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# Editorial: Exploring the links between social connections, care and integration

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### Editorial on the Research Topic

Exploring the links between social connections, care and integration

It was around the time when late professor Castles (2003) published a seminal article reflecting on the past and future of a sociology of forced migration that Ager and Strang (2004) authored the first paper of what would eventually form the core of integration policy in the UK and beyond (Ager and Strang, 2008; Strang and Ager, 2010), the Indicators of Integration framework (Ndofor-Tah et al., 2019). Already a notion defined in myriad ways, yet still suffering from an utter lack of consensus around what it actually means, is and does, integration was thrust into European public and policy discussions after the "death" of European multiculturalism—a problematic narrative that has endured despite Schinkel's (2013, 2017, 2018, 2019) admirable correctives. If Ager and Strang's (2008; see also Strang and Ager, 2010) conceptual approach to understanding integration through social connections lent itself favorably to integration research and policy, the complexity of forced migration continues to furnish lively debate around how we can fully appreciate the politics of acculturation (see, for instance, Spencer and Charsley, 2021).

There is indeed a wide spectrum from which academics and policymakers employ (or attempt to contest) the concept. On one side, scholars take integration as a normative given, or approach integration for what "ought" to be occurring, rather viewing integration as an empirical "is" (Spencer and Charsley, 2021). There are others "writing against integration" (Rytter, 2019) who attempt to end the neocolonial othering of people on the move (Schinkel, 2018). The authors and editors of this Research Topic do not collectively come down on the side of dismissive critique or of uncritical acceptance of the term. As a collective, we instead dialectically straddle a normative vision for what could be possible for integration both in the Global North and Global South and take a step back to empirically observe what integration and *dis*integration is producing in these localities.

The issue we are grappling with in this Research Topic is the processes by which human beings "do belonging:" accessing health services, finding suitable education for their children and suitable employment for them, finding spaces and activities for release, connecting with people, institutions and organizations, negotiating ways of living normal lives, and more. All in an increasingly polarized world of othering and alterity where events such as the global COVID-19 pandemic in 2020, acutely accelerated changes in sociability and social life. It is a complex issue to behold and access. But it is one that necessarily depends on the fragilizing relationships of giving and receiving care, which Caduff (2019) so eloquently attunes us toward. In this context, our unique contribution draws out the

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links between social connections, care and integration, which are often implicitly assumed to be closely intertwined, but in this Research Topic we explicitly bring to the fore across diverse contexts.

It was findings emerging from two large-scale research projects, one on protracted displacement in Somalia, the Democratic Republic of Congo (DRC), Kenya, and South Africa and one on refugees' pathways toward integration in the UK with a focus on Scotland, that provided the empirical bases from which to explore the relationship between care, connection and integration (see for instance Käkelä et al., 2023; Vera Espinoza et al., 2023). Together with contributions from Sweden, Jordan and Chile, these confront us with the interconnections and ambivalences between alterity and intimacy (Caduff, 2019) in what is commonly referred to as integration but often substantively points toward *dis*integration (Hinger and Schweitzer, 2020).

By putting care at the center of debates on integration and social connections, the papers of this Research Topic contribute to enhancing our understanding of these contested, daily, multi-dimensional and non-linear processes in several ways. First, the papers invite us to unsettle the geographical narrowness of debates around integration, by creating a cross-regional dialogue around integration and *dis*integration experiences across settings.

Second, all the papers in the Research Topic shift the focus from the refugee/migrant as the main "subject" of integration, by raising questions around who other pivotal actors/agents are and where these processes and experiences are taking place.

By putting an emphasis on other actors, dynamics and spaces where care as part of integration happens, the papers focus both on those who receive care and those who provide it, as well as in the ambivalences of this exchange and the shifting roles of carer/caree. In other words, acts of integration and care are simultaneously done by and to migrants and refugees. For instance, Baillot calls for integration to be understood in relation to family and their exchanges of care within the settlement country. Focusing on data collected in Glasgow and Birmingham, Baillot argues that a focus on familial relationships of care re-positions refugees as active subjects who also offer care to others. Jordan adds to this reconceptualization of refugees as both providers and recipients of care, by focusing on refugee-refugee hosting dynamics, drawing on qualitative research conducted with Sudanese refugee men in Jordan. Strange and Askanius, on the other hand, explore relations of care both within the public healthcare system and the media in Sweden to understand the disproportionately exclusion affecting migrants in the country, which the authors attribute to a wider disintegration of Swedish society.

