc*. 2018;57(1):57–100.
  92. Kugler AD, Sauer RM. Doctors without Borders? Relicensing Requirements and Negative Selection in the Market for Physicians. *J Labor Econ*. 2005 Jul;23(3):437–65.
  93. Hokkinen M, Barner-Rasmussen W. Refugees' language learning and career aspirations: An agentic lens. *J Int Manag*. 2023 Oct 1;29(5):101061.
  94. Lee ES, Szkudlarek B, Nguyen DC, Nardon L. Unveiling the Canvas Ceiling: A Multidisciplinary Literature Review of Refugee Employment and Workforce Integration. *Int J Manag Rev*. 2020;22(2):193–216.
  95. Cheng Z, Wang BZ, Taksa L. Labour Force Participation and Employment of Humanitarian Migrants: Evidence from the Building a New Life in Australia Longitudinal Data. *J Bus Ethics*. 2021 Feb 1;168(4):697–720.
  96. Harrison DA, Harrison T, Shaffer MA. Strangers in Strained Lands: Learning From Workplace Experiences of Immigrant Employees. *J Manag*. 2019 Feb 1;45(2):600–19.
  97. Phillips A. Employment as a Key to Settlement. In: *Reluctant Hosts: Europe and Its Refugees*. Routledge; 1989.
  98. Boese M. The roles of employers in the regional settlement of recently arrived migrants and refugees. *J Sociol*. 2015 Jun 1;51(2):401–16.
  99. Bush PW, Drake RE, Xie H, McHugo GJ, Haslett WR. The Long-Term Impact of Employment on Mental Health Service Use and Costs for Persons With Severe Mental Illness. *Psychiatr Serv*. 2009

Aug;60(8):1024–31.

100. Schuring M, Robroek SJ, Burdorf A. The benefits of paid employment among persons with common mental health problems: evidence for the selection and causation mechanism. *Scand J Work Environ Health*. 2017;43(6):540–9.
101. Hergenrather KC, Zeglin RJ, McGuire-Kuletz M, Rhodes SD. Employment as a Social Determinant of Health: A Review of Longitudinal Studies Exploring the Relationship Between Employment Status and Mental Health. *Rehabil Res Policy Educ*. 2015 Sep;29(3):261–90.
102. Ziersch A, Miller E, Walsh M, Due C, Callaghan P, Howe J, et al. ‘I really want to work for me to feel good myself’: Health impacts of employment experiences for women from refugee backgrounds in Australia. *SSM - Qual Res Health*. 2023 Jun 1;3:100209.
103. Brendler-Lindqvist M, Tondel M, Helgesson M, Nordqvist T, Svartengren M. Overqualification at work and risk of hospitalization for psychiatric and somatic diseases among immigrants in Sweden – a prospective register-based study. *Scand J Work Environ Health*. 2022 Nov 1;48(8):632–40.
104. Garcy AM. Educational mismatch and mortality among native-born workers in Sweden. A 19-year longitudinal study of 2.5 million over-educated, matched and under-educated individuals, 1990–2008. *Sociol Health Illn*. 2015;37(8):1314–36.
105. Reid A. Under-use of migrants’ employment skills linked to poorer mental health. *Aust N Z J Public Health*. 2012 Apr 1;36(2):120–5.
106. Espinoza-Castro B, Vásquez Rueda LE, Mendoza Lopez RV, Radon K. Working Below Skill Level as Risk Factor for Distress Among Latin American Migrants Living in Germany: A Cross-Sectional Study. *J Immigr Minor Health*. 2019 Oct;21(5):1012–8.

## Annex 1: Information/consent mail

### Evaluating the impact of interest-free loans provided to professionals with refugee status in the UK to support them with their re-accreditation

Dear [\[first name participant\]](#),

Thanks for your interest in this project about exploring the impact of interest-free loans provided by RefuAid in order to support professionals with refugee status in the UK during their re-accreditation. In this email, we give you information about the project and ask for your consent to participate. If you agree, please reply to this email, stating your name and that you agree to the statements in the table below to give your consent.

