

JSNA FOR MIGRANT WORKERS

EXECUTIVE SUMMARY

1.1 KEY FINDINGS SUMMARY

- Migrants are not a homogeneous group. International migrants in Cambridgeshire come from all over the world and with different socio-economic backgrounds. They provide much needed labour and skills for local business as well as vital public services and thus help to deliver higher living standards and a wider choice of better and more affordable products and services to local people¹.
- Many migrant workers are working below their skill level even though the skills they possess can be in areas where there are skills shortages. The wellbeing and integration of migrant workers is affected by their financial situation, access to adequate and affordable accommodation and access to English language courses designed to meet their needs².
- In terms of their geographical spread, it is Cambridge City where the majority of the migrant population live and work. However, other districts also receive migrants. Over recent years, overall, the number of international migrants has increased and they are increasingly spread around the county.
- Since 2001, National Insurance Registrations indicate that approximately 30,000 people have come to Cambridgeshire to work. Of these, it is estimated that around 13,100 have remained for over one year, bringing the total number of Cambridgeshire residents who were born abroad to 61,500. This indicates a slight rise in the proportion of the population born abroad from 9% in 2001 to 11% in 2006. Following EU expansion in 2004 when the EU was expanded by 10 countries, a rapid increase in migration took place which has brought high inflows of people from the eight accession countries (A8)[†] to the county, and in many districts there continues to be notable migration from Western Europe and Asia³.
- Housing is one of a number of key factors that has an important influence on people's health⁴. The housing report from the Migration Impacts Forum (2008)⁵ states that access to good quality and affordable accommodation is critical in providing stable circumstances for migrants to be economically active and to promoting community cohesion. The housing report indicates that the majority of migrants are living in privately rented or tied accommodation. The numbers of migrants living in houses in multiple occupation has also increased locally, especially in Fenland. This type of accommodation is often of low quality and overcrowded.
- The latest Pupil Level School Census data published in January 2009 indicates that black, minority ethnic (BME) children, those in the category 'white: other group' and the categories of Gypsy/Roma and travellers comprise 13.2% of Cambridgeshire's total school population. The data

[†] The A8 refers to all the A10 countries that joined the EU in 2004 except Cyprus and Malta. The A8 includes: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia

also identifies that across the county's school population 87 languages are spoken with new communities growing in areas with traditionally less linguistic diversity⁶. Educational attainment of BME and traveller groups in Cambridgeshire is similar to national trends, with Bangladeshi, Black African, Black Caribbean, Pakistani heritage and Gypsy/Roma and travellers of Irish heritage reaching lower levels of attainment than the population as a whole at all key stages⁷.

- The availability of English language provision is key. Evidence suggests that English language learning has a significant and positive impact on individuals, communities and the productivity and safety of workplaces with lack of fluency in the language condemning many to poverty⁸.
- Although the impact of migrant workers has many positives large social changes can occur which can alter community cohesion. There is little evidence of the increase in the number of migrants generally leading to problems with community safety or cohesion but the perception of the indigenous community in some areas can be negative.

1.2 INTRODUCTION

This document focuses on the current and future needs of international migrants in Cambridgeshire. In recent years the level of international migration into the UK, and into Cambridgeshire, has increased.

International migrants in Cambridgeshire come from all over the world and with different socio-economic backgrounds. In the majority of cases, international migrants are working age population who work in different sectors of the economy (migrant workers). 'Overall, migrant workers are not only self-financing they are generally net contributors to public finances. They are mostly young, healthy, without dependents and working. They pay income tax, national insurance and council tax but make very few claims on the public purse. The NHS and the care sector rely on foreign staff and though their broader contribution to economic growth, migrants help make the welfare state more affordable for everyone.'⁹

There are however, a number of categories of migrants and they are not a homogeneous group. These categories include temporary labour migrants, highly skilled migrants, irregular or undocumented/illegal migrants, family reunion or reunification migrants, return migrants and forced migrants which includes refugees and asylum seekers.

The focus of this document is on migrant workers, this reflects both the focus of interest on those coming to the UK from the A8 states (The European Union Accession countries, the 10 countries that joined the EU in 2004 except Malta and Cyprus) to take up work, as well as the greater availability of data relating to the working migrant population.

The information and data used in this document comes from a variety of sources. Where possible local data is used mainly from Cambridgeshire County Council. Where local data is not available, information from research carried out at a regional or national level is used as evidence. It is important that international migrants' diversity are taken into account when accessing

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their needs. Variations between different migrant groups are by: age, gender, country of origin, marital status, education, type of employment, place of residency in Cambridgeshire and others.

It is worth noting that research on international migrants encounters methodological difficulties in sampling and recruiting migrants. It can be difficult to give an accurate estimate of a given group of migrants, some migrants for example undocumented migrants and/or migrants who live in rural areas can be difficult groups to reach.

