

The Impact of the Spouse/Partner Migration Rules on the Mental Health and Well-being of Children

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EXECUTIVE SUMMARY

Introduction

The Spouse/Partner Migration Rules [which will be referred to as SPMR in this report] outline the requirements for British citizens and settled persons (those with indefinite leave to remain in the UK) who wish to 'sponsor' a partner from outside the UK. In 2012, the Minimum Income Requirement (MIR) was introduced, which the government stated was intended to support integration and prevent a burden being placed on the taxpayer (Gower & McGuinness, 2017). The income must initially be earned by the British / settled spouse (who is often operating as a single-parent), and must be earned and evidenced in particular ways. Once the partner is in the UK, the threshold must be maintained throughout their route to settlement and if it is not, they will be put on a 10-year route. Many families are unable to meet the threshold, currently £18,600 a year, and are therefore unable to live together in the UK. An estimated 26% of adults earn less than this (Migration Observatory, 2023). This, and other barriers within the rules, results in many children being separated from one of their parents, often for many years, and in some cases indefinitely.

This report summarises the results of a Mental Wellbeing Impact Assessment (MWIA) conducted between December 2022 to September 2023. It incorporates insights from key stakeholders and a rapid review of the literature to assess the potential effects of the SPMR on children's mental health and well-being. This includes the MIR, as well as other factors within the policy, such as visa fees. The report highlights several key themes that have emerged.

Economic security

The MIR and visa costs are significant barriers to family reunification. Sponsoring partners often work full-time and act as 'single parents' to meet the spousal visa's financial requirements, leading to a tough choice between prioritising their children's emotional well-being or earning enough to cover the MIR and visa costs. This dilemma frequently results in financial hardship for families. Importantly, low income and parental separation consistently impact children's mental health and emotional development.

It is important to note here that as this evaluation report was drawing to a close, visa fees were increased, and the Immigration Health Surcharge will be increased by roughly 66% by later in the Autumn 2023. These new figures are likely to further impact families, and this will be looked at in more detail as the research develops next year.

Access to good quality housing

The ability to provide a stable home forms an important part of the spousal visa application. However, it is often difficult for returning families to find somewhere appropriate and adequate to live. Landlords can be reluctant to house 'single parents' and good quality rented accommodation is expensive. Poor housing and housing insecurity are strongly associated with poor physical and mental health outcomes for children.

Discrimination and racism

Families encountered discrimination and racism related to their visa status and family diversity. This encompassed children experiencing racism at school and parents facing barriers in accessing services such as healthcare and housing. The 2014 and 2016

Immigration Acts included policies explicitly aimed at establishing a 'hostile environment' for undocumented immigrants in the UK in order to safeguard public resources. However, there is evidence indicating that this approach may have fostered racism and discrimination. Both direct and indirect racism are associated with worse mental health outcomes.

A sense of control

Being a child can be a powerless experience. Parents reported that children found it difficult to understand why they could not see their father or mother. This sense of helplessness was compounded by the seemingly endless nature of the situation with no endpoint insight.

Learning and Development

Parents believed that their children's learning and development were influenced by both parental separation and the emotional toll of the visa process. The consistent negative impact of parent-child separation is observed in children's social-emotional development, overall well-being, and mental health. Additionally, household income, maternal mental health, and the home environment play crucial roles in shaping schooling and cognitive outcomes; all of which are negatively impacted by the SPMR.

Emotional Wellbeing

Children experience prolonged separation from one parent during the spousal visa process, which parents said had taken an emotional toll on their children, contributing to increased anxiety and poorer mental health, along with social and emotional issues. Such separations are associated with a higher likelihood of psychological problems in children, as parental separation is a common adverse childhood experience (ACE). ACEs are linked to adverse health outcomes, including sleep disturbances, mood swings, impulsivity, a weakened immune system, and an elevated risk of mental health issues.

Emotional support

The emotional availability and consistency of parents is the primary influencer in children's mental health outcomes. However, children's access to emotional support from parents is significantly reduced by the SPMR. One lives abroad and the other needs to work in order to meet the MIR. Schools are potentially a source of good emotional support, but parents' experiences varied.

Relationships

Parents expressed concern about how separation affects their children's ability to bond with the absent parent, as contact is typically limited to phone or video calls. While technology helps bridge the gap, it falls short in fostering meaningful connections due to the absence of physical touch. Prolonged separation, infrequent physical contact, and limited communication can lead to estrangement, which has adverse effects on emotional well-being. In contrast, strong parent-child bonds and attachment promote positive mental health in children and increase their likelihood of becoming independent and resilient adults.

Cultural identity and a sense of belonging

Children affected by the SPMR often have parents from diverse cultural backgrounds. Parents wanted their children to be able to embrace their bi-cultural identity. A strong ethnic identity can protect against depression and act as a compass, helping young people navigate life beyond adolescence and promoting good mental health. However, because of the SPMR children experience long periods of separation and limited contact with one of their parents

making it difficult for children to learn about and understand half of their cultural and religious heritage. A lack of cultural identity can lead to feelings of not belonging, potentially causing social isolation.

The Impact of the Spouse/Partner Migration Rules on the Mental Health and Well-being of Children

INTRODUCTION

This work was commissioned by Reunite Families UK (RFUK) and funded by the Paul Hamlyn Foundation. RFUK is a not-for-profit organisation which supports families to navigate the UK spouse visa process and seeks to raise awareness of the impact of the spouse/partner migration rules [SPMR] on children and families.

The SPMR outlines the requirements for British citizens and settled persons (those with indefinite leave to remain in the UK) who wish to ‘sponsor’ a partner from outside the UK. One of the most far-reaching changes to the Rules was the introduction of the minimum income threshold (MIR) in 2012. Since 2012, sponsors have been required to earn at least £18,600 per annum to sponsor a partner. An estimated 26% of the UK adult population earn below this threshold (Migration Observatory 2023). Many families face long, sometimes permanent separation due to the SPMR. Within three years of the MIR’s initiation, it was estimated that 15,000 British children were separated from one of their parents due to the policy (Wray et al., 2015).

Case study

“The school told me he is grieving because he’s lost his daddy.”

Raquel was living in Brazil when she met her husband, Manoel. They have two boys together however after she experienced a number of crimes against her – one extremely serious, they decided she needed to bring them to England. Manoel and his 14-year-old stayed in Brazil until they could be reunited safely in the UK. More than 4 years on, they are still not here. Raquel is trying to reach a minimum income threshold of £22,400 required to bring over her husband and her stepdaughter. Now the visa fees have gone up she’s also now got to save over £10,000 for visa application but as an enforced single mother of the two boys, now aged 5 and 6, much of her income goes on childcare and basic living costs and she’s unlikely to find work that will meet that salary requirement where they are,

“We’ve thought about bringing him to the UK for a visit but the cost of it would take away from the savings for the visa application process. Also, I’m worried what it would do to my boys if they were forced to say goodbye to their father again.”

Her children have only seen their dad and stepsister once since being separated. The oldest son has been “deeply affected” by being separated from Daddy. He suffers from “separation anxiety and mental trauma”. The youngest son remembers less of daddy, but Raquel says it’s a “ticking time bomb” having discovered from grandma that he holds back feelings to not upset mummy. Not having daddy here for the boys also means missing out on an important part of their cultural heritage, education, and identity.

What do we mean by mental health and wellbeing?

There are many definitions of wellbeing and mental wellbeing. The one that is often used, and which the MWIA endorses is:

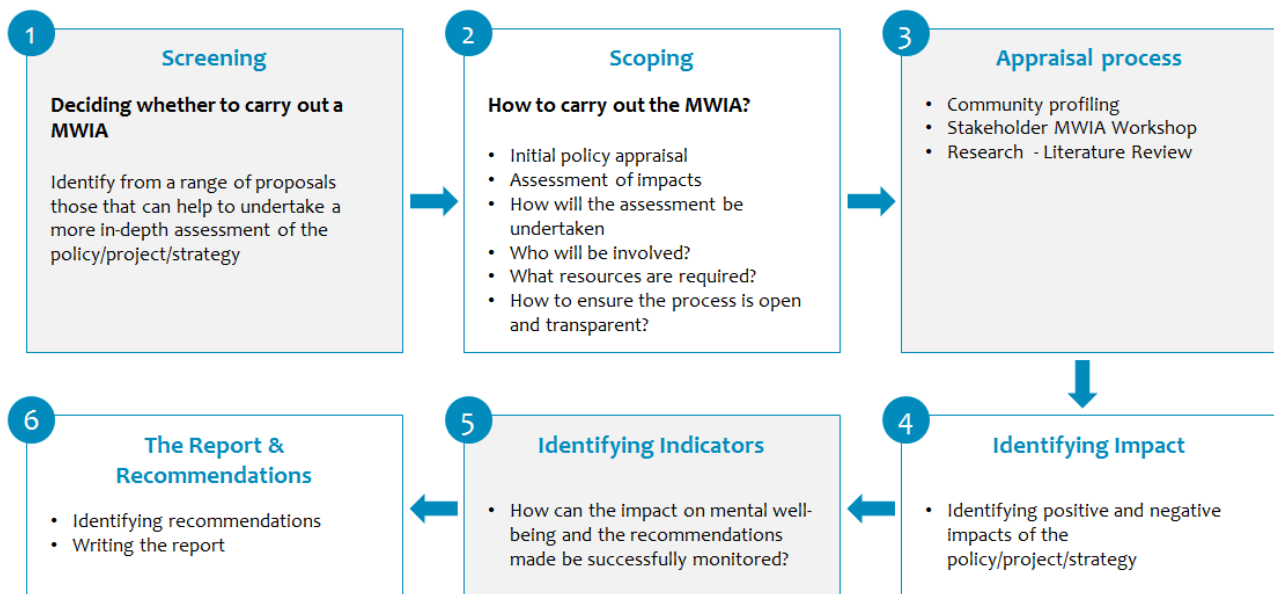
Mental wellbeing "...is a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society¹."

Put simply, mental wellbeing is about how we think and feel.

Mental Wellbeing Impact Assessment methodology

Mental Wellbeing Impact Assessment (MWIA) is an innovative and effective process to ensure proposals improve people's mental wellbeing as much as possible. MWIA uses a combination of methods, processes and tools to assess the potential for a policy, service, programme or project (proposals) to impact on the mental wellbeing of a population.

The MWIA process entails a set of defined stages (Figure 1): i) screening, ii) scoping, iii) appraisal process, iv) identification of potential positive or negative impacts, v) identification of indicators, and vi) identification of evidence-based recommendations and report.



¹ Foresight (2009) *Foresight Mental Capital and Wellbeing Project (2008). Final Project report*. London: The Government Office for Science. (available:

http://www.foresight.gov.uk/Mental%20Capital/Mental_capital_&_wellbeing_Exec_Sum.pdf, page 10)

The main outputs of a MWIA are evidence-based recommendations specifically designed to influence planners, funders and those delivering the projects, proposals or services.

The UK Department of Health 'Making it Happen Guidance' for mental health promotion (2001) identified key areas that promote and protect mental wellbeing:

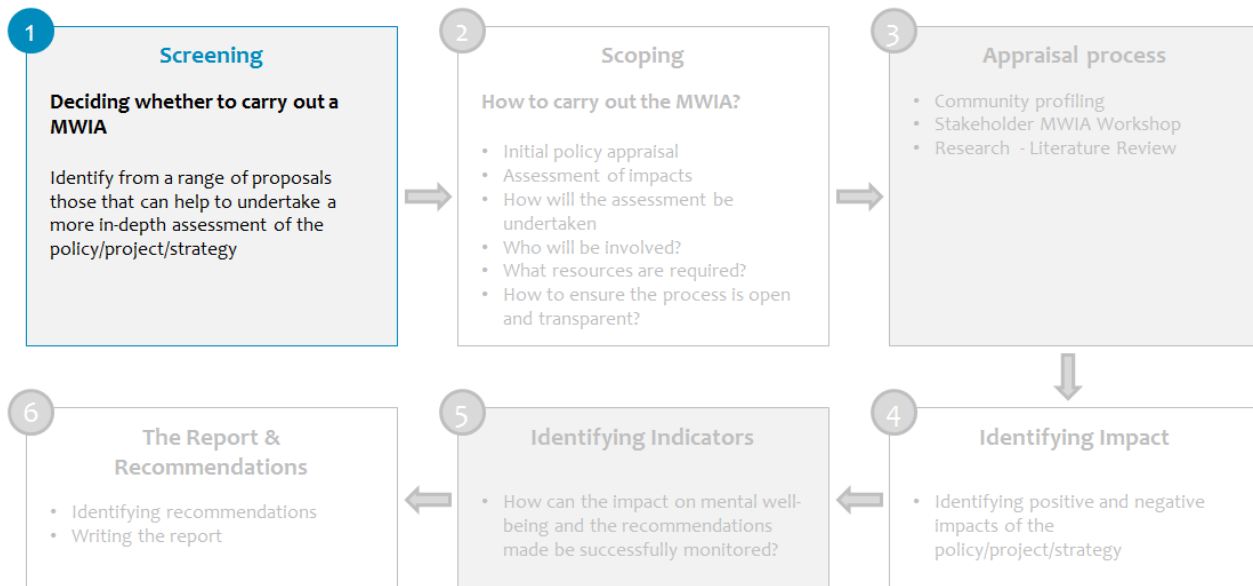
- Enhancing Control
- Increasing Resilience and Community Assets
- Facilitating Participation and Promoting Inclusion

The MWIA is based on these areas and helps participants identify things about a policy, programme or service that impact on feelings of control, resilience, participation and inclusion and therefore their mental health and wellbeing. In this way the toolkit enables a link to be made between policies, programmes or service and mental wellbeing that can be measured.

