Volunteers working to support migrants in Glasgow: a qualitative study

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Abstract

Purpose – The purpose of this paper is to explore the roles, motivations and experiences of volunteers who work to support asylum seekers (AS), refugees and refused asylum seekers (RAS) in Glasgow.

Design/methodology/approach – Qualitative semi-structured interviews were conducted with eight volunteer participants who worked to support migrants in Glasgow, two of which were AS. Purposeful and theoretical sampling was used and data were analysed using the framework approach.

Findings – The roles of participants were broad included providing “destitution relief” (providing shelter and food for destitute asylum seekers (DAS)) and acting as advocates for AS to help them access services. The most common reported motivation of participants was a humanitarian interest in the situation of migrants in Glasgow and the UK. In contrast, participants who were AS, volunteered because they could not work and it helped to improve their mental well-being. The complexity of the circumstances of some migrants was seen as the most challenging aspect of volunteering. Participants were involved first hand in the difficulties migrants had in accessing health and social services.

Research limitations/implications – This exploratory study confirmed the vital role voluntary organisations have in supporting migrants in Glasgow. It highlights the essential role volunteers have in supporting DAS and sets out some volunteer support needs. This has important implications for this context in Glasgow. Further work in other dispersal settings in the UK would help elucidate if this is replicable across the UK.

Practical implications – Volunteer’s role as lay advocates should be recognised and then supported by statutory services such as primary care and social services.

Social implications – The overall view was that the system of claiming asylum poses numerous challenges for both migrants and the volunteers working to support them. AS can become completely reliant on the volunteers and the services they provide.

Originality/value – This is the first research study examining the roles, motivations and experiences of volunteers who support migrants.

Keywords Migrants’ health needs, Support services for asylum seekers, Volunteer motivations, Volunteering

Paper type Research paper

Introduction

Glasgow has a rich history of people arriving from all over the world to seek refuge in the city. The demand on Glasgow to support migrants has increased over the past 12 years since the UK government’s dispersal act of 1999, which dispersed asylum seekers (AS) to different regions of the country to reduce the demand on southern England. As a result, Glasgow has the largest population of dispersed AS in the UK (ICAR Information about asylum seekers and refugees (ICAR), 2009). To accommodate their wide-ranging needs, volunteer agencies have developed a vital role in supporting migrants in Glasgow (Wren, 2004). List below defines an asylum seeker (AS), refugee and refused asylum seeker (RAS).

Definitions:

- Refugee a person who has fled their own country due to a “well founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group […]” (United Nations
High Commissioner for Refugees, 2010). They are granted refugee status or temporary leave to remain by the home secretary and have the same welfare rights as a UK citizen.

- Asylum seeker a person who enters a country to claim asylum under the 1951 UN convention, such individuals have to have their claim processed by the UK border agency (2014) (ICAR Information About Asylum Seekers and Refugees, 2009).

- Refused asylum seeker a person whose claim has been rejected and individuals have no right to remain in the UK but they can appeal. Once their appeal has been exhausted all government support is withdrawn and they are asked to return to their own country, however, those who cannot return to their country become destitute or can be detained in a government detention centre (Faculty of Public Health, 2008).

- Section 4 support temporary financial and accommodation support if a persons claim for asylum has been refused. Person does not receive cash but a section 4 Azure card which has £35.39 which can be used to buy food and toiletries in certain shops (UK Border Agency, 2014).

- Destitute asylum seeker – a refused asylum seeker who cannot return to own country and does not receive section 4 support, receives no support from government and cannot legally work.

Services and needs of migrants

Three studies have reviewed the services available for the care of migrants in Glasgow following the onset of the 1999 dispersal policy (Wren, 2007; O’Donnell et al, 2007). These studies concluded that voluntary agencies had a vital part to play in supporting migrants in Glasgow and that some of the responsibility had fallen on voluntary organisations to fill in the gaps of statutory service provision (Wren, 2007). Statutory services are those that local or central government are obliged to provide, such as housing support for AS and refugees; and includes NHS healthcare in Scotland (Faculty of public health, 2008). The research that specifically studied migrants and volunteers focused on the services provided by voluntary organisations, the health needs of migrants and their access to health care services rather than the experiences of volunteers themselves. It concluded that is important for the NHS to understand the barriers facing AS and refugees and provide culturally sensitive services (O’Donnell et al., 2007).

