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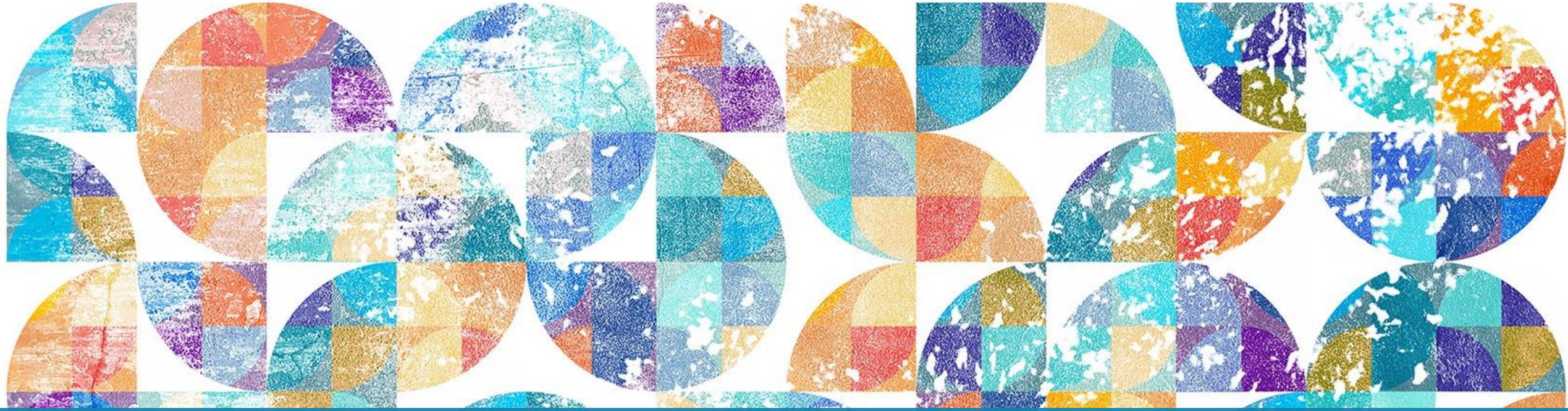

VULNERABILITY, MIGRATION, AND WELLBEING: INVESTIGATING EXPERIENCES, PERCEPTIONS, AND BARRIERS

Research Findings

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THE PROJECT

Exploration of the wellbeing profile of groups at risk of vulnerability and factors associated with wellbeing

- Undocumented migrants, and asylum seekers

What do we mean by vulnerability?

- Individuals who are at significant risk of harm while substantially lacking the ability or means to protect themselves.

What do we mean by wellbeing?

- Wellbeing as multidimensional, involving physical, material, psychological, social, and spiritual needs. We use Sumner and Mallett's (2013) dimensions: material wellbeing (e.g., income), relational wellbeing (e.g., relationships), and subjective wellbeing (e.g., self-reported health).

Structure of the project

- The 'original' project;
- Wellbeing during the pandemic;
- Wellbeing in institutional and contingency accommodation (ICA).

MAIN OBJECTIVES

To profile the wellbeing of individuals at risk of vulnerability;

To identify the multiple factors associated with wellbeing;

To understand how wellbeing can be monitored;

To describe the health and access to care of asylum seekers living in “temporary” housing; and

To inform policy and practice about actions that might influence vulnerability and wellbeing for migrants at risk of vulnerability.

THE TEAM

University of Birmingham

- Dr Laurence Lessard-Phillips (PI)
- Dr Antje Lindenmeyer (Co-I)
- Professor Jenny Phillimore (Co-I)
- Dr Lin Fu (RF)

Doctors of the World UK

- Lucy Jones
- Ella Johnson
- Anna Miller
- Briony Tatem
- Other colleagues

Advisory Board members

- Robert Aldridge
- Alex Beer
- Hannah Boylan
- Sin Yi Cheung
- Lisa Doyle
- Hiranthi Jayaweera
- Alina Smith
- Fatima Wurie

METHODOLOGICAL APPROACH

Mixed methods approach

- Primary (qualitative) and secondary (qualitative and quantitative) data
- Convergent and explanatory sequential approach
- Co-production approach