1. 3 KEY FACTS: THE POPULATION¹⁰

The 2001 Census showed that 9% of Cambridgeshire's population were born outside of the UK, of which 34% were born in Western Europe, 24% were born in Asia and 20% were born in America.

Analysis of data from National Insurance Number registrations and the Worker Registration Scheme (A8 citizens are required to register with the Worker Registration Scheme (WRS) in order to join the formal economy) suggests that Cambridgeshire has among the highest numbers of migrant workers in the East of England whilst the East of England ranks third in the country after London and the South East. Within Cambridgeshire, Cambridge City has the highest number of work-related migrants overall. This high proportion reflects Cambridge City's global prominence on education, research and high tech. industries.

The highest number of migrants in terms of individual countries are from Poland, Lithuania and India. There is however a great diversity of international migration across Cambridgeshire. While European Union (EU) expansion has brought inflows of people from the A8 countries, in many districts there continues to be notable migration from Western Europe and Asia. Whilst South Cambridgeshire, Cambridge City and Huntingdonshire exhibit this particularly mixed pattern of migration in East Cambridgeshire and Fenland migration is much more dominated by those from the A8 countries, most likely to be due to the prevalence of agricultural industry and seasonal employment.

Following the EU expansion in 2004 a rapid increase in migration from the A8 countries took place. Numbers of new migrants from these countries peaked in 2005 and fell in 2006. This suggests that, as might be predicted, the numbers of migrants may be stabilising or falling, perhaps in relation to available jobs in this country and economic expansion in the A8 countries. The majority of migrants from these countries are young adults and the numbers of dependent children are generally low.

1.4 EXISTING NEEDS AND INEQUALITIES

1.4.1 Housing

Housing is one of a number of factors that has an important influence on people's health. The association between housing conditions and physical and mental ill health has long been recognised and there are a broad range of specific elements relating to housing that can affect health outcomes¹¹.

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Only a small proportion of social housing is allocated to foreign nationals. Foreign nationals from outside the European Economic Area (EEA) are not eligible for social housing unless they are:

- An asylum seeker granted refugee status, or an asylum seeker or other vulnerable person granted humanitarian protection or discretionary leave
- A person granted Indefinite Leave to Remain

People from countries within the EEA may be eligible to apply for social housing in some circumstances, for example if they are working. However, EEA nationals' right to live in the UK are based on an expectation that they should be economically active or self sufficient and not place a burden on UK social assurance. In order to qualify foreign nationals must not only be eligible but must also have sufficient priority under the local authority's allocation scheme. Their priority is considered on the same basis as all other applicants.

A consequence of this is that around 90% of people who arrived in the UK in the last two years and currently living in England are in the private rental sector¹². Key issues include pre arranged and tied accommodation, suitability and quality of accommodation, increase of houses in multiple occupation (HMOs) and overcrowding.

The high cost of housing and a shortage of affordable housing is a key issue for migrants in Cambridgeshire. The average price of houses in the County is approximately 6.4 times greater than average earnings¹³.

1.4.2 Employment

Migrant workers in Cambridgeshire vary in terms of their skills and occupations and this pattern is no different from the national picture. It is estimated that a larger proportion are employed in the public administration, education and health, and distribution, hotels and restaurants sectors of the economy. The presence of the University of Cambridge together with a major teaching hospital and a number of high tech. industries means that Cambridge is also a prime destination for highly skilled migrants. This group of migrants are probably the least likely group to experience material disadvantage or poor housing conditions that could affect their health¹⁴. For many highly skilled workers the driving factors for choosing the UK were familiarity with the country, the language and the culture. A national report found that comparatively few intended to leave the UK before their visa expired and most wanted to become naturalised¹⁵.

Foreign-born workers have traditionally formed an important sector of the seasonal labour force in Cambridgeshire; recently, migrant communities are becoming more established and less 'seasonal'¹⁶. The distribution, hotels and restaurant industries are important employers for foreign born workers in Cambridge City. In other districts, the majority of migrant workers are employed in agriculture, manufacturing and construction industries.

Migrants that are employed as shift workers in these occupations, receiving relatively low earnings, are a group of migrants probably most likely to have

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limited access to healthy lifestyles or to experience socio-economic disadvantage and poor housing conditions. Poorly designed shift working arrangements and long working hours that do not balance the demands of work with time for rest and recovery can result in fatigue, accidents, injuries and ill health¹⁷.

1.4.3 Language and Education

Evidence from the Learning and Skills Council (2006)¹⁸ highlights that English language learning has a significant and positive impact on individuals, communities and the productivity and safety of workplaces in England. For individuals it enables better communication, improves their self esteem and makes realising their potential easier. It also improves job opportunities and prevents them from being exploited in the workplace. For communities effective communication is vital, it enables their social inclusion and social cohesion.