“How people feel is not an elusive or abstract concept, but a significant public health indicator; as significant as rates of smoking, obesity and physical activity” (Making it Happen, Department of Health 2001).

The MWIA methodology was taken from the *MWIA: A Toolkit for wellbeing* published by the National MWIA Collaborative NMH DU in 2011. It is available to download at <https://www.thrivewbc.com/resources>

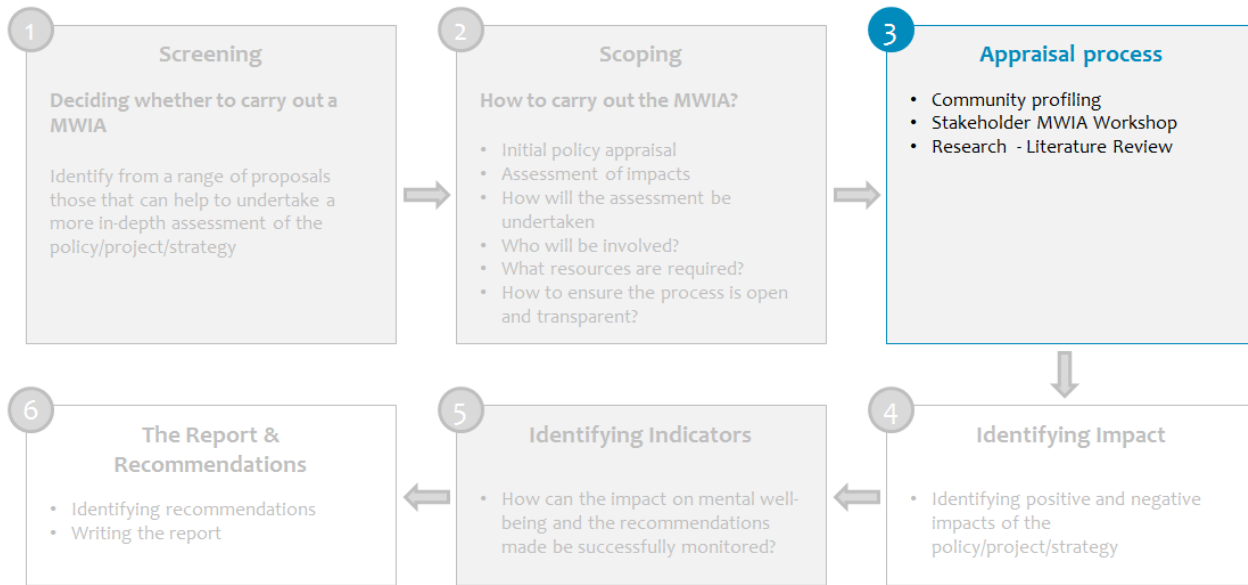
SCREENING FINDINGS



The desktop Mental Wellbeing Impact Assessment (MWIA) screening tool has been designed to help people who are planning or providing policies, services, programmes or projects to begin to find out how they might make a difference to mental wellbeing. The process is designed to help people decide whether it's worth undertaking a more intensive MWIA involving a wide range of people: screening is the *first* stage in MWIA and reflects the view of a small group of invited stakeholders, but it can be a valuable standalone short assessment.

The screening identified several potential impacts that it would be helpful to explore further through stakeholder focus groups and the full MWIA process. The findings from the screening were used to identify key impacts to explore in more depth. They have also been weaved into this report.

APPRAISAL PROCESS



Data for the appraisal was drawn from three sources as depicted in the illustration above. The data was then triangulated to form an assessment of key areas that are likely to be having an impact on mental health, the level of the impact and the degree of confidence in the findings.

Stakeholder evidence

The purpose of collecting stakeholder evidence is to identify key themes that can be explored further and tested against other data sources. Stakeholders were identified as parents, children, health workers, NGO staff, educationalists, academics and RFUK staff. The views of stakeholders were collected through three online focus groups using the [Mental Wellbeing Impact Assessment checklist](#) to guide conversations. The themes emerging from the focus groups were then used to design interview questions for the survey that was used to gather the views of parents who were not able to participate in the groups. The survey was shared in the Reunite Families UK Facebook group. There were 26 responses, 52% of respondents were separated at the time of responding, 40% had been separated in the past, and 8% were together but in the process of applying for a spousal visa.

Table 1 Stakeholders

	Parents	Health and Education	Academics	NGO staff	Total
Workshops	18	0	2	2	24
Interviews	0	3	0	0	3
Survey	26	0	0	0	26

The majority of stakeholders attending the focus groups were parents. Some of the parents were currently going through the process of applying for a spouse visa and some had successfully completed the process. Children and young people were not involved in the

focus groups, due to the sensitive nature of the conversations and concerns that conversations could be triggering. Understanding the views of the children and young people directly is an important missing element of this initial piece of work. RFUK are currently considering how this insight can be safely and effectively gathered to build on this report.

Community profile

It is challenging to build a profile of the children and young people impacted by the SPMR as the only data available is for applications where children did not have British citizenship or settled status. Therefore, estimated figures and population characteristics have been drawn from a number of sources including Home Office statistics, the 2023 AGPG Enquiry into Family Migration, and a 2015 Children's Commissioners report into the impact of the financial requirements of the family migration rules on children (Wray et al., 2015). A small survey conducted by RFUK was also included. The survey had 26 responses and therefore, by itself, is not necessarily representative, but provides some helpful additional insight and points of reference to be considered alongside the other available data.

Literature review

The stakeholder evidence identified several determinants of mental health that are likely to be significantly impacted by the SPMR. Research focusing directly on how the SPMR influences these determinants of mental health and wellbeing for children is limited. Therefore, this literature review draws on research related to situations that stakeholders identified as being a direct result of the policy. For example, children being separated from a parent. It also includes research into related situations and groups, who experience some of the same 'impacts' as families affected by the policy. For instance, others who experience separation, including military families, families with one parent incarcerated, and children of divorce or separated parents. There are, of course, distinct differences between these other groups and spouse visa families, but useful comparisons can be drawn whilst holding these differences in mind. The review also draws upon two key reports on the Family Migration Rules, review of the financial requirements of the Family Migration Rules commissioned by the Children's Commissioner for England and the Joint Council for the Welfare of Immigrants (Wray et al., 2015) and an inquiry into family migration by the House of Lords for the Justice and Home Affairs committee in 2023.

COMMUNITY PROFILE

A public mental health approach aims to promote and protect the mental health of the whole population, while recognising that (as is the case for physical health) levels of vulnerability to poor mental health will vary among different population groups. Therefore, understanding demographics is particularly important. This report focuses on the impact on children and young people however, it is not possible to identify exactly how many children are affected by the MIR as the Home Office only provide statistics on successful applications for children who do not have UK citizenship or settled status. Therefore, the figures do not include children from families who apply, but are not successful, or do not apply because they cannot meet the MIR, or children who are already UK citizens. A 2015 report commissioned by the Children's Commissioner for England estimated that up to 15,000 children had been separated from a parent in the three years since the introduction of the minimum financial requirement in 2012 (Wray et al., 2015). This is the latest available figure (House of Lords, 2023).

Young Children

Early years are key to mental health and wellbeing, since foundations for good mental health lie in pregnancy, infancy and early childhood. The quality of the home learning environment, the quality of pre-school and amount of time spent in pre-school are all associated with greater self-regulation, an attribute strongly associated with improved educational outcomes.

Stakeholder Views

Stakeholders felt strongly that the SPMR requirements had a significant negative effect on the mental health and wellbeing of children in their early years. As a result of the rules, children are separated from one of their parents, often for many years.

“My boy is 5, my husband was not here for the birth, and he’s never been here for a birthday, to make it worse I had to go through a whole Autism diagnosis alone.”

People felt that as a result many children experience separation anxiety which can then manifest itself in a range of negative ways such as behavioural difficulties and selective mutism.

Adolescence

Protective factors for health and mental health in adolescence include attachment to school, family and community. Social capital indicators (e.g. friends, support networks, valued social roles and positive views on neighbourhood) are closely related to risk and the severity of emotional disorders.

Stakeholder Views

Most of the focus group participants had young children but they also talked about the potentially significant emotional impact of being separated from family on teenage children.

“I have a stepdaughter of 14 - she lived with us to start with ... she advertised her own funeral on social media. What would happen to her, a teenager with suicidal thoughts ... if we were all together?”

People felt they would not know the real long-term impact of the rules on their children until much later in life.

Children with health conditions and disabilities

Poor physical health is a significant risk factor for poor mental health; conversely mental wellbeing protects physical health and improves health outcomes and recovery rates. Life chances (notably education, employment and housing), social inclusion, support, choice, control and opportunities to be independent are the key factors influencing the mental health of people with disabilities.

Stakeholder Views

Stakeholders felt that the rules have a disproportionate impact on parents who are caring for children with disabilities, making it more difficult to provide the required care and support whilst meeting the minimum income requirement of the visa process.

“If you're a child and you've got any of these health conditions and one of your parents is not around, it compounds everything you're already going through. It hinders their ability to take care of you, perhaps.”

Failure to meet the MIR, or having a spousal application refused, leaves families who have children with disabilities in a challenging situation. Children may be settled in school and have a health and social care support package in place, but in order to be reunited as a family their only choice is to uproot their children and go to another country which may not have an education or healthcare system that can adequately meet the needs of their child.

Gender

Gender has a significant impact on risk and protective factors for mental health and the way in which the experience of mental distress is expressed. Depression, anxiety, parasuicide and self-harm are more prevalent in women, while suicide, drug and alcohol abuse, crime and violence are more prevalent among men. Women are much more vulnerable to poverty, unemployment, domestic violence, sexual violence, rape and child sexual abuse.

Stakeholder Views

Stakeholders thought that the SPMR impacted different genders in different ways. This impact varied depending on which parent was absent. Generally, it is the father who is separated from the child and stakeholders felt that the absence of a male role model particularly impacted on boys.

“Because of the area we live in, having father around is really important. There's a lot of social issues around gender.”

“We've got families where the mothers are separated from the child. That is so difficult because the maternal relationship becomes really hard.”

Socio-economic position

Socio-economic position (SEP) refers to the position of individuals and families, relative to others, measured by differences in educational qualifications, income, occupation, housing tenure or wealth. Socio-economic position shapes access to material resources, to every aspect of experience in the home, neighbourhood, and workplace, and is a major determinant of health inequalities.

Stakeholder Views

Stakeholders thought children from lower SEP were significantly more likely to be affected by the SPMR because their parent were much less likely to reach the MIR. As a result, they were more likely to be separated from one of their parents for longer periods of time or indefinitely. Stakeholders also noted that there were regional income disparities particularly between people living in London and the Southeast compared to the rest of the country.

“It's all to do with your social economic status and you know your culture ... it does have a massive effect on the child.”

Race and Culture

The connection between culture and mental wellbeing and the prevalence of mental disorders revolves around a complex combination of socio-economic factors, racism diagnostic bias and cultural and ethnic differences in the way in which both mental health and mental distress are presented, perceived and interpreted. Different cultures may also develop different responses for coping with psychological stressors. However, a major qualitative study found that idioms of distress bore great similarity across ethnic groups, although some specific symptoms were different.

Stakeholder Views

Stakeholders thought ethnic minority communities face greater challenges in reaching the MIR due to lower-than-average earning, even though it was noted that certain ethnic minority groups tend to have higher incomes

Being separated from one of their parents potentially had a big impact on the child sense of cultural identity, particularly when the two parents came from different cultures.

“There is that void ... he looks very much like his dad. He's very dark skinned and he looks nothing like me, and people randomly say did you adopt him?”

WIDER DETERMINANTS OF HEALTH

MWIA uses a framework for assessing the core protective factors in the context of the wider determinants of mental wellbeing. Individual skills and attributes (e.g., self-determination, self-esteem) need to be understood in the context of the circumstances of people's lives e.g. social networks and relationships, housing, employment, income. The MWIA identified four of the wider determinants of health that were significantly impacted by the SPMR for children. These were economic security, access to good quality housing, discrimination and access to services.

