

Cost-of-Living Impacts on the Quality-of-Life
for
Refugees, Asylum Seekers and Migrants

July 2024

By

Diversity Resource International (DRI) C.I.C.

Community Researchers:

Aabha Gupta

Maria Tayao

Tacye Turner

Funded by the Workforce Training & Education Directorate, NHS England South East

Introduction	3
Research Proposal	3
Research Methods: questionnaire and one-to-one interviews	4
Findings:	6
Barriers to services	6
Figure 1:	6
Figure 2:	7
Healthcare	7
Recommendations:	8
What has DRI done so far?	8
Housing	9
Recommendations:	10
Employment	10
Recommendation:	11
What has DRI done so far?	11
Physical and Social Activities:	11
Figure 3:	11
Figure 4:	12
Recommendations:	12
Men and Mental Health:	13
Figure 6:	13
Recommendations:	14
Coping strategies for Cost of Living:	14
Figure 7:	14
Figure 8:	15
Figure 9:	16
Figure 10:	17
Recommendations:	17
Acknowledgments	18
Appendix A: Compilation of Recommendations	19
Quick wins:	19
Short-term:	19
Long-term:	19
Appendix B: Questionnaire	20

Introduction

This research was conducted by Diversity Resource International (DRI) C.I.C, a Community Interest Company that empowers ethnically diverse and migrant communities.

DRI researched impacts of the cost-of-living on ethnically diverse populations primarily within Sussex. Through the lens of the cost-of-living crisis, our team of researchers looked at three topics chosen by the priorities of local community members.

- 1) The quality of life for refugees, asylum seekers, and migrants
- 2) The mental health of ethnically diverse men
- 3) The impact of medical costs for ethnically diverse individuals, family, and staff

The programme focused on training and mentoring support developing the understanding and application of community action research approaches; and building the capacity of participants (primarily from the ethnically diverse and migrant communities) to undertake community action research.

DRI's research shows opportunities for targeted intervention programmes to have the highest impact to;

- Have a positive integration journey
- Build thriving lives
- Mitigate compounded effects of a cost-of-living crisis

Our research indicates that implementing our recommended programmes, with the partnership of ethnic-led organisations like DRI, could empower ethnically diverse populations to not only be resilient during future cost-of-living crises but be in a position to contribute and lead improvements of services and support in the wider society.

Research Proposal

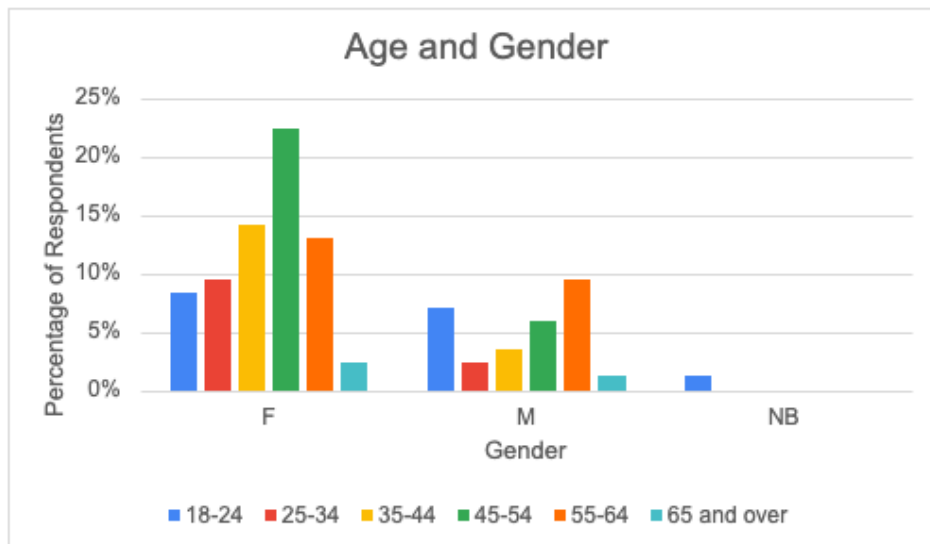
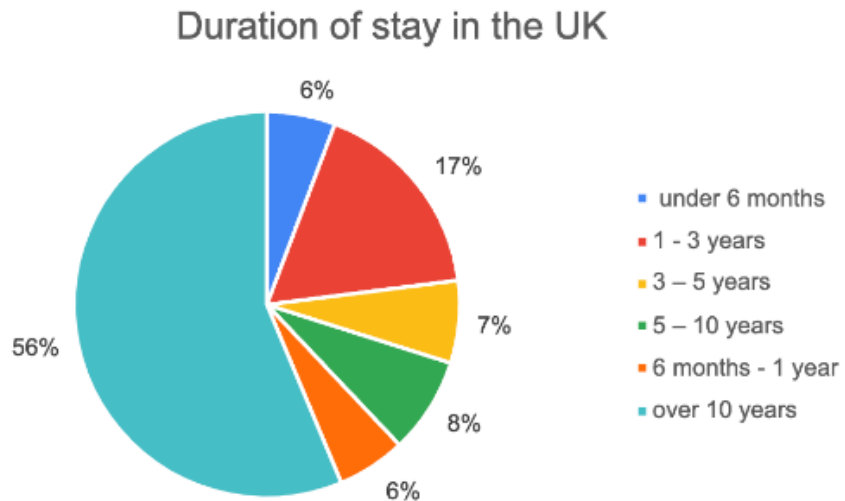
DRI's research was instigated by the communities themselves. Along with the lived experience of the researchers, this work was community-led and co-produced in consultation with the groups we support. Through our work, DRI becomes a place for ethnically diverse residents to talk about the issues they deal with. Therefore, we took a generalised list of those issues and asked our communities what was most important to them, right now, during a cost-of-living crisis. Their feedback helped us narrow down to our three areas of inquiry.

Research Methods: Questionnaire and One-to-One Interviews

A mixed method approach was used to collect rich data in our community research project - utilising questionnaires and one-to-one interviews. This was beneficial for understanding the effects of the cost-of-living crisis from the communities themselves, ensuring that their voices are explored transparently, further validating and establishing reliable outcomes. The questionnaires were useful for reaching a broader range of individuals, whereas the interviews enhanced the research by expanding on the topics. A pilot study was conducted to reduce misinterpretation and enhance the quality of the questions to suit the research objectives. The questionnaire was comprised 15 questions, with a combination of Likert scale and open-ended questions. This was followed by demographic questions with details regarding age, gender, ethnicity, and how long they have lived in the United Kingdom. All information was optional to provide. It was essential to invite individuals who have lived in the UK for over 6 months to participate in the research. This is to fully determine how the cost-of-living crisis has affected their lifestyle.

