

Migrant and Refugee Joint Strategic Needs Assessment for Cambridgeshire, 2016



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1. Contributors, Acknowledgements & Abbreviations

1.1 Contributors

This Joint Strategic Needs Assessment has been developed and written by a working group in partnership with a range of local stakeholders across health and social care in Peterborough & Cambridgeshire. Working group members are listed below:

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1.2 Acknowledgements

We are grateful for the full range of contributions from our local stakeholders. In particular, we would like to thank individuals who completed our Migrant Health survey and/or Migrant Health Front Line Staff survey. Organisations which have contributed to the JSNA include: Cambridgeshire County Council, Peterborough City Council, Circle Housing Group, Cambridgeshire & Peterborough Clinical Commissioning Group, Fenland District Council, Public Health England, Cambridge Council for Voluntary Services, Rosmini Centre, Cambridgeshire Human Rights and Equality Support Services, Kings Lynn Resettlement Support, Gladstone Connect, Peterborough iCash, Healthwatch Cambridgeshire & Peterborough, Thomas Clarkson School and Cambridgeshire Constabulary.

1.3 Abbreviations

A8 - The 8 member states that acceded to become part of the European Union on 01/05/2004 – Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia

A&E – Accident and Emergency

AIDS – acquired immune deficiency syndrome

ASB – anti-social behaviour

C&P – Cambridgeshire and Peterborough

CCG – Clinical Commissioning Group

CD4 count – A measure of the number of helper T cells per cubic millimeter of blood, used to analyze the prognosis of patients with HIV.

CHESS – Cambridgeshire Human rights and Equality Support Services

DAC – Dental Access Centre

DALYs – disability adjusted life years

DSR – Directly age-standardised rates

EU – European Union

FDC – Fenland District Council

GCSE – General Certificate of Secondary Education

GP – General Practitioner

GLA – Gangmasters Licensing Authority

HIV – human immune-deficiency virus

HMO – houses of multiple occupation

IAG - Information Advice & Guidance

iCaSH - integrated Contraception & Sexual Health

ICT – Information and communications technology

JSNA – Joint Strategic Needs Assessment

PHEC – Public Health England Centre

PHOF – Public Health Outcomes Framework

LCG – Local Commissioning Group

L4+ - Level 4 and above

LA – Local Authority

NICE – National Institute of Clinical Excellence

NINo – National Insurance Number

NHS – National Health Service

ONS – Office for National Statistics

TA – teacher assessment

TB – Tuberculosis

UASC – Unaccompanied Asylum-Seeking Child

VPRS – Vulnerable Persons Resettlement Scheme

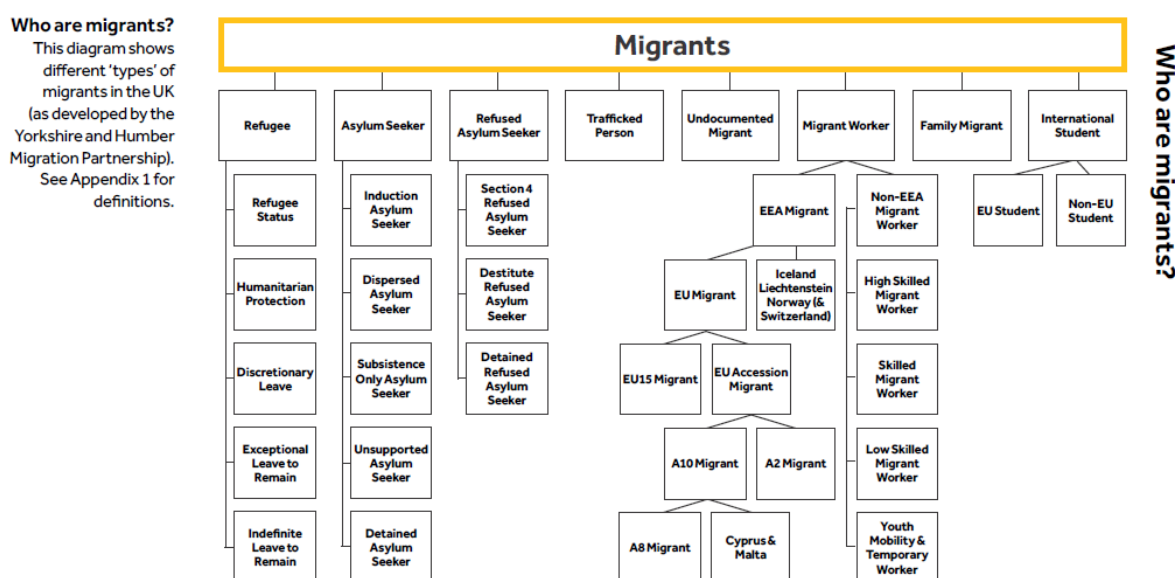
WHO – World Health Organisation

2. Introduction

It is important that Local Authorities understand the composition and needs of their local population, in order to be able to plan and deliver services effectively, as well as being able to respond to any issues relating to community cohesion or address health inequalities. The Health and Wellbeing Board requested a JSNA on migrants to help fulfil these obligations.

For the purposes of this JSNA, the term 'migrant' is used to describe a person who has moved to the UK who at the time of entry to the UK is not a British national. Migrants are not a homogeneous group, coming from all over the world and with different socio-economic backgrounds. Migrants can be grouped according to the primary reason why they have moved to the UK as shown in the diagram below.

Figure 1 – Different categories of migrants based on the reason why they have moved to the UK



Source: Rose, N., Stirling, S., Ricketts, A., & Chappel, D. (2011). Including Migrant Populations in Joint Strategic Needs Assessment. A Guide.

In terms of data, Migrants can be defined in different ways: by place of birth (i.e. foreign-born), nationality (i.e. foreign citizens), and length of stay in the UK. The JSNA also uses information based on language spoken at home to define migrants locally.

The local population of Cambridgeshire, like that of all areas of England, has experienced migration of people coming from non-UK countries to live, study, work or seek asylum for many years. Some migrants are now long-established in Cambridgeshire communities while others are recent arrivals, often seeking work, or in the case of Cambridge City, seeking education.

In recent years, there has been an increasing focus on migrant workers, particularly since the enlargement of the EU in 2004 by the Treaty of Accession to the European Union to include an additional ten countries, eight of which are in Eastern Europe and became known as the A8 - Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia.

This JSNA focuses on A8 migrants to Cambridgeshire and to Wisbech in Fenland in particular as the numbers of these migrants have increased considerably in the last decade.

Legal rights of A8 nationals in the UK

A8 nationals have the same rights as any other workers from the EU and European Economic Area (EEA). These rights include:

- The general right to 'free movement' within the EU/EEA.
- The right to live in the UK for up to three months and longer if the person is able to support themselves financially.
- The right to live in the UK as a student.
- The right to seek work.
- The right to work.
- The right to enter self-employment or set up a business.

EU/EEA nationals can become permanent UK residents if they have had a right to reside in the UK for five years. Permanent residence provides eligibility to apply for social housing

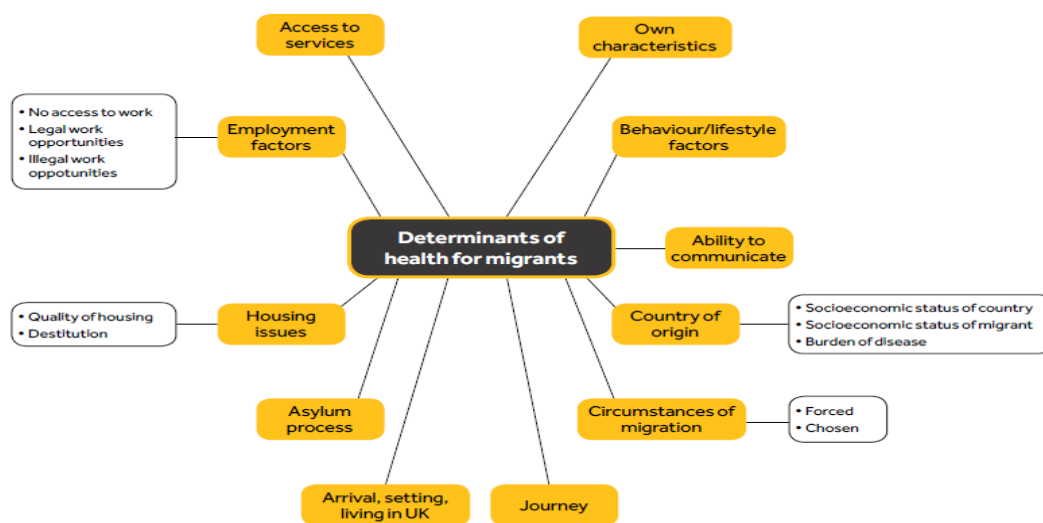
All EEA/EU nationals are also entitled to healthcare through the National Health Service (NHS).

Close family members (spouse, dependent children or other dependent relatives) have the same rights as the EEA national.

Migrant determinants of health and wellbeing

The diagram below highlights the determinants that influence and affect the health and wellbeing of migrants and the JSNA aims to describe these determinants where possible in terms of migrants across Cambridgeshire and in particularly A8 migrants in Fenland.

Figure 2 - Health and wellbeing determinants of Migrants



Source: Rose, N., Stirling, S., Ricketts, A., & Chappel, D. (2011). Including Migrant Populations in Joint Strategic Needs Assessment. A Guide.

This JSNA is split into sections relating to the determinants that have an impact on the health and wellbeing of migrants; education, housing, employment, health, crime and community cohesion. There is also a section that touches on refugees and asylum seekers. The demography section at the beginning of the document outlines the impact of migration on the population of Cambridgeshire with a focus on Eastern European A8 migrants. Each section presents local data where possible and draws out key findings, to emphasise the issues and needs of these communities.

The development and scope of the JSNA has been informed by a stakeholder event and workshop in September 2015. The stakeholder workshop increased awareness of the JSNA and its purpose and identified priorities and issues that stakeholders would like to see explored by the JSNA. Direct follow-up with some of these stakeholders has provided detail for each section. In addition, a migrant survey was established across Cambridgeshire and Peterborough and the results are used throughout the JSNA. The summary survey results are included as an appendix at the end of this document.

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3. Demography

Key Findings:

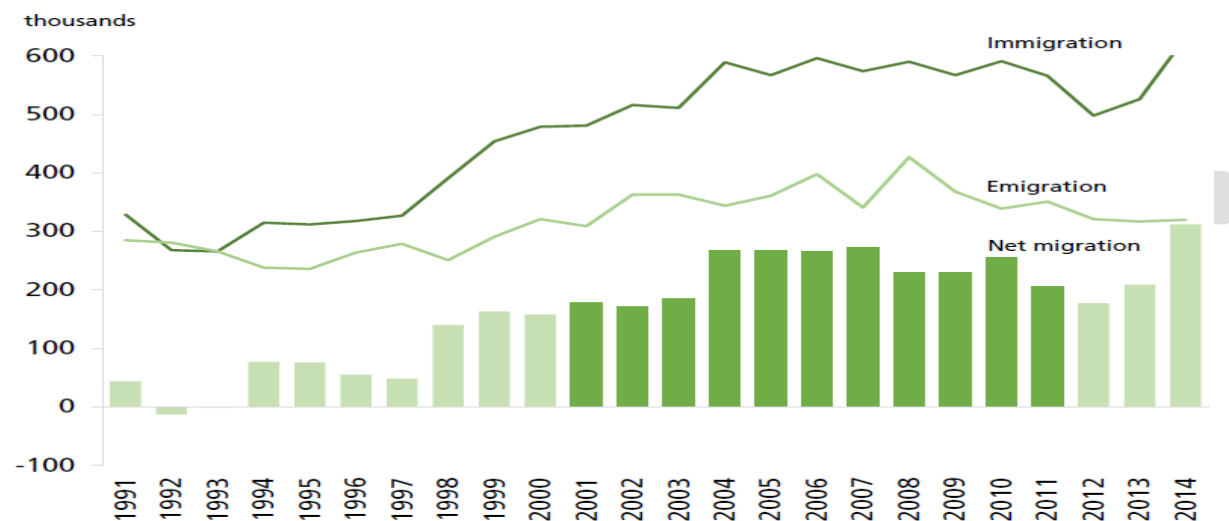
- Non-UK born residents in the East of England are primarily adults of working age, with 43% aged 20-39 and 71% aged 20-59 years of age. The most common age groups for the non-UK born population of the East of England were the 25-29 and 30-34, accounting for 12% and 13% of the non-UK born population respectively.
- Existing migrant populations are highest in Cambridge City, with a non-UK born populations of 307.1/1,000 residents. Fenland has a relatively low rate of non-UK born population overall; the crude rate per 1,000 of total population that are estimated to have been born outside of the UK in Fenland is 62.5/1,000, compared to 129.7/1,000 across all of Cambridgeshire.
- The East of England continues to experience relatively high levels of migration in comparison to other areas of the United Kingdom. The proportional increase in migration has been high in Fenland and Peterborough, with rises in non-UK born population from 2,641 to 8,209 in Fenland and 15,268 to 37,892 in Peterborough between 2001 and 2011.
- Cambridge City has the highest rate of national insurance number registration for non-UK born nationals across Cambridgeshire, with crude rates of 53.0/1,000 in 2014. Fenland has the second-highest rate, 27.5/1,000. Crude rates of NINO registration among non-UK born population have fallen in Fenland between 2010 and 2014, whereas in Cambridge City they have increased, from 44.0/1,000 in 2010 to 53.0/1,000 in 2014.
- Cambridge City has a higher rate of long-term migration (defined as migrants settling for a period of 12 months or longer) than England and the East of England as well as Peterborough and other districts of Cambridge. In 2013/14, the crude rate of long term migration in Cambridge City is 32.8/1,000 residents. The rate for England is 9.6/1,000 and for the East of England, 6.9/1,000.
- Data shows that Cambridgeshire has a higher percentage than England of migrants who have been resident in the UK for 5 years or less and conversely a lower percentage of residents who have been in the UK for 10 years or more. Education is a key determining factor in the high rates of migration in Cambridge City, with 31.7% of migrants responding to the 2011 Census stating they were in education compared to 17.5% in Cambridgeshire overall, and 12.2% in England. In fact, data from Cambridge University showed that there were just over 8,000 non-UK born students (around 40% of total students) studying in Cambridge in 2015.
- Data from sections 2 and 3 of this JSNA describing demography and education indicate that there are discreet areas within Cambridgeshire where Eastern Europeans from A8 countries tend to live and seek employment. It is clear from the school Census data that Wisbech in Fenland is a location that attracts Eastern Europeans, particularly people from Lithuania, Poland and Latvia.

- In total, 7.4% of the Cambridgeshire population is classified as 'white other' including the Eastern European population. 1.6% of the population of Cambridgeshire has an Eastern European ethnicity (9,659 people out of a total population of 621,210). If ten wards are analysed with the highest proportions of Eastern European residents, five are in the Wisbech area.

Immigration and emigration in the United Kingdom

The figure below shows the numbers of people moving to the UK (immigration) or leaving the UK (emigration) and year on year trends since 1991.

Figure 3 - Long-term international migration in the UK, 1991-2014



Source: House of Commons, Migration Statistics Briefing Paper, 2015
<http://researchbriefings.files.parliament.uk/documents/SN06077/SN06077.pdf>

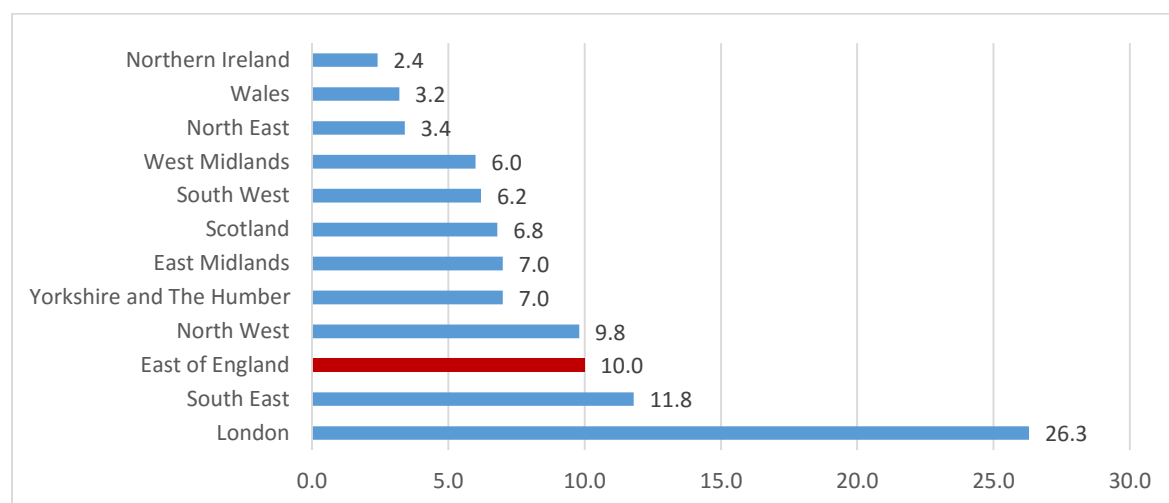
A long-term international migrant is defined as 'a person who moves to a country other than that of his or her usual residence for a period of at least 12 months', so that the country of destination effectively becomes his or her new country of usual residence. From the perspective of the country of departure, the person will be a long-term emigrant and from that of the country of arrival, the person will be a long-term immigrant¹.

Data show that long-term international migration in the UK has increased by 95% over the period 1991 – 2014, from 329,000 in 1991 to 641,000 in 2014. Emigration in this period also increased by 13%, from 285,000 in 1991 to 323,000 in 2014.

Immigrants will settle in all areas of the UK but there are differences in the proportions of total immigrants by region as shown in figure 4 below.

¹ <http://www.ons.gov.uk/ons/guide-method/method-quality/specific/population-and-migration/population-projections/faq---population-projections/migration/index.html?format=print#1>

Figure 4 - Proportion of long-term international immigrants to the UK who immigrated to Scotland, Wales, Northern Ireland and the English regions, 2012



Source: Office for National Statistics, 2012, <http://www.ons.gov.uk/ons/guide-method/compendiums/compendium-of-uk-statistics/population-and-migration/find-out-more/index.html>

10.0% of migration to the UK in 2012 immigrated to the East of England; this is the third-highest proportion of long-term international immigrants settling within a region, with only London (26.3%) and the South East (11.8%) having a higher proportion.

The impact of migration in any region can be crudely measured by assessing the numbers and proportions of the population who were not born in the UK (Figure 5 below). This data however does not provide any indication on length of residence in the UK and therefore cannot assess the impact of recent migration.

Figure 5 - Estimated population of the UK by country of birth, 2014

	Thousands					%				
	UK	EU 27	EU15	EU8	Non EU	UK	EU 27	EU15	EU8	Non EU
England	45,918	2,680	1,300	1,071	4,912	85.8%	5.0%	2.4%	2.0%	9.2%
North East	2,446	52	27	20	82	94.8%	2.0%	1.0%	0.8%	3.2%
North West	6,437	235	113	108	375	91.3%	3.3%	1.6%	1.5%	5.3%
Yorkshire & Humbs	4,820	179	73	94	298	91.0%	3.4%	1.4%	1.8%	5.6%
East Midlands	4,079	201	75	109	278	89.5%	4.4%	1.6%	2.4%	6.1%
West Midlands	4,987	212	82	110	441	88.4%	3.8%	1.5%	2.0%	7.8%
East	5,270	275	136	111	376	89.0%	4.6%	2.3%	1.9%	6.3%
London	5,359	929	484	294	2,153	63.4%	11.0%	5.7%	3.5%	25.5%
South East	7,647	398	213	146	665	87.7%	4.6%	2.4%	1.7%	7.6%
South West	4,872	199	97	78	244	91.6%	3.7%	1.8%	1.5%	4.6%
Wales	2,880	80	40	34	100	94.1%	2.6%	1.3%	1.1%	3.3%
Scotland	4,882	181	71	101	200	92.7%	3.4%	1.3%	1.9%	3.8%
Northern Ireland	1,696	84	45	36	40	93.1%	4.6%	2.5%	2.0%	2.2%
United Kingdom	55,375	3,025	1,456	1,242	5,252	87.0%	4.7%	2.3%	2.0%	8.2%

Source: Office for National Statistics, 2014, <http://www.ons.gov.uk/ons/rel/migration1/population-by-country-of-birth-and-nationality/2014/rpt-population-of-the-uk.html>

Key (figure 5, above):

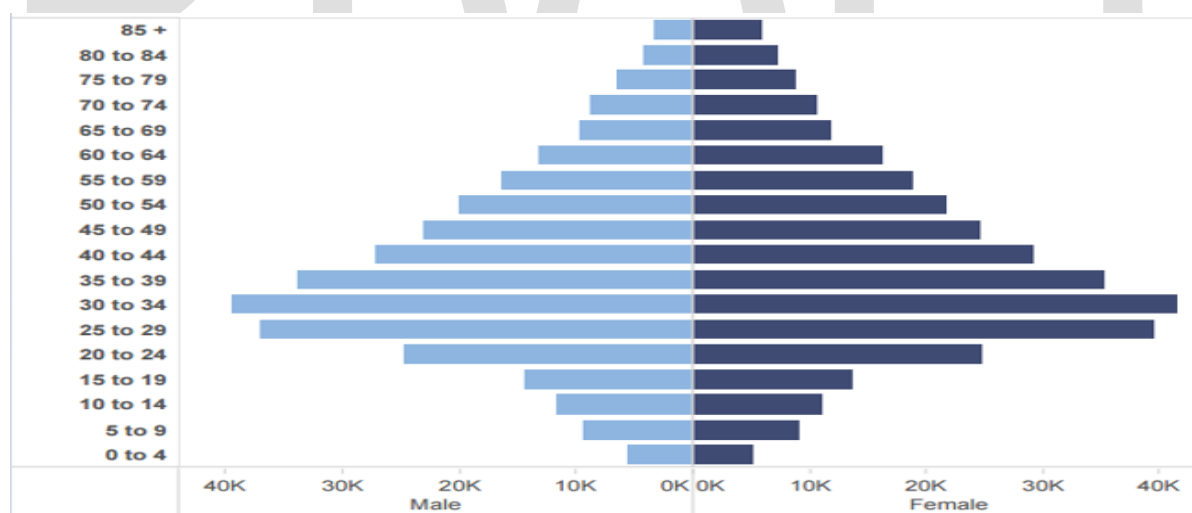
Grouping	Countries
EU27	The 27 member states of the European Union prior to the accession of Croatia as the 28 th member on 01/07/2015 – Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Republic of Ireland, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom
EU15	The 15 member states of the European Union prior to the accession of eight additional stages on 01/05/2004 – Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, United Kingdom
EU8	The 8 member states that acceded to become part of the European Union on 01/05/2004 – Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, Slovenia

The table above provides a breakdown of estimated population numbers living in areas of the UK by country of birth. ONS population estimates for 2014 suggest that, although a relatively high proportion of international migrants arrive in the East of England, 89.0% of the population in this area were born in the UK, 2.0% higher than the overall UK-born population across the UK as a whole, which is 87.0%. Numbers of EU non-UK born residents, expressed as a percentage of total population, are relatively similar to those observed nationally as noted in the table and includes the countries which form the 'EU27', 'EU15' and 'EU8' groupings.²

Characteristics of non-UK born residents in the East of England – age and sex

The figure below shows the age and sex distribution of people who are resident in the East of England but were not born in the UK.

Figure 6 - East of England Migration Patterns, Non-UK born by age and sex, Population Pyramid 2011



Source: Oxford Migration Observatory, 2015, <http://www.migrationobservatory.ox.ac.uk/data-and-resources/maps/census-map-non-uk-born-population-increase-2001-v-2011-england-and-wales>

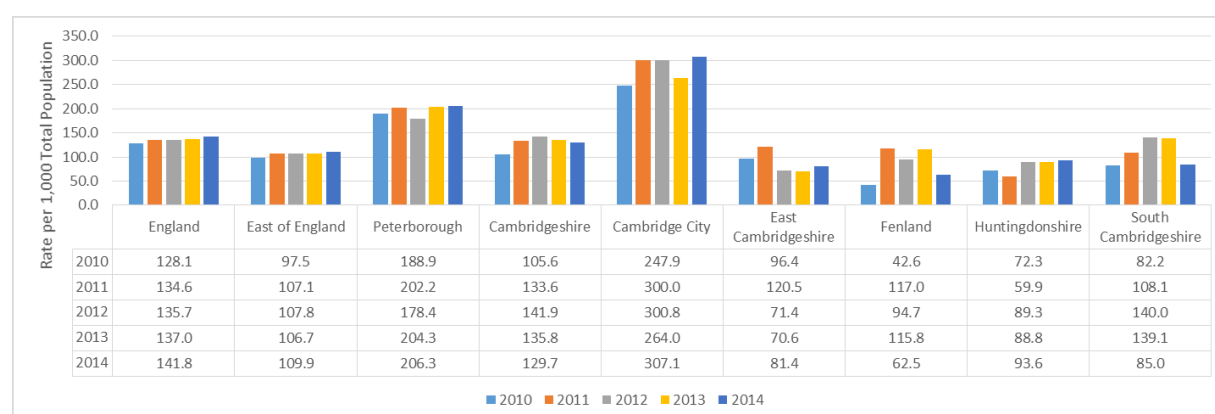
² http://europa.eu/about-eu/countries/index_en.htm#goto_1

48% of non-UK born residents in the East of England are males and 52% female. Non-UK born numbers are highest among adults of working age, with 43% aged 20-39 and 71% aged 20-59 years of age. The most common age groups for the non-UK born population of the East of England were 25-29 and 30-34, accounting for 12% and 13% of the non-UK born population respectively. In contrast, the general population of the Eastern region shows a more even spread of age categories up to the age of fifty, with the most common age group for people aged 45-50 (data not shown).

The migrant population across Cambridgeshire

The proportion of the non-UK born population is estimated for each Cambridgeshire district and compared with England and the East of England in the figure below for years 2010 -2014

Figure 7 - Estimated rate of non-UK born population, crude rate per 1,000 total population, 2010-2014



Source: Office for National Statistics, 2014, <http://www.ons.gov.uk/ons/rel/migration1/migration-indicators-suite/2014/index.html>

Migrant populations are particularly high in Cambridge City and Peterborough. In 2014, it was estimated that Cambridge City had the highest non-UK born population, expressed as crude rate per 1,000 of total population, at 307.1/1,000. The non-UK born population is smallest in Fenland (62.5/1,000) and South Cambridgeshire (85.0/1,000).

Trends in non-UK born migration across Cambridgeshire

Data comparing the UK Census results between 2001 and 2011 provides information on the rate of change of non-UK born residents over this period. This information is presented in the figure below for Cambridgeshire districts:

Figure 8 - East of England Migration Patterns – Non-UK Born Population, 2001-2011

Area	2001 Non-UK Born Population	2011 Non-UK Born Population	Numerical Increase	% Increase 2001-2011
Fenland	2,641	8,209	5,568	210.8%
Peterborough	15,268	37,892	22,624	148.2%
South Cambridgeshire	9,333	16,564	7,231	77.5%
Cambridge City	20,851	36,381	15,530	74.5%
East Cambridgeshire	4,973	8,242	3,269	65.7%
Huntingdonshire	10,822	16,302	5,480	50.6%

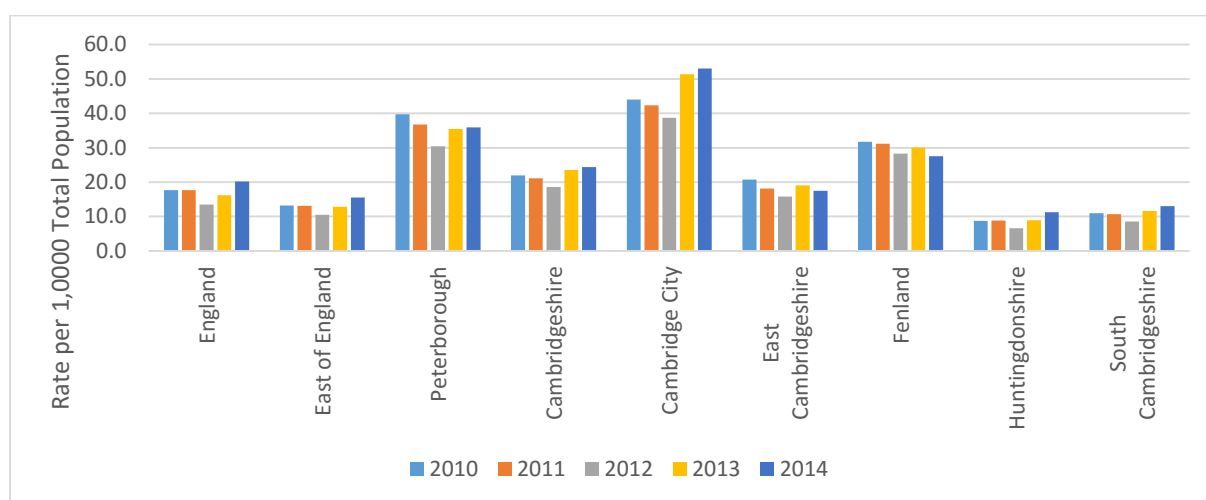
Source: Oxford Migration Observatory, 2015, <http://www.migrationobservatory.ox.ac.uk/data-and-resources/maps/census-map-non-uk-born-population-increase-2001-v-2011-england-and-wales>

Comparison of 2001 and 2011 Census data show that increases in the number of non-UK born population are particularly apparent in Fenland (an increase of 210.8%, from 2,641 to 8,209). This should be compared with the table above that shows Fenland to have a lower overall proportion of non-UK born residents. The district with the smallest percentage increase in non-UK born population 2001-2011 is Huntingdonshire (50.6%, 5,480 persons).

