



**Health, Wellbeing and Social Inclusion  
of Migrants in North Glasgow**

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## Summary

The death of an asylum seeking family in North Glasgow in March 2010, apparently as a result of suicide, led to expressions of concern about the mental health of other asylum seekers in similar circumstances, and to calls for improvements in housing and social conditions as well as for speedier case resolution for such groups. We took the opportunity therefore to examine our research data from surveys conducted in communities in North Glasgow to assess the following:

- Whether migrants reported worse mental health and wellbeing than British residents.
- If migrants appeared to be experiencing problems of social integration and a lack of support or friendly relations in the areas where they are living.
- Whether there were differences between categories of migrant (asylum seekers, refugees and other migrant workers) in these two respects.
- Whether the situation for all resident groups (migrants and permanent citizens) in the regeneration areas in the north of the city were worse than for residents in other relatively deprived parts of the city, thus indicating the potential existence of an area-effect over and above that of any migrant-effect.

This report is based on the responses to the GoWell community health and wellbeing survey conducted in 2008, in which a total of 4,648 people took part from 15 areas across Glasgow. In total, 16% of respondents were migrants (from over 30 different countries), including asylum seekers, refugees, and other migrants (which includes migrant workers, students studying abroad, and others whose status is unclear). This report compares the responses of these migrant groups living in North Glasgow with the responses of British citizens, with a focus on two main issues: health and wellbeing; and social inclusion. In proceeding along these lines, we need to bear in mind that, for a number of reasons, migrants may be reluctant to report very negative experiences or opinions. Their survey responses may therefore underestimate a range of problems they face.

## Health

In general self-reported health terms, all migrant groups reported better outcomes than British respondents. Migrants were far more likely to report that their general health was 'good' or better, and (apart from asylum seekers) were lower users of GP services.

There were no marked differences between migrants and British respondents (whether the latter were living in regeneration areas or elsewhere) in respect of validated measures of mental health and feelings of vitality (as measured by the SF-12 health survey).

Migrants were less likely than British respondents (whether the latter were living in regeneration areas or elsewhere) to report evidence of stress. This included: reports of experiencing stress, anxiety or depression over the past year; having recent stress-related physical health symptoms; or seeing a doctor for stress or similar reasons. The other migrant group reported the best outcomes on these measures.

**On most of the measures we used, we did not find evidence to suggest that migrants as a whole have worse mental health than other people living in**

**relatively deprived areas of the city.** On some measures (covering mental health and vitality) there were no significant differences in outcomes between migrants and British respondents, and on other measures (for example, pertaining to stress-related symptoms), migrants were more likely to have reported better outcomes after adjusting for demographic differences between the respondent groups.

**However, asylum seekers and other migrants were less positive in their outlook than other respondents.** They reported far lower scores on a combined measure of positive mental wellbeing (Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)) than other respondent groups, with half the asylum seekers and other migrants reporting low scores. In contrast, a third of refugees reported high scores on the combined measure of positive mental wellbeing, more than any other respondent group in regeneration areas. Therefore, it appears that migrants whose position and length of stay in the UK was more uncertain fared less well in terms of positive mental wellbeing.

**Overall, migrants were generally the healthier study group, although there are important caveats to this finding as described in the section on 'Interpretation'.**

### **Social inclusion**

**Most migrants (in common with most British residents) considered their communities to be socially harmonious i.e. that people from different backgrounds got along well together, rather than that social friction was the norm. However, this sense of harmony did not generally extend to feelings of inclusion.** Only two-in-five migrants felt part of the community, while the majority of British residents in the same areas did so. Social harmony therefore, may be more of a passive quality than constituting an active, inclusive experience.

**Most migrants did not feel safe in their local areas at night-time.** Refugees were particularly prone to not feeling safe, and to identifying problems of harassment and (to a lesser degree) intimidation in the neighbourhood (although other migrants were slightly more likely to identify intimidation as a problem). This situation may reflect refugees' greater exposure to the local area, since they may be seeking work, or participating in education or other activities more than asylum seekers (given refugees' greater entitlement and expectation to do so).

Echoing the finding about inclusion in the community, migrants knew fewer people in the local area than did British residents. **Most migrants said they knew 'none' or 'very few' people in the neighbourhood.** Asylum seekers in particular were far more likely than other groups to only speak to neighbours infrequently (less than once a week).

Refugees were more likely to have forms of social support available to them than other migrants, maybe reflecting their greater involvement in social and economic life. Half of asylum seekers lacked sources of practical support and three-in-five lacked sources of financial and emotional support; the same patterns existed for other migrants.

Therefore, **asylum seekers seemed to be the more socially isolated group, while refugees appeared to be the more socially exposed group,** which for the latter group had benefits in terms of available social support but also led to greater feelings of being unsafe and a higher awareness of intimidation and harassment.

## Conclusion

Our overall findings in relation to the four questions posed at the start are as follows:

- Migrants did not report worse mental health than British citizens. On many measures, migrants were less likely to report negative outcomes (or mental ill health), and they were less likely to have used GP services for mental health reasons in the past year. Migrants did, however, score lower on a scale which measured positive mental wellbeing or positive outlook, i.e. assessing the extent to which they feel good and function well.
- Migrants did appear to be a less socially included group, evident in the fact that most migrants did not feel part of the community, knew very few of their neighbours, and felt unsafe in the local area after dark.
- There were some differences observed between migrant groups.
  - On the mental health measures, the 'other migrant' group stood out from the asylum seeker and refugee groups: they were the lowest users of GP services (for general health or mental health reasons), and the least likely to report suffering stress, anxiety or related symptoms.
  - On the social inclusion measures, asylum seekers reported the lowest level of contact with neighbours, whilst refugees reported the highest levels of available social support. On the other hand, refugees were also the migrant group least likely to feel safe or free from problems of harassment.
- Our findings suggest that living in regeneration areas has an impact on all resident groups, including migrants, in respect of mental wellbeing and social inclusion (though not in relation to mental ill health):
  - There did not appear to be an area-effect operating in respect of mental ill health in that the reports from British citizens in regeneration areas were not significantly different to those from British citizens living elsewhere.
  - However, positive mental wellbeing was lower for all resident groups in the regeneration areas (non-migrants and migrants), indicating that the very worst areas in the city are probably having an impact on people's mental wellbeing (e.g. how they feel about themselves and their lives).
  - Similarly, most of the social inclusion measures (covering aspects of sense of community and levels of social interaction) were worse for all resident groups in the regeneration areas compared with people living elsewhere, suggesting that the type of area was having an influence on the local social climate.

## Introduction and background

In early March 2010, an asylum seeking family died at the Red Road flats in north Glasgow, apparently as a result of suicide. This led to a variety of expressions of concern about the conditions, treatment and state of health of asylum seekers with calls for more support and care, improvements in living conditions and speedier case resolution. The fact that there have been other suicides of asylum seekers over the past decade led to one account such that "...mental health problems are prevalent among the asylum-seeking community with anxiety, depression and post-traumatic stress disorder the most common complaints" [*Guardian* 12<sup>th</sup> March 2010].