The questionnaires were completed between December 2023 to February 2024 and DRI received 88 responses, 95% from ethnically diverse communities. The table and chart below highlight the age and gender of the respondents (including non-binary) and how long they have lived in the UK. These are helpful components for the research as this determines the different aspects shared. 64% of the respondents have stated that they live within East Sussex and the rest outside of the county. The questionnaire was first shared at different community events in East Sussex, which enhanced our engagement with the community. To ensure the accessibility of the questionnaire for community members, we translated the survey into Cantonese, Ukrainian, and Arabic to capture insight from different community groups. DRI's Bilingual Advocates played a vital role in distributing physical copies of the questionnaire within their community. Additional time had to be accounted for to have our questionnaires translated and sense checked, making sure they were culturally appropriate to mitigate misinterpretation. It is worth stating that 60% of the questionnaires were completed digitally, which was beneficial to effectively sharing the survey with the wider communities and led to reaching a high number of responses. After analysing the data collected, the key findings are presented in figures and tables together with testimonials taken from the interviews and the questionnaire open questions.

Total of 88 Research Participants



Findings:

This section of the report analyses the key findings from the conducted questionnaire and one-to-one interviews, structured to exhibit the key points that are impacted by the cost-of-living crisis, followed by specific recommendations and what has DRI done so far to mitigate additional challenges.

Barriers to services

It is evident in previous research that ethnically diverse individuals face various barriers when accessing certain services, and our questionnaire and interviews explore which barriers are most significant within a cost-of-living crisis.

What has become harder to access?	
Healthcare	60%
Employment	45%
Housing	43%
Food	35%
Activities	32%
Nothing	10%

Figures 1 and 2 address these issues in a more targeted manner which breakdown this question under two demographic categories; age group and time lived in the UK.

Figure 1:

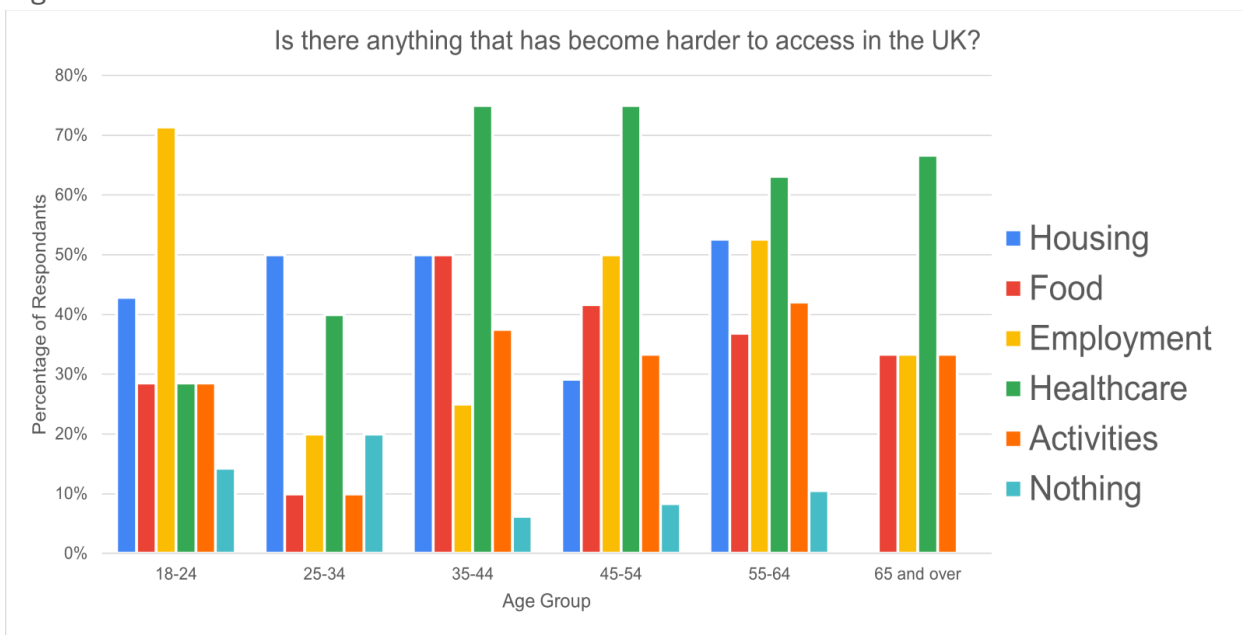
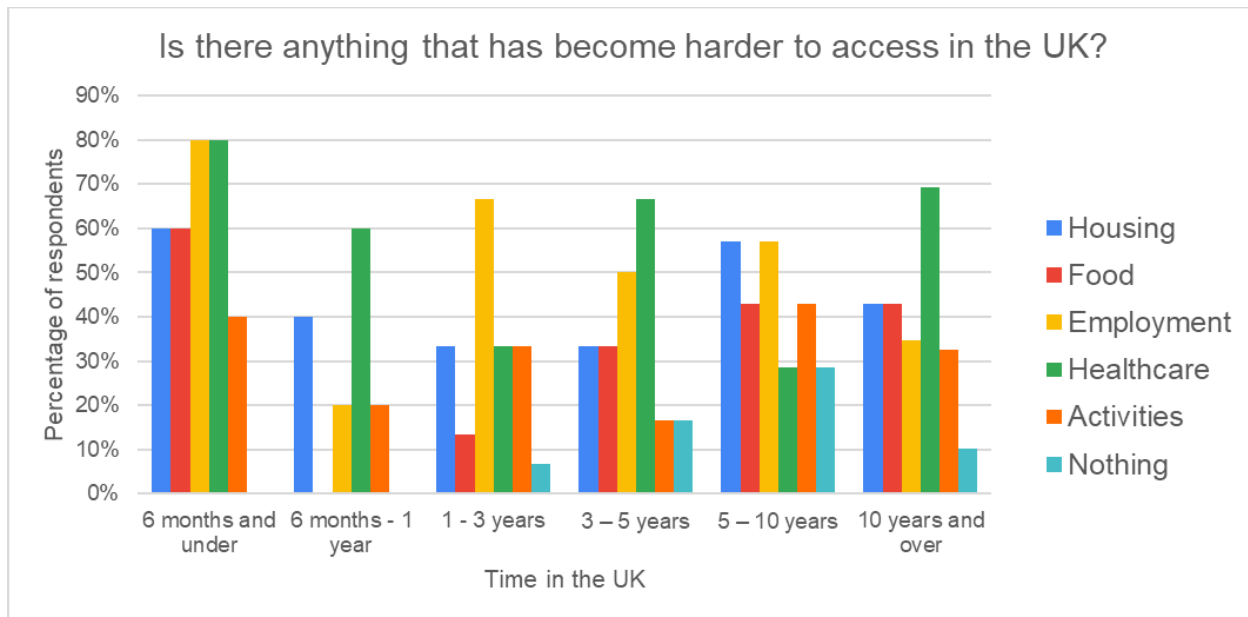