#### What is the study about?

The main objective of the research is to evaluate the impact of interest-free loans provided by RefuAid in order to support professionals with refugee status in the UK during the re-accreditation of their credentials. In the first phase of the study, a series of 45min interviews aims to identify how loan-supported re-accreditation and subsequent return to work impacts well-being as well as language proficiency, living conditions and social inclusion. In a second phase of the study, the economic benefits of loan-supported re-accreditation will be explored.

#### What will my involvement be?

You will be asked to take part in an interview to discuss how the loan you received from RefuAid impacted you and your family in terms of well-being, language, living conditions and social inclusion. The interview will take place online via MS Teams at an agreed date and time. The interview should take approximately 45 minutes, will be recorded if you give us permission to do so, and later transcribed.

#### Do I have to take part?

Participation is **voluntary**. There are no negative consequences for you if you decide not to take part in this study. If you decide to take part but then later change your mind, you can let us know at any time - you will not have to give any explanation why. It is also absolutely fine if you feel that you don't want to answer any specific questions – you can just tell us, and we will move on.

#### What will my information be used for?

We will use the collected information to then evaluate the personal and economic impact of the loans provided by RefuAid. The findings will be used in an academic paper.

#### Will my information be anonymous?

Your participation will be anonymous - your name will not be used in any reports or publications resulting from the study.

**If you agree to take part in the research, please complete the section below**

**Participant's name:** [\[type first name and surname here\]](#)

**Please read these four statements. If you agree with them, put a X in the boxes below**

I have read this message and had the opportunity to ask questions.	
I agree to participate in the interview.	
I give my permission that the interview can be recorded.	
I understand that my responses will be kept confidential and anonymous and that my personal information will be kept securely and destroyed at the end of the study.	

**Once completed, please email this back to us. Thank you!**

**Researchers name:** [REDACTED]

**Email address:** [REDACTED]

The LSE Research Privacy Policy can be found here: [https://info.lse.ac.uk/staff/divisions/Secretarys-Division/Assets/Documents/Information-Records-Management/Privacy-Notice-for-Research-v1.2.pdf?from\\_serp=1](https://info.lse.ac.uk/staff/divisions/Secretarys-Division/Assets/Documents/Information-Records-Management/Privacy-Notice-for-Research-v1.2.pdf?from_serp=1)

## Annex 2: Interview topic guide

### Interview questions: Impact of RefuAid loans and re-accreditation

1. Are you currently employed?
  - 1.1 [If yes] Can you describe your current job?
2. Have you ever worked in a different job in the UK?
  - 2.1 [If yes] Can you describe your previous job?
3. What was your job in your country of origin?
4. Did you take part in any language programme before applying for the re-accreditation loan?
  - 4.1 [If yes] Where did you do it?
  - 4.2 [If yes] How expensive was the course and how did you finance it?
5. How relevant is knowing English for the re-accreditation and for your professional life in the UK?
6. Can you describe the process of re-accreditation, in particular:
  - 6.1 How long did it take until your credentials were re-accredited?
  - 6.2 How was the process of re-accreditation – straightforward vs. complex, well-guided vs. unorganised?
7. How did the loan help with your re-accreditation?
8. How did your employment situation impact your life in the UK, in particular
  - 8.1 for yours and your family's wellbeing;
  - 8.2 your living situation (e.g. better access to the housing market);
  - 8.3 feeling settled; and building social networks (e.g. interaction with locals etc.)
  - 8.4 your language proficiency?