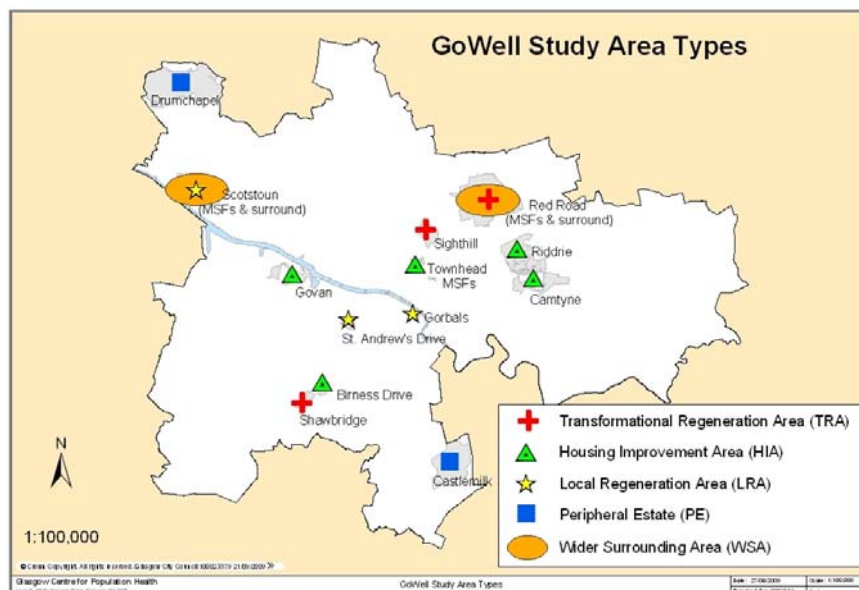
Given the public concern, media attention and pressure on politicians to respond to the situation with more considerate approaches to asylum, we took the opportunity to use survey data from the GoWell programme, gathered in 2008, to examine the relative health and social inclusion of asylum seekers, refugees and other migrants living in North Glasgow. This would give us an indication as to whether migrants in regeneration areas fared worse than others, and in what respects there might be a need for additional support services.

## **The GoWell study**

GoWell is a research and learning programme that aims to investigate the impact of investment in housing, regeneration and neighbourhood renewal on the health and wellbeing of individuals, families and communities in Glasgow over a ten year period. GoWell is a mixed methods programme involving both qualitative and quantitative research methods.

GoWell is being conducted across 15 communities in Glasgow, as shown in Figure 1 below. All of the study communities are relatively deprived, for example many have levels of income deprivation between one-and-a-half times to twice the city average. Several of these communities contain significant numbers of migrant residents, including asylum seekers, refugees, migrant workers, students studying abroad and others.

**Figure 1: Map of GoWell study areas**



At the heart of GoWell is a repeat cross-sectional survey of the 15 study communities at a two or three yearly interval. Surveys have been conducted in 2006 and 2008 and on both occasions a large number of migrants were interviewed, primarily in four locations, but with smaller numbers also interviewed in all the other areas. The survey covered issues of housing and neighbourhood, community, and health and human capital and so provides a rich source of information about the experience, attitudes and perceptions of migrants as well as of the British citizens they reside alongside.

### **The samples examined in this report**

This report is based on an examination of responses given in the GoWell 2008 survey, which was carried out in the spring and summer of that year. A total of 4,648 people were interviewed, of whom 737 (16%) were migrants.

All respondents were asked to state their legal status. They could say they were a British citizen born in the UK or born outside the UK, or they could choose one of several other categories: indefinite leave to remain; exceptional leave to remain; applied for asylum and awaiting initial decision; appealing a refused application or a judicial review pending; received final refusal; or another category; or they could decline to answer the question. From this we were able to define 3,911 respondents as British, 251 as refugees (given leave to remain), 126 as asylum seekers, and 360 as otherwise non-British, which we have called other migrants. This last group includes people from over 30 countries in Europe, the Middle East and the Far East and encompasses migrant workers, students studying abroad, and others whose status is unclear. Respondents were also asked their ethnicity.

For the analyses in this report we have focused on migrants in North Glasgow, which for our purposes includes migrants living in two locations: Red Road and Sighthill. We have defined five study groups:

***British people in other areas:*** These form our reference group and comprise British people (mostly Scottish) who do not live in one of the six regeneration areas in the study, i.e. they live in places not due to be substantially redeveloped. (n=2,648)

***British people in regeneration areas:*** These are British respondents from Red Road and Sighthill, the two regeneration areas we are examining in the north of the city. (n=429)

***Asylum seekers:*** living in Red Road or Sighthill. (n=62)

***Refugees:*** living in Red Road or Sighthill. (n=111)

***Other migrants:*** living in Red Road or Sighthill. (n=162)

### **Analyses and comparisons made**

By using the five samples outlined above, we have compared the responses of each of the resident groups in the northern regeneration areas with those of people who live in a range of deprived communities across the city which are at least considered to be sustainable places not in need of redevelopment. We have also compared the responses of each migrant group to those of the other migrant groups and to British people living in the same regeneration areas in the north of the city.

For each outcome variable, we first compare the frequencies of responses given by each study group (sample). We then use logistic regression analysis to examine the relative risk of a negative outcome within each study group, controlling for the age, sex and household type of the respondents, and using the British respondents in non-regeneration areas as a reference category or benchmark.

### **Structure of this report**

In this report we examine two sets of issues, relating to health and wellbeing and to social inclusion. These comprise the two main sections to the report.

The health and wellbeing section examines respondents' self-reporting of their general and mental health, and their use of doctors' services for these reasons. It also considers positive mental wellbeing, namely the extent to which people have positive feelings and thoughts.

The social inclusion section examines respondents' views about the cohesion of their community and their position within it, and the extent of their social integration in terms of reports of social interaction and social support.

Each section contains an overview of the outcome measures we have examined, followed by a statement of the findings from each piece of analysis.

There are then two Appendices, one for each main section, containing an exposition of how we have defined the variables we have examined, a report of the approach taken to the analysis, and a full set of tables from the analyses.

### **A note on interpretation**

The survey upon which this report is based was primarily focused on the perceptions and experiences of British citizens. Interpreting the responses given by migrants is difficult for several reasons.

First, the questions asked derive from other surveys carried out in the UK, using language and concepts with which British people are familiar. Although the issue of English as a second language was dealt with where necessary by the use of a foreign language for the interview (41 cases), or with the assistance of another household member (90 cases), or by the use of an interpreter (4 cases), we still cannot be certain that the migrant interviewees fully understood everything they were being asked.

There is an additional complication arising from the fact that migrants, especially those from less developed nations outside Europe, may have different cultural norms and expectations from which to respond to our enquiries, e.g. what a migrant considers to be healthy or safe (or unhealthy and unsafe) may be quite different to that of a British citizen. Further, many of the questions concerning how a person relates to their community (again taken from other UK surveys) could be said to be premised on the assumption that respondents are permanent, settled citizens; but many migrants may have no intention or desire to remain in their current communities, therefore making it difficult, for example, to place the same meaning on negative responses about being part of the community.