Figure 2:



Healthcare

Over 62% of the respondents aged 45 and above highlighted that it is harder to access healthcare support. From the observations of the researchers and comments made by the respondents, multiple people talked about services worsening in the cost-of-living crisis, showing that paying bills and covering essential expenses is not the only thing at risk. Our essential services are also affected, and the service users' quality of life suffers as well. This is a significant finding for the older cohorts, yet we also see 80% of individuals who have lived in the UK for under 6 months also experience this concern. This is worth mentioning, in terms of the available support that they receive.

Challenges with health is also noted in the open-ended questions, where two respondents stated that they have experienced poor wellbeing services and in their overall access to public health and resources. This is evident in Figure 2, which ties in how long they have been living in the UK and how noticeably high this barrier is for all age cohorts. Additional testimonials from the questionnaire touch on their needs and the importance of healthcare, saying:

“My divorce and then my housing issues have affected me a lot. I need medication to cope with everything.”

“Maybe going through menopause taught me the reality of health anxiety.”

“Hormonal imbalance”

“Sometimes over the last year, I have had migraines, and I have had to take long breaks and resting. Sometimes even the regular painkillers do not help/ work.”

Corresponding to the statements above, the interviews highlight the need for improving accessibility for healthcare information:

“In terms of healthcare, it's difficult to say because I also understand that the NHS is under stress. Make sure to give people the information that is necessary because you don't know what information people have or what they have access to.”

“It's really hard for me to reach the GP and there's no urgent care when I have an emergency.”

Discussing the topic around mental health specifically and its effects on the overall health of some respondents and their daily routines - many of the women respondents have expanded on this topic in the questionnaire and interviews, showing their mental health and wellbeing have strong correlations to how they socialise and their daily routines. This is evident in the quotes below:

“Having poor mental health affects my concentration, my motivation to do things and causes inconvenience for me to socialise and connect with people in my life. It also slowly prevents me from being able to be empathetic towards my surroundings.”

“Mental health is a pillar for someone's life. All my life I have struggled with my mental health because I am “sensitive”. I perceive everything deeply and it affects me a lot. With the help of medication and therapy, I could either suffer or I can overcome this situation.”

Their responses suggest that they are more inclined to seek formal support in comparison to men, which will be further analysed in the following sections, as men's mental health is a topic of discussion in this research.

Recommendations:

1. Create a campaign to reduce the stigma around mental health within ethnically diverse communities.
2. Target healthcare outreach towards the age group and time in UK when there is a reported spike in barriers to access.

What has DRI done so far?

1. From the previous workshops delivered by DRI, funded by East Sussex County Council Public Health, we have engaged with different community members who've voiced their concerns with healthcare accessibility and have had the chance to discuss their concerns directly with health representatives in specific topic areas.

Housing

42% of the community members found housing harder to access. When asked ‘What is one area in your life you would like to improve?’, housing came second at 26% of the community members. As seen in Figure 1, housing is something that is hard to access across age groups. It is worth pointing out that 50% of these respondents are in the 24-35 age group making it one of the biggest issues for this cohort.

A common thread observed is that housing caused various issues for the participants, but one element that stood out was how it impacted the mental health of the community members that we spoke to. A community member said that their mental health would be much better if they didn’t have *“to worry about my council tax and my housing. Being at ease with every month payments.”*

An interviewee’s response agrees, where they stated that they *“have a rented tenancy in an old Victorian house, no central heating and it is old. I am not a priority for the council. [...] I can’t do anything about it as I can’t afford the excess payments nowadays. This is the aspect that has affected my mental health. I contacted another housing association who gave me a house, but the council objected to it since I wasn’t on the bidding list. That is the thing that I think too much which makes me sad, but I try to be positive.”*

Another young community member we interviewed talked about how housing prices and employment are connected. They told us:

“I wanted to move to London for a long time now. But because of the housing price and London is already expensive, so moving to London wasn’t a choice. It did affect the opportunity for me to explore a lot of employment and became tiring and it affected my mental health as well.”

Here we noticed how there was an overlap of housing with employment and how this had a compounded impact on the interviewee’s mental health. A community member who was living in shared accommodation pointed out:

“I keep moving because of the prices going up. I want to look for something that is cheaper and belongs to me. Staying with strangers in shared accommodation can be hard and communicating and the way of living can be different, so it’s a bit harder. Always anxious and from a background that is from war, I don’t sleep easily. And I’m always anxious.”

Another concerned mother spoke about how the unsustainable housing situation was impacting her family’s mental health:

“I was living separately from my husband for four years. Now, they have given us accommodation together, I share a very small room with both my husband and

[...] daughter. The council has moved us to a loft with a small kitchen with no cabinets. Three of us sharing a room, we have a single and double bed. My teenage daughter has mental health issues, and they affect her more as she is a teenager. My husband is suffering from mental health issues. I feel like I am stuck between the two of them. None of us have any privacy and no space. How can a husband and wife live in the same room as their teenage daughter, it's not healthy to have all of us in one room. When I talked to the council, they said you can move my daughter to the kitchen area. I said, how is that going to work. This is [a] council housing, and it is supposed to be temporary, but it looks like we are stuck here as they haven't said anything to us."

Recommendations:

1. Create trauma-informed opportunities to support those with families still in war-torn home countries.
2. Housing services outreach us outreach to target the age group and time in UK when there is a reported spike in barriers to access.

Employment

With a total of 45% responding that employment was harder to access, 70% of the community members in the 18-24 age considered this element as the main concern for them, which is significantly higher compared to the rest of the age groups. The 55-64 age group had 52% of the respondents who said that employment was harder to access in Figure 1.

We received several responses describing the trouble with finding sufficient paid work. Some surrounded the tightening migration policy, *"Finding employment has been challenging with my current visa status"*. One interviewee expressed that:

"Due to the new policy under Skilled Worker Visa route, the requirement for salary is now higher (£38,700 or above), which is usually on a managerial level. Anyone in my age range, or for those who just graduated, it is very difficult. Finding a sponsorship employer is also very difficult."

