



JOINT STRATEGIC NEEDS ASSESSMENT FOR MIGRANT WORKERS IN CAMBRIDGESHIRE

VERSION 4.0

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1. EXECUTIVE SUMMARY

1.1 KEY FINDINGS SUMMARY

- **Migrants are not a homogeneous group.** International migrants in Cambridgeshire come from all over the world and with different socio-economic backgrounds. They provide **much needed labour and skills** for local business as well as vital public services and thus help to deliver higher living standards and a wider choice of better and more affordable products and services to local people¹.
- Many migrant workers are working below their skill level even though the skills they possess can be in areas where there are skills shortages. The wellbeing and integration of migrant workers is affected by **their financial situation, access to adequate and affordable accommodation and access to English language courses** designed to meet their needs².
- In terms of their geographical spread, it is Cambridge City where the majority of the migrant population live and work. However, other districts also receive migrants. Over recent years, overall, the **number of international migrants has increased** and they are **increasingly spread around the county**.
- Since 2001, National Insurance Registrations indicate that approximately 30,000 people have come to Cambridgeshire to work. Of these, it is estimated that around 13,100 have remained for over one year, bringing the total number of Cambridgeshire residents who were born abroad to 61,500. This indicates a slight rise in the proportion of the population born abroad from 9% in 2001 to 11% in 2006. Following EU expansion in 2004 when the EU was expanded by 10 countries, a rapid increase in migration took place which has brought high inflows of people from the **eight accession countries (A8)**³ to the county, and in many districts there **continues to be notable migration from Western Europe and Asia**³.
- **Housing** is one of a number of key factors that has an important influence on people's health⁴. The housing report from the Migration Impacts Forum (2008)⁵ states that access to **good quality and affordable accommodation** is critical in providing stable circumstances for migrants to be economically active and to promoting community cohesion. The housing report indicates that the majority of migrants are living in privately rented or tied accommodation. The numbers of migrants living in houses in multiple occupation has also increased locally, especially in Fenland. This type of accommodation is often of low quality and overcrowded.
- The latest Pupil Level School Census data published in January 2009 indicates that black, minority ethnic (BME) children, those in the category 'white: other group' and the categories of Gypsy/Roma and travellers comprise **13.2% of Cambridgeshire's total school population**. The data also identifies that across the county's school population 87 languages are spoken with new communities growing in areas with traditionally less linguistic diversity⁶. **Educational attainment** of BME and traveller groups in Cambridgeshire is similar to national trends, with Bangladeshi, Black African, Black Caribbean, Pakistani heritage and Gypsy/Roma and travellers of Irish heritage reaching lower levels of attainment than the population as a whole at all key stages⁷.
- The **availability of English language** provision is key. Evidence suggests that English language learning has a significant and positive impact on individuals, communities and the productivity and safety of workplaces with lack of fluency in the language condemning many to poverty⁸.

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

- Although the impact of migrant workers has many positives large **social changes** can occur which can alter **community cohesion**. There is little evidence of the increase in the number of migrants generally leading to problems with community safety or cohesion but the perception of the indigenous community in some areas can be negative.

1.2 INTRODUCTION

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

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

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

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

The information and data used in this document comes from a variety of sources. Where possible local data is used mainly from Cambridgeshire County Council. Where local data is not available, information from research carried out at a regional or national level is used as evidence. It is **important that international migrants' diversity** are taken into account when accessing their needs. Variations between different migrant groups are by: age, gender, country of origin, marital status, education, type of employment, place of residency in Cambridgeshire and others.

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

1. 3 KEY FACTS: THE POPULATION¹⁰

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

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

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

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

1.4 EXISTING NEEDS AND INEQUALITIES

1.4.1 Housing

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

Only a small proportion of **social housing** is allocated to foreign nationals. Foreign nationals from outside the EU are not eligible for social housing unless they are:

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

Migrant workers from countries that were members of the EU prior to 2004 have the same rights to benefits and housing as UK nationals, providing they are working. However, EU nationals' right to live in the UK are based on an expectation that they should be economically active and not place a burden on UK social assistance. For A8 nationals there are different rules restricting eligibility to housing and benefits. A8 migrant workers have to prove they are working and are registered on the Worker Registration Scheme (WRS) in order to be eligible for public funds. Once registered they are eligible to apply for welfare assistance, including housing immediately. However, once an A8 national ceases to work and therefore ceases to be registered as a worker their eligibility is lost. Only if they have completed 12 consecutive months on the WRS are they allowed to apply for housing and benefits on the same terms as other EU nationals from the older EU states.

In order to qualify foreign nationals must not only be eligible but must also have sufficient priority under the local authority's allocation scheme. Their priority is considered on the same basis as all other applicants.

A consequence of this is that around 90% of people who arrived in the UK in the last two years and currently living in England are in the **private rental sector**¹². Key issues include pre arranged and tied accommodation, suitability and quality of accommodation, increase of houses in multiple occupation (HMOs) and overcrowding.

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

1.4.2 Employment

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

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

Migrants that are employed as **shift workers** in these occupations, receiving relatively low earnings, are a group of migrants probably most likely to have limited access to healthy lifestyles or to experience socio-economic disadvantage and poor housing conditions. Poorly designed shift working arrangements and long working hours that do not balance the demands of work with time for rest and recovery can result in fatigue, accidents, injuries and ill health¹⁷.

1.4.3 Language and Education

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

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

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

The data published in January 2007 provides an ethnicity breakdown between primary and secondary pupils. 11.8% of **pupils in Cambridgeshire primary schools** were from a minority ethnic community, below the England rate of 22.4%. The largest groups were: White: other (4.2%) Travellers (0.8%); Indian (0.8%); Bangladeshi (0.7%) Chinese (0.5%) Black African (0.4%) and Pakistani (0.4%)²¹. 9.4% of pupils in **Cambridgeshire secondary schools**²² were from a minority ethnic community.

1.4.4 Mental health and community cohesion

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

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

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

1.4.5 Health

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

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

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

1.5 COMMUNITY ENGAGEMENT

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

of organisation exist in Cambridgeshire running a variety of projects aimed at supporting migrants.

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

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

1.6 RELEVANT LAA INDICATORS

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

1.7 KEY RECOMMENDATIONS

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

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

2. BACKGROUND

2.1 International migrants - definition

This document focuses on current and future health needs of international migrants in Cambridgeshire. In recent years the level of international migration into the UK, and into Cambridgeshire, has increased, and with it the level of public and media interest. With increasing globalisation and low cost air fares, it becomes ever easier for people to travel between countries and to adopt international living and working patterns.

Migrants are not a homogeneous group. International migrants in Cambridgeshire come from all over the world and with different socio-economic backgrounds. They provide much needed labour and skills for local business as well as vital public services and thus help to deliver higher living standards and a wider choice of better and more affordable products and services to local people³⁰.

In the UK, the recent focus of public interest in migration has been on the impact of EU expansion, which has given nationals of the 'Accession States' (the A8 - Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia) the right to live and work in the UK.

Many 'pull' and 'push' factors influence the propensity for people to migrate. According to Blanchflower et al. (2007), the rise in net international migration in the UK coincides both with changes to UK immigration policy and to improvement in the UK's economic position. Migrants decide to migrate to a certain area after having evaluated the costs and benefits of making that move. As a result, it is argued that migrants living in countries with low GDP per capita and high unemployment rates may decide to migrate to countries or areas where the standard of life is perceived to be better or where more job opportunities are available. The same rationale applies to the selection of the destination. In some cases, and particularly in the case of migrants coming from Asian or African countries, the decision to migrate might not be a choice as such, but might be dependant on the contextual circumstances of their country of origin, such as war, famine or poverty. It follows that, as these many pull and push factors shift subtly, so too will the number of people choosing to make a particular move.

Most countries distinguish between a number of categories in their migration policies and statistics. The variations existing between countries indicate that there are no objective definitions of migration. The following information about how international migrants are categorised comes from the United Nations Educational, Scientific and Cultural Organisation (UNESCO):

- Temporary labour migrants (also known as guest workers or overseas contract workers): people who migrate for a limited period of time in order to take up employment and send money home.
- Highly skilled and business migrants: people with qualifications as managers, executives, professionals, technicians or similar, who move within the internal labour markets of trans-national corporations and international organisations, or who seek employment through international labour markets for scarce skills. Many countries welcome such migrants and have special 'skilled and business migration' programmes to encourage them to come.

- Irregular migrants (or undocumented / illegal migrants): people who enter a country, usually in search of employment, without the necessary documents and permits or who enter under a visa and stay, even though it has expired.
- Forced migration: in a broader sense, this includes not only refugees and asylum seekers but also people forced to move due to external factors, such as environmental catastrophes or development projects. This form of migration has similar characteristics to displacement.
- Family members (or family reunion / family reunification migrants): people sharing family ties with migrants under one of the above mentioned categories. Many countries recognise in principle the right to family reunion for legal migrants. Other countries, especially those with contract labour systems, deny the right to family reunion.
- Return migrants: people who return to their country of origin after a period in another county³¹.

2.2 International migrants in Cambridgeshire

International migrants in Cambridgeshire come from all over the world and with different socio-economic backgrounds. In the majority of cases, international migrants are working age population who work in different sectors of economy (migrant workers).

International migration is now a bigger factor in the growth of the national population than natural change. The demographic impact is greater in some parts of the country of which Cambridgeshire is one. However, ‘overall, migrant workers are not only self-financing they are generally net contributors to public finances. They are mostly young, healthy, without dependents and working. They pay income tax, national insurance and council tax but make very few claims on the public purse. The NHS and the care sector rely on foreign staff and through their broader contribution to economic growth, migrants help make the welfare state more affordable for everyone.’³²

Many migrant workers are working below their skill level even though the skills they possess can be in areas where there are skills shortages. The wellbeing and integration of migrant workers is affected by their financial situation, access to adequate and affordable accommodation and access to English language courses designed to meet their needs³³.

In terms of their geographical spread, it is Cambridge City where the majority of the migrant population live and work. However, other districts also receive migrants. Overall, the number of international migrants is increasing and they are increasingly spread around the county (see the Demography section).

Cambridgeshire is a relatively wealthy county but it does see variations in levels of deprivation at the local level. Some international migrants live in areas that are relatively deprived which may affect their health conditions (for example, due to a limited access to affordable housing and / or to health services).

International migrants’ diversity needs to be taken into account when accessing their health needs. Variations between different migrant groups are by: age, gender, country of origin, marital status, education, type of employment, place of residency in Cambridgeshire and others.

Finally, it is worth noting that research on international migrants encounters methodological difficulties in sampling and recruiting migrants. It can be difficult to give an accurate estimate of given group of migrants and then calculate the sample size. Some migrants, for example

undocumented migrants and / or migrants who live in rural areas, can be difficult groups to reach. The same applies to research on the migrants in Cambridgeshire.

2.3 Factors influencing health

A wide range of different factors can influence the health of an individual. The factors that may influence health can been grouped as follows:

- Individual characteristics that are generally fixed: gender, age and genetic make-up
- Social networks that an individual may be part of, relating to their involvement with community, friend, family and religion
- Wider determinants of health: employment, education, housing, health care (treatment and preventive services) and institutional racism³⁴

3 Aims

This document aims to identify “the big picture” in terms of the health and wellbeing needs and inequalities of a local population of international migrants.

It aims to consider possible sources of information about migration flows into Cambridgeshire from overseas, to evaluate the strengths and weaknesses of these sources, and to undertake comparative analysis of the available data with a view to obtaining a better sense of the likely current and future impact of international migration on Cambridgeshire’s population.

We focus on those migrants who have decided to live in Cambridgeshire for work purposes, often termed ‘migrant workers’. This reflects both the focus of interest on those coming to the UK from the A8 states to take up work, as well as the greater availability of data relating to the working migrant population.

4 Policy

4.2 Policy context

4.2.1 Accession countries

Migrant workers from the European Union (EU) have the right to live and work in any other EU country. This is in accordance with the Maastricht treaty³⁵ which was ratified and became law in 1993 by the then 15 European states (A15). The treaty concerns the free movement of goods, services and people within the EU.

In 2004 the EU was expanded by ten countries (A10)[†] and, following an agreement with Norway, Iceland and Liechtenstein, formed the European Economic Area (EEA). The work opportunities for citizens from Cyprus and Malta are much more limited as it was then argued that the wage of the two countries was about 40% of the average in the EU and so, potentially, mass migration could take place³⁶. The A8 refers to all the A10 countries except Cyprus and Malta. The EEA further expanded by two (A2) in 2007[‡].