New migration to Cambridgeshire districts

New or recent migration to an area for employment by non-UK born residents can be crudely assessed by data showing new national insurance registrations. For districts in Cambridgeshire, this data is presented in the figure below as a rate of the total population for years 2010 – 2014.

Figure 9 - Non-UK born National Insurance Registrations, Crude Rate per 1,000 Total Population, 2010–2014



Source: Office for National Statistics, 2014, <http://www.ons.gov.uk/ons/rel/migration1/migration-indicators-suite/2014/index.html>

Cambridge City and Peterborough have the highest rates of NINo registrations by migrants. However, Fenland, which has relatively low rates of migrant population overall as defined by other assessed indicators, has a comparatively high rate of NINo registrations. Rates of registration have, however, fallen in Fenland and Peterborough over the five years 2010 – 2014, whereas in Cambridge City they have increased from 44.0/1,000 in 2010 to 53.0/1,000 in 2014. By comparing the rates of NINo registrations across Cambridgeshire it is possible to determine where the biggest impact is likely to be in terms of new migrant employment.

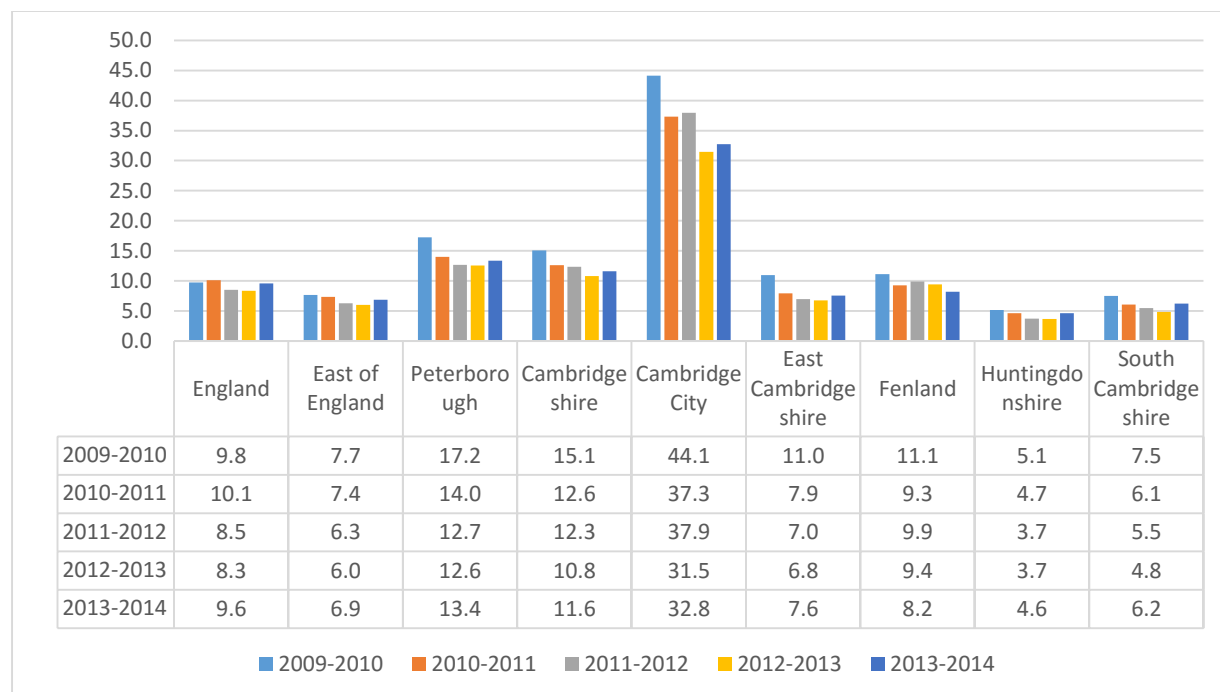
In terms of overall numbers, Cambridgeshire recorded nearly 10,000 NINo registrations in 2014; 4,948 in Cambridge City, 1,630 in Fenland, 1,230 in South Cambridgeshire, 1,226 in Huntingdon and 929 in East Cambridgeshire.

Net migration – the difference between emigration and immigration rates across Cambridgeshire

With regards to migration, 'inflow' refers to immigration, 'outflow' refers to emigration and the difference between the two (e.g. the difference between population arriving and leaving) a country is 'net migration'. For example, in 2014, inflows to the UK were 641,000, outflows were 323,000 and net migration was therefore 318,000.

The figure below shows the net migration as a rate per 1,000 population for each Cambridgeshire district, compared with England and the East of England. The rate would be one of several factors that affect the overall population change over time.

Figure 10 - Long-term international migration inflow rate, Crude Rate per 1,000 Total Population, 2010 – 2014



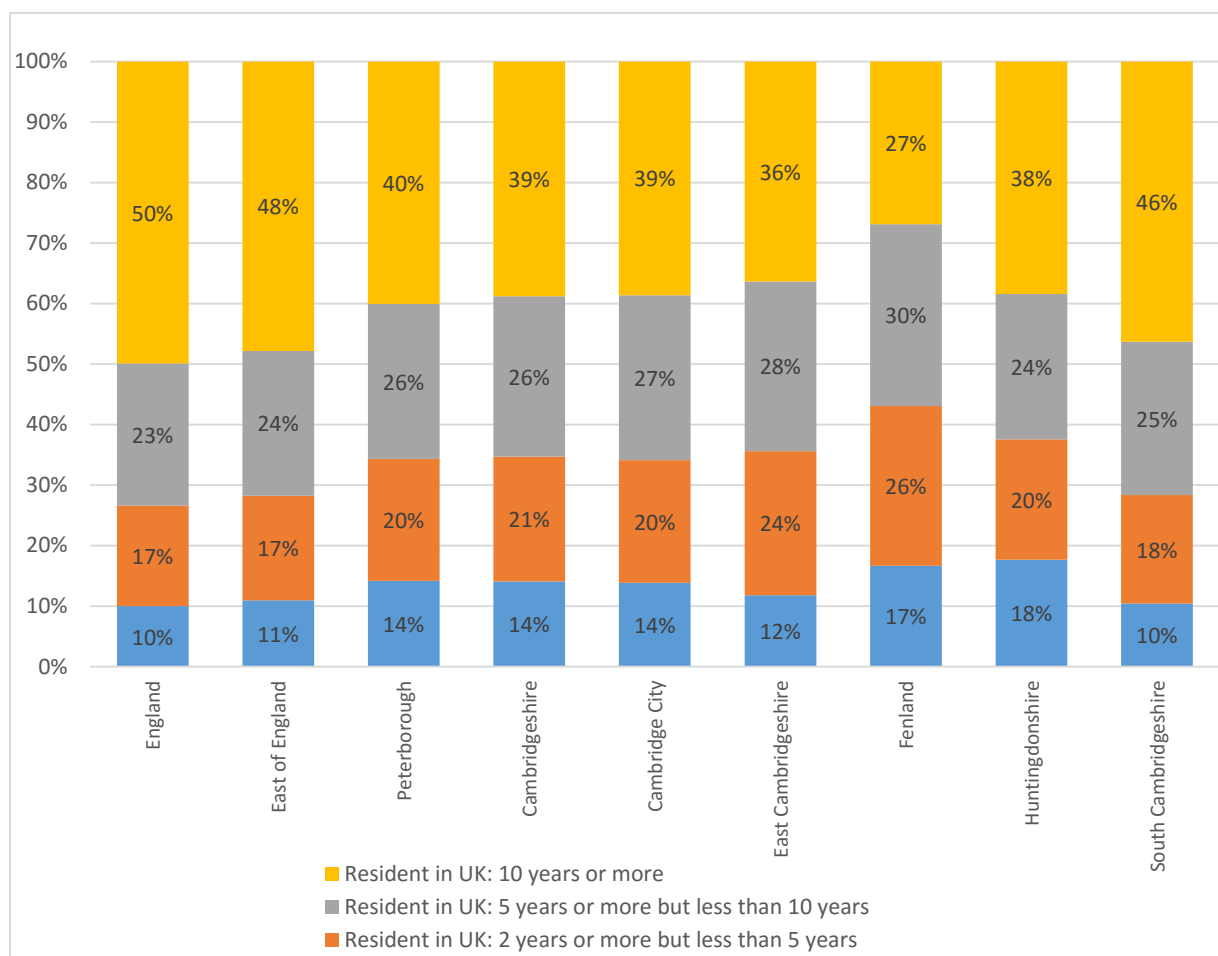
Source: Office for National Statistics, 2014, <http://www.ons.gov.uk/ons/rel/migration1/migration-indicators-suite/2014/index.html>

Both Cambridgeshire and Peterborough have higher rates of long-term international migration than England, with rates approximately three times that of England observed in Cambridge City. Rates are lowest in Huntingdonshire and South Cambridgeshire, both of which have been below the England rate for each of the five years 2009-10 to 2013-14.

Length of residence in migrants in Cambridgeshire

Information on the length of time the non-UK born population has resided in a location indicates how settled they are. The degree of 'settlement' will impact on needs and services in any area. The figure below compares the length of residence in non-UK born migrants for each area in Cambridgeshire and provides information about the areas with greater proportions of new migrants.

Figure 11 - Length of Residence in UK – Non-UK born working population 2011

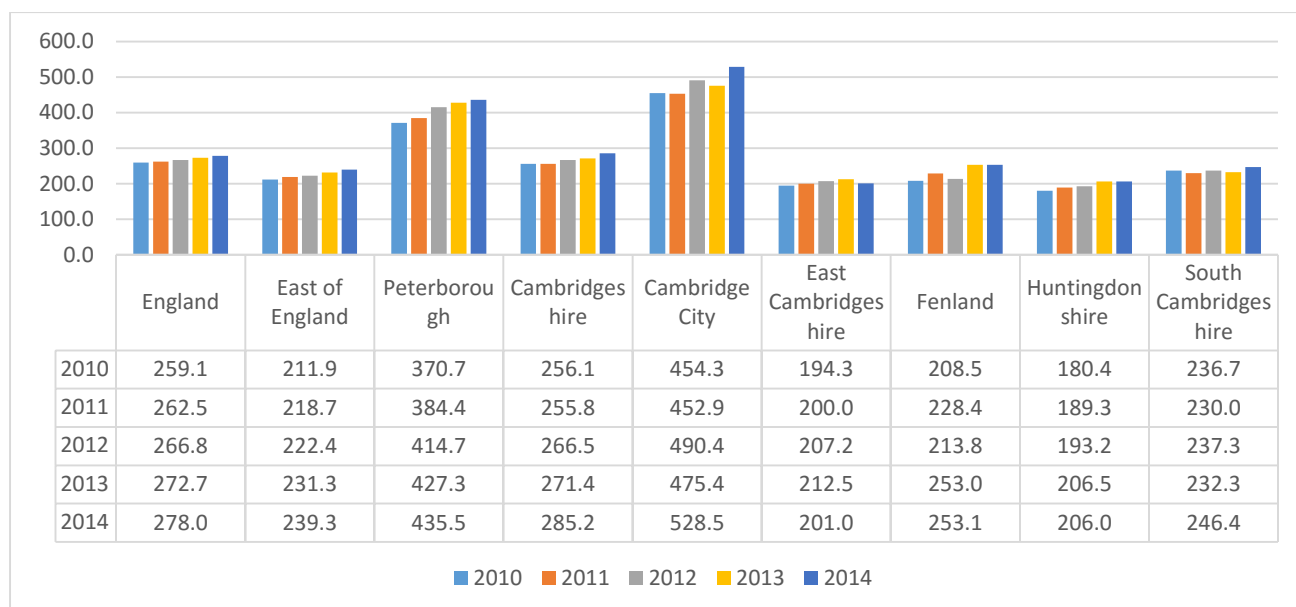


Source: Census, 2011, <https://www.nomisweb.co.uk/census/2011/gs601ew>

Data show that all districts of Cambridgeshire apart from South Cambridgeshire have a higher percentage than England of migrants who have been resident in the UK for 5 years or less and conversely a lower percentage of residents who have been in the UK for 10 years or more. The percentage of residents that have been in the UK for less than 2 years is highest in Huntingdonshire (18%) and Fenland (17%) and lowest in South Cambridgeshire (10%) and East Cambridgeshire (12%) whereas the percentage of residents who have been in the UK for 10 years or more is highest in South Cambridgeshire (46%) and Peterborough (40%). Fenland has seen much higher levels of recent migration (expressed as the percentage of migrants currently residing in the UK who arrived within the past 10 years) than any other areas of Cambridgeshire & Peterborough; 73% of migrants in Fenland arrived within the past 10 years, and 43% arrived in the last 5 years.

Births to non-UK born mothers – comparisons across Cambridgeshire

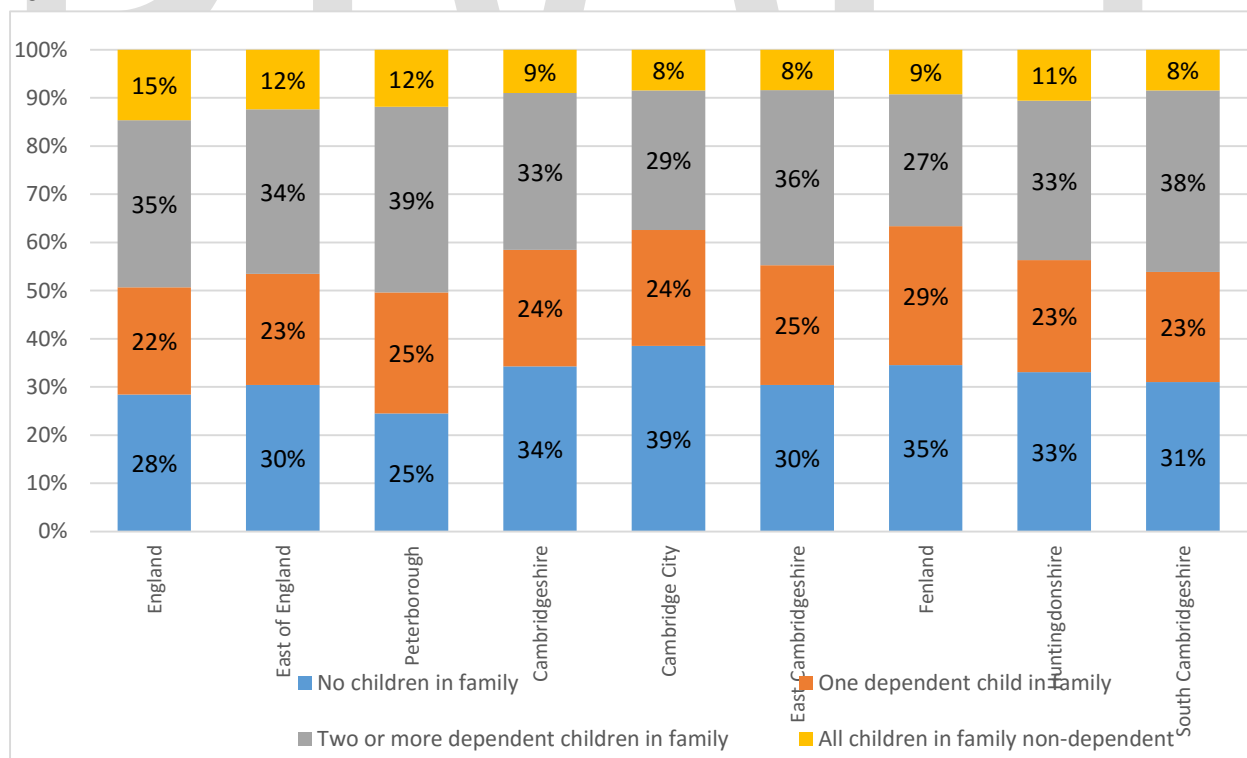
Figure 12 - Births to Non-UK Born Mothers, Crude Rate per 1,000 Births, 2010–2014



Source: Office for National Statistics, 2014, <http://www.ons.gov.uk/ons/rel/migration1/migration-indicators-suite/2014/index.html>

Rates of births to non-UK born mothers are generally rising across Cambridgeshire and Peterborough, which is consistent with other indicators relating to migration patterns and non-UK born populations. Rates of births to non-UK born mothers are highest in Cambridge City and Peterborough and lowest in East Cambridgeshire and Huntingdonshire.

Figure 13 - Number of children born to parents whose original country of residence is not the UK 2011



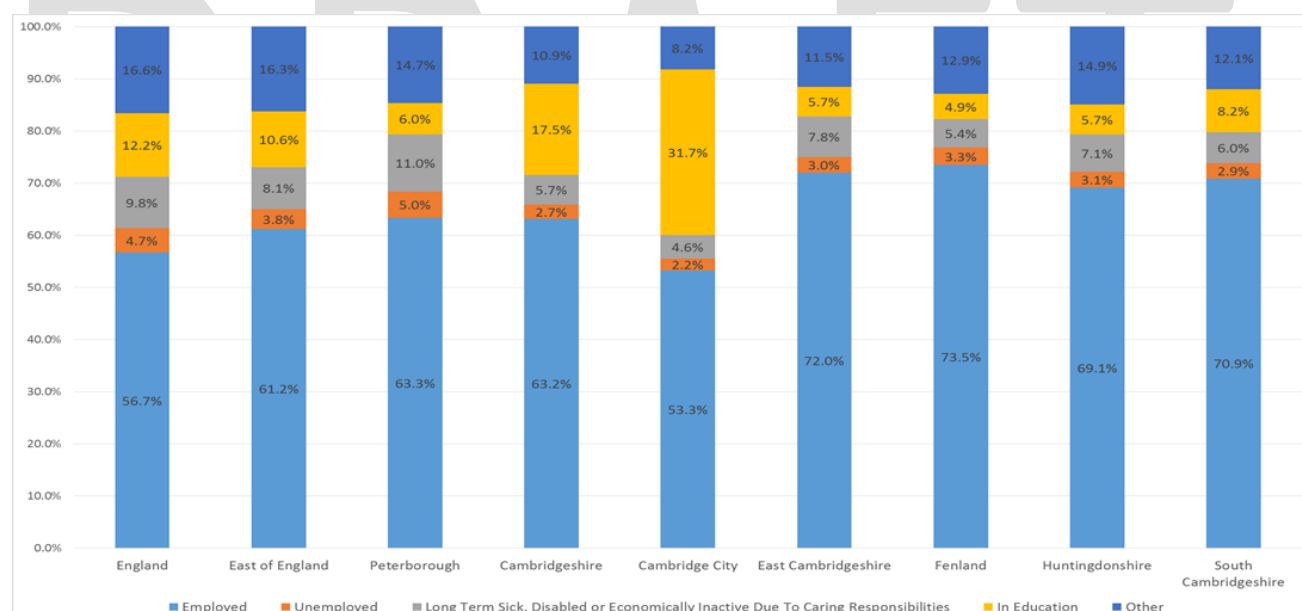
Source: Census, 2011, <https://www.nomisweb.co.uk/census/2011/qs601ew>

All districts of Cambridgeshire have a higher percentage of migrants without children than England; 34% of migrants in Cambridgeshire do not have children compared to 28% in England. Nationally, 57% of migrants have one or more dependent children; in Cambridgeshire this figure is also 57%, whereas in Peterborough 64% of migrants have one or more dependent children. Peterborough has the highest percentage of migrants with two or more dependent children (34%) and Fenland has the highest percentage of migrants with one dependent child (29%). In England, 15% of migrants have children that are now non-dependent, a higher percentage than observed in Peterborough or any districts of Cambridgeshire.

Economic Status of Non-UK Born Residents

The economic status of non-UK born residents across Cambridgeshire provides an indication of the main reasons why migrants may settle in a particular area – for employment or education, for example. The figure below compares information taken from the 2011 Census to determine the economic status of non-UK born residents across Cambridgeshire.

Figure 14 - Economic Status of Non-UK Born Residents, 2011



Source: Census, 2011, <https://www.nomisweb.co.uk/census/2011/qs601ew>

Data show that education is a key determining factor in the high rates of migration in Cambridge City, with 31.7% of migrants responding to the 2011 Census stating they were in education compared to 17.5% in Cambridgeshire overall, 6.0% in Peterborough and 12.2% in England. Cambridge City is included in the 2013 Home Office Study 'Social and Public Services Impacts of International Migration at the Local Level' as part of the 'Cosmopolitan London and Periphery' cluster of eight Local Authorities in England grouped by similarly high rates of migration and population churn, as a result of high levels of immigration by both students and economic migrants³. Data published by Cambridge University for 2015/16 shows the Non-UK graduate and post-graduate student population as 8,273. This is just over 40% of the total student population in Cambridge. (<http://www.admin.cam.ac.uk/offices/planning/sso/studentnumbers/201516statistics.pdf>). The

³ Poppleton, S. et al, Social and Public Service Impacts of International Migration at the Local Level, Home Office, July 2013, p. 20

largest group of non-UK students at Cambridge University are from China, with just over 1,000 students. In 2010/11 there were 7,272 Non-UK Cambridge University students, which is approximately 20% of the total non-UK born population of Cambridge City as described in the 2011 Census.

Rates of employed migrants (defined as employed full time or part time or self employed full time or part time) are highest in Fenland (73.5%) and East Cambridgeshire (72.0%). This is much higher than the England rate (56.7%) and higher than the East of England rate (61.2%), indicating migrants in Fenland and East Cambridgeshire are settling in these locations for employment purposes.

Eastern European migration in Cambridgeshire

The data provided in the figures above assesses migration in terms of all non-UK born residents. However, given the potentially very broad issues for exploration and the limited staff resource available to deliver the JSNA, the focus is on people with an Eastern European origin in Cambridgeshire as this is the aspect of migration which has seen the most change in the past 10 years and has been particularly flagged by stakeholders. The 2011 Census data for twenty Cambridgeshire wards is shown in figure 15 below to highlight the wards with the highest proportions of people with a white Polish or White Other Eastern European ethnicity –The range for all Cambridgeshire wards is between 0% and 7% for the proportion of people with Eastern European ethnicities. Overall, 1.6% of the population of Cambridgeshire has an Eastern European ethnicity (9,659 people out of a total population of 621,210). Seven of the wards are located in Cambridge City, six in Fenland – all of which are in the Wisbech area, four in Huntingdon district and three in East Cambridgeshire. If ten wards are analysed with the highest proportions of Eastern European residents, five are in the Wisbech area.

In total, 7.4% of the Cambridgeshire population is classified as ‘white other’ including the Eastern European population but excluding white British and White Irish. Other migrant groups could fall within additional ethnic categories as represented in the table below.

Figure 15 – Cambridgeshire Electoral Wards by Ethnicity (%), 2011 Census

Electoral Ward	All categories: Ethnic group	White: English/Welsh/Scottish/Northern Irish/British	White: Irish	White: Polish and White: Other Eastern European	White: Any other ethnic group	Mixed/Multiple ethnic group	Asian/Asian British: Indian or British Indian	Asian/Asian British: Pakistani or British Pakistani	Asian/Asian British: Chinese	Other Asian/Asian British: Any other ethnic group	Black/African/Caribbean/Black British: African	Black/African/Caribbean/Black British: Caribbean	Black/African/Caribbean/Black British: Any other ethnic group	Other ethnic group: Any other ethnic group
Huntingdon North	100%	70.3%	1.0%	7.0%	6.8%	2.9%	1.8%	3.3%	0.4%	2.8%	2.2%	0.5%	0.6%	0.4%
Medworth	100%	73.6%	0.6%	6.1%	14.7%	1.7%	0.9%	0.0%	0.7%	0.6%	0.3%	0.1%	0.1%	0.7%
Waterlees	100%	77.2%	0.2%	5.4%	13.6%	1.2%	0.6%	0.1%	0.3%	0.5%	0.2%	0.2%	0.0%	0.4%
King's Hedges	100%	68.1%	1.0%	5.4%	7.9%	3.1%	2.7%	0.8%	2.3%	4.8%	1.8%	0.8%	0.2%	1.0%
Clarkson	100%	74.1%	0.5%	5.1%	15.8%	1.5%	1.5%	0.0%	0.3%	0.6%	0.3%	0.2%	0.2%	0.1%
Hill	100%	81.2%	0.4%	5.0%	10.8%	0.9%	0.4%	0.0%	0.2%	0.4%	0.2%	0.1%	0.0%	0.4%
Arbury	100%	65.0%	1.1%	4.5%	11.7%	3.3%	1.4%	0.4%	2.8%	6.8%	1.0%	0.7%	0.2%	1.1%
Huntingdon West	100%	76.7%	0.7%	4.2%	5.5%	2.4%	2.6%	0.6%	0.8%	2.6%	1.5%	0.4%	0.7%	1.3%
Abbey	100%	67.7%	0.9%	3.7%	10.7%	3.5%	2.4%	0.6%	1.8%	3.3%	1.3%	1.0%	0.3%	2.7%
Kirkgate	100%	86.2%	0.3%	3.5%	7.2%	0.8%	0.0%	0.0%	0.2%	1.3%	0.2%	0.1%	0.1%	0.1%
East Chesterton	100%	70.1%	1.3%	3.4%	11.1%	2.6%	1.9%	0.2%	1.6%	4.4%	1.0%	0.4%	0.1%	1.9%
Teversham	100%	66.0%	0.9%	3.3%	6.9%	3.1%	8.2%	1.5%	1.8%	5.2%	0.8%	0.4%	0.1%	1.7%
Romsey	100%	66.0%	2.2%	3.0%	13.1%	3.1%	2.2%	0.6%	2.1%	4.0%	1.1%	0.6%	0.2%	1.6%
Soham South	100%	87.8%	0.4%	3.0%	5.1%	1.8%	0.3%	0.1%	0.2%	0.3%	0.4%	0.2%	0.1%	0.3%
West Chesterton	100%	69.0%	1.3%	2.9%	14.9%	2.8%	1.7%	0.2%	2.2%	2.8%	1.0%	0.3%	0.1%	1.0%
Coleridge	100%	63.6%	1.7%	2.8%	11.3%	3.3%	3.3%	0.6%	4.4%	4.7%	1.2%	0.7%	0.1%	2.4%
St Ives East	100%	86.1%	0.4%	2.7%	3.5%	1.8%	0.4%	1.6%	0.2%	1.8%	0.9%	0.3%	0.1%	0.2%
Staithe	100%	87.1%	0.1%	2.7%	8.5%	0.5%	0.2%	0.0%	0.1%	0.2%	0.0%	0.1%	0.0%	0.4%
Ely North	100%	82.2%	0.8%	2.7%	8.0%	2.2%	0.6%	0.2%	0.5%	1.0%	0.9%	0.2%	0.4%	0.5%
Soham North	100%	88.9%	0.5%	2.6%	5.2%	1.1%	0.3%	0.2%	0.2%	0.2%	0.3%	0.1%	0.2%	0.2%
Total %	100%	84.5%	0.8%	1.6%	5.8%	1.8%	1.2%	0.4%	1.1%	1.5%	0.6%	0.3%	0.2%	0.6%

4. Children and Education

Key Messages:

- Although academic attainment as measured by outcomes in the early years foundation stage profile, key stage 2 and at GCSE level has improved between 2013 and 2015 in Cambridgeshire for pupils who primarily speak a Central or Eastern European language at home, attainment remains below that of pupils who primarily speak English.
- Numbers of Children in Need referrals, expressed as a percentage of all referrals received in Cambridgeshire, are higher than would be proportionally expected based on the size of population as measured by the 2015 school Census among children who primarily speak English, Lithuanian, Russian, Portuguese and Slovak and this may represent either higher need with regards to safeguarding within these groups or disproportionately low rates of reporting and engagement with appropriate services among groups who primarily speak other languages.
- 2015 School Census data shows that 20.3% of Cambridgeshire pupils identify with an ethnicity other than 'White British'. This percentage is notably higher in Cambridge City (42.3%). In total, Cambridge City has 5,016 of 15,957 (31.4%) of all pupils in Cambridgeshire that are not 'White British', despite comprising only 15.1% of all pupils (11,862 of 78,449 pupils in Cambridgeshire with a stated ethnicity).
- The 'Any Other White' ethnicity group encapsulates migrant populations including as Polish, Lithuanian and Latvian. Comparison of 2011 Census data (all ages) and 2015 school data (residents of school age only), whilst accepting the limitations of the comparison, suggests that the proportion of 'Any Other White' population in Cambridgeshire has risen approximately 1.2 percentage points, from 7.1% to 8.3%, between 2011 and 2015. This population has, however, risen much more rapidly in Fenland, with an increase of 4.5 percentage points from 5.9% to 10.4%.
- The percentage of pupils within Cambridgeshire that primarily speak an EU A8 language (Czech, Estonian, Hungarian, Latvian, Lithuanian, Polish, Slovak or Slovenian) is 3.8% and among districts, it is highest in Fenland at 8.6%. Percentages of pupils who primarily speak an EU A8 language is higher in pupils of primary school age than secondary school age for all districts and in Cambridgeshire overall, 4.4% of primary school pupils speak an EU A8 language compared to 2.8% within secondary schools. Among districts, the percentage of primary school students speaking an EU A8 language is highest in Fenland (9.6%) and lowest in South Cambridgeshire (1.6%). Among secondary school students, the percentage is highest in Fenland (7.3%) and lowest in South Cambridgeshire (1.5%).
- In Cambridgeshire overall, the most commonly spoken EU A8 language among pupils of school age is Polish (54.0%) and this is also the case for all districts with the exception of Fenland, where only 28.8% of pupils who primarily speak an EU A8 language speak Polish compared to 56.0% who speak Lithuanian.

- The needs of Eastern European pupils in secondary school education have been identified as complex. Communication with parents can be problematic due to poor English skills and poor overall literacy skills. Translators are required in schools to communicate effectively with parents. Parents often work ‘unsocial’ hours and may not be available to attend meetings at the school. Some migrant A8 pupils in the Wisbech area are from single parent families and may be living in Houses of Multiple Occupation with several other families. Pupils often arrive to join a school throughout the school year and may have anxiety problems.