Over 80 languages are spoken in Cambridgeshire and the main and relatively established community languages are Bengali (Sylheti dialect) Cantonese, Punjabi and Urdu. New communities speaking languages other than English are also growing in areas with less linguistic diversity. There are increasing numbers of Portuguese and Polish speakers in Fenland and East Cambridgeshire and Tagalog and Malayalam speakers in areas around the hospitals¹⁹.

The Department for Children Schools and Families expects that all pupils, or their parents/carers on their behalf, will provide schools with information on their ethnicity. The latest school census results were released in January 2009 and identified that of the total school population 13.2% were from minority ethnic groups, 7.9% in black and minority ethnic groups 0.6% in travellers and gypsy/roma groups and 4.7% in the category 'White: other groups'²⁰.

The data published in January 2007 provides an ethnicity breakdown between primary and secondary pupils. 11.8% of pupils in Cambridgeshire primary schools were from a minority ethnic community, below the England rate of 22.4%. The largest groups were: White: other (4.2%) Travellers (0.8%); Indian (0.8%); Bangladeshi (0.7%) Chinese (0.5%) Black African (0.4%) and Pakistani (0.4%)²¹. 9.4% of pupils in Cambridgeshire secondary schools²² were from a minority ethnic community.

1.4.4 Mental health and community cohesion

Individuals who migrate could be subject to change in culture, food, climate as well as family and friends who may become relatively inaccessible compared with before they migrate²³. They often experience a certain amount of loss through the change which is counterweighted with excitement by the thoughts of a better life. If the fluency in English is used as a proxy for the amount of acculturation a migrant has, it can be shown that the better the language skills are, the less likely one is to show depressive symptoms²⁴.

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However, migrants are not a homogeneous group and their risk of poor mental health depends on the conditions under which they emigrate and the conditions within which they live in the UK. Nevertheless, there are mental health conditions which are more common in non-UK populations and certain migrant groups^{25 26}. Cultural difference makes diagnosing a mental health problem particularly difficult and this may be compounded by language barriers and a lack of knowledge about services.

In terms of community cohesion the government set up the Commission on Integration and Cohesion in 2006. This advisory body has advised that there is a clear responsibility on local authorities, housing associations and other agencies to work together to make certain that migration does not lead to community tension. The Government's Migrant Impact Fund has also been set up to support this work and help local public services manage any short-term pressures resulting from migration. The lack of adequate supply of good housing has been found to increase tension with migrant and indigenous communities especially where anxiety was present over local services and infrastructure as it is in the East of England²⁷.

1.4.5 Health

Information on live births by the country or origin of the mother can be an additional indicator of migrant patterns. This indicator does not necessarily provide information on recent migration but it can reflect patterns of past migration. For 2007 the nationalities that recorded the highest numbers of live births in the county were the United States, Poland, Germany, South Africa and India.

In comparing National Insurance Number registrations and GP registrations the data suggests that many people who come to Cambridgeshire and work do not register with a GP. There is especially low GP registration among migrant workers from the A8 countries. This may indicate that there are unmet health needs among this population or it may be due to a lack of awareness about available services, but is also likely to reflect the young age profile of this group, and therefore their relative health, as well as their more transient nature.

In terms of road accidents, according to the Association of British Insurers²⁸ based on national and European evidence cross border drivers cause a disproportionate number of collisions in the UK and the European Union. A cross border driver is anyone who is driving in a Member State where they are not normally a resident, including those visiting on a temporary basis and non-residents living and working in a country for a longer period. Existing evidence²⁹ suggests that foreign vehicles cause a disproportionate number of collisions. As cross border driving increases, it is becoming evident that it is having an adverse impact on road safety. Road accidents are an important public health issue because they represent a major cause of preventable deaths and years of life lost, especially in younger age groups.

1.5 COMMUNITY ENGAGEMENT

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The third sector, comprised of voluntary, community and faith groups has contributed a significant role in towards meeting the needs of migrants. The East of England Development Agency has played a key role in setting up and supporting such organisations and a number of organisation exist in Cambridgeshire running a variety of projects aimed at supporting migrants.

One such project is the Rosmini Centre in Wisbech. The Rosmini Centre is the focus for a range of activities helping the families of migrant workers to access services, training and work. Building on the strength of much goodwill and a strong team of volunteers, further investment in the Centre is providing more structured support for migrant workers living and working in Wisbech and the rural hinterland and promoting cohesion with the established communities in addition to promoting local services.

The community centre provides employment and accommodation advice, and also help on practical issues such as who to go to for what. The focus for the initiative is community cohesion, with emphasis on ensuring the development is a community 'development resource' for both the local people and those new to the area.