On admission of the A8 countries, it was agreed that EU states (A15) could have the treaty derogated for five years. However, the UK did not take the option of closing down access to

[†] Estonia, Latvia, Lithuania, Poland, Czech Republic, Slovakia, Hungary, Slovenia, Cyprus and Malta

[‡] Bulgaria and Romania

the job market to the A8 countries but required the A8 citizens to register with the Worker Registration Scheme (WRS) to join the formal economy. This was unless there was an exemption, for example being self-employed. In return they are entitled to basic benefits whilst they are working, such as Housing Benefit, Council Tax Benefit and Tax Credits. Only after they have worked legally for at least a 12 month period can they claim social security benefits such as Jobseeker's Allowance. However, if it could be shown that serious distortions in the labour market would take place after the five years derogation it could be followed by a further two years. In April 2009 the UK government decided that was the case and thereby maintaining the restriction of the A8 countries for an additional two years until 2011.

The WRS has a one-off charge of £90 and a letter from an employer and two photographs should be enclosed with the application. The applicant then receives a registration card and that is valid until the employment is finished. Any new employer must go through the scheme again until the migrant has worked in the UK for 12 months whereupon the migrant will be eligible for a resident permit. It is estimated that almost as many migrants will be self-employed or part of the informal economy as with the WRS³⁷.

The citizens of the accession countries have the right of medical treatment of those countries that are already EU members on production of a European Health Insurance Card, passport, identity or residence card³⁸. Essentially, healthcare would be free if the healthcare problem becomes necessary during the stay and not situations where people come to the UK in order to access treatment, without a specific referral.

In March 2009, the government announced a £70 million fund over two years to help public services ease the pressure which had come about through migration and so reduce the impact of the settled communities. The finances will come from the Migrants Impact Fund and will be obtained through an extra levy on economic migrants and students coming to the UK from outside the EU. That will be in addition to their normal visa fee. In the East of England just over £7 million has been allocated for the two years. Projects such as extra teachers in schools with a high migrant populations, targeted support for policing and additional English language provision for migrants are anticipated³⁹.

4.2.2 Seasonal agricultural workers

This work scheme is designed for citizens of Bulgaria and Romania to be able to enter the UK for up to six months to undertake short-term agricultural work⁴⁰. In 2009 the quota is 21,250 places and they are not generally thought of as migrants.

4.2.3 Migration from non-EU countries

In February 2008, the government started bringing in a points-based system in order to work or study in the UK⁴¹:

- Tier 1: Highly skilled individuals to contribute to growth and productivity
- Tier 2: Skilled workers with a job offer to fill gaps in UK labour force
- Tier 3: Limited numbers of low skilled workers needed to fill specific temporary labour shortages
- Tier 4: Students
- Tier 5: Youth mobility and temporary workers: people allowed to work in the UK for a limited period of time to satisfy primarily non-economic objectives

The points-based system is more flexible and clearer, replacing a system that was thought to had become too bureaucratic. The Migration Advisory Committee advises Government on where migration might sensibly fill skills gaps in the economy in a partial report every six

months and every two years it fully review the lists⁴². One of the recommendations may be that more frequent reviews are needed.

This policy has, however been criticised⁴³ as it potentially exacerbates the vulnerability of migrants and their families through disallowing certain groups permission to stay in the UK. It might increase the probability that more migrant workers will become “sucked into the economy via smugglers and traffickers, with appalling consequences of exploitation”[§]

4.2.4 Highly skilled migrants

A report by the Institute for Employment Studies in 2002⁴⁴ concluded that skilled migrants are not a single generalisable group. The study excluded those who came from within the EEA amongst others and focused on four professional groups: information technology/communications, financial services, hospital consultants and biotechnologists.

The results of the paper suggested push factors (eg individual's home circumstance) and pull factors (eg opportunities for career and economic advancement) for the decision to move country or not. The subjects tended to live a relatively advantaged life in their home country and skilled migrants were drawn to career advancement and to global centres of excellence. Improved earnings and economic advancement were not dominant reasons for migrating although they were of importance for some of those from developing countries. As such the surveyed migrants can be considered knowledge migrants rather than economic migrants.

The report acknowledged that the driving factors for choosing the UK were familiarity with the country, the language and the culture. Comparatively few intended to leave the UK before their visa expired and most wanted to become naturalised.

A report by McKay et al, 2006⁴⁵ considered that generally high-skilled migrants were not thought of as being 'migrant', rather their colleagues would use the terms 'overseas workers' or 'international workers' to distinguish them from the low-skilled 'migrant workers'. They also found that the high-skilled migrants were having little problems with service and advice providers, being perceived as having no real difficulties with adjusting and fitting in with the new community. However, the knowledge migrants themselves had a less positive view of the migration process.

4.2.5 Asylum seekers & refugees

Asylum seekers and refugees are entitled to free NHS primary and secondary treatment (except for statutory charges, for example prescription charges) as long as their case is successful, under consideration or appeal⁴⁶. However, in March 2009 Appeal Court judges ruled that failed asylum seekers will be charged for treatment. This is because the patient must have been living lawfully in the UK for a year and as the asylum case was not successful⁴⁷.

Black⁴⁸ completed a survey in 2005 of illegal migrants in detention centres. The majority were paid cash-in-hand with many reporting poor working conditions and long hours. The researchers described limited evidence that whether, or not, the worker was in the UK with supporting papers (whether legal or not) meant the rate of pay was above, or below, the national minimum wage.

4.2.6 No recourse to public funds.

[§] Immigration and Advisory Service, a UK charity providing advice in immigration and asylum law

In January 2009 Alex Collis and Susan Stallabrass from the East of England Regional Assembly Strategic Migration Partnership released a migrant health scoping report. The report states that 'Agencies are reporting increasing numbers of destitute individuals and families for whom they are struggling to put services into place. Those particularly affected are refused asylum seekers, migrants who have lost work and cannot return home and women who, often for domestic abuse issues, are separated from the husbands they were given visas to join. Individuals who have no recourse to public funds are not entitled to receive a range of services and support including non emergency healthcare, social care services, welfare benefits and access to social housing.'

An audit commission report published in 2007⁴⁹ concluded that because many migrants live in tied accommodation with higher insecurity of tenure and often paying high rents they will become homeless and destitute if they fail to find work, are made redundant or flee domestic violence as they are not eligible for public funds. Many destitute migrant workers may drift into squatting, rough sleeping and street drinking and substance misuse.

5. Methodology

Information and data used in the document come from a variety of sources. Where possible local data is used mainly from Cambridgeshire County Council. Where local data is not available, information from research carried out at a regional or national level is used as evidence. Therefore it is highlighted in the document what source of data or information is used: local (county, district level data), regional (East of England) or national (England, England and Wales, the UK)

At present there is no data that provide an accurate measure of the number of international migrants living or working in Cambridgeshire. There are various sources of information that can be used to assess the number of people registering in the UK or Cambridgeshire for work purposes, most of which are a by-product of an administrative procedure and have not been specifically designed to monitor migration. This means that the data has many shortcomings – not least that it gives no indication of the number of people who return to their home countries each year – so cannot indicate the exact number of migrants in the UK at any one time. The data can, however, illustrate inflows of migrants, which can help us identify patterns of migration and migrant workers' profiles, especially when a number of sources are considered together.

This study collates and compares available data sources, using a triangulation approach to identify the most likely patterns of migration in different districts. The principal data sources considered in this research are:

- **2001 Census:** This gives a robust measure of the number of people usually resident in Cambridgeshire in April 2001 that were born abroad. We can use this as a baseline against which to consider change.
- **National Insurance Numbers Registrations (NINos):** All people coming to the UK to take up employment for the first time must obtain a National Insurance Number; we can consider all those registering who have a Cambridgeshire address.
- **Statistics from the Workers Registration Scheme (WRS):** This scheme monitors the arrivals of migrants from the Accession States who take up paid work in the UK; we have data for those taking up work with an employer located in Cambridgeshire.
- **GP registrations:** For the purposes of this study we were able to obtain details of those people registering with a GP in Cambridgeshire and who were born outside the UK.

- **Uptake of English classes at Cambridgeshire's Regional Colleges**
- **The Pupil Level Annual School Census:** Numbers of children in LEA schools for whom English was not their first language.

These data sources, taken together, are used to estimate the number of migrant workers that have come to Cambridgeshire since 2001, by continent of origin. It is then possible to make an assessment of the number of these that have remained in Cambridgeshire to form part of the resident population, based on a number of length-of-stay scenarios. A 'most likely' scenario is compiled for each district, based on different length of stay assumptions for people from different continents. It is important to note that there will also have been change, including international out-migration, among the general population during this time, so any rise in migrant workers does not necessarily indicate a rise in the total population. The research also tests a number of future scenarios, based on a range of assumptions.

Possible future contributors in producing this document

The document would benefit from contribution from a range of stakeholders. Examples of who could contribute to the JSNA are as follows:

- Neighbourhood services staff including housing leads and community safety officers
- Public health nurses, such as health visitors and school nurses
- District nurses
- Social care staff
- Environmental health officers
- Family planning providers
- Teachers
- Health promotion teams and health trainers
- Community pharmacists
- Youth workers
- GPs and their teams
- Midwives
- Patient Advice and Liaison Services (PALS) and LINKs
- Carer centre staff
- Voluntary and third sector providers
- Private providers

6. Demographics⁵⁰

6.1. Migrant workers

6.1.1 Migrant workers in Cambridgeshire

- The 2001 Census showed that 9% of Cambridgeshire's population were born outside the UK, of which 34% were born in Western Europe, 24% were born in Asia and 20% were born in America.
- Analysis of data from NINO registrations and the WRS suggests that Cambridgeshire has among the highest numbers of migrant workers in the East of England, while the East of England ranks third in the country after London and the South East. Within Cambridgeshire, Cambridge City has the highest number of work-related migrants overall, while Fenland and East Cambridgeshire have particularly high numbers of migrants from the A8 countries.

- Since 2001, National Insurance Number registrations indicate around 30,000 people have come to Cambridgeshire for work purposes. Of these, 38% have come from Eastern Europe, 24% from Western Europe and 19% from Asia. The highest numbers of migrants in terms of individual countries are from Poland, Lithuania and India. Numbers of migrants across Cambridgeshire rose from around 4,000 in 2002-2004, to a high of 8,700 in 2005/6, and subsequently fell to 8,150 in 2006/7.
- Comparing National Insurance registrations and GP registrations suggests that many people who come to Cambridgeshire and work do not register with a GP. This is most apparent with migrants from the A8 countries, among whom just one in four were registered. This may point to a lack of awareness that they can access primary health services here, or relate to unwillingness to lose wages by taking the time to visit a doctor during working hours. At the same time, however, as many of these migrants are likely to be here temporarily only, they may not need health care during their stay. Most migrants from the A8 countries are single young adults, and a high proportion are male. These groups in the general UK population tend to show lower engagement with health services than those with children or those who are older.
- At the time of the 2001 Census, people from Western Europe formed the largest group of Cambridgeshire's population that was born abroad, followed by people born in Asia and then people born in America. The research presented here suggests that, despite the impact of A8 migration, people from Western Europe remain the most numerous group in Cambridgeshire, followed by people born in Asia. Depending on the number of people from A8 countries who have settled in the district, there may currently be similar numbers of migrants from the A8 countries as people born in Africa in the resident population.
- The research suggests that around 13,100 additional migrant workers could now be resident in Cambridgeshire compared to 2001, bringing the total number of people born abroad to 61,500. This estimate would suggest that the proportion of the population born abroad has risen from 9% in 2001 to 11% in 2006.

6.1.2 Migrant workers in Cambridge City

- The 2001 Census showed that 19% of Cambridge City's population were born outside the UK, which was the highest proportion in Cambridgeshire. This high proportion reflects Cambridge City's global prominence in education, research and hi-tech industries. In particular, it is important to recognise that international migration in Cambridge is profoundly influenced by the movement of students into and out of the City. Of the City's population born abroad in 2001, 32% were born in Western Europe, 30% were born in Asia, 15% were born in America, 10% were born in Africa and 7% were born in Eastern Europe.
- Analysis of data from NINO registrations and the WRS confirm that Cambridge is a popular destination for migrant workers: Cambridge ranked 52 of 411 local authorities in terms of NINO registrations, and 57 in terms of WRS registrations. Overall this suggests that Cambridge is attractive to A8 and other migrants.
- Since 2001, around 15,000 people have come to Cambridge to work. Of these, 32% have come from Western Europe, 24% have come from Asia and 23% from Eastern Europe. The highest numbers of migrants, in terms of individual countries, are Polish, Chinese and Spanish. Numbers of migrants from most continents have remained fairly stable since 2001, with the main exception of migrants from the A8 countries, which have risen sharply since 2004.

- Among Western Europeans coming to Cambridge, a high proportion are university students and many others appear to be relatively short term migrants, perhaps coming to the City for a language course or to spend a summer working. Overall 4,900 Western Europeans have come to Cambridge for work since 2001, with numbers slightly higher in 2005 and 2006 than previously.
- 3,600 Asian migrants have registered to work in Cambridge since 2001, at a fairly constant rate of around 700 per year. The highest numbers of Asian migrants are from China (29%), India (22%) and The Philippines (13%). Numbers of migrant workers from China and The Philippines have fallen slightly since 2001, while the number of Indian workers has risen slightly.
- Cambridge City has seen the second highest inflow of migrants from the A8 countries in Cambridgeshire, after Fenland. Since 2001, 3,400 people have registered to work in Cambridge. Of these, 75% stated an intention to remain in the UK for less than three months or did not know how long they would remain. Just 10% stated an intention to remain for two years or more. Unlike other migrant groups, few migrants from the A8 countries have come to Cambridge as students. The most common nationalities of migrant workers from the A8 countries are Polish (61%), Hungarian (7%) and Czech (7%). Around 80% are aged 18-34. The majority come to Cambridge unaccompanied; all available sources indicate that there are only around 50 new A8 migrants aged under 17 in Cambridge. The Worker Registration Scheme suggests that 80% of A8 migrants are employed in the administration or hospitality and catering sectors.
- Since 2001, around 1,400 migrant workers have come to Cambridge from the Americas. Of these almost half were from USA. Around 900 migrant workers have come from Africa, notably South Africa and Zimbabwe. Around 900 have also come from Australia and New Zealand. Annual flows among all these groups have remained relatively stable over time.
- Within Cambridge, the highest numbers of migrant workers live in Romsey and Petersfield wards. The GP registration data suggest that the highest numbers of all migrants live in Castle, Newnham and Market wards; this reflects the number of overseas students in Cambridge.
- Despite the impact of migration from Eastern Europe, migrants from Western Europe and Asia still form the largest groups of residents born outside the UK.
- Between 4,500 and 10,500 additional migrant workers may now be living in Cambridge City compared to 2001. A ‘most likely’ scenario, based on assumptions about patterns of migration from different continents, would suggest that around 6,600 migrant workers may have become part of Cambridge City’s resident population since 2001. This suggests that the proportion of the City’s population that was born abroad may have risen from 19% in 2001 to 24% in 2006.

6.1.3 Migrant workers in East Cambridgeshire

- The 2001 Census showed that just 7% of East Cambridgeshire’s population were born outside the UK.
- Analysis of data from NINO registrations and the WRS suggests that East Cambridgeshire is a popular destination for migrant workers, particularly from the A8 countries: East Cambridgeshire ranked 164 of 411 local authorities in terms of NINO registrations, and 35 in terms of WRS registrations.

- Since 2001, a minimum of 3,100 people have come to East Cambridgeshire to work. Of these, 66% have come from Eastern Europe and 13% have come from Western Europe. The highest numbers of migrants are Polish, Lithuanian and Portuguese. Numbers of migrants from most continents are low and have remained fairly stable since 2001, with the exception of migrants from the A8 countries, the numbers of which rose dramatically in 2005 and then declined slightly in 2006.
- Since 2001, a minimum of 2,000 migrants from the A8 countries have come to East Cambridgeshire to work. Of these, 85% stated an intention to remain in the UK for less than three months or did not know how long they would remain. Just 4% stated an intention to remain for two years or more. This proportion suggests that migrants from the A8 countries coming to East Cambridgeshire are the most transient in the county. This undoubtedly reflects the seasonal nature of the work available to migrants in the district. Indeed, the Worker Registration Scheme suggests that almost three quarters of A8 migrants are employed in the agricultural sector. Over 90% are aged 18-34. The majority come to East Cambridgeshire unaccompanied; all available sources indicate that there are only around 20 new A8 migrants aged under 17 in East Cambridgeshire. The total number of children in LEA schools who speak a language from one of the A8 countries as their first language was just 26 in 2007. Since 2004 only 240 migrants from the A8 countries have registered for English language courses; this is broadly consistent with a transient population but may also indicate that there are unmet language needs among the migrant population. GP registrations are also low, which may mean that migrants are not accessing services to which they are entitled, although given the age profile of the migrants they may also have fairly low health care needs.
- 410 Western European migrants have come to East Cambridgeshire for work since 2001, of whom around half are Portuguese. Numbers of Portuguese migrants were around 60 per year in 2002 and 2003, but have since fallen to just 20 in 2006. This suggests that agricultural work that used to be carried out by seasonal Portuguese migrants may now be carried out by migrants from Eastern Europe.
- 220 Asian migrants have come to East Cambridgeshire to work since 2001, at a fairly constant rate of around 50 per year. The highest numbers of Asian migrants are from India (27%), The Philippines (27%) and China (23%).
- Since 2001, around 160 migrant workers have come to East Cambridgeshire from the Americas. Of these almost all were from USA, which may relate to the US Air Force bases at RAF Lakenheath and RAF Mildenhall. Similar numbers of migrant workers have come from Africa, notably South Africa. Around 120 have also come from Australia and New Zealand.
- Within East Cambridgeshire, the highest numbers of migrant workers live around Ely and Soham, which is consistent with the locations of agricultural work in the district.
- If more than half of migrant workers from Eastern Europe have settled in East Cambridgeshire, they would now form the largest group of residents born abroad. All the evidence, however, points to this group being exceptionally transient. It is therefore most likely that people born in America remain the largest group, followed by residents born in Western Europe.
- Between 1,100 and 1,700 additional migrant workers could now be resident in East Cambridgeshire compared to 2001, although the total could feasibly be even lower than this. It is important to note that numbers of migrant workers from the A8 countries fell from 2005 to 2006.

6.1.4 Migrant workers in Fenland

- The 2001 Census showed that just 3% of Fenland's population were born outside the UK, which was the lowest proportion in Cambridgeshire. Of these, 45% were born in Western Europe, 20% in Asia and 12% in America.
- Analysis of data from NINO registrations and the WRS suggests that Fenland is a popular destination for migrant workers, but predominantly those from the A8 countries: Fenland ranked 137 of 411 local authorities in terms of NINO registrations, and 28 in terms of WRS registrations. This makes it the most popular destination of A8 migrants in Cambridgeshire.
- Since 2001, around 3,800 people have come to Fenland to work. Of these, 78% have come from Eastern Europe and 8% have come from Western Europe. The highest numbers of migrants in terms of individual countries are Polish, Lithuanian and Latvian. Numbers of migrants from most continents are extremely low and have remained fairly stable since 2001, with the exception of migrants from the A8 countries, the numbers of which rose dramatically in 2005 but fell slightly in 2006.
- Since 2001, around 3,000 migrants from the A8 countries have registered to work in Fenland. Of these, 79% stated an intention to remain in the UK for less than three months or did not know how long they would remain. 7% stated an intention to remain for two years or more. The Worker Registration Scheme suggests that around half of A8 migrants are employed in the agricultural sector, and half in the business and administration sector. Around three quarters are aged 18-34, which suggests migrant workers in Fenland have a slightly older age profile than in East Cambridgeshire. The majority come to Fenland unaccompanied, but there appear to be higher numbers of dependents coming to Fenland than other districts. The WRS and GP data suggest that 50-60 children aged under 17 came to Fenland around 2004-2005, and the total number of children in LEA schools who speak a language from an A8 country as their first language was 140 in 2007. This suggests that the number of dependents may have increased over time. Despite the high number of migrants from the A8 countries coming to Fenland, just 60 have registered for English language courses since 2004. As in East Cambridgeshire, this may simply be consistent with a highly transient population who have little need to speak English. However, given the evidence that more children from A8 countries are enrolling in schools in Fenland, and that the A8 population in Fenland may be slightly less transient than in East Cambridgeshire, it perhaps more strongly implies that there are language needs among the migrant population of Fenland that are not currently being met.
- 360 Western European migrants have come to Fenland for work since 2001, of whom the majority are Portuguese. 100 Portuguese migrants registered for a National Insurance Number in 2003, but annual registrations have since fallen to just 30 in 2006. Numbers of GP registrations have increased, however, which may indicate that while the inflow of new Portuguese migrants has slowed markedly, past migrants may have settled in the area.
- Since 2001, around 270 migrant workers have come to Fenland from Africa, notably South Africa and Namibia. Numbers of new African migrants peaked at 120 in 2004, but have since fallen to just 20 in 2006. Around 230 migrant workers have come from Asia, with the largest groups from The Philippines (26%), India (26%) and China (17%). Annual registrations have been consistently low over time. Just 70 migrants have come from America and 30 from Australia.

- Within Fenland, the highest numbers of migrant workers live in Wisbech, with notably low numbers in Whittlesey and Chatteris and the surrounding rural areas.
- Depending on the number of people from Eastern Europe that have settled in Fenland, this group may now form the largest group of people born abroad. It is most likely, however, that numbers of Eastern and Western Europeans are now fairly balanced.
- Between 1,400 and 1,700 additional migrant workers could now be resident in Fenland compared to 2001. It is important to note that the number of migrant workers from Eastern Europe fell from 2005 to 2006.

6.1.5 Migrant workers in Huntingdonshire

- The 2001 Census showed that 7% of Huntingdonshire's population were born outside the UK. Of these, 35% were born in Western Europe, 28% were born in America, 20% were born in Asia and 10% were born in Africa.
- Analysis of data from NINO registrations and the WRS suggests that Huntingdonshire is a moderately popular destination for migrant workers: Huntingdonshire ranked 114 of 411 local authorities in terms of NINO registrations, and 95 in terms of WRS registrations. This suggests it is a less popular destination for A8 migrants than other parts of Cambridgeshire.
- Since 2001, around 4,000 people have come to Huntingdonshire to work. Of these, around half have come from Eastern Europe, 18% have come from Asia and 14% from Western Europe. The highest numbers of migrants are from Poland, The Philippines and Lithuania. Numbers of migrants from most continents are fairly low and have remained fairly stable or fallen since 2001, with the exception of migrants from the A8 countries, the numbers of which rose in 2005 and continued to rise in 2006.
- Since 2001, around 2,000 A8 migrants have registered to work in Huntingdonshire. Of these, 76% stated an intention to remain in the UK for less than three months or did not know how long they would remain. 8% stated an intention to remain for two years or more. The Worker Registration Scheme suggests that more than half of A8 migrants are employed in the business and administration sector. Around 70-80% are aged 18-34. The majority come to Huntingdonshire unaccompanied; the available data sources suggest that around 50 children aged under 17 have come to Huntingdonshire. In contrast to East Cambridgeshire and Fenland, attendance at English classes is high in Huntingdonshire: since 2001 1,440 people have attended classes, with numbers rising notably since 2004.
- 720 Asian migrants have registered to work in Huntingdonshire since 2001; 200 registered for a National Insurance Number in 2001 and new registrations have since fallen to 110 in 2006. The highest numbers of Asian migrants are from The Philippines (33%), India (21%) and Pakistan (13%). Numbers of migrant workers from The Philippines have fallen since 2002, while the numbers of Indian and Pakistani workers have remained stable.
- 550 Western European migrants have come to Huntingdonshire for work since 2001, of whom 36% are Portuguese.
- Since 2001, around 360 migrant workers have come to Huntingdonshire from Africa, notably South Africa, Zimbabwe and Ghana. Numbers of National Insurance Number registrations peaked at 100 in 2005, but have since fallen to 50 in 2006. 240 migrants

have come from America, of which 71% were from USA, and 150 from Australia and New Zealand.

- Within Huntingdonshire, over one quarter of people registering for a National Insurance Number live in Huntingdon North, with numbers also relatively high in the rest of Huntingdon. Numbers of migrant workers are low outside the market towns.
- The greatest change since the 2001 Census in Huntingdonshire is likely to be in the number of people from Eastern Europe. However, even if all the migrants from the A8 countries that have come to Huntingdonshire have settled here permanently, they are still outnumbered by Western Europeans, Americans and Asians.
- Between 1,000 and 3,000 additional migrant workers could now be resident in Huntingdonshire compared to 2001. The 'most likely' scenario, based on varying return rates for people from different areas, would suggest there are around 1,900 new migrant workers, bringing the total number of overseas born residents to around 12,600. Overall the proportion of Huntingdonshire's population born abroad has changed very little since 2001. The share of the overseas born population from Eastern Europe is likely to have risen from 3% to 7%, with the share from America falling from 29% to 25% and the share from other continents remaining stable.

6.1.6 Migrant workers in South Cambridgeshire

- The 2001 Census showed that 7% of South Cambridgeshire's population was born outside the UK.
- Analysis of data from NINO registrations and the WRS suggests that South Cambridgeshire is the least popular destination for migrant workers in Cambridgeshire: South Cambridgeshire ranked 175 of 411 local authorities in terms of NINO registrations, and 157 in terms of WRS registrations.
- Since 2001, around 4,200 people have come to South Cambridgeshire to work. Of these, 32% have come from Eastern Europe, 23% from Western Europe and 22% have come from Asia. The highest numbers of migrants in terms of individual countries are from Poland, South Africa and India. Numbers of migrants from most continents were lower in 2006 than earlier in the decade.
- Since 2001, around 1,400 migrants from the A8 countries have registered to work in South Cambridgeshire. Of these, 61% stated an intention to remain in the UK for less than three months or did not know how long they would remain. Almost 10% stated an intention to remain for two years or more. The stated intentions suggest that, while fewer A8 migrants come to South Cambridgeshire compared to other Cambridgeshire districts, those that do come are more likely to stay longer. The Worker Registration Scheme suggests that one third of migrants from the A8 countries are employed in the agricultural sector, with a further third in the administration and hospitality and catering sectors. Around 85% are aged 18-34. The majority come to South Cambridgeshire unaccompanied; the available data sources suggest that around 40 children aged under 17 have come to South Cambridgeshire. Attendance at English classes is reasonably high in South Cambridgeshire: since 2001 780 migrants from the A8 countries have attended classes, with numbers rising to 280 in 2004 but subsequently falling to 110 in 2006.
- 940 Western European migrants have come to South Cambridgeshire for work since 2001, of whom 18% are German and 17% are French. National Insurance Number registrations have remained relatively high at an average of 190 per year. The 2007 Pupil

Level Annual School Census shows that a notable proportion of children attending LEA schools in South Cambridgeshire are from Western Europe.

- 900 Asian migrants have registered to work in South Cambridgeshire since 2001, with annual registrations fairly stable at an average of 180 migrants per year. The highest numbers of Asian migrants are from India (33%), The Philippines (24%) and China (12%). Numbers of migrant workers from The Philippines have fallen since 2002, while the numbers of Indian and Chinese workers have remained stable.
- Since 2001, around 460 migrant workers have come to South Cambridgeshire from Africa, notably South Africa. Numbers of National Insurance Number registrations peaked at 110 in 2004, but have since fallen to 70 in 2006. 260 migrants have come from America, of which 64% were from USA, and 250 from Australia and New Zealand.
- Within South Cambridgeshire, the highest numbers of migrant workers live in Histon and Impington and Milton. GP registration data suggest Bourn and Cottenham may also be popular wards, particularly for Asians and Western Europeans.
- People from Western Europe remain the largest group of people born overseas resident in South Cambridgeshire, followed by people born in Asia. Depending on the number of people from A8 countries who have settled in the district, there may now be similar numbers of migrants from A8 countries as Americans and Africans.
- Between 1,200 and 2,900 additional migrant workers could now be resident in South Cambridgeshire compared to 2001. The 'most likely' scenario would suggest there are around 2,200 new migrant workers, bringing the total number of overseas born residents to around 11,500. The share of the overseas born population from Eastern Europe is likely to have risen from 3% to 5% and the share from Asia from 20% to 22%, with the share from America falling from 29% to 25% and the share from other continents remaining stable.

6.2 Predicted Future trends

It is possible to project future trends in numbers of new migrant workers, based on a range of scenarios. Here we consider just the two-year trend scenario, which explores what would happen if the change in numbers of migrant workers seen over the last two years continued into the future.

In Cambridge City, this scenario suggests annual numbers of new migrant workers will rise gradually into the future, from around 3,800 per year in 2006 to around 5,400 per year by 2016. In Huntingdonshire recent trends indicate a faster increase, from 1,300 in 2006 to 3,400 in 2016. In contrast, trends in East Cambridgeshire, Fenland and South Cambridgeshire suggest numbers will fall in the future. Overall this suggests a gradual decrease in numbers of new migrant workers across Cambridgeshire as a whole, from 8,300 in 2006 to just over 6,000 in 2016. Clearly, however, changes in socio-economic context in Cambridgeshire and the rest of the world have the potential to influence these future trends profoundly.

6.3 Global financial crisis

Data has not been received yet to determine the impact of the global financial crisis. However, there are effects that are likely to occur⁵¹ and these include:

- Job losses
- Reduction in wages
- A decline in remittance flows as the UK exchange rates falls

These are likely to increase the return of migrants, at least in the short term of 2-3 years⁵². However, Schneider⁵³ described in an interim report in 2009 that the majority of migrants who changed their mind over the timing of their returning home decided to stay for a longer rather than a shorter time. The research highlighted that the majority had a 'let's see attitude'. It seemed that the worsening economic situation was a small part of the decision of whether to go or not.

6.4 Conclusions

The research has illustrated both the difficulty of using the available data sources to build up a robust picture of the impact of migration, and also the wealth of data available and the possibilities it presents to researchers. Despite the many shortcomings in the datasets there is actually remarkable agreement between them across much of Cambridgeshire.

This study suggests that, since 2001, around 30,000 people have come to Cambridgeshire to work. Of these, it is estimated that around 13,100 have remained for over one year, bringing the total number of Cambridgeshire residents who were born abroad to 61,500. This indicates a slight rise in the proportion of the population born abroad from 9% in 2001 to 11% in 2006.

The research has highlighted the diversity of international migration across Cambridgeshire. While EU expansion has brought high inflows of migrants from A8 countries to the county, in many districts there continues to be notable migration from Western Europe and Asia. While South Cambridgeshire, Cambridge City and Huntingdonshire exhibit this particularly mixed pattern of migration, in East Cambridgeshire and Fenland migration is much more dominated by migrants from the A8 countries, most likely due to the prevalence of agricultural industry and seasonal employment.

As expected, the research highlighted a rapid increase in migration from the A8 countries following EU expansion in 2004. Yet, in East Cambridgeshire, Fenland and South Cambridgeshire, numbers of new A8 migrants peaked in 2005 and fell in 2006. This suggests that, as might be predicted, the numbers of migrants may be stabilising or falling, perhaps in relation to available jobs in this country and economic expansion in the A8 countries. The majority of A8 migrants are young adults; numbers of dependent children are generally low.

The research has highlighted low GP registration among migrant workers from the A8 countries. This may indicate that there are unmet health needs among this population, but is also likely to reflect the young age profile of this group, and therefore their relative health, as well as their more transient nature. Interestingly, this research has highlighted significant variation in attendance at ESOL/EFL classes, with very few migrants from the A8 countries in East Cambridgeshire and Fenland attending classes, with much higher attendance in Huntingdonshire and South Cambridgeshire although this may be because of differing provision of these courses in the different districts.

6.5 Recommendations

- Improve organisations' adaptive capacity; ensuring that Cambridgeshire service providers are flexible enough to respond to the changing needs of the migrant populations, a population that can be highly mobile and transient in nature.
- Improve data collection to ensure more robust, timely and comprehensive data acknowledging the difficulties in accessing accurate information on undocumented migrants.
- Examine the needs of those who have no recourse to public fund or who are destitute in order to ascertain how these individuals and families may be best supported.

7 Housing

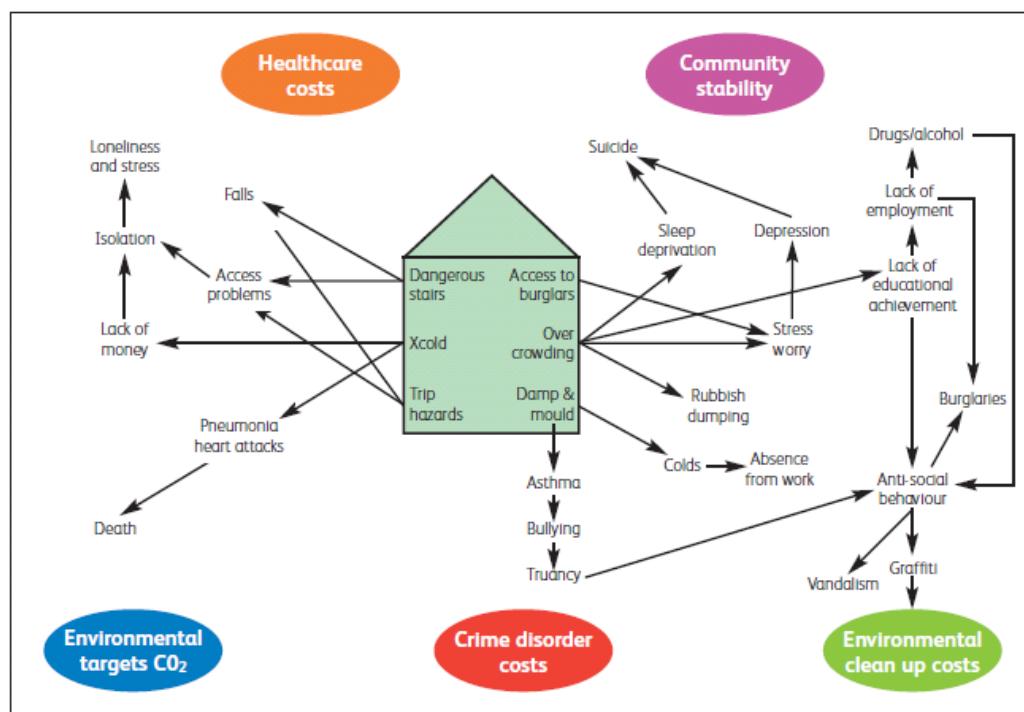
7.1 Housing and health

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

As a report performed by the Chartered Institute of Environmental Health⁵⁴ points out the number of people living in Decent Homes has been recognised as being not just of benefit to the occupiers but also to the wider community and to society. However, quantifiable evidence of the health benefits associated with improved housing are difficult to show, the importance of an increase in Decent Homes is linked to improved communities, reducing crime, improving employment opportunities and educational achievement⁵⁵.

'These links can also be expanded to cover anti-social behaviour and vandalism. Furthermore, stress is an health issue within many of the hazard profiles and is linked to bullying, truancy, under performance at school, unemployment or absence at work. Many of these issues bring with them costs of their own. We also need to ask how much is the cost involved for example in moving an item of dumped furniture or removing graffiti. Evidence from Neighbourhood Renewal Assessments (NRA) over a number of years show these issues, usually included as part of the environmental assessment, are important to householders'. Source: Good Housing Leads To Good Health: A toolkit for environmental health practitioners⁵⁴

Figure 1.



Source: Good Housing Leads To Good Health: A toolkit for environmental health practitioners⁵⁴
Figure 1 The connection between housing and health

Housing and public health, a review of reviews of interventions for improving health⁵⁶, identifies a number of aspects of poor housing that can adversely affect health. Overcrowding and housing tenure are among these factors.

7.1.1 Overcrowding

Overcrowding is a factor that can adversely affect health, although in common with other housing-related components, it can interrelate with other factors so that it is difficult to measure its precise effect. For example, overcrowding, family income, energy efficiency, design and location of the property may in turn influence other housing-related factors, such as damp, cold, noise penetration, smoking behaviour and indoor air quality.

Houses in multiple occupation (HMOs) are defined as a dwelling or converted residential building that is occupied by more than one household⁵⁷. There is evidence to suggest that those living in houses of multiple occupations are four times as likely to suffer injury and twice as likely to die in a fire as those in single dwellings. In terms of data it is difficult to ascertain the true numbers of migrants living in this type of accommodation and this gap in information should be taking into consideration when examining housing data.

Overcrowding has also been found to adversely affect mental health. Flat dwelling has been linked to social isolation, crime, reduced privacy and fewer opportunities for safe play for children. There is some evidence that decreased levels of mental health are associated with increased housing height and multi-unit dwelling.

7.1.2 Housing tenure

Home ownership may provide a degree of security and control. There is cultural variation in the rate and meaning of home ownership across different countries and likewise the nature of the relationship varies internationally. Home ownership can also have a negative relationship on health. People who experienced difficulties in meeting mortgage repayments also suffered increased insecurity and poorer mental health.

The review also identifies growing evidence of a relationship between social relationships/networks and health, highlighting the importance of social networks within a community as a determinant of quality of life.

7.2 Housing Report to the Migration Impacts Forum⁵⁸

A report on housing and migration issues was presented to the Migration Impacts Forum in 2008. The report states that access to good quality and affordable accommodation is critical in providing stable circumstances for migrants to be economically active and in promoting community cohesion.

The housing needs of different groups of migrants – including those from the EU, students, family reunion cases and refugees and asylum seekers vary widely.

7.2.1 Housing Market Issues – national perspective

The report on housing identifies that recent changes to the housing market coinciding with the changing patterns of migration are having an impact on both the attitudes towards new arrivals and the housing conditions for new arrivals.

According to the Housing Report, overall, foreign nationals living in England are much more likely to own or privately rent their home than be living in social housing (about 570,000 owner occupiers, 600,000 private renters and 310,000 social renters). But that overall picture is made up of a number of very different patterns depending on where migrants are from, their reasons for coming to the UK and how long they have been here.

Only a small proportion of social housing is allocated to foreign nationals. Foreign nationals from outside the EU are not eligible for social housing unless they are:

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

Migrant workers from countries that were members of the EU prior to 2004 have the same rights to benefits and housing as UK nationals, providing they are working. However, EU nationals' rights to live in the UK are based on an expectation that they should be economically active or self-sufficient and not place a burden on UK social assistance. For A8 nationals there are different rules restricting eligibility to housing and benefits. A8 migrant workers have to prove they are working and are registered on the Worker Registration Scheme (WRS) in order to be eligible for public funds. Once registered they are eligible to apply for welfare assistance, including housing immediately. However, once an A8 national ceases to work and therefore ceases to be registered as a worker their eligibility is lost. Only if they have completed 12 consecutive months on the WRS are they allowed to apply for housing and benefits on the same terms as other EU nationals from the older EU states⁵⁹.

In order to qualify for social housing, foreign nationals must not only be eligible but must also have sufficient priority under the local authority's allocation scheme. Their priority is considered on the same basis as all other applicants.

A consequence of this is that around 90% of people who arrived in the UK in the last two years and currently living in England are in the private rented sector. The impact on the private rented sector has been particularly felt at the 'bottom end' of the market raising associated issues around poor quality accommodation. For some migrant workers, especially those in the UK temporarily, a key motivation may be to minimise their housing costs, even at the cost of accepting very poor conditions, given that they are often already on very low pay levels or sending money home.

The report also states that while the position of new arrivals within the housing market could be seen as a microcosm of the issues that exist for all groups on lower than average incomes and consisting of more vulnerable people, there may be others which apply particularly those arriving from abroad.

7.2.2 Private Sector Housing

According to the Housing Report, much of the evidence points to migrants and other newly arrived people making considerable use of the private rented sector (PRS), due to a range of factors. Key emerging issues include: pre-arranged and tied accommodation, ineligibility and assumed ineligibility for social rented housing, and competing demands and insufficient priority for social rented housing. In many cases young single people would not be able to secure social rented accommodation and would expect to go into private rented accommodation recognising the flexibility it can provide. Some local areas have faced an increase in the number of Private Rented Sector lets, including houses in multiple-occupation (HMOs). Key issues include overcrowding, suitability and quality through over-use of amenities, and impacts on the wider neighbourhood.

7.3 Experiences of migrant workers in rural parts of the UK – national perspective⁶⁰

National evidence on the experiences of migrants in rural parts of the UK shows that migrants who are lower skilled and / or lower paid, share some of the problems experienced in the housing market by indigenous unskilled and semi-skilled workers including:

- The affordability of private sector rents, especially in relation to eligibility for, or limits imposed on, Housing Benefits
- The need for a deposit and the payment of rent in advance (usually one month)
- Insecurity associated with tenancy agreements that usually specify one month's notice
- In the social housing sector, issues surrounding eligibility for housing depending on the status of the migrant including the right to reside.

Given the rural nature of Cambridgeshire it is likely for migrants living in rural areas to experience the problems mentioned above.

7.4 Longitudinal study of migrant workers in the East of England⁶¹

In a recent longitudinal study of migrant workers in the East of England, the researchers recounted experiences of poor quality housing and being asked to move at short notice as relatively common. Furthermore, discovering that prior information about tenure, quality and cost of rental does not correspond to the housing situation once in the UK.

As primarily occupants in the private rented sector, many had experienced several changes of address within the region and few worked in the areas actually lived in. However, few migrant workers expressed any dissatisfaction over their accommodation. Only 6% in one study regarded their housing as being 'poor' or 'very poor'. One possible explanation for this finding is that the migrants are afraid that if they complain they will be evicted, particularly if the accommodation is tied with their job⁶².

It was noted that whilst the housing situation in the countries of origin was mixed – spanning a minority 'very good' to 'very poor' with a high number of interviewees having to share their parents' homes or service high rents – the availability and quality of housing in the UK was often a disappointment. Furthermore, migrant workers are often paying exorbitant rents and they frequently report in studies concerns about overcharging, for example paying a finders' fee⁶³.

7.5 Housing in Cambridgeshire

The Cambridgeshire settlement pattern is strongly influenced by the presence of the city of Cambridge, which accounts for nearly 20% of the total population. A key issue in Cambridgeshire is the high cost of housing and a shortage of affordable housing. The average price of houses in the County is approximately 6.4 times greater than average earnings⁶⁴.

The Index of Multiple Deprivation (IMD) 2007 for access to housing and services combines geographical barriers such as road distance to GP surgery, general store or supermarket, primary school and post office, along with wider barriers such as overcrowding, homelessness provision applications and difficulty to owner – occupation. Given the rural nature of the county, the majority of Cambridgeshire is relatively scarce in terms of access to services. In terms of access to housing, the areas that show the most shortages are in Cambridge City and then in East Cambridgeshire. In terms of geographical barriers to services, Huntingdon is the worst affected. Cambridge City has the highest number of properties that fail to meet the decent homes standard and fall into the living environment deprivation, although this could be associated with student accommodation⁶⁵.

Between 2006 and 2021 it is estimated that there will be a 23% increase in the number of dwellings in Cambridgeshire, almost 58,000 new dwellings.

7.6 Housing and migrants from A10 countries

Strategic Housing Market Assessment (SHMA)⁶⁶ published by the Cambridge Sub-regional Housing Board includes a section on housing needs of nationals from the A10 countries – Introduction to migrant worker housing issues⁶⁷. This section is based on both regional and local evidence.

7.6.1 Regional evidence

Based on the regional evidence, information on how many people are staying or leaving the country is difficult to obtain, although what is available shows that most people are here for shorter time periods (less than two years). Tied or private rented accommodation is the dominant tenure types. There are very few people in social housing and not much evidence of owner occupation.

Tied accommodation is the least preferred option for housing as it is often of low quality e.g. large dormitories, badly heated mobile homes etc. Employers accommodating staff may also move tenants on at very short notice to different accommodation. However, people usually view this as a temporary option that they are willing to tolerate for a short period.

Issues surrounding the private rented sector include problems such as overcrowding and low quality accommodation. High rents and costly deposits are prohibitive for some people. Many migrants cannot afford the upfront deposit required for private accommodation and so have no other choice but the stay in HMOs. In addition, nationally, some letting agents have reported problems getting references from prospective tenants from overseas.

There are very few non-UK citizens in social rented housing. Most of those housed are families and include at least one person in work. The main reason for leaving previous accommodation is overcrowding and around a third had previously been private sector tenants.

7.6.2 Local evidence

The available district level policy and strategy documents relating to migrant workers are included in the Introduction to migrant worker housing issues a report by Cambridgeshire County Council⁶⁷. The documents are summarised below by district for East Cambridgeshire, Fenland and Huntingdonshire.

7.6.2.1 East Cambridgeshire

Migrant workers are included in the BME Housing Strategy in East Cambridgeshire⁶⁸. The particular issues raised were largely drawn from Audit Commission research into the UK as a whole and included issues such as: the cost, standard and safety of tied accommodation; problems accessing bank accounts; access to information and advice which migrant workers feel they can trust; problems enforcing standards where they are known; deductions for housing, transport, food etc taken out of what is already lower than usual pay; and the lack of hard data on the number of workers for planning. The main areas of housing concern tend to relate to the private rented sector. This is because so much housing is ‘tied’ to work. Many single people live in HMOs that are often smaller than traditional HMOs (i.e. ordinary 2 storey houses). People may need housing advice but it can be difficult to give it to them, as they have to deal with a landlord who is also an employer and many are afraid that if they complain they could lose their job.

7.6.2.2 Fenland

The Fenland Migrant Population Strategy (2007 – 1010)⁶⁹ recognises that employers and gang masters arrange initial accommodation for migrant workers and this would have the effect of cushioning the local housing market. But it also recognises a preference among

landlords to rent HMOs specifically to migrant workers because letting on a per head basis increases profitability.

There is anecdotal evidence of migrant families accessing the private rented sector, which may be impacting on the ability of the indigenous population to find accommodation in this tenure – in many cases renting privately is not a tenure of choice but of necessity whilst waiting for affordable housing. However the pressure for affordable housing becomes greater if more households are living in overcrowded accommodation as a result of reduced access to the private rented sector. The strategy also raises points about different types of tenure, for example tied housing; individual caravans, unauthorised caravan sites developed for accommodating migrant workers.

Problems associated with tied housing include: loss of job leading to a loss of accommodation, or homelessness; a lack of continuous employment often leads to rent arrears and debt with associated harassment and threat of eviction. The absence of a tenancy agreement undermines security of tenure with agency managed housing, and rent levels above those in the private rented sector – especially where rent is deducted from wages on a fixed, pro rata basis. Accommodation provided is often poor quality, sub-standard and over-crowded. Available accommodation is most commonly suitable only for single adults and, as such, inappropriate to the needs of families.

Privately rented

For other private rented accommodation, migrant workers share some of the problems experienced in that housing market by indigenous unskilled and semi-skilled workers including: the affordability of private sector rents, especially in relation to eligibility for or limits imposed on Housing Benefits; the need for a deposit and the payment of rent in advance (usually one month); insecurity associated with tenancy agreements that usually specify one month's notice; the quality and standard of housing being made available to migrant workers in the private rented sector.

Households in Multiple Occupation HMOs

Households in Multiple Occupation (HMOs) have been one of the most visible features of the presence of the migrant population in Fenland and as such have been one of the main flashpoints with the local population. This type of accommodation is one of the most obvious symbols of the marginalisation and exploitation of the migrant population. People occupying these properties are usually unable to engage in the local housing market on an equal footing, so they are, at best, subject to significant over-charging. At worst, their accommodation is tied to their employment, leaving them open to illegal deductions from their wage packets, immediate eviction if laid off, arbitrary demands for money and threats or actual violence.

Owner occupation

Higher income, often professional, migrant workers wishing to enter owner occupation can face problems from banks and building societies that are reluctant to provide loans to clients on a time-limited work permit with no guarantee of extension or renewal.

7.6.2.3 Huntingdonshire

In December 2005 Huntingdonshire published a Black and Minority Ethnic (BME) Housing Strategy 2006 - 2011⁷⁰. It includes the following comment on migrant worker issues: "We recognise that there is an emerging population of 'White-Other' households / population in the district. Anecdotal evidence suggests that there is an increasing number of Eastern-European economic immigrants in Huntingdonshire. Increasingly, speakers of Polish, Portuguese and Lithuanian are using our services. Reports of over crowding in the private

rented sector have alerted our Environmental Health department to an emerging trend. This will be monitored over the coming months."

7.7 International migrants in social housing in Cambridgeshire

There is little local evidence on housing conditions of international migrants (both A10 nationals and all non A10 nationals) living in Cambridgeshire. Data on the number of private tenants are not available and letting agents do not collect such data systematically or can be unwilling to share it. Data from private landlords renting out directly to international tenants is not available either. What is available is the data from Continuous Recording (CORE) about social lettings for local authorities on the number of people housed in social rented accommodation.

Table 1 includes CORE data for 2006/07 and 2007/08, broken down by districts. The non-UK nationals comprised about 3.5% and 5.6% of people in social rented accommodation respectively. Comparing these two time-periods, the proportion of A8 countries approximately double from a low base line.

Table 1 People Housed in General Needs Social Rented Accommodation by nationality and district in Cambridgeshire (2006/2007)

Nationality	Cambridge		East Cambridgeshire		Fenland		Huntingdonshire		South Cambridgeshire		Total	
	2006/7	2007/8	2006/7	2007/8	2006/7	2007/8	2006/7	2007/8	2006/7	2007/8	2006/7	2007/8
UK National	286	359	344	294	314	367	588	414	433	610	1965	2044
A8 countries	<6	16	10	17	<6	7	8	11	<6	<6	28	58
Other EEA Area	-	10	13	6	<6	-	<6	6	<6	<6	22	27
Outside Europe	7	16	<6	<6	<6	-	8	8	<6	9	24	37
Refused	8	<6	<6	<6	<6	<6	<6	<6	6	<6	23	12
Unknown	11	<6	<6	<6	9	<6	-	-	<6	<6	25	7
Total	317	407	378	325	378	380	610	440	447	634	2087	2186

Source: The Continuous Recording System (CORE)

7.7.1 Supporting People

The Supporting People programme is a working partnership of local government, service users and support agencies. It offers vulnerable people the opportunity to improve their quality of life by providing a stable environment which enables greater independence. The programme provides housing related support to prevent problems that can often lead to hospitalisation, institutional care or homelessness. The Cambridgeshire team does not currently fund a service specifically for migrant workers although refugees are a client group. In November 2008 external consultants were commissioned to develop a model to project housing support needs for each vulnerable client group across Cambridgeshire. The model also takes into account the future growth planned within the county. The needs analysis showed that whilst there is currently no specialist provision for refugees and asylum seekers in Cambridge City there is a projected need for 9 places of accommodation based support and 9 places of floating support where by support visits are provided for people in their own home.

All support providers complete client record forms for new clients signing up to their services. In 2008/09 2.77% of Supporting People clients are identified as 'White: Other' this percentage has been fairly constant since 2003/04.

Currently there is a limited understanding of whether supporting people services would benefit migrant workers and whether there is a need for this type of service for migrants. This has been identified as a gap by the service locally. However, in the new year supporting people will be commissioning a new multi-disciplinary county wide floating support service which will be available to all client groups including migrants.

7.7.2 Unaccompanied minors

There is evidence that the numbers of unaccompanied asylum seeking children arriving in the UK is rising⁷¹, and although the focus of this document is on migrant workers it should be highlighted that little is known about the needs of this migrant group. Unaccompanied minors may experience a high rate of psychological distress and are less likely to be able to access appropriate health and social care.

Unaccompanied asylum seeking children in care or care leavers do have the same rights to services and support and local authorities have a duty of care to them up until the age of 18 and often post accommodation support up until the age of 21. Currently there are approximately 170 to 180 asylum seeker children in care or care leavers in Cambridgeshire and Peterborough. This does create challenges and pressures on services and finding accommodation can sometimes be problematic, especially because it is difficult to plan in advance due to uncertainty in terms of expected numbers and national policy. Some children are placed out of county, in Peterborough for example, although every effort is made to ensure children are placed locally

7.8 Homelessness

Homelessness is treated as a topic in its own right elsewhere in this JSNA with a chapter on homelessness. However, homelessness among migrants, especially migrant workers, has been suggested could begin to become a concern nationally⁷². This problem is hidden by the fact that new migrants are not entitled to any statutory housing assistance. Thus, they are not counted in the official statistics as being homelessness. It is thought to be mainly an emerging problem in London and the South East but St Martin's Trust, a Norwich based charity, reports an increase number of migrant workers are approaching the charity for assistance and emergency accommodation⁷³. Here, St Martin's Trust employed a dedicated outreach worker to assist homeless migrant workers with accessing appropriate help, with information and, if eligible, applications of housing and welfare benefits. As mentioned above, migrants do not tend to be entitled to state aid so if they become homeless, they are likely to depend on an already stretched Third Sector⁷⁴.

Homelessness might be seen as failure to the migrant population resulting in a deterrent to the fact that they can always return to the original country⁷⁵. However, a study performed in Sheffield amongst Polish workers in 2007⁷⁶ found the opposite in that when Polish migrants got into difficulty with housing and accommodation they tended to return home.

7.9 Conclusions

Housing is one of a number of factors that has an important influence on people's health. The association between housing conditions and physical and mental ill health has long been recognised and there are a broad range of specific elements relating to housing that can affect health outcomes. In addition the Migrant Impact Forum report states that good

quality affordable accommodation is critical in providing stable circumstances for migrants to be economically active and to promote community cohesion.

Only a small proportion of social housing is allocated to foreign nationals. Consequently, the majority of migrants living in the UK live in privately rented accommodation. There are a number of areas of concern regarding this form of accommodation with key issues including pre arranged and tied accommodation, the suitability and quality of the accommodation and increases in houses in multiple occupation (HMOs) and overcrowding. National evidence on the experience of migrants in rural parts of the UK shows that migrants who are lower skilled and/or lower paid, share some of the same problems experienced in the housing market by indigenous unskilled and semi skilled workers.

7.10 Recommendations

- Improve the access and condition of appropriate housing in order to reduce migrant worker dependence on poor quality tied accommodation and Houses in Multiple Occupations (HMOs)

8 Employment of foreign workers in the United Kingdom⁷⁶

8.1 Work-related factors in health outcomes

Health outcomes are the result of a complex and wide-ranging network of factors⁷⁷. It is a challenging task to establish those factors for international migrants, especially when they:

- Represent various communities from their country of origin.
- Represent various occupational groups.
- Bring various lifestyle patterns from their country of origin that can be maintained or modified in the UK.
- Come for a fixed or an indefinite period of time; form transient rather than settled populations.
- Local evidence on their health needs and / or health outcomes is limited / statistically insignificant.

The above characteristics apply to the migrant population living in Cambridgeshire. The majority of the migrant population is in working age and in employment. Therefore, in order to establish the population's probable health needs this section focuses on work-related factors in health outcomes based on research findings. The following topics are covered in this section (please note that care should be taken when applying national findings to the local population):

- Health disparities by occupation modified by education – refers to migrants employed in low-skilled occupations as well as those having no or low qualifications.
- Mortality, Lifestyle and Socio-Economic Status – looks at the relationship between the socio-economic environment and premature mortality that is mediated by lifestyles.
- Ethnicity, work characteristics, stress and health – refers to migrants from ethnic minority groups.
- Shift work and health – refers to migrants employed as shift-workers.
- Alcohol-related deaths by occupation – refers to migrants working in catering industry as well as those who tend to experience: availability of alcohol at work, social pressure to drink at work, separation from family or social relationships, freedom from supervision, very high or very low income levels, collusion by colleagues and stress (including danger, responsibility and job insecurity).

8.2 Workplace health

Due to migrants' relatively low age and relatively good health, the Health and Safety Executive (HSE) have found that migrants are not prominent in their reports⁷⁸. However, one recent piece of work describes migrants and their health and safety.

8.2.1 Migrant workers in England and Wales - an assessment of migrant worker health and safety risks

The survey took place in 2005 beginning with a literature search and postal surveys. They then conducted 200 face-to-face semi-structured interviews with migrant workers, employers and key respondents across England and Wales. Although the 200 migrants tended to be self-selecting to some degree thus potentially biasing the results, the findings were primarily used for fact-finding or gathering leads. Thus, the results are not statistically representative. The researchers tried to interview a full range of people from different countries of origin, employers, economic sectors and sex. This was achieved through discussions with community organisations and word-of-mouth. 61% of migrants interviewed were men.

The researchers interviewed HSE inspectors. The HSE's data do not have fields for ethnicity or country of birth and the inspections do not focus on the issue of migrants directly. However, inspectors had the perception that language difficulties were behind many of the incidents involving people who could be migrants. This could be that the migrant may be at risk or they could not warn colleagues if the colleagues were in imminent danger. Furthermore, a lack of understanding could contribute to an accident. Some inspectors believed that some migrants were reluctant to approach the authorities believing it might cause reprisals, especially so for agency workers.

The findings of this report mainly arise around language difficulties to be most problematic among migrants. However, the analysis of the data shows that the risks do not differ from those of the UK population as a whole.

Of the 200 interviews, more than a third stated that they had received no training, except those working in construction and healthcare where they were more likely to have had healthcare training. Generally, in the public sector the training is more common than in the private sector but for those with little or no spoken English, concerns remain over how effective the training is.

Although the migrants may not be subject to an increased risk compared to non-migrants, there are specific concerns that migrants may be subject to such as working long hours and mental health issues with an inadequate understanding of health and safety.

8.2.2 Employers' questionnaire

A postal questionnaire was given to employers around the country. Of the 1,986 surveys given out, 164 were returned (8%), 35 from the East of England. The low response rate means that limited conclusions may be found, particularly as those who responded are likely to have experience with employing migrants and so bias the results. One question asked about whether migrants were at greater exposure to facing health and safety risks. Of the 109 respondents who answered this question, around a third indicated that migrant workers faced greater risks, while two-thirds felt that they faced the same risks. The main factors the migrants had was difficulties with language, both to communicate with other workers (74) and with supervisors (66). However, employers who were not employing migrants felt that, on average, migrants were at greater risk at work compared with those with experience of having migrants in their workforce.

8.2.3 Trade unions' questionnaire

A low level of response was also obtained from the trade unions' survey so they combined the information they had with data from direct contacts the researchers had built up during the research. Trade union respondents had the impression that migrants were at an increased risk of health and safety incidents compared with the non-migrant workforce. They share the same concerns with the employers of language difficulties being the main problem and a lack of knowledge of health and safety norms in the UK. Also, they thought that the migrants had inadequate health and safety training and also had less experience with the type of work they were undertaking. These may add to the health and safety risks. However, trade unions have little emphasis on health with regard to migrants.

8.3 Health disparities by occupation, modified by education – findings from a cross-sectional population study⁷⁹

In a study by Volkers, Westert and Schellevis^{**} conducted to investigate health disparities in the working population based on occupational position (modified by education) the lowest occupational position was observed to be associated with poor health in men^{††} and women^{‡‡}. The risk of poor health gradually decreased in relation to higher occupational positions.

People with the lowest occupational positions were more likely to suffer from depression, diabetes, ischaemic heart disease, arthritis, muscle pain, neck and back pain and tension headache, in comparison to people with the highest occupational position^{§§}. A lower educational level induced an additional risk of poor health and disease. The conclusion from the study was that a low occupational position was consistently associated with working people with poor health and physician-diagnosed morbidity.

Several mechanisms have been proposed to explain the relationship between a lower socio-economic status (SES) and an increased mortality and morbidity rate in the general population. A lower socio-economic status influences health in an unfavourable way through the presence of unhealthy lifestyle factors, unequal access to, and quality of, health care, more material deprivation and a stressful psychosocial environment. In contrast to education and income, occupation is a risk factor for poor health in itself, for example through, environmental risks such as to exposure to chemicals or adverse climatic conditions, ergonomic and physical demands, low skill discretion and a lower level of decision authority.

Reducing health disparities is an important goal of public health, but programmes do not focus on low occupational groups. Occupation holds an intermediate position between education and income and is an important determinant of health in its own right through health risks related to employment. Collaboration between policy makers in public health and occupational health may be inevitable to reduce occupation-related health disparities and therefore socio-economic health disparities in general. Health policy makers should consider available information about the combined effect SES indicators of health disparities in order to optimize their strategies.

^{**} In the study data were derived from the National Survey of General Practice that comprised 104 practices in the Netherlands. 136,189 working people aged 25–64 participated in the study

^{††} OR = 1.6, 95% CI 1.5 to 1.7

^{‡‡} OR = 1.3, 95% CI 1.2 to 1.4

^{§§} OR 1.2 to 1.6

8.3.1 Mortality, Lifestyle and Socio-Economic Status⁸⁰

In their study on mortality, lifestyle and socioeconomic status, Balia and Jonesy use the British Health and Lifestyle Survey (HALS, 1984-1985) data and the longitudinal follow-up of May 2003 to investigate the determinants of premature mortality risk in Great Britain.

The researchers' assumption is that the relationship between the socio-economic environment and premature mortality is mediated by lifestyles. After Contoyannis and Jones (2004), they refer to lifestyle as a set of behaviours that can influence health. It is then assumed that individuals choose these health-related behaviours. On one hand, lifestyles might reflect individual preferences; on the other hand, they might reflect the constraints of economic, environmental and personal circumstances, including social origin.

Balia and Jonesy proposed a simple behavioural model where the economic agent maximizes its lifetime utility. The risk of mortality is related to a set of observable and unobservable factors. Observable factors influencing mortality are perceived health, socioeconomic and demographic characteristics, including ethnicity, type of area and individual health-related behaviours. Individuals' choices about their lifestyle may induce variations in health status and affect premature mortality.

The study concluded that lifestyles, in particular smoking and sleep pattern, strongly contribute to inequality in mortality, reducing the relative contribution of socio-economic factors and of ageing. Smoking and bad sleeping habits might be associated to depression and psychological distress that arise from the inability of the individual to control their life and unsatisfactory social support.

8.3.2 Ethnicity, work characteristics, stress and health⁸¹

In their study on ethnicity, work characteristics, stress and health, Smith et al and Stansfeld et al established that after controlling for demographic, occupational and other factors, there was a significant association between work stress and ethnicity. Three ethnic groups participated in the study: Black Caribbean (10% of the sample), Bangladeshi (19%) and White UK born (55%).

Firstly, racial discrimination, particularly in combination with gender and ethnicity, was identified as having a strong influence on work stress. As a result Black Caribbean females who had experienced racial discrimination were most likely to report high work stress. These findings were strongly supported by the follow-up interview data which showed that, among Black Caribbean women, discrimination at work manifested in verbal racial abuse, unfair work practices, and being less valued by management (including racist managers). This led to feelings of confusion, rejection and isolation, and left participants devalued, guarded and ignored.

Secondly, the conclusion was that after controlling for work stress, work characteristics, demographic, personality, occupational and other factors, there was also an association between ethnicity and psychological distress. Further analyses suggested that this may be linked to other factors such as work stress, racial discrimination and gender. Groups who were more likely to report work stress, such as those who had experienced racial discrimination, were therefore correspondingly more likely to suffer psychological distress.

The results were strongly supported by the follow-up interview data. It was also apparent that cultural or ethnic identity may be influential in psychological distress, and that further study of the measurement and role of this particularly complex construct is necessary. There were also associations between work characteristics and psychological distress, namely higher extrinsic and intrinsic effort, and lower reward and total support. As with work

stress, the pattern of work characteristics and other associations with psychological distress varied little by ethnicity.

The data suggested that any influence of ethnicity on poor general health was comparatively small among these relatively young workers. However, the associations identified in the study between both psychological distress and poor health, and work stress and psychological distress, highlight the potential for work stress to be detrimental to health. These findings were also supported by the follow-up data.

Finally, certain work characteristics were associated with work stress: higher effort reward imbalance, greater job demand, and lower control over work were all associated with work stress. Based on some previous studies, demanding jobs have been associated with an increased risk of psychiatric disorder, depression, anxiety, 'psychological distress' and poor mental health status. Low job satisfaction, depression and psychosomatic symptoms have been found to be significantly higher in jobs with high demands and low control. Neurotic disorders were associated with high job strain in secondary school teachers. Anxiety has been found to be associated with high job strain. The profile of both work characteristics and other factors associated with work stress was similar for the three ethnic groups.

The relationships between work characteristics and psychological distress were explored further in the study – before and after controlling for the influence of ethnicity. There were associations with less frequent shift-work, more frequent long or unsociable hours, more frequent high background noise levels, manual work, and high work stress, as well as gender and racial discrimination. Again these associations were virtually unchanged by the inclusion of ethnicity, suggesting that the profile of factors associated with psychological distress is very similar for each ethnic group. The analyses also clearly highlight the strong influence of racial discrimination, as well as work stress (and other work characteristics) on mental health. These analyses suggest some significant associations between psychological distress and work characteristics. They also suggest that these associations do not vary with ethnicity.

8.3.3 Shift work and health⁸²

More than 3.5 million people are employed as shift workers in the UK. They work in a wide variety of industries including the emergency services, healthcare, the utilities, transport, manufacturing (including oil, gas & chemical industries), entertainment and retail. Poorly designed shift-working arrangements and long working hours that do not balance the demands of work with time for rest and recovery can result in fatigue, accidents, injuries and ill health.

Research has shown that there can be undesirable consequences for those working shifts, particularly night and early morning shifts. These include disruption of the internal body clock, sleeping difficulties and fatigue, which in turn can affect performance, increase the likelihood of errors and accidents at work and may affect health and well-being in the long-term.

Health problems associated with working shifts include peptic ulcers, cardiovascular disease, chronic fatigue, excessive sleepiness and difficulty sleeping. Shift workers also tend to be more overweight due to poor eating habits and lack of exercise. They also have had a higher divorce rate, worse rates of substance abuse and depression and were more likely to view their jobs as stressful.

Sleep disturbances can lead to a 'sleep debt' and fatigue. Night workers are particularly at risk of fatigue because their day sleep is often lighter, shorter and more easily disturbed because of daytime noise and a natural reluctance to sleep during daylight. Fatigue is

generally considered to be a decline in mental and/or physical performance that results from prolonged exertion, sleep loss and/or disruption of the internal clock. It is also related to workload; in that workers are more easily fatigued if their work is machine-paced, complex or monotonous.

If workers are fatigued, they will be less alert, their reaction time will be slower, and they will find it less easy to concentrate and may make ill-judged decisions. As a result they may make more errors, which can lead to accidents and injuries. It is important not to underestimate the risks of fatigue. For example, the incidence of accidents and injuries has been found to be higher on night shifts, after a succession of shifts, when shifts are long and when there are inadequate breaks.

In the UK, there is no specific health and safety legislation on shift working. Nevertheless employers have general health and safety responsibilities (e.g. a duty of care in law) for their employees (and others). This duty includes removing or controlling the risks of fatigue by properly organising and planning shift-working arrangements. Their broader responsibility for the health and safety of others (e.g. the public) that might be affected by their work activities provides another reason why it is important to control fatigue.

There are many different shift work-schedules and each schedule has different features. This sheer diversity of work and workplaces means that there is no single optimal shift system that suits everyone. However, a planned and systematic approach to assessing and managing the risks of shift work can improve the health and safety of workers.

There are a number of key risk factors in shift schedule design, which must be considered when assessing and managing the risks of shift work. These are the workload, the work activity, shift timing and duration, direction of rotation and the number and length of breaks during and between shifts. Other features of the workplace environment such as the physical environment, management issues and employee welfare can also contribute to the risks associated with shift work.

The best advice currently available regarding shift-work schedule design and the workplace environment is summarised below⁸³.

Good practice guidelines for shift design:

- Plan an appropriate and varied workload.
- Offer a choice of permanent or rotating shifts and try to avoid permanent night shifts.
- Either rotate shifts every 2-3 days or every 3-4 weeks - otherwise adopt forward rotating shifts.
- Avoid early morning starts and try to fit shift times in with the availability of public transport.
- Limit shifts to 12 h including overtime, or to 8 h if they are night shifts and/or the work is demanding, monotonous, dangerous and/or safety critical.
- Encourage workers to take regular breaks and allow some choice as to when they are taken.
- Consider the needs of vulnerable workers, such as young or aging workers and new and expectant mothers.
- Limit consecutive work days to a maximum of 5 - 7 days and restrict long shifts, night shifts and early morning shifts to 2-3 consecutive shifts.
- Allow 2 nights full sleep when switching from day to night shifts and vice versa.
- Build regular free weekends into the shift schedule.

Good Practice Guidelines for the Work Environment:

- Provide similar facilities as those available during daytime and allow shift workers time for training and development.
- Ensure temperature & lighting is appropriate and preferably adjustable.
- Provide training and information on the risks of shift work and ensure supervisors and management can recognise problems.
- Consider increasing supervision during periods of low alertness.
- Control overtime, shift swapping and on-call duties and discourage workers from taking second jobs.
- Set standards and allow time for communication at shift handovers.
- Encourage interaction between workers and provide a means of contact for lone workers.
- Encourage workers to tell their GPs that they are shift workers and provide free health assessments for night workers.
- Ensure the workplace and surroundings are well lit, safe and secure.

8.3.4 Alcohol-related deaths by occupation⁸⁴

There is a long tradition of ONS monitoring alcohol-related deaths by occupation and the findings are that the highest levels of alcohol-related mortality are found among workers in the drinks industry. Of the 353 occupations analysed in 2001–05, bar staff and publicans had the highest Proportional Mortality Ratios (PMRs) for both sexes. Other occupations in the catering industry also had high indicators of alcohol-related mortality, including chefs/cooks, waiters/waitresses, and kitchen and catering assistants.

The National Statistics definition of alcohol-related deaths only includes those causes regarded as being most directly due to alcohol consumption; those are the following causes⁸⁵:

- F10 Mental and behavioural disorders due to use of alcohol
- G31.2 Degeneration of nervous system due to alcohol
- G62.1 Alcoholic polyneuropathy
- I42.6 Alcoholic cardiomyopathy
- K29.2 Alcoholic gastritis
- K70 Alcoholic liver disease
- K73 Chronic hepatitis, not elsewhere classified
- K74 Fibrosis and cirrhosis of liver (Excluding K74.3-K74.5 – Biliary cirrhosis)
- K86.0 Alcohol induced chronic pancreatitis
- X45 Accidental poisoning by and exposure to alcohol
- X65 Intentional self-poisoning by and exposure to alcohol
- Y15 Poisoning by and exposure to alcohol, undetermined intent

The reasons why some occupations may be particularly prone to raised alcohol-related mortality have been explored by research studies. Plant in the 1970s, for example, explored whether some occupations attracted people who were already problem drinkers or whether certain professions created problem drinkers through work pressures. By investigating recruitment to breweries in Edinburgh he concluded that the drinks industry attracted people likely to already have high levels of alcohol consumption.

Plant also found evidence that within the drinks trade there was strong social pressure to consume the available alcohol. Following a literature review he proposed eight factors which had emerged as suggested explanations of why some occupations had high rates of alcohol-related problems, including availability of alcohol at work, social pressure to drink at work, separation from family or social relationships, freedom from supervision, very high or very

low income levels, collusion by colleagues, stress (including danger, responsibility and job insecurity), and recruitment of people who are predisposed to drink heavily.

Many of these risk factors can be associated with those occupations with the highest indicators of alcohol related mortality: staff, publicans and seafarers (measured by PMR); as well as other occupations within the drinks, catering, entertainment and hospitality industries (measured by standardised mortality ratio – SMR).

8.4 Employment Breakdown

The number of non-UK born workers in January to March 2008 was 3.7 million, 12.5 per cent of total UK employment⁷⁶. People born in Europe made up the largest number of non-UK born workers. This group comprises people born in the European Union 14 (EU14) (0.7 million), eight countries that joined the EU in 2004 (0.5 million) and all other European countries (0.2 million).

The main contributor to non-UK born employment growth since 2004 was the increase in A8 employment levels. Levels and rates of employment in the UK by country of birth are in Table 2. It shows that people born in EU-14 countries and those from A8 countries had the highest rates of employment: (76.5 and 82.8 respectively) compared to 75.5 for UK born population.

Table 2 Levels and rates of employment by country of birth in the UK

UK: Levels and rates of employment by country of birth, Thousands and percentages, not seasonally adjusted (Jan - Mar 2008)											
Employment: Total		Employment: UK		Employment: Non-UK		Employment: EU-14		Employment: A8		Employment: Rest of the World	
level	%	level	%	level	%	level	%	level	%	level	%
29,438	74.6	25,755	75.5	3,682	69.3	698	76.5	510	82.8	2,474	65.3

Source: Clancy, G (2008) 'Employment of Foreign Workers in the United Kingdom (1997 to 2008)

Notes: Levels of employment are provided for the population aged 16 and over.

Employment rates are provided for the working age population currently defined as 16 to 59 for females and 16 to 64 for males.

The figures presented are weighted to the population estimates published in 2007.

Totals include Rest of the World, and those people who did not state their country of birth. Non-UK does not include those who did not state their country of birth.

8.4.1 Characteristics of UK born and non-UK born workers

Migrant employment varies by industry, occupation and education.

Based on Labour Force Survey (LFS) data from 2007, the top three sectors for employment of UK and other non-UK born workers were: Public administration, education and health; Distribution, hotels and restaurants; and Business services. The notable differences were between the A8 countries and other non-UK born employed. A8 migrant workers were concentrated in Manufacturing and in Distribution, hotels and restaurants, while other non-UK born workers were spread across Business services and Public administration, education and health, in addition to the main two sectors where A8 born were concentrated. The non-UK born category includes several country groups that have similar educational and cultural expectations; for example, the EU14 and Americas groups⁷⁶. Data on percentages of people in each industrial sector by country of birth are in Table 3.

Table 3 Employment by industrial sector in the UK

Percentages of working in each industrial sector aged 16 and over: by country of birth, 2007			
Industrial sector	UK born	A8 born	Other non-UK born
Agriculture and fishing	1	2	*
Energy and water	1	*	1
Manufacturing	13	27	10
Construction	9	12	4
Distribution, hotels and restaurants	19	22	20
Transport and communication	7	11	8
Business services	16	11	21
Public administration, education and health	28	9	29
Other services	6	6	6
Total	100	100	100

Source: Clancy, G (2008) 'Employment of Foreign Workers in the United Kingdom (1997 to 2008)

Notes: The country of birth question in the LFS may undercount the numbers of foreign born because it excludes students in halls of residence who do not have a UK resident parent, people in most types of communal establishments (for example, hotels, boarding houses, hostels and mobile home sites) and is grossed to population estimates that only include long-term migrants (staying 12 months or more). The figures presented are weighted to the population estimates published in 2007. Figures are not seasonally adjusted. A four-quarterly average is used, LFS quarters Jan–Mar to Oct–Dec 2007. Totals may not sum due to rounding.