AS’s may have complex health needs or develop health problems whilst they are in the UK. Their health needs may include physical health problems or psychological trauma from experiences in their own country such as torture, which requires specialised care (Burnett and Peel, 2001). Migrants may have difficulties accessing healthcare because of a lack of knowledge of entitlement to healthcare, problems registering with primary health care and language barriers (O’Donnell et al., 2007). Following research by the Scottish Refugee Council (SRC) (2013), there is evidence that the status of seeking asylum can lead to health impairment in itself. The wider determinants of health such as social isolation, lack of employment, confidence and status and housing can all contribute to an overall deterioration in well-being (SRC, 2013).

An ethnographic study focusing on a single drop in centre in Sheffield, examined the concepts of care, generosity and belonging, for both the volunteers and the users of the centre. One finding was that the drop in centre played a central role in the lives of AS, especially those who were awaiting decisions for a prolonged period of time. It was reported as providing structure and the strength for the AS and refugees to carry on day-to-day (Darling, 2011).

Volunteering

Previous studies exploring volunteers’ experiences in a general volunteering setting in the north-east of Scotland found that young people were often motivated to volunteer as a “stepping stone” to employment; whereas people who were retired often took up volunteering to enhance their retirement (Wardell et al., 2000).

Refugees may work as volunteers when they come to live in the UK. One paper reported that volunteering was seen by refugees as a way to prepare for employment and as a means of
It was also reported that volunteering was a way to become part of the “host community” and allowed refugees to have a role in that community (Yin Yap et al., 2010).

Professionals

There is some literature that explores experiences of employed staff who work with AS and refugees. Guhan and Liebling-Kalfani (2011) undertook a mixed methods study exploring the psychological impact on staff of working in a UK refugee centre. They found that although the staff had a mainly supportive and practical role, they were regularly exposed to the client’s traumatic experiences. The study also described the positive impact of working with migrants and the compassion the staff held for their clients. They concluded this which may have been a protective factor in preventing the staff experience significant vicarious trauma. A study by Century et al. (2007) examined the experiences of counsellors working with migrants in a primary care practice and found that all of the participants found working with refugees significantly more challenging than working with non-refugee clients. Challenges included language barriers, using interpreters and maintaining professional boundaries (Century et al., 2007).

The literature also describes the long association social workers have had of working with migrants but the prevailing academic discourse thus far in the UK has been about the perceived collusion of social workers with the immigration authorities. Social work has been accused of being inherently racist and exclusionary in direct contradiction to its espoused social justice values (Humphries, 2004). However, a recent paper by Fell and Fell (2013), used their own experiences of working as social workers with AS within a voluntary agency in the north-west of England, to describe a framework for practice that realigns social work practice with a social justice-orientated approach (Welcome, Accompaniment, Mediation, Befriending, Advocacy (WAMBA)). Importantly for the context of this study Fell described the difference between “befriending” and “friendship”; befriending implying there is a differential of power and possibility in the relationship, the person befriends someone because they feel they can offer that person something. Whereas friendship implies that the two people in the relationship fulfil each others needs and are able to grow through the bond of friendship mutually. This is an important concept within the scope of working with migrants as Fell states that if workers befriend clients in a professional role it is important to keep boundaries and workers do not become “best friends” with clients (Fell and Fell, 2013).

There has been no work exploring the perspectives of the individuals who support migrants in the voluntary sector. This study seeks to investigate this gap by examining the volunteers’ roles, motivations and experiences in supporting AS, refugees and refused asylum seekers (RAS) in Glasgow.

Methods

2.1 Introduction

The research utilised qualitative research methods. These were chosen as the most appropriate means to explore the attitudes, perceptions and experiences of participants.

Qualitative methods allows the researcher to develop concepts in a natural setting (rather than experimental) and gives due emphasis to the experiences and views of participants.

2.2 Knowledge claims

The philosophical standpoint from which the study was approached was guided by Ritchie and Lewis (2003). The ontological (what we believe is possible to know about the world) standpoint chosen was “subtle realism”. Ritchie and Lewis (2003) described the position as:

[...] we accept that the social world does exist independently of individual subjective understanding, but that it is only accessible to us via the respondents’ interpretations (which may then be further interpreted by the researcher) (p. 19).

The epistemological (how it is possible to find out about the world), standpoint chosen was that of “interpretivism”, where the researcher and the social world impact on each other. It is accepted that research is inevitably influenced by the researcher’s perspectives, and that it is not...
possible to conduct objective, value free research. However, the researcher can reflect and attempt transparency about their assumptions. Interpretivism claims the methods of natural science are not appropriate because the social world is mediated through meaning and human agency. This requires the researcher to explore the social world using both the participant and researcher’s understanding (Ritchie and Lewis, 2003).