Schools have been identified as locations where ‘community cohesion’ can be fostered and encouraged,⁴ as they are areas in which parents from different communities liaise and where children from differing backgrounds congregate to learn together. However, there remains debate about the levels to which schools should acknowledge diversity between pupils of differing backgrounds and this is an issue of particular significance in areas with fast-growing populations in which growth is partly attributable to relatively high levels of migration, such as Peterborough. Research has found that schools commonly adopt an approach of ignoring differences between pupils rather than openly appreciating and acknowledging diversity and that this may be due to a perceived imperative to deliver an ‘inclusive and standardised’ education, rather than acknowledging the potential for cultural enrichment afforded by great acknowledgement of diversity⁵.

This section explores the demographics of schools across the region in terms of ethnicity of pupils and language spoken at home. Educational achievement is reviewed in terms of language spoken at home at key points in the educational system. The issues for pupils from Eastern European backgrounds are highlighted where information is available.

Ethnicity of school pupils across Cambridgeshire

It is difficult to obtain data that directly states whether a pupil is part of the migrant population. Instead, details of a pupil’s ethnicity and primary language spoken at home are recorded by the annual school Census. This data does not describe whether pupils were born outside the UK or whether their parents are migrants to the UK. Information taken from the annual school Census is presented below for Cambridgeshire and its districts in terms of pupil ethnicity.

⁴ <https://www.sussex.ac.uk/webteam/gateway/file.php?name=mwp47.pdf&site=252>

⁵ George, A. et al, ‘Impact of Migration on the Consumption of Education and Children’s Services and the Consumption of Health Services, Social Care and Social Services, 2011 P.22

Figure 16 - Total Pupils with a Stated Ethnicity

Area	Total Pupils	Total Pupils Not 'White British'	% Of Pupils Not 'White British'
Peterborough	33,930	15,285	45.0%
Cambridge City	11,862	5,016	42.3%
East Cambridgeshire	11,482	1,698	14.8%
Fenland	12,790	2,157	16.9%
Huntingdonshire	22,471	3,472	15.5%
South Cambridgeshire	19,844	3,614	18.2%
Cambridgeshire Districts Total	78,449*	15,957	20.3%
Cambridgeshire & Peterborough Total	112,379**	31,242	27.8%

Source: Cambridgeshire County Council & Peterborough City Council Education Data, 2015 School Census

** 1,676 pupils in Cambridgeshire and 365 pupils in Peterborough fall within the categories 'information not recorded, information not obtained, refused to provide information'. Overall number of pupils including these categories is 80,125 for Cambridgeshire and 34,295 in Peterborough

Within Cambridgeshire, 15,957 of 78,449 pupils (20.3%) are not 'White British'. Cambridge City has a substantially higher percentage of pupils who are not White British than other districts of Cambridgeshire, with 42.3%; no other district of Cambridgeshire has a percentage of non-White British pupils higher than 18.2%. The figure below presents a more detailed picture of the ethnic mix of school children across Cambridgeshire (including Peterborough).

Figure 17 - Ethnicity Breakdown (Observed Numbers) of pupils at schools across Cambridgeshire and Peterborough

Area	Any Other Asian	Any Other Black	Any Other Ethnic Group	Any Other Mixed	Any Other White	Bangladeshi	Black African	Black Caribbean	Chinese	Gypsy/ Roma	Indian	Mixed White/ Black African	Mixed White/ Black Caribbean	Pakistani	Traveller of Irish Heritage	White and Asian	White British	White Irish	Total
Peterborough	756	189	346	468	5,421	68	744	159	128	291	835	306	538	4,426	31	514	18,645	65	33,930
Cambridgeshire	991	177	608	1,339	6,503	624	534	138	527	507	871	472	712	481	128	1,079	62,492	266	78,449
Cambridge City	378	51	305	348	1,766	429	157	63	236	101	364	138	222	91	10	266	6,846	91	11,862
East Cambridgeshire	67	17	46	212	796	36	41	<5	42	68	51	66	50	15	<10	153	9,784	28	11,482
Fenland	74	23	42	99	1,331	20	51	19	25	166	41	32	66	30	22	98	10,633	18	12,790
Huntingdonshire	210	45	102	319	1,278	87	165	27	86	66	150	132	224	275	12	239	18,999	55	22,471
South Cambridgeshire	262	41	113	361	1,332	52	120	26	138	106	265	104	150	70	77	323	16,230	74	19,844
Total (Cambridgeshire & Peterborough)	1,747	366	954	1,807	11,924	692	1,278	297	655	798	1,706	778	1,250	4,907	159	1,593	81,137	331	112,379

Source: Cambridgeshire County Council & Peterborough City Council Education Data, 2015 School Census

‘Any Other White’ encapsulates migrant populations such as Polish, Lithuanian and Latvian, all of which could potentially be better targeted according to their unique cultural needs if more specific data were available.

In Cambridgeshire, the most common ethnicities (where an ethnicity was stated) were ‘Any Other White’ (6,503), ‘Any Other Mixed’ (1,339) and ‘White and Asian’ (1,079).

The data above are presented as proportions of the total school population in the figure below.

Figure 18 - Ethnicity Breakdown (%) of pupils at schools across Cambridgeshire and Peterborough

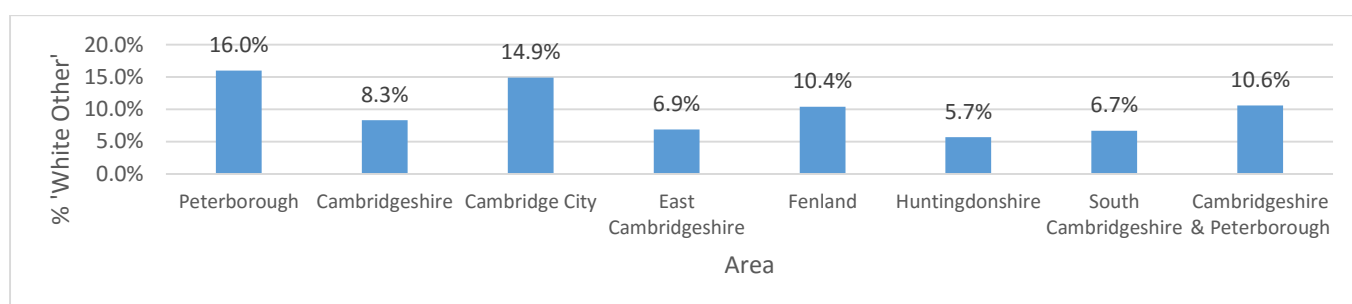
Area	Any Other Asian	Any Other Black	Any Other Ethnic Group	Any Other Mixed	Any Other White	Bangladeshi	Black African	Black Caribbean	Chinese	Gypsy/ Roma	Indian	Mixed White/Black African	Mixed White/Black Caribbean	Pakistani	Traveller of Irish Heritage	White and Asian	White British	White Irish	Total
Peterborough	2.2%	0.6%	1.0%	1.4%	16.0%	0.2%	2.2%	0.5%	0.4%	0.9%	2.5%	0.9%	1.6%	13.0%	0.1%	1.5%	55.0%	0.2%	100.0%
Cambridgeshire	1.3%	0.2%	0.8%	1.7%	8.3%	0.8%	0.7%	0.2%	0.7%	0.6%	1.1%	0.6%	0.9%	0.6%	0.2%	1.4%	79.7%	0.3%	100.0%
Cambridge City	3.2%	0.4%	2.6%	2.9%	14.9%	3.6%	1.3%	0.5%	2.0%	0.9%	3.1%	1.2%	1.9%	0.8%	0.1%	2.2%	57.7%	0.8%	100.0%
East Cambridgeshire	0.6%	0.1%	0.4%	1.8%	6.9%	0.3%	0.4%	0.0%	0.4%	0.6%	0.4%	0.6%	0.4%	0.1%	0.1%	1.3%	85.2%	0.2%	100.0%
Fenland	0.6%	0.2%	0.3%	0.8%	10.4%	0.2%	0.4%	0.1%	0.2%	1.3%	0.3%	0.3%	0.5%	0.2%	0.2%	0.8%	83.1%	0.1%	100.0%
Huntingdonshire	0.9%	0.2%	0.5%	1.4%	5.7%	0.4%	0.7%	0.1%	0.4%	0.3%	0.7%	0.6%	1.0%	1.2%	0.1%	1.1%	84.5%	0.2%	100.0%
South Cambridgeshire	1.3%	0.2%	0.6%	1.8%	6.7%	0.3%	0.6%	0.1%	0.7%	0.5%	1.3%	0.5%	0.8%	0.4%	0.4%	1.6%	81.8%	0.4%	100.0%
Total (Cambridgeshire & Peterborough)	1.6%	0.3%	0.8%	1.6%	10.6%	0.6%	1.1%	0.3%	0.6%	0.7%	1.5%	0.7%	1.1%	4.4%	0.1%	1.4%	72.2%	0.3%	100.0%

Source: Cambridgeshire County Council & Peterborough City Council Education Data, 2015 School Census

In Cambridgeshire, 20.3% of pupils are not White-British, with the next-highest percentages being “Any Other White” (8.3%), ‘Any Other Mixed’ (1.7%) and ‘White and Asian’ (1.4%).

The category ‘any other white’ includes Eastern European migrants. From the figure below, it is shown that Cambridgeshire overall has 8.3% of pupils classified as ‘white other’, which is lower than Peterborough (16.0%). Of the Cambridgeshire districts, Cambridge City has the highest proportion of ‘white other’ pupils (14.9%), followed by Fenland (10.4%).

Figure 19 – Comparison of the proportion of pupils classified as ‘Any Other White’ across Cambridgeshire and Peterborough 2015



Source: Cambridgeshire County Council & Peterborough City Council Education Data, 2015 School Census

When these data are compared to ‘Any Other White’ results from the 2011 Census (figure below), the variance (increase in percentage points) between 2011 Census data and 2015 school Census data is largest in Peterborough (+5.4 percentage points) and Fenland (+4.5 percentage points).

Figure 20 – Comparisons of the proportion of pupils classified as ‘white other’ across Cambridgeshire and Peterborough 2015 School Census & 2011 Census

Area	Any Other White (School Census 2015)	Any Other White (Census 2011)	Variance (% Points)
Peterborough	16.0%	10.6%	5.4%
Cambridgeshire	8.3%	7.1%	1.2%
Cambridge City	14.9%	15.0%	-0.1%
East Cambridgeshire	6.9%	5.6%	1.3%
Fenland	10.4%	5.9%	4.5%
Huntingdonshire	5.7%	4.5%	1.2%
South Cambridgeshire	6.7%	5.0%	1.7%
Cambridgeshire & Peterborough	10.6%	7.9%	2.7%

Source: Cambridgeshire County Council & Peterborough City Council Education Data, 2015 School Census & Census 2011

Eastern European A8 pupils in schools in Cambridgeshire

The school census data records information on pupils by the primary language spoken at home. This information has been analysed to identify the proportion of pupils in Cambridgeshire and its districts and Peterborough who speak a European Union A8 language at home – Czech, Estonian, Hungarian, Latvian, Lithuanian, Polish, Slovak or Slovenian. Overall, 3.8% (2,996 pupils) of all school pupils speak an Eastern European A8 language at home in Cambridgeshire. Fenland had the highest proportion of school pupils who speak an A8 language at home – 8.6% (1,052 pupils). Percentages are higher across all districts among primary school age pupils in comparison to secondary school age pupils, with 4.4% of Cambridgeshire primary schools speaking an EU A8 language compared to 2.8% in secondary schools and 1.8% in ‘other’ schools. This suggests that need for appropriate provisions within secondary schools will increase in coming years. The difference in percentages speaking EU A8 languages between primary and secondary school pupils is most pronounced in Cambridge City (5.8% primary, 3.3% secondary, a difference of 2.5 percentage points), Huntingdonshire (3.8% primary, 1.3% secondary, a difference of 2.5 percentage points) and Fenland (9.6% primary, 7.3% secondary, a difference of 2.3 percentage points).

Figure 21 – The proportion of school age pupils across Cambridgeshire and Cambridge districts who speak an Eastern European A8 language at home

Area	Number and Percentage of Pupils Speaking EU A8 Primary Language							
	Primary		Secondary		Other*		All Schools	
	Number	%	Number	%	Number	%	Number	%
Peterborough	2,422	13.5%	1,415	9.9%	289	14.1%	4,126	12.0%
Cambridgeshire	2,100	4.4%	879	2.8%	17	1.8%	2,996	3.8%
Cambridge City	443	5.8%	153	3.3%	0	0.0%	568	4.8%
East Cambridgeshire	252	3.5%	88	2.1%	0	0.0%	340	2.9%
Fenland	683	9.6%	337	7.3%	4	2.7%	1,052	8.6%
Huntingdonshire	533	3.8%	183	1.3%	7	2.7%	723	3.0%
South Cambridgeshire	189	1.6%	118	1.5%	6	1.7%	313	1.6%
Cambridgeshire & Peterborough	4522	6.9%	2,294	5.1%	306	10.3%	7,122	6.3%

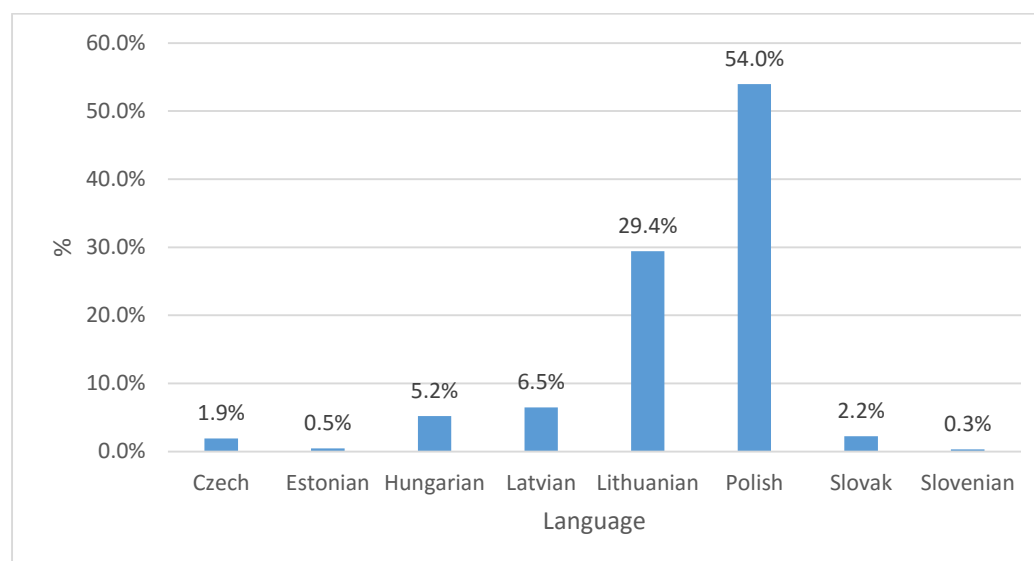
Source: Cambridgeshire County Council & Peterborough City Council Education Data, 2015 School Census & Census 2011

*‘Other’ schools includes infant schools, junior schools, pupil referral services and special schools.

Eastern European language spoken at home by school aged pupils – comparisons across Cambridgeshire

The proportion of school pupils who speak a particular EU A8 language at home out of the total number of pupils who speak an A8 language is shown in the figures below. This information is provided for Cambridgeshire as a whole and the two districts with the highest proportion of pupils who speak an Eastern European A8 language at home (Fenland and Cambridge City).

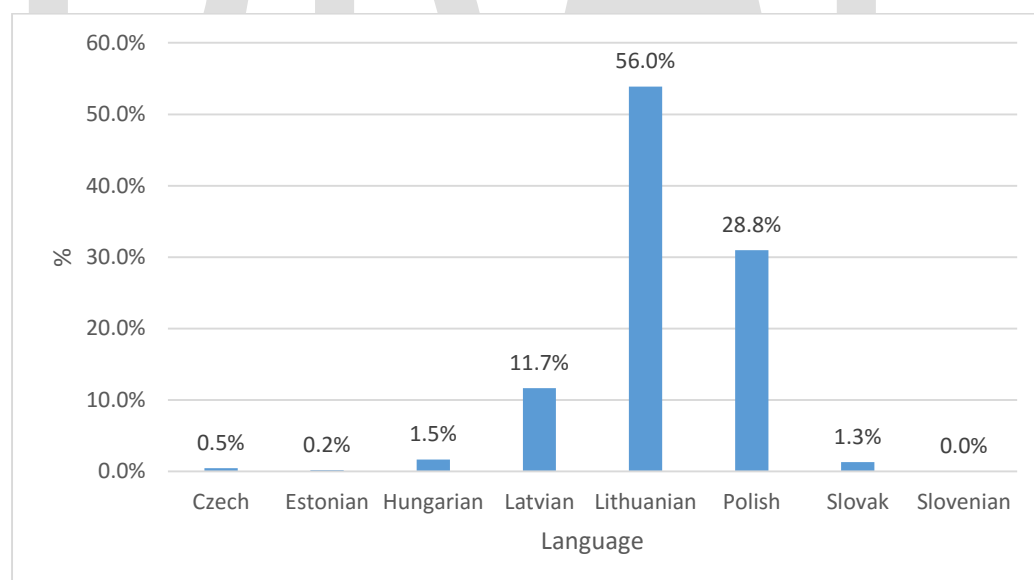
Figure 22 – The proportion of pupils who speak an Eastern European A8 language at home by language spoken - Cambridgeshire



Source: Cambridgeshire County Council Education Data, 2015 School Census

Polish is the language most frequently spoken by pupils who speak an EU A8 language at home in Cambridgeshire (54.0% of all EU A8 pupils, 1,617 pupils in total), followed by Lithuanian (29.4%, 881 pupils) and Latvian (6.5%, 194 pupils).

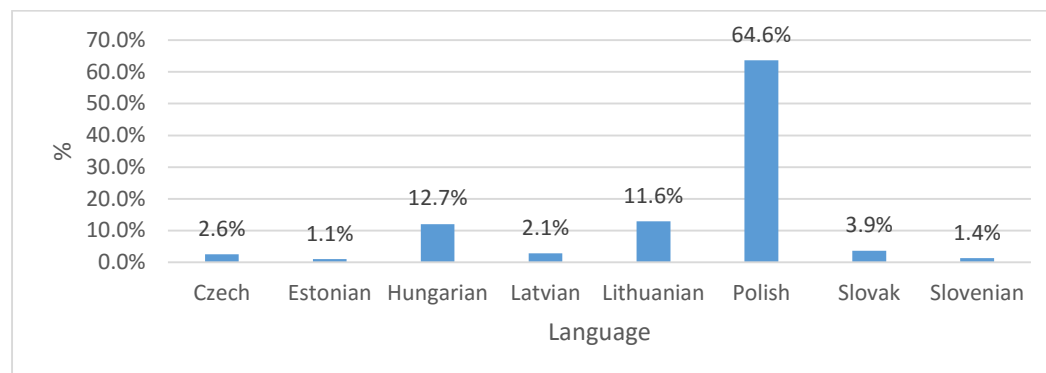
Figure 23 – The proportion of primary school pupils who speak an Eastern European A8 language at home by language spoken - Fenland



Source: Cambridgeshire County Council Education Data, 2015 School Census

The greatest proportion of Pupils who speak an EU A8 language at home in Fenland speak Lithuanian (589 pupils, 56.0% of all EU A8 speaking pupils in Fenland). 303 pupils (28.8%) primarily speak Polish and 123 pupils (11.7%) Latvian.

Figure 24 – The proportion of pupils who speak an Eastern European A8 language at home by language spoken – Cambridge City



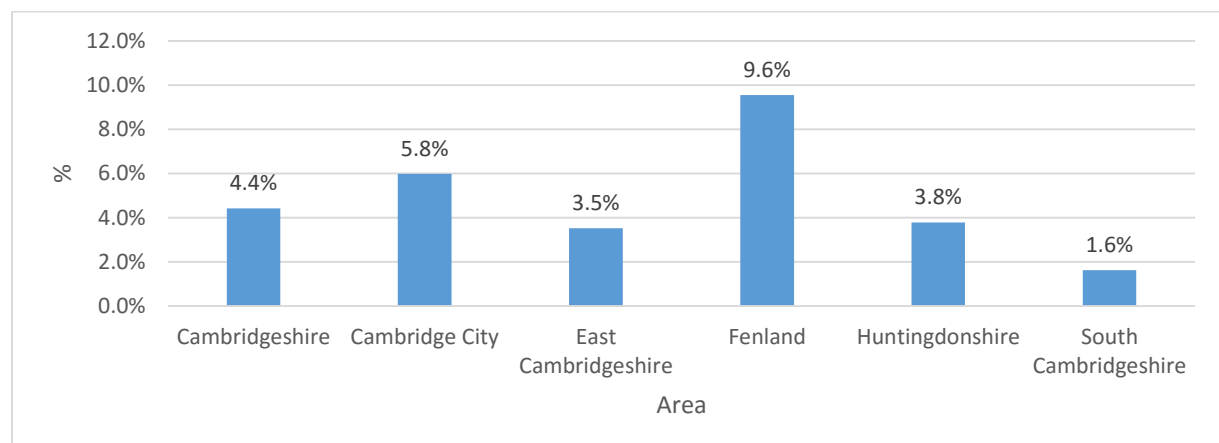
Source: Cambridgeshire County Council Education Data, 2015 School Census

The vast majority of pupils who speak an EU A8 language at home in Cambridge City – 64.6% (367 of 568) speak Polish. 12.7% of applicable pupils primarily speak Hungarian and 11.6% Lithuanian.

There are some primary schools in Cambridgeshire with a high proportion of pupils who speak an A8 Eastern European language at home. All five primary schools with the highest proportion of pupils speaking an A8 language, ranging from 21% to 42% are located in the Fenland district, Wisbech area. The four schools with the highest proportion of pupils who speak an A8 language in the Huntingdon district are located in the town of Huntingdon. Primary schools in the Cambridge City district area with the highest proportion of pupils who speak an A8 language are located in the Arbury, Kings Hedges and Chesterton areas – on the north side of Cambridge city.

A total of 2,100 primary school pupils were recorded to speak an A8 language at home in Cambridgeshire – 4.4% of all primary school pupils. Both Fenland and Cambridge City had higher proportions of pupils speaking an A8 language at home than the Cambridgeshire average (711 pupils, 9.6% of the total primary pupil population in Fenland and 415 pupils, 5.8% of population in Cambridge City) – Figure 25 below.

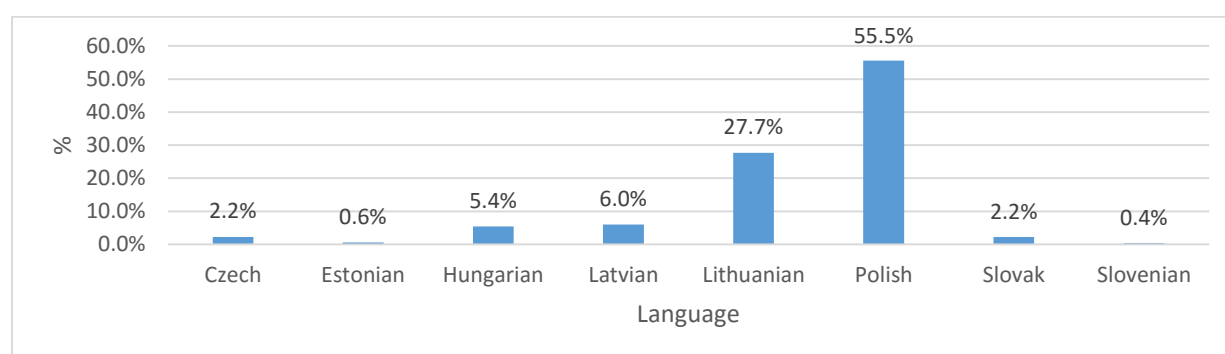
Figure 25 – The proportion of primary school pupils who speak an Eastern European A8 language at home by Cambridgeshire district



Source: Cambridgeshire County Council Education Data, 2015 School Census

Of the EU A8 languages spoken at home by primary school pupils in Cambridgeshire, Polish is spoken most commonly (55.5%), followed by Lithuanian (27.7%), then Latvian (6.0%) and Hungarian (5.4%) – see figure 26 below.

Figure 26 – A8 language spoken at home by primary school pupils in Cambridgeshire as a proportion of the total number of pupils who speak an A8 language



Source: Cambridgeshire County Council Education Data, 2015 School Census

Figure 27 – A8 language spoken at home by primary pupils in Cambridgeshire as a proportion of the total number of pupils who speak an A8 language

Area	Czech	Estonian	Hungarian	Latvian	Lithuanian	Polish	Slovak	Slovenian	EU A8 Total	All Other	Total	% EU A8 Primary Language
Cambridgeshire	2.2%	0.6%	5.4%	6.0%	27.7%	55.5%	2.2%	0.4%	2,100	45,442	47,542	4.4%
Cambridge City	2.7%	1.2%	12.8%	2.2%	9.9%	66.5%	3.4%	1.4%	415	6,775	7,190	5.8%
East Cambridgeshire	3.2%	0.8%	3.6%	0.8%	19.0%	70.6%	2.0%	0.0%	252	6,924	7,176	3.5%
Fenland	0.4%	0.3%	1.1%	11.1%	54.7%	30.8%	1.5%	0.0%	711	6,669	7,380	9.6%
Huntingdonshire	1.3%	0.6%	4.3%	4.9%	15.6%	71.5%	1.7%	0.2%	533	13,548	14,081	3.8%
South Cambridgeshire	9.5%	0.0%	11.1%	4.8%	11.1%	59.3%	3.7%	0.5%	189	11,526	11,715	1.6%

Source: Cambridgeshire County Council Education Data, 2015 School Census

Data show that the most commonly spoken primary EU A8 languages among Cambridgeshire primary school residents are Polish (1,166 primary school pupils, 55.5% of the EU A8 total), Lithuanian (582 primary school pupils, 27.7% of EU A8 total) and Latvian (125 pupils, 6.0% of the total).

Eastern European (A8) pupils in secondary education

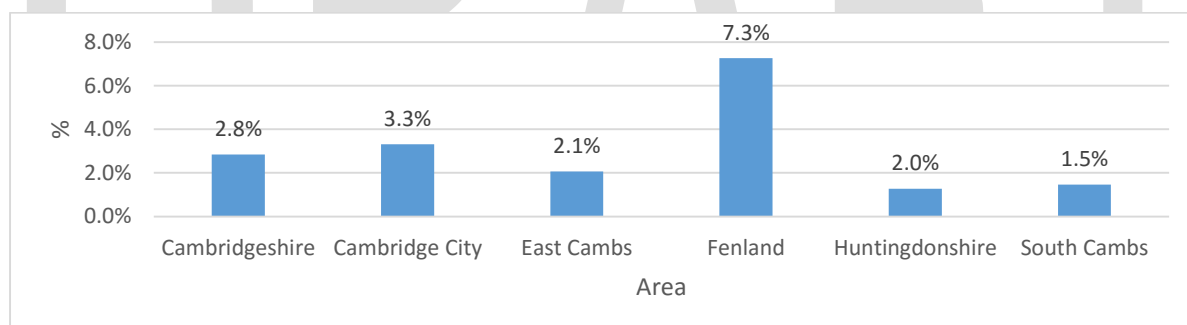
Figure 28 - Cambridgeshire Secondary Schools ranked by percentage primarily speaking an EU A8 language at home

Number	School/Area Name	Area	% Speaking EU A8 Primary Language
1	Thomas Clarkson Academy	Fenland	21.5%
2	St Peter's, Huntingdon	Huntingdonshire	7.3%
3	Impington VC	South Cambridgeshire	4.9%
4	Neale Wade	Fenland	4.0%
5	Ely College	East Cambridgeshire	4.0%
6	Hinchingbrooke School	Huntingdonshire	2.5%
7	North Cambs Academy	Cambridge City	9.3%
8	Netherhall	Cambridge City	3.1%
9	Chesterton CC	Cambridge City	3.2%
10	Soham VC	East Cambridgeshire	2.2%
-	Cambridgeshire	-	2.8%

Source: Cambridgeshire County Council Education Data, 2015 School Census

Of the 10 secondary schools in Cambridgeshire with the highest percentages of children who primarily speak an EU A8 language at home, three in Cambridge City, two in Fenland, two in South Cambridgeshire, two in Huntingdonshire and one in East Cambridgeshire.

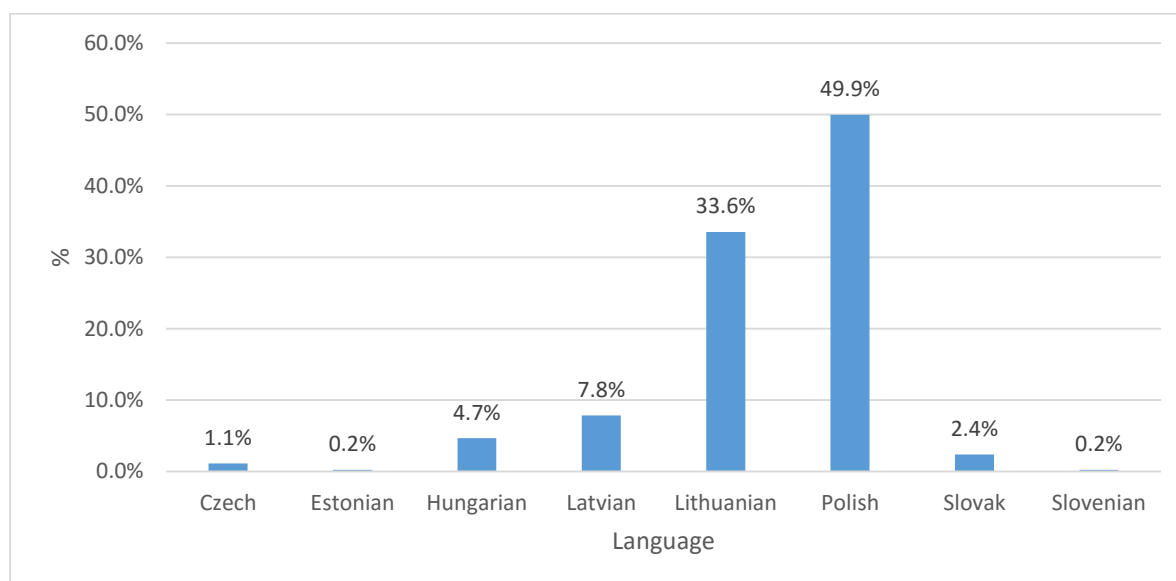
Figure 29 – The proportion of secondary school pupils who speak an Eastern European A8 language at home by Cambridgeshire district



Source: Cambridgeshire County Council Education Data, 2015 School Census

Data show that 2.8% of secondary school pupils in Cambridgeshire primarily speak an EU A8 language when at home. This figure is relatively consistent across Cambridgeshire although substantially higher in Fenland at 7.3%. Cambridge City has the second-highest percentage of secondary school pupils speaking an EU A8 language (3.3%); the district with the lowest percentage is South Cambs (1.5%).