Economic Security

Stakeholder Views

All focus group participants thought the rules had a significant negative impact on the family's sense of economic security by creating financial pressures through both minimum income requirements (MIR) and the cost of the visa process.

Minimum Income Requirement

Sponsors are required to earn at least £18,600 per annum to sponsor a partner. The RFUK survey highlighted the MIR as the biggest reason for people not being able to gain a visa, with 50% (12) of respondents saying that they could not meet MIR with a further 25% saying they struggled to meet the MIR. This figure was slightly lower than findings of the 2015 Family Friendly report, which found 55% of respondents were earning below the MIR.

Stakeholders noted the sponsoring partner is often, in effect, operating as a 'single parent', who has to work full-time, and pay for childcare. Participants experienced additional challenges for their children, who were already having to cope with being separated from one parent.

"I guess she lost her father and lost her mother to work. I would be going out to teach and she would be screaming at the door don't leave me, don't leave me, don't leave me. I was a stay-at-home mum when we lived in Turkey, so she basically lost both of her parents when we came back here."

As a result, some families were having to make a choice between working less to spend time supporting their children's emotional wellbeing and earning enough money to meet the MIR and visa costs.

"I sat in my mum's back garden one day. We were watching my son and we could see things weren't right ... and mum literally said to me 'you have to make a choice right now, look after your son and leave the visa, because you can't do both. Your mental health is failing, you are both going to be detrimentally affected.' So, we decided to stop the visa. Three years on my son is thriving, he is doing really well, but that had a massive impact on us as a family."

Visa Costs

The cost of the visa process was highlighted by stakeholders as a major financial barrier.

For a partner to apply to stay in the UK for five years, including the application for Indefinite Leave to Remain (ILR) at the five-year point, the Immigration Health Surcharge, visa renewals and biometric enrolments (all the required costs) will cost the couple £9006.60. These costs increased on the 4th of October 2023, after this research was conducted. At the time of research, it would have cost closer to £8000. For a partner and child, it will now cost £17,243 on the five-year route. Some families will be placed on the 'ten-year route', which is more expensive because it is longer as incurs more years' worth of charges, such as the visa renewals. This route will now cost £14,261 in total for a partner, and £26,982 for a partner and child. This again includes the application for ILR at the end of the spouse visa period. These costs do not include legal fees.

The 'ten-year-route', otherwise known as the 'exceptional route', is often used for families who do not quite meet the application criteria. These families may apply for exceptional consideration. This may be families who do not meet the MIR, for instance. In court, it is often found that these families should be granted the right to be together. However, they are then placed on the route which is more expensive overall for the family.

“How on earth do I save £8,000 especially in this climate now? Then if everything was to go OK after 2.5 years, I would need another £6,000. The MIR is almost irrelevant. That’s not the figure that going to make it happen. It’s just one part – the capital upfront costs are huge.”

Saving enough money to pay for the upfront visa costs is made more difficult by the wage disparity between the UK and some other countries where wages are significantly lower, making it challenging for a spouse to contribute towards costs.

As a result, participants reported often having to make difficult decisions about what to go without in order to save for the visa, which had direct impacts for their children.

“It’s a choice. Do I choose good quality food or the visa? Do I choose the music lesson for my children or money towards the visa?”

The financial pressure means that children often miss out on leisure activities, trips out and clubs. Although parents tried to shield their children from the financial stresses and strains, they said that ultimately the children picked up on them.

“My daughter wants to go busking with her guitar in the High Street, you know? So, she can raise some money. It’s just crazy.”

The literature

There is strong support in the literature for the negative impact of economic insecurity and poverty on the mental health and wellbeing of children and young people. Poverty pervades all parts of life. It is well known to contribute to substance misuse, mental health issues,

abuse, adverse childhood experiences, and to violence (Bramley et al., 2019). Single-parent families tend to have poorer health, greater poverty, and lower employment than two-parent families. Low-income levels and parental separation are two of the most consistent factors to impact upon children's mental health outcomes and emotional development, as the child has less access to time, care, money, support (Cooper & Stewart, 2021). An enquiry into family migration concluded that reuniting families could boost fiscal contributions and prevent families from being destitute (House of Lords, 2023).

Research into the financial wellbeing of UK households found that between May and June 2022, one in six UK households (4.4million) were in serious financial difficulties with the cost-of-living crisis particularly impacting single parents and low-income households (Evans & Collard, 2022). The Migration Observatory at Oxford University estimates that 26% of UK citizens earn less than £18,600 (the current MIR) from employment making the income requirements inaccessible to a large proportion of UK residents. People on lower income, students, and people with caring responsibilities are less likely to be able to meet the requirements of the policy; and women are more likely to have caring responsibilities and to earn less, and so are particularly likely to find the economic pressures of the application process hard to meet (Migration Observatory, 2023).

Access to good quality housing

Stakeholder Views

The ability to provide a stable home is an important part of the spousal visa application. However, stakeholders highlighted how difficult it was for returning families to find somewhere appropriate and adequate to live that met the requirements of the visa. Most people did not own their own property and decent private rented accommodation is difficult to find, with many landlords reluctant to rent to 'single parents'. Good quality rented accommodation is expensive, which presented a major barrier for people saving towards the cost of the visa application, particularly given that families are usually having to cover the cost of two households in different countries. This causes financial stress which impacts children. Cheaper properties tended not to have outdoor space and had other issues such as mold and damp which can negatively affect children's health.

“You're also at the mercy of landlords ...because you don't own the property, you're renting, paying over the odds... it comes back to that financial instability which then has a knock-on impact on the quality of what the parents, the children and the family unit can have together.”

Access to social housing was only possible if families were made homeless and people then became eligible for temporary hostel accommodation. However, this then has significant implications for people's ability to find work and meet the minimum income requirement.

“You think the only way to get help is to make yourself homeless, but you get put in a hostel and that's the hardest thing to get out of ... If you live in a hostel, you have not got the capability to work because you are officially homeless. Then you can't get a

job or its very difficult, so if you are trying to get a visa it has a negative knock-on effect.”

The literature

Lower incomes associated with single parent families mean that they are more likely to live in poor-quality housing and to experience housing insecurity (Martin-West, 2019). Housing instability is linked to weakened community networks, unemployment and more limited access to health care (A. Li et al., 2022). Periods of living with housing instability have an adverse impact on both mental and physical health (G. W. Evans et al., 2000), as well as developmental risks among children (National Children’s Bureau, 2016), and is a precursor for issues with mental health during adolescence (Hatem et al., 2020). A single year spent in poor quality housing is sufficient to cause negative consequences for mental health (Pevalin et al., 2017). Long-term studies have found a link between poor housing and the prevalence of health problems in later life (Matt Barnes & Butt, 2016).

Discrimination and racism

The families who are affected by the spouse policy visa come from a wide variety of backgrounds and as such are at risk of experiencing different forms of discrimination.

Stakeholder Views

Stakeholders thought that the SPMR exacerbated existing problems around discrimination. For example, parents reported a ‘dehumanising’ narrative for visa applicants that also affected their children. For example, one parent felt that his son had picked up negative attitudes towards people migrating to the UK.

“He kind of understood it as like - if you're from a poor country or if you're brown, this is what happens to you.”

Parents reported experiencing barriers to accessing health care for their children because they were born abroad or because their father was not a UK citizen.

“The initial autism assessment gave me enough points for autism, but he was refused it on the grounds that he had a foreign father and he hadn’t been born in the UK ... I did eventually get an official apology ... it’s just absolute racism.”

Some parents thought that the system was designed to make it difficult for families who were not ‘fully British.’ People said that they felt like they were being punished for marrying a non-UK citizen and that this sometimes extended into how services responded to them.

“I would say there is a real lack of empathy in the services in this country ... it’s almost like there’s this undertone of you’ve married a foreigner. Deal with it.”

This compounded the discrimination and racism that some parents and children experienced because of the diversity within their family.

“My daughter, she was in a queue for lunch and these kids behind her said ‘[her daughter’s name]’, that doesn’t sound like it’s from around here. I think you ought to go back to where you come from’. So, there’s this hostile environment that we live in.”

“People assume the dad must have a criminal record. You know ‘he’s only here for a visa. He’s probably got five wives.’”

The literature

Racial discrimination has consistently been found to link with poorer psychosocial and mental health outcomes (Pieterse A et al., 2012). Studies have shown that vicarious or indirect racism leads to poorer mental health among children and young people (Heard-Garris et al., 2018). Discrimination can take place on a structural level, or at the interpersonal level. ‘Structural discrimination’ refers to how institutional policies intentionally or unintentionally reduce opportunities or limit rights for certain groups of people (Corrigan et al., 2004). Migrant children are likely to experience both personal and structural discrimination (Adair, 2015), and studies have shown that internalising a structurally vulnerable position, or structural discrimination, can lead to a depreciated sense of self (Yang et al., 2014).

A series of policies contained in the 2014 and 2016 Immigration Acts were explicitly designed to create a ‘hostile environment’, (since renamed compliant environment), for undocumented immigrants in the UK with the aim of protecting public resources such as housing and health (House of Lords Library, 2018). The institute for policy research produced a report into the impact of the ‘hostile environment’ and concluded that it has helped foster racism and discrimination and erroneously affected people with a legal right to live and work in the UK (Qureshi et al., 2020).

Barriers to accessing essential services such as health care have been shown to be important factors in determining people’s mental health (Pinedo et al., 2021). There is evidence that ‘hostile environment policies’ have frequently been applied incorrectly (Worthing et al., 2021). As a result, children of migrants can experience refusal of treatment that they are entitled to (Wood & Devakumar, 2020).

THE PROTECTIVE FACTORS FOR MENTAL HEALTH

The MWIA toolkit provides a three-factor framework for identifying and assessing protective factors for mental wellbeing, adapted from Making It Happen (Department of Health 2001) and incorporating social determinants that affect mental wellbeing. The core protective factors for mental wellbeing used in MWIA are:

- Enhancing control
- Increasing resilience and community assets
- Facilitating participation and promoting inclusion

ENHANCING CONTROL

The extent to which individuals and communities have control over their lives has a significant influence on mental health and overall health. A number of dimensions of positive mental health are related to a sense of control, including:

- agency (the setting and pursuit of goals)
- mastery (ability to shape circumstances/ the environment to meet personal needs)
- autonomy (self-determination/individuality)
- self-efficacy (belief in one's own capabilities)

Research suggests that a degree of control or autonomy is a determinant of mental wellbeing across all cultures. Lack of control and lack of influence (believing you cannot influence the decisions that affect your life) are independent risk factors for stress. People who feel in control of their lives are more likely to feel able to take control of their health.

Potential impact of the Spouse/Partner Migration Rules on children's sense of control

Stakeholder Views

Stakeholders reported that the SPMR had a significant negative impact on children's sense of control. Being a child is often a powerless experience, so being part of system that the child's parents have no control over, and find hard to explain, compounds a feeling of helplessness.

"It must be an extremely confusing, puzzling experience to be in a situation which even the adults around them can't really understand, control or do much about."

Parents said that the younger children found it difficult to comprehend why they could not see their father or mother, why they could not just get on a plane and come and see them. This sense of helplessness is compounded by the 'never-ending-ness' of the situation with no end date to work towards. The visa application process was described by stakeholders as being "unnecessarily protracted" with parents experiencing long delays and backlogs in the

processing visa applications. As a result, its families do not have a clear timeline that they can give to children, who struggle to understand the situation.

How would you explain that to a child? ‘Well, I don’t know if you ever will get to see your dad again.’ That’s not fair. How do you maintain a relationship with somebody when you don’t know? It becomes unchangeable, unworkable, undoable and very stressful. It’s a horrible situation.’

As children get older, they become more aware of the situation and the implications that they may need to leave their friends and home to be a family. A stakeholder from a children organisation highlighted the impact this had on young people’s sense of control.

“We’ve definitely heard from young people that the feeling of helplessness is really, really high.”

The literature

There is limited literature relating to helplessness and uncertainty in children separated from a parent. However, there is evidence to suggest that fear and concern for separated family members among refugees creates a sense of distress and general feelings of helplessness (Miller et al., 2018). Longer periods of uncertainty through immigration processes have been shown to have a greater impact on the individual compared to shorter immigration processes. This echoes research with military families. Those families who experience an unexpected extension in service are considered to be at higher risk of distress, compared to those with a fixed service time (Siegel & Davis, 2013).

INCREASING RESILIENCE AND COMMUNITY ASSETS

Resilience is broadly defined as “doing better than expected in the face of adversity”. A focus on resilience helps to explain the factors that protect some individuals and communities, notwithstanding adverse conditions/exposure.

Potential impact of the SPMR on the resilience of children

The MWIA identified four of the determinants of resilience that were significantly impacted by the SPMR for children. These were emotional wellbeing and emotional support, relationships and learning and development.

Emotional wellbeing

Stakeholder Views

Stakeholders felt strongly that the SPMR had a significant negative effect on the mental health and wellbeing of children due to them being separated from one of their parents, often for many years.