The contributions by Kerlaff and Bile et al. shift the focus to the "local" as the spaces where integration is negotiated daily. Kerlaff sheds light on the links between local and individual context in facilitating or hindering processes of integration for reunited refugee families settling in unchosen areas in the UK. Bile et al. draw on research with IPDs and refugee returnees to Somalia, to advocate for the inclusion of "local integration" as a conceptual lens that allows better grasping of the nuances of social connections and integration domains within spaces in the Global South.

Another set of papers emphasizes the experiences of refugees and migrants integration into health systems or the extent to which a "lack of care" in this sector can contribute to wider experiences of exclusion and assimilation. Here, healthcare workers emerge as key actors and health services as relevant spaces where to explore processes by which people negotiate belonging. For instance, Reyes Muñoz and Reyes Muñoz analyse migrant women's experiences as part of the "National Child Health Programme" in Chile. While most women appreciated the support their children received as part of the programme, they also felt constantly judged by nursing professionals who transmitted specific and racialized "values and expectations" about migrant mothers' care practices. Boeyink et al. find similar processes of (dis)integration and (mis)integration drawing on interviews with healthcare professionals and Congolese and Somali refugees in Kenya. While both groups have similar understandings on the barriers to healthcare, healthcare professionals focus on the changes of behavior that refugees should have instead of looking at structural inequalities. McAteer et al. also identify challenges in displaced population access to health in Kenya, particularly in relation to documentation, information and language barriers. By exploring these barriers within health pathways, the authors reflect on the potential pitfalls of integrated health care systems for urban refugees.

The outcomes of processes of (dis)integration and otherization lead in many cases to impact on mobile peoples' mental health and wellbeing, as demonstrated by the research paper by Walker et al., which explores mental health issues faced by Congolese and Somali asylum seekers and refugees in South Africa. Through the findings, the authors suggest understanding "alienation" as a conceptual tool that provides accounts of both acts of alienation and feelings of alienation.

This Research Topic also brings to light the contested notions of integrating plural forms of healthcare for IDPs in DRC. The policy brief of Mutombo et al. highlights the disconnect between policy and practice of implementing mental health interventions for IDPs across the country. A lack of human and financial resources does not match the progressive policies and conventions that the government has signed on to. This national policy analysis is contrasted by Kazamwali et al. who zoom in to the local dynamics of accessing Traditional, complementary and alternative medicine (TCAM) in IDP areas in South Kivu province of Eastern DRC. Despite IDPs and non-IDPs accessing TCAM at high rates, IDPs are more reliant than non-IDPs. This study demonstrates that these actors and services are not monolithic and offer a typology of care and services from TCAM providers that are trusted to widely varying degrees by their interlocutors.

Offering a broad range of case studies across world regions, the papers in the Research Topic not only emphasize a spectrum of integration and *dis*integration experiences, they also shed light on different understandings of care that underpin social relations within these experiences of (dis)integration. Care can be then understood as a value and a practice (Raghuram, 2016), as well as a range of tasks, activities and practices aimed at promoting "the personal health and welfare of people" (Yeates, 2004, p. 371). But also, care emerges as an expression of "intimate connection" (Caduff, 2019, p. 788) core to our social relations, that can be felt and perceived differently by those who give it and those who receive it.

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This exchange of care is central to exploring "lives that seek to live through something that's without resolution" (Caduff, 2019, p. 802), reminding us of the emotional and structural ambivalences inherent in the contested processes of "integration." Collectively, the papers in this Research Topic offer three broad reflections: (i) much of the world's hierarchies are negotiated within the everyday tension between care and service provision; (ii) the contingencies surrounding how individuals, families, and communities position themselves and each other within specific places remain under-explored; and (iii) the "messiness" between policy commitments and their practical implementations remains insufficiently addressed.

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MVE: Writing – original draft, Writing – review & editing, Conceptualization. AD: Writing – original draft, Writing –

review & editing, Conceptualization. CB: Writing – review & editing, Conceptualization.

## Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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