Figure 30 – The proportion of secondary school pupils who speak an EU A8 language at home by language spoken



Source: Cambridgeshire County Council Education Data, 2015 School Census

Of secondary school pupils who speak an EU A8 language in Cambridgeshire, 49.9% (439 pupils) speak Polish, 33.6% (295 pupils) speak Lithuanian and 7.8% (69) speak Latvian.

Figure 31 – The proportion of secondary school pupils who speak an EU A8 language at home by Cambridgeshire district

Area	Czech	Estonian	Hungarian	Latvian	Lithuanian	Polish	Slovak	Slovenian	EU A8 Total	All Other	Total	% Speaking EU A8 Primary Language
Cambridgeshire	1.1%	0.2%	4.7%	7.8%	33.6%	49.9%	2.4%	0.2%	879	30,093	30,972	2.8%
Cambridge City	2.6%	0.7%	12.4%	2.0%	16.3%	59.5%	5.2%	1.3%	153	4,462	4,615	3.3%
East Cambridgeshire	0.0%	0.0%	2.3%	0.0%	27.3%	70.5%	0.0%	0.0%	88	4,170	4,258	2.1%
Fenland	0.6%	0.0%	2.1%	13.1%	58.8%	24.6%	0.9%	0.0%	414	5,284	5,698	7.3%
Huntingdonshire	0.0%	0.0%	3.8%	18.9%	33.0%	115.1%	1.9%	0.0%	106	8,208	8,314	1.3%
South Cambridgeshire	3.4%	0.8%	7.6%	1.7%	11.0%	68.6%	6.8%	0.0%	118	7,969	8,087	1.5%

Source: Cambridgeshire County Council Education Data, 2015 School Census

Polish is the most spoken EU A8 language among secondary school pupils in all districts of Cambridgeshire with the exception of Fenland, in which 58.8% of EU A8 pupils primarily speak Lithuanian. Fenland has almost half (38.3%, 337 of 879) of the EU A8 secondary school pupils in Cambridgeshire.

Issues for Eastern European migrants of secondary school age

The needs of some Eastern European pupils in secondary school education have been identified as complex, particularly in Wisbech, where there is a high proportion of pupils from Lithuania who are increasingly arriving with poor literacy skills in their home language: Communication with parents can be problematic due to poor English skills and poor overall literacy skills. Translators are required in schools to communicate effectively with parents. Pupils may arrive to join a school throughout the school year and have anxiety problems. Resources are limited to equip migrant pupils with the English language skills they need.

Additional needs of Eastern European pupils in secondary education in Fenland relate to home/family issues: Parents often work 'unsocial' hours and may not be available to attend meetings at the school. Some pupils are from single parent families and students may be living in Houses of Multiple Occupation with several other families – with associated issues (outlined in section 5).

Information from secondary schools in the Peterborough area has identified some additional issues for Eastern European pupils:

- Isolation – this concern reduces as the numbers of Eastern European pupils increase in a school. Immersion of new arrival students into the mainstream school helps to limit isolation.
- Parents do not know where to go for help if their child is having difficulties or what services are available to them and how to access them.
- Some families will not acknowledge mental health as a problem and there is still a lot of stigma around it in some cultures leaving students embarrassed, ashamed or afraid to speak up.
- Attendance can be affected more in Eastern European pupils due to visits to home countries.
- Low aspirations.
- Special needs may not be easily identified in pupils who do not have good levels of English.
- Domestic violence at home is mentioned as an issue that arises for some Eastern European pupils.

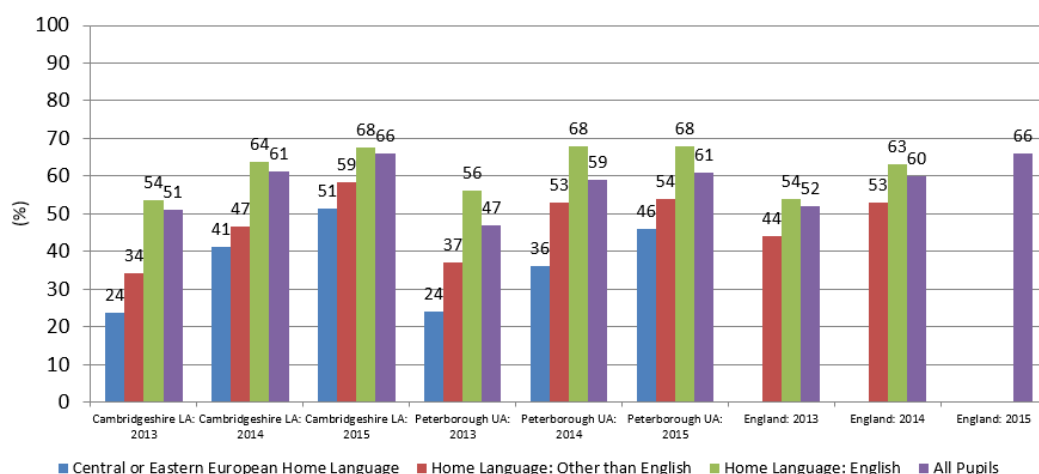
Safeguarding

Results from work undertaken by the Rosmini Centre in Wisbech and from Stakeholder engagement have raised some concerns about safeguarding of children in Eastern European communities. These include issues with young children walking to school alone or being left at home alone – some of which is not perceived as an issue in home countries (e.g. Lithuania/Latvia – where children are more independent from younger ages). Parents who have to work when work is available can result in children being left at home alone or inappropriate childcare - children may be left in HMOs with other people who are not family members.

The Rosmini Centre has been successful in taking forward work around skills development and are currently running a successful programme of training for the local community that will take them closer to employment especially in relation to childcare provision.

Educational attainment of pupils assessed in relation to the primary language spoken at home

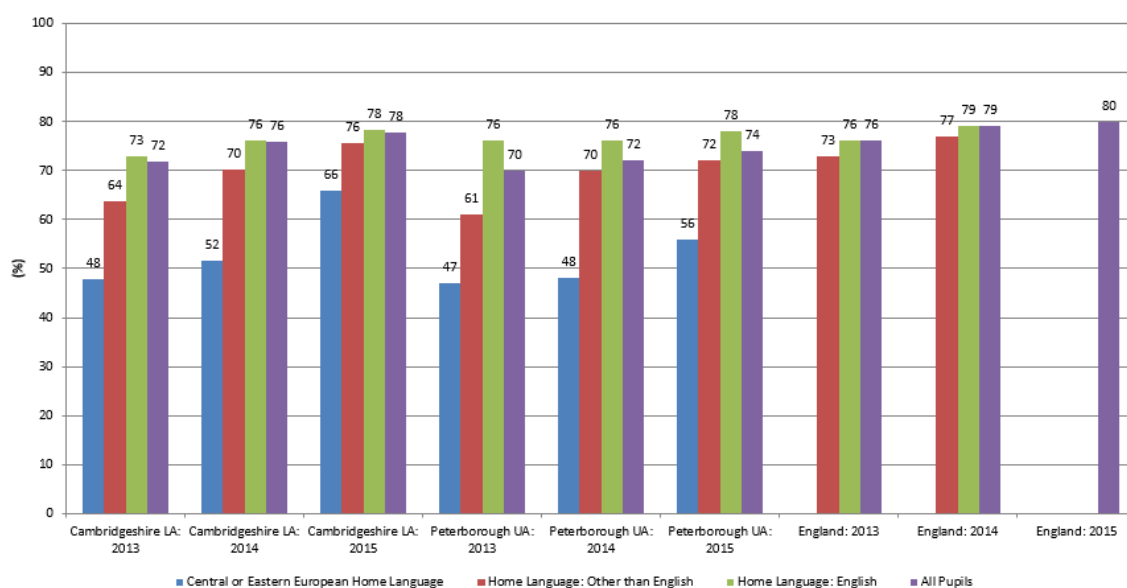
Figure 32 - Proportion of Pupils Achieving a Good Level of Development in the Early Years Foundation Stage Profile by Primary Language Spoken at Home, 2013-15



Source: Department for Education, Statistical First Releases

Data show that in both Cambridgeshire and Peterborough, the percentage of children who primarily speak a home language other than English achieving a good level of development in the early years foundation stage profile is lower than for children who primarily speak English; this is, however, similar to the pattern observed nationally. This is worse for pupils who speak a central or Eastern European language. In both Cambridgeshire and Peterborough there has been an increase in attainment level over the period shown (from 2013-2015) for pupils who either speak English at home or other languages. The proportion of children achieving a good level of attainment has more than doubled in this period for children who speak a central or Eastern European language at home in the Cambridgeshire LA area.

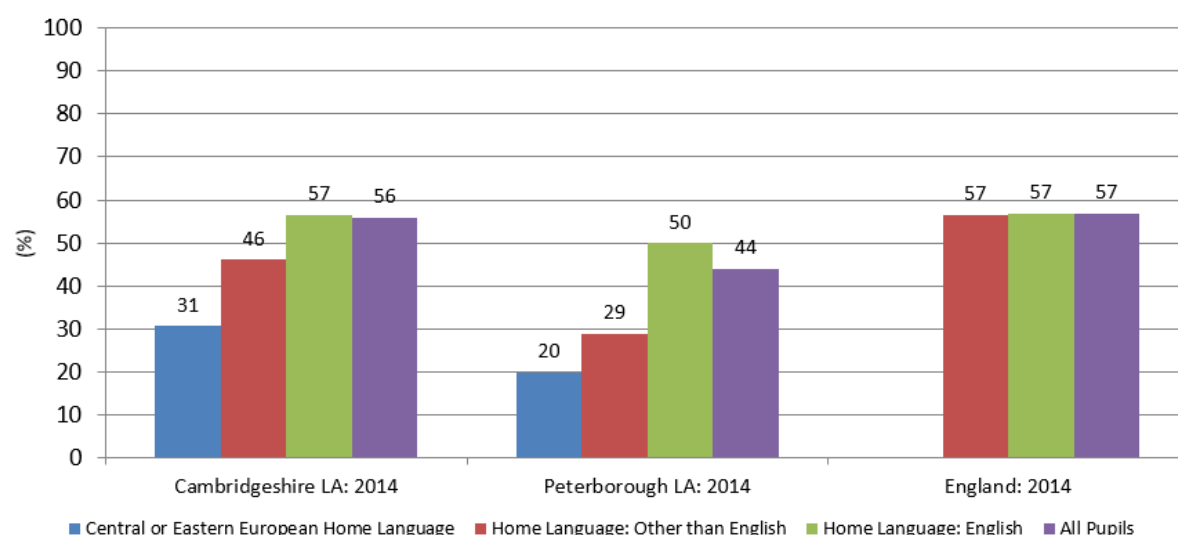
Figure 33 - Proportion of Pupils Achieving L4+ in Key Stage 2 Reading, Writing TA & Mathematics, 2013-15



Source: Department for Education, Statistical First Releases

Attainment at Level 4 and above in Key Stage 2 Reading, Writing TA & Mathematics, is lower in primary pupils in Cambridgeshire who speak a Central or Eastern European language at home compared with all pupils and those who speak English at home. No data is available to compare the attainment level in pupils speaking Central or Eastern European languages in England. Attainment has however increased for the period shown (2013 – 2015) with the greatest improvement seen in pupils who speak Central or Eastern European languages.

Figure 34 - Proportion of Pupils Achieving 5+ GCSE Grades A*-C, including English & Mathematics



Source: Department for Education, Statistical First Releases

Attainment at the end of secondary school as measured by the proportion of pupils obtaining 5 or more GCSE grades A*-C is considerably lower in pupils in Cambridgeshire who speak a Central or Eastern European language at home compared with those whose home language is English.

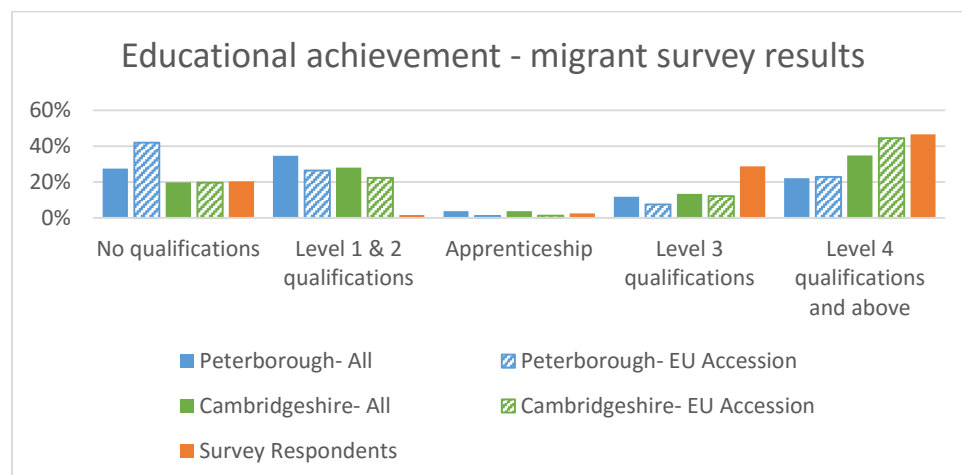
The relationship between the number of migrants in schools and performance is difficult to assess, because schools receiving the highest numbers of migrant children are in some of the most deprived areas and also experience high levels of 'pupil turnover' due to movement for financial reasons⁶.

Educational attainment level in the migrant population – results from the migrant survey

The local migrant survey asked a question to determine the educational attainment level of respondents. The results are presented in the figure below and are compared with the general population and also people from EU accession countries living in Peterborough and Cambridgeshire.

⁶ George, A. et al, 'Impact of Migration on the Consumption of Education and Children's Services and the Consumption of Health Services, Social Care and Social Services, 2011 P.23

Figure 35 – Educational attainment level of migrants responding to the migrant survey compared with the general population and people from EU accession countries in Peterborough and Cambridgeshire



Source: Peterborough City Council/Cambridgeshire County Council Survey Data

The migrant survey results indicate that the respondents in general had a higher level of education (higher proportions of people with level 3 qualifications and above) than the general population or people from EU accession countries, living in Cambridgeshire and Peterborough. Those with no qualifications was similar to the general population of Cambridgeshire but lower than the general population of Peterborough and people from EU Accession countries in Peterborough. The proportion of respondents to the migrant survey who declared they had level 1 and 2 qualifications was considerably lower than those for Cambridgeshire and Peterborough in all categories.

Children in Need

A 'child in need' is defined under the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services, or the child is disabled.⁷

⁷

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

Figure 36 - Cambridgeshire Children in Need Referrals Jan 2012 – Aug 2015, 10 Most Common Languages Spoken at Home, Comparison to Total Pupils by Languages Spoken at Home 2015

Number	Language Spoken At Home	Referrals Number	Referrals % Of Total	Pupils Number	Pupils % Of Total
1	English	14,712	90.8%	69,088	87.9%
2	Lithuanian	297	1.8%	881	1.1%
3	Polish	264	1.6%	1,617	2.1%
4	Russian	130	0.8%	342	0.4%
5	Portuguese	116	0.7%	382	0.5%
6	Latvian	110	0.7%	194	0.2%
7	Bengali	76	0.5%	531	0.7%
8	Urdu	41	0.3%	246	0.3%
9	Panjabi	38	0.2%	223	0.3%
10	Slovak	26	0.2%	67	0.1%
-	Other	384	2.4%	5,010	6.4%
-	Total	16,194	100.0%	78,581	100.0%

Source: Cambridgeshire County Council Children in Need Referral Data 2012-15 & School Census Data 2015

In Cambridgeshire, 90.8% of children in need referrals correspond to children who primarily speak English at home whereas only 87.9% of pupils in Cambridgeshire primarily speak English at home. The percentage of children in need referrals in Cambridgeshire is higher than would be expected among children who speak Lithuanian, Russian, Portuguese, Latvian and Slovak at home, considering the percentage of all children in Cambridgeshire that primarily speak these languages as recorded in the 2015 school Census. Conversely, the percentage of children in need referrals is lower than would be expected based on the number of pupils in Cambridgeshire for those who speak Polish and Bengali. There are no records children in need referrals in children who speak Czech, Estonian, Hungarian or Slovenian at home.

However, the total proportion of A8 Eastern European language speaking children referred as 'children in need' is 4.3% which is in line with the proportion of primary school children in Cambridgeshire who speak an Eastern European A8 language at home.

5. Employment

Key Findings

- The highest rate of employment in non-UK born residents is in Fenland (73.5%, followed by East Cambridgeshire (72.0%). This is much higher than the England rate (56.7%) and higher than the East of England rate (61.2%), indicating that migrants in Fenland and East Cambridgeshire are settling in these locations for employment purposes
- A8 migrants in Fenland often work in low-skilled, seasonal jobs that are low-paid and may be subject to zero-hours contract. Many migrant workers work below their skill level. Seasonal and shift work makes it difficult for migrant workers to make contact with services or seek help when needed.
- Migrants can face financial challenges when work 'dries up' or if they cannot work due to sickness. Eviction from housing is often a consequence of financial difficulties and loss of work.
- Employment issues arise due to low levels of understanding or lack of appropriate information about work entitlements, employment rights, holiday or sickness pay, access to benefits such as tax credits, or how the tax system works.
- The migrant survey showed that 21% of respondents said they have concerns about their safety on at least some days.

Legal rights of A8 nationals in the UK

A8 nationals currently have the same rights as any other workers from the EU and European Economic Area (EEA). These rights include:

- The general right to 'free movement' within the EU/EEA.
- The right to live in the UK for up to three months and longer if the person is able to support themselves financially.
- The right to live in the UK as a student.
- The right to seek work
- The right to work.
- The right to enter self-employment or set up a business.

Other rights depend on whether the EEA national is classified as a 'worker' as follows:

- Currently employed.
- Temporarily unable to work because of sickness or an accident.
- Were working for at least one year and are now registered as a jobseeker.
- Were in work but are now in vocational training.
- Unable to work due to pregnancy or childbirth as long as there is an intention to return to work within a 'reasonable period', usually 52 weeks.

EEA migrants cannot claim income-based Jobseeker's Allowance until they have been in the country for three months. Jobseeker's Allowance can only be claimed for a total of 91 days. All EEA nationals who are receiving Jobseekers Allowance are not able to access Housing Benefit. An EEA national who has lost their job and has worked for less than one year can be classified as 'a worker' for six months after losing their job, and claim Jobseeker's Allowance. An EEA national who has worked in the UK for more than a year before becoming involuntarily unemployed may be able to claim income-based jobseeker's allowance for longer than six months if they can provide 'compelling' evidence that they have a genuine chance of finding work.

Migrant Employment across Cambridgeshire

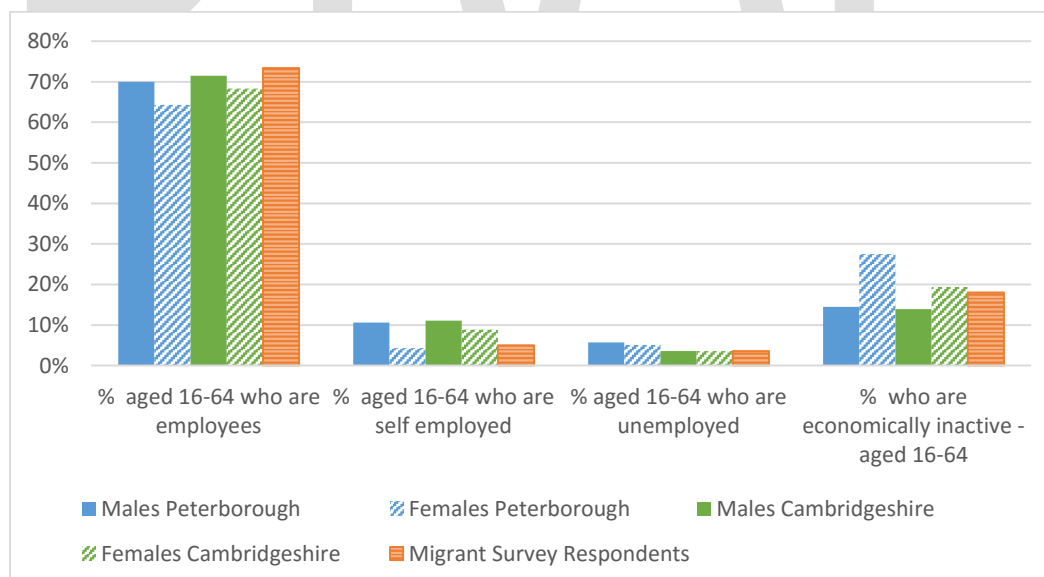
Data shown in Section 2 of this JSNA compared rates of employed migrants (defined as employed full time or part time or self-employed full time or part time) across Cambridgeshire. The highest rate of employment in non-UK born residents is in Fenland (73.5%, followed by East Cambridgeshire (72.0%). This is much higher than the England rate (56.7%) and higher than the East of England rate (61.2%), indicating that migrants in Fenland and East Cambridgeshire are settling in these locations for employment purposes.

Migrant Survey Results – employment status

The migrant survey included questions around employment status and the results are shown in the figure below, which compares the migrant survey result with the general population of Cambridgeshire and also Peterborough.

139 people answered the survey question about employment. The summary survey results are presented as an appendix at the end of this document.

Figure 37 – Results of the migrant survey in relation to questions about employment status, comparing survey results with the general population of Peterborough and Cambridgeshire



Source: Cambridgeshire & Peterborough Migrant Healthy Survey 2015/16

The migrant survey results show a slightly higher proportion of migrants in employment as employees than the general population for both sexes and for both Peterborough and Cambridgeshire. However, the proportion of migrants who are self-employed is lower than the

general population apart from Peterborough women (5% migrants compared to 4% Peterborough women). Unemployment is low and in line with that of Cambridgeshire and lower than the general population of Peterborough. The proportion of migrants describing themselves as 'economically inactive' is similar to/ slightly lower than the general population of Cambridgeshire females, but lower than Peterborough females and higher than males for both areas. The migrant survey respondents were predominantly female and this may explain the finding shown.

Eastern European employment in Fenland – assessment of issues

Information on issues that arise in Eastern European migrants to Fenland is obtained from Cambridgeshire Human rights and Equality Support Services (CHESS) - an organisation that provides advice to migrants within the Fenland area on housing and Employment.

The main reason for Eastern European migrants settling in the Fenland area is for employment. Often migrants work in low-skilled, low-paid jobs and may be subject to zero-hours contract. When the work is finished, the worker is left with no job and no money until the next job arises.

There are many employment agencies in and around Wisbech who recruit Eastern European migrants for work. Most work involves agricultural labour or employment in the food packing business. People or agencies who supply or obtain labour to the fresh produce supply chain (processing and packaging of all fresh food, drinks and other produce through agriculture, horticulture, shellfish gathering) require a 'Gangmasters' licence and must be registered with the Gangmasters Licensing Authority (GLA). This scheme ensures that the employer meets the employment standards that are required by law.

CHESS receives referrals for migrant workers to provide advice in Fenland, mainly through the Rosmini Centre in Wisbech. In 2015/16, CHESS saw 308 migrants with needs focusing on income, employment, benefits and housing. Issues identified by CHESS include:

- Misunderstandings or lack of understanding or lack of appropriate information (in an accessible form – translated into a range of Eastern European languages) about work entitlements, holiday or sickness pay.
- A lack of appropriate information on how to access benefits such as tax credits, child tax credits.
- Little understanding of how the tax system works – how to make tax payments, what the tax codes mean. Some migrants end up in financial difficulties due to not understanding how the tax system works or how much tax to pay.
- Lack of information about employment rights including issues around discrimination, injury at work, disciplinary actions or dismissal.
- Financial difficulties due to sickness or zero hours contracts. Eviction from housing is often a consequence of financial difficulties and loss of work.
- Seasonal work and the effect this has on migrant workers.
- Shift work makes it difficult for migrant workers to make contact with services or seek help when needed.

Safety at work

An area of concern that arose from the migrant survey results was that of safety in the workplace. 21% of 105 respondents who answered a question about how safe they feel in their working environment said they have concerns about their safety on at least some days.

Recommendations – Employment

There is an unmet need for information that is accessible to migrants (in their home language) to explain the benefit system, tax system and workers' rights, particularly around sickness or injury.

There is a need to ensure employers, agencies and gangmasters are appropriately licenced and are provided with training in diversity and equality as well as training in health and safety in the workplace.

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6. Housing

Key Findings

- 82% of migrants who answered the survey question in Cambridgeshire and Peterborough live in rented accommodation, with 39% living in shared rented housing. This compares with 32% of the general population in Cambridgeshire living in rented housing and only 2% living in shared rented accommodation.
- There is a prominence of Houses in Multiple Occupation (HMO) making up the private rented sector in Wisbech. Much of the privately rented HMO housing is to meet the economic needs of businesses locally to provide accommodation for economic migrants coming from EU countries.
- Analysis of HMOs and migrant housing needs through 'Operation Endeavour' and 'Operation Pheasant' in Wisbech have uncovered a broad range of issues: Overcrowding, unhygienic and unsafe living conditions and illegal evictions.
- There has been an increase in the number of Eastern European people requiring assistance due to homelessness over the last 18 months. These people may have multiple and complex needs including alcohol abuse and mental health needs.

Accommodation used by the migrant population

Data from Oxford University's Migration Observatory⁸ show that there are several observed key distinctions between migrant populations and UK-born populations in 2015:

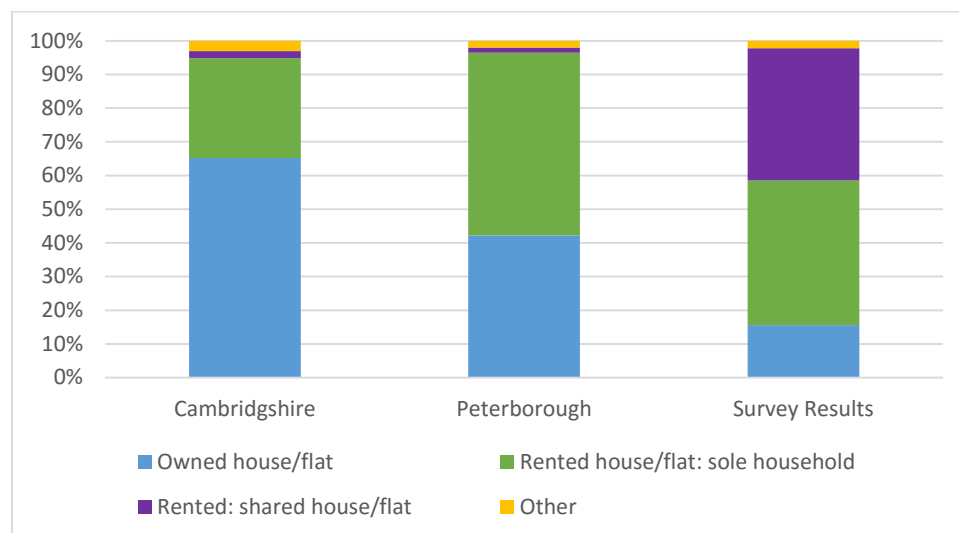
- Only 43% of migrants own their own homes, compared to 68% of UK-born residents.
- The UK's migrant population is almost three times as likely to be in the private rental sector (39% of migrants were in this sector in quarter one 2015, compared to 14% among the UK-born population).
- Migrants who have been in the UK for five years or less are almost twice as likely to be renters compared to all migrants, with 74% of people within this group renting. Where migrants have been in the UK longer than five years, patterns of ownership are relatively similar to that of the UK-born population.
- 17% of the UK-born population live in social housing, compared to 18% of migrants.

Accommodation used by migrants in Cambridgeshire and Peterborough

The Peterborough and Cambridgeshire migrant survey asked a question about accommodation. The results are shown in the figure below and reinforce the key findings from Oxford University's Migration Observatory above. 82% of migrants who answered the survey question in Cambridgeshire and Peterborough live in rented accommodation, with 39% living in shared rented housing. This compares with 32% of the general population in Cambridgeshire living in rented housing and only 2% living in shared rented accommodation.

⁸ Vargas-Silva, C., Migrants and Housing in the UK: Experience and Impacts, 2015

Figure 38 – Cambridgeshire and Peterborough migrant survey results for accommodation type. Comparison between the proportions of migrants and the proportions of the general population in Cambridgeshire and Peterborough using different types of accommodation



Source: Cambridgeshire & Peterborough Migrant Healthy Survey 2015/16

The results also show that a much smaller proportion of migrants are owner occupiers compared to the general population for both local authority areas.

Housing quality

Living conditions tend to be poorer in shared rented houses, particularly in houses of multiple occupation (HMO), where issues related to overcrowding may arise. HMOs of poor standard may present health hazards, for example problems with damp and mold can affect respiratory systems, problems with pests such as rats, mice or cockroaches can create unhygienic environments and spread diseases. A cold home that lacks effective heating and insulation could affect health, particularly in vulnerable people.

