

Citation

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Review question

This realist synthesis (RS) has as a purpose to (a) understand how public policies about migrant welfare and health impact their own citizens returning home, and (b) study how contextual national, regional and gender responsive infrastructures (social and healthcare policies, economy, politics) directly or indirectly impact returned migrants' health.

Different re-integration policy models across Europe appear to influence returned migrants' welfare and health inequalities. The objectives of this RS are:

- To explore how Brexit could affect the regulation and provision of health and social care services for returned migrants in the UK and Spain and the implications for the different stakeholders (migrant NGOs, Embassies/Consulates, policy makers and implementers).
- To identify and classify the various interventions on Social Determinants of Health (SDH) for returned migrants carried out by different stakeholders in order to understand for whom, under what circumstances, in what respects and why they may impact health inequalities in the case of Spain and UK.
- To identify contextual factors (organisational and social processes and different policies in UK/Spain migration flow) and the main mechanisms triggered by the SDH and how these impact health outcomes in returned migrants, focusing on gender inequalities.
- To support the design of interventions by providing a unified theory constructed with stakeholders on how public policies on migrant welfare and health may impact citizens returning home after residence in other EU member states.

Searches

The realist synthesis methodology, according to Pawson et al (2005) will be developed in five methodological phases: 1) Consolidate scope; 2) search for evidence; 3) appraise studies and extract data; 4) synthesize evidence and draw conclusions; 5) disseminate, implement and evaluate. This is a collaborative review where knowledge users will be consulted in the process and outcome of the review, through nested stakeholder (Embassies/Consulates, returned migrants, NGOs, policy makers and implementers) workshops with participants both, from UK and Spain.

Searches will be performed in:

* Bibliography databases: EMBASE, MEDLINE, MEDLINE In-Process (PubMed), PsycINFO (all via Ovid), Web of Science core collection both Science Citation Index Expanded (SCIE) and Social Science Citation Index (SSCI), and Conference Proceedings Citation Index - Science (CPCI-S) and Social Science & Humanities (SSH) (via Clarivate Analytics), the Cochrane Central Register of Controlled Trials (CENTRAL), Cochrane Database of Systematic Reviews, the Health Technology Assessment (HTA) database (all via The Cochrane Library), Applied Social Sciences Index and Abstracts (ASSIA) (via ProQuest), Campbell Library, Social Care Online, EPPI Centre (Evidence for Policy and Practice Information and Co-ordinating Centre), EconLit,

+Other resources: Google Scholar, OpenAIRE and repositories, legal documents, institutional strategies and guidelines, websites of interest (Embassies / Consulates, scientific associations, citizen associations, NGOs, etc.).

Languages included in the search strategy will be English, Spanish, Portuguese and Italian. No date limits will be applied.

A realist search is flexible and agile, accepting that data collection is iterative. Although it starts from an initial search focused on the phenomenon of study, throughout the study additional searches of literature are required, sometimes related to other fields of knowledge. The search initial strategy will first be piloted to refine it.

Additional search strategy information can be found in the attached PDF document (link provided below).

Search strategy

https://www.crd.york.ac.uk/PROSPEROFILES/254868_STRATEGY_20211003.pdf

Types of study to be included

(a) No restriction on study types, and we will include:

- Theoretical and conceptual pieces, opinions and analyses which focus on return migration in European context;
- Reviews: systematic reviews, scoping reviews, meta-syntheses, realist syntheses;
- Primary data studies: including qualitative studies, policy studies, quantitative studies (randomised controlled trials (RCTs), quasiexperimental studies, case-control studies, cohort studies and cross sectional studies);
- Grey literature, including discussion pieces, reports, policies, plans and guidelines in UK and Spain and relevant local-level documentation within socio-health facilities, NGOs, Embassies/Consulates).

(b) Excluded:

- Documents in languages other than English, Spanish, Portuguese and Italian will be excluded;
- Studies with no full text available for subsequent analysis.

Condition or domain being studied

Social health inequalities, which are defined as health differences that are socially produced, systematic in their distribution across the population, and unfair (Dahlgren G & Whitehead M, 2006). These inequalities are generated by social determinants of health (SDH). Conceptual Framework of SDH (Solar & Irvin, 2007) defines them in two spheres: structural and intermediate determinants. Structural determinants are those linked to social stratification and include socioeconomic and political contexts and distribution of power and resources, as well as labour market, gender, ethnicity, social class and education level. Intermediate determinants include: a) material circumstances, such as housing, income level, working conditions or neighborhood; b) psychosocial circumstances, such as lack of social support, stressful situations (negative life events), poor control, etc.; c) behavioral and biological factors, such as life-threatening lifestyles; and d) the health system. This framework also includes a transversal determinant, social cohesion and social capital, which connects structural and intermediate determinants, and which is defined as a specific form of social organization in which a strong network of interpersonal relationships is based on reciprocity and social cooperation. This review will study SDH and social health inequalities in returned migrants.

Participants/population

The migrant population in the European Union (mainly from Spain and the UK).

