



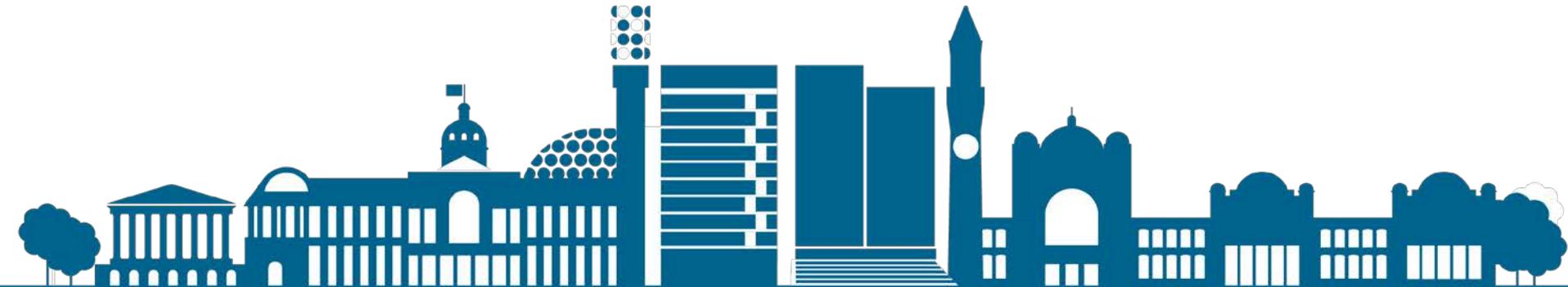
UNIVERSITY OF
BIRMINGHAM

Access to welfare in an era of superdiversity: opportunities and challenges

Jenny Phillimore

j.a.phillimore@bham.ac.uk

@japhillimore



Introduction

- Emergence of superdiversity
- Diversity and access to welfare – approaches and limitations
- Welfare bricolage
- Methods – sequential, parallel, comparative
- Challenges faced by SD residents and providers
- Welfare bricolage by residents and providers
- Discussion – bricolage solution or sticking plaster?
- Conclusions



Diversity and access to welfare

- ❑ Needs initially ignored – migrants expected to go home or assimilate
- ❑ Focus on migrants as a threat – risky behaviours or undeserving
- ❑ SD undermining social solidarity – a threat to the entire welfare state
- ❑ Emergence of hostile or “compliant” environment – restrictionism at the heart of policy
- ❑ No EU coordinated to assessing minority welfare outcomes (Ingleby 2009)
- ❑ All approaches use an ethno-national lens – fixed homogeneity



Diversity and access to welfare

- ❑ Adaptations in health – for “special” need based on ethnicity
- ❑ Other welfare sectors little adaptation ex interpretation provision in some countries
- ❑ Ethno-nationalistic approaches not practical without a critical mass
- ❑ Little understanding of how people access welfare across and beyond mixed economy of welfare
- ❑ Bricolage helps us to describe practices whereby multiple resources are enacted (for multiple reasons)



Welfare bricolage

- Bricolage not used in relation to diversity or welfare
- Explains patterns of thought (Levi-Straus 1962), logics or politics of social practice (Deleuze & Guattari 1987), tactics of resource use (DeCerteau 1984), set of behaviours (Vanevenhoven et al 2011) and agentic mobilisation of resources (Deleuze & Guattari 1972)
- Bricolage associated with:
 - Responding to lack of resources
 - Overcoming challenges
 - Creativity and innovation
 - Repurposing or combining at hand resources