In addition, it is important to note that migrants, in particular economic migrants, may represent a healthier subgroup of their original country's population as a certain



minimum level of health will be required to allow them to initiate and complete the process of migration. By contrast, one might expect British citizens living in these areas to form a less healthy subgroup of British citizens as a whole in terms of general and mental health; their relatively poor health may partly be a reason for their living in these areas, or partly be a consequence of such residence, as well as of poverty and deprivation in general. Apparent differences in general and mental health might therefore be due to underlying differences in the study populations rather than a result of their experiences of living in particular areas. We have tried to address this issue by adjusting for baseline differences in age, sex and household structure but this process may not fully account for important underlying differences between the groups. In addition, migrants may have less contact with medical services, either as a result of cultural differences or because of their temporary status, and so outcomes based on GP contact or diagnosis should be interpreted with particular caution.

Lastly, of course, when people are in an uncertain position regarding their legal status and permission to remain in this country, they may quite reasonably be guarded in what they say in answer to survey questions, perhaps thinking that there is a 'correct' answer or that the answers will be used for purposes other than the direct focus of the survey. They may therefore be less willing to express negative views about the community they are in and the services they receive, and less likely to report negative conditions regarding themselves, in case they appear as less desirable citizens. **The survey may therefore under-report negative opinions and experiences on the part of migrants.**

## **Health and wellbeing**

### **Measures**

We examined two measures of general health:

- Self-reported general health
- Number of times seen a GP in the last year

We also examined six measures of mental health and wellbeing:

- Mental health measured by the SF-12 survey instrument, which looks at people's recent state of mind (experience of feeling 'calm and peaceful' and of feeling 'depressed'). For simplicity, the SF-12 score has been divided into the worst third (i.e. the least calm and most depressed third) vs. others.
- Vitality, or feeling as if one has 'a lot of energy', also measured by the SF-12 survey instrument. Again, this score has been divided into the worst third (least energetic) vs. others.
- Self-report of seeing a GP in the past year about a mental health problem, emotional problem or stress.
- Self-report of recent experience (last four weeks) of stress-related symptoms including: sleeplessness, palpitations, chest pain or headaches.
- Self-report of longer-term stress defined as stress, anxiety or depression experienced over the past year.
- Positive mental wellbeing measured by the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) survey instrument. This asks about a series of positive feelings or state of mind over the previous two weeks (total = 14 items), including such things as feeling optimistic, confident, cheerful, able to think clearly, able to deal with problems etc.

### **Findings<sup>1</sup>**

***Migrants appear to have better self-reported general health than British people*** (both British people living in regeneration areas and in other deprived areas):

- Refugees and other migrants saw their GP less often than other respondents. [*Tables 1a & b*]. It is possible that migrants may seek medical help directly from hospitals rather than going through a GP, but we do not have any data on hospital episodes and are therefore unable to verify that.
- Asylum seekers reported seeing a GP a similar number of times to British people. [*Tables 1a & b*]
- All migrant groups were less likely to report their own general health as being 'poor' when compared with British people living in either of the two sets of locations - see Table 1 below. [*Tables 2a & b*]

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<sup>1</sup> Note: in this section, and the following section on social inclusion, the Tables mentioned in italics in square brackets are included in the relevant Appendix.

**Table 1: Self-reported general health by migrant group**

	Self-reported general health		Total
	Good +	Poor/Fair	
British: other areas	1,751 (66.1)	897 (33.9)	2,648 (100)
British: regeneration areas	286 (66.7)	143 (33.3)	429 (100)
Asylum seekers	58 (93.6)	4 ( 6.5)	62 (100)
Refugees	104 (93.7)	7 ( 6.3)	111 (100)
Other migrants	154 (95.1)	8 ( 4.9)	162 (100)

P (heterogeneity) <0.001

**Validated measures of mental health (SF-12) did not show any differences between migrants and others.** There were no marked differences between any of the respondent groups (i.e. between migrants and British respondents or within the migrant groups themselves) in respect of the two SF-12 measures of mental health. [Tables 3a & b and Tables 4a & b]

**On each of three self-report measures of acute symptoms of stress, anxiety and depression, all migrant groups were less likely to report negative outcomes than British people** (both British people living in regeneration areas and in other areas), though on some measures the confidence intervals around the results for asylum seekers are wide due to their relatively small numbers.

- All migrant groups were less likely to report each of the following: seeing a GP for a mental health reason [Tables 5a & b]; experiencing recent stress-related symptoms [see Table 2 below and Tables 6a & b]; and experiencing stress, anxiety or depression regularly over the past year [Tables 7a & b]. On the first of these measures, we should note that it is possible that migrants are less aware of who to approach about a mental health issue, and/or more nervous about taking such a step.

**Table 2: Adjusted\* Risk Ratio (95% CI) for recent stress-related symptoms by migrant group**

	Stress-related symptoms	<i>p</i>
British: other areas	1.00	
British: regeneration areas	1.07 (0.85, 1.34)	
Asylum seekers	0.43 (0.19, 0.95)	
Refugees	0.48 (0.27, 0.84)	
Other migrants	0.08 (0.03, 0.22)	<0.001

\* Adjusted for age, sex and household type

- There were no noticeable differences between asylum seekers and refugees on these measures.
- Other migrants were far less likely to report negative outcomes on these measures than the other two migrant groups.

**Migrant groups differ from each other and from local British people in terms of positive mental wellbeing. Both asylum seekers and other migrants reported lower levels of positive mental wellbeing than other groups.**

- All respondent groups (British or migrant) living in regeneration areas reported lower average positive mental wellbeing than British people living in other areas [see Table 3 below and *Table 8c*]

**Table 3: Adjusted\* change (95% CI) in mean wellbeing score relative to British citizens in other areas by migrant group**

	Average MWB Score	<i>p</i>
British: other areas	-	
British: regeneration areas	-2.98 (-3.96, -2.00)	
Asylum seekers	-4.76 (-7.22, -2.30)	
Refugees	-1.09 (-2.95, 0.76)	
Other migrants	-5.43 (-6.99, -3.87)	<0.001

\* Adjusted for age, sex and household type

- Asylum seekers and other migrants were similar to each other, in being *less* likely than British respondents to report high positive mental wellbeing: after adjusting for sex, age and household structure, approximately 50% less likely compared to British people in regeneration areas and 70% less likely compared with British people in other areas [not shown] [*Table 8b*]. The two migrant groups were also more likely than other respondent groups to report low positive mental wellbeing, with around half of them doing so [*Table 8a*].
- Refugees, on the other hand, appear somewhat *more* likely than British people in regeneration areas to report high levels of positive mental wellbeing, and less likely to report low positive mental wellbeing [*Table 8a*]. However, after adjustment for age, sex and household structure, this difference was somewhat attenuated and the confidence intervals around the estimates for these two groups overlapped [*Table 8b*].