Safety hazards in the home may include faulty wiring, fire risks and the risk of carbon monoxide poisoning.

Fenland privately rented housing – implications for the migrant population in Wisbech

Data from sections 2 and 3 of this JSNA describing demography and education indicate that there are discreet areas within Cambridgeshire where Eastern Europeans from A8 countries tend to live and seek employment. It is clear from the school Census data that Wisbech in Fenland is a location that attracts Eastern Europeans, particularly people from Lithuania, Poland and Latvia.

As migrants predominantly live in rented accommodation, it is important to highlight the housing pressures and identify the needs associated with the migrant population in the Wisbech area of Fenland. This section uses data primarily obtained from Fenland District Council and Police partners and explores the housing issues in Wisbech in relation to privately rented accommodation and the migrant population.

Data obtained by Fenland District Council show:

- In 2011, 21.61% of the private rented sector in Fenland is in the town of Wisbech (2071 properties).
- The private rented sector has nearly doubled in 10 years in Wisbech (from 1054 properties in 2001 to 2071 properties in 2011). The largest increase in Wisbech is in the 'Hill' ward (135%).
- There is a prominence of Houses in Multiple Occupation (HMO) making up the private rented sector in Wisbech. In 2009 the Council's Private Sector Stock Condition Survey referenced 93.2% of Fenland's HMO profile is in Wisbech.
- Much of the privately rented HMO housing is to meet the economic needs of businesses locally to provide accommodation for economic migrants coming from EU countries (predominantly central and eastern Europe).

The Private Sector Housing team of Fenland District Council (FDC) regularly inspect properties known to be HMOs. However, Cambridgeshire Police and FDC quickly realised that there were broader issues than just large numbers of people living in shared accommodation. Additional concerns around exploitation, crime and disorder, linkages to street drinking, theft and rough sleeping were raised in Wisbech.

In response to these concerns, a partnership has formed that includes Cambridgeshire Fire and police, and FDC. The partnership launched 'Operation Pheasant'.

During the operation between January 2014 and April 2015, , 487 Houses in Multiple Occupation in Wisbech were inspected.

From these inspections:

- 211 Category 1 hazards in accordance with the Housing Health and Safety Rating System (for example defects relating to inoperative boilers, poor electrical safety and absence of smoke detection) were removed.
- 386 Category 2 hazards (for example damp and mould growth, unsafe stairs & breach of security were removed).
- Action taken to eliminate 175 cases of overcrowding.
- 243 notices were served on landlords and agents to provide information or carry out improvements to private rented accommodation in Wisbech.
- 30 enforcement notices under Section 11 & 12 of the 2004 Housing Act and Planning Contravention Notices under Section 172 of the 1990 Town & Country Planning Act.
- Six premises were closed down using powers under the Miscellaneous Provisions Act 1976, Section 29.
- There were 195 cases where poor management issues were addressed involving illegal eviction and harassment of tenants.

The operation made the decision to conduct a pilot programme of visits from a Community safety perspective. Cases of extreme overcrowding (15-20 people) living in 3 bedroom properties were uncovered as well as 'hot bedding' (people sharing a bed consecutively in time) and significant safety issues – no smoke detection devices in some properties. Exploitation of individuals was uncovered in

terms of no tenancy rights, illegal evictions, child protection issues, exploitation by way of control, trafficking, and threats of violence. Arrests have been made as a result of this project.

Over 3,000 voluntary questionnaires were completed by the Operation Pheasant team during home visits. These have identified a host of issues including organised crime, exploitation, fraud, sham marriages and human trafficking. Advice is given in relation to fraud, exploitation, property condition and workers' rights. Workers have come forward to the Council and Police as a result of this approach with their concerns to inform crime investigations as highlighted above.

It is clear that housing is the root cause of the illegal activity uncovered through operation pheasant and a proposal to introduce a selective licensing scheme is currently being considered.

Selective licensing of privately rented properties

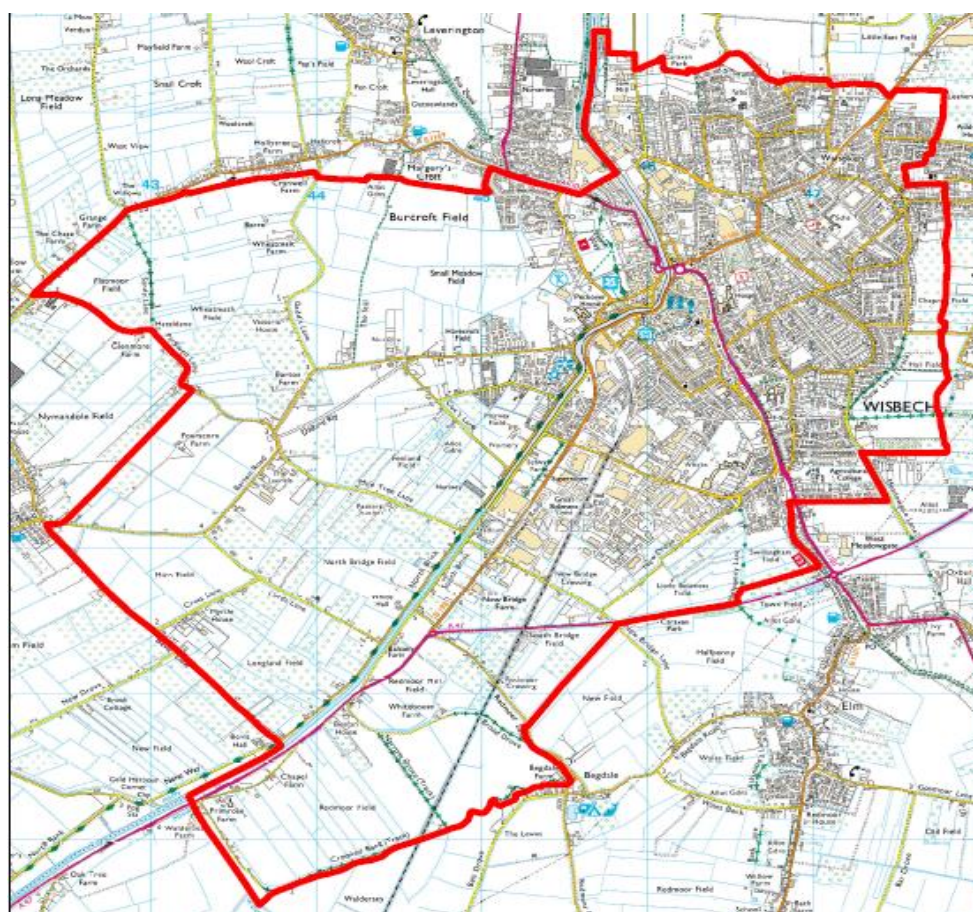
The Housing Act 2004⁹ has given local authorities the power to introduce selective licensing of privately rented properties to improve conditions for tenants and the local community, if there is a high level of privately rented housing stock in the area and one or more of the following criteria are met:

- a) The area is suffering from low housing demand.
- b) The area is experiencing a significant and persistent problem caused by anti-social behaviour.
- c) The area is suffering from poor property conditions.
- d) The area has high levels of migration.
- e) The area has high levels of deprivation.
- f) The area has high levels of crime.

Fenland District Council is considering introducing a scheme called 'Selective Licensing.' This will apply to private landlords of residential properties in seven wards of Wisbech (Figure 39 below).

⁹ <http://www.legislation.gov.uk/ukpga/2004/34/contents>

Figure 39 – Map of the Wisbech area highlighting the areas proposed for ‘selective licensing’



Source: Cambridgeshire County Council Housing Department

If Selective Licensing is introduced, it will mean that all private landlords with residential property in designated areas of Wisbech will need to apply for a licence for each property. A landlord would need to meet a certain standard to become a licence holder. The licence would last for five years.

By introducing Selective Licensing, it is hoped that the quality, management and safety of all private rented properties in Wisbech will improve.

Needs and advice sought by migrants in Fenland around housing

Local advice services in Wisbech see roughly 525 people from Central and Eastern Europe per month needing information, advice and guidance. Information from Fenland District Council ‘Migrant Population Advisor’ highlights some of the issues Migrants have in terms of housing as follows:

- Migrants are interested in applying for Social Housing because they normally live in overcrowded houses or finding rent too high for their wages.
- Migrants don’t understand the way the Council Tax works as there is no equivalent in their countries.
- Migrants need help to understand Council Tax support and Housing Benefit.

- Support and information is needed about election registration, environmental issues, private sector complaints and housing issues (like becoming homeless).

Homelessness in the migrant population

15.4% (20/130) of people who answered the migrant survey said they had been at risk of homelessness. In this section homelessness is explored in migrants in relation to information obtained in Fenland.

Operation Pheasant in Wisbech uncovered many examples of workers who have been illegally evicted and made homeless when work is no longer available.

Fenland District Council has seen an increase in rough sleeping which has been tackled by the Council and partner agencies. This has had a knock on effect for the broader community where rough sleeping is more visible. There have been 56 individuals who have been voluntarily repatriated between October 2012 and June 2015.

Homelessness in Wisbech – The Ferry Project

The Ferry Project, part of Luminus Group, is a charity operating in Fenland that helps people who are homeless by providing a hostel and night shelter. The Ferry Project Night Shelter has 14 beds and currently runs at around 90% occupancy per night (between 12 and 14 people). 65% of occupants of the night shelter are Eastern European (7 – 8 per night), with the majority being Lithuanian. Referrals are made from across Fenland but the vast majority of clients to the night shelter are from Wisbech.

Information provided by the Ferry Project shows there has been an increase in the number of Eastern European people requiring assistance due to homelessness over the last 18 months.

In 2013/14 the Night Shelter supported 76 A8 nationals. In 2014/15 this rose to 124 A8 nationals.

Data from April 2015 – January 2016 showed in total: 99 A8. The majority of A8 clients are Lithuanian.

Issues that are highlighted through information gathered from Eastern European clients who have become homeless and in contact with The Ferry Project include:

- Illegal eviction by landlords
- Exploitation
- Human trafficking
- Domestic abuse.

Needs of Eastern European migrants using the Night Shelter are identified as follows:

- Alcohol abuse requiring interventions (12 referrals were made to the drugs and alcohol service in 2014/15)
- Mental Health problems
- Employment
- English language skills
- GP registration – to identify health needs.

7. Health

Key Messages -

- Over the 10 years 2003/04 - 2013/14, new migrant GP registrations have risen by 37.6% in England. In Cambridgeshire, the increase over this time period has been 55.6% (from 8,270 to 12,868) and the rise has been most substantial in percentage terms in Fenland (a 113.5% increase in migrant registrations, from 585 in 2003/04 to 1,249 in 2013/14).
- A greater number of migrant national insurance number registrations have taken place in Fenland than migrant GP registrations, suggesting a relatively high number of migrants may arrive to work without registering with their GP. Conversely, in Cambridge City, a greater number of migrant GP registrations is observed than migrant national insurance number registrations, which may be associated with migrants arriving to study without a requirement that they simultaneously work.
- Directly age-standardised rates of mortality from heart disease are higher in some EU countries from which relatively high levels of migration to Cambridgeshire in recent years have been observed, including Lithuania, Slovakia, Hungary and Estonia. This suggests that, without modification of lifestyles and behaviours, migrants from these populations may be more likely to develop heart disease and associated conditions in later life.
- Evidence suggests rates of smoking and excessive alcohol consumption is higher among Eastern European communities. A8 migrants are utilising alcohol and smoking cessation services but a lack of trust in health services is proving to be a barrier for engagement as well as perceptions that alcohol consumption is a 'way of life' and not a risk to health. Street drinking is commonplace in the Eastern European population in Wisbech as part of social gatherings, but creates community tensions.
- Dental care in A8 migrants is thought to be poor – some migrants present with high levels of untreated decay when they seek dental treatment.
- Fenland and Cambridge City are among the areas with the highest crude rate of tuberculosis within the Anglia & Essex area. TB in the UK is higher among migrants from countries with high incidence of TB and these include Lithuania and Latvia.
- Sexual health is an area of concern in the migrant population and will need to be explored further to ensure access to services in hard to reach communities.
- Suicide rates are higher in all of the EU A8 countries compared to England and there is evidence that the suicide rate of Eastern European migrants living in Cambridgeshire is also higher than would be expected.
- The percentage of births to non-UK born mothers was 53% of all births in the Cambridge City area in 2014. This will inevitably impact on maternity services.

Migrants may have more complex healthcare needs than the UK population, influenced by not only language and cultural differences but also the burden of disease and living conditions in their country of origin, experiences during migration, their circumstances in the UK and other factors relating to ethnicity and cultural practices. Recent studies have found that the majority of migrants are young and healthy on arrival, but their health – particularly their mental health – declines

sharply after arrival in a new country, as a result of a range of factors that may include social exclusion, poverty and low standards of accommodation¹⁰.

It is important to acknowledge that 'migrants' are not a homogenous group and, as may be expected, mental health issues are likely to be more apparent among vulnerable migrant population groups such as asylum seekers, refugees and women and children who have suffered physical and/or sexual abuse. Evidence from both the UK and across Europe suggests that rates of depression and anxiety are higher among asylum seekers compared to the both the general population and other migrant categories; a rare quantitative study of women internally or internationally trafficked for sex work or domestic service found that 70% had experienced both physical and sexual abuse during trafficking and the majority exhibited severe physical and mental health issues as a result¹¹.

As with other themes included within this JSNA, barriers caused by language and cultural differences are considered a primary factor in the observed inequality regarding access to healthcare for migrant populations in comparison to the wider population and resultant issues are likely to be exacerbated by any physical and/or mental health issues suffered by individuals. The East of England Regional Assembly Migrant Health Scoping Report¹² notes that many migrants fail to register with General Practices as a result of misunderstandings about how health services work and because of barriers faced when trying to do so, such as difficulty communicating without translation/interpreting.

The National Institute for Health and Care Excellence publication 'Improving Access to Health and Social Care Services for People Who Do Not Routinely Use Them'¹³ states that key barriers to the access of services fall in to two broad categories:

- Structural and service characteristics, such as the structure, organisation and delivery of services and elements of delivery such as location and opening times.
- Population characteristics, including country of origin and cultural/attitudinal and lifestyle characteristics.

The eradication of barriers to the access of service such as those highlighted above continue to be of key interest to stakeholders across the healthcare economy. In the London borough of Merton, a project between nurses, GPs and community workers to develop a programme that supported migrant communities, particularly in relation to their understanding of available healthcare, led to a reduction in A&E attendances within the area of 15.6% between 2007/08 and 2011/12, from 84,537 to 71,374¹⁴. Although this fall cannot be attributed solely to reductions in A&E attendance among migrant/ethnic minority communities, one third of electoral wards have a majority ethnic minority population so it may be inferred that this targeted work contributed to a reduction in A&E attendance among the overall population.

Among migrants who do register with a GP, the aforementioned project study found that lack of adequate translation and interpreting services can deny migrants access to the same quality of care as received by those who primarily speak English and this creates a risk around incorrect diagnosis

¹⁰ Collis, A. et al, Migrant Health Scoping Report, East of England Regional Assembly (2009), p. 7

¹¹ Oxford Migration Observatory, 'Health of Migrants in the UK: What Do We Know?', 2014

http://www.migrationobservatory.ox.ac.uk/sites/files/migobs/Briefing%20-%20Health%20of%20Migrants%20in%20the%20UK_0.pdf

¹² Collis, A. et al, Migrant Health Scoping Report, East of England Regional Assembly (2009), p. 2

¹³ NICE, Improving Access to Health and Social Care Services for People Who Do Not Routinely Use Them (2014), p.2

¹⁴ Ford, A. et al, Cutting A&E Use and Health Inequalities, Nursing Times, Jun19-Jun 25, 109, 24 (2013)

and inappropriate care. Lack of informal support networks, mobility of migrant families and cultural differences are also observed as having an effect on both need and access to mental health and maternity services. The findings of the project are summarised in five 'key messages' for developing user friendly services for minority ethnic groups:

1. **Get to know your local communities:** Run workshops/collect survey data and apply findings to the modelling of service provision, tailoring need to meet the needs of minority ethnic communities.
2. **Work with others:** Efforts should be spread proportionally by need across social groups and geographical areas and partnerships should be developed across appropriate sectors to develop adequate support for people of all ages, across all communities.
3. **Build in time to develop trust:** Minority communities may have different beliefs and expectations about health and wellbeing services, including cultural differences developed by healthcare systems in their country of origin, such as experience of different financial models and perceived 'weakness' if admitting they are unwell. It may take time to help people understand the health services that are available to them and it is important to be realistic about expectations when setting up new services.
4. **Spread knowledge:** In Merton, it became apparent that people were using A&E services because they did not know what else was available. 51% of surveyed people were not aware of emergency out of hours services and the project emphasised the need to explain primary care, pharmacy and out-of-hours services at every contact and via translated posters and leaflets.
5. **Look for 'quick wins':** Demonstrating how projects are making a difference to attitudes and behaviours is key to keep stakeholders motivated to take part, keep funders interested and build momentum.

With regards to secondary care use, there is evidence that the rate of admission to hospital among international migrants registering with a GP for the first time is only around half the overall national admission rate (with observed indirectly standardised admission ratios of between 56.0 and 57.0 compared to the England value of 100.0 over a three year period)¹⁵. As well as the aforementioned 'barriers to access', including language and cultural factors, posited reasons for this difference in admission rates include a greater level of overall good health in international migrants than the general population (e.g. people travelling internationally for economic reasons are unlikely to have disabilities or serious illnesses and be relatively young) as well as the possibility that some international migrants might return to their country of origin for hospital treatment.

Irrespective of the reason(s) for this disparity, the data suggest that an increase in migrant population does not necessarily lead to an increase in burden on either primary or secondary care services, although the aforementioned study does include caveats regarding the use of admission rates of economic migrants registered with a GP as an accurate barometer of true levels of demand, such as relatively high numbers of immigrants arriving at A&E departments without previously registering with a GP and reports of pregnant women who have migrated for economic reasons presenting very late in pregnancy without having had a routine medical examination.

Perceptions of 'unnecessary' attendance at A&E by migrants may be further complicated by confusion within practices themselves regarding what services they are obligated to deliver and to

¹⁵ Steventon, A. & Bardsley, M., Journal of Health Services Research & Policy, Vol 16, 2, 90-94 (2011)

whom. The 2013 Department of Health paper 'Qualitative Assessment of Visitor and Migrant use of the NHS in England: Observations from the Front Line'¹⁶ notes issues including confusion between primary and secondary providers with regards to the responsibility for treatment of economic migrants with pre-existing conditions such as diabetes resulting in referrals to A&E for inappropriate reasons, and a lack of consistency in approach between GPs.

Migrant Health Data

Migrant GP registrations

A measure of migrant impact on use of healthcare services is gained from data recording new migrant GP registrations. The figure below shows new migrant GP registrations over a ten year period in Cambridgeshire to assess trend. This information provides some insight into regions with faster growing migrant populations and the impact this has on primary care services.

Figure 40 - New Migrant GP Registrations, 2003/04 – 2014/15,

Area	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	% Change 2003/04 - 2013/14
England	460,705	520,899	551,602	581,279	587,993	577,566	604,357	613,124	578,105	587,279	633,738	37.6%
East of England	41,860	48,621	52,108	54,525	56,342	54,333	54,282	56,795	55,429	55,285	58,885	40.7%
Peterborough	2,573	3,610	3,586	4,249	4,670	4,730	4,819	4,826	4,789	4,572	4,415	71.6%
Cambridgeshire	8,270	9,301	9,653	9,711	11,229	10,837	11,222	11,683	11,474	11,889	12,868	55.6%
Cambridge City	4,557	5,242	5,128	5,163	5,943	6,068	6,379	6,567	6,599	7,266	7,721	69.4%
East Cambridgeshire	1,586	1,445	1,547	1,548	1,759	1,170	1,123	1,215	1,105	1,113	1,313	-17.2%
Fenland	585	627	1,086	999	1,324	1,291	1,405	1,538	1,464	1,374	1,249	113.5%
Huntingdonshire	686	931	948	1,038	1,176	1,111	1,197	1,126	1,182	1,114	1,252	82.5%
South Cambridgeshire	856	1,056	944	963	1,027	1,197	1,118	1,237	1,124	1,022	1,333	55.7%

Source: Source: Office for National Statistics, Vital Statistics: Population & Health Reference Tables, URL:

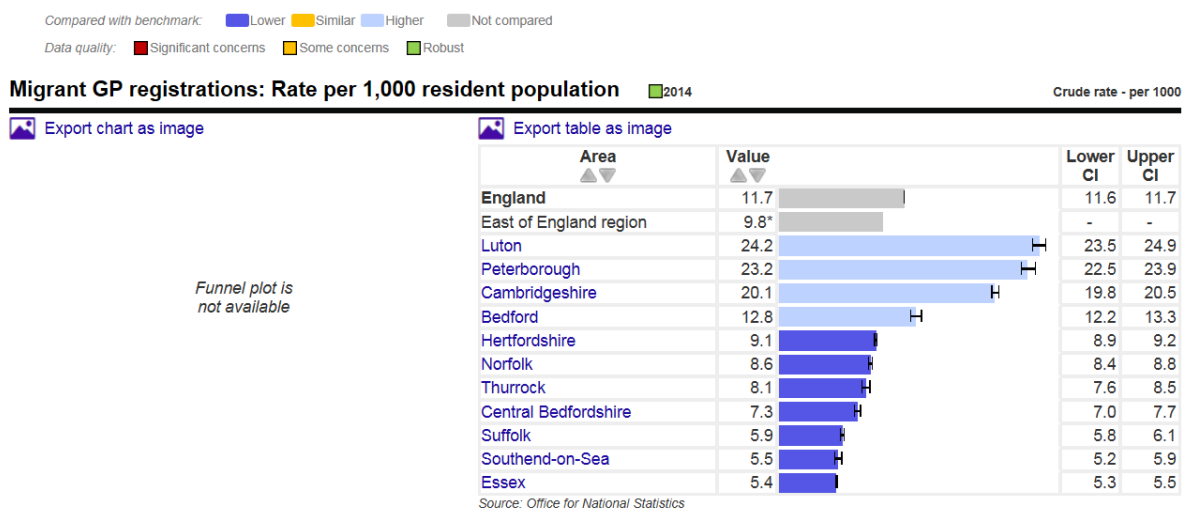
<http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/vitalstatisticspopulationandhealthreferencetables>

In Cambridgeshire, new migrant GP registrations have risen by 55.6% from 8,270 to 12,868 between 2003/04 and 2013/14. Within Cambridgeshire, the district that has seen the largest observed increase is Fenland, with a 113.5% increase from 585 to 1,249. All districts have seen an increase of at least 55.6% (higher than the England increase of 40.7% over the same time period) with the exception of East Cambridgeshire, within which there has been a 17.2% decrease from 1,586 to 1,313.

When new migrant GP registrations are compared as a rate per 1,000 population across the Eastern region, it is clear that Peterborough has the second highest recorded rate and Cambridgeshire third highest rate; both of which are over double the East of England rate and England rate (Figure 41 below).

¹⁶ Creative Research for the Department of Health, 'Qualitative Assessment of Visitor and Migrant use of the NHS in England: Observations from the Front Line (2013), p. 152

Figure 41 - Migrant GP registrations as a rate comparing local authority areas across the Eastern region



Despite not having the greatest increase in migrant GP registrations in recent years, Cambridge City has the highest rate of migrant GP registrations within Cambridgeshire (almost three times the county average) – Figure 42 below

Figure 42 – New migrant GP registrations as a rate per 1000 population, comparing Peterborough, Cambridgeshire and Cambridgeshire districts

District	Rate	Lower CI	Upper CI	Sig to Eng
Peterborough	23.18	22.50	23.87	High
Cambridgeshire	20.11	19.77	20.46	High
Cambridge City	60.08	58.75	61.43	High
East Cambridgeshire	15.15	14.34	15.99	High
Fenland	12.78	12.08	13.51	High
Huntingdonshire	7.21	6.82	7.62	Low
South Cambridgeshire	8.70	8.24	9.18	Low
England	11.67	11.64	11.70	

Migrants who do not register with a GP

To describe the health needs of the migrant population, it is important to understand any unmet need in terms of the proportion of new migrants who do not register with a GP and may then either miss out on primary health care or use the health services inappropriately (George et al, 2011).¹⁷

It is problematic to obtain data to precisely reveal the proportion of new migrants who register with a GP and in most instances, the results of local surveys are used to this effect. The Cambridgeshire and Peterborough migrant survey indicated that 93% of the 128 people who answered the question, said they were registered with a GP. However, this survey may not represent new migrants as 91.7% of the people who answered the survey have been living in the UK for more than one year. The survey results were also heavily biased towards women migrants, who may be more likely to register with a GP. Research carried out in the South East found that registration rates were higher for

¹⁷ George, A. et al (2011), Impact of migration on the consumption of education and children's services and the consumption of health services, social care and social services, National Institute of Economic and Social Research

females and those who had come with their spouse, children or parents. Furthermore, it was ascertained that young people (those aged under 25 years) and more recent migrants were least likely to register (Green, Owen, & Jones, 2008)¹⁸. The summary survey results are included as an appendix at the end of this document.

Comparing GP registrations to new National Insurance number registrations

It would be expected that every person registering for a national insurance number would also register with a GP and that the total number of new GP registrations by migrants will be greater than the total number of new national insurance number registrations, given that some migrants will have no need for a national insurance number – if they are children for example.

When the total number of new migrant GP registrations are compared with the new National Insurance number registrations over a three year period, all areas of Cambridgeshire and Peterborough showed a higher proportion of GP registrations compared with National Insurance registrations, apart from Fenland (Figure 43 below). This basic comparison indicates greater unmet need in Fenland for new migrants to register with a GP.

Barriers to accessing primary care include language difficulties, differences in cultural norms and practical issues (Scullion and Morris, 2009, Humphries et al 2015)^{19 20}. Studies have also revealed that migrants who received accessible information were more likely to have registered with a GP (Humphries, 2015)²¹. In addition, migrant groups with the highest health needs are often the ones with the lowest proportion registered with primary care (Stagg et al, 2012)²². The overall capacity of GP services in an area also needs to be considered.

¹⁸ Green, A. & Jones, P. (2008) Migrant Worker and Changing Economic Circumstances: Implications for Regional Labour Markets – The Case of the East Midlands in Recession, Institute for Employment Research, University of Warwick and Sheffield Hallam University

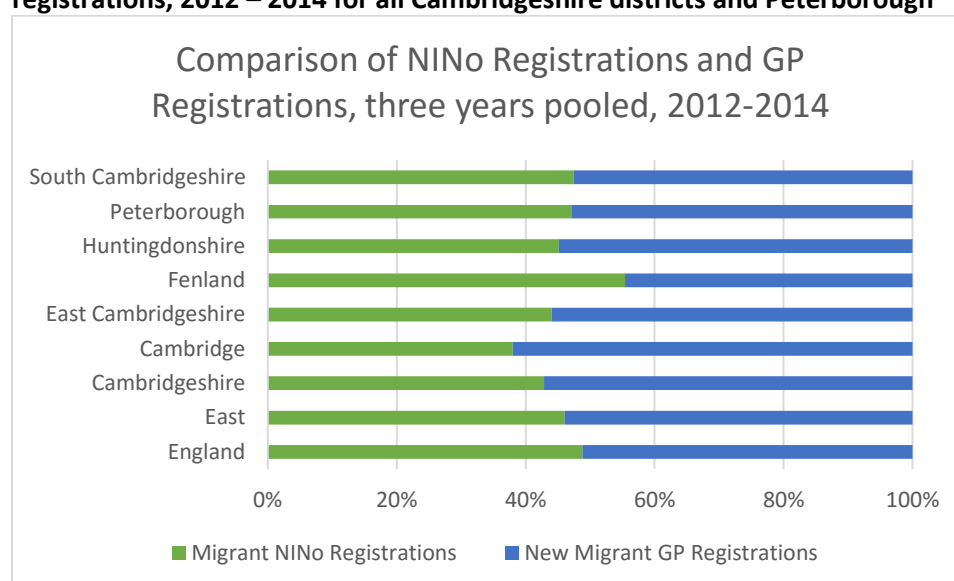
¹⁹ Scullion, L. & Morris, G. (2009) A study of migrant workers in Peterborough, University of Salford

²⁰ Humphries, L. et al (2015) Migrant Workers Accessing Healthcare in Norfolk, Healthwatch Norfolk (1)

²¹ Humphries, L. (2015) Migrant Workers Accessing Healthcare in Norfolk, Healthwatch Norfolk (2)

²² Stagg, H. et al (2012) Poor uptake of primary healthcare registration among recent entrants to the UK: a retrospective cohort study, *BMJ Open* 2012, 2: e001453, doi: 10.1136/bmjopen-2012-001453

Figure 43 – Comparison of new migrant GP registrations with National Insurance number registrations, 2012 – 2014 for all Cambridgeshire districts and Peterborough



It is interesting that Cambridge City has proportionally greater numbers of new migrant GP registrations than National Insurance registrations and this may reflect the greater proportion of migrants who come to Cambridge city for educational purposes with no requirement to work.

Migrant GP registrations as a proportion of all GP registrations – variation between practices across the region

Ethnicity of patients is recorded by general practices and this information can be analysed to compare ethnic mix between practices and across regions. Ethnicity is broken down into several categories including one termed 'white other', which includes Eastern European ethnicities but is not exclusive to other 'white other' ethnicities such as people from western Europe or the USA, for example.

Across Cambridgeshire, the twenty practices with the highest proportion of 'white other' patient ethnicities included six from CamHealth, eleven from CATCH and three from Fenland (Wisbech).