They elaborated on how much impact this has had on them:

"You do have to pay a lot for the visa itself. I saw that opportunities are drifting further away, and it was hard."

Around the topic of migration policy and access, another interviewee stated that *"when you move here on a spousal visa, you don't have any access to public funds. When I went to the job centre, they said you don't have access to public funds, so we can't do anything for you. We only help those who have access to public funds"*. On the other hand, some talked about how work opportunities overall were reducing. A community member shared *"Since I was made redundant in 2020 it has been and still is difficult to get stable work"*.

Recommendation:

1. Services offering integration support to access education and employment could significantly increase migrant communities' ability to be well-equipped for surviving a cost-of-living crisis. These services must tailor their support to the needs of the community member.
2. Create a more diverse and equitable workforce by making a concerted effort from the grassroots level upwards. This can be through;
 - a. The inclusion of ethnically minoritised community members in the planning stages of community development and research projects.
 - b. Community outreach workers to engage communities that are often labelled “hard to reach”.
3. Offer more training opportunities for new arrivals and ethnically diverse community members, who are often multilingual to enter the workforce, including high demand roles such as bilingual advocates and interpreters.

What has DRI done so far?

1. From conversations with community leaders DRI identified a group of professional women who had been displaced from their home country due to conflict. They faced the barrier of support to take the IELTS exam to get their qualifications transferred to the UK. DRI organised IELTS preparation classes to support them in improving their employment outcomes.
2. After engaging in a focus group discussion DRI facilitated, a community member offered her services as a childcare professional for any event organised by DRI. Taking into consideration how childcare is a barrier for women attending classes, DRI included the childcare professional within the planning and budgeting. This is an exemplary way to battle the inequity of ethnically diverse and migrant community members who deal with additional barriers.

Physical and Social Activities:

Figure 3:

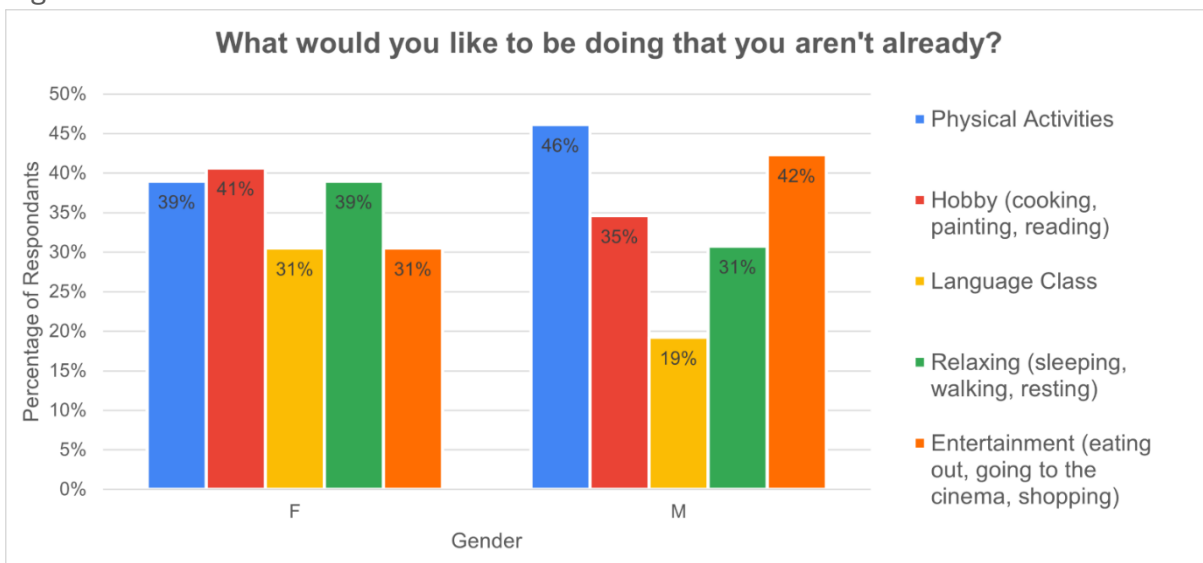
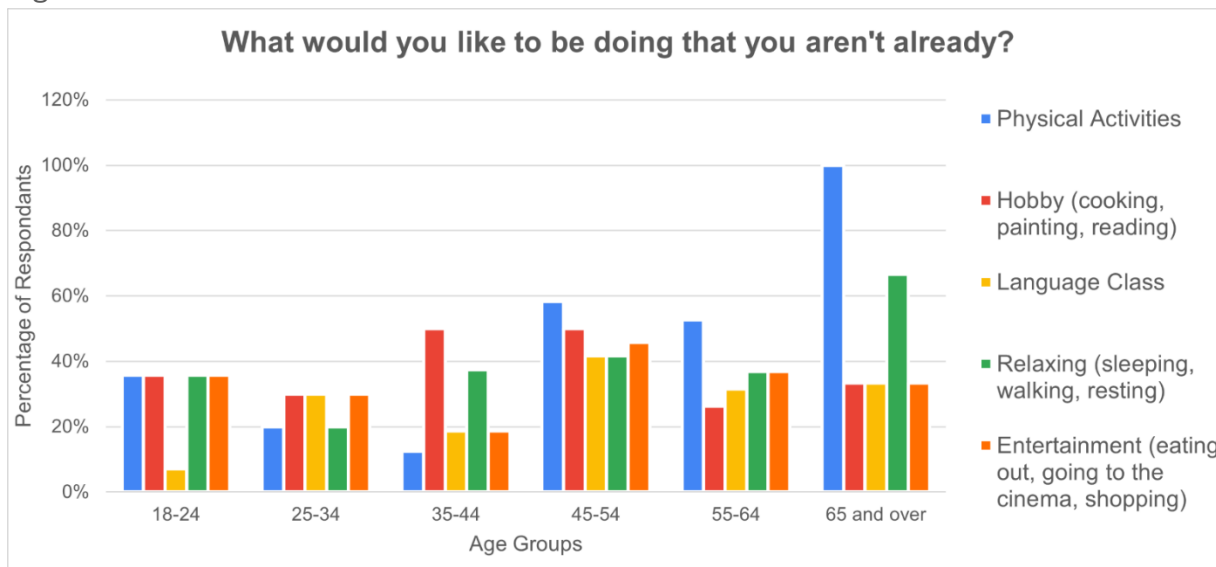


Figure 4:



From Figure 3, we observe that physical activities are what community members want to include in their lifestyle with 46% of male respondents wanting more opportunity than they currently have. Figure 4 shows that for age groups older than 45, physical activities are the highest demanded activity for their lives. Hobbies and other social activities are also sought after. 41% of the women in the sample wanted to include more hobbies such as cooking, painting and reading. From Figure 4, we can see that 50% of respondents from the age groups 35-44 and 45-44 would like to be doing more hobbies.