“He showed clear signs of separation anxiety throughout nursery, it got so bad a year ago - every morning going to school ended up quite horrific ... we don’t know how much of it is down to daddy basically disappearing.”

This view was echoed by educators who saw similar impacts of being separated due to the visa policy as they saw in children from military families experiencing separation anxiety when one of their parents was posted abroad.

Stakeholders talked about how children being separated from one of their parents had a sense of anxiety and grief, leading to a loss of hope, which contributed towards poor mental health. This manifested itself in a range of negative ways such as behavioural difficulties, self-harm and selective mutism.

“We lived in Turkey for the first six years of her life and there had been no signs of anxiety whatsoever ... when we left Turkey and came here, we had to remain separated for two years and during that period of time she suffered with severe anxiety to the point of collapse. She suffers with selective mutism ... and although that has progressively got better as she has got older it has been really, really difficult. I still have family members who have never heard her speak.”

Separation due to visa policy represents a significant time of unplanned transition and change for children and young people which stakeholders felt would impact negatively on their mental and emotional health.

“The rates of referrals around the primary/secondary school transition are a really good example of a very simple transition that we can plan for and yet still impacts mental health issues the same way... So, I think it would be absolutely logical to say that if you've got major changes in your family that you can't control, it's going to affect your emotional well-being and resilience.”

One educator felt that because of changes in the family situation children affected by the SPMR were more anxious and nervous around times of change, such as teachers leaving, than their peers.

The visa process is protracted in nature which affects create and emotional and financial strain on parents that then also has a knock-on effect for the wellbeing of children. A number of parents felt they would not know the real long-term impact of the policy on their children until much later in life.

The literature

Whilst there is limited literature specifically on the mental health of children separated from parents due to the UK’s SPMR, useful comparisons can be made to other instances of separation, including divorce, incarceration, other forms of family migration (i.e. one parent migrating for work), and military families experiencing wartime deployment.

Separation from a caregiver is a well-documented cause of psychological issues among children. Children from separated families are more likely to have mental health challenges compared to children of families that stay together (Lucas et al., 2013). This can have long-term impacts, with research showing a link between childhood psychological problems and poorer outcomes in adulthood, including graduation, employment, and marriage stability (Fitzsimons et al., 2017).

Within military deployment contexts, children are likely to experience greater psychological distress if the deployment is unexpected, or unexpectedly extended, leading to greater uncertainty about the term of separation (Siegel & Davis, 2013). However, whilst separation from a parent has been generally found to have detrimental and long-term impact on children, one study of Navy families showed that routine sea duty deployments can increase confidence, independence and responsibility among children, compared to their peers (Drummet et al., 2003).

Adverse childhood experiences (ACEs) can be defined as stressful experiences occurring during childhood that directly hurt a child or affect them through the environment in which they live (Bellis et al., 2015). Parental separation, divorce and lack of support from a trusted adult are common adverse experiences in childhood (Vederhus et al., 2022). Reunification with the absent parent has been found to potentially have a negative impact on the child's mental health, as it disrupts the established family dynamic, and can change relationships with other caregivers, such as grandparents (Chenyue Zhao 2018).

There is a link between exposure to ACES and poor health outcomes (Bellis et al., 2015). They are thought to create chronic stress, which can lead to problems with childhood development. The likelihood of negative outcomes such as depression and substance misuse increase the more ACES people experience (Anda et al., 2006; Chapman et al., 2004; Edwards et al., 2003). Trauma in early life affects emotional regulation and increases the likelihood of health-harming behaviours (Hughes et al., 2016). Trauma can make it difficult for people to feel safe, and can result in problems with sleep, mood swings, impulsive behaviour, a lower immune system and greater risk of poor mental health (Wilton & Williams, 2019).

Insecure family attachment is associated with a range of mental health problems including depression, anxiety and PTSD, suicidal thoughts and behaviours and eating disorders (Edwards et al., 2016).

Emotional support

Stakeholder views

Stakeholders reported that the SPMR had a significant negative impact on young people's access to emotional support. This included limiting the ability of the parent living abroad to provide support due to being separated and reducing the capacity of UK based parent due to their need work to meet the minimum income requirement.

Going through the visa process is a stressful process for both parents' which stakeholders felt made being emotionally available for their children more difficult.

“The way I parent is now very limited and inhibited. I feel like I'm not being the best parent I can be, so that's going to be impacting them in ways that I can't even process at the moment.”

Stakeholders thought that schools were potentially a source of emotional support for children separated from a parent.

“I feel very lucky that my daughter has gone to a very good supportive school. With the bullying, they've stepped in straight away.”

However, parents experience of school support varied. Usually there were no other children in the school in the same situation and as a result school staff often did not know how to react when issues arose. This was echoed by some of the educators working with the children, who had not come across this particular situation before and were unsure of where to signpost parents for help. However, generally educators felt that school can provide a consistent environment for the children where they could feel safe and had opportunities for additional emotional support.

Those schools that were located near military bases tended to have specialist support available for children who were living with one parent whilst the other parent was deployed. However, access to this additional support is not automatically available to non-military families and is at the discretion of the school. Stakeholders thought that this was made more challenging by many schools being overwhelmed with the current economic crisis, increasing levels of staff sickness and a lack of resources. Stakeholders also noted that children would rarely know another child in a similar position, so would not have the reassurance and support of being in a group of people with shared experiences.

The literature

The emotional availability and consistency of parents is the primary influencer in children's mental health outcomes. Children watch their parents closely for signs of distress, as a way to gauge their own safety (Siegel & Davis, 2013). Among children from separated families, maternal parenting consistency was found to be the most significant predictor of child mental health challenges (Lucas et al., 2013). For families facing pressures around detention or deportation, parents may experience hopelessness, anxiety, depression and demoralisation, all of which will decrease their emotional availability for the children (Kohrt et al., 2018). Parental availability is also compounded by the financial and work situation of the at-home parent. Studies of single mothers who have to work shows that this puts pressure on their mental health and decreases their emotional availability for their child, as explored in the section on economic stability (L. Li & Avendano, 2023).

Statutory mental health support in the UK is recognised as being hard to access for the majority of the population, with high thresholds of need and long waiting lists. According to the NHS Mental health dashboard approximately one third of children and young people with

a diagnosable mental health condition get access to NHS care and treatment (NHS Five Year Forward View for Mental Health 2023). Migrants and their families face further barriers in mental health provision as discussed earlier. Given the challenges with accessing health services teachers are often seen as a 'go to' source of mental health support for children (Childs-Fegredo et al., 2021; Ford et al., 2007; Newlove-Delgado et al., 2015).

Relationships

Stakeholder Views

Stakeholders reported significant negative impacts on relationships in general and on family relationships in particular, as a result of the SPMR. In some cases, children have never physically met one of their parents.

“My son is nearly seven now, and he's still never met his father.”

They found that separation inhibited opportunities for bonding. Key milestones like birthdays are missed, as well as small everyday activities like not having mum or dad come to the school gate to pick them up, not being there at the plays or other school events. Children feel abandoned and can blame themselves for the separation.

“It's like he's missing out on everything. That's huge. My daughter's crying because ... he hasn't been around for her birthday for four years.”

“It adds to this idea that he's not worthy and he's not loved because they can't come and see him.”

Although spouses can apply to visit on a holiday visa, costs were often prohibitive and brought its own challenges. Furthermore, many families have visit visas refused. Some parents felt that the impact of having to say goodbye at the end of the visit could be more damaging to young children than no visit at all.

Contact is often limited to phone and video calls which people found was often practically problematic for young children due to time differences between countries and emotionally difficult because of the challenges with making connections and bonds over the phone. Parents reported that some children did not respond well to screen-based calls, refusing to use them.

“You just can't communicate certain things over the phone, no matter how hard you try. It's hard enough in person. Over the phone it's impossible.”

Communication in this way can be confusing for the child, making it hard to maintain family relationships.

“He went through a period of thinking daddy live in the iPad.”

Stakeholders said that the pressure created by the visa can take a major toll on marital relationships leading to break up and divorce, which in turn negatively affects children. Separation can also undermine children's ability to develop strong relationships with stepsiblings and grandparents. Overall, stakeholders felt that the rules generally have a huge negative impact on family life and relationships.

“It destroys families, it really does.”

Parents said that they felt their children often experienced difficulties with making friendships with peers and worried about implications on their children's future adult relationships.

“When she makes friends ... she's too intense with those friends ... I can't help but feel that the path we've had to take has made life really, really difficult for her in terms of relationships ... how is that going to pan out for adult relationships?”

Stakeholders felt that this type of separation created attachment difficulties and affected children's ability to believe they can have long lasting trusting relationships.

“[They can become] aware that at any point somebody can leave them for very little or no reason that they understand.”

The literature

There is strong support in the literature for the importance of strong parent-child bonds and attachment for positive mental health and wellbeing in children, and the likelihood of them becoming independent and resilient adults (Winston & Chicot, 2016). Conversely developing an insecure attachment style due to absent or dysfunctional parenting in early years can contribute to adverse mental health in later life (Maniglio, 2012). The absence of a father is associated with lower self-esteem among children and adolescents (Krauss et al., 2020; Luo et al., 2012). Several studies show the challenges of transnational family relationships. Prolonged separation, sparse physical contact and limited communication can lead to estrangement, which negatively impacts emotional well-being (Fresnoza-Flot, 2009; Haagsman, 2015; Horton, 2009; Parreñas, 2005; Schmalzbauer, 2004). Several studies highlight the importance of consistent communication in maintaining relationships between children and overseas caregivers and reducing the emotional costs of separation (Boccagni, 2012; Fresnoza-Flot, 2009; Horton, 2009; Madianou & Miller, 2011; Parreñas, 2005; Schmalzbauer, 2004). Transnational families are likely to resort to technology to maintain relationships across borders, particularly via video chat. However, studies show that video chat is limited when it comes to forming meaningful bonds between caregivers and infants because of the absence of physical touch and eye contact (McClure et al., 2018).

Learning and Development

Stakeholder Views

Stakeholders thought that going through the visa process impacted on children's informal and formal learning and development. Parents said their children had to grow up faster than their

peers because of having to deal with the challenges presented by family separation. They felt that the stress of the visa application process impacted on the children at school, which was confirmed by some of the educators who commented on the negative impact that the uncertainty of the visa process had on the wellbeing and confidence of the children.

“It was a bit of an emotional roller coaster cause one minute, yes, we're gonna get it. Next minute no ... I think it definitely impacted her progress, because she was not in the right frame of mind to apply herself or to access learning”

Children could also be unsettled by visits from the absent parent, which had a knock-on effect on their confidence and ability to learn at school. In turn, this potentially resulted in the children not achieving as much as they might have at school.

“She just was animated when he was here, it was lovely. And then he had to go back ... so we were a few steps back again It affected her ability to concentrate ... to focus on her work ... she had the ability to achieve more than she did.”

“His learning definitely suffered as a result ...I would say, ...in his formative years, early years and beyond there was quite a significant impact on his learning.”

The literature

A study exploring the effects of temporary separation and parental divorce on the cognitive development and wellbeing of children found that temporary parental separation has significant negative effects on young children, including conduct and hyperactivity problems (Garriga & Pennoni, 2022). This supports an earlier study of children separated from a parent(s) for a variety of reasons. The study concluded that, overall, the effects of parent–child separation consistently negatively impact on children's social-emotional development, well-being, and mental health. Household income, maternal mental health, and the home environment impact on children's schooling and cognitive outcomes (Cooper & Stewart, 2021).

FACILITATING PARTICIPATION AND INCLUSION

Participation is the extent to which people are involved and engaged in activities outside their immediate household, and includes cultural and leisure activities, as well as volunteering and membership of clubs and groups. For individuals, social participation and social support are associated with reduced risk of common mental health problems and better self-reported health. Social inclusion is the extent to which people are able to access opportunities, for example employment, education and leisure. It is often measured in terms of factors that exclude certain groups, e.g., poverty, disability, physical ill-health, unemployment, old age, and poor mental health. For individuals, feeling useful, feeling close to other people and feeling interested in other people are key attributes that contribute to positive mental wellbeing. Social exclusion on any grounds is both a cause and consequence of mental health problems. Like participation, social inclusion plays a significant role in preventing mental health problems and improving outcomes.

Factors influencing social inclusion include anti-discrimination legislation and policies designed to reduce inequalities. There is a strong correlation between socioeconomic deprivation and levels of social integration.

Potential impact of the Spouse/Partner Migration Rules on children's participation and social inclusion

The MWIA identified that two determinants of participation and inclusion in particular were significantly impacted by the SPMR for children. This was cultural and religious identity and a sense of belonging.

Cultural Identity and a sense of belonging

Stakeholder Views

Children affected by the SPMR are likely to have parents from two different cultures. Parents wanted their children to be able to embrace their bi-cultural identity, however they reported that the policy had a significant negative impact on children's cultural identity due to limited contact with one of their parents. As a result, children can find it difficult to learn about and understand half of their cultural and religious heritage.