*[Follow up on any relevant ones]*

## Annex 3: Excerpt data matrix

### EAL-supported re-accreditation

	P1	P2
<b>Administrational challenges</b>	<p>I didn't know the system. I didn't know most of the stuff.</p> <p>... it wasn't straightforward and I did needed help throughout the process.</p> <p>When you grow up in Arabic country then background country. So it was a bit difficult, especially in speaking, so it wasn't straightforward as well.</p> <p>I think the whole process of re-accreditation took two years, but it wasn't because of the preparation difficulties, it was because of the cancellation by the government of the exam during COVID time.</p>	<p>I think the process is easy and straightforward. But what made really difficult for me was COVID. Otherwise, you know, going through the, you know booking process and stuff, it wasn't that difficult.</p>
<b>Financial challenges</b>	<p>...travelling expenses, childcare and even the PLAB...</p> <p>... transport, exam fees, childcare and even as I did have like clinical attachment in the hospital locally...</p> <p>Advanced Life support and I took it for the royal membership</p>	<p>in UK and in you know in Europe in general when you take a loan in some way you have to pay back more with the interest.</p> <p>It was COVID time. I know some of the doctors nowadays before getting registration they do work in other jobs or they do work as a medical support worker but at that time there were no jobs like that, like I couldn't do anything so I didn't have any you know any financial support.</p> <p>I live in London and the costs.</p> <p>It adds more. PLAB I wasn't that expensive, but PLAB II was expensive and also I did the course for PLAB 2 as well, which was I think it was 600 GBP, something like that. And also you know the travel cost as well there. The Academy was based in East of London. You know, I live in Southwest, so commuting as well.</p>
<b>Role of EAL</b>	<p>It was impossible without RefuAid.</p> <p>Period, yes.</p> <p>Needed it.</p> <p>I couldn't manage to do it without.</p> <p>So even the trouble for this, the loan did help.</p> <p>I remember all the people within RefuAid were really, really helpful in terms of like guiding you by giving you info and numbers or joining groups of people who already registered with the GMC who are really helpful in terms of like the steps that you need, how to book for the exams, what are the courses available, what are the ways of the courses, they give you numbers.</p> <p>RefuAid as well, they give me numbers of doctors.</p> <p>... me being able to be registered in the GMC, it will not be happening without the loan.</p> <p>So RefuAid did help me a lot. I can't imagine myself without knowing them, so I would be still being having benefits from the government. I'm not able to join any like, everything is expensive and you cannot do anything without a loan and as a Muslim I cannot take a loan from the bank. It's a lot of interest. I would not be able to.</p>	<p>Since then I haven't been in touch with the medical field for few years still till I discovered the RefuAid.</p> <p>I mean definitely it helped a lot. Without these exams I couldn't work as a doctor. And so if it wasn't because of this loan, I might have to figure out the other ways to do this exams. But they said: we trust you with this amount of money, which is, you know, amazing.</p> <p>It helped a lot and it made the journey quite easy. And now, honestly, I never say it's a loan. I say they give.</p>



## Role of language

	P3	P4
Language education	<p>I learned English back in Syria since I was in the employment school. We started to learn English and it was like more about like a grammars and like reading, writing. We didn't practice speaking or communication or spoken English.</p> <p>I like got a full mark in my third year of secondary school in in English. 30 out of 30 and I to medical school because I had like my high marks in my third year of secondary school. But then I have all the foundation, but I just wanted some support how to pass the exams. How to pass the OET exam which is occupation English test. So I started on my own to be honest. But thankfully I heard about a RefuAid. Like they have a English programme in which they told us, like, like tricks and techniques, how to pass the exam, how to answer the questions, how to be fast in reading and then answer questions.</p> <p>RefuAid paid the courses for me and it's not cheap actually for me as a refugee at that time, it goes about probably 500 GBP. So I was unable to pay that amount really alone.</p>	<p>I started to learn English and Turkish for nine months.</p> <p>When I came here in the UK, I didn't know English at all because I forgot.</p> <p>Studying English was tough because of COVID. I can't go to this school. I can't go socialize. I can't go into otherwise there were some community for people to learn English, but it was very tough time, so I get some online courses about OET which is a compositional English exam for nurses and for doctors.</p> <p>I took some online course and some online course from Refuaid. I tried the exam 2 to 3 times until I passed</p>
Language for re-accreditation	Without English, you can't work as a doctor in the UK actually.	But English is essential, it's not just for job, for GMC registration we need it actually. Before English, you can't attend medical exams.
Language and employment	<p>Oh work as a doctor or surgeon here in the cities, your English is essential element of work.</p> <p>Without English, you can't work as a doctor in the UK actually.</p>	But English is essential, it's not just for job, for GMC registration we need it actually. Before English, you can't attend medical exams.

## Entering qualified employment

	P5	P6
Professional background	Yes, I studied medicine in Libya and I was working there. Maybe four or five years.	<p>I was a qualified pharماسist in Egypt for about 15 years.</p> <p>I actually owned my own pharmacy in Egypt for 15 years until I left Egypt in 2015.</p>
UK employment before EAL-supported re-accreditation	<p>So while being asylum, I wasn't allowed to work.</p> <p>I did few jobs, but the income was very minimum and being a mom with the with kids, it was a bit difficult to get, you know, a full time job at the time. So and you know, with being qualified as a doctor back home, it's sometimes it's a it's hard to do low paid jobs. It didn't have much experience in life and you just know medicines. So it was a bit, it's difficult. The teaching assistant job in school and it it was just a few hours a day basically, and I did the some teaching online for kids like teaching maths and science or online. Yeah, it took me a while. I was attending the job center every week or every two weeks and they were giving me like letters about jobs like cleaners, uh, jobs in boots, uh jobs in like pizza factories. Uh 1 1/2 year at least.</p>	<p>I started as a delivery driver with Uber Eats and Amazon.</p> <p>... deliver food for around two years, while the pandemic.</p>
UK employment after EAL-supported re-accreditation	I'm working as a full-time in acute medicine	The first proper job I had was a training pharmacist in NHS whales until the last week. I'm now qualified pharmacist since once of August, 1st of August. I already applied for a role in the Community pharmacy with well pharmacy and I already had offer yesterday before and I'm waiting for the contract. I should start by the by the 19th of this month.
Welfare benefits	<p>... just living on, you know, the job Centre help...</p> <p>... with what they were paying us from the job center ....</p> <p>I mean, yeah, there are lots of changes.</p> <p>We were living in on the bare minimum and you know, thankfully we are in a much better position at the moment.</p>	... support was only for food and the shelters from the Home Office for which they give for children and things like this to refugees, but other than this was nothing, there was nothing so any extra money you need you have to find it.



Changes in living situation

	P7	P8
Changes in housing	We do also our private renting house.	We move it to the big house.  ... in a good area ...
Lifestyle changes	Many things change. First of all, I do have a car.	N/A

Effect on social inclusion

P9	P10
It is [...] department and very, very good community and we can all, all of us as a big family.	Definitely, definitely your social existence is better.
Definitely. You know why? Because my children, for example. They settled. They are doing very well in the schools, both of them. When they settled, I fell more settled.  She is had deputy in the in the school, which is very good for a young lady and she's studying in a very, very good high school	it's really positively affected that like you mentioned here in your question, feeling settled, social network, self-esteem because basically you also want to know that you fit in this in this society. Because for me, what I've done all my life is law. So coming here and not to be part of that would have been devastating because I would be, I don't know what I've been doing.  Now I know I have the qualification, so I have the confidence.

Impact on well-being

P11	P12
Life with refugee background everything is hard.	And you know, and by staying at home, I feel that I'm getting so depressed. So I just try to keep myself busy.
Yeah, definitely, definitely more happy.  Like is more in general, my well being improved	Definitely it helped me to increase my self esteem. Moving to another country and living with different culture, dealing with the people with different, but it's not easy, but they provide a the opportunity for me to grow, to give my plan.  I have satisfaction from myself.  And still it's hard for me sometimes because of the responsibilities that I've got. But from my inside I feel happy and I'm so grateful.



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