The claims of “truth” that can be made using the chosen methodology were explored. The data represents the lived experiences of the participants, interpreted by the researcher, which represents their experiences of working with migrants in Glasgow.

2.3 Organisations contacted

Eight organisations that work to support migrants were approached who are well established within Glasgow. Each was third sector and trusted. This field knowledge was gained from the project supervisor’s NHS clinical role in homeless health services. Each organisation provides different services to meet the varied needs of migrants to Glasgow. Table I provides a summary of the roles of each organisation.

2.4 Semi-structured interviews

In-depth, semi-structured interviews were conducted with each participant to generate personal accounts of their work supporting migrants. The aim of an in-depth interview is to achieve both breadth and depth of coverage of the topic under study. The topic guide used is set out in as follows.

Topic guide (topic guide used for each interview in the study. Provided to the researcher by the project supervisor):

- **Background:**
  - Name, age, previous work experience, current volunteer agency and time in this role.

- **Role:**
  - What is your role in this agency?
  - Tell me about a typical day/shift in this role?
  - Has this role changed over time? If so in what way and why?

- **Motivation:**
  - What got you involved in working with AS/R/RAS?
  - What keeps you involved?
  - Have you had periods where you have struggled to stay involved? Why? What has kept you involved?

<table>
<thead>
<tr>
<th>Table I</th>
<th>Organisations contacted in the study</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organisation</strong></td>
<td><strong>What do they provide?</strong></td>
</tr>
<tr>
<td>1</td>
<td>Centre in Glasgow, providing “solidarity” and mutual aid to any asylum seeker, destitute asylum seeker or refugee</td>
</tr>
<tr>
<td>2</td>
<td>Church-based organisation, provides clothing, food and general support to migrants</td>
</tr>
<tr>
<td>3</td>
<td>Scottish wide charity working to enable all people in need to live in good housing, offer services such as emergency shelter for destitute asylum seekers</td>
</tr>
<tr>
<td>4</td>
<td>Branch of organisation 1, providing overnight accommodation for destitute asylum seekers</td>
</tr>
<tr>
<td>5</td>
<td>Community center, serving the multi-cultural population within Glasgow</td>
</tr>
<tr>
<td>6</td>
<td>Works alongside churches in Glasgow to provide English-speaking classes and general support</td>
</tr>
<tr>
<td>7</td>
<td>Holds a day once per week, providing fun activities and also practical support and advice from representatives of other agencies in Glasgow</td>
</tr>
</tbody>
</table>

**Note:** Seven organisations contacted for the study and a brief description of their role in supporting migrants
Experiences:

- Positive.
  - What are the positive aspects of your current volunteer role?
  - Tell me about the last positive experience?
  - Tell me about the positive experience that stands out the most for you?

Negative:

- What are the negative aspects of your current volunteer role?
- Tell me about the last negative experience?
- Tell me about the negative experience that stands out the most for you?

Conclusion:

- Tell me about the aspects of your voluntary work we have not yet covered and that you would like to tell me about?
- Thank participant for taking part.

2.5 Sampling and participants

A non-probability sample was used to select the population for study; the participants were chosen to represent experienced volunteers who work in a range of roles to support migrants in Glasgow. One volunteer per organisation was approached to provide a purposeful, heterogenous sample of eight participants. One agency did not reply to the request to participate. However, two volunteers with diverse experiences from one organisation subsequently agreed to take part. After recruiting six participants, it became clear that AS who volunteer in the chosen organisations were an important part of the volunteer community. Theoretical sampling was used to select two AS for their potential contribution to the development of theoretical constructs. This further sample refined the emerging themes and added diversity to the initial sample.

2.6 Analysis

The transcripts were analysed using framework analysis. A framework approach is designed for qualitative research when the research objectives have been set in advance to guide initial analysis. The approach remained “grounded”, however, because subsequent, analytic ideas and concepts that were developed were rooted in the data rather than imposed by the researcher (Pope et al., 2000).

The analysis was carried out using the following six steps:

1. familiarisation of raw data;
2. identifying initial themes;
3. constructing a coded index;
4. labelling data according to index;
5. sorting data; and
6. mapping/summarising data.