"They're missing out on that whole half of themselves."

Some parents talked about how this can build shame around having a diverse cultural identity, which should be regarded as a strength.

"It really affected his self-identity, especially his cultural identity being mixed race and being brought up primarily in Sri Lanka until last year. ... he's like a mad cricketer and always had his Sri Lanka shirt on. He threw all of it away... he never wanted to say he was from Sri Lanka. He was really negative about it. He just wanted to be another white kid."

One stakeholder suggested that if the local area had many diverse, single parent families, or other families with parent's living or working abroad, this could help to normalise the child's situation. They thought that a child's age was likely to have a significant impact on how they process their own identity and the world around them. Young people developing their identity will be greatly informed by the narratives that their parents give them.

Stakeholders also felt that there was a link between children's cultural identity and their sense of belonging. Educators felt that being part of the school community could potentially provide a sense of belonging to both the parent and child.

"I think the kids notice. They don't feel like our family is valued. Like my husband and their dad is not valued enough to be able to come here."

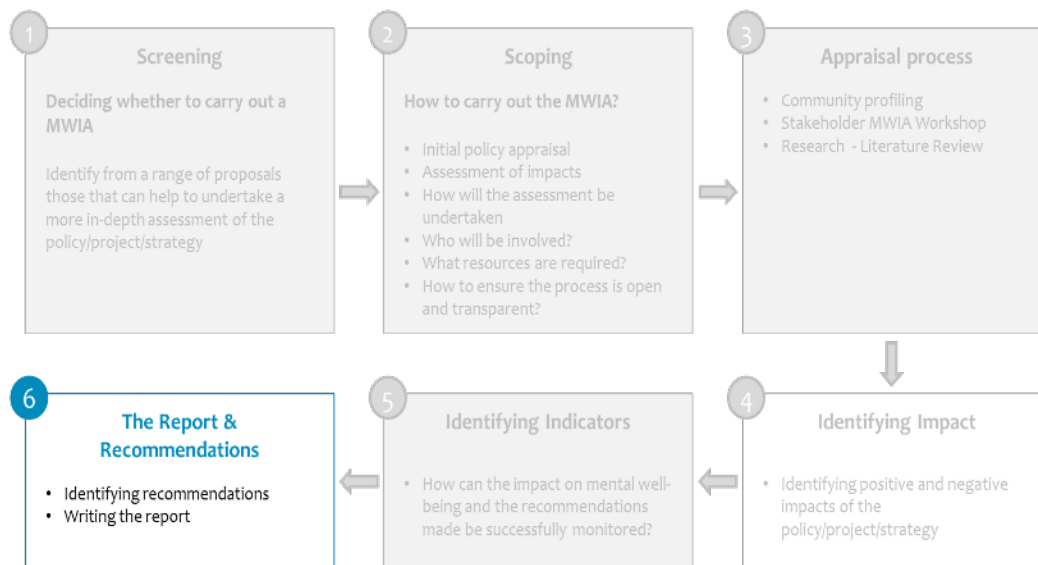
The literature

Ethnic identity is important to the self-concept of adolescents from immigrant and ethnic minority backgrounds (Kiang & Baldelomar, 2016; Portes & Rumbaut, 2001). A clear sense of identity acts as a compass that helps young people navigate life beyond adolescence (Montgomery et al., 2008) and supports good mental health (Schwartz et al., 2015). A 2021 study of 220 young people born in the UK with Turkish born mothers or fathers found that positive feelings towards cultural identity supported good mental health and was positively associated with self-esteem and mental health (Cavdar et al., 2021). These findings support previous research with other ethnic groups, showing a positive relationship between ethnic identity and psychological wellbeing. It protects against the development of adverse mental health conditions, including depression and inclination for suicide (Harf et al., 2015). Conversely, a confused sense of identity is associated with low levels of well-being and risky behaviours (Schwartz et al., 2015). Identity development can be challenging for adolescents attempting to make sense of their identity whilst assimilating into different cultures (Gray-Little and Hafdahl., 2000).

Acculturation is the adjustment to another culture while maintaining their culture of origin (Berry et al., 2003). New immigrants often experience a reduction in their sense of belonging as they acculturate to other cultures (Kayama & Yamakawa, 2020). Differences in cultural practices, values, and behaviours can cause psychological distress (Berry et al., 2003). Children who have not fully developed their sense of cultural identity are particularly at risk of feeling that they do not belong to any culture (Fry, 2007).

There is little research specifically on children's 'sense of belonging' and how parents can support acculturation. A small study looking at the experience of Japanese children settling in the USA suggests that as children are likely to have a less developed sense of cultural identity it can result in children who migrate from one culture to another feeling "lost", as though they belong nowhere. A lack of sense of belonging can lead to social isolation, withdrawal, psychological exhaustion, and a reluctance to seek support (Kayama & Yamakawa, 2020).

CONCLUSION AND NEXT STEPS



Conclusion

The MWIA process revealed several key themes, demonstrating a notable alignment between published research and stakeholder perspectives. The SPMR requirements hold significant implications for the mental health and well-being of the children involved. The most substantial impact stems from the duration of parental separation, its effects on attachment, and the establishment of strong emotional bonds. Separation from a parent due to the visa policy hinders children's access to emotional support and their ability to forge a robust cultural identity. Additionally, meeting the visa's financial requirements places families at significant risk of financial hardship, a situation closely linked to adverse effects on children's mental health and emotional development due to low income and parental distress. The process is particularly difficult for children with disabilities who face a number of additional barriers and challenges. We know that first five years of life and early childhood experiences significantly influence child development and mental health. The long-term social, emotional and financial implications of the impact of the policy on the mental health and wellbeing of children are likely to be significant.

Next steps

This report is a first step in understanding how the SPMR impacts on the mental health of children. It is recommended that RFUK work with their advisory group, parents and other key stakeholders to identify actions that could be taken to address each of the themes highlighted and identify where more information or further research is needed.

REFERENCES

- Adair, J. (2015). *The Impact of discrimination on the early schooling experiences of children from immigrant families*. www.migrationpolicy.org.
- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., Dube, S. R., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, 256(3), 174–186. <https://doi.org/10.1007/s00406-005-0624-4>
- Bellis, M. A., Ashton, K., Hughes, K. (Behavioural epidemiologist), Ford, K., Bishop, J. (Consultant in public health), Paranjothy, S., & Public Health Wales. (2015). *Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population : Alcohol Use, Drug Use, Violence, Sexual Behaviour, Incarceration, Smoking and Poor Diet*. 33.
- Berry, J. W. (2003). Conceptual approaches to acculturation. In K. M. Chun, P. Balls Organista, & G. Marín (Eds.), *Acculturation: Advances in theory, measurement, and applied research* (pp. 17–37). American Psychological Association.
- Boccagni, P. (2012). Rethinking transnational studies: Transnational ties and the transnationalism of everyday life. *European Journal of Social Theory*, 15(1), 117–132. <https://doi.org/10.1177/1368431011423600>
- Bramley, G., Fitzpatrick, S., Wood, J., Sosenko, F., Blenkinsopp, J., Littlewood, M., Frew, C., Bashar, T., McIntyre, J. and Johnsen, S. (2019) *Hard Edges Scotland*, Edinburgh: Heriot-Watt University, I-SPHERE; LankellyChase; The Robertson Trust,
- Cavdar, D., McKeown, S., & Rose, J. (2021). Mental health outcomes of ethnic identity and acculturation among British-born children of immigrants from Turkey. *New Directions for Child and Adolescent Development*, 2021(176), 141–161. <https://doi.org/10.1002/cad.20402>
- Chapman, D. P., Whitfield, C. L., Felitti, V. J., Dube, S. R., Edwards, V. J., & Anda, R. F. (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders*, 82(2), 217–225. <https://doi.org/10.1016/j.jad.2003.12.013>
- Childs-Fegredo, J., Burn, A. M., Duschinsky, R., Humphrey, A., Ford, T., Jones, P. B., & Howarth, E. (2021). Acceptability and Feasibility of Early Identification of Mental Health Difficulties in Primary Schools: A Qualitative Exploration of UK School Staff and Parents' Perceptions. *School Mental Health*, 13(1), 143–159. <https://doi.org/10.1007/s12310-020-09398-3>
- Cooper, K., & Stewart, K. (2021). Does Household Income Affect Children's Outcomes? A Systematic Review of the Evidence. *Child Indicators Research*, 14(3), 981–1005. <https://doi.org/10.1007/s12187-020-09782-0>
- Corrigan, P. W., Markvwitz, F. E., & Watson, A. C. (2004). *Structural Levels of Mental Illness Stigma and Discrimination*. <https://academic.oup.com/schizophreniabulletin/article/30/3/481/1933014>
- Drummet AR, Coleman M, Cable S. Military families under stress: implications for family life education. *Fam Relat*. 2003;52(3):279–287

- Edwards J, Goldie I, Elliott I, Breedvelt J, Chakkalackal L, & Foye U. (2016). *The forgotten foundation of mental health and wellbeing Relationships in the 21st century SUMMARY REPORT*.
- Edwards, V. J., Holden, G. W., Felitti, V. J., & Anda, R. F. (2003). Relationship Between Multiple Forms of Childhood Maltreatment and Adult Mental Health in Community Respondents: Results From the Adverse Childhood Experiences Study. In *Am J Psychiatry* (Vol. 160, Issue 8). <http://ajp.psychiatryonline.org>
- Evans, G. W., Wells, N. M., Chan, H. Y. E., & Saltzman, H. (2000). Housing quality and mental health. *Journal of Consulting and Clinical Psychology, 68*(3), 526–530. <https://doi.org/10.1037/0022-006X.68.3.526>
- Evans, J., & Collard, S. (2022). *UNDER PRESSURE: THE FINANCIAL WELLBEING OF UK HOUSEHOLDS IN JUNE 2022 Findings from the 6th Coronavirus Financial Impact Tracker Survey*.
- Fitzsimons, E., Goodman, A., Kelly, E., & Smith, J. P. (2017). Poverty dynamics and parental mental health: Determinants of childhood mental health in the UK. *Social Science and Medicine, 175*, 43–51. <https://doi.org/10.1016/j.socscimed.2016.12.040>
- Ford, T., Hamilton, H., Meltzer, H., & Goodman, R. (2007). Child Mental Health is everybody's business: The prevalence of contact with public sector services by type of disorder among British school children in a three-year period. *Child and Adolescent Mental Health, 12*(1), 13–20. <https://doi.org/10.1111/j.1475-3588.2006.00414.x>
- Fresnoza-Flot, A. (2009). Migration status and transnational mothering: The case of Filipino migrants in France. *Global Networks, 9*(2), 252–270. <https://doi.org/10.1111/j.1471-0374.2009.00253.x>
- Fry, R. (2007). Perspective shifts and a theoretical model relating to kaigaishijo and kikokushijo, or third culture kids in a Japanese context. *Journal of Research in International Education, 6*(2), 131–150. <https://doi.org/10.1177/1475240907078610>
- Garriga, A., & Pennoni, F. (2022). The Causal Effects of Parental Divorce and Parental Temporary Separation on Children's Cognitive Abilities and Psychological Well-being According to Parental Relationship Quality. *Social Indicators Research, 161*(2–3), 963–987. <https://doi.org/10.1007/s11205-020-02428-2>
- Gower, M., & McGuinness, T. (2017). The financial ('minimum income') requirement for partner visas. In *Number* (Vol. 6724). [www.parliament.uk/commons-library|intranet.parliament.uk/commons-library|papers@parliament.uk|@commonslibrary](http://www.parliament.uk/commons-library/intranet.parliament.uk/commons-library/papers@parliament.uk/@commonslibrary)
- Gray-Little, B., & Hafdahl, A. R. (2000). Factors influencing racial comparisons of self-esteem: A quantitative review. *Psychological Bulletin, 126*(1), 26–54. <https://doi.org/10.1037/0033-2909.126.1.26>
- Haagsman, R. K. (2015). *Parenting across borders: effects of transnational parenting on the lives of Angolan and Nigerian migrant parents in The Netherlands* [Maastricht university]. <https://doi.org/10.26481/dis.20150410rh>
- Hall, W. J., Chapman, M. V., Lee, K. M., Merino, Y. M., Thomas, T. W., Payne, B. K., Eng, E., Day, S. H., & Coyne-Beasley, T. (2015). Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: A systematic review. In *American Journal of Public Health* (Vol. 105, Issue 12, pp. e60–e76). American Public Health Association Inc. <https://doi.org/10.2105/AJPH.2015.302903>