“I would like to do more in terms of exercise, as exercise gives boost to good health, as well as mental health. By exercise, I mean swimming and dancing to music like Zumba. Wish there was activities such as this available here.”

“I like going to the gym to workout, but I would need to pay a monthly allowance to do so. Maybe eating out or meeting friends outside which needs financial support.”- A participant in the asylum-seeking process.

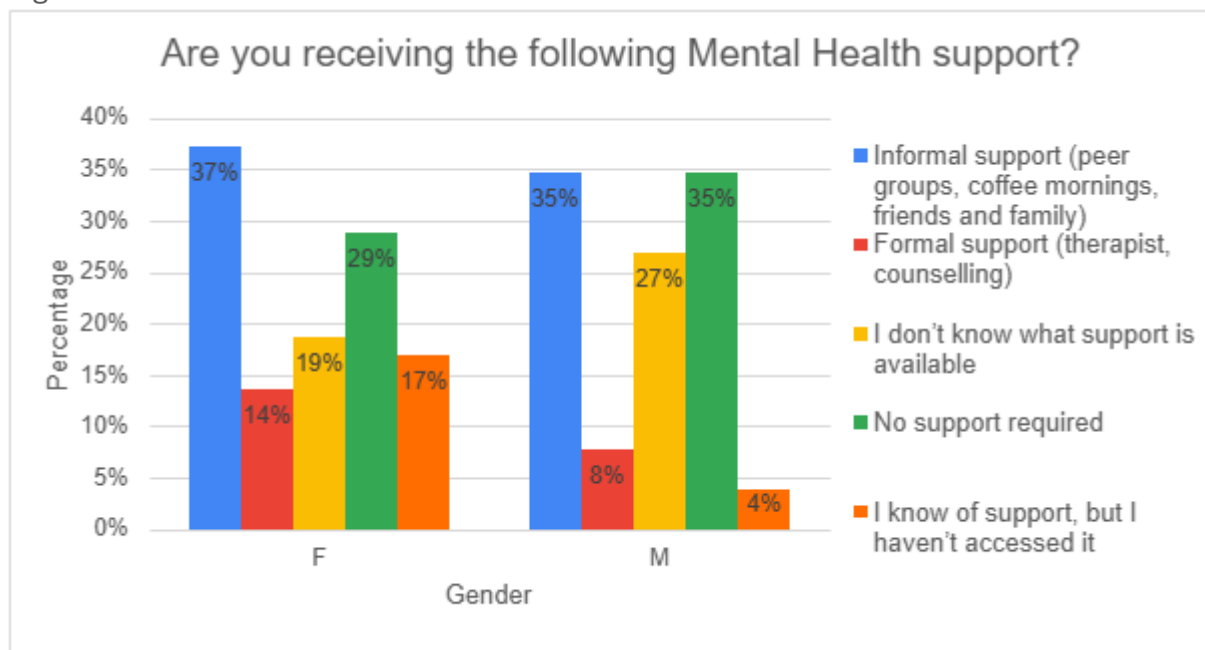
This supports the correlation of physical activities as a way of reducing negative mental health. The lack of activities or low-cost social opportunities during the cost-of-living crisis heavily impacts the quality of life for some respondents.

Recommendations:

1. Targeted opportunities for people over the age of 45 to participate in physical activities. As it is an activity that interests ethnically diverse men, it is a great way to engage with them.
2. Concerted effort to have free opportunities for socialising as an essential need during a cost-of-living crisis.
3. Investing in the wellbeing of people in the asylum-seeking process by accounting for social and physical activities as part of their daily needs can help save further expenditure on safeguarding, crisis point resources and mental health support.

Men and Mental Health:

Figure 6:



We observe that male ethnically diverse community members were less likely to receive mental health support in Figure 6. 35% of male respondents received informal mental health support as opposed to 37% of the female respondents. Only 8% of the male respondents accessed formal support as opposed to 14% of female respondents.

27% of the male respondents were unaware of what support was available whereas 19% of the female respondents didn't know what support was available. An additional observation made by the researchers was 35% of the men in the sample said they didn't require any mental health support, while 29% of the women in the sample said so.

Questionnaire respondents who elaborated on the importance of mental health in their lives had this to say;

“Mental health means a lot. My mental health is one of my main priorities in life and is important to me. It is a factor in life that should be taken care of in order to succeed”

“It's very important. Mental health affects physical health, sometimes it leads to worsening physical health which leads to the dramatic changes of perception and feeling of the outside world.”

On the other hand, two male participants revealed that:

“As we are single males, we don't really talk with each other, and it's shown as a sign of weakness. I know that other people have them but won't admit this.”

“Mental Health is not good subject to talk about. They call us "Mad".”

Another young interviewee answered a question about how he copes with low mental health:

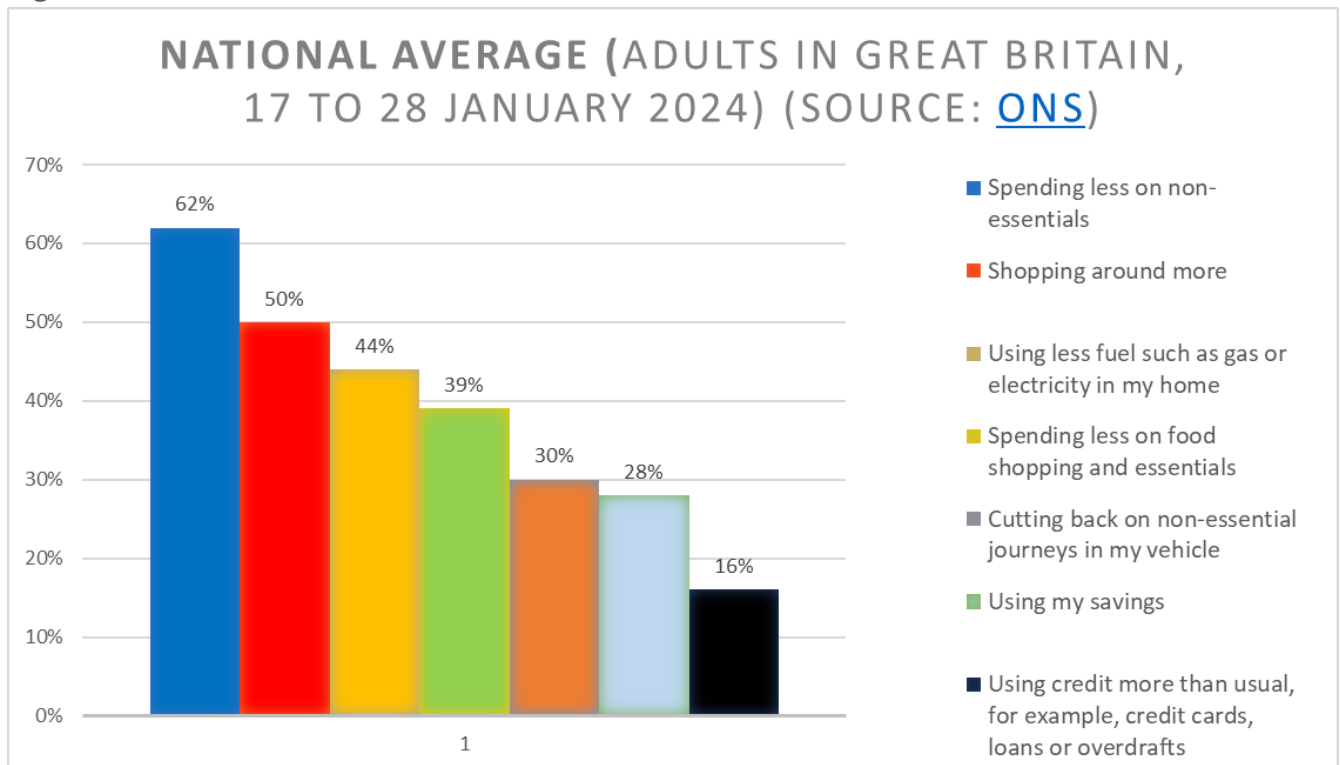
“I just wait for it to pass. I try and not let it affect me. I can’t let it consume me or control me. ‘Some people can handle it more than others’”

Recommendations:

1. More positive mental health marketing is needed for men, refraining from using only negative descriptors or just targeting when they’re at a crisis point.
2. Campaign to reduce the stigma around mental health within ethnically diverse communities.

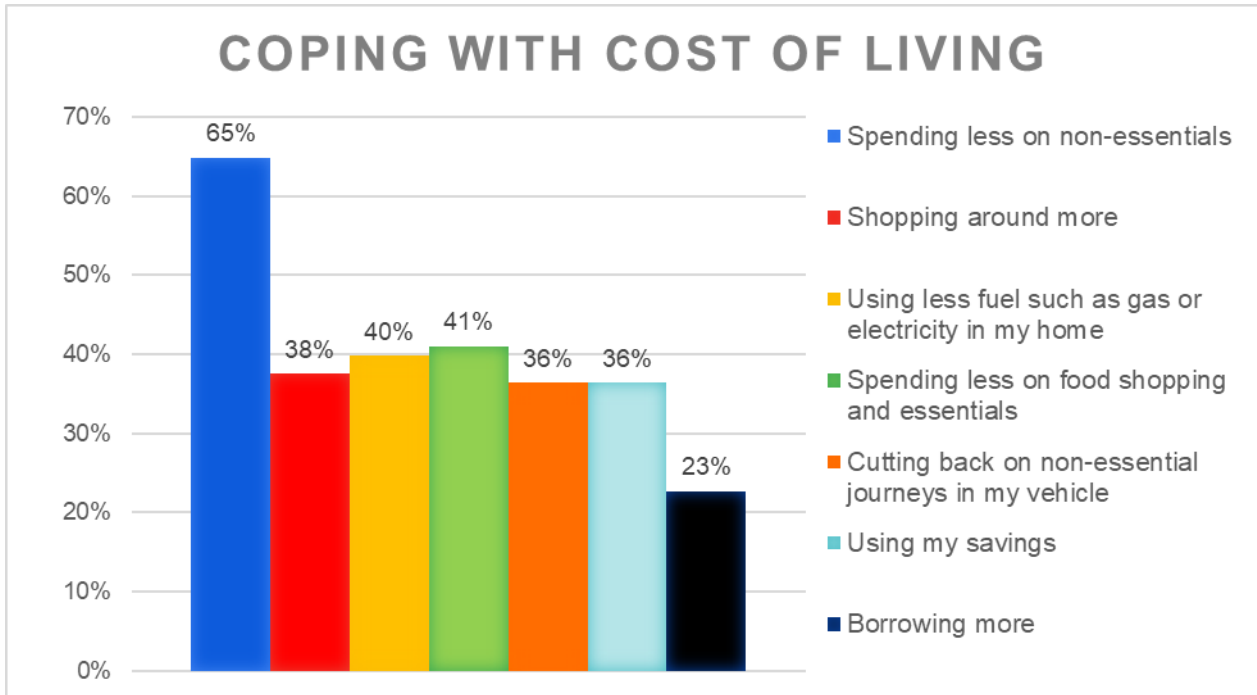
Coping strategies for Cost of Living:

Figure 7:



SOURCE: [COST OF LIVING INSIGHTS - OFFICE FOR NATIONAL STATISTICS \(ONS.GOV.UK\)](#)