An initial thematic index was created with a flexible framework and themes were added throughout data collection. A research diary was used to record ideas and potential concepts as the data was analysed. The eight volunteers were labelled A to H, which corresponded to their organisation (volunteer H worked with organisation 1). The initial framework had eight main themes, each with 12 sub-themes. The transcripts were labelled according to the initial framework and each theme colour coded. Data were mapped according to theme, creating thematic charts. Many of the sub-themes were subsequently collapsed into broader categories. Mapped data were then interpreted and concepts constructed.
2.7 Validation
To aid validation of the study, the project supervisor reviewed two transcripts and the thematic framework. She searched for accuracy, consistency, gaps in the coding and made suggestions for developing the framework further.

2.8 Generalisability
The results of the study are not statistically generalisable. The study was done in a unique context and is the first time this group of people have been studied. Therefore to make theoretical generalisations, i.e. drawing theoretical propositions from the findings for more general application, this area of study would need further investigation. However, the findings of this study can be used to make recommendations and add to previous research.

2.9 Ethics approval
Ethics approval was granted by University of Glasgow College of Medical, Veterinary & Life Sciences Ethics Committee for Non-Clinical Research Involving Human Subjects.

Results
Table II describes detail about the participants, A-H, who took part in the study.

3.1 The role of volunteers
Table III provides an overview of the roles of the participants in supporting migrants. The participants did not always specify the situation of the migrants they supported, the majority were AS, and RAS, who may be destitute. If it was not specified by participants, they are referred to as AS (see “List” for definitions).

Supporting destitute asylum seekers (DAS). Participants described providing “destitution relief” to DAS. They viewed this as providing services such as shelter and food to DAS who do not receive any other support as their claim for asylum has been refused. Some of the participants worked at a night shelter, which provided a bed for DAS seven nights a week. One participant viewed DAS as having very little security in their lives. By providing a weekly food pack, the participant felt that they were providing security as they could rely on a weekly source of food. Another participant reported that she had DAS staying with her in her home for as long as they needed (this ranged from one week to up to nine months).

Facilitating access to services. Some of the participants interviewed helped AS access services such as medical, legal or housing services. They reported that they either provided the information themselves or signposted AS to the most appropriate service.

<table>
<thead>
<tr>
<th>Volunteer</th>
<th>Country of origin</th>
<th>Employment status at time research took place</th>
<th>Volunteering hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>UK</td>
<td>Paid part time by organisation, i.e. volunteers 2.5 days/week and paid 2.5 days/week</td>
<td>Works with organisation, five days/week</td>
</tr>
<tr>
<td>B</td>
<td>UK</td>
<td>Employed</td>
<td>Part time</td>
</tr>
<tr>
<td>C</td>
<td>UK</td>
<td>Retired</td>
<td>Full time</td>
</tr>
<tr>
<td>D</td>
<td>UK</td>
<td>Retired</td>
<td>Full time</td>
</tr>
<tr>
<td>E</td>
<td>Africa</td>
<td>Seeking asylum, on section 4 support, unable to work</td>
<td>Full time</td>
</tr>
<tr>
<td>F</td>
<td>UK</td>
<td>Retired</td>
<td>One day/week</td>
</tr>
<tr>
<td>G</td>
<td>UK</td>
<td>Employed full time</td>
<td>One day/week-currently unable to volunteer because of work commitments</td>
</tr>
<tr>
<td>H</td>
<td>Africa</td>
<td>Seeking asylum, no support, unable to work</td>
<td>Full time currently unable to volunteer because she has moved away from Glasgow</td>
</tr>
</tbody>
</table>

Note: Summary of volunteers interviewed for the study, their country of origin, current work status and volunteering hours
Advocacy work. Participants viewed that for AS claiming asylum it can be a long and difficult process. They reported supporting migrants through this process by acting as their advocates. As they do not have a statutory role or family relation to the AS, they acted as lay advocates in health, social care and legal settings. An example was participants accompanying AS to see their lawyers helping them with their claim for asylum. One participant reported that her advocacy role had become so significant that some lawyers would not see the AS without her present:

[...] I’m accompanying a very highly stressed, quite unstable young man who is from [name of country] to the solicitor, in fact the solicitor won’t see him without me there [...] (Vol D).

There was a general view that facing figures of authority was a challenge for some AS, helped by having a volunteer accompany or speak on their behalf:

[...] it is my personal experience that whenever my asylum seeker guests have to deal with authority, if they have good English and are obviously articulate they can do it themselves but the minute they can’t, the minute I speak I get attention, now there’s something kind of wrong there [...] (Vol C).