- Harf, A., Skandrani, S., Sibeoni, J., Pontvert, C., Revah-Levy, A., & Moro, M. R. (2015). Cultural identity and internationally adopted children: Qualitative approach to parental representations. *PLoS ONE*, *10*(3). <https://doi.org/10.1371/journal.pone.0119635>
- Hatem, C., Lee, C. Y., Zhao, X., Reesor-Oyer, L., Lopez, T., & Hernandez, D. C. (2020). Food insecurity and housing instability during early childhood as predictors of adolescent mental health. *Journal of Family Psychology*, *34*(6), 721–730. <https://doi.org/10.1037/fam0000651>
- Heard-Garris, N. J., Cale, M., Camaj, L., Hamati, M. C., & Dominguez, T. P. (2018). Transmitting Trauma: A systematic review of vicarious racism and child health. *Social Science and Medicine*, *199*, 230–240. <https://doi.org/10.1016/j.socscimed.2017.04.018>
- Horton, S. (2009). A mother's heart is weighed down with stones: A phenomenological approach to the experience of transnational motherhood. *Culture, Medicine and Psychiatry*, *33*(1), 21–40. <https://doi.org/10.1007/s11013-008-9117-z>
- House of Lords. (2023). *All families matter: An inquiry into family migration*. <https://publications.parliament.uk/pa/ld5803/ldselect/ldjusthom/144/14408.htm>
- House of Lords Library. (2018). *Impact of "Hostile Environment" Policy*.
- Hughes, K., Lowey, H., Quigg, Z., & Bellis, M. A. (2016). Relationships between adverse childhood experiences and adult mental well-being: Results from an English national household survey. In *BMC Public Health* (Vol. 16, Issue 1). BioMed Central Ltd. <https://doi.org/10.1186/s12889-016-2906-3>
- Kayama, M., & Yamakawa, N. (2020). Acculturation and a sense of belonging of children in U.S. Schools and communities: The case of Japanese families. *Children and Youth Services Review*, *119*. <https://doi.org/10.1016/j.childyouth.2020.105612>
- Kiang, L., & Baldelomar, O. A. (2016). Ethnic identity formation. In R. Levesque (Ed.), *Encyclopedia of adolescence*. Springer. https://doi.org/10.1007/978-3-319-32132-5_298-2.
- Kohrt, B. A., Lu, F. G., Wu, E. Y., Hinton, D. E., Aggarwal, N. K., Parekh, R., Rousseau, C., & Lewis-Fernández, R. (2018). Caring for families separated by changing immigration policies and enforcement: A cultural psychiatry perspective. *Psychiatric Services*, *69*(12), 1200–1203. <https://doi.org/10.1176/appi.ps.201800076>
- Krauss, S., Orth, U., & Robins, R. W. (2020). Family environment and self-esteem development: A longitudinal study from age 10 to 16. *Journal of Personality and Social Psychology*, *119*(2), 457–478. <https://doi.org/10.1037/pspp0000263>
- Li, A., Baker, E., & Bentley, R. (2022). Understanding the mental health effects of instability in the private rental sector: A longitudinal analysis of a national cohort. *Social Science and Medicine*, *296*. <https://doi.org/10.1016/j.socscimed.2022.114778>
- Li, L., & Avendano, M. (2023). Lone parents' employment policy and adolescents' socioemotional development: Quasi-experimental evidence from a UK reform. *Social Science and Medicine*, *320*. <https://doi.org/10.1016/j.socscimed.2023.115754>
- Lucas, N., Nicholson, J. M., & Erbas, B. (2013). Child mental health after parental separation: The impact of resident/ non-resident parenting, parent mental health, conflict and socioeconomics. In *JOURNAL OF FAMILY STUDIES* (Vol. 19, Issue 1).
- Luo, J., Wang, L. G., & Gao, W. B. (2012). The influence of the absence of fathers and the timing of separation on anxiety and self-esteem of adolescents: A cross-sectional survey. *Child: Care, Health and Development*, *38*(5), 723–731. <https://doi.org/10.1111/j.1365-2214.2011.01304.x>

- Madianou, M., & Miller, D. (2011). Mobile phone parenting: Reconfiguring relationships between Filipina migrant mothers and their left-behind children. *New Media and Society*, 13(3), 457–470. <https://doi.org/10.1177/1461444810393903>
- Maina, I. W., Belton, T. D., Ginzberg, S., Singh, A., & Johnson, T. J. (2018). A decade of studying implicit racial/ethnic bias in healthcare providers using the implicit association test. *Social Science and Medicine*, 199, 219–229. <https://doi.org/10.1016/j.socscimed.2017.05.009>
- Maniglio, R. (2012). The Role of Parent-Child Bonding, Attachment, and Interpersonal Problems in the Development of Deviant Sexual Fantasies in Sexual Offenders. *Trauma, Violence, and Abuse*, 13(2), 83–96. <https://doi.org/10.1177/1524838012440337>
- Martin-West, S. (2019). The Role of Social Support as a Moderator of Housing Instability in Single Mother and Two-Parent Households. *Social Work Research*, 43(1), 31–42. <https://doi.org/10.1093/swr/svy028>
- Matt Barnes, B., & Butt, S. (2016). *The Dynamics of Bad Housing: The impact of bad housing on the living standards of children.*
- McClure, E. R., Chentsova-Dutton, Y. E., Holochwost, S. J., Parrott, W. G., & Barr, R. (2018). Look At That! Video Chat and Joint Visual Attention Development Among Babies and Toddlers. *Child Development*, 89(1), 27–36. <https://doi.org/10.1111/cdev.12833>
- Migration Observatory, 2023. The minimum income requirements for British citizens sponsoring partners to live with them in the UK.
- Miller, A., Hess, J. M., Bybee, D., & Goodkind, J. R. (2018). Understanding the mental health consequences of family separation for refugees: Implications for policy and practice. *American Journal of Orthopsychiatry*, 88(1), 26–37. <https://doi.org/10.1037/ort0000272>
- Montgomery, M. J., Hernandez, L., & Ferrer-Wreder, L. (2008). Identity development and intervention studies: The right time for a marriage? *Identity*, 8(2), 173–182. <https://doi.org/10.1080/15283480801940115>
- National Children’s Bureau. (2016). *Housing and the Health of Young Children Policy and evidence briefing for the VCSE sector.*
- Newlove-Delgado, T., Moore, D., Ukoumunne, O. C., Stein, K., & Ford, T. (2015). Mental health related contact with education professionals in the British Child and Adolescent Mental Health Survey 2004. *Journal of Mental Health Training, Education and Practice*, 10(3), 159–169. <https://doi.org/10.1108/JMHTEP-02-2015-0007>
- NHS Five Year Forward View for Mental Health dashboard. <https://www.england.nhs.uk/publication/nhs-mental-health-dashboard/> Accessed September 2023
- Parreñas, R. (2005). Long distance intimacy: Class, gender and intergenerational relations between mothers and children in Filipino transnational families. In *Global Networks* (Vol. 5, Issue 4, pp. 317–336). <https://doi.org/10.1111/j.1471-0374.2005.00122.x>
- Pevalin, D. J., Reeves, A., Baker, E., & Bentley, R. (2017). The impact of persistent poor housing conditions on mental health: A longitudinal population-based study. *Preventive Medicine*, 105, 304–310. <https://doi.org/10.1016/j.ypmed.2017.09.020>
- Pieterse A, Todd R, Neville H, & Cater T. (2012). Supplemental Material for Perceived Racism and Mental Health Among Black American Adults: A Meta-Analytic Review. *Journal of Counseling Psychology*. <https://doi.org/10.1037/a0026208.supp>
- Pinedo, M., Beltrán-Girón, J., Correa, Z., & Valdez, C. (2021). A Qualitative View of Migration-Related Stressors on the Mental Health of Latinx Americans in the Current

- Sociopolitical Climate of Hostility Towards Migrants. *Journal of Immigrant and Minority Health*, 23(5), 1053–1064. <https://doi.org/10.1007/s10903-021-01207-6>
- Portes, A., & Rumbaut, R. G. (2001). *Legacies: The story of the immigrant second generation*. University of California Press.
- Qureshi, A., Morris, M., & Mort, L. (2020). *ACCESS DENIED THE HUMAN IMPACT OF THE HOSTILE ENVIRONMENT The progressive policy think tank*. www.ippr.org
- Schmalzbauer, L. (2004). Searching for wages and mothering from afar: The case of Honduran transnational families. *Journal of Marriage and Family*, 66(5), 1317–1331. <https://doi.org/10.1111/j.0022-2445.2004.00095.x>
- Schwartz, S. J., Hardy, S. A., Zamboanga, B. L., Meca, A., Waterman, A. S., Picariello, S., Luyckx, K., Crocetti, E., Kim, S. Y., Brittan, A. S., Roberts, S. E., Whitbourne, S. K., Ritchie, R. A., Brown, E. J., & Forthun, L. F. (2015). Identity in young adulthood: Links with mental health and risky behavior. *Journal of Applied Developmental Psychology*, 36, 39–52. <https://doi.org/10.1016/j.appdev.2014.10.001>
- Siegel, B. S., & Davis, B. E. (2013). Health and mental health needs of children in US military families. *Pediatrics*, 131(6). <https://doi.org/10.1542/peds.2013-0940>
- Vederhus, J. K., Haugland, S. H., & Timko, C. (2022). A mediational analysis of adverse experiences in childhood and quality of life in adulthood. *International Journal of Methods in Psychiatric Research*, 31(1). <https://doi.org/10.1002/mpr.1904>
- Wilton, J., & Williams, A. (2019). *Engaging with complexity Providing effective trauma-informed care for women 2*.
- Winston, R., & Chicot, R. (2016). The importance of early bonding on the long-term mental health and resilience of children. *London Journal of Primary Care*, 8(1), 12–14. <https://doi.org/10.1080/17571472.2015.1133012>
- Wood, L. C. N., & Devakumar, D. (2020). Healthcare access for migrant children in England during the COVID-19 pandemic. In *BMJ Paediatrics Open* (Vol. 4, Issue 1). BMJ Publishing Group. <https://doi.org/10.1136/bmjpo-2020-000705>
- Worthing, K., Galaso, M. M., Wright, J. K., & Potter, J. (2021). Patients or passports? The ‘hostile environment’ in the NHS. *Future Healthcare Journal*, 8(1), 28–30. <https://doi.org/10.7861/fhj.2021-0007>
- Wray, H., Grant, S., & Kofman Eleonore. (2015). *Family Friendly? The impact on children of the Family Migration Rules: A review of the financial requirements Commissioned by the Children’s Commissioner for England from Middlesex University and the Joint Council for the Welfare of Immigrants*.
- Yang, L. H., Chen, F. pei, Sia, K. J., Lam, J., Lam, K., Ngo, H., Lee, S., Kleinman, A., & Good, B. (2014). “What matters most:” A cultural mechanism moderating structural vulnerability and moral experience of mental illness stigma. *Social Science and Medicine*, 103, 84–93. <https://doi.org/10.1016/j.socscimed.2013.09.009>

APPENDICES

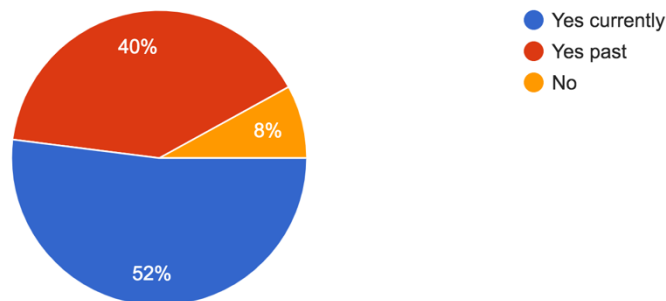
Appendix 1: RFUK Survey

The survey was sent to people in the RFUK Facebook group, which has a membership of 2600+ people. The survey was answered by 26 people, though not everyone answered every question.

Part 1: Spouse Visa

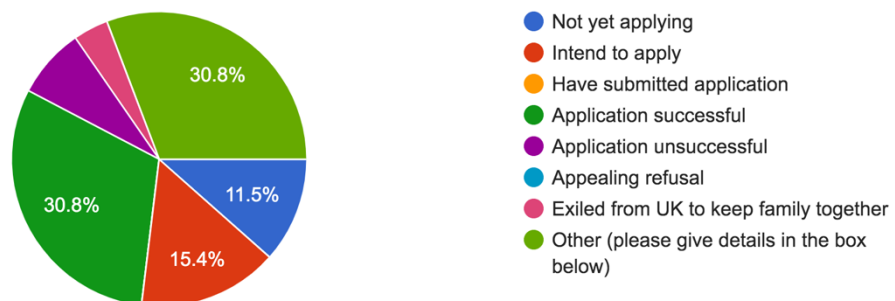
1. Is your family currently separated due to the spouse visa policy, or has it been in the past, since 2012, (when the Minimum Income Requirement was introduced)?