Bricolage, superdiversity and access to welfare

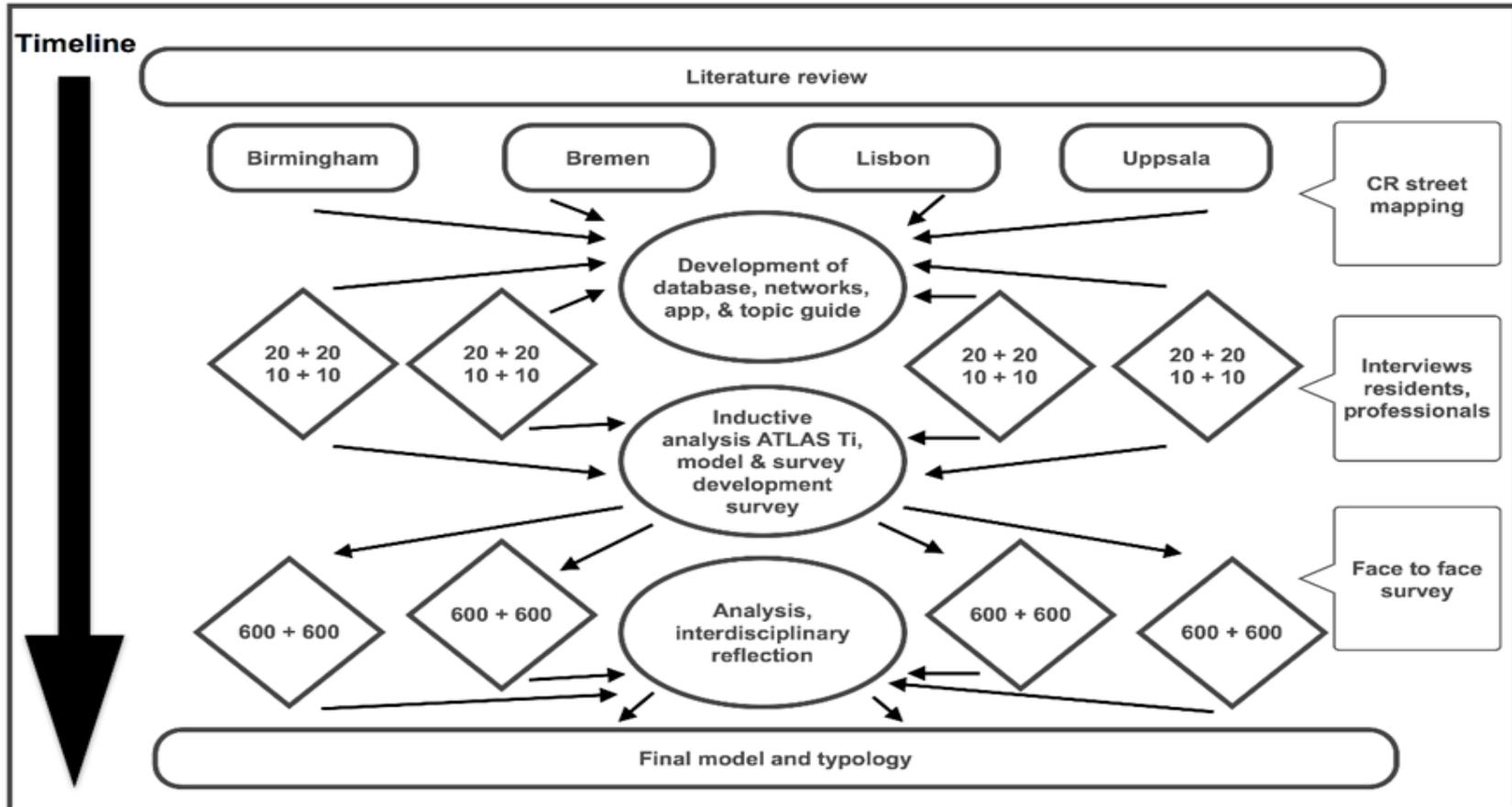
- Superdiversity offers plentiful opportunities for bricolage
 - Resource poor environments with multiple challenges
 - Co-presence of different beliefs, experiences, cultures, knowledges
 - Local, transnational and translocal resources
- Welfare bricolage to examine combination of preferences, knowledges, constraints, purposefulness and creativity enacted to meet welfare needs





UNIVERSITY OF
BIRMINGHAM

UPWEB research methods



Methods – the UPWEB project

- Parallel, sequential mixed-methods in four countries each with different welfare regimes (see Phillimore et al 2015)
- Street-mapping and ethnographic work
- 160 in-depth interviews using maximum diversity sampling approach
- Interviews in chosen language with lead or support from community researchers
- Systematic thematic analysis using shared MAXQDA codebook
- Plus provider interviews and survey



Challenges faced by residents

- ❑ Multi-morbidities associated with complex social problems
- ❑ Structural factors – degree of access to system - restrictionism (Nagette/Bremen)
- ❑ Economic constraints (Sebastion/Lisbon)
- ❑ Low levels of satisfaction with systems
- ❑ Being disregarded – trivialised problems and belief systems
- ❑ Racism and discrimination
- ❑ Patterns of power distribution (Stokes et al. 2006) (UK18)
- ❑ Effects of austerity – waiting and de-prioritisation
- ❑ Cultural health (and welfare) capital(s) (Shim 2010)- rights and entitlements (Kerstin/Bremen)