Other forms of advocacy were reported such as a participant getting in touch with lawyers if an AS had been detained, to try and get an appeal for their case. One organisation helped with AS right up to the point of deportation to try and keep them in the UK:

[...] they usually are only detained for about 6 days before their flight and so that can be quite an intense experience for both them and us because you are talking to them quite a lot [...] (Vol A).

Friendship and care. The participants all had a supportive role in helping AS. This ranged from building trusting and supportive friendships which often lasted a long time, to a physically supportive role, where one participant helped to support an AS who was physically disabled:

[...] so he is a large heavy man in a wheelchair, it takes me all my time but I can manage getting him around his house in a wheelchair [...] (Vol D).

Fundraising activity. The two participants who were AS have both worked in a charity shop, which raised money for one of the organisations. They both had a task-orientated role where they helped to sort out the clothes or work on the till.

3.2 Motivations of the volunteers

A distinct difference was observed in motivations between the participants who were involved in the more complex support work with AS and the participants who were themselves currently AS.

Complex support work volunteers. There were participants who worked with a church-based organisation and reported that one of their motivations was their Christian faith:

[...] I think that for the folks here involved and the people it’s their faith that keeps us inspired to do it, to obey the biblical commands [...] (Vol B).
Some participants who were not directly involved in a church-based organisation also viewed that they were motivated by their faith, and their wider church community was a supportive network for them.

A strong theme that was expressed by all of these volunteers was a humanitarian interest in the situation of AS. They felt AS were treated unjustly in the UK and that the system they had to traverse to claim asylum was the main reason of their situation:

[…] I’m just shocked at the dreadful lives that asylum seekers have to live and I’m very aware that the system they are going through here is actually the problem at the top of it […] I feel very much driven to do this work, as a passionate need on my part to improve the lives of these people, whom I see as the neediest people in Britain and they are on my doorstep […] (Vol D).

Some participants had previous experiences with AS which motivated them to volunteer. A participant described an experience of a relative’s partner being deported abruptly and unexpectedly, she reported feeling helpless at that time as she had no experience of helping AS at that point:

[…] there was nothing we could do about it […] if I had known what I know now, I could have stopped that (Vol D).

Previous voluntary experience in other sectors of volunteering, e.g. working with underprivileged children was reported as a motivating factor for some volunteers as they had enjoyed it and wished to continue similar work.

Volunteers who are current AS. One of the most important motivating factors for the participants who were currently seeking asylum in the UK was to keep occupied as they did not have the option to work:

[…] it was mainly to keep myself busy and because it’s just that I’m not allowed to work at the moment so volunteering is my only option […] (Vol H).

Participants who were AS reported being provided with travel expenses by the organisations, which enabled them to volunteer. They also received food and clothing, which help to support them in their daily lives as AS in Glasgow.

3.3 Positive experiences of volunteering with AS

Relationships. Every participant reported that their voluntary work had positive aspects. Most notably the friendships that were made with the AS they worked to support, this was reported by each participant, and was viewed as one of the best aspects of the work they did:

[…] you go through these crisis moments with families and you just get a bond with them that you know very few other people get so and yeah that’s quite a privilege […] (Vol A).

Integration. Both participants seeking asylum found volunteering helpful in engaging with the local community, which they reported to give them a sense of belonging which they might otherwise not have:

[…] the reason why I was involved was to engage the community and to feel belonging to the people and to know the people […] (Vol H).

Health benefits. One of the participant’s seeking asylum reported that volunteering had helped her become involved in the local community and build friendships which had prevented her mental health from deteriorating, she described how she felt since she had stopped volunteering:

[…] at the moment my mind is deteriorating I maybe, I’ve lost my self-confidence, my self esteem is a bit low and I’m a bit distressed because I’m doing nothing […] (Vol H).

Successful outcomes. Outcomes that were viewed as positive by the participants varied from receiving section 4 support (see “List” for definitions), to getting leave to remain (granted refugee status). Participants celebrated in the successes of the AS they were supporting:

Well I rejoice in every success the asylum seeker has […] the best one of all is getting able to remain but there are other good ones on the way […] all of these are wonderful, so wonderful and I share everyone’s delight […] (Vol D).
Participants who worked very closely with AS allowed them to see the immediate effects of good news and reported to be fulfilled and motivated by the difference they could see in people’s lives:

[…] the change that comes over people when they get positive news is just I mean like people just look 10 years younger and they get 6 inches taller and they just sort of become bigger and happier people […] (Vol A).

Knowledge and skills development. Working with AS was reported to be a learning curve for all of the participants. They witnessed and supported AS as they tried to claim asylum in the UK, which allowed them to see first hand the system they have to go through and the challenges that they might come across.

Some volunteers described that they have developed expertise in particular areas of supporting AS over the years, for example where to find particular services or the legal process of claiming asylum.

For the participants seeking asylum they described the usefulness of volunteering in terms of skill development, which could come of use in employment if they get leave to remain and the rights to work:

[…] if they give me my papers tomorrow, where will I go, so far I’ve got lots of references, I’ve got lots of experience […] I know it’s a good way to go from here […] (Vol H).

3.4 Negative experiences of volunteers

Unsuccessful outcomes. The volunteers perceived negative outcomes for AS as being detained, deported or made destitute. Volunteers who had worked closely with AS found the negative outcomes highly stressful:

[…] it’s like we are her Godparents, well I’m her God-dad and she’s been detained like 6 times which is really horrible […] it’s just like really nerve wracking and stressful, it’s worse for her obviously but yeah so if you grow close to folk then it can be really stressful […] (Vol A).

Participants viewed that DAS were surviving day to day on hand outs, completely reliant on the support from voluntary organisations. One participant reported that the negative effects this had on both herself and DAS:

[…] you can see the toll that it’s having on some of them mentally, particularly you have seen some of the younger guys who came with very high hopes and then are stuck 2 or 3 years later with no hope of getting right to remain and just sort of surviving day to day on hand outs, that’s very hard to see […] (Vol B).

Witnessing difficult events. Participants who supported AS whilst they were claiming asylum, reported witnessing difficult events. A participant whose organisation is a port of call before AS sign in at the border agency in Glasgow, which is part of the Government’s requirement whilst their claim is being processed, reported an example of this:

[…] just here on their way to the home office this guy his name was from [Country] he was an [Nationality] and he took a knife, he had taken a knife, he smuggled it into his shoes and stabbed himself and the office had been full and he had come here first and he put his head through the door to talk to me and I was like hi [Name] no I’m too busy I can’t talk to you just now and he went off and stabbed himself […] (Vol A).

After witnessing this event, the participant felt that there needed to be an increase in support for volunteers who experienced such distressing events.

Participants also reported witnessing trauma indirectly. An example of this is one participant who witnessed the retelling of three AS’s experiences of being tortured before they came to the UK:

[…] there were two very terrible ones that did sort of stop me sleeping but one of them, the more recent one was just beyond imagining and that stopped me from sleeping for weeks […] (Vol D).

3.5 Difficulties staying involved

Working with AS impacted on participants in a range of ways that meant it could be challenging to stay involved in this work.
Problematic changes to the asylum system. One participant described that the challenges were often out with their control; for example the changes to the asylum system in 2007/2008 when whole groups of families were arrested. It was reported that this put a strain on organisations who were trying to support migrants and a lack of manpower to deal with the upheaval:

[…] by the 3rd or 4th day it was just too difficult, so that was depressing […] (Vol A).

Burden of negative circumstances. Participants reported finding it difficult to cope with the number of AS that were living in stressful situations or experienced negative outcomes.

Level of unmet need. Participants reported frustration that they could not meet the unmet need of some AS:

[…] it comes to a point where you start to feel quite burned out, you can’t help everybody and you certainly can’t help them in the way you would like to and the way that they would like to be helped and so that can mount up and you can get a run of months at a time where you start to feel like you are just banging your head off a brick wall […] (Vol B).

3.6 Complexity, boundaries and accessing services

Coping with complexity. Participants interviewed described the often complex medical and psychological needs of some AS. One participant reported that some of the AS she supported had needs beyond her capabilities but she was the only person they had to help them:

[…] we agreed that I would see him yesterday, well he didn’t come and I found out later that, well while I was at the drop in that he had committed a crime […] and is now in the psychiatric hospital and he is injured as well and he will be charged so that type of thing happens very rarely but of course it’s a low moment and I had already been saying to the [name of organisation] they don’t think we are capable of dealing with this man’s paranoid, it’s beyond our experience, our capabilities […] (Vol D).

Navigating appropriate boundaries. All participants reported caring for the AS they helped. Participants who became particularly close to AS also reported the difficulties of when they are deported and one described it as a “grieving” process:

[…] when you do lose a family when a family gets sent back, that happened to us quite a few times, it’s almost like a grieving process that you go through […] (Vol B).

One participant was challenged by the responsibility she had for an AS who was physically disabled. He had come to rely on her daily and she recognised this was not sustainable but she felt that there was not another option for him:

[…] the man I’m helping this afternoon, he can be very very emotional, he can break down and cry very easily and yes I think I’m just about the only person who is there for him when that happens, I try not to be the only person in his life to support them because I do recognise I could become ill and incapable in some ways and that’s not fair to tune into a situation in which I’m irreplaceable and somebody has come to depend on me so much […] (Vol D).

Challenges accessing services. Participants recognised the challenges AS had in facing authority and accessing appropriate services:

I think just seeing the necessity for it, seeing the good things that come out of it, seeing the benefit people get from having the additional support, there’s a lot of, in the UK there is a good framework of support there for people but there are also a lot of holes that people can fall through and sometimes they don’t have the confidence to go back to the right body […] (Vol B).

Some participants described that part of their role was helping AS access different services. It was viewed that this was challenging as often AS required specialist care which was hard to access and their role as lay advocates varied with different professional bodies:

[…] I tried to see the man with another psychiatrist, another form of psychiatric support and the doctor wouldn’t co-operate with me but then I have no authority I those sort of situations, I can also find it very difficult to get psychiatric support because I have no authority over medical services […] I have met with social services and the woman in charge of his case is very hostile and didn’t like me
being involved and tried to specify that I wouldn’t be present at meetings because I was pushing this man’s needs too much (Vol D).

3.7 Support for volunteers

All participants recognised that being supported whilst volunteering was important. Two of the participants felt support could be improved. Support was viewed as peer support, support from the organisation, pastoral support and specialist counselling. Participants working with church-based organisations felt well supported by peers and the wider church community.

One participant felt that the organisation he worked with needed to improve the support they provided to those who had experienced traumatic events, but previous attempts had not been successful due to a lack of funding and resources.

Not all participants worked with just one organisation. One participant had created a unique role with her specialist legal advocacy skills, she had experienced traumatic events necessitated her to seeking out specialist counselling services, as she did not have appropriate support immediately available.

3.8 Summary

These results describe the roles of the volunteers interviewed, their motivations, their positive and negative experiences, the challenges of their work and the support they received.

Discussion

The study confirmed findings from other studies that documented the importance of volunteers in providing support for AS and refugees in Glasgow (Wren, 2007). The extent of their role was explored in this study.

Vital role with DAS

A particularly striking finding was the reliance that DAS had on voluntary organisations. Volunteers work to support them by providing shelter and regular food supplies, and there was a general view that without such services, DAS would have nothing else and most likely be sleeping on the streets. Given the lack of statutory service support this is evidence that the voluntary sector is the main and sometimes only support for DAS.

4.1 Role of volunteers linked with motivation

Two distinct roles of volunteers emerged. The first was a task-orientated role which in this sample was the role of the volunteers who are current AS. Echoing the literature about the role of voluntary work for people-seeking asylum in the UK (Yin Yap et al., 2010) the participants described how it gave them a role when they were unable to work, allowed them to get to know their local community, helped them maintain good health and provided a level of material support. The motivations of AS who volunteer are much more aligned with those previously described in the literature (Wardell et al., 2000; Yin Yap et al., 2010). Volunteering as an AS or refugee has previously been described as a way of developing skills that could be used in employment (Yin Yap et al., 2010). That being socially isolated as an AS or refugee can be detrimental to health (SRC, 2011) is illustrated in this study by one participant who could no longer volunteer and felt her mental health was deteriorating as a result.

The second role which was undertaken in this sample by volunteers who were all long-term citizens of the UK, was about meeting migrants complex support needs and was a problem-solving-orientated role. Participants were motivated by a humanitarian interest in AS, some coming from a faith background and some with previous experiences of encountering AS in Glasgow. Volunteers felt that AS were treated unjustly in the UK and wished to redress that. This is distinct from the motivations of volunteers working in other voluntary sectors previously described (Wardell et al., 2000). However, there are parallels with the study by Guhan and Liebling-Kalifani (2011), where the workers at the refugee centre, were motivated by a human...
right-based approach, empowerment and social justice and the paper by Fell who re-orientated social work professionals to a social justice ethos for working with AS.