25 responses



2. Which of these applies to your family regarding the spouse visa (please select all that apply):

26 responses



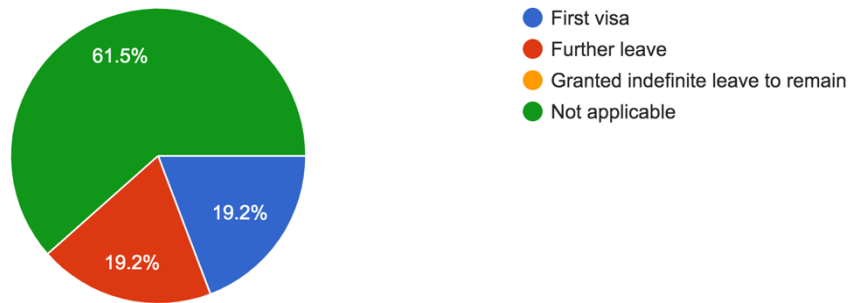
Other (summarised):

- Separated from extended family
- Now going through divorce
- Will be in debt from the application process
- Leaving UK to reunite

- Reunited via another route, now not available due to Brexit

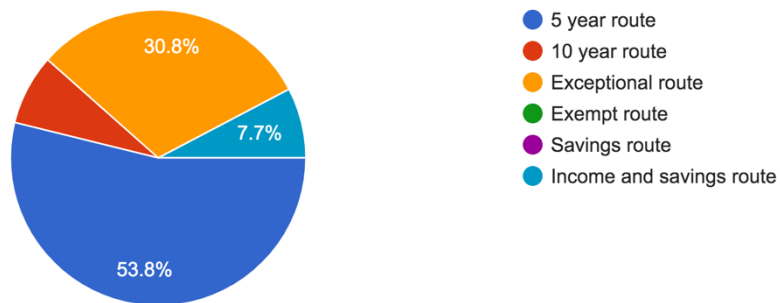
3. If someone in your family has a visa, what stage in your visa journey are you at?

26 responses

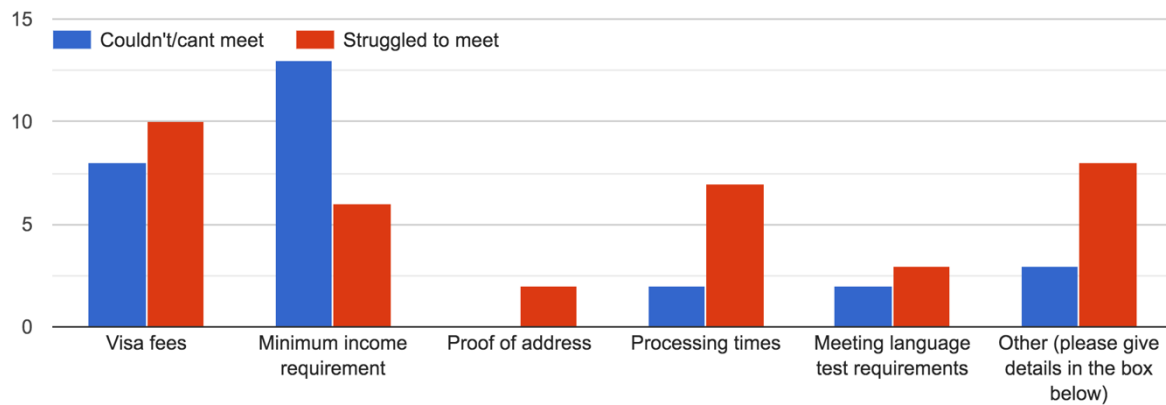


4. If relevant, which visa route are you/ your family member on:

13 responses



5. If your family are currently, or were previously separated, what aspect of the spouse visa policy caused or contributed to the length of separation? (please tick all that apply)



Other (summarised):

- Covid / lockdown restrictions
- Gaining an autism diagnosis for child
- Flight ticket costs
- Demonstrating cohabitation after long separation
- Challenges with the form which is 'confusing'
- Disabled child
- Travel to English language test being difficult for non-British partners (2)
- Cost of instructing a lawyer for complex cases
- Employers not cooperating

6. Have you encountered any other barriers that have made it difficult to apply for, or secure this visa? What are they? (summarised)

- Previous criminal conviction
- Having young children so cannot work full time
- Covid restrictions
- Health and mental health issues of parents
- Having to sacrifice assets to pay for visa fees – impact on retirement
- Challenges gathering documentation for non-British spouses
- Preparing the documentation

7. How long have you been / were you living in separate countries due to the SPMR? (26 responses)

0-1 years	2
1-2 years	7
10 years +	2
2-3 years	2
3-4 years	3
4-5 years	3
5-6 years	2
7-8 years	3
9-10 years	1
Not separated	1
Grand Total	26

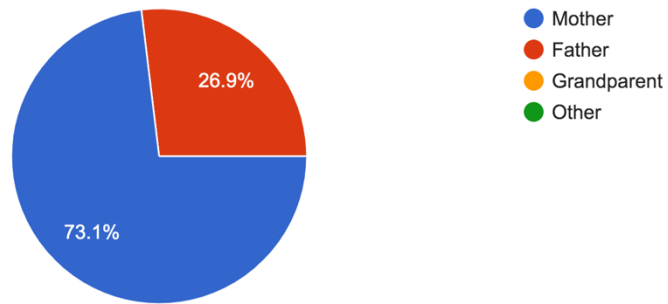
Other:

- Had to take out a loan to stay with partner
- Stayed with partner abroad during waiting period

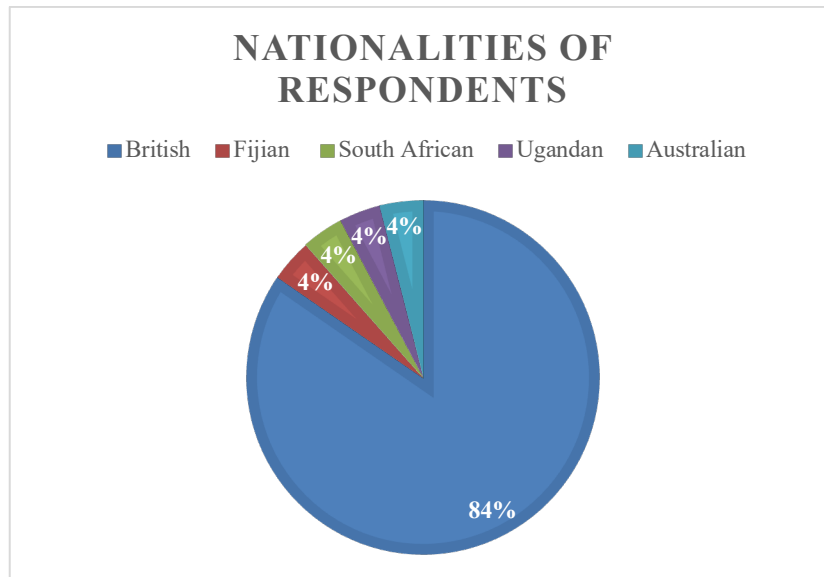
Part 2: About you and your family

8. What is your role in the family?

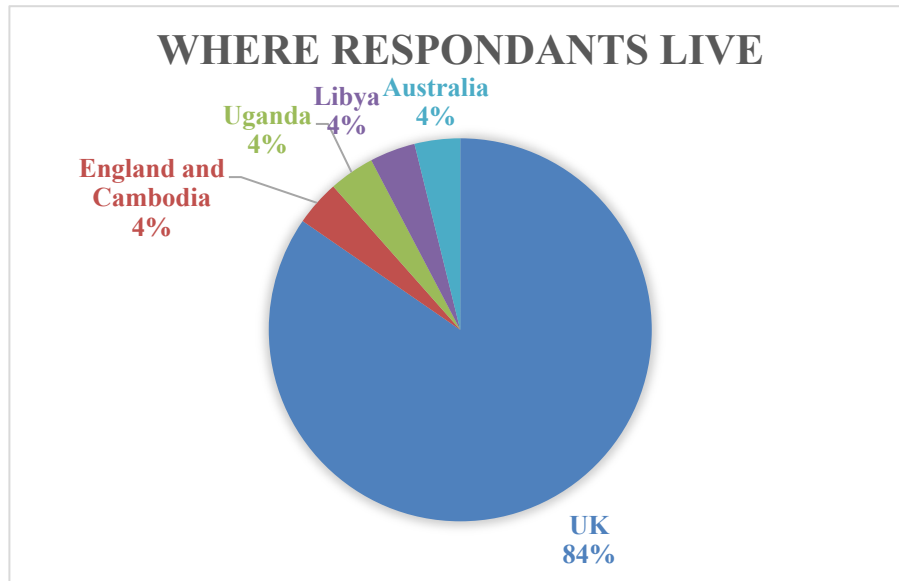
26 responses



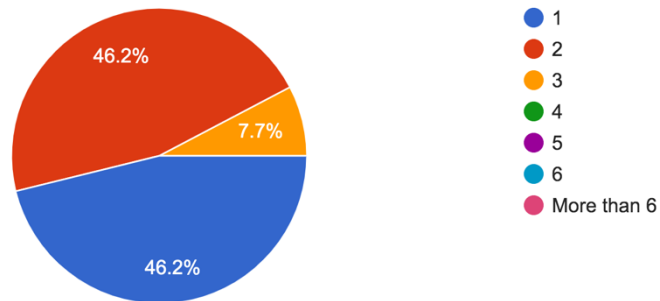
9.b. What is your nationality?



10. What country do you live in? (26 responses)



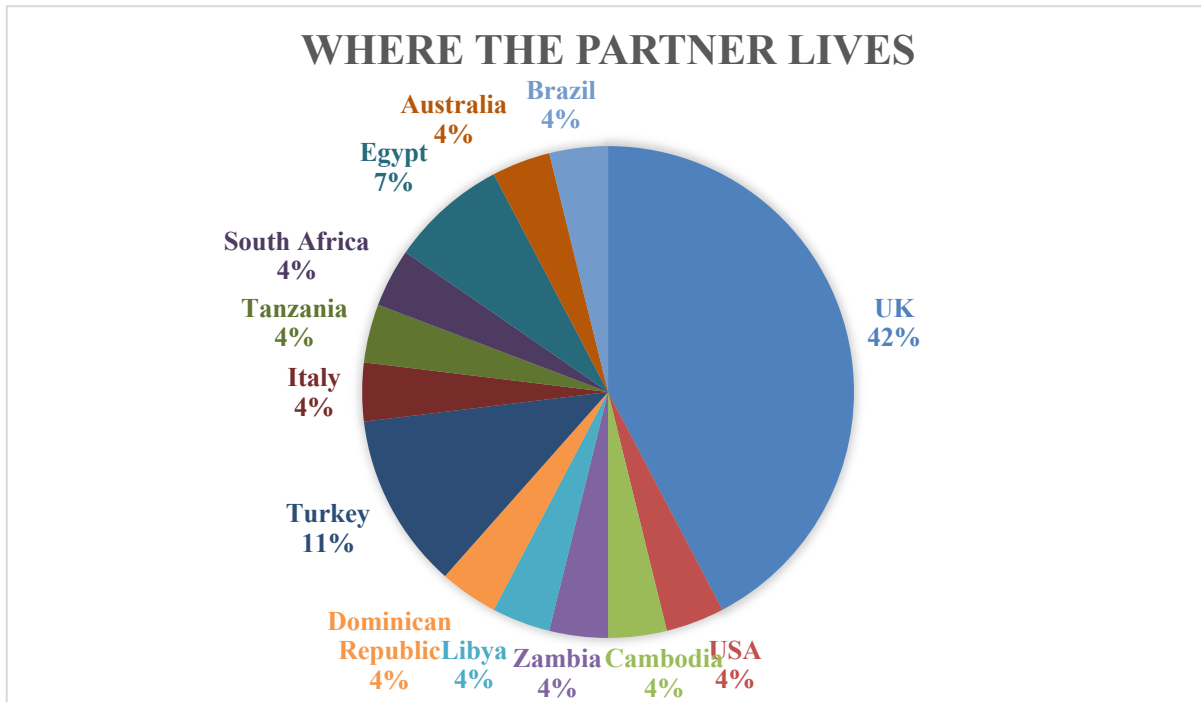
11. How many children do you and your partner have (including step-children)
26 responses



12. What ages are your children?

Under 5 years	9
5 - 12 years	19
13 - 18 years	10
Over 18	4

13. In which country does your partner live? (26 responses)



14. What nationality is your partner?

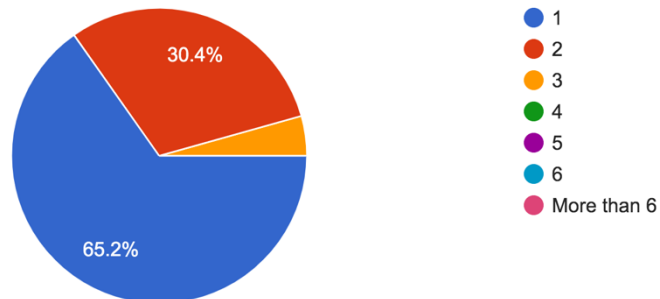
25 responses

Turkish	5
British	3
Egyptian	2
American	1
Brazilian	1
British, previously Cambodian	1
Dominican	1
Ethiopian	1
Fijian	1
Honduran	1
Honduran	1
Khmer	1
Libyan	1
Sierra Leone	1
South African	1
Sri Lanka	1