Intervention(s), exposure(s)

Interventions aimed at addressing the social determinants of health for returned migrants, especially those focused on the regulation and provision of health and social assistance services for these migrants.

Comparator(s)/control

Not applicable.

Context

Initially, searches will be limited to articles and other relevant documents contextualized at the European level. Taking into account the iterative search process in a RS, it may be necessary that, throughout the different stages of the RS, specific searches are carried out that include other geographic contexts in order to consolidate the Context-Mechanism-Result configurations.

Main outcome(s)

Social health inequalities can be expressed through very different health and wellbeing impacts (i.e. health-related quality of life, self-perceived health, mental health problems as anxiety, deprivation, stress, etc.).

Measures of effect

Both, quantitative and qualitative measures will be taken into account in the causal analysis under realist approach.

Additional outcome(s)

None.

Measures of effect

Not applicable.

Data extraction (selection and coding)

Records and full-text papers will be screened for inclusion by peer review process. Data will not be restricted to study outcomes measured but will also include explanations that could support understanding of how interventions, especially those on Social Determinants of Health (SDH), were supposed to work (and why they did/not).

To extract, a data matrix will be developed by the research team and its terms (such as context, mechanisms and outcomes) will be refined along the process. The SR has no standardised common data extraction form and data extraction is typically combined with quality appraisal of studies.

At each step a data extraction table in Microsoft Excel will be used to track included papers adapting the following headings as needed:

- Key paper identifiers (full citation);
- Type of paper (published, grey literature and its source);
- Country;
- Type of intervention and on which SDH is playing;
- Health outcomes;
- Links to our programme theory(ies) showing causality of key contexts triggering specific mechanisms to produce outcomes.

NVivo may also be used to manage and cross reference concepts, actors and populations. Retrospective analysis and coding for each stage of the review will be used. We will also seek input from stakeholders through workshops in Spain and UK to inform the construction of the Context-Mechanism-Outcome configurations.

Risk of bias (quality) assessment

Following RS standards, evidence quality will be interrogated to ensure methodological rigour as: (1) can the

section of data in a given document be used to contribute to theory building/testing (relevance)? and (2) were the methods used to generate this section of data credible and trustworthy (rigour)? In case of doubt, the research team will discuss and reach agreements.

Quality appraisal is typically carried out on a case-by-case basis in RS and we will adapt and use appropriate tools (for example, risk of bias assessment from the Cochrane Handbook for Systematic Reviews of Interventions and other appropriate tools according to study design - EQUATOR -) and relevant guidance (for example, RAMESES standards).

Each piece of evidence will be evaluated, as it is extracted, for its relevance to our programme theories about the impact of interventions on the social determinants of the health of returned migrants. In parallel, we will evaluate the methodological rigor with which it has been developed.

Strategy for data synthesis

Following the method of analysis in a RS, recurrent patterns of contexts and outcomes (demi-regularities) will be identified and then explained these through the means (mechanisms) by which they occurred.

Retrieved articles will be iteratively analysed to develop theoretically driven explanations supported by input from two co-production stakeholder workshops. Additional literature will be collected to revise CMO (Context-Mechanism-Outcomes) configurations and refine the demi-regularities and the middle-range theory.

Realist synthesis involves a form of "triangulation", bringing together information from different studies to explain why a pattern of results may occur. Therefore, it seeks to provide an explanation of the entire pattern of results (CMO configurations) as a product of the data synthesis rather than looking for an average effect.

Analysis of subgroups or subsets

Subgroup analysis is an important feature of SR, although subgroup analysis usually arises as part of the process of elicitation the theory. Therefore, it would be inappropriate to strictly predetermine the subgroups.

In the first phase of the review, where we will establish programme theories, we will not restrict the review to any geographic, health or population subset. But as the review develops, we will be able to focus our searches to obtain empirical literature on the different interventions on social determinants of health that are being carried out for returned migrants in different contexts. Taking into account that within the RS we will use the case study of return migration between the UK and Spain, we will be able to focus on different population segments based on age (older people in the case of the UK, and young people with family in the case of Spain), making analyzes disaggregated by sex in order to incorporate gender perspective.

On the other hand, and given that social health inequalities are expressed in very different health outcomes, we will also carry out subgroup analyzes based on these different outcomes (health-related quality of life, self-perceived health, mental health problems).

In any case, the subgroup analysis will be driven by the theory-generating process performed especially during the first two phases of the review.

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Type and method of review

Epidemiologic, Systematic review, Other

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Conflicts of interest

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English

Country

England

Stage of review

Review Ongoing

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

Delivery of Health Care; European Union; Health Status Disparities; Humans; Public Health; Social Determinants of Health; Socioeconomic Factors; Spain; Transients and Migrants; United Kingdom

Date of registration in PROSPERO

08 June 2021

Date of first submission

06 June 2021

Stage of review at time of this submission

The review has not started

Stage	Started	Completed
Preliminary searches	No	No
Piloting of the study selection process	No	No
Formal screening of search results against eligibility criteria	No	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be

construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions

08 June 2021

03 October 2021