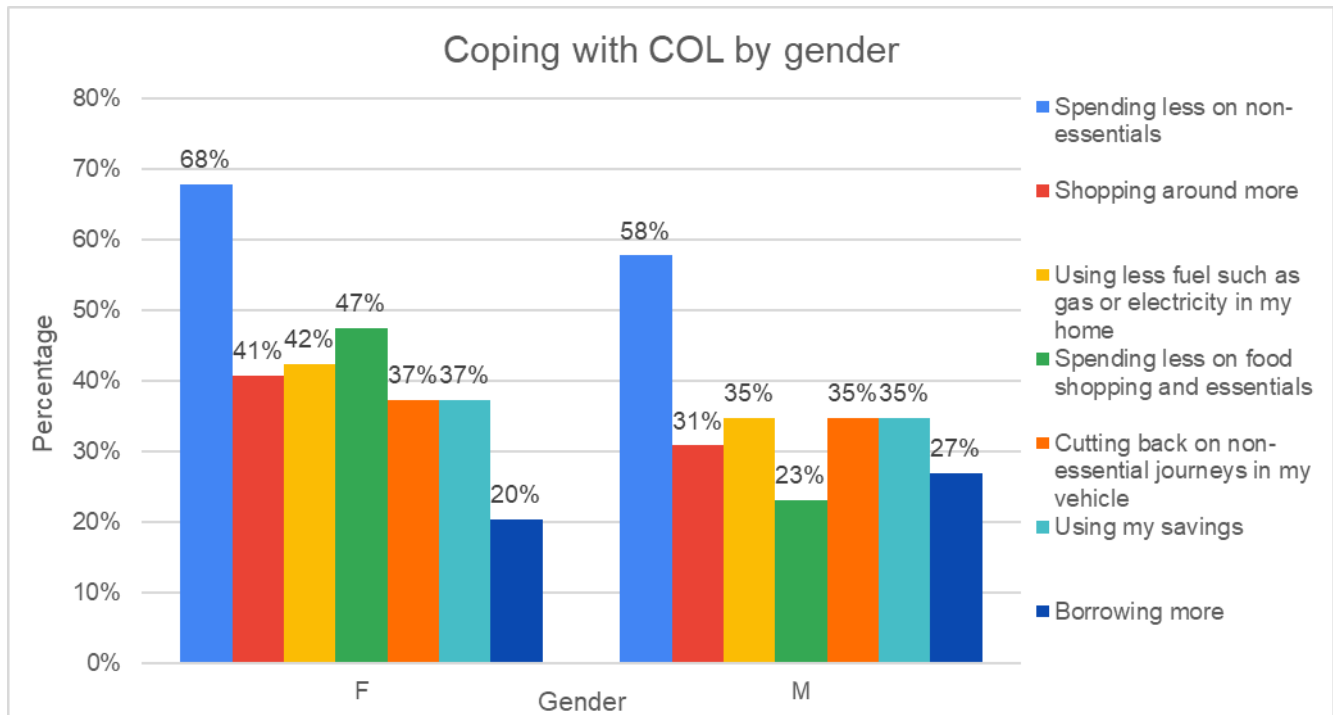
Figure 8:



When asked how respondents cope with the cost-of-living crisis and what changes they have made to their lifestyle, DRI intentionally replicated the question asked by the Office of National Statistics to compare our findings with the national average. Figure 7 is the national average of what individuals are doing to manage the cost-of-living crisis, in comparison to Figure 8 which displays the findings from our research study with ethnically diverse and migrant respondents. Comparing the two, we want to point out two key findings:

1. DRI's sample of participants is less likely to shop around more as compared to the national average. While the national average is 50%, our finding reflects only 38% of respondents shopping around more. This may be explained by several factors but one could be the ingredients required for meals cooked in ethnically diverse communities are only available in specific stores, limiting the option to "shop around".
2. As compared to the national average, the respondents in our study were more likely to use their savings and borrow more. 36% of the respondents are using their savings as opposed to the national average of 28%. 23% of the respondents are borrowing more in contrast to the national average of 16%.

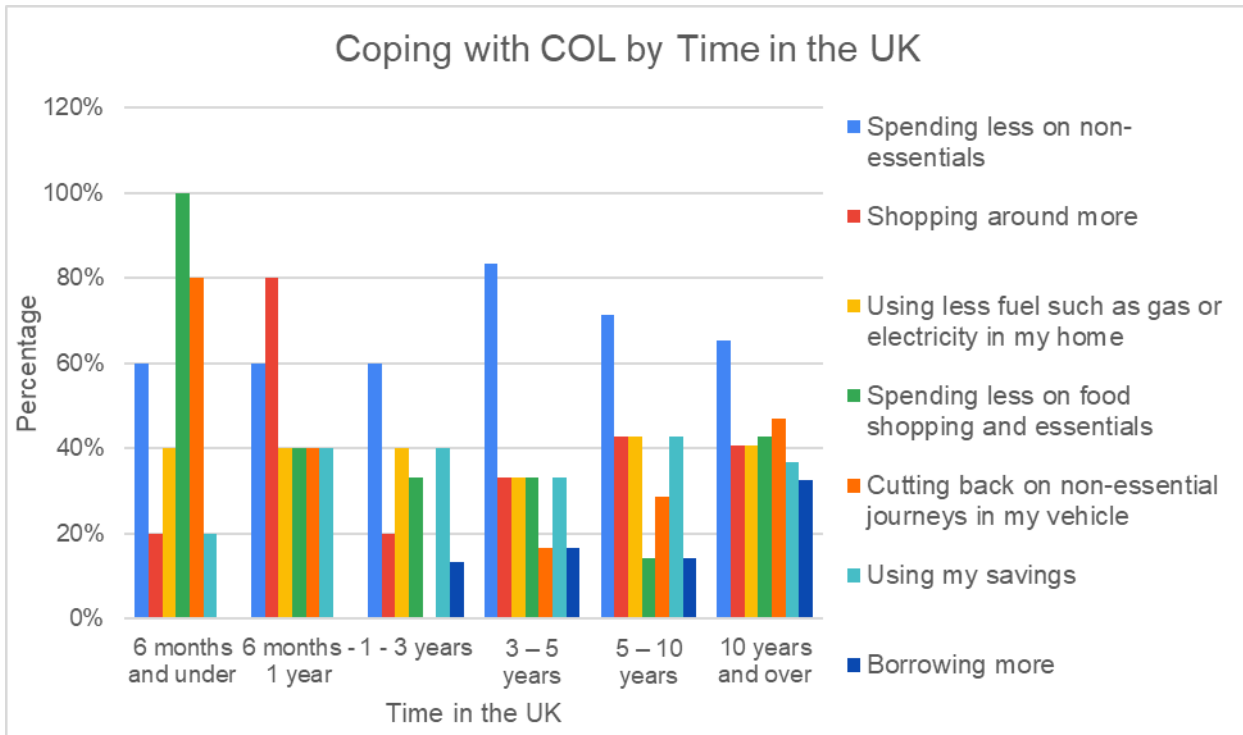
Figure 9:



Looking at the coping strategies by gender, one key observation is that women are 24% more likely to cut back on food shopping and essentials as opposed to men. From the lived experience of the researchers as women in ethnically diverse and migrant communities, we perceive this could be a marker of the conditioning that women internalise - that their health and wellbeing is not as important as the others in their family. This was explained clearly by an interviewee who is a single mother when she said:

“I try to be very self-conscience, to top up my rent is something I must do. I only buy brand new stuff for my girls, for me it's cheap and on sale.”