Data

- Secondary data
  - Quantitative: questionnaires of service users of DOTW UK clinics (2011-2018, 2020)
    - Ns= 11,381; 321; 313
  - Qualitative: sample of free-text notes
    - 2015-2018: N=363
    - 2020: Ns=96/104
- Primary data
  - Interviews with DOTW UK volunteers

Analysis

- Descriptive statistics and regression analyses
- Content and thematic analysis

Stakeholder engagement

- Partnerships and engagement with relevant stakeholders

Ethics

- Approval from University of Birmingham and DOTW UK

FINDINGS – WELLBEING (2011-2018)

Data (N=11,381) comprising relatively equal share of female and male service users, living in London, mostly aged 25-44, in the UK for a relatively long time (but over a third more recently arrived at time of consultation).

Close to two-thirds (64.3%) of service users in the data classified as undocumented, 13.9% as asylum seekers, and 21.8% as 'other'.

Why did service users engage with DOTW UK clinics?

- GP registration
- Needing help with NHS costs

Barriers to healthcare access mentioned

- Lack of knowledge of system/rights
- Administrative and documentation barriers
- Language barriers

FINDINGS – WELLBEING (2011-2018)

Subjective wellbeing

- Close to 40% of service users reported as having good/very good health; ~25% bad/very bad
  - Relatively similar patterns for physical and psychological health

Social-relational wellbeing

- Over 60% can rely on someone from emotional support very frequently or frequently
- ~10% never

Economic wellbeing

- 84.1% living with insufficient income

	Subjective wellbeing			Relational wellbeing	Material wellbeing
	General	Physical	Psychological		
Immigration status (ref: other)					
Undocumented	-	-	-	-	-
Asylum seeker	-	-	-	-	-
Accommodation situation	+	+	+	+	+
Age	-		-	-	
Age squared				+	
Male	-	-		-	-
Years since arrival			-	+	

Associations between various factors and wellbeing relatively similar across immigration statuses

FINDINGS – WELLBEING (2011-2018) QUALITATIVE

Current health situation and reasons to consult

- Out of 363 service users, 220 came to DOTW with a physical or mental health concern
- About half of physical problems were causing pain
- 63 service users discussed mental health concerns (e.g. low mood, nightmares)

Material situation (housing/ employment)

- There is information about earnings for 114 service users, most from cleaning, building, childcare or restaurant work, some only part-time or 'occasionally'
- 69 said they relied on family or friends for a place to stay, food and (sometimes) money
- Most service users lived with family or friends in a fairly stable and safe environment
- For others, housing was problematic (e.g. sofa surfing, arguments with room mates)
- A few had housing tied to their job (domestic workers; employees living 'above the shop')

Social support

- Caseworkers sometimes noted that service users were well supported by friends/ family
- About a quarter of service users were helped to get to the DOTW UK clinic by a friend

FINDINGS – WELLBEING (2011-2018) QUALITATIVE

Links between different aspects of wellbeing

- Material wellbeing reliant on support from others for many
- Housing a crucial point of interlinking between economic and social-relational wellbeing
- Importance of 'navigators' to access health services (e.g. help to get to clinic; translating)

Context for free-text notes from interviews with DOTW UK volunteers

- Further insight into material situation of those most at risk of vulnerability
- Process of trust building between the service user and caseworker
- Decision making on when and how to ask potentially difficult questions
- Interaction between case workers, service users and others in the context of the clinic

FINDINGS – WELLBEING DURING THE PANDEMIC

Focus on subjective wellbeing

During the early months of the pandemic, ~47% reported good/very good health, 26.3% reported bad/very bad health

- Not a clear pattern of worsening subjective wellbeing compared to previous years
- Still lower compared to general population figures
- Situation of asylum seekers again more negative

Analyses of consultation notes and interviews with volunteers added additional depth and context to this situation

- Access to primary healthcare became more difficult (some practices said they would not take any new patients and registration moved online)
- Service users' material situation worsened as work opportunities dried up
- Completing more difficult questions (especially around safety) more challenging on the phone

FINDINGS – WELLBEING IN INITIAL AND CONTINGENCY ACCOMMODATION (ICA)