Figure 44 – Twenty General Practices in Cambridgeshire with the highest proportions of patients registered under the ethnicity 'white other'

Practice Code	Practice name	LCG	Upper-tier LA	Lower-tier LA	White: Other %	White: British	Rank
D81005	Newnham Walk, Cambridge	CamHealth Integrated Care	Cambridgeshire	Cambridge	17.13	62.41	1
D81003	York St, Cambridge	CATCH	Cambridgeshire	Cambridge	16.66	64.51	2
D81037	Bridge St, Cambridge	CamHealth Integrated Care	Cambridgeshire	Cambridge	16.46	63.33	3
Y00056	Cambridge Access Surgery	CATCH	Cambridgeshire	Cambridge	16.38	64.79	4
D81054	Red House, Cambridge	CATCH	Cambridgeshire	Cambridge	15.93	67.21	5
D81056	Petersfield, Cambridge	CATCH	Cambridgeshire	Cambridge	15.67	65.12	6
D81001	Lensfield Road, Cambridge	CATCH	Cambridgeshire	Cambridge	15.54	65.49	7
D81013	Trumpington St, Cambridge	CATCH	Cambridgeshire	Cambridge	15.48	65.73	8
D81070	Woodlands Surgery, Cambridge	CATCH	Cambridgeshire	Cambridge	15.33	65.40	9
D81044	Nuffield Road, Cambridge	CamHealth Integrated Care	Cambridgeshire	Cambridge	13.71	69.34	10
D81622	Trinity Surgery, Wisbech	Wisbech	Cambridgeshire	Fenland	13.19	82.91	11
D81016	Arbury Road, Cambridge	CamHealth Integrated Care	Cambridgeshire	Cambridge	13.17	69.02	12
D81017	281 Mill Road, Cambridge	CATCH	Cambridgeshire	Cambridge	13.10	67.07	13
D81002	Huntingdon Road, Cambridge	CATCH	Cambridgeshire	Cambridge	12.97	70.79	14
D81086	East Barnwell, Cambridge	CamHealth Integrated Care	Cambridgeshire	Cambridge	11.41	72.60	15
D81066	Queen Edith's, Cambridge	CATCH	Cambridgeshire	Cambridge	11.25	68.64	16
D81025	Cherry Hinton Med Centre	CamHealth Integrated Care	Cambridgeshire	Cambridge	11.15	67.47	17
D81011	Clarkson Surgery, Wisbech	Wisbech	Cambridgeshire	Fenland	10.30	86.12	18
D81008	North Brink, Wisbech	Wisbech	Cambridgeshire	Fenland	10.16	86.23	19
D81012	Cornford House, Cherry Hinton	CATCH	Cambridgeshire	Cambridge	10.01	71.86	20

Source: Cambridgeshire & Peterborough CCG GP Registration Data

Use of secondary care by the migrant population

Anecdotal evidence suggests that migrants – particularly Eastern European migrants often use secondary care accident and Emergency services at higher rates than the non-migrant population or instead of accessing primary care services.

A project at Peterborough City Hospital placed a GP at the front entrance to the Emergency Department on Saturdays and Sundays between 09:00 – 21:00 to assess the needs of people using the service. This project recorded the ethnic background of people accessing the Emergency Dept. over a six month time period from November 2015 to April 2016.

The data was analysed in terms of the number and proportion of people with Eastern European (A8) ethnicities accessing the Emergency Department compared to all other ethnicities. Over the six month time period analysed, 196 out of a total of 1427, people (14%) who attended A&E at the weekend were of Eastern European (A8 countries) ethnic origin. This proportion is higher than that given for Eastern Europeans resident in the Peterborough area as provided by Census data – (3.9% of the population), although the Census data is based on 2011 information. The analysis indicates a higher rate of use of A&E at weekends by people with Eastern European ethnicities than the general population.

Despite the possibility of higher use of A&E by migrants, the National Institute of Economic and Social Research (NIESR) estimated that the annual expenditure on healthcare was £2,003 for British born and £1,602 for migrants in 2011 (George et al, 2011)²³.

The migrant survey results show that scores given by survey respondents for patient communication and respect were markedly higher for hospitals and maternity units than for GP. This indicates a need to explore why this is the case.

There are some examples of good practice to encourage GP engagement with migrants:

- GP services having once a week drop in sessions with interpreters available – cost saving and effective. Improved access to community-based GPs and delivery of more appropriate care may lessen the impact on acute services (Hargreaves et al, 2006)²⁴.
- Marginalised and vulnerable adults service – Ipswich – provides initial GP appointments at double standard time as they appreciate language will be an issue – thought to prevent issues later in care.

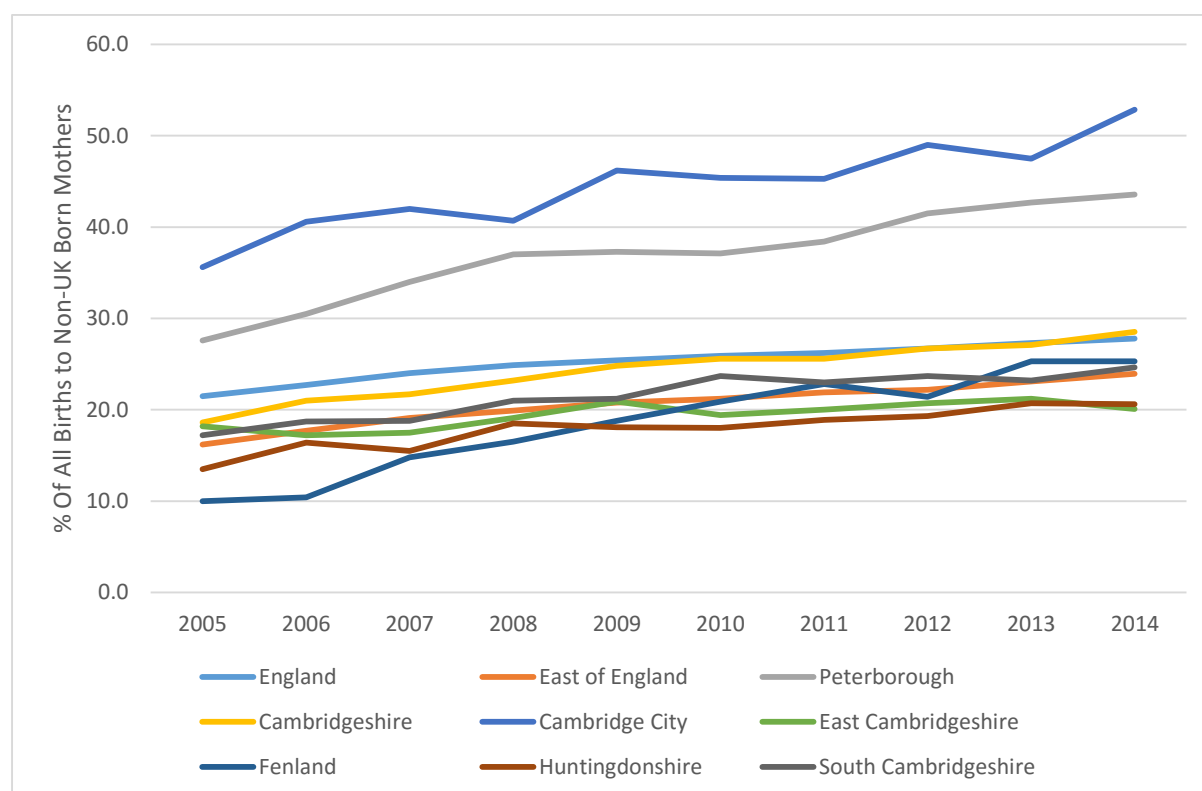
Births to non-UK mothers

The migrant population tends to be people of young working age (section 2) – a similar age group to people who will be having children in the general population. The percentage of births to non-UK born mothers (figure 45 below) is consequently higher than the proportion of non-UK born residents in the population. This will inevitably impact on maternity services.

²³ George, A. et al (2011) Impact of migration on the consumption of education and children's services and the consumption of health services, social care and social services, UK Government

²⁴ Hargreaves, S. et al (2006) Impact on and use of health services by international migrants: questionnaire survey of inner city London A&E attenders

Figure 45 - Percentage of All Births to Non-UK Born Mothers by Area, 2005-2014



Source: Office for National Statistics, Vital Statistics: Population & Health Reference Tables, URL: <http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/vitalstatisticspopulationandhealthreferencetables>

The percentage of all births to non-UK born mothers has risen in England between 2005 and 2014, from 21.5% of all births to 27.8%. In Cambridgeshire, the percentage has risen from 18.6% in 2005 to 28.5% in 2014 across this time period. As seen in the table above, both Cambridge City and Peterborough have had a higher percentage of births to non-UK born mothers than England in all years 2005-2014 and Cambridge City, with 52.9% in 2014, continues to have a higher percentage than Peterborough and any other district in Cambridgeshire.

Health impacts on migrants due to factors relating to country of origin - causes of death in EU countries

Although migrants, being usually relatively young and in reasonable health, do not necessarily have a similar health profile to that of the population from which they have emigrated, analysis of mortality data from across the European Union can be useful in assessing whether there are links between lifestyle behaviours and mortality outcomes.

Figure 46 - Causes of Death – Directly Age-Standardised Rate per 100,000 population, All Ages, 2012

	Total								
	Circulatory disease	Heart disease (*)	Cancer (*)	Lung cancer (*)	Colorectal cancer	Respiratory diseases	Diseases of the nervous system	Transport accidents	Suicide
EU-28	393.6	136.8	266.9	55.4	31.9	82.9	37.5	6.3	11.9
Belgium	308.6	82.4	260.0	60.9	29.0	111.2	51.9	7.6	18.7
Bulgaria	1 168.0	223.5	248.7	47.2	35.7	61.8	17.5	7.9	12.1
Czech Republic	704.2	359.9	298.3	58.2	41.5	72.7	29.7	8.2	16.0
Denmark	286.8	94.9	315.4	75.3	39.3	124.4	40.2	3.6	12.2
Germany	404.1	148.0	253.3	50.9	29.7	69.4	27.9	4.9	11.5
Estonia	745.4	363.0	291.9	53.9	33.8	37.1	22.0	6.7	18.3
Ireland	351.2	173.7	287.4	60.1	33.6	134.1	48.7	3.8	12.2
Greece	448.3	103.3	247.3	59.6	22.3	102.4	16.8	10.1	4.4
Spain	271.0	76.8	242.7	49.8	35.3	105.4	48.3	4.5	7.4
France (*)	223.0	55.7	252.8	50.1	28.2	54.8	52.8	6.3	16.9
Croatia	691.1	317.3	336.5	66.2	50.4	57.5	22.4	10.3	18.2
Italy	343.6	112.2	258.1	51.7	29.1	64.6	37.1	6.4	6.7
Cyprus	402.2	115.9	205.7	39.9	20.9	89.6	36.3	7.5	3.8
Latvia	920.7	480.8	305.3	49.0	40.7	36.7	15.1	10.2	21.9
Lithuania	900.6	592.0	278.1	47.0	31.9	45.0	18.1	12.9	30.7
Luxembourg	332.8	83.3	266.9	57.3	29.9	75.6	43.7	6.5	10.6
Hungary	779.4	400.1	361.1	93.0	56.9	78.8	20.9	8.4	24.1
Malta	519.4	300.0	254.9	49.4	34.8	95.6	17.4	3.1	6.4
Netherlands	288.6	71.4	297.5	69.4	37.4	108.7	41.0	4.7	10.7
Austria	450.2	197.9	255.5	46.1	27.3	51.8	34.7	7.1	15.2
Poland	652.4	157.8	300.0	69.7	36.9	71.7	19.0	11.3	16.7
Portugal	323.7	67.8	244.6	34.9	36.3	138.7	32.6	6.9	10.0
Romania	1 039.2	345.3	268.5	53.1	32.9	81.1	19.9	12.8	12.7
Slovenia	462.4	118.5	305.5	57.2	40.9	86.2	18.8	8.0	21.5
Slovakia	712.2	427.6	319.6	52.8	51.6	87.8	40.3	8.9	11.1
Finland	411.9	225.1	223.7	40.8	23.1	39.8	136.6	5.4	16.1
Sweden	371.4	149.9	239.4	39.0	29.1	66.0	43.1	3.4	12.4
United Kingdom	284.6	130.5	286.3	63.1	29.2	141.6	42.7	2.8	7.2
Liechtenstein	325.8	119.6	191.4	21.5	17.2	40.4	48.8	2.7	9.6
Norway	311.7	116.2	259.5	53.1	39.0	103.4	41.8	4.0	10.6
Switzerland	303.9	112.2	225.2	42.4	23.8	54.5	47.9	4.5	13.2
Serbia	1 028.2	177.2	301.5	68.5	39.4	82.7	28.0	9.3	17.3
Turkey	340.4	104.9	175.5	53.0	15.3	89.1	36.2	6.7	2.1

(*) Data for France is for 2011 rather than 2012

Source: Eurostat, 'Causes of Death Statistics', URL: http://ec.europa.eu/eurostat/statistics-explained/index.php/Causes_of_death_statistics

The data shows that the EU-28 directly age-standardised rate of mortality from heart disease in 2012 is 136.8/100,000. The EU member states with the highest standardised death rates from ischaemic heart disease include some countries from which the Cambridgeshire & Peterborough region has experienced relatively high levels of recent migration, including Lithuania (592.0/100,000), Slovakia (427.6/100,000), Hungary (400.1/100,000) and Estonia (363.0/100,000). The age-standardised rate of mortality from heart disease for the UK was 130.5/100,000. This suggests that, without modification of lifestyle and behaviours, migrants from these populations may be more likely to develop heart disease and associated conditions.

Figure 47 - Causes of Death – Directly Age-Standardised Rate per 100,000 population, Under 65 Only, 2012

	Total								
	Circulatory disease	Heart disease (°)	Cancer (°)	Lung cancer (°)	Colorectal cancer	Respiratory diseases	Diseases of the nervous system	Transport accidents	Suicide
EU-28	48.5	20.8	82.7	20.5	7.6	8.9	5.7	5.7	10.5
Belgium	33.0	12.9	77.5	22.3	6.4	10.1	6.2	6.9	17.1
Bulgaria	161.4	40.6	106.0	25.6	10.7	16.2	5.4	7.5	8.8
Czech Republic	69.7	34.0	89.7	20.7	9.9	11.1	6.3	7.6	14.4
Denmark	29.7	11.9	79.2	19.4	7.4	11.0	7.0	3.1	10.6
Germany	40.5	18.6	75.3	18.7	6.5	7.9	5.6	4.4	9.3
Estonia	97.1	40.7	94.0	19.8	7.2	10.7	7.6	6.6	15.2
Ireland	37.0	21.4	71.2	15.4	6.8	7.1	6.7	3.2	13.4
Greece	54.1	32.2	78.1	22.6	5.5	7.2	5.1	9.2	4.0
Spain	27.9	12.2	75.7	20.3	8.4	7.2	4.8	3.7	6.0
France (*)	26.7	9.3	84.3	23.4	6.4	5.9	6.2	6.1	14.6
Croatia	73.4	36.8	109.0	27.7	12.3	6.8	6.9	9.5	14.3
Italy	28.1	11.7	69.4	14.4	6.6	3.9	4.5	5.6	5.6
Cyprus	35.9	22.5	51.7	12.5	5.1	3.8	2.8	6.2	4.5
Latvia	157.0	75.1	107.7	20.3	8.7	15.9	8.4	9.6	20.7
Lithuania	142.3	79.4	103.1	19.9	7.9	14.0	7.9	12.8	29.8
Luxembourg	34.0	13.7	72.8	20.3	4.8	5.4	5.6	4.9	8.7
Hungary	111.8	57.2	146.5	47.6	16.2	17.7	6.3	7.6	20.0
Malta	48.5	32.0	70.6	11.4	6.6	8.0	5.4	2.5	5.6
Netherlands	29.9	10.9	81.5	21.8	8.1	8.2	5.6	3.3	10.4
Austria	34.6	18.8	73.9	18.1	5.7	5.5	4.1	5.8	11.5
Poland	95.2	30.3	105.6	28.6	9.1	11.5	5.5	10.6	16.8
Portugal	28.4	9.7	81.3	15.3	9.0	7.3	5.3	6.0	7.0
Romania	120.9	50.6	119.3	28.4	9.9	24.0	4.8	11.7	12.1
Slovenia	37.8	20.5	93.3	23.6	8.4	4.4	4.6	7.2	17.3
Slovakia	84.8	44.6	105.0	19.8	12.8	13.9	8.9	8.4	10.7
Finland	47.4	23.2	57.4	10.6	5.0	4.6	8.4	4.3	16.1
Sweden	30.4	15.2	55.3	9.6	6.3	4.6	5.3	3.1	11.5
United Kingdom	37.2	20.8	72.0	15.3	6.7	11.9	6.8	2.5	7.4
Liechtenstein (*)	28.1	8.9	46.6	12.3	0.0	6.5	6.6	3.4	12.0
Norway	29.1	15.2	61.9	13.5	7.8	6.6	6.9	3.7	10.8
Switzerland	25.2	11.3	60.2	14.2	5.5	4.4	4.8	3.8	10.9
Serbia	102.6	33.1	123.6	37.2	11.3	13.3	6.6	7.9	12.3
Turkey	58.6	25.2	66.9	22.7	4.9	12.3	5.4	5.2	2.0

(*) Data for France is for 2011 rather than 2012

Source: Eurostat, 'Causes of Death Statistics', URL: http://ec.europa.eu/eurostat/statistics-explained/index.php/Causes_of_death_statistics

The table above shows directly age-standardised mortality rates per 100,000 for under 65s. For heart disease, the DSR across the EU-28 is 20.8 and in the UK the DSR is also 20.8. Lithuania and Latvia have the highest mortality rates from heart disease, (79.4/100,000 and 75.1/100,000 respectively). Lithuania and Latvia also have some of the highest rates of mortality in under 65s within the EU for cancer, respiratory diseases, transport accidents and suicide. This data may be useful to identify health needs in areas of Cambridgeshire with higher proportions of people from Lithuania and Latvia, such as Wisbech.

Alcohol consumption in Eastern European migrants

The World Health Organisation (WHO) estimates that in 2012, about 3.3 million deaths, or 5.9% of all global deaths, were attributable to alcohol consumption. In 2012 139 million DALYs (disability-adjusted life years), or 5.1% of the global burden of disease and injury, were attributable to alcohol consumption. There is also wide geographical variation in the proportion of alcohol-attributable deaths and DALYs, with the highest alcohol-attributable fractions reported in the WHO European Region. (<http://www.who.int/mediacentre/factsheets/fs349/en/>)

Alcohol is a psychoactive substance with dependence-producing properties that has been widely used in many cultures for centuries. The harmful use of alcohol causes a large disease, social and economic burden on societies.

- Environmental factors such as economic development, culture, availability of alcohol and the level and effectiveness of alcohol policies are relevant factors in explaining differences and historical trends in alcohol consumption and related harm.
- Alcohol-related harm is determined by the volume of alcohol consumed, the pattern of drinking, and, on rare occasions, the quality of alcohol consumed.
- The harmful use of alcohol is a component cause of more than 200 disease and injury conditions in individuals, most notably alcohol dependence, liver cirrhosis, cancers and injuries.
- The latest causal relationships suggested by research are those between harmful use of alcohol and infectious diseases such as tuberculosis and HIV/AIDS.
- A wide range of global, regional and national policies and actions are in place to reduce the harmful use of alcohol.

The WHO's global status report on alcohol and health 2014 presents a comprehensive perspective on the global, regional and country consumption of alcohol, patterns of drinking, health consequences and policy responses in Member States.

Key data on the UK and Eastern European communities is summarised in the table below:

Figure 48 - Comparisons between alcohol consumption, rates of liver cirrhosis and road traffic accidents between the UK and some Eastern European countries

	UK		Lithuania		Latvia		Poland	
	M	F	M	F	M	F	M	F
Total alcohol per capita (15+), drinkers only(in litres of pure alcohol)	18.9	8.5	33.3	13.5	26.5	10.1	31.5	14.0
Liver cirrhosis (age standardised death rate per 100,000 pop)	16.0	8.0	53.9	19.7	29.1	11.1	28.8	10.4
Road traffic accidents (ASDR per 100,000 pop)	5.9	1.8	18.4	3.9	14.2	4.6	22.5	4.9

Source: WHO country profiles, 2014: Latvia page 221; Lithuania p222; Poland p229; Romania p232; UK p246.
http://www.who.int/substance_abuse/publications/global_alcohol_report/msb_gsr_2014_2.pdf?ua=1

It is clear from the table above that alcohol intake per capita is higher in Lithuania, Latvia and Poland than in the UK. The knock-on consequences for health are higher rates of liver cirrhosis, particularly in Lithuanian males. In addition, road traffic accidents are shown to be over three times the rate of those in the UK for males in both Lithuania and Latvia, although there is no data to show a causal link between alcohol consumption and road traffic accidents.

This data has implications for the health needs of the migrant population of Cambridgeshire in the areas where higher numbers of people from Lithuania, Poland and Latvia settle. Data from the school Census show the highest numbers of people from Lithuania and Latvia in the Wisbech area and higher numbers of people from Poland in Cambridge city, particularly in the north part of the city – Arbury and Kings Hedges.

Migrant use of Drug and Alcohol services in Cambridgeshire

Data for Cambridgeshire: Inclusion Drug and Alcohol Treatment Service

There were 2120 clients in treatment in 2014/15. Of these, 42 (6% of clients) were from A8 Eastern European countries. 60% of the Eastern European clients were in the Fenland area. This data indicates that migrants from Eastern European backgrounds are engaging with services and the engagement rate is slightly higher by Eastern Europeans than that for the general population. However, World Health Organisation data (above) suggests that some areas of Cambridgeshire could expect to see a disproportionate level of alcohol-related harm among people from Eastern European countries. It is therefore possible that rates of engagement with treatment are lower than would be expected, given the level of alcohol related health issues.

Anecdotal information from Peterborough City Hospital reinforces the health issues related to alcohol use in the Eastern European population: presentations of acute liver disease are seen among people from Eastern European communities, including many who are considerably younger than the more usual age at presentation for UK patients. This would also appear to support WHO data.

Street drinking by Eastern European people in Wisbech has been reported as an issue by the local community and is affecting community cohesion. The Wisbech Alcohol Partnership has carried out some engagement work to assess the issues relating to street drinking and identified 72 people in Wisbech town centre who drink in the open area. Most of these people were Eastern European working males of Lithuanian or Latvian origin with a diverse age range (mid 20's to 50 year olds). Drinking frequently occurred during 'days off' from work with a first alcoholic drink taken among social gatherings in open public spaces. Information gathered by the Wisbech Alcohol Partnership determined that street drinking is considered as culturally acceptable and normal in the home Eastern European countries and high alcohol consumption is often not perceived as an issue as it is a 'way of life'. It is therefore difficult to engage with 'street drinkers' to discuss health risks and offer support services.

This work identified barriers to accessing services as a lack of trust in primary care and overall health services. However, some progress has been made via connections with the Ferry Project (a charity that helps homeless people in Wisbech) with a small number of high risk individuals who have engaged with the Inclusion alcohol treatment service. Indeed, the Ferry Project identifies alcoholism is a significant issue in the more vulnerable section of the Eastern European population –those who are homeless.

Fieldwork by DrinkSense in Peterborough in 2012/13 identified a number of key socio-cultural factors influencing drinking behaviour among young adults from Eastern European communities. The outdoor alcohol consumption perceived as 'street drinking' and usually associated by the British Public with ASB is a common form of socialising unconnected with problematic street drinking in certain European countries, such as: Lithuania, Latvia, Portugal, Poland and Slovakia. These cultural differences lay at the foundation of perception of outdoor alcohol consumption, as this form of socialising is traditionally uncommon for the majority of British public. As the WHO data also

indicates, alcohol plays a significant role in these communities, especially in the consolidation of friendships during sessions of heavy drinking. This may be especially significant for a relatively young diaspora in the UK.

Migrant survey results and alcohol consumption

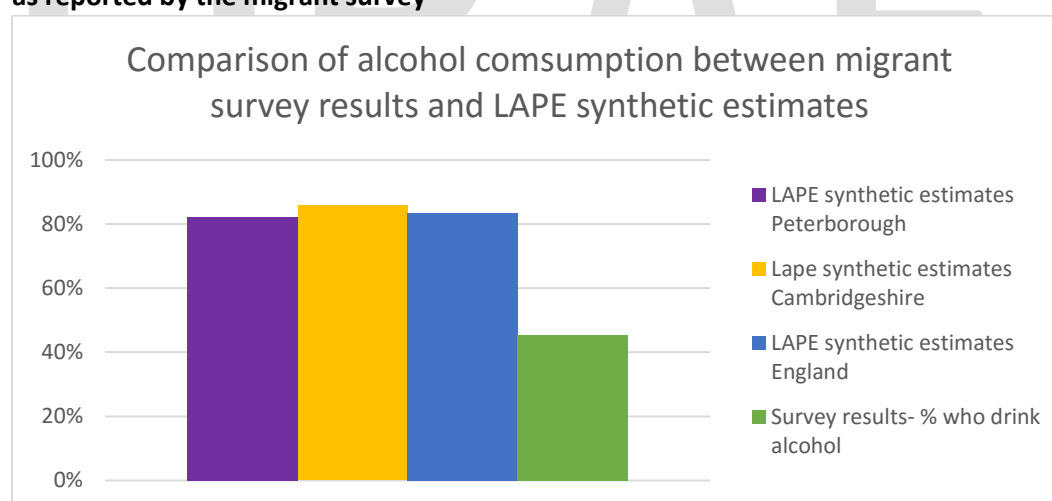
The Migrant Survey for Peterborough and Cambridgeshire included the question:

‘Do you drink alcohol? If so how often?’

Of the 126 people who answered this question, 54.8% declared that they do not drink alcohol and only 8.7% responding that they drink 3-5 times per week. The migrant survey results may not be entirely representative of the Eastern European population in Peterborough for several reasons (see appendix 2 – Summary Migrant Survey results), particularly as the majority of respondents were female (84.3%).

The survey results show a lower percentage of people in the migrant community drink alcohol than is estimated for the general population in Peterborough, Cambridgeshire and England (Figure 49 below). This result contrasts with WHO data presented above and may indicate a more complicated picture of alcohol consumption in the migrant population.

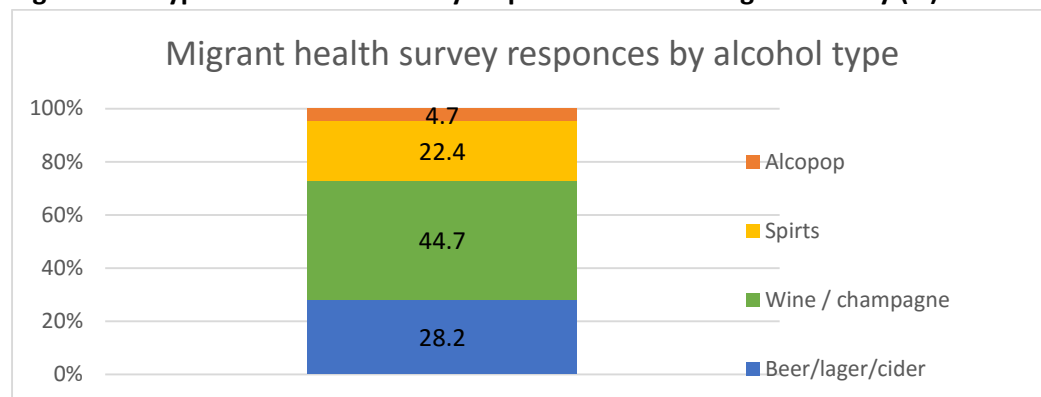
Figure 49 – Comparison of estimates of the proportion of people who drink in the general population of Peterborough, Cambridgeshire and England with the proportion who drink alcohol as reported by the migrant survey



Source: Mid-2009 synthetic estimates of prevalence taken from the Local Alcohol Profiles for England 2014 and applied to mid-2014 ONS population estimates

The migrant survey results revealed that of those who do drink alcohol, wine was drunk most typically (44.7%) = Figure 50 below.

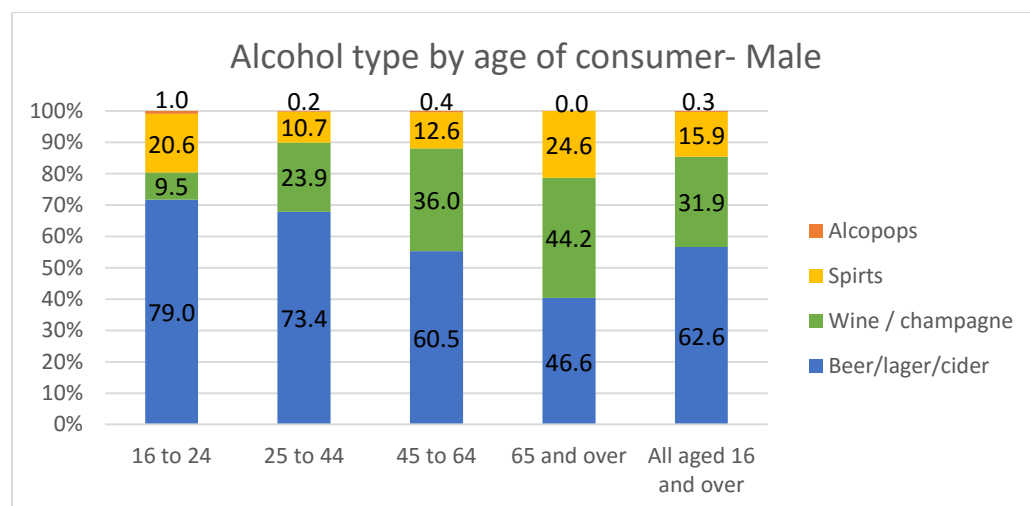
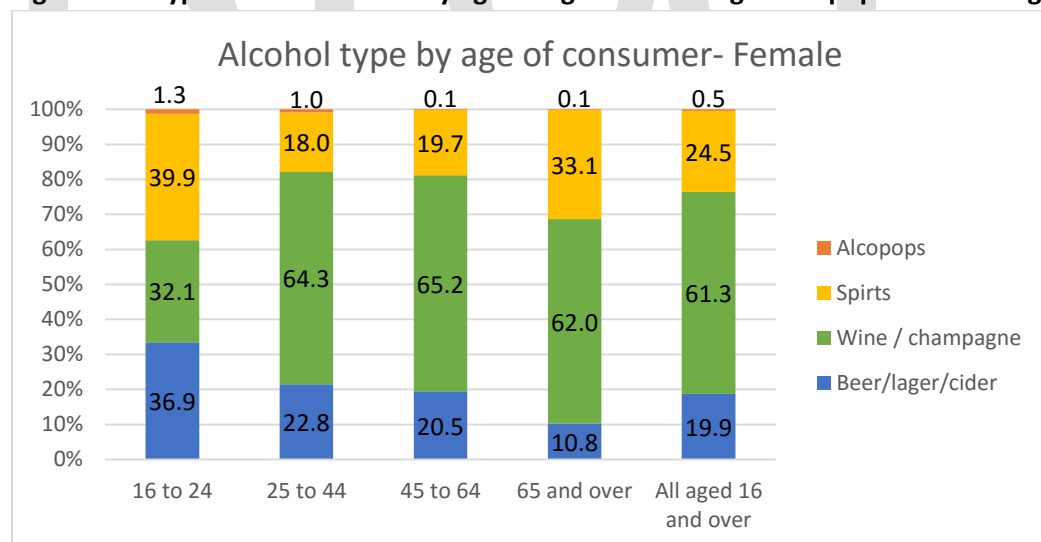
Figure 50 – Types of alcohol drunk by respondents to the migrant survey (%)



Source: Cambridgeshire & Peterborough Migrant Health Survey 2015/16

However, the proportion of spirits drunk by people who responded to the migrant survey is higher than that for the general population in both men and women in the 25-64 age group - which is representative of the age range of the survey respondents (Figure 51 below).