## **Social inclusion**

### **Measures**

We have examined four sets of measures of social inclusion. Each of the variables is described in more detail after the tables at the end of this section.

Cohesion and community:

- Perceived social harmony within the community
- Feeling part of the community

Safety:

- Feeling safe in the local area at night-time
- Whether racial harassment or intimidation in public are considered problems in the area

Neighbourliness:

- Knowing people in the neighbourhood
- Talking to neighbours

Social Support:

- Availability of sources of practical, financial and social support outside the home.

### **Findings**

***There are very high levels of perceived social harmony, with no marked difference between migrants' views and those of British respondents in regeneration areas.***

- At least 80% of all migrant groups, and nearer 90% of British respondents, considered their neighbourhood to be harmonious, i.e. that people generally get along well, or, more accurately (given how we have treated this variable), they did not declare their neighbourhood to *lack* such harmony. [Tables 9a & b]
- All respondent groups in regeneration areas were more likely to say their neighbourhood lacked social harmony (though less than a fifth did so) than British people living in other areas and, among the migrant groups, refugees were most likely to report a lack of social harmony.

***People's sense of inclusion in the community is lower for all residents of regeneration areas compared with British respondents living elsewhere. However, within regeneration areas, fewer people from all migrant groups feel part of the community than do British residents – see Table 4 below.***

- Approximately two-in-five migrants in regeneration areas feel part of the community compared with three-in-five British residents in the same areas. Therefore, the majority of migrants *do not* feel part of their local community. [Tables 10 a & b]

**Table 4: Feeling part of community by migrant group**

	Part of community		Total
	Yes	No	
British: other areas	2,243 (84.7)	405 (15.3)	2,648 (100)
British: regeneration areas	265 (61.8)	164 (38.2)	429 (100)
Asylum seekers	24 (38.7)	38 (61.3)	62 (100)
Refugees	45 (40.5)	66 (59.5)	111 (100)
Other migrants	78 (48.2)	84 (51.9)	162 (100)

P (heterogeneity) <0.001

***Within regeneration areas, migrants were more likely to feel unsafe than British residents. Refugees reported problems of safety more than other migrants – see Table 5 below.***

- Feelings of not being safe and the identification of intimidation and harassment as local problems were generally higher for all groups living in regeneration areas compared with British people living in other areas (the identification by asylum seekers of intimidation as a problem being the one possible exception to this). *[Tables 11 a & b]*
- Refugees exhibited the highest risk of not feeling safe at night-time, with 70% saying that they felt 'very unsafe' or that they 'never walk alone' after dark. *[Table 11a]*

**Table 5: Feeling safe after dark by migrant group**

	Feel safe after dark		Total
	Yes	No	
British: other areas	1,660 (62.7)	988 (37.3)	2,648 (100)
British: regeneration areas	224 (52.2)	205 (47.8)	429 (100)
Asylum seekers	25 (40.3)	37 (59.7)	62 (100)
Refugees	33 (29.7)	78 (70.3)	111 (100)
Other migrants	81 (50.0)	81 (50.0)	162 (100)

P (heterogeneity) <0.001

- A third or more of all resident groups in regeneration areas identified racial harassment as a local problem, compared with a fifth of residents in other areas. *[Table 12a]*
- Refugees in regeneration areas were more likely than either other migrants or local British residents to identify racial harassment as a problem in the local area. *[Table 12b]*
- Asylum seekers were less likely than either refugees or other migrants to identify intimidation in the street as a local problem. *[Tables 13a & b]*
- Asylum seekers' responses to the questions about local anti-social behaviour problems (wherein they reported problems less often than refugees) may reflect the fact that they have less reason to be moving about in public space than the

**All migrant groups knew fewer people in the local neighbourhood than did British residents in the same areas – see Table 6 below. Asylum seekers stood out as reporting speaking to neighbours less frequently than the other two migrant groups.**

- Around three-in-five of all migrants said that they knew ‘very few’ people or ‘no-one’ in the neighbourhood, compared with two-thirds of British residents who said they knew ‘some’, ‘many’ or ‘most’ people in the same area. [Table 14a]
- Migrants were seven to ten times more likely than British residents in other areas to know ‘very few’ people or ‘no-one’ locally. [Table 14b]

**Table 6: Adjusted\* Risk Ratio (95% CI) for not knowing neighbours by migrant group**

	Don't know neighbours	<i>p</i>
British: other areas	1.00	
British: regeneration areas	2.61 (2.08, 3.27)	
Asylum seekers	10.0 (5.75, 17.39)	
Refugees	7.47 (4.97, 11.22)	
Other migrants	6.79 (4.81, 9.59)	<0.001

\* Adjusted for age, sex and household type

- Refugees and other migrants were as likely as British residents in the same area to speak to neighbours at least once a week. Of course, ‘speaking’ to neighbours may involve different levels of duration and intimacy for migrants and British residents. Asylum seekers, on the other hand, spoke to neighbours far less often, and were approximately twice as likely as the other two migrant groups to have interactions with neighbours *less* than once a week. [Tables 15 a & b]

**Asylum seekers and other migrants were less likely than other resident groups to have forms of social support available to them.**

- All resident groups in regeneration areas were less likely to have all three forms of social support (practical, financial and emotional support) available to them than British residents who live in other areas.
- The number of refugees who had forms of social support available to them was similar to that for British residents in the same areas.
- Compared with British residents living in other areas, asylum seekers and other migrants were twice as likely to lack sources of short-term financial support [Table 17b], three times as likely to lack sources of practical support [Table 16b] and also three times as likely to lack sources of emotional support [see Table 7 below].

**Table 7: Adjusted\* Risk Ratio (95% CI) for lack of emotional social support by migrant group**

	Lack of emotional support	<i>p</i>
British: other areas	1.00	
British: regeneration areas	1.89 (1.53, 2.33)	
Asylum seekers	3.22 (1.91, 5.42)	
Refugees	1.84 (1.24, 2.73)	
Other migrants	3.73 (2.67, 5.23)	<0.001

\* Adjusted for age, sex and household type

- Half of asylum seekers and half of other migrants lacked practical support [Table 16a], and three-in-five of both groups lacked financial support [Table 17a] and emotional support [Table 18a].



## **Concluding remarks**

From our evidence from 2008 we would say that migrants appear to be a relatively healthy group, in both mental health and physical health terms, and as such represent a potential resource to communities which lack healthy populations. There are however two caveats to this statement. A household survey may not be the best means to find out about the health and wellbeing of migrants for reasons of caution of response and lack of understanding on the respondents' part. Thus, whilst we would say that we have not found firm or systematic evidence of poor mental health among migrants, we would also say that further in-depth discussions with migrants would be helpful to explore such issues with more comprehension, empathy and trust than can be established in a wide-scale survey. Second, changes to the application process and support systems for asylum seekers (e.g. to payments for subsistence) since our last survey in 2008 could have negatively impacted upon migrants in the intervening period. Thus, it will be important for us to look at these questions again using our next survey wave data from 2011.