Tanzanian	1
Zambian	1
Total answers	25

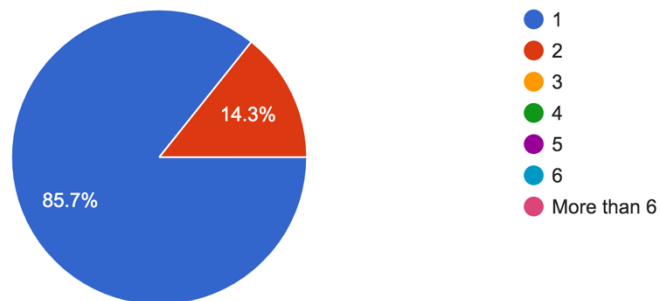
15. How many children live with you? (Including step-children)

23 responses



16. If your family is separated, how many children live with your partner? (Including step-children)

7 responses

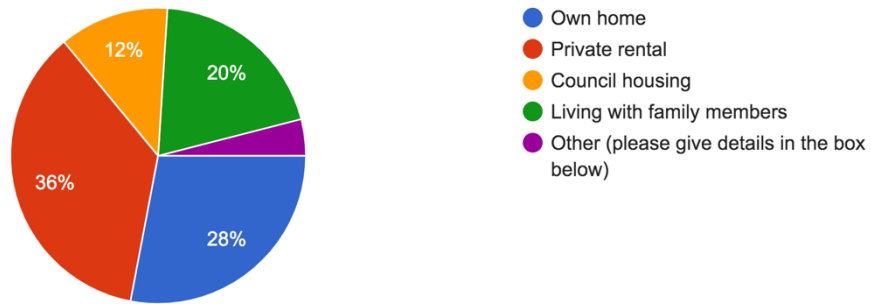


17. Please give any relevant details here about any additional support needs that any family members have, or any caring responsibilities within the family, including for elderly relatives. (7 responses, summarised in themes)

- Physical, mental health and developmental needs of children
- Health needs of partner
- Contributing to maintenance of extended family
- Caring for elderly parents
- Challenges of working and caring at the same time

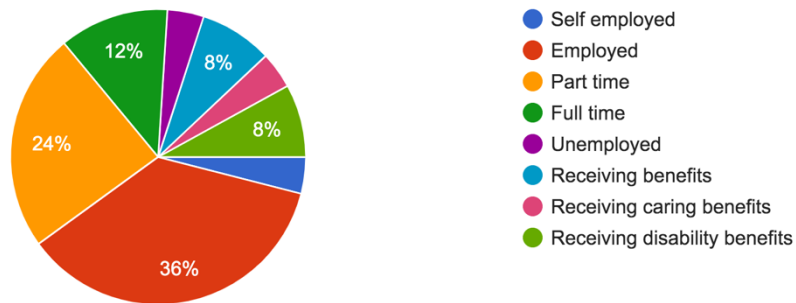
18. What is the living situation of the parent/s in the UK?

25 responses

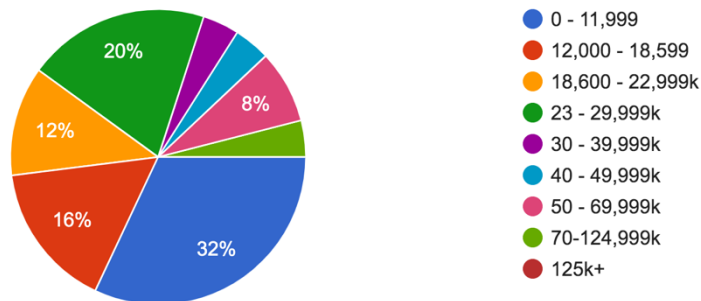


19. What is the employment status of the parent living in the UK? (the parent who must demonstrate they meet the Minimum Income Requirement)

25 responses



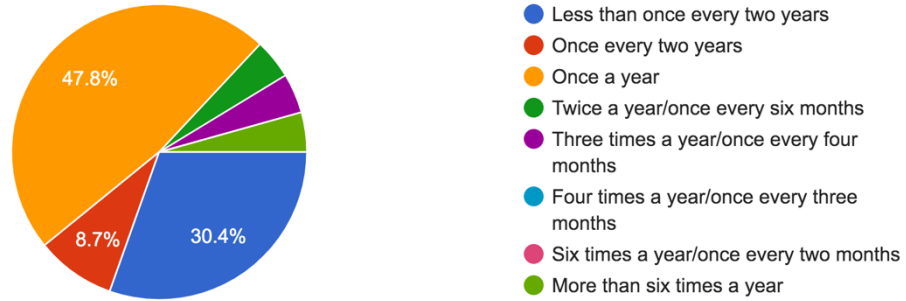
20. What is the current annual income for the UK based parent/s? (If you are now both in the UK, please state your combined income. Not including benefits or income from family and friends. £) (25 responses)



Part 3: Children's mental health

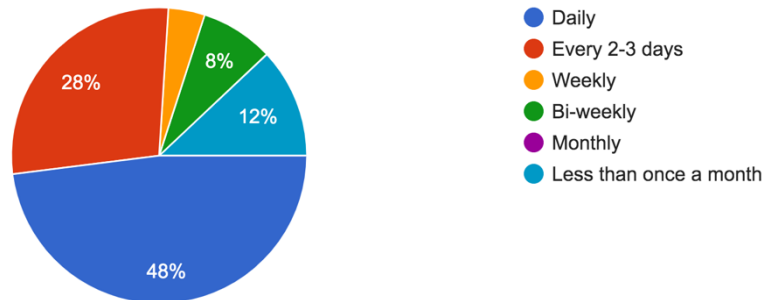
21. If applicable, how regularly does / did your child / children see the parent whom they were separated from? If you are newly separated, please give an estimate answer.

23 responses



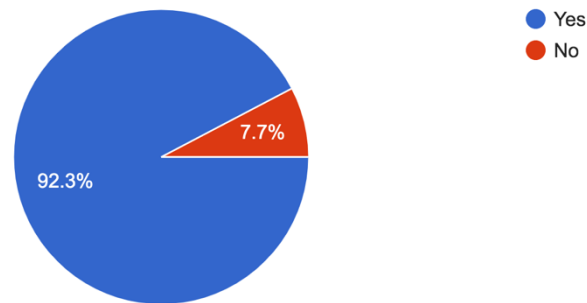
22. During the separation, how often does / did the child or children communicate with the separated parent, by telephone or video?

25 responses



22. Has being separated due to the visa regulations impacted your child's / children's mental health and well-being?

26 responses

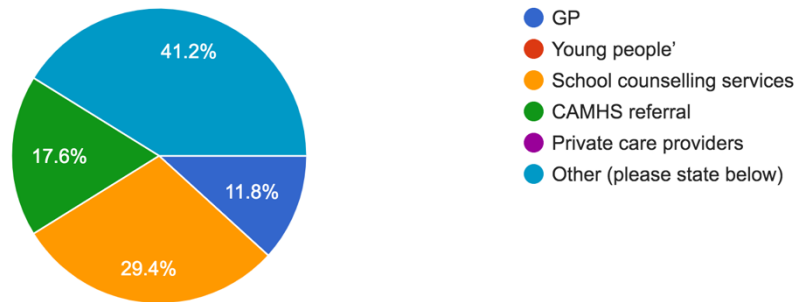


Please give details and examples if possible (summarised / grouped)

- Night terrors and sleep issues, crying at night
- School and education impacted
- Impact on confidence and self esteem
- Separation anxiety
- Attachment disorder
- Anxiety
- Depression
- Worry
- Misbehaving
- Lashing out, violence, anger
- Withdrawing
- Suicidal
- Crying
- ADHD
- Selective mutism
- Stool holding
- Family returned to other country
- Caused marriage break-up

23. Has your child / children accessed support for their mental health from:

17 responses



*This question did not allow for multiple choice or multiple children, and so the chart is not an accurate representation of people's circumstances.

Other:

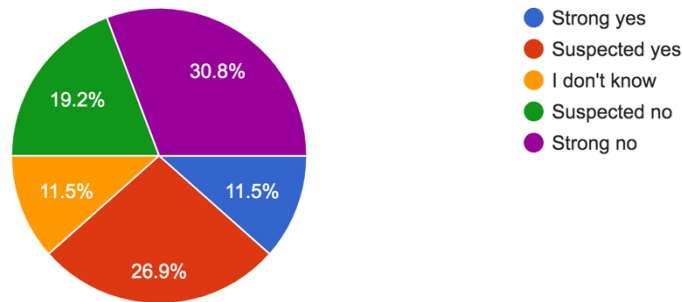
- CAMHS (4)
- Lack of support available abroad for children
- Awaiting assessment
- SENCO / School liaison / school counsellor (3)
- Social worker
- GP (3)

24. Has your child / children received a diagnosis of a mental health condition? (14 responses)

Anxiety	8
ADHD	3
Depression	1
OCD	1
Selective mutism	1

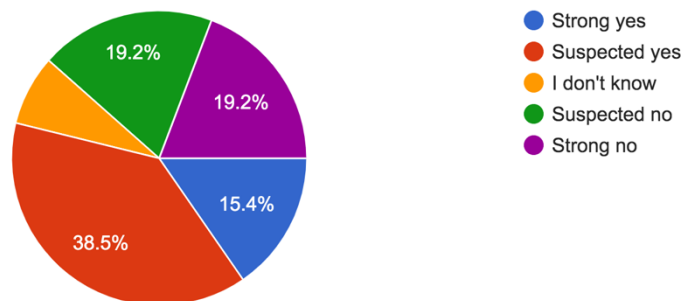
25. Has your child / children experienced racism?

26 responses



26. Has your child / children experienced bullying?

26 responses



29. Has there been anything in particular which has been helpful to support your child / children through this separation / exile? (e.g., clubs, a particular book, friends, community groups, a teacher, a style of communication). We'd love to hear any ideas that might be helpful for us and others in supporting children through this process.

- Clubs, outdoors activities, keeping busy
- Teachers
- Family
- Friends
- Regular communication, video calls, Whatsapp messages
- Regular visits (if possible)
- Church, faith
- Routines
- Special 'self-care' days – painting and bath time
- Support groups (although none other than what RFUK offers are specific to this group exactly)

Quoted from one mother:

- *“Talking about their dad helps a lot. Messaging and calling him as soon as we can when they are missing him. Sharing happy memories, or funny stories about him. Talking about what we think he’d like about experiences we are having. Sharing jokes with each other, photos, videos, memes on our family WhatsApp group. It can be hard to keep doing this when life is busy but it all helps.”*
- *Being a part of RFUK: knowing that there are other families going through similar situations, and accessing the support available*
- *Solid friendships*
- *Understanding and caring teachers/support staff*
- *Loving family. Family that loves and respect my husband and in-laws who love and respect me. They may not always understand but it helps us all feel more connected.*
- *Allowing and honoring emotions. All of them.*
- *Talking openly about the situation, why it’s wrong and what we’re trying to do as a family to resolve it.*
- *Encouraging and allowing my husband to be completely involved when we’re all together on a visit. Whether it’s jumping on the bus for the school run, doing the weekly shop with the kids, cooking together. Doing lots of normal family things. Then it feels more real and less like a holiday with less pressure to force things to be special. And my husband feels valued and that he’s contributing.”*

Appendix 2: Spouse visa costs

Visa route		Before October 4 th 2023	After October 4 th 2023
5-year route	Initial visa application (from outside the UK)	£1,538.00	£1,846.00
	Extension after 2.5 years	£1,048.00	£1,048.00
	Immigration Health Surcharge (adult) (£624 x 5, paid annually)	£3,120.00	£3,120.00
	Immigration Health Surcharge (child) (£470 x 5)	£2,350.00	£2,350.00
	Application for Indefinite Leave to Remain (after five years) *	£2,404.00	£2,885.00
	Biometric Enrolment (£19.20 x 3)	£57.60	£57.60
	Life in the UK test	£50	£50
	Total cost: partner	£8,217.60	£9,006.60
	Total cost: partner + 1 child	£15,665.20	£17,243.40
Ten-year route	Costs as above, plus additional costs:		
	Extensions after 5 + 7.5 years	£2,096	£2,096
	Additional 5 years of IHS (adult) (£624 x 5)	£3,120.00	£3,120.00
	Additional 5 years of IHS (child) (£470 x 5)	£2,350.00	£2,350.00
	Additional 2 x biometric enrolment (£19.20 x 2)	£38.40	£38.40
	Additional cost for ten-year route	5254.4	5254.4
	Additional cost for ten-year route: partner + child	£9,738.80	£9,738.80
	Total cost for ten-year route: partner	£13,472.00	£14,261.00
	Total cost ten-year route: partner + 1 child	£25,404.00	£26,982.20