Figure 51 – Type of alcohol drunk by age and gender in the general population in England



Source: ONS, Statistical bulletin: Adult drinking habits in Great Britain: 2014

Smoking in Eastern European Migrants

Home smoking rates

Figure 52 - Smoking Prevalence, European Union Member States 2013-15* (Red = EU A8 Accession Countries)

Country	Total (%)	Male (%)	Female (%)	Gender Difference (% Points)
Slovenia	18.7	22.1	15.5	6.6
Belgium	18.9	21.1	17.0	4.1
Malta	19.2	23.8	15.1	8.7
Slovakia	19.3	26.9	12.3	14.6
Romania	20.5	32.7	9.1	23.6
Germany	22.8	25.5	20.3	5.2
Austria	22.9	26.8	19.3	7.5
Poland	23.8	30.9	17.9	13.0
Czech Republic	24.3	29.6	19.4	10.2
Spain	25.2	29.5	21.0	8.5
Estonia	25.9	39.5	15.1	24.4
Cyprus	25.9	37.9	14.3	23.6
Hungary	26.1	31.4	21.5	9.9
Latvia	27.9	46.0	13.0	33.0
Bulgaria	29.2	40.4	18.9	21.5
Greece	31.8	37.8	26.1	11.7

Source: Eurostat Tobacco Consumption Statistics, http://ec.europa.eu/eurostat/statistics-explained/index.php/Tobacco_consumption_statistics

*Data collected for only 16 of the 28 EU member states and only 6 of the 8 EU A8 accession countries (Lithuania and Poland excluded).

Figure 53 - Smoking Prevalence, Public Health Outcomes Framework, 2014

Area	Smoking Prevalence
Peterborough	18.6
Cambridgeshire	15.5
Cambridge City	17.6
East Cambridgeshire	14.9
Fenland	21.2
Huntingdonshire	14.4
South Cambridgeshire	11.7
England	18.0

Source: Public Health Outcomes Framework, Indicator 2.14

Compared with benchmark: ■ Better ■ Similar ■ Worse

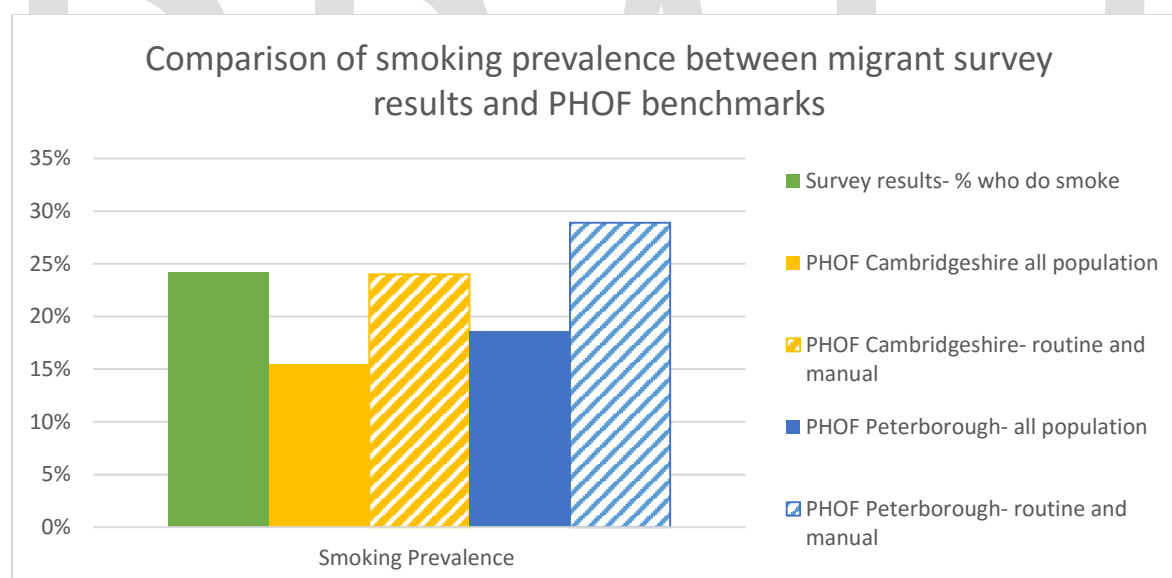
For countries where data were collated, overall smoking prevalence was highest overall in Greece (31.8%), Bulgaria (29.2%) and Latvia (27.9%) and lowest in Slovenia (18.7%), Belgium (18.9%) and Malta (19.2%). In all countries, smoking prevalence was higher in males than in females and the gender difference with regards to consumption is highest in Latvia, where 46.0% of males consumed tobacco compared to only 13.0% of females. Smoking prevalence in Peterborough is 18.6% and 15.5% in Cambridgeshire. Cambridgeshire therefore has a statistically significantly low smoking

prevalence in comparison to England (18.0%) and prevalence is significantly low within the Huntingdonshire and South Cambridgeshire districts. The higher observed rates of smoking within other EU member states suggests that smoking prevalence may also be relatively high within groups of migrants arriving to work from these countries in the UK, with a resultant effect on the health of individuals.

Survey results for smoking

The migrant survey for Cambridgeshire and Peterborough showed that 24.3 % of the respondents who answered the question – ‘Do you smoke cigarettes?’, said they smoked. This is higher than local overall smoking prevalence but similar to smoking prevalence in the local ‘routine and manual’ occupation groups for Cambridgeshire but lower than the ‘routine and manual’ group for Peterborough (Figure 54 below). The smoking prevalence reported in the survey results is also similar to the overall prevalence in some of the A8 Eastern European countries. The survey was biased towards female respondents (84.3%) and therefore the reported smoking rate is likely to be lower than the actual smoking rate in the local migrant population.

Figure 54 – Comparison of smoking rates between the migrant survey results and PHOF benchmarks for Peterborough and Cambridgeshire



Source: Cambridgeshire & Peterborough Migrant Health Survey 2015/16 & Public Health Outcomes Framework

Migrants using the smoking cessation service in Cambridgeshire

Data for the first three quarters of 15/16 obtained from Cambridgeshire smoking cessation service show that 271 people (11.2%) classified as ‘white other’, which includes the migrant Eastern European population set a quit date with the smoking cessation service. 160 people (11.5%) classified as ‘white other’ successfully quit smoking.

This indicates that ‘white other’ migrants are engaging with smoking cessation services in Cambridgeshire at a slightly higher rate than is represented by this group in the population (2011 Census data indicates 7.4% of the population of Cambridgeshire is ‘white other’).

Oral Health

Across Europe, oral disease constitutes a major public health burden and significant oral health inequalities exist both within and between individual member states in terms of severity and prevalence. The burden is attributable principally to dental caries, periodontal disease and oral cancer.²⁵ Oral disease not only impacts on the individual by causing pain and discomfort as well as a broader impact on quality of life, but also impacts on the wider community, through increased burden on health services and associated costs.²⁶ Despite a global decline in dental caries, the disease still remains a problem for many groups in Eastern Europe and for those from socioeconomically deprived groups in all European Union member states. Numbers of decayed, missing and filled teeth due to caries are higher for Central and Eastern Europe than the European average and significant proportions of children are in need of care.

Data from surveys carried out in Poland show that only 64% of school children brushed their teeth at least twice a day and 70% consumed sweets 'every day or several times a week'.²⁷ Several studies conducted in Eastern Europe have shown that school health education programmes can be instrumental in development of healthy lifestyles in oral health as well as general health.

It is estimated that over 50% of European populations may suffer from some form of periodontal disease and over 10% have severe periodontal disease; additionally, trends in oral cancer are now showing an increasing incidence in women and young adults.²⁸ Access to dental services in Eastern Europe is variable and the quality of dental services is inconsistent. Ensuring access to oral health care services remains a major health problem among vulnerable and low income groups, including migrant populations, for whom aforementioned barriers regarding language and culture as well as prohibitive cost may discourage attendance. The migrant survey results presented in section 9 show that 60.6% of respondents had registered with a dentist. A survey of dental staff working in Peterborough and Wisbech Dental Access Centres (DAC) outlines the following broad trends with regards to oral health of the local migrant population:

- Migrants tend to present with high levels of untreated decay and are often in high levels of pain and distress when they seek dental treatment.
- Levels of previous dental care often appear to be relatively poor and treatment issues are exacerbated by a lack of education and understanding regarding personal oral health.
- Many patients report that they cannot find NHS dentists willing to accept them for treatment and that it is not possible for them to attend scheduled appointment times due to fear or loss of income or losing their jobs altogether. Anecdotal evidence suggests that

²⁵ Patel R. September (2012). The state of oral health in Europe. Report commissioned by the Platform for Better Oral Health in Europe.

²⁶ Peterson P. (2003). World Health Organisation, Changing oral health profiles of children in Central and Eastern Europe, Challenges for 21st Century. URL: http://www.who.int/oral_health/media/en/orh_eastern_europe.pdf p.2

²⁷ Peterson P. (2003). World Health Organisation, Changing oral health profiles of children in Central and Eastern Europe, Challenges for 21st Century. URL: http://www.who.int/oral_health/media/en/orh_eastern_europe.pdf p.3

²⁸ Boyle P, Levin B. (2008). World cancer report. Lyon. International Agency for Research on Cancer

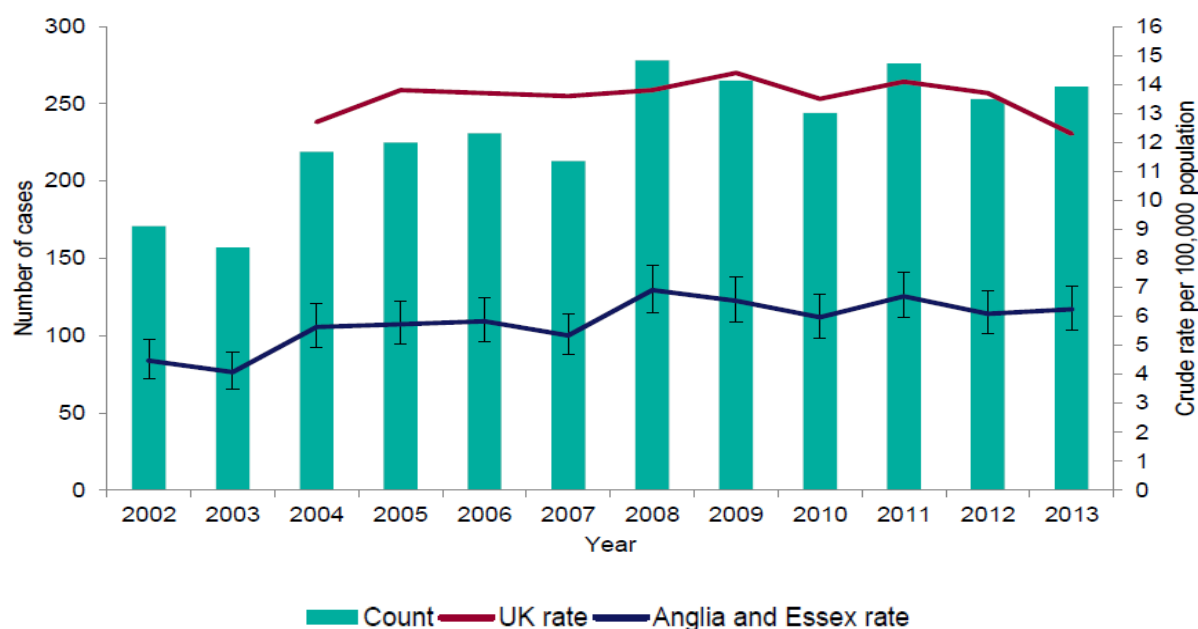
appointments may be accepted but then not attended, primarily for the aforementioned reasons, which increases the 'Did Not Attend' rate of local Dental Practices.

- Local dentists say that the NHS payment system can result in high needs patients being refused care as these patients are not seen to be 'financially viable'. Further research would be required to assess the validity of both these claims and the suggestion that dental appointments within standard working hours are difficult to attend for migrant workers.

Communicable Diseases in the Migrant population

Tuberculosis

Figure 55 - Tuberculosis case reports and crude rates in Anglia and Essex Public Health England Centre, 2002-2013



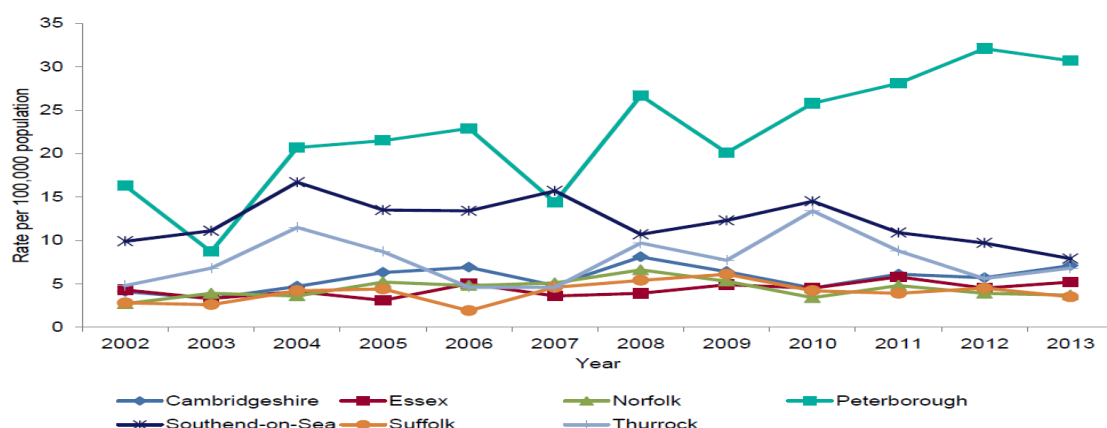
Source: PHEC Anglia & Essex Tuberculosis Annual Report May 2015

In 2013, 261 cases of tuberculosis were reported among Anglia and Essex PHEC residents, a crude rate of 6.2/100,000 population which is approximately half of the UK rate of 12.3/100,000. 58 of these cases were within Peterborough, which represents the highest crude rate in Anglia and Essex. Data from the Health Protection Agency show that the majority of observed cases of tuberculosis reported in the UK in recent years were born abroad (74% of the total in 2010²⁹). The highest rates of tuberculosis in the UK are in ethnic minority groups and of non-UK born cases diagnosed in 2010, 77% were diagnosed more than two years after arrival in the UK.

The figure below shows annual tuberculosis rates and trends by local authority area across Anglia and Essex. Cambridgeshire shows one of the lower rates of Tuberculosis with little variance in the rate over the time period shown. However, when the Tuberculosis rate is compared across district areas of Cambridgeshire there is a greater degree of variance.

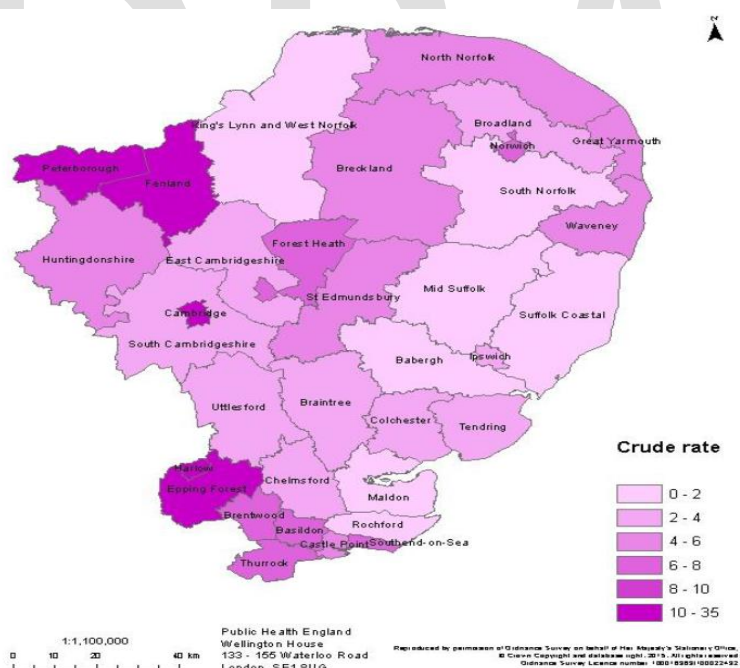
²⁹ Health Protection Services. Migrant Health: Infectious diseases in non-UK born populations in the United Kingdom. An update to the baseline report (2011) p.33

Figure 56 - Annual tuberculosis case rates by upper tier local authority, Anglia & Essex PHEC, 2002-2013



Source: PHEC Anglia & Essex Tuberculosis Annual Report May 2015

Figure 57 - Tuberculosis case rate per 100,000 population for local authorities within Anglia and Essex PHEC, 2013



Source: PHEC Anglia & Essex Tuberculosis Annual Report May 2015

The map above illustrates that Peterborough, Fenland and Cambridge City are among the areas with the highest crude rate of tuberculosis per 100,000 within the Anglia & Essex area.

As of May 2012, the UK Home Office replaced the previously-enforced system of active TB case finding at ports of entry in to the UK with 'pre-entry TB screening' prior to migrants applying for a VISA to enter the UK. Everyone who applies for a UK visa for more than six months and who is resident in a country where TB is common (over 40 incidences per 100,000 population) is now screened for pulmonary tuberculosis at one of the UK approved TB screening centres.³⁰ This approach to TB screening does not therefore necessitate the screening of residents from countries

³⁰ <https://www.gov.uk/guidance/tuberculosis-screening>

from the EU8 that acceded to become part of the European Union on 01/05/2004 with the exception of Latvia and Lithuania. TB rates for each of the EU8 countries are noted in the table below:

Figure 58 - Estimated Tuberculosis Rates per 100,000 Population, 2014, EU8 Accession Countries & England

Country	Estimated TB rate per 100,000 population
Czech Republic	5
Estonia	20
Hungary	12
Latvia	49
Lithuania	62
Poland	21
Slovakia	7
Slovenia	8
England	13.5

Source: UK Government,
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/491527/WHO_estimates_of_tuberculosis_incidence_by_country_2014_v2.pdf

There is correlation between higher rates of tuberculosis in districts of Cambridgeshire with higher levels of migrant populations from countries known to have increased rates of tuberculosis. Factors that contribute to reactivation of latent Tuberculosis include poor-nutrition, sub-standard and overcrowded housing in areas of deprivation (Robinson and Reeve 2006 – Neighbourhood Experiences of New Immigration: Reflections from the evidence base)³¹.

The table below compares treatment services for tuberculosis across the Anglia and Essex region and gives an indication of numbers of patients completing treatment (24 people in Cambridgeshire in 2012).

Figure 59 - TB Outcome at 12 months by Upper Tier Local Authority, Anglia and Essex, 2012 (excluding rifampicin resistant TB and patients with CNS, spinal, military or cryptic disseminated disease)

Upper Tier Local Authority	Completing treatment		Died		Lost to follow up		Still on treatment		Treatment stopped		Not evaluated		Total
	n	%	n	%	n	%	n	%	n	%	n	%	
Cambridgeshire	24	70.6	0	0	3	8.8	6	17.6	0	0	1	2.9	34
Essex	42	72.4	8	13.8	1	1.7	6	10.3	0	0	1	1.7	58
Norfolk	23	74.2	1	3.2	5	16.1	1	3.2	0	0	1	3.2	31
Peterborough	47	81	4	6.9	2	3.4	4	6.9			1	1.7	58
Southend-on-Sea	13	92.9	0	0	0	0	1	7.1	0	0	0	0	14
Suffolk	22	68.8	3	9.4	4	12.5	3	9.4	0	0	0	0	32
Thurrock	9	100	0	0	0	0	0	0	0	0	0	0	9
Anglia and Essex	180	76%	16	7%	15	6%	21	9%	0	0	4	2%	236

*excludes rifampicin resistant TB, and patients with CNS, spinal, military or cryptic disseminated disease

Source: PHEC Anglia & Essex Tuberculosis Annual Report May 2015

³¹ Robinson, D. & Reeve, K. (2006) Neighbourhood Experience of New Immigration – Reflections From the Evidence Base, Joseph Roundtree Foundation

Sexual Health in the migrant population

Migrants are at higher risk of sexual health problems. Migration alone can result in the end of relationships, new relationships being formed and high-risk sexual behaviour, increasing the risk of developing sexually transmitted diseases (Burns et al 2008³², Burns et al 2011³³). Sexually transmitted diseases are higher in many Eastern European countries than the UK (as per data from PHE). Alcohol is often a factor in unsafe sex and therefore the spread of sexually transmitted diseases and unplanned pregnancy.

Data from the Public Health England HIV and Aids New Diagnosis database shows that the national rate of new HIV diagnoses per 100,000 population was 13 whereas in Anglia and Essex the rate was statistically significantly lower than England at nine per 100,000.³⁴ Nationally, there are data available which indicate that between 2001 and 2010 65% of new HIV diagnoses where country of birth is known were among those born abroad. Heterosexuals who were born outside of the UK were more likely to be diagnosed late compared to those born in the UK (63% compared to 50%). People receiving a 'late' diagnosis of HIV (CD4 count <350 cells/mm³ at time of diagnosis) have a ten-fold increased risk of death within one year of diagnosis compared to those diagnosed promptly.

Immunisation and Vaccine Preventable Diseases

Figure 60 - Incidence rate of Measles & Rubella reporting per 1,000,000 population, EU Accession Countries, January – December 2014

Country	Incidence Rate Per 1,000,000 Population	
	Measles	Rubella
Czech Republic	20.80	-
Estonia	-	-
Hungary	-	-
Latvia	17.60	0.50
Lithuania	3.70	-
Poland	2.90	154.30
Slovakia	-	-
Slovenia	25.10	-
UK	2.20	-
World	17.80	7.20

Source: World Health Organisation EpiData, http://www.euro.who.int/__data/assets/pdf_file/0004/276115/EpiData-No12-2014.pdf?ua=1

Data from the World Health Organisation suggest that the incidence rate of Measles is higher in the Czech Republic, Latvia, Poland and Slovenia than the UK and the incidence rate of Rubella is higher in Latvia and particularly in Poland than England. The data should be treated with a degree of caution due to the number of countries that have not reported an incidence rate.

³² Burns, F. et al (2008) Increase attendances of people of Eastern European origin at sexual health services in London, Sex Transm Infect 2009; 85: 75-78 doi: 10.1136/sti.2007.029546

³³ Burns, F. et al (2011) Sexual and HIV risk behaviour in Central and Eastern European Migrants in London, Sex Transm Infect 2011 Jun; 87(4) 318-24 doi 10.1136/sti.2010.047209

³⁴ Public Health England, Annual Epidemiological Spotlight on HIV in Anglia and Essex, 2013, URL: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/359662/Anglia_and_Essex_FES_STI_report_FINAL.pdf

Mental Health

It is known that Eastern European migrants are at risk of poor mental health. Factors that increase risk of mental health problems include experiences in the migrants' home countries, stresses of immigration, settling and adaptation to a new country and culture, isolation, stress and poor living conditions (Tobi et al, 2010³⁵). The diagram below summarises the range of factors and sub-factors that influence migrant mental wellbeing. Anecdotal evidence from Ferry Project - a charity that works with homeless people in Fenland indicates high rates of mental health problems among the Eastern European clients they support.

There is a lack of systematically collected data that means our knowledge of migrants' mental health remains limited.

Figure 61– factors and sub-factors that influence migrant mental wellbeing



Source: adapted from World Health Organisation, 2002 and Collis et al 'Workers on the Move 2' (Keystone Development Trust)

Suicide

Figure 62 below shows that the suicide rate per 100,000 population is higher in all of the eight EU A8 countries than the UK rate of 7.2/100,000 and is highest in Lithuania (30.7/100,000). An annual audit of suicides conducted across both Cambridgeshire and Peterborough has also suggested that suicide rates are higher for people born in Eastern Europe in these localities than would be expected considering the percentage of the total population that these groups comprise as per the 2011 Census. Between 2006 and 2015, 16% of suicides in Peterborough were by people born in Eastern

³⁵ Tobi, P. et al (2010) Health and Social Care Needs Assessment of Eastern European (including Roma) individuals living in Barking and Dagenham, Institute for Health and Human Development

Europe; in Finland this percentage is 11% and in Cambridge City, 10% (due to low numbers, observed numbers of deaths are redacted). Higher rates of suicide in both EU A8 countries and among relevant populations that have migrated to England may be symptomatic of health and lifestyle behaviours that are known to be closely related to mental health issues including suicide. For example, evidence suggests a correlation between countries with higher rates of alcohol consumption and higher rates of suicide (Landberg 2008)³⁶. Suicide rates are approximately three times higher in men than women in the UK and are also higher in men aged 35-44 as noted in the Cambridgeshire & Peterborough Suicide Prevention Strategy. As many economic migrants are aged between 25 and 39 this could also account for some of the difference in local suicide rates. Despite these possible explanations, the higher rate of suicide by people from Eastern European is of concern.

Figure 62 – Suicide rate per 100,000 population 2012 by EU A8 country and the UK

Country	Suicide rate 2012
UK	7.2
Czech Rep	16.0
Estonia	18.3
Latvia	21.9
Lithuania	30.7
Poland	16.7
Romania	12.7
Slovakia	11.5
Slovenia	21.5

³⁶ Landberg, J. (2008) Alcohol and suicide in Eastern Europe, *Drug & Alcohol Review*, 2008 Jul 27(4) 361-73

8. Criminal Justice System

Key Messages

- 'Operation Pheasant' in Fenland uncovered a broad range of issues: Exploitation of individuals was uncovered in terms of no tenancy rights, illegal evictions, child protection issues, control, trafficking, and threats of violence.
- No data has been obtained to compare crimes committed by migrants in Cambridgeshire and this section mainly focuses on evidence uncovered in Fenland that describes criminal activity and abuse at the expense of the mainly Eastern European population in this area.
- Anecdotally, the wider community is concerned about some of the consequences of migrant exploitation and behaviours particularly when work 'dries up', including street drinking, homelessness and anti-social behaviour.

Criminal activity against migrants in Fenland – results from 'Operation Pheasant'

An operation (termed 'Operation Pheasant') has been conducted in Fenland since 2012 with the help of partner organisations – Police, Fenland District Council, Gangmasters Licensing Authority, Home Office Immigration Enforcement, Cambridgeshire Fire & Rescue and HM Revenues & Customs, - to engage with migrants in the community with the aim of uncovering criminal activity and other significant issues that affect these groups of people. Over 3,000 voluntary questionnaires were completed during home visits to the mainly migrant population living in Houses of Multiple Occupation. This identified a range of issues including organised crime, exploitation, fraud, sham marriages and human trafficking. Advice is given in relation to fraud, exploitation, property condition and workers' rights. Workers have come forward to the council and police as a result of this approach with their concerns to inform crime investigations. The operation, by having a 'community first' approach, has encouraged engagement with historically hard to reach migrants. Some victims have come forward for example by coming in to the Police station with an envelope with Operation Pheasant written on it to ask for help.

In detail:

- Between September 2012 and April 2015, there were 76 cases of human trafficking referred to the National Referral Mechanism. The National Referral Mechanism is a process where individuals who are believed to have been subjected to human trafficking are given specialist advice and support to come to terms with the abuse they have suffered and start to re build their lives out of the area.
- There was evidence of extensive criminal activity coordinated between rogue gangmasters and rogue landlords providing temporary homes for workers. This included facilitating overcrowded properties, with safety hazards including no smoke detection, exposed wiring, blocked means of escape, damp and mould.
- Tenancy issues including harassment and illegal eviction resulting in homelessness.
- Evidence of exploitation in the form of stolen deposits, stolen papers, no tenancy agreements or rent payment receipts, extortionate rents being charged, loans taken out in people's names without their knowledge and fraud.

- Wages paid to workers in cash to avoid payment of tax and without payslips, often with a third party taking a slice of the money for themselves. Penalties such as deductions of money received due to a range of bogus issues are also common, leaving the worker vulnerable and unable to see a way forward without help.