Shift to ICA in pandemic – 37,000 – normalising of this approach

July 2020 – January 2022 – 313 consultations in hotels and barracks – QN analysis plus systematic thematic analysis of 104 randomly selected cases

<95% asylum seekers, 75% male, 56% <30

32% need help with mental health

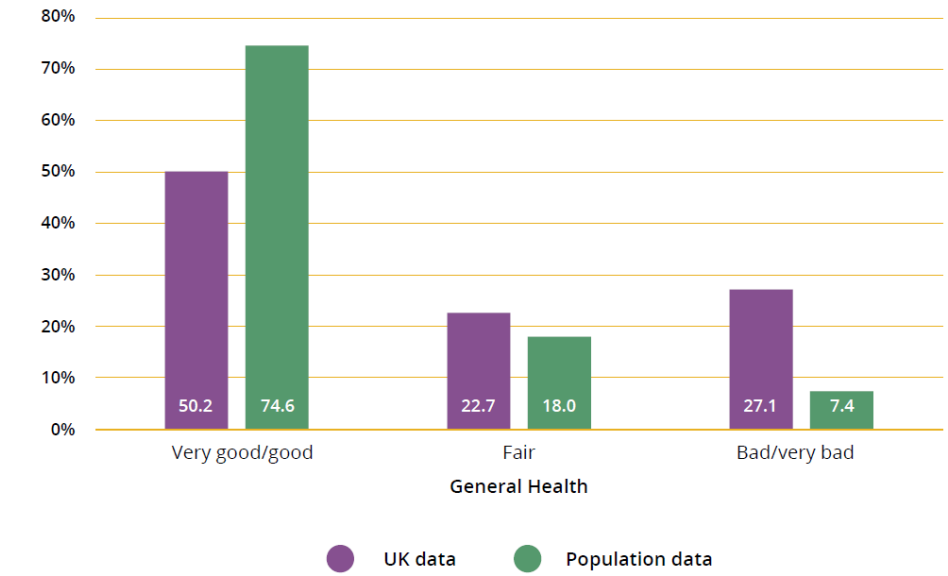
Some urgent, chronic and complex medical needs

Help needed with GP registration, prescriptions

and HC2certificate

52.5% no accessible information about COVID-19

Figure 8 Reported health status among service users in ICA, with a comparison with population-level data



Sources: DOTW K data, NHS Digital

ICA CASE NOTES

Impact of accommodation conditions on health (mental & physical)

- Food – stomach pain, weight loss, struggle to access special diet
- Sense of security
- Poor living conditions
- Help/support provided – break in access to treatments and medications
- Lack of distraction and isolation

Often more than one issue needing help – multi-morbidity (55 people with 2-5 reasons)

Reluctance of hotel staff and health professionals to visit and digital divide in access to services

DOTW: actions to deal with access

- Dealing with administrative procedures
- Advocating on behalf of service users – sense making and coordination
- Referrals to appropriate services (NGOs, solicitors, NHS, HO)
- More than one action needed in many instances (62 cases with 2-5 actions)

Need access to humane, safe and sanitary accommodation with full access to healthcare

RECOMMENDATIONS AND NEXT STEPS

Overall recommendations stemming from results

- Importance of GP registration for all
  - Automatic registration for asylum seekers and/or those in ICA
- Provide information about access to healthcare in a clear and accessible way
  - In different languages
- Be conscious of digital exclusion
- Ensure that rights of access to healthcare are known by all
  - Especially by healthcare providers
- Provide support with costs
- ICA as last resort
  - If provided, ensure access to healthcare and appropriate conditions

Specific suggestions for government bodies such as NHSE, HO, QCC, UK Government, OHID/UKHSA, and Covid enquiry

RECOMMENDATIONS AND NEXT STEPS

Project has shown importance of collecting data on migrants at risk of vulnerability, especially with regard to:

- Access to healthcare
- Specific populations often excluded from healthcare

Such data can be of use to a wealth of organisations

- And researchers!

Yet there may also be some drawbacks/concerns

Provision for the collection and analysis of such data is important

- But this does require investment

THANK YOU!

LINK TO THE REPORT: