

Cambridge Local Health Partnership

30 June 2016, between 12 noon and 1.30pm in the Guildhall

Migrant and Refugees Joint Strategic Needs Assessment

Background

The Cambridgeshire Health and Wellbeing Board will be considering a draft Cambridgeshire JSNA on Migrants and Refugees when it meets on 7 July. The draft JSNA focuses on A8 migrants to Cambridgeshire, highlighting the determinants that influence and affect their health and wellbeing. The development and scope of the JSNA was informed by a stakeholder event and its framework was shaped by the **“Including migrant populations in Joint Strategic Needs Assessment”** guide. Extracts of this guide are shown in Appendix 1, defining the term “migrant” and what their health needs might be.

The draft JSNA on Migrants and Refugees was not yet available, at the time of publication of the Cambridge Local Health Partnership papers. To help members consider some of the issues for Cambridge the City Council’s response to the Casey Review **“Bringing Britain Together as One Nation”** has been used here, to provide some background about our local migrant population.

Our population

Cambridge is a “super-diverse” place with a population characterised by high migration rates and population churn, a young adult population with a preponderance of people between 26 to 34 years of age, and high levels of private renting. Children and older people (65 and above) are under-represented, although the very elderly (over 85) make up a higher proportion than the national average. Just over a third of our population was born outside of the UK and just over one household in ten contains “no people” who speak English as a main language.

The extent of international migration in Cambridge is similar to that of inner London boroughs. In 2011, nearly two in ten people living in Cambridge were at a different address, outside of Cambridge, a year earlier. Just over a third of total migration to Cambridge is international migration.

A place of growth

Cambridge is also a place of growth. Its economic success draws people to the City where good jobs are available, better than average pay and a high quality environment. Between Censuses Cambridge’s resident population was amongst the highest growing populations in the country (14%) and the number of households increased substantially (9%). Over this period the number of people born in England and resident in Cambridge remained constant whilst the proportion of people from the EU living in the City doubled and the proportion of people from non-EU countries increased by a third. With the continuation of new build completions, at around 500 a year, this pattern of new arrivals coming to the City seems set to continue into the future.

Ethnicity, national identity and distribution

In terms of ethnicity in the City nearly a fifth of residents identified themselves as “non-white” in the last Census, with the largest groups being Chinese, Indian and Bangladeshi, making up nearly 10% of the population. The largest religious group in Cambridge is Christian (45%) and the next largest religious group is Muslim (4%).

People with differing national identity, ethnicity and cultures seem to be evenly distributed across the City without any large concentrations of ethnic groups in areas, although this is more likely to be the product of the scarcity of affordable accommodation – with people taking it where they can find it.

Migrants in Cambridge do not fall into a homogenous group. A number of migrants in Cambridge are highly skilled and work in well paid jobs, reflecting the City’s global prominence in education, research and high tech industries. There are, however, a number of migrants who take on low paid work in the service sectors, temporary labour migrants working in the construction and seasonal tourism industries, as well as people who reunite families and forced migration, which includes refugees and asylum seekers. Many will face financial difficulties, including eviction, if they become sick and unable to work because of a poor knowledge of their work entitlements and their type of employment, e.g. zero hour contracts. Some find it impossible to work because of restrictions placed on them, e.g. asylum seekers and refugees.

Students are more likely to be clustered around university accommodation in the west and centre of Cambridge, whilst new arrivals from EU accession countries (2004 onwards) are more pronounced in the north and east of the City. Students, drawn to Cambridge from all around the world, and those staying for only a short period of time, perhaps to study at summer schools, have a lower level of connection to place and are less likely to integrate into community life. Around one person in six who resides in Cambridge is a student.

Whilst overall Cambridge is enjoying economic success, a large number of people do not share in this success and experience low pay (a fifth of all households have income of less than £19,000) and need to claim benefits (one household in eleven claims housing and council tax benefits) to make ends meet.

Barriers to integration

Cambridge City Council believes that the main barrier to participation in the community life of the City is low income – both for new arrivals taking up low pay jobs and existing ethnic communities. In Cambridge just over one job in ten is paid at below the Living Wage Foundation’s Living Wage. If you are Bangladeshi you are likely to have a job in an elementary occupation in Cambridge and if you are Eastern European you are more likely to have a job in caring, leisure and other service occupations.

The high cost of living in Cambridge, particularly high rents in the private sector where new arrivals to the City predominantly live, and the increasing constraints of the welfare system exacerbate the difficulty of living on a low income. East European migrants are more likely to be living in Houses of Multiple Occupation and face issues of overcrowding and exploitation.

Living on a low income can be a difficult experience, leaving some people feeling isolated and detached from community life. In a City covering a relatively small urban area different communities live in close proximity to each other and disparities are very apparent in the quality of life between those that have access to resources and those don't.

Inequality in life expectancy for our residents is as much as eight years between neighbouring wards and correlates to the level of deprivation in each ward, with an early death associated with a higher level of deprivation. Evidence suggests that the lifestyles and behaviours of settled A8 migrants are more likely to require increased levels of healthcare in the future and that they find primary care confusing and unhelpful and are more likely to go straight to A&E for attention.

Our response to low income and inequality

Cambridge City Council has put in place an Anti-Poverty Strategy to improve the standard of living and daily lives of those residents in Cambridge who are currently experiencing low income and barriers to participation in the City and to help alleviate issues that can lead households on low incomes to experience financial pressures. Last year nearly 5,000 adults and children in Cambridge were provided with emergency food by Cambridge Foodbank, giving an indication of the scale of the problem. A part of the strategy is in bringing together people from different backgrounds – fostering a sense of community pride, allowing people to continue to get on well together.

Bringing people together from different backgrounds is also a key part of the Council's Single Equality Scheme. Other objectives include improving community engagement and understanding the needs of different communities in Cambridge. This work will continue to inform our service delivery. A Diversity Forum meets quarterly to help the Council consider equalities issues and the best ways of responding.

Bringing people together

A number of festivals and carnivals take place across the City, largely run by community representatives with the support of city council officers and grants from the Council's area committees, which attract a large number of people. In recent years a Cambridge Asian Mela has been instigated and developed with members of the local Asian community as part of an annual "Big Weekend" event in the centre of Cambridge. The Mela includes Asian artists, food stalls and other cultural activities to promote awareness and integration. This part of the Big Weekend event has become increasingly popular and now attracts nearly 10,000 people to it. In addition an annual "Bling Ya Ting" talent show is supported that includes artists from a wide range of ethnic communities who perform alongside each other and help deliver the event.

The Council also runs and supports community centres, most located in disadvantaged communities, and actively encourages the use of these by local community groups. A Women's Health project (starting as an Asian Women's Health project), delivered from three community centres, has sought to provide settings where women, who may be particularly isolated and face barriers to participation (sometimes from within their own communities), can come together to discuss issues

affecting the health of themselves and their families. Our 5 main community centres last year recorded around 130,000 visits from residents within our 'priority' groups, which are children, young people, families, older people, people with disabilities, black and minority ethnic residents and residents living locally to the centres.

One of the main aims of the Council's community development service is to promote community cohesion both in new and existing communities, trying to bring people and groups together to improve understanding and foster mutual support. One post in particular works with partners and groups to arrange activities to celebrate events such as Black History Month, LGBT History Month, Disability History Month, Refugee Week, International Women's Day, etc.

Supporting our community and voluntary sector

The Council provided just over £900,000 of community grants to voluntary and community sector organisations in 2015/16 to reduce social and/or economic inequality, by removing barriers for city residents with the most need. Over 200 organisations have been allocated grants in the past year, including local BAME groups.

Cambridge Ethnic Community Forum (CECF) is one of the organisations funded. CECF is an umbrella organisation, with a membership of over 30 BAME groups in Cambridge that provides racial equality services. CECF is also a cultural diversity service helping to promote understanding between people from different ethnic groups, assisting them to be a part of community life. Social, cultural, moral and practical support is given to groups to develop particular projects where needed. CECF has found that it needs to offer practical advice to help combat poverty and discrimination.

One of the key projects is the Cambridgeshire Human Rights and Equality Support Service (CHESS). The service has recently run a "Step Up for English" project to assist asylum seekers, especially Chinese people who are having difficulty accessing services. Most migrants that have contact with the service want to improve their English Language skills to allow them to better integrate.

Other examples of CECF integration work includes events organised by Cambridge Women4integration that involve women from different cultural backgrounds coming together to enjoy dance and good food. Bollywood and Ceilidh evenings have recently been held. CECF has won funding from the People's Health Trust for an Asian Women's project, particularly for the Bangladeshi community. Local people living in disadvantaged communities will be referred to it from the Cambridge Asian Woman's Network – the main aim is to reduce social isolation, build confidence and promote integration, especially economic integration. As a result of the project and work to improve English Language skills many more Bangladeshi women are looking to enter the local labour market.

Community Grants

The level of community grants the Council provides remains amongst the highest in the eastern region but this year has seen a substantial reduction in the sum available (reduced by nearly a quarter) and a refocusing of the grant programme's priorities. This will mean that fewer voluntary and community groups will receive the same

level of support as previously, including BAME groups. Some BAME groups have expressed frustration about this during consultation events about the changes in the level of grant and new funding requirements. The Council will be working closely with these BAME groups and others to increase their capacity to fundraise effectively but some of the trust that has been built up in the past with these groups may be undermined, as the groups lose some of their capacity to make a difference.

Community relations

Cambridge, generally, has good community relations between its different communities. The Council's community cohesion officer, based in the Safer Communities Section, engages with the minority and religious communities of Cambridge through regular contact with community leaders, acting as a liaison point between the communities and the council services they may need to access. Reassurance is provided that ethnic communities will be given the same service as the general population and cultural and religious needs will be taken into account where possible.

Developing a rapport with these communities means there is a build-up of goodwill and this in turn helps to identify any early tensions manifesting in Cambridge. It also can be a vehicle to identify people that the communities may be concerned about.

The community cohesion officer also sits on the Hate Crime Steering Group, which is looking at ways to tackle the under reporting of hate crime in Cambridge and how to give communities the confidence to report incidents. The number of racial harassment cases in Cambridge has generally been steady in recent years but it is believed that racially offensive acts are on the increase because perpetrators feel they can express themselves more openly, thinking it is more acceptable to do so in the present social climate, and correspondingly leading victims less likely to report such incidents

Reassurance work

After terrorist events nationally and internationally, reassurance work has been carried out in Cambridge with local communities to alleviate tension and the fear of reprisals. This has helped build stronger community links and trust between local community groups and public agencies. On several occasions there have been Anti-Muslim demonstrations and marches, mainly organised by the EDL, in Cambridge. The Council has actively worked with all agencies involved to help support communities and to make them feel connected with the wider community, reducing their isolation, feeling of being under siege, and the tendency to withdraw from integrating.

Courses have also been organised by the Council on Islamic Awareness for Councillors, Community Leaders and staff. These courses were designed to look at similarities between different faiths, Christianity, Islam and Judaism to celebrate what is in common rather than dwelling on differences. Religions were demonstrated in their true and did not condone modern terrorist ideology.

At present, the Council's Safer Communities Team is delivering the WRAP 3, PREVENT training package, with Home Office approval, to Council frontline staff.

Contact with the Islamic Institutes in Cambridge is being developed, building up a rapport and confidence to allow the reporting suspicious behaviour. Seminars are being arranged in Mosques in Cambridge targeting young people using British born Imams who can relate to British born young people to help promote integration.

Syrian Refugee Resettlement Program

The Council is keen to play its part in the Syrian Refugee Resettlement Program and has been leading work locally to accept Syrian refugees in the City. Much of the work has been about identifying properties and ensuring they are in an appropriate condition to house our new arrivals. Arrangements have been made to provide the right levels of care and to ensure that their resettlement goes smoothly and that people have the best opportunity of integrating, including the provision of translation services and English Language training.

The Council's Safer Communities Team will maintain an ongoing relationship with the settled people to make sure they can feel at home in the city and overcome any barriers they are faced with. The CECF (funded by the Council's community grants as mentioned above) are developing and upgrading their Refugee Service in partnership with a local voluntary group working with these refugees – the Cambridge Refugee Resettlement campaign.

Appendix 1: Extracts from “Including migrant populations in Joint Strategic Needs Assessment” a guide.



How to include migrants

MIGRANTS ARE PEOPLE WHO HAVE MOVED FROM THEIR USUAL PLACE OF RESIDENCE TO LIVE IN ANOTHER COUNTRY FOR REASON OF WORK, EDUCATION, FAMILY, SOCIO-POLITICAL PERSECUTION OR WAR.

4

Including migrants

Who are migrants?

Migration is not new. For hundreds of years, people have left their place of origin to live in other countries and cultures, and in the last 100 years this trend has increased. Today, according to the International Office for Migration, 3.1% of the world's population are migrants¹. The IOM also reports that the percentage of migrants has remained relatively stable as a share of the total population, increasing by only 0.2 per cent over the last decade.

Migrants are now part of communities throughout the UK and, though government immigration policy and legislation may set limits and conditions, migration will continue to be an important factor in UK demographics.

Migrants arriving in the UK

In 2009, an estimated 567,000 people arrived to live in the UK for a period of a year or more. Of these, 17% were British citizens.

Of the total 567,000, it is estimated that:

- 34% came for work related reasons
- 13% were accompanying or joining others
- 38% came for formal study
- 15% came for other reasons

Those who came for other reasons included 24,485 people making an application for asylum (totalling 30,675 people including dependants)².

In the same year, 368,000 people left the UK (for similar reasons, although more for work than study). Of these, 38% were British citizens³.

Reasons for people coming to the UK in 2008 estimated proportions





JSNA HAS TO BE FOCUSED ON "IDENTIFYING GROUPS WHERE NEEDS ARE NOT BEING MET AND THAT ARE EXPERIENCING POOR OUTCOMES"⁴.

Including migrants

Dynamism and diversity

Migration is dynamic. Within the space of four years, for example, the position of Polish nationals rose from thirteenth to first in the list of foreign national groups coming to live in the UK.

Perhaps the only shared characteristic of migrants is that they come from another country. Migrant populations are diverse and like any other group have social, cultural and material assets. In addition, local areas across the UK face distinctive issues according to the particular composition of the population, the rate of change, and other social, economic and political factors.

Demographic variation of this magnitude and speed has a significant impact on local needs, and services must be able to respond promptly and appropriately. The JSNA is an important tool in bringing this about.

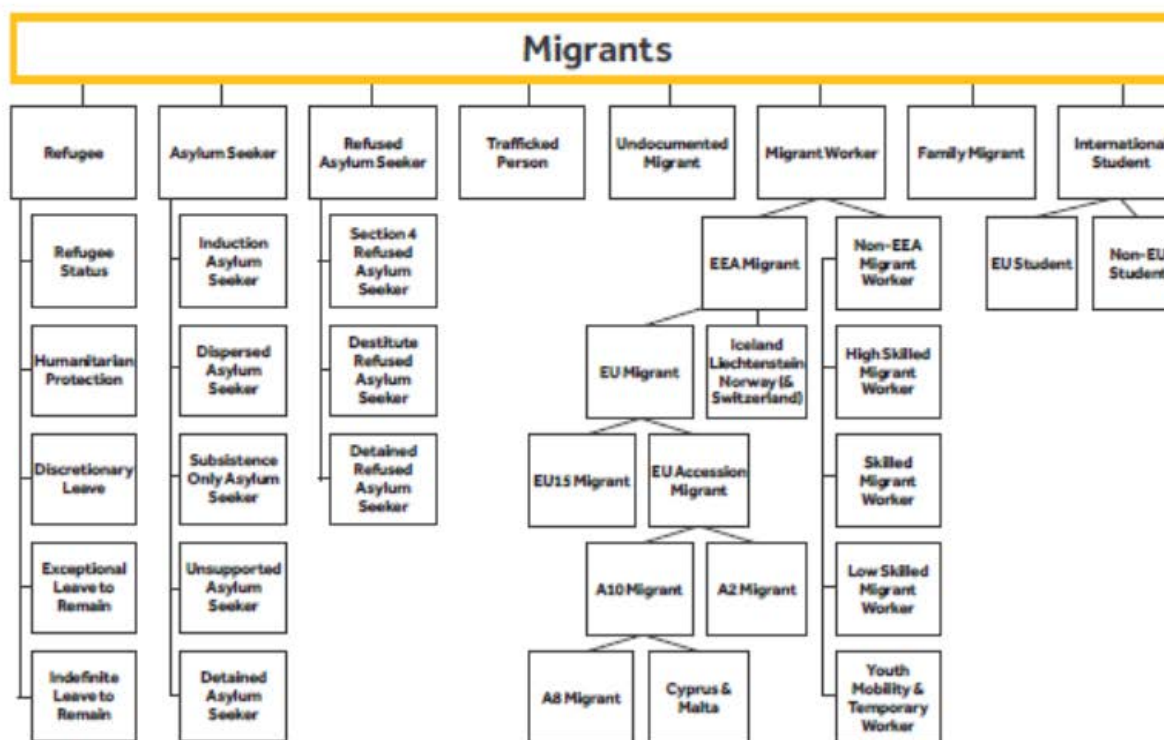
The process of JSNA described here is one of general scoping to gain an overview of local populations and their needs. This can serve as a basis for more meaningful detailed work about specific populations such as:

- Polish workers and families.
- People from Central or sub-Saharan Africa with high rates of HIV.
- Undocumented Chinese men or women working in restaurants.
- Refused asylum-seekers living in Section 4 accommodation.
- Students from Asian countries studying at the local university.
- Slovakian Roma.
- Torture survivors.
- Young separated refugees without recourse to public funds.
- People coming to join family already resident in the UK.

Including migrant populations in Joint Strategic Needs Assessment

Who are migrants?

This diagram shows different 'types' of migrants in the UK (as developed by the Yorkshire and Humber Migration Partnership). See Appendix 1 for definitions.



Who are migrants?



Including migrants

Why include migrants?

"EQUALITY ISN'T A
MINORITY INTEREST.
A FAIRER SOCIETY
BENEFITS EVERYONE IN
TERMS OF ECONOMIC
PROSPERITY, QUALITY
OF LIFE AND GOOD
RELATIONS WITHIN AND
AMONG COMMUNITIES.
THE RESPONSIBILITY
FOR BUILDING A
SUCCESSFUL
SOCIETY RESTS WITH
ALL OF US."¹⁵

Migrant populations are usually locality-specific and change over time, sometimes rapidly. A proactive approach – one of understanding and inclusion – will pay dividends in the long term (as opposed to waiting until problems are acute).

Despite being small in number, migrant populations are heterogeneous with diverse assets and sometimes complex needs. Some will experience a disproportionate level of need which may be challenging to articulate and to be heard. These factors are more fully explored in the Health and Wellbeing Determinants Mind Map and table in this guide (see pages 9 and 10).

Understanding the needs and assets of migrants within our communities yields a number of benefits, and can be justified in a number of ways:

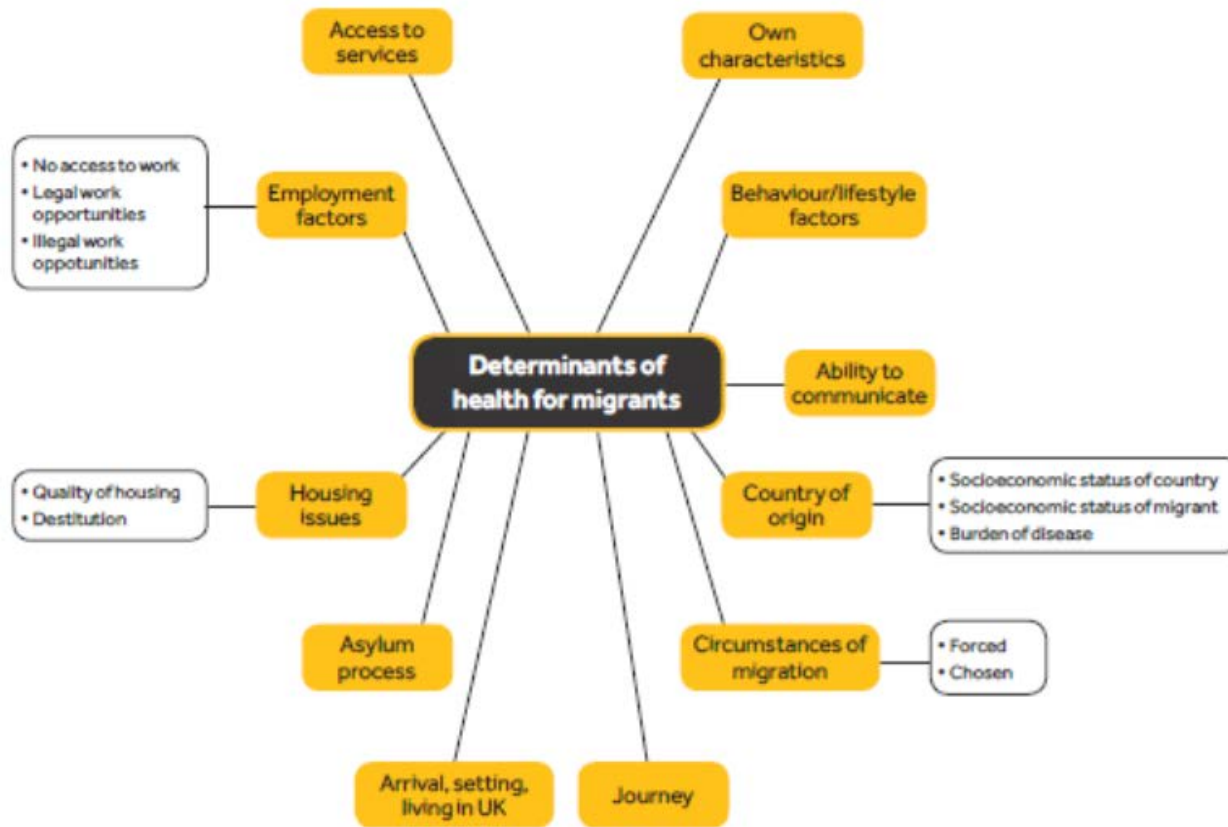
- It is about social justice and is an essential part of addressing health inequalities.
- It is a key component in generating community cohesion.
- It is integral to the economic wellbeing of our society.
- It is about continuing to address the needs of the most vulnerable members of our society and enabling their full participation.

A key output from JSNA is engagement of the migrant community through their involvement in the process. Therefore a likely positive outcome of JSNA is increased understanding of health service provision among migrant populations, and more timely and appropriate uptake.

Anticipated benefits of addressing the needs of vulnerable migrants include:

- Early diagnosis of blood borne viruses (HIV, Hep A,B,C), prevention of onward transmission and better outcomes.
- Identification of sexually transmitted disease and prevention of onward transmission.
- Screening for TB, support at diagnosis and improved compliance with treatment, thereby reducing risks for multi-drug resistant TB and extreme-drug resistant TB.
- Early identification of mental health problems and provision of appropriate support, thus reducing risk of crises and suicide.
- Screening for chronic medical conditions allows early identification and support enabling appropriate management, thus avoiding preventable complications, Accident and Emergency attendances, and hospital admission.

Including migrant populations in Joint Strategic Needs Assessment



Why include migrants?



Including migrants

Determinants of health and wellbeing for migrants

| | |
|---|---|
| Own characteristics | Age, gender, ethnic group, past and current medical history. |
| Behaviour/lifestyle factors | Smoking, drug and alcohol use, diet, exercise. |
| Ability to communicate | Language(s) spoken, access to appropriate interpretation, cultural differences such as gender. |
| Country of origin | Burden of disease and prevalence of infectious diseases. Socioeconomic status (macro – country's position in global economy, micro – personal circumstances in own country prior to migration). |
| Circumstances resulting in migration (such as war, conflict, persecution, exploitation, imprisonment, torture) | Physical trauma: sequelae of torture (shrapnel, un- or under-treated war wounds or fractures, infection, malnutrition, epilepsy, hearing loss, amputation). Spiritual, ideological, emotional trauma and complex bereavement. |
| Nature of journey | Prolonged journey, uncertain outcome, physically dangerous, poor hygiene and sanitation, inadequate water and/or nutrition, trauma, extremes of temperature, separation from family and friends. |
| Arrival and 'settling' process, living in the UK | Poverty, grief, isolation, home sickness, racial harassment, anxiety about family members (present and absent). Denial of right to work, loss of identity, status and means to provide for self and family, loss of hope, despair at own story not believed, limited access to healthy food choices, different expectations of health services, entitlement confusion. |
| Asylum process | Uncertainty of outcome of process and associated despair, stress. |
| Housing issues | The quality of accommodation and landlord practice. Poorly maintained or inappropriate housing (including problems such as damp and mould, leaks, draughts, vermin, fuel poverty, inadequate food storage and hygiene facilities, increase risk of ill-health). Overcrowding and houses of multiple occupation. Sharing space with strangers (can have a negative impact on mental health as well as increasing risk of physical ill-health such as food-borne and other communicable diseases). Destitution – has significant negative physical and mental health effects. |
| Employment factors: no access to legal employment (asylum seekers) | Worklessness impacts on mental wellbeing. Poverty impacts on physical and mental wellbeing. |
| Employment factors: illegal/unregulated employment | Exploitation, long hours, less than minimum wage, surrendered documents (if have any), little or no job security. Accommodation may be linked to employment: poor quality, houses of multiple occupation. Risk to physical and mental wellbeing: mental distress from circumstances of employment such as trafficking (intimidation threats to family members at home). Direct physical hazards such as sexually transmitted infections (in sex workers). Musculoskeletal injuries such as via exposure to heavy machinery, manual labour in agriculture. |
| Employment factors: legal employment | Low skill, low paid: poverty impacts on physical and mental wellbeing. Potentially unaware of rights and open to exploitation. |
| Access to services | Lack of understanding or awareness of service options, unfamiliar systems and language, different previous experiences, for instance of health care and different expectations. |