Volunteers provided vital support in terms of food, shelter, clothing and sign posting appropriate support. Volunteers also acted as advocates for AS in numerous settings. This was challenging because they reported having different levels of authority with different statutory services. One example was a volunteer who held authority as an advocate when she accompanied AS to see lawyers, however, was not recognised in the same way when she accompanied AS to see medical professionals or social workers. This lack of continuity of their role poses challenges when trying to access appropriate services for AS and amplifies the difficulties of health care access described in previous studies (O’Donnell et al., 2007; SRC, 2013).

The literature about professional work roles with migrants defines the boundaries that should exist in the relationship between workers and their clients, and emphasises the importance of maintaining a professional relationship. A finding that stood out in this study and is unique to the literature so far, however, was the strong affective ties that volunteers came to have with the AS they worked with. This was frequently articulated as being a family bond. It is likely that within the voluntary sector, these boundaries are less well defined, and the participants are not working within the constraints of statutory services, therefore are more likely to become friends, rather than just a befriender. Furthermore, the participants gained knowledge, skills and positive experiences from working with migrants, therefore gaining something from their relationship with the people they were helping, making it a far more reciprocal friendship than the professional relationships.

4.2 Experiences of volunteers

The accounts of the volunteers in this study documents the often close relationships volunteers who had a complex support role formed with AS. They describe positive and negative experiences that were related to the experience of seeking asylum in the UK and dealing with the consequences of AS traumatic experiences. The complexity and difficulty of these had an impact on the participants and for more than one participant led to vicarious trauma. This is when hearing accounts of trauma experiences has a negative consequence for the listener’s psychological health. It is a recognised potential consequence of working with AS in the professional literature (Guhan and Liebling-Kalifani, 2011). One participant also described actually witnessing a traumatic event. Although most volunteers felt well supported, some felt it could be improved by their organisation or other support services.

The experiences of working to support migrants helped participants to develop knowledge and skills in areas such as helping AS access services and the asylum system. Some volunteers had developed expertise in these areas and were a vital resource for AS in Glasgow. These findings suggest that the roles of some of the volunteers are unique to individuals.

Participants described a series of challenges in working with AS in addition to the positive and negative ones. They found the constellation of complexity and unmet need that some AS presented as difficult and overwhelming at times which is another theme echoed in the professional literature on caring for AS (Guhan and Liebling-Kalifani, 2011). They described a different relationship with AS compared to professionals and this made the setting of personal boundaries difficult. This was especially apparent when the AS they supported had no ability to access statutory services and volunteers felt that AS would have no other option were they not available.

Participants who provided complex support were often thwarted in their attempts to support AS to access services such as social work and health services and provide an effective advocacy role.

This suggests that there is work to be done within health and social care services to inform professionals of the role that volunteers may have as AS carers or advocates.

4.3 Strengths and weaknesses

Strength of the study was that it employed qualitative methods to explore a new topic in the research literature. The use of both purposeful and theoretical sampling added breadth and
depth to the findings when it was identified during the study that AS who volunteer may have a unique perspective which should be explicitly included. The use of semi-structured interviews allowed an in-depth exploration of the views of volunteers.

The limitation of the study were that a larger sample of AS might have provided deeper insights into their experiences of volunteering. It was the researcher’s perception that AS were cautious about what they told the researcher. This may be because these participants had less confidence in one to one interviews, possibly due to previous interview experience with authoritative bodies. Other studies have attempted to overcome this by using focus groups (O’Donnell et al., 2007).

Conclusions

This study deepens the understanding of the role of volunteers have in supporting migrants in Glasgow. The research adds weight to previous findings that volunteers play a vital role in supporting migrants and highlights the highly responsible role they have in supporting DAS. It confirms previous findings that volunteering for AS themselves is a useful way of gaining work skills and helps to welcome them into local communities. It provides insight into the challenging nature of the system for claiming asylum and the impact this has on both migrants and volunteers. It documents some of the practical and emotional roles volunteers have in supporting migrants based on humanitarian motivations for migrants’ well-being. The often, difficult experiences volunteers have as a result means that organisational volunteer support should be continued and developed. Moreover volunteers’ role as advocates, carers and friends should be more widely acknowledged as this study provides evidence that relationships formed are more personal than that usually found in statutory professional support ones. We recommend that while recognising this is a strength of volunteers working in organisations that organisations should consider ways of making the benefits and drawbacks of this approach explicit when supporting volunteers. A further recommendation for statutory services is that volunteers’ role as lay advocates should be first recognised, and then supported by health and social services. This could be achieved by improving communication between statutory and voluntary services to work together to ensure migrants have good access to appropriate services and providing information about the important role lay advocates can have for users of their services.

References


Further reading


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