Challenges faced by providers

- Superdiversity
 - Language
 - Literacy
 - “Culture”
 - Cultural health capital (Shim 2010)
 - Inflexible systems
- Complexity
- Austerity
- Poverty
- Managerialist approaches



Resident bricolage typologies

- No bricolage (UK35)
- Bricolage within systems using navigators/
internet/ knowledge (Green et al. 2014) to
optimise access to state resources (Gotts 4)
- Bricolage in addition to the system using multiple
resources (Isabela/Lisbon)
- Bricolage instead of the system using multiple
resources (Pedro/Lisbon)



Provider bricolage

- Communication, collaboration and creativity
- Cross-referral, sharing and working with TSOs
- Reaching out and bringing in
- New ways of working
 - From individual to group
 - Drop in and flexible hours
 - Donations – drugs, food, clothes, nappies...

The medicine we have is donated. Sometimes it comes from the pharmacy, sometimes from the laboratory and sometimes it is given to us by people who have it at home, don't need it anymore and it is still valid. We created a bank where we keep all the medicine and later redistribute it to the people in need (Social worker mobile TSO, Lisbon)



Provider bricolage

- TSOs filling gaps – dealing with complexity
 - Individualised care
 - Volunteers for support
 - Home visits
 - Empowerment and voice

Some people are surprised when we call to know how they are. They have been lonely for so long that they don't know what it means anymore when someone cares. For them it is a very comforting thing.... We need to focus not only on the medical situation but also on the whole context of the person. We try to adapt the service to everyone's specific situation. (Nurse, Misericordia)

- Formal providers bending the rules



Discussion

- ❑ Common challenges – communication, lack of documents, complex problems in a system designed for homogeneity
- ❑ Challenges related to SD but also age, education, poverty and social problems
- ❑ Bricolage can be a solution – a form of agency and/or an act of desperation
- ❑ But.....many do not find a resolution and give up
- ❑ TSOs filling the gaps – postcode lottery
- ❑ Burnout levels high in bricolaging staff – alternative is to lower expectations (and standards) or to leave



Conclusion

- ❑ Bricolage highlights potential for innovation and flexibility in relationships between providers and users
- ❑ Bricolage – a sticking plaster for an outdated system, and/or self-empowerment and/or neo-liberalist outcome
- ❑ Potential to be viewed as resistance or to be used to highlight the shortcomings of the state
- ❑ Move away from problematising groups of people to problematising systems
- ❑ More research needed to examine bricolage behaviours in different settings i.e. child protection
- ❑ Need to focus on parameters for defining the limits of bricolage



Publications

- Phillimore, J., Bradby, H. & Brand, T., (2019) Superdiversity, population health and healthcare: opportunities and challenges in a changing world. *Public health* DOI:10.1016/j.puhe.2019.01.007
- Hamed, S., Klingberg, S., Mahmud, A.J. and Bradby, H., 2018. Researching health in diverse neighbourhoods: critical reflection on the use of a community research model in Uppsala, Sweden. *BMC research notes*, 11(1), p.612.
- Bradby, H., Humphris, R. and Padilla, B., 2018. Universalism, diversity and norms: gratitude, healthcare and welfare chauvinism. *Critical Public Health*, pp.1-13.
- Pemberton, S., Phillimore, J. et al. (2018) Access to healthcare in superdiverse neighbourhoods. *Health and Place* DOI 10.1016/j.healthplace.2018.12.003
- Phillimore, J., Bradby, H., Knecht, M., Padilla, B. and Pemberton, S., 2018. *Welfare Bricolage in Different Health Regimes: Motivations, Logics and Tactics* (No. 26). IRiS Working Paper Series.
- Phillimore, J., Bradby, B., Doos, L., Padilla, B., Samerski, S. (2018) Health providers as bricoleurs: an examination of the adaption of health ecosystems to superdiversity in Europe. *Journal of European Social Policy* DOI 10.1177/09589287718795994
- Phillimore, J., Bradby, H., Knecht, M., Padilla, B. & Pemberton, S. (2018) Bricolage as a conceptual tool for understanding access to healthcare in superdiverse populations. *Social Theory and Health* 1-22 10.1057/s41285-018-0075-4
- Phillimore, J., Bradby, H., Knecht, M., Padilla, B., Brand, T., Cheung, S.Y., Pemberton, S. and Zeeb, H., 2015. Understanding healthcare practices in superdiverse neighbourhoods and developing the concept of welfare bricolage: Protocol of a cross-national mixed-methods study. *BMC international health and human rights*, 15(1), p.16.