1.6 RELEVANT LAA INDICATORS

Specifically NI 1: Percentage of people who believe that people from different backgrounds get on well together in their local area

1.7 KEY RECOMMENDATIONS

The following are the key recommendations coming from this work, a full set of recommendations are available within the full JSNA document.

- Increase access to primary care health services, including GP practices, dentists, optometrists and pharmacies with emphasis on health promotion and disease prevention.
- Engage with employers and other stakeholders to establish networks for sharing information and good practice with the aim of promoting healthy work conditions for migrants.
- Improve access to language provision both in terms of initial access to short term translation and interpretation facilities and also access to appropriate English language courses.
- Improve the availability of affordable housing in order to reduce migrant worker dependence on poor quality tied accommodation and Houses in Multiple Occupation (HMOs) ad foster better community cohesion.
- Improve organisations' adaptive capacity; ensuring that service providers are flexible enough to respond to the changing needs of the migrant population, a population that can be highly mobile and transient in nature.
- Improve data collection to ensure more robust, timely and comprehensive data acknowledging the difficulties in accessing accurate information on undocumented migrants.
- Examine the needs of those who have no recourse to public funds or who are destitute in order to ascertain how these individuals and families may be best supported.
- There needs to be ownership and multiagency partnership to ensure that the recommendations featured within this report are translated into action.

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This will be driven by the Migrant Workers Network as a sub group of the Cambridgeshire Safer and Stronger Partnership. This network should be responsible for developing and monitoring an action plan outlining the delivery of measurable outcomes.

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- ² Cambridgeshire County Council www.camweb.ccc.cambridgeshire.gov.uk/NR?rdonlyres/8707CA50-DEC9-4A7F-87E4-C8C108452C5D/0/CambsVision20072021.pdf (Accessed on 05/05/2009)
- ³ The Research Group, Cambridgeshire County Council, March 2008
- ⁴ Chartered Institute of Environmental Health (2008) Good Housing Leads to Good Health www.cieh.org.uk/library/policy/publications_and_information_services/policy_publications/good_housing_leads_to_good_health_2008.pdf (accessed 15/07/09)
- ⁵ Sheffield City Council (2008) Housing report to the Migrants Impact Forum www.ukba.homeoffice.gov.uk/sitecontent/documents/managingourborders/mif/papersandagendas (Accessed 15/06/2009)
- ⁶ Department for Children Schools and Families, Pupil Level Annual School Census, January 2009.
- ⁷ The Research Group, Cambridgeshire County Council, March 2008
- ⁸ Learning and Skills Council (LSC) Migrant Workers and the Labour Market Review of LSC research on labour market participation, skills and skills provision for migrant workers January 2007 www.readingroom.lsc.gov.uk/lsc/national/nationalmigrantworkersandthelabourmarket.pdf (Accessed 05/06/2009)
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- ¹³ Strategic Housing Market Assessment – Profile of Cambridge sub-region (2008) www.cambridgeshirehorizons.co.uk/our_challenge/housing/shma.aspx (Accessed 15/06/2009)
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- ¹⁶ Cambridgeshire County Council Research Group(2008) District reports <http://www.cambridgeshire.gov.uk/business/research/other/DistrictReports.htm> (accessed 10/07/2009)
- ¹⁷ National Prevention Research Initiative (2007) Shift work, sleep patterns and health, Liverpool John Moores University. www.ljmu.ac.uk/NewsUpdate/86893.asp (accessed 30/06/09)
- ¹⁸ Learning and Skills Council (LSC) Migrant Workers and the Labour Market Review of LSC research on labour market participation, skills and skills provision for migrant workers January 2007 www.readingroom.lsc.gov.uk/lsc/national/nationalmigrantworkersandthelabourmarket.pdf (Accessed 05/06/2009)
- ¹⁹ Cambridgeshire County Council, English as an Additional Language www.cambridgeshire.gov.uk/education/parents/race/achievements/default.htm (Accessed 05/06/09)
- ²⁰ Department for Children Schools and Families, Pupil Level Annual School Census, January 2009.
- ²¹ All about primary pupils in Cambridgeshire 2006 – 2007 www.cambridgeshire.gov.uk/education/about/statitics (Accessed 05/06/09)
- ²² All about secondary pupils in Cambridgeshire 2006 – 2007 www.cambridgeshire.gov.uk/education/about/statitics (Accessed 05/06/09)
- ²³ Carta et al (2005) Migration and Mental Health in Europe Clinical Practice and epidemiology in mental health 1:13
- ²⁴ Bhugra (2003) Migration and depression Acta Psychiatrica Scandinavica, Supplementum 418 (67-72 0065 – 1591
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