We have, however, found evidence that migrants in regeneration areas do experience problems of a lack of social integration into the community, along with problems of harassment and feeling unsafe, and report relatively low levels of social contact and social support. There were notable differences here between migrant groups, with asylum seekers displaying greater problems of social isolation and refugees reporting more concerns about safety.

Some of these difficulties stem from the fact that the locations concerned are very deprived communities that are also undergoing disruptive change through regeneration, but the problems are also the product of the communities being both extremely diverse (in terms of ethnicity and citizenship status) and inherently unstable, with continuing high turnover of occupants which undermines both efforts to establish cohesion and resident confidence to get to know one another. The challenge for policy and practice is to find a way to stabilise the community composition in regeneration areas, and provide leadership and support to help establish cross-group relations so that migrants can feel they are a greater part of what is going on around them.

## **Appendix 1: Health and wellbeing**

### **Definition of variables**

#### *Visits to GP:*

'In the past 12 months, how many times have you seen or spoken to a doctor from your practice regarding your own health or wellbeing?'

We have looked at those people whose response was five or more compared with four or fewer times.

#### *Self-reported general health:*

'In general would you say your health is...?'

We have looked at those people who said their health was 'fair' or 'poor' compared with those who said it was 'good', 'very good' or 'excellent'.

#### *Mental health SF-12*

The SF-12 mental health score is derived from two questions. 'How much of the time in the past four weeks have you felt calm and peaceful, and, felt downhearted and depressed?'

We have looked at the bottom (i.e. least calm/most depressed) tertile of this score as an indicator of poor mental health.

#### *Vitality SF-12*

The SF-12 vitality score is derived from the question 'How much of the time in the past four weeks have you had a lot of energy?'

We have looked at the bottom (i.e. least energetic) 40% on this measure as an indicator of poor vitality.

#### *Seen a doctor for mental health reason*

'In the past 12 months, have you spoken to a GP or family doctor on your own behalf, either in person or by telephone about being anxious or depressed or about a mental, nervous or emotional problem (including stress)?'

We have looked at those who answered 'yes' to this question, compared with those who answered 'no' or who refused (around 2% in total).

#### *Stress-related symptoms*

Respondents were asked if they had suffered from any of a list of nine problems in the last four weeks; we have focussed on four of these problems: sleeplessness; palpitations or breathlessness; pain in the chest; and migraines or frequent headaches, and have compared those people with at least one positive response with those who answered 'no' to all four symptoms.

#### *Stress, anxiety or depression in the past year*

Respondents were asked if they had experienced any of a list of seven health problems 'regularly over the past 12 months'. We have looked at those people who said 'yes' in relation to the item 'stress, anxiety or depression' compared to those who said 'no'.

#### *Mental wellbeing*

The survey included the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) consisting of 14 items, shown below. People are asked to look at these statements about feelings and thoughts and to say with what frequency the statement describes their experience over the past two weeks. Responses are given on a five point scale from 'none of the time' [1] to 'all of the time' [5]. These responses are summed to

give an aggregate score between 14 and 70. The mean score across our entire sample was 51 with a standard deviation of 10.

We have defined low mental wellbeing as being a score at least 0.5 standard deviations below the mean, and a high score as being at least 0.5 standard deviations above the mean, with the middle group being labelled as having an average score.

### **WEMWBS Positive Mental Health Scale**

Aspect	Item (Over the past two weeks...)
Optimism	1) <i>I've been feeling optimistic about the future</i>
Utility	2) <i>I've been feeling useful</i>
Relaxation	3) <i>I've been feeling relaxed</i>
Interest in others	4) <i>I've been feeling interested in other people</i>
Vitality	5) <i>I've had energy to spare</i>
Coping	6) <i>I've been dealing with problems well</i>
Clarity	7) <i>I've been thinking clearly</i>
Self Esteem	8) <i>I've been feeling good about myself</i>
Closeness	9) <i>I've been feeling close to other people</i>
Confidence	10) <i>I've been feeling confident</i>
Decision-making	11) <i>I've been able to make up my own mind about things</i>
Love	12) <i>I've been feeling loved</i>
Interest in things	13) <i>I've been interested in new things</i>
Cheer	14) <i>I've been feeling cheerful</i>

### **Analysis strategy**

Factors of interest were generally split into two groups with interest focussing on the more 'negative' aspect, e.g. poorer health, more stress symptoms, or more contact with GP. The exception to this was the analysis of the wellbeing score, which was divided into low, average and high wellbeing.

For each factor the first table (a) is a simple cross-tabulation showing the absolute frequencies (percentages in parentheses) of poor vs. better outcomes in (i) British citizens living in non-regeneration areas, (ii) British citizens living in the Red Road and Sighthill areas, (iii) Asylum seekers living in the Red Road and Sighthill areas, (iv) refugees living in the Red Road and Sighthill areas, and (v) other migrants living in the Red Road and Sighthill areas. The p values for these tables indicate how strong the differences in the proportion of poor outcomes are between the five groups.

The second table (b) for each factor shows the results from logistic regression analyses, which control for the effects of age, sex, and household type (adult, single parent family, two parent family or older adults). This is important as, for example, migrants tend to be younger than British citizens living in these areas and apparent better health in these individuals may therefore be due to their lower age rather than a better health experience per se. The adjusted analyses presented here take account of these differences and therefore represent the effect of ethnic group, *independent of differences in age, sex and household type*. The risk ratios (RR) presented in the tables compare the 'risk' of having a poor outcome in each of the ethnic groups in the Red Road and Sighthill areas compared with the 'risk' in British citizens living in non-regeneration areas. A RR less than one suggests that the group of interest is less likely to experience a poor outcome than British citizens living in

non-regeneration areas while a RR greater than 1 indicates that the group of interest is more likely to have a poor outcome. Again, the p values indicate the strength of differences between the ethnic groups.

Tables 8a and 8b present similar results for high vs. low and average vs. low wellbeing scores. Table 8c also shows the mean difference in wellbeing score between British and migrant groups in the Red Road and Sighthill areas when compared with British citizens living in non-regeneration areas. In this case a negative mean difference suggests that the group of interest has a poorer sense of wellbeing compared with British citizens living in non-regeneration areas, while a positive mean difference suggests that the group has a better sense of wellbeing. As before, these results are independent of differences in age, sex and household type.

## Tables

**Table 1a: Visits to GP in last 12 months by migrant group**

	Visits to GP in last 12 months?		Total
	≤4	5+	
British: other areas	1,880 (71.0)	768 (29.0)	2,648 (100)
British: regeneration areas	301 (70.2)	128 (29.8)	429 (100)
Asylum seekers	46 (74.2)	16 (25.8)	62 (100)
Refugees	93 (83.8)	18 (16.2)	111 (100)
Other migrants	152 (93.8)	10 ( 6.2)	162 (100)

P (heterogeneity) <0.001

**Table 1b: Adjusted\* RR (95% CI) for 5+ visits to GP in last 12 months by migrant group**

	5+ GP Visits	<i>p</i>
British: other areas	1.00	
British: regeneration areas	1.11 (0.89, 1.40)	
Asylum seekers	1.27 (0.70, 2.29)	
Refugees	0.63 (0.38, 1.07)	
Other migrants	0.23 (0.12, 0.44)	<0.001

\* Adjusted for age, sex and household type

**Table 2a: Self-reported general health by migrant group**

	Self-reported general health		Total
	Good +	Poor/Fair	
British: other areas	1,751 (66.1)	897 (33.9)	2,648 (100)
British: regeneration areas	286 (66.7)	143 (33.3)	429 (100)
Asylum seekers	58 (93.6)	4 ( 6.5)	62 (100)
Refugees	104 (93.7)	7 ( 6.3)	111 (100)
Other migrants	154 (95.1)	8 ( 4.9)	162 (100)

P (heterogeneity) <0.001

**Table 2b: Adjusted\* RR (95% CI) for poor/fair self-reported general health by migrant group**

	Poor/Fair Health	<i>p</i>
British: other areas	1.00	
British: regeneration areas	1.11 (0.89, 1.40)	
Asylum seekers	0.35 (0.12, 0.97)	
Refugees	0.25 (0.11, 0.55)	
Other migrants	0.19 (0.09, 0.39)	<0.001

\* Adjusted for age, sex and household type

**Table 3a: Poor mental health [SF-12] by migrant group**

	Poor mental health		Total
	No	Yes	
British: other Areas	1,779 (67.2)	869 (32.8)	2,648 (100)
British: regeneration areas	278 (64.8)	151 (35.2)	429 (100)
Asylum seekers	43 (69.4)	19 (30.7)	62 (100)
Refugees	77 (69.4)	34 (30.6)	111 (100)
Other migrants	109 (67.3)	53 (32.7)	162 (100)

P (heterogeneity) =0.84

**Table 3b: Adjusted\* RR (95% CI) for poor mental health [Sf-12] by migrant group**

	Poor mental health	<i>p</i>
British: other areas	1.00	
British: regeneration areas	1.08 (0.87, 1.34)	
Asylum seekers	0.84 (0.48, 1.46)	
Refugees	0.84 (0.55, 1.28)	
Other migrants	0.95 (0.67, 1.34)	0.79

\* Adjusted for age, sex and household type

**Table 4a: Poor vitality [SF-12] by migrant group**

	Poor vitality		Total
	No	Yes	
British: other areas	1,626 (61.4)	1,022 (38.6)	2,648 (100)
British: regeneration areas	259 (60.4)	170 (39.6)	429 (100)
Asylum seekers	39 (62.9)	23 (37.1)	62 (100)
Refugees	78 (70.3)	33 (29.7)	111 (100)
Other migrants	111 (68.5)	51 (31.5)	162 (100)

P (heterogeneity) =0.13

**Table 4b: Adjusted\* RR (95% CI) for poor vitality [Sf-12] by migrant group**

	Poor vitality	<i>p</i>
British: other areas	1.00	
British: regeneration areas	1.15 (0.93, 1.42)	
Asylum seekers	1.51 (0.88, 2.58)	
Refugees	0.97 (0.63, 1.49)	
Other migrants	1.08 (0.76, 1.54)	0.44

\* Adjusted for age, sex and household type

**Table 5a: Seen a doctor in past year for mental health reasons by migrant group**

	Seen a doctor		Total
	No	Yes	
British: other areas	2,032 (76.7)	616 (23.3)	2,648 (100)
British: regeneration areas	343 (80.0)	86 (20.1)	429 (100)
Asylum seekers	52 (83.9)	10 (16.1)	62 (100)
Refugees	92 (82.9)	19 (17.1)	111 (100)
Other migrants	155 (95.7)	7 ( 4.3)	162 (100)

P (heterogeneity) <0.001

**Table 5b: Adjusted\* RR (95% CI) for seeing a doctor in past year for mental health reasons by migrant group**

	Seen a doctor	<i>p</i>
British: other areas	1.00	
British: regeneration areas	0.81 (0.63, 1.05)	
Asylum seekers	0.64 (0.32, 1.29)	
Refugees	0.66 (0.40, 1.11)	
Other migrants	0.15 (0.07, 0.32)	<0.001

\* Adjusted for age, sex and household type

**Table 6a: Recent stress-related symptoms by migrant group**

	Stress-related symptoms		Total
	No	Yes	
British: other areas	1,894 (71.5)	754 (28.5)	2,648 (100)
British: regeneration areas	304 (70.9)	125 (29.1)	429 (100)
Asylum seekers	55 (88.7)	7 (11.3)	62 (100)
Refugees	96 (86.5)	15 (13.5)	111 (100)
Other migrants	158 (97.5)	4 ( 2.5)	162 (100)

P (heterogeneity) <0.001

**Table 6b: Adjusted\* RR (95% CI) for recent stress-related symptoms by migrant group**

	Stress-related symptoms	<i>p</i>
British: other areas	1.00	
British: regeneration areas	1.07 (0.85, 1.34)	
Asylum seekers	0.43 (0.19, 0.95)	
Refugees	0.48 (0.27, 0.84)	
Other migrants	0.08 (0.03, 0.22)	<0.001

\* Adjusted for age, sex and household type

**Table 7a: Stress, anxiety or depression in last 12 months by migrant group**

	Stress, anxiety or depression in last 12 months?		Total
	No	Yes	
British: other areas	2,351 (88.8)	297 (11.2)	2,648 (100)
British: regeneration areas	365 (85.1)	64 (14.9)	429 (100)
Asylum seekers	56 (90.3)	6 ( 9.7)	62 (100)
Refugees	105 (94.6)	6 ( 5.4)	111 (100)
Other migrants	159 (98.2)	3 ( 1.9)	162 (100)

P (heterogeneity) <0.001

**Table 7b: Adjusted\* RR (95% CI) for stress, anxiety or depression in last 12 months by migrant group**

	Stress, anxiety or depression in last 12 months	<i>p</i>
British: other areas	1.00	
British: regeneration areas	1.32 (0.98, 1.78)	
Asylum seekers	0.79 (0.33, 1.88)	
Refugees	0.40 (0.17, 0.93)	
Other migrants	0.14 (0.05, 0.46)	<0.001

\* Adjusted for age, sex and household type

**Table 8a: Mental Wellbeing groupings by migrant group**

	Mental Wellbeing Groupings			Total
	Low	Average	High	
British: other areas	942 (35.6)	852 (36.0)	754 (28.5)	2,648 (100)
British: regeneration areas	205 (47.8)	113 (26.3)	111 (25.9)	429 (100)
Asylum seekers	31 (50.0)	18 (29.0)	13 (21.0)	62 (100)
Refugees	40 (36.0)	34 (30.6)	37 (33.3)	111 (100)
Other migrants	84 (51.9)	47 (29.0)	31 (19.1)	162 (100)

P (heterogeneity) <0.001

**Table 8b: Adjusted\* RR (95% CI) for wellbeing by migrant group**

	Average vs. low	High vs. low	<i>p</i>
British: other areas	1.00	1.00	
British: regeneration areas	0.52 (0.40, 0.67)	0.61 (0.47, 0.78)	
Asylum seekers	0.42 (0.23, 0.77)	0.30 (0.15, 0.59)	
Refugees	0.67 (0.42, 1.08)	0.77 (0.48, 1.23)	
Other migrants	0.43 (0.29, 0.63)	0.28 (0.18, 0.43)	<0.001

\* Adjusted for age, sex and household type

**Table 8c: Adjusted\* change (95% CI) in mean wellbeing score relative to British citizens in other areas by migrant group**

	Average MWB Score	<i>p</i>
British: other areas	-	
British: regeneration areas	-2.98 (-3.96, -2.00)	
Asylum seekers	-4.76 (-7.22, -2.30)	
Refugees	-1.09 (-2.95, 0.76)	
Other migrants	-5.43 (-6.99, -3.87)	<0.001

\* Adjusted for age, sex and household type



## **Appendix 2: Social inclusion**

### **Definition of variables**

#### *Social harmony*

'To what extent do you agree that this neighbourhood is a place where people from different backgrounds get on well together?'

We have compared those who say 'generally agree' with those who say 'generally disagree', 'don't know' or 'all same backgrounds', with specific interest in those who do not 'generally agree', i.e. those who do not declare their neighbourhood to be harmonious.

#### *Part of the community*

'To what extent [does the] following [statement] apply to you? 'I feel part of the community'.

We have looked at those who said 'not very much' or 'not at all', compared with those who said 'a great deal' or 'a fair amount'.

#### *Safety at night*

'How safe would you feel walking alone in this neighbourhood after dark?'

We have looked at those who said they feel 'very unsafe' or that they 'never walk alone after dark' compared with those who said they feel 'a bit unsafe', 'neither safe nor unsafe', 'fairly safe' or 'very safe' at night.

#### *Intimidation and harassment*

Respondents were given a list of 11 anti-social behaviour problems and asked whether they thought each was 'a serious problem, a slight problem or not a problem in your local neighbourhood?'

We have examined two of these items: 'people being insulted, pestered or intimidated in the street' and 'people being attacked or harassed because of their skin colour or ethnic origin'.

We have looked at those people who identify each of these items as a 'serious' or 'slight' problem, compared with those who say they are 'not a problem' or that they 'don't know' (5% said 'don't know' to intimidation and 8% said 'don't know' to racial harassment).

#### *Knowing neighbours*

'Would you say that you know most, many, some, very few or none of the people in your neighbourhood?'

We have looked at those people who say they know 'no-one' or 'very few' people in the neighbourhood, compared with people who said they knew 'some', 'many' or 'most' people.

#### *Talking to neighbours*

'How often do you speak to neighbours?'

We have looked at those people who said they spoke to neighbours less than once a week (including 'once or twice a month', 'less often than once a month', 'never' or 'don't know' (2% in total)) compared with those who said they spoke to neighbours 'most days' or 'once a week or more'.

### *Social support*

Respondents were asked 'Thinking now about your relatives, friends and neighbours outside your home, can you tell me how many people could you ask for the following kinds of help...

- 'to go to the shops for you if you are unwell' [practical support]
- 'to lend you money to see you through the next few days' [financial support]
- 'to give you advice and support in a crisis' [emotional support]

We have looked at those who responded 'none', 'wouldn't ask' or 'don't know' compared with those who answered 'one or two' or 'more than two'.

### **Analysis strategy**

The analysis of social inclusion was very similar to that for health and wellbeing. Again, factors of interest were split into two groups with interest focussing on the more 'negative' aspects, e.g. more problems and less neighbourhood contact or social support.

As before, the first table (a) shows absolute frequencies (percentages) of poor vs. better social inclusion in (i) British citizens living in non-regeneration areas, (ii) British citizens living in the Red Road and Sighthill areas, (iii) asylum seekers living in the Red Road and Sighthill areas, (iv) refugees living in the Red Road and Sighthill areas, and (v) other migrants living in the Red Road and Sighthill areas, with p values indicating how strong the differences in the proportion of poor inclusion are between the five groups.

Similarly, the second table (b) shows the results from logistic regression analyses, controlling for the effects of age, sex, and household type, and compares the 'risk' of poor social inclusion in each of the groups in the Red Road and Sighthill areas compared with the 'risk' of poor inclusion in British citizens living in non-regeneration areas. Again, the p values indicate the strength of any differences between the groups.

### **Tables**

**Table 9a: Social harmony by migrant group**

	Social harmony		Total
	Yes	No	
British: other areas	2,396 (90.5)	252 ( 9.5)	2,648 (100)
British: regeneration areas	371 (86.5)	58 (13.5)	429 (100)
Asylum seekers	51 (82.3)	11 (17.7)	62 (100)
Refugees	90 (81.1)	21 (18.9)	111 (100)
Other migrants	135 (83.3)	27 (16.7)	162 (100)

P (heterogeneity) <0.001

**Table 9b: Adjusted\* RR (95% CI) for social harmony by migrant group**

	Absence of Social harmony	<i>p</i>
British: other areas	1.00	
British: regeneration areas	1.37 (1.01, 1.87)	
Asylum seekers	1.43 (0.72, 2.82)	
Refugees	1.65 (1.00, 2.74)	
Other migrants	1.46 (0.93, 2.28)	0.07

\* Adjusted for age, sex and household type

**Table 10a: Part of community by migrant group**

	Part of community		Total
	Yes	No	
British: other areas	2,243 (84.7)	405 (15.3)	2,648 (100)
British: regeneration areas	265 (61.8)	164 (38.2)	429 (100)
Asylum seekers	24 (38.7)	38 (61.3)	62 (100)
Refugees	45 (40.5)	66 (59.5)	111 (100)
Other migrants	78 (48.2)	84 (51.9)	162 (100)

P (heterogeneity) <0.001

**Table 10b: Adjusted\* RR (95% CI) for part of community by migrant group**

	Not part of community	<i>p</i>
British: other areas	1.00	
British: regeneration areas	3.25 (2.59, 4.08)	
Asylum seekers	5.60 (3.29, 9.56)	
Refugees	5.79 (3.87, 8.67)	
Other migrants	4.38 (3.13, 6.13)	<0.001

\* Adjusted for age, sex and household type

**Table 11a: Feel safe after dark by migrant group**

	Feel safe after dark		Total
	Yes	No	
British: other areas	1,660 (62.7)	988 (37.3)	2,648 (100)
British: regeneration areas	224 (52.2)	205 (47.8)	429 (100)
Asylum seekers	25 (40.3)	37 (59.7)	62 (100)
Refugees	33 (29.7)	78 (70.3)	111 (100)
Other migrants	81 (50.0)	81 (50.0)	162 (100)

P (heterogeneity) <0.001

**Table 11b: Adjusted\* RR (95% CI) for feel unsafe after dark by migrant group**

	Not Safe	<i>p</i>
British: other areas	1.00	
British: regeneration areas	1.93 (1.55, 2.40)	
Asylum seekers	3.71 (2.17, 6.34)	
Refugees	6.44 (4.17, 9.97)	
Other migrants	3.09 (2.20, 4.35)	<0.001

\* Adjusted for age, sex and household type

**Table 12a: Local racial harassment problem by migrant group**

	Racial harassment problem		Total
	No	Yes	
British: other areas	2,114 (79.8)	534 (20.2)	2,648 (100)
British: regeneration areas	290 (67.6)	139 (32.4)	429 (100)
Asylum seekers	39 (62.9)	23 (37.1)	62 (100)
Refugees	60 (54.1)	51 (46.0)	111 (100)
Other migrants	101 (62.4)	61 (37.7)	162 (100)

P (heterogeneity) <0.001

**Table 12b: Adjusted\* RR (95% CI) for local racial harassment problem by migrant group**

	Racial harassment problem	<i>p</i>
British: other areas	1.00	
British: regeneration areas	1.80 (1.43, 2.25)	
Asylum seekers	1.66 (0.97, 2.84)	
Refugees	2.63 (1.77, 3.91)	
Other migrants	1.92 (1.36, 2.70)	<0.001

\* Adjusted for age, sex and household type

**Table 13a: Local intimidation problem by migrant group**

	Intimidation problem		Total
	No	Yes	
British: other areas	1,928 (72.8)	720 (27.2)	2,648 (100)
British: regeneration areas	254 (59.2)	275 (40.8)	429 (100)
Asylum seekers	42 (67.7)	20 (32.3)	62 (100)
Refugees	60 (54.1)	51 (46.0)	111 (100)
Other migrants	83 (51.2)	79 (48.8)	162 (100)

P (heterogeneity) <0.001

**Table 13b: Adjusted\* RR (95% CI) for local intimidation problem by migrant group**

	Intimidation problem	<i>p</i>
British: other areas	1.00	
British: regeneration areas	1.71 (1.38, 2.12)	
Asylum seekers	0.90 (0.52, 1.56)	
Refugees	1.70 (1.15, 2.52)	
Other migrants	1.96 (1.41, 2.73)	<0.001

\* Adjusted for age, sex and household type

**Table 14a: Know the neighbours by migrant group**

	Know the neighbours		Total
	Yes	No	
British: other areas	2,216 (84.7)	432 (16.3)	2,648 (100)
British: regeneration areas	282 (65.7)	147 (34.3)	429 (100)
Asylum seekers	21 (33.9)	41 (66.1)	62 (100)
Refugees	45 (40.5)	66 (59.5)	111 (100)
Other migrants	66 (40.7)	96 (59.3)	162 (100)

P (heterogeneity) <0.001

**Table 14b: Adjusted\* RR (95% CI) for not knowing neighbours by migrant group**

	Don't know neighbours	<i>p</i>
British: other areas	1.00	
British: regeneration areas	2.61 (2.08, 3.27)	
Asylum seekers	10.0 (5.75, 17.39)	
Refugees	7.47 (4.97, 11.22)	
Other migrants	6.79 (4.81, 9.59)	<0.001

\* Adjusted for age, sex and household type

**Table 15a: Speak to the neighbours by migrant group**

	Speak to the neighbours		Total
	Once a week or more	Less than once a week	
British: other areas	2,103 (79.4)	545 (20.6)	2,648 (100)
British: regeneration areas	326 (76.0)	103 (24.0)	429 (100)
Asylum seekers	33 (53.2)	29 (46.8)	62 (100)
Refugees	83 (74.8)	28 (25.2)	111 (100)
Other migrants	115 (71.0)	47 (29.0)	162 (100)

P (heterogeneity) <0.001

**Table 15b: Adjusted\* RR (95% CI) for infrequent speaking to the neighbours by migrant group**

	Speak to neighbours infrequently	<i>p</i>
British: other areas	1.00	
British: regeneration areas	1.20 (0.95, 1.54)	
Asylum seekers	3.75 (2.22, 6.33)	
Refugees	1.37 (0.87, 2.14)	
Other migrants	1.60 (1.11, 2.30)	<0.001

\* Adjusted for age, sex and household type

**Table 16a: Practical social support by migrant group**

	Practical Support		Total
	Yes	No	
British: other areas	2,036 (76.9)	612 (23.1)	2,648 (100)
British: regeneration areas	275 (64.1)	154 (35.9)	429 (100)
Asylum seekers	31 (50.0)	31 (50.0)	62 (100)
Refugees	70 (63.1)	41 (36.9)	111 (100)
Other migrants	81 (50.0)	81 (50.0)	162 (100)

P (heterogeneity) <0.001

**Table 16b: Adjusted\* RR (95% CI) for lack of practical social support by migrant group**

	Lack of practical support	<i>p</i>
British: other areas	1.00	
British: regeneration areas	1.80 (1.44, 2.24)	
Asylum seekers	3.06 (1.82, 5.14)	
Refugees	1.77 (1.18, 2.66)	
Other migrants	2.98 (2.14, 4.15)	<0.001

\* Adjusted for age, sex and household type

**Table 17a: Financial social support by migrant group**

	Financial Support		Total
	Yes	No	
British: other areas	1,509 (57.0)	1,139 (43.0)	2,648 (100)
British: regeneration areas	211 (49.2)	218 (50.8)	429 (100)
Asylum seekers	25 (40.3)	37 (59.7)	62 (100)
Refugees	57 (51.4)	54 (48.7)	111 (100)
Other migrants	65 (40.1)	97 (59.9)	162 (100)

P (heterogeneity) <0.001

**Table 17b: Adjusted\* RR (95% CI) for lack of financial social support by migrant group**

	Lack of financial support	<i>p</i>
British: other areas	1.00	
British: regeneration areas	1.38 (1.12, 1.69)	
Asylum seekers	2.02 (1.19, 3.41)	
Refugees	1.26 (0.85, 1.85)	
Other migrants	2.02 (1.45, 2.82)	<0.001

\* Adjusted for age, sex and household type

**Table 18a: Emotional social support by migrant group**

	Emotional Support		Total
	Yes	No	
British: other areas	1,882 (71.1)	766 (28.9)	2,648 (100)
British: regeneration areas	241 (56.2)	188 (43.8)	429 (100)
Asylum seekers	27 (43.6)	35 (56.5)	62 (100)
Refugees	63 (56.8)	48 (43.2)	111 (100)
Other migrants	64 (39.5)	98 (60.5)	162 (100)

P (heterogeneity) <0.001

**Table 18b: Adjusted\* RR (95% CI) for lack of emotional social support by migrant group**

	Lack of emotional support	<i>p</i>
British: other areas	1.00	
British: regeneration areas	1.89 (1.53, 2.33)	
Asylum seekers	3.22 (1.91, 5.42)	
Refugees	1.84 (1.24, 2.73)	
Other migrants	3.73 (2.67, 5.23)	<0.001

\* Adjusted for age, sex and household type