Figure 10:



- A striking statistic was that 100% of the community members who had lived in the UK for 6 months or less were cutting back on food shopping and essentials to cope with the cost-of-living crisis.
- Respondents who have lived in the UK for less than a year have not been borrowing more. This could reflect the lack of access to options for borrowing since they are new in the country.

Recommendations:

1. Offer financial planning and budgeting courses, workshops, and lessons for newly migrated adults.
2. Have financial planning and budgeting sessions in schools. Include a deep dive into credit cards, loans, and mortgage systems.
3. Have financial planning and budgeting sessions incorporated into English programmes.
4. Change in migration policy to reconsider benefits to migrants. Community members talked about how their visa status didn't allow them to access benefits and services such as the job centre.
5. To further understand women's behaviour regarding strategies for coping with the cost-of-living, we must look at the spending patterns of more ethnically diverse and migrant women. We should also research further on the potential reasons why women are more willing to cut back on food and essentials shopping.

Acknowledgments

DRI would like to thank the asylum seekers, refugees, migrants, and ethnically diverse community members who contributed their extremely valuable expertise. We acknowledge the time and effort it takes to voice their lived experience and DRI is grateful for this investment in a thriving, equitable future.

The Community Researchers would also like to thank our Directors, Patrick Nyikavaranda, Mebrak Ghebreweldi, and Dr. Yaa Asare, for their input, support, and encouragement as we took on this endeavour.

Finally, we would like to make a special thank you to the translators, interpreters, and staff at Vandu Languages, whose skills helped make our research inclusive and rich with diverse perspectives.

Appendix A: Compilation of Recommendations

Quick wins:

1. Concerted effort to have free opportunities for socialising, an essential need during a cost-of-living crisis.
2. Offer financial planning and budgeting courses, workshops, and lessons for newly migrated adults.

Short-term:

3. Create trauma-informed opportunities to support those with families still in war-torn home countries.
4. Improved access at key moments by working with DRI
5. Create a more diverse and equitable workforce by making a concerted effort from the grassroots level upwards. This can be through;
 - a. The inclusion of ethnically minoritised community members in the planning stages of community development and research projects.
 - b. Community outreach workers to engage communities that are often labelled “hard to reach”.
6. Offer more training opportunities for new arrivals and ethnically diverse community members, who are often multilingual, to enter the workforce include high demand roles such as bilingual advocates and interpreters.
7. More positive mental health marketing is needed for men, refraining from using only negative descriptors or just targeting when they’re at a crisis point.
8. Campaign to reduce the stigma around mental health within ethnically diverse communities.
9. Have financial planning and budgeting sessions incorporated into English programmes.

Long-term:

10. Target healthcare outreach towards the age group and time in UK when there is a reported spike in barriers to access.
11. Targeted opportunities for people over the age of 45 to participate in physical activities. As it is an activity that interests ethnically diverse men, it is a great way to engage with them.
12. Housing services outreach to target the age group and time in UK when there is a reported spike in barriers to access.
13. Services offering integration support to access education and employment could significantly increase migrant communities' ability to be well-equipped for surviving a cost-of-living crisis. These services must tailor their support to the needs of the community member.

Appendix B: Questionnaire

Cost-of-Living Impacts on the Quality-of-Life for Refugees, Asylum Seekers and Migrants

This survey is being conducted by Diversity Resource International (DRI) as part of the research on the impact of the cost-of-living for refugees, asylum seekers, and migrants, including on medical costs and mental health.

The research is funded by NHS England – South East and supported by University of Reading and Scottish Community Development Centre.

The survey is anonymous, and we will not identify anyone taking part in the research. The information you provide will be kept confidential and will help us to come up with research findings and recommendations for improving services.

If you are happy with the above, please complete the following questions.

1. Are your basic needs being met? (please circle one number)

1	2	3	4	5
Not At All	Somewhat	Mostly	Yes, all of them	Don't know

Please say why

2. Do you think that life in England is getting better or worse? (please circle one number)

1	2	3	4	5
Much worse	Somewhat worse	Staying the same	Somewhat better	Much better

If your lifestyle has changed, please say how

3. Is there anything that has become harder to access in the UK? (please tick as many as apply)

- Housing Food Healthcare Activities Employment
 Other I don't think things are getting harder

If 'other' please say what these are

4. If you could improve one area of your life, what would it be? (please tick only one)

- Housing Diet Health Socialising Language Learning
 Employment Other

If 'other' please say what this is

5. What would you like to be doing that you aren't already?

Physical Activities

Hobby (cooking, painting, reading)

Language Class

Relaxing(sleeping, walking, resting)

Entertainment(eating out, cinema, shopping)

Other

If you ticked 'other' please say what these are

Cost of Living, Men and Mental Health

6. What does mental health mean to you? Please describe in your own words.

7. How much has mental health affected your daily routine? (please tick one)

Not at all A little A significant amount A great deal Don't know

Please describe in more detail

8. I can easily talk to others about mental health (please tick one)

- Not at all A little A significant amount A great deal Don't know

9. Is mental health a topic that you think or talk about? (please tick one)

- Not at all A little A significant amount A great deal Don't know

10. Are you receiving the following mental health support (tick all that apply)

- Informal support (peer groups, coffee mornings, friends and family)
- Formal support (therapist, counselling, GP, social worker)
- I don't know what support is available
- No support required
- I know of support, but I haven't accessed it
- Other

If you ticked 'other' please say what these are

Cost-of-Living Impacts on Medical Costs

11. If you have regular prescription, please say which of the following is most accurate (please tick one)

- The price of my medication is lower
- The price of my medication has stayed the same
- The price of my medication has stayed the same but the dosage or size of my medication has gone down.
- The price of my medication is higher
- Don't know
- Not applicable

If you are happy to, please tell us what the total cost was and what it has changed to:

12. Which of the following are you doing? (please tick as many as apply)

- I am spending less on non-essentials
- I am using less fuel such as gas or electricity in my home
- I am cutting back on non-essential journeys in my vehicle
- I am shopping around more
- I am spending less on food shopping and essentials
- I am using my savings
- I am borrowing more
- Other

If you ticked 'other' please say what these are

13. If you or your family member uses electricity-run medical equipment, how much have you had to cut back on electricity non-essential use to cope with the costs?

- Not at all
- A small amount
- A significant amount
- A lot
- Don't know
- Not applicable

Gender:

- Male
- Female
- Other (please state) _____

Ethnicity:

City/Town

How long have you lived in the UK?

- under 6 months
- 6 months – 1 year
- 1 – 3 years
- 3 – 5 years
- 5 – 10 years
- over 10 years