Labour exploitation is not widely understood as a human trafficking problem but it is a significant one. Of cases that have been uncovered in the UK, a significant majority involved men from countries such as Lithuania, Poland and Romania. Police and FDC have tackled local property agencies who are engaged in exploitation between gangmasters and migrant workers, this work is continuing and the work has received national recognition through the home office, immigration and enforcement and housing. The council have been successful in a bid for funding from the Rogue Landlord Taskforce to help maintain momentum in this area of work.

Recommendations

The following actions are recommended based around three themes:

Theme 1 Public Health Support & Advice – including factors influencing the wider determinants of health

Theme 2 Primary Care

Theme 3 Cohesion & Building Community Resilience

Figure 63 - Available Public Health Support & Advice for Migrants

Theme	Actions	Outcomes
Migrant Welcome Pack	Review existing welcome packs to reflect key JSNA Information Advice & Guidance (IAG) messages; how the health system, benefit system, tax system, education system work, what services are available locally and nationally and what rights the migrants have, particularly around benefits and workers' rights.	Updated Welcome Pack IAG that reflects appropriate signposting messages. New migrants will be better informed to utilise public services appropriately and to integrate into UK systems, limiting adverse outcomes
	Ensure the welcome pack accessibility across the whole JSNA area	A migrant or refugee resident can access this information wherever they live in JSNA Area
	Welcome Pack formats are appropriate to the migrant communities	Availability of packs in relevant community languages and formats e.g. Web, App version etc.

Private rented housing in Wisbech	Selective Licensing implementation in Wisbech town	Improved healthy living environment for residents in private rented sector in Wisbech town
Health improvement	Identify community connectors to promote public health messages to groups who may not understand/care about the effects of lifestyle on their physical and mental health.	Improve trust and appropriate use of services. Influence lifestyle behaviour change
Primary Care		
GP Registration	Awareness of Welcome Pack and relevant IAG e.g. GP registration in key regulatory teams across the public sector; Environmental Health , Housing, Trading Standards, Police and Fire	Improve appropriate use of primary care and the GP offer to A8 migrants. This will also require reviewing and ensuring that GP services in the relevant areas have sufficient capacity.
	Engage with A8 communities to build understanding of primary care and other health care services	Regulatory service support role out of key IAG messages to further embed awareness and build trust in the targeted communities
North Cambs Hospital	Contribute JSNA information into review of minor treatment unit at North Cambs Hospital	Reviewers understand migrant community usage of the minor treatment unit
Cohesion & Building Community Resilience		
Welcome Pack - Community Connectors	Identify Community Connectors in Wisbech from targeted communities to deliver welcome pack messages within the community.	Contacts and networks available to roll out Welcome Pack messages in targeted communities
Welcome Pack - Community and Voluntary Sector partners who have access to migrant and refugee communities	Awareness and guidance of how to access the new pack and pledges of support from the sector as to how to get this out to their communities	Pack being used and embedded in IAG messages with key Community and Voluntary Sector partners
Welcome pack - Business Community	Through the workplace public health programme develop a targeted approach to key employers and recruitment agencies of Migrant community to ensure their input and resource to help deliver IAG messages contained in Welcome Pack	Businesses who utilise the migrant community, support and resource delivery of IAG messages in their induction and staff engagement

	Employers should be provided with training in diversity and equality as well as health and safety in the workplace	A focus on employer responsibilities would aim to promote better engagement with migrants.
Welcome Pack - School Sector	Engage top 20 schools in JSNA awareness campaign to gain their support to roll out IAG messages through school children	All schools pledge to roll out the Welcome Pack messages on periodic basis and as part of school induction for new pupils
English for Speakers of Other Languages	Mapping of current availability and funding timescale, gaps identified and opportunities identified across whole JSNA area. Take account of the 'unsocial' hours many migrants work	Ability to signpost opportunities to learn English to targeted communities in each local area. Improve social cohesion and engagement within communities and facilitate better communication between parents and schools and better understanding of services such as health.

Appendix 1 - Refugees and Asylum Seekers

Refugees and asylum seekers are defined as individuals who 'did not make a voluntary choice to leave their country of origin and cannot return home in safety'³⁷. Evidence collected by the WHO suggests that attributable barriers to receiving adequate healthcare are similar to those experienced by migrants and include communication difficulties and cultural issues. However, refugees and asylum seekers experience additional issues as a result of their legal status that include the nature and length of the asylum process and bureaucratic barriers including the use of detention and dispersal. Limited evidence is available with regards to the health status of asylum seekers and refugees but where data are available, they highlight poorer mental health and perinatal outcomes for some refugees and asylum seekers, although the disadvantage is not consistent across all groups and cannot be generalized³⁸. Asylum seekers and refugees are noted by the Home Office³⁹ as being likely to have a higher impact on public services, including health services, than students and economic migrants.

Limited local data was obtained to describe the overall numbers of refugee and asylum seekers for the purpose of this JSNA. Therefore, the information in the following sections mainly describes refugee and asylum seekers to the UK.

Definitions of Asylum seekers and Refugees:

There are different categories of Asylum seekers as described below. Each category has distinct legal allowances as far as access to public services and benefits.

Asylum seekers

Refugee status is awarded to someone the Home Office recognises as a refugee as described in the Refugee Convention. A person given refugee status is normally granted leave to remain in the UK for five years, and at the end of that period can apply for Indefinite Leave to Remain.

Humanitarian Protection

Humanitarian protection is a form of refugee status. It is granted by the Home Office to a person who it decides has a need for protection but who does not meet the criteria for refugee status. Those granted Humanitarian Protection have access to public funds, are entitled to work on the same basis as refugees.

Discretionary Leave

Discretionary leave is granted under limited circumstances and is intended to cover exceptional and compassionate circumstances which recognise there may be a small number of individuals who do not meet the requirements of the Immigration Rules to remain in the UK. Examples of this may include; final stages of a terminal illness, without the prospect of medical or palliative care (i.e. relief of the pain, symptoms and stress caused by a serious illness and the approach of death) on refusal of right to remain in the UK. Another example may be victims of slavery, servitude, forced labour and trafficking who may be in danger on refusal of right to remain in the UK and who are aiding the police with enquires.

³⁷ Bradby, H. et al, Public Health Aspects of Migrant Health: A Review of the Evidence on Health Status for Refugees and Asylum Seekers in the European Region. Copenhagen: WHO, 2015, p. 4

³⁸ Bradby, H. et al, Public Health Aspects of Migrant Health: A Review of the Evidence on Health Status for Refugees and Asylum Seekers in the European Region. Copenhagen: WHO, 2015, p. 6

³⁹ Poppleton, S. et al, Social and Public Service Impacts of International Migration at the Local Level, 2013, p.6

Refused Asylum Seekers

Refused Asylum Seekers with children will continue to be supported at the same rate as during their claim until they leave or are removed from the UK or until their youngest child reaches 18. An Asylum Seeker without dependent children will have their support terminated 21 days after the decision however they may be eligible for Section 4 support however they must meet a number of tightly defined conditions. These conditions may include demonstrating a willingness to leave the UK, having a medical reason not to travel, or being unable to travel due to safety. Section 4 support usually includes provision of basic self-catering accommodation and an "Azure" card which is loaded with support equivalent to £35.39 per week and is accepted by a number of shops including Asda and Tesco. When full board accommodation is provided no Azure card will be allocated.

No Recourse to Public Funds

When applications for section 4 support are rejected there is no access to any form of support however legal aid is available for appeals. Failure to leave the UK voluntarily will normally result in revoking of government support.

Source: Asylum Support, British Refugee Council, 2015

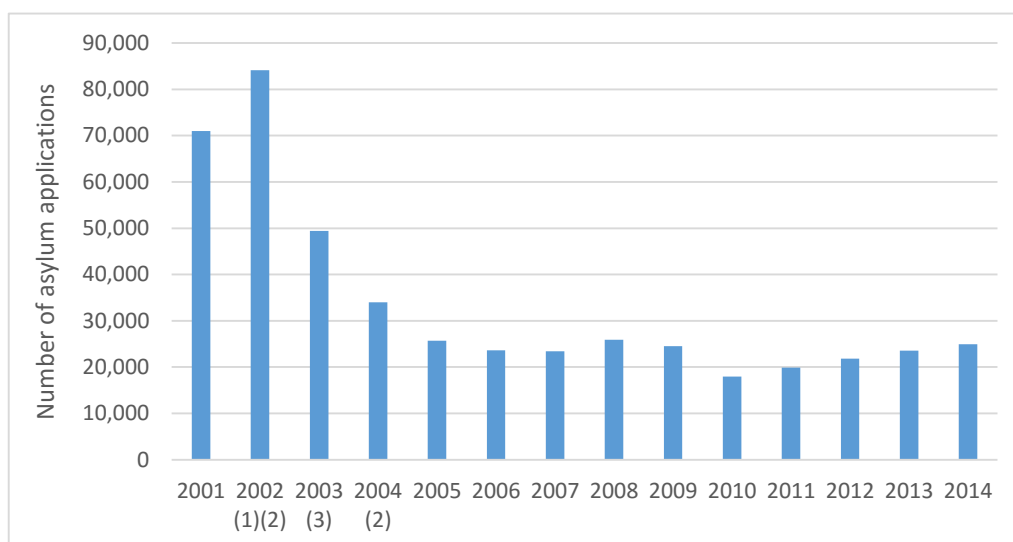
http://www.refugeecouncil.org.uk/assets/0003/7130/Asylum_Support_Feb_2016.pdf

Asylum

Asylum applications increased by 38% to 34,687 in the year ending March 2016, the highest number of applications since 2004. The largest number of applications for asylum came from nationals of Iran (4,305), followed by Eritrea (3,321), Iraq (2,805), Sudan (2,769), Pakistan (2,669) and Syria (2,539). Including dependents, the number of asylum applications increased by 30% to 41,563 in the year ending March 2016. There was around 1 dependent for every 5 main applicants.

The figure below shows the trend in long-term asylum applications to the UK between 2001 and 2014

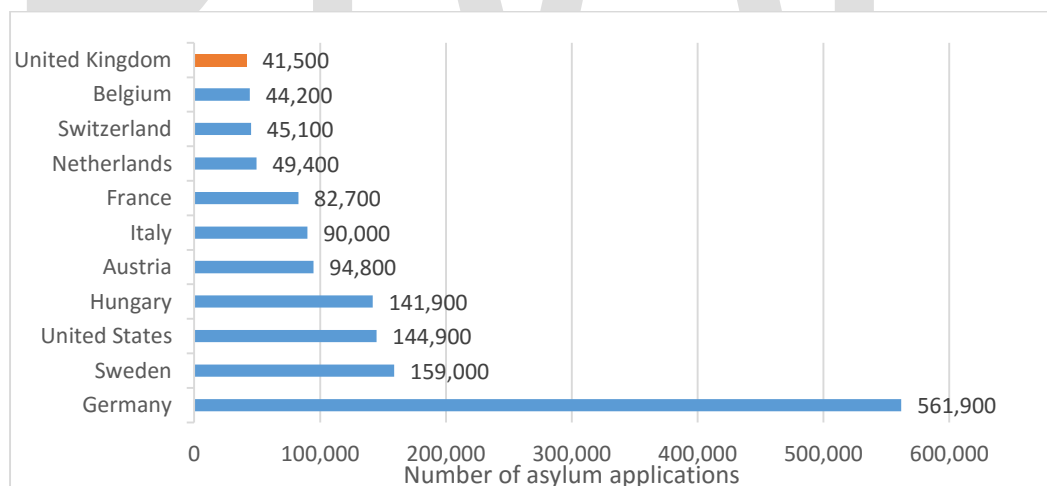
Figure 64 - Long-term asylum applications, UK, 2001-2014



Source: Home Office, Immigration Statistics January to March 2015, [Asylum table as 01](#).

Falls in asylum applications since 2002 coincide with (1) the introduction of a process preventing certain nationalities from appealing a decision while in the country in 2002, (2) the opening of UK border controls in France and Belgium in 2002 and 2004 respectively; and the introduction of fast track facilities for asylum applications in 2003. Although numbers have decreased significantly since 2002 a steady increase has been seen since 2010.

Figure 65 – Countries receiving the highest number of asylum applications, year ending March 2016

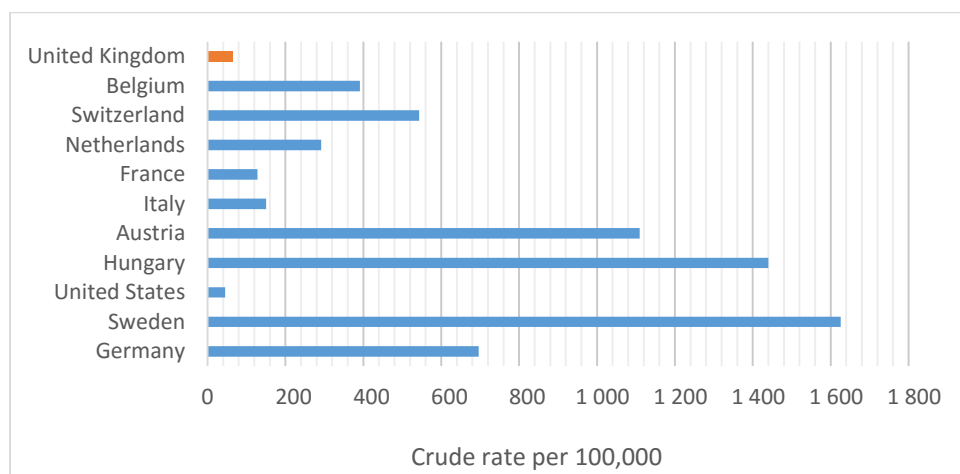


Source: Home Office, Immigration Statistics January to March 2016, Asylum table as 07 q. *Figures are rounded to the nearest 100 and so may not add up to the total. <https://www.gov.uk/government/publications/immigration-statistics-january-to-march-2015/immigration-statistics-january-to-march-2015>

Estimated figures show the UK had the ninth highest number (42,000) of asylum applications within the EU and 11th highest overall in the year ending March 2016, including dependents. Germany (562,000), Sweden (159,000) and Hungary (142,000) were the three EU countries that received the

highest number of asylum applications, together accounting for 62% of asylum applications in the EU in that period.

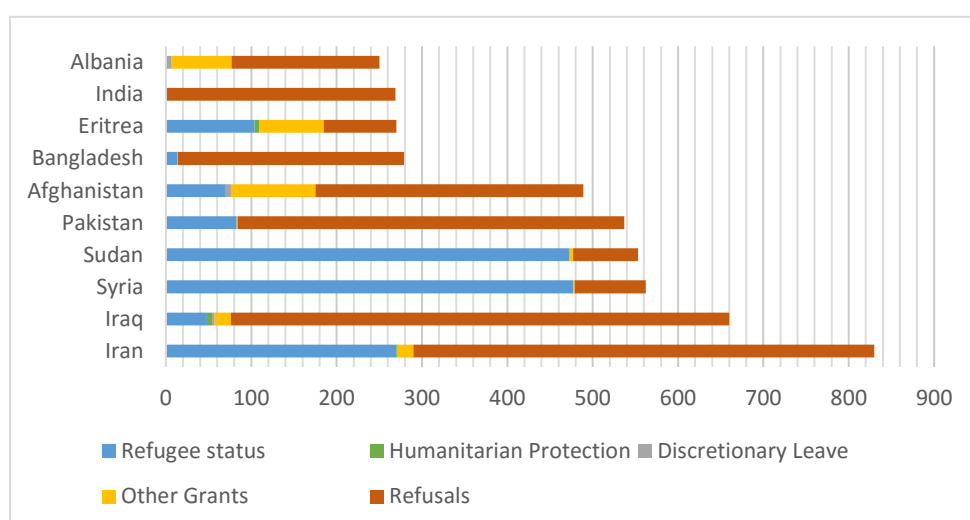
Figure 66 – Crude rate per 100,000 resident population for top countries receiving asylum applications year ending March 2016



Source: Home Office, Immigration Statistics, Key Findings, Updated 26 May 2016

Although Germany received the greatest number of asylum applications in the year ending March 2016 they had the 4th highest crude rate per 100,000 resident population. The highest crude rate per resident population was Sweden (1626) followed by Hungary (1440) and Austria (1109). The UK had the second lowest crude rate (64) with the United States having the lowest (45). The size of the resident population may have had an effect on the crude rate as Sweden, Hungary and Austria all have resident populations under 10 million, however for comparison Switzerland which has the smallest resident population out of the comparisons has a crude rate of 543.

Figure 67 – Asylum decisions by nationality, Q1 2016, top ten countries by number of decisions (UK)



Source: British Refugee Council, Table5: Asylum decisions by nationality, Q1 2016, top ten countries for number of decisions, http://www.refugeecouncil.org.uk/assets/0003/7961/Asylum_Statistics_May_2016.pdf

The top five nationalities requesting asylum within the UK Q1 2016 were Iran, Iraq, Syria, Sudan and Pakistan. With the highest number of asylum applications from Iran with 830 initial requests. Although Iran and Iraq had the highest number of initial requests 830 and 660 respectively the proportion of initial asylum refusals is high at 65% (Iran) and 88% (Iraq) when compared to applications made by nationals of Syrian 15% and Sudan 14%.

The Syrian Vulnerable Persons Resettlement Scheme

There were 1,981 grants of asylum or an alternative form of protection to Syrian main applicants at initial decision in the year ending March 2016, with a grant rate of 87%. In addition, 1,667 people (including dependents) were granted humanitarian protection under the Syrian Vulnerable Persons Resettlement Scheme (VPRS). On 7 September 2015, the Prime Minister announced an expansion to the existing Syrian VPRS. Through this expansion, it is proposed that 20,000 Syrians in need of protection will be resettled in the UK by 2020. A total of 1,854 people have been resettled since the Syrian VPR scheme began, including 1,602 arriving since October 2015.

Figure 68 – Number of Refugees and dependents resettled under the Syrian Vulnerable Persons Resettlement scheme for East of England, Cambridgeshire and Peterborough

Quarter	Region	Local Authority	Vulnerable Persons Resettlement scheme
2015 Q4	East of England	East of England	36
2015 Q4	East of England	Cambridge	14
2015 Q4	East of England	Peterborough	0
2016 Q1	East of England	East of England	18
2016 Q1	East of England	Cambridge	0
2016 Q1	East of England	Peterborough	0

Source: Home Office, Immigration Statistics, as 20 q Refugees (and others) resettled under the Syrian Vulnerable Persons Resettlement scheme, including dependants, by local authority, Updated 26 May 2016

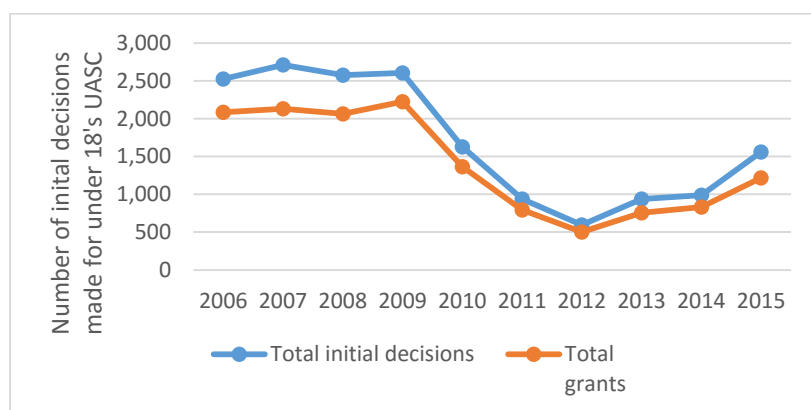
The Syrian vulnerable person's resettlement scheme was launched in Q1 2014 with first arrivals in March 2014. 36 resettlements were granted for Syrian refugees during 2015 Q4 in the East of England, 14 of which are for Cambridge equating to 39% of the resettlements for the East of England. In 2016 Q1 18 resettlements were granted for Syrian refugees across the East of England however as of Q1 none of the resettlements were made for Cambridge or Peterborough.

Unaccompanied Asylum-Seeking Children

An Unaccompanied Asylum-Seeking Child (UASC) is a person under 18, or who, in the absence of documentary evidence establishing age, appears to be under that age, is applying for asylum in his or her own right and has no relative or guardian.

The figure below shows the number of applications where initial decisions have been made for unaccompanied asylum-seeking children to the UK between 2006 and 2015.

Figure 69 – Number of applications initial decisions made for unaccompanied asylum-seeking children



Source: Home Office, Immigration Statistics, as 09 Initial decisions on asylum applications from Unaccompanied Asylum-Seeking Children, excluding dependants, by sex and age at initial decision, 2016

There were 3,206 asylum applications from UASC in the year ending March 2016, a 57% rise compared to the year ending March 2015 (2,046). Overall, UASC applications represented 9% of all main applications for asylum. Despite the recent increase in UASC applications, they remain below the peak of 4,060 in the year ending September 2008. The nationalities that lodged the highest numbers of UASC applications in the UK were Afghan (709), Eritrean (645) then Albanian (425). These three countries contributed to more than half (55%) of total applications.

From the 3,206 applications there were 1,982 initial decisions for UASC in the year ending March 2016, 19% higher than the previous year (1,671). Of these, 73% were grants, compared with 67% in the year ending March 2015.

Home Office, Immigration Statistics

Although the number of initial application decisions decreased dramatically in the years 2010-2012 a steady increase can be seen from that point onwards. Additionally the gap between initial decisions and asylum acceptances visibility closes in the year 2010 and is only seen to widen slightly in 2015.

Needs of Asylum seekers

The following information highlighting some of the needs of refugees and asylum seekers in the local area was provided in part by the Cambridge Refugee Council. This charitable organisation provides support and advice to refugees and asylum seekers in the Cambridge area through weekly surgeries. Over a one year period, between April 2013 and March 2014, Cambridge Refugee Council had contact with 48 beneficiaries – men, women and children from 14 different countries. Often the most urgent needs were access to accommodation and subsistence support. However, asylum seekers have complex overall needs that include:

- Access to legal advice to help asylum seekers understand and navigate through the asylum process and the consequences of any official decisions. Support may be required to understand rights including employment rights.
- English language issues - literacy and language issues may act as barriers to engaging in systems requiring high levels of documentation.
- Specialist help and support – referrals for help as a result of trauma or hardship for example.

- Health needs – registration with a GP in the first instance. Physical and Mental Health needs may require specialist services.

Mental Health needs

Mental distress has higher prevalence among refugees compared with non-refugees. Risk factors include: being a woman, older age, having experienced trauma, lack social support, more stress after migration

There is evidence to suggest unmet mental care needs amongst refugee children particularly unaccompanied minors[2] and those exposed to violence[3]. Evidence also to suggest that their needs are not distinguished from those of adults[4]. Research shows stable settlement and social support, school participation, local friends and language proficiency correlate with children's improved mental health[5][6]

Mind found that one of the major barriers preventing refugees and asylum-seekers accessing mental health services is language and there were concerns that not enough is being done to overcome this obstacle[7]. In addition, mainstream staff lack skills in working with face to face interpreters and telephone based interpreters. Interpreters are not experienced in the field of mental health and effective interpreting in a therapeutic setting.

Anecdotal evidence explaining problems with access to health services

- Not understanding of the health care system well enough to know how to access services. Information not provided in a clear and succinct manner on arrival.
- Disconnect between housing services and GP- housing services not sign posting the availability of general practice surgeries in the area. In addition moving due to poor housing requires support from GP- some unwilling to provide this due to a fundamental lack of understanding and a 'disconnect' in the system.
- Issues with providing proof of address for registration- surgeries require certain documentation new asylum seekers are unable to provide. Disconnect between general practice and the city council.
- Once registered, difficulties for practices to obtain interpreters, therefore delaying appointments/making consultations challenging.

Evidence of best practice:

- Australian model - "Pure amplification model". A 'beacon' general practice, consisting of staff with specialist skills and appropriate technical and physical infrastructure, provides first contact and assessment of a patient. This is followed by a referral to a community GP, who receives support and training, including practice visits and advice on complex cases, research support and post graduate training.[10]
- Model in Sheffield, UK- specialist service for asylum seekers based in the central health centre in Sheffield, consisting of nurse consultant, with one full time equivalent general practitioner (actually three part-time GPs), two nurse practitioners, one health visitor, two family support workers, and a linked counselling and mental health team. [9]

Barriers to communication and culture

- Lack of common language between patients and staff is associated with decreased symptom reporting and fewer referrals to secondary care.[14]
- Difficulties when parents are reliant on their offspring to translate- will impede candid communication of symptoms from parents.
- Cuts in funding to ESOL (English for speakers of other languages) for asylum seekers has had direct consequences in impeding social cohesion.

Unaccompanied Minors

In Cambridgeshire, as of 17.11.15, there are the following Looked After Children (LAC) who are Unaccompanied Asylum Seeking Children (UASC):

Aged 16 = 15 UASCs

Aged 17 = 18 UASCs

There are also a number of 18-25 year olds being supported as care leavers

Accommodation for UASCs

- Foster carers both in house and IFA (independent fostering agencies). IFA placements will often be out of county which adds pressure to the allocated practitioner as not so easy to support a child or Young Person (YP) out of county in terms of access to resources etc. These placements are normally more culturally appropriate for the YP as foster carers from certain areas of the country are more likely to be of Asian origin, for example a placement in Luton.
- Residential Units.
- Supported accommodation, such as YMCA or private providers who provide shared houses and have support workers in situ.

Issues that arise in supporting these young people

- The grant from the Local Authority (LA) does not cover the true costs of supporting these YP.
- There are issues finding interpreters on occasions and costs associated with using them can be excessive, especially for those unusual or very localised languages.
- Accessing ESOL (English Spoken as an Other Language) classes can be problematic and the YPs often have to wait until a course vacancy arises.
- There have been occasions when it has been difficult to register with a local dentist or GP (Peterborough).

Appendix 2 - Results of Migrant Health Survey

The Public Health departments of Cambridgeshire & Peterborough ran an open survey in quarter 4 2015/16 to ask predominantly Eastern European migrant communities about their experiences of issues including housing, employment and public services in the UK. The survey was advertised via the Cambridgeshire County Council and Peterborough City Council websites, social media accounts and via local promotion through key stakeholders such as the Rosmini Centre in Wisbech and Community Connectors employed by Peterborough City Council. The survey was available electronically and in paper-based formats in English, Polish and Lithuanian and help with translation was made available to anyone who required it. Key findings and full results are presented below:

Key Findings:

- The majority of survey respondents are originally from Lithuania (39.9%), Poland (22.9%) or Latvia (17.6%). 61.0% of respondents (94 people) are aged 31-45 and 84.3% (129 respondents) are female. Additionally, 46.6% respondents stated they had attended a university. 61.7% of respondents (82 people) live in Peterborough and 51 people (38.3% of respondents who answered the question) live in Cambridgeshire.
- Whilst interpreting these survey results, it should be acknowledged that the response data will, by definition, provide findings that relate only to people sufficiently engaged with local government/local services to wish to complete a survey of this nature and be sufficiently literate to do so in either English, Polish or Lithuanian. Paper copies were provided upon request so it is not necessarily the case that the results are biased towards the ICT-literate, although the survey was only publicised to the general population electronically, via Cambridgeshire County/Peterborough City Council websites and Facebook. For the aforementioned reasons, results may therefore not be representative of migrant populations with particularly high levels of aversion to involvement with government/local authorities, high levels of deprivation and/or low levels of literacy.
- 93.0% of respondents said they were registered with a GP practice, compared to only 60.6% registered with a local dental practice. 81.1% of people said they had visited a local hospital since arriving in England.
- Although 85.7% of respondents stated that their level of spoken English at least allowed them to participate in simple conversations and 87.1% said their level of written English allowed them to at least understand simple instructions, only 72.8% of respondents said that their understanding of UK healthcare services was 'reasonable' or 'good'. Respondents were asked to rate GP services on a scale of 1-5 (1 = very bad, 5 = very good) and for all categories, the average score provided was at least 3.1/5; when the same questions were asked about local hospitals, average scores were higher, ranging between 3.9 and 3.3. Respondents scored 'patient communication and respect' 3.1/5 for GPs and 3.9/5 for hospitals, suggesting a degree of variation with regards to this measure between GPs and hospitals. For maternity services, average scores were higher than for GPs and hospitals, ranging from 4.2/5 for accessibility and patient communication and respect to 3.8/5 for time effectiveness.

- 48.4% of survey respondents said they had not made any appointments for screening or immunisation with their local doctor/GP service and only 27.8% of applicable respondents (people aged 40-74) have had an NHS health check.
- 75.7% of respondents said they did not smoke cigarettes and 54.8% said they did not drink any alcohol, which may be a reflection of the mainly relatively highly educated, female and young population that responded to the survey, as epidemiological evidence from Europe suggests that rates of alcohol and tobacco consumption, as well as associated disease prevalence, are higher in Eastern European countries than in England.
- 73.4% of survey respondents said they were employed and, when asked to rate their working conditions on a scale of 1-5 (1 = very bad, 5 = very good), respondents scored 'treatment and respect' 3.8/5, working hours and working conditions 3.7/5 and opportunity for advancement and wage 3.4/5. 36.1% of respondents said they had obtained their current employment via an employment agency.
- 55.2% of people said they felt community services were accessible but only 49.5% said that the services provided are effective.
- 61.9% of people said they had no worries about their safety at work, with 38.1% expressing at least some reservation about workplace safety. Conversely, 63.1% said they did worry about their safety at least 'sometimes' in their living environment, with only 36.9% saying they had no worries.
- Only 32.9% of respondents said they had used a translation service, but of those who had, the average response for overall service on a 1-5 scale (1= very bad, 5= very good) was 4.0/5.
- 65.2% of respondents said they had been living in the UK for at least 5 years and 52.6% said they intended to reside in the UK permanently. Only 1.3% said they had conclusive plans to leave the UK within the next year. Only 15.6% of people said they owned the property within which they lived (either outright or with a mortgage), with the remaining 84.4% renting/room-sharing. 74.0% of respondents said they had lived in the current accommodation for at least one year.