* Less than 0.5 per cent.

The patterns of employment by occupation for non-UK born are similar to those of the UK; however, they are different for A8 born. Analysing the country of birth figures by occupation provides an indication of the areas of work in which A8 migrants are most successful at gaining employment. The distribution of the occupational categories shows how A8 workers have been attracted to Elementary occupations (36 per cent of all A8 workers) and Process, plant and machinery operatives (21 per cent)⁷⁶. Data is in Table 4.

Table 4 UK and A8 born by occupational group

Percentages of UK and A8 born: by occupational group, 2007									
Country of birth	Managers and senior officials	Professional occupations	Associate, professional and technical	Administrative and secretarial	Skilled trades occupations	Personal service occupations	Sales and customer service occupations	Process plant and machine operatives	Elementary occupations
UK born	15%	13%	14%	12%	12%	8%	8%	7%	11%
A8	3%	4%	5%	4%	17%	7%	3%	21%	36%

Source: Clancy, G (2008) 'Employment of Foreign Workers in the United Kingdom (1997 to 2008)

Non-UK born workers differ in terms of their education. Data on the highest level of education for people in employment aged 16 and over are in Table 5. It shows that highest rate of people with a degree or equivalent or with higher education is among 'Other non-UK born' (65% and 75% of people from the group respectively). In a group of people with no qualifications only 4% are people born in EU14. The highest proportion of people with 'No qualification' is among A8 born group. The high proportion of people with 'other qualifications' might in part be due to unrecognised foreign qualifications being placed in this category. With this caveat in mind, the latest figures show that approximately 80 per cent of non-UK degree holders are employed in the 'higher paid' occupations, whereas 58 per cent of those with 'other qualifications' are employed in the 'lower paid' occupations⁸⁶.

Table 5 People in employment by country of birth and highest qualification

People in employment aged 16 and over: by country of birth, highest qualification and year of arrival 2004 to 2007, October to December 2007 (Thousands)							
Year of arrival 2004 to 2007	A8	% of Total	EU14	% of Total	Other non-UK	% of Total	Total
Total for period	392	42	103	11	433	47	929
Degree or equivalent	27	15	36	20	116	65	179
Higher education	5	14	3	8	27	75	36
GCE A level or equivalent	25	45	6	11	24	43	56
GCSE grades A* to C or equivalent	9	38	2	8	14	58	24
Other qualifications	250	49	49	10	211	41	509
No qualification	72	62	5	4	39	34	116

Source: Clancy, G (2008) Employment of Foreign Workers in the United Kingdom (1997 to 2008)

Notes: Year of arrival is the first time a person entered the UK. A person who entered the UK, then left and has returned for the nth time will provide the first date of arrival. Total includes those people who did not state their country of birth. Total for period includes those respondents who did not state their highest qualification.

8.4.2 Earnings of foreign workers⁸⁷

Analysis carried out by the ONS in 2008 based on the LFS data⁸⁷ shows that:

- For those countries and country groups analysed, in 2008, earnings were lowest for people born in the EUA8 and highest for those born in the United States of America.
- The earnings for non-UK born people in Managerial and Professional occupations are consistently higher than earnings of their UK born counterparts. Whereas UK born earnings are higher than non-UK born earnings in Sales, Process, Plant and Machine Operatives and Elementary Occupations.
- 58 per cent of the non-UK born employees that arrived in the UK between 2001 and 2008 are employed in occupations with earnings below the median for all workers.
- 64 per cent of the non-UK born employees that arrived during the period 2004 to 2008 hold 'no' or 'other' (not classified by LFS) qualifications. Most of these workers are employed in the lower paid occupations.

In Jul-Sept 2008, employees born in the USA, Australia or New Zealand had the highest weekly earnings: £635 and £577 respectively. The people born in these countries were more likely to be working in the 'higher paid' occupations, 67 per cent of USA born and 72 per cent of Australian and New Zealand born. The lowest earnings were for employees born in the EUA8 and Pakistan and Bangladesh: £290 and £292 respectively. The employees born in these countries were more likely to be working in Process, Plant and Machine Operatives and Elementary Occupations, with 59 and 44 per cent, respectively, of people employed in these occupations. The earnings for these occupations were amongst the lowest in Jul-Sept 2008; for non-UK born employees in Elementary Occupations the median weekly earnings was £270⁸⁷.

8.5 Employment of foreign workers in East of England⁸⁸

8.5.1 The scale of migration to the East of England

Institute for Public Policy Research (IPPR) estimates the actual foreign-born population in the East of England at 620,000 at the end of 2007⁸⁸. The estimate takes into account people

living in business addresses, such as hotels and farms as well as those who state that they intend to remain in the UK for less than a year.

8.5.2 Countries of origin of migrants in the East of England

The analysis by IPPR based on the Labour Force Survey LFS data shows that there is a higher proportion of some migrant groups resident in the East of England than in the UK as a whole, namely migrants from⁸⁸:

- The EU's new accession countries, particularly Poland and Slovakia
- Italy, with long established communities in Bedford, Cambridge and Peterborough
- South Africa
- Zimbabwe
- The United States (many of who are military personnel)
- Nigeria
- Australia

IPPR estimates based on the LFS data on ten migrant populations highest in the East of England is in Table 6.

Table 6 10 main populations in the East of England

10 main populations as defined by their country of birth, resident in the East of England, quarter 4, 2007	
Poland	46,000
India	41,000
Ireland	33,000
Pakistan	29,000
United States	27,000
Germany	25,000
South Africa	24,000
Australia	16,000
Italy	16,000
Zimbabwe	16,000

Source: IPPR, Migrant worker availability in the East of England

IPPR analysis suggests that apart from migrants from South Africa, Zimbabwe and Nigeria, there are lower proportions of persons from many of the other Commonwealth countries resident in the East of England than the UK as a whole. There are also lower proportions of migrants from refugee-producing countries⁸⁸.

8.5.3 Qualifications profile of migrants in the East of England⁸⁸

IPPR analysis also suggests that the qualifications profile of the foreign-born population in the East of England is diverse and shows many of the similar trends to the overall UK migrant population. Nationally, the qualifications profiles of migrant populations are much more polarised than for the UK-born population. The overseas-born population is much more likely to possess a higher-level qualification than the UK-born population. But the proportions of overseas-born groups that possess no qualifications and that have never attended school are higher than for the UK-born.

There are a number of large foreign-born groups that have high proportions of members who have no qualifications, including communities such as the Pakistanis, Portuguese and Italians who are present in significant numbers in the East of England. As a result, these

groups experience lower levels of employment and lower average earnings than the UK-born population. The IPPR report highlights that there are migrant groups whose educational participation, as well as ability to find work, is impeded by poor English language ability⁸⁸.

8.5.4 Experiences of life and work in the East of England⁸⁸

In their research IPPR interviewed migrants employed in the East of England in order to explore the reasons behind their migration decisions, and to understand more about migrants' experiences in the region. Polling data was also examined from a separate sample of 900 Polish migrants of whom 100 were resident in the East of England. The migrants interviewed by IPPR came from a range of different countries: Brazil, Germany, Ghana, India, Israel, Kenya, Latvia, Lithuania, Nigeria, Philippines, Poland, Portugal and Spain – and had a range of different immigration statuses. They were also a highly diverse group in terms of their qualifications and skills.

Key findings from the research are as follows:

- Among almost all of those who were interviewed the main pull factors that brought them to the UK and to the East of England were better opportunities for employment and greater earnings than in their countries of origin.
- Personal factors play a larger part in a migrant worker's decision to move elsewhere in the UK, to return home or to migrate to another country.
- Most migrants have positive experiences of life in the East of England, but many still feel insecure, and some have been unable to integrate into wider society.
- Although employment is a major driver of migration to the UK and to the East of England, many migrants are dissatisfied with their working conditions, and have particular concerns about employment agencies.

What IPPR research also shows is that⁸⁸:

- No one interviewed who was employed in agriculture, manufacturing or in the hospitality sector owned their homes. Unless they had families, these migrants were housed in tied accommodation or in the private rental sector. That this group were simply too poor to buy housing in the UK may make it more likely that they will return home, as many did own property in their home countries.
- Some migrant workers had found work before coming to the UK, through an overseas agency or through contacts already in the East of England. Others had found work after arrival. Even for highly skilled migrants, their first job was often unskilled or temporary work.
- The experiences of highly skilled migrants were very different from those working in the agriculture, manufacturing, health and social care and hospitality sectors. For the highly skilled, a job was part of a career plan, for the latter groups jobs were often more temporary. Job turnover was very high in agriculture, hospitality and manufacturing.
- For those working in the agriculture, manufacturing, health and social care and hospitality sectors their first job was usually found through an agency – a labour provider who in some cases also provided housing. All those we interviewed who had been employed by agencies expressed strong opinions about the way they worked, and particularly that the agency cut was excessive. Dissatisfaction with work conditions took many forms, but was particularly associated with these agencies.
- While not a major factor in residential mobility for those employed in sectors other than health and social care, many migrants did change their jobs in order to work as a directly employed worker. Indeed direct employment was an ambition of most workers. Those who had a permanent contract felt more settled in the region and were more likely to remain there.

- Migrants from the new member states of the EU are more likely to be employed as shift workers than UK-born workers in the East of England. They are also more likely to work longer hours and have insecure contracts.

8.6 Employment of foreign workers in Cambridgeshire

8.6.1 Non-UK born population in Cambridgeshire

Based on the Annual Population Survey (APS) data, the number of non-UK born population in Cambridgeshire was nearly 70,000 in July 2007 – June 2008, which accounted for nearly 12% of the county population. The proportion of non-UK born population in the working age group is slightly higher accounting for nearly 15%. These estimates do not take into account people living in business addresses, such as hotels and farms nor those who state that they intend to remain in the UK for less than a year, hence they do not include any short term, temporary or seasonal international migrants. The estimates include students. The data is in Table 7.

Table 7 Cambridgeshire: Annual Population Survey (Jul 2007 – Jun 2008)

Annual Population Survey: results for Cambridgeshire Jul 2007-Jun 2008				
Variable	Total	Denominator	%	Confidence
% of population who are white UK born	510,800	589,100	86.7	2.5
% of population who are white not UK born	49,300	589,100	8.4	2.0
% of population who are ethnic minority UK born	8,800	589,100	1.5	0.9
% of population who are ethnic minority not UK born	20,100	589,100	3.4	1.3
% of working age population who are white UK born	311,200	373,500	83.3	3.6
% of working age population who are white not UK born	37,900	373,500	10.1	2.9
% of working age population who are ethnic minority UK born	6,700	373,500	1.8	1.3
% of working age population who are ethnic minority not UK born	17,500	373,500	4.7	2.0
Employment rate - working age white UK born	254,400	311,200	81.7	4.0
Employment rate - working age white not UK born	27,900	37,900	73.7	14.1
Employment rate - working age ethnic minority UK born	4,900	6,700	72.7	35.6
Employment rate - working age ethnic minority not UK born	12,600	17,500	71.6	21.3
Economic inactivity rate - working age white UK born	47,700	311,200	15.3	3.7
Economic inactivity rate - working age white not UK born	9,100	37,900	24.0	13.6
Economic inactivity rate - working age ethnic minority UK born	1,500	6,700	22.1	*
Economic inactivity rate - working age ethnic minority not UK born	4,700	17,500	26.6	20.9

Source: ONS Annual Population Survey (APS) Jul 2007 – Jun 2008

Note: * Estimate and confidence interval unreliable since the group sample size is small (3-9).

8.6.2 Foreign workers in sectors of economy

Estimated levels of employment in Cambridgeshire by industry show that: Public administration, education and health; Banking, finance and insurance; and Distribution, hotels and restaurants are the top three sectors for employment, which is the same as at the national level. Banking, finance and insurance; Manufacturing; and Agriculture industries have the highest proportion of employees from White ethnic group including both UK and non-UK born. Distribution, hotels and restaurants; and Public administration, education and health have relatively the smallest proportion of employees from White ethnic group. It suggests that people from ethnic minorities both UK and non-UK born are employed in these industries in relatively higher proportion than in the other industries. The data is in Table 8.

Table 8 Industry by percentage of people 16+ from 'White' ethnic group in Cambridgeshire

Industry by percentage of people 16+ from 'White' ethnic group in Cambridgeshire - Annual Population Survey, Jul 2007 - Jun 2008				
Industry	number	denominator	percent	confidence
agriculture and fishing	7,700	8,000	96.3	12.7
energy and water	2,700	3,000	90.3	*
manufacturing	45,200	47,600	95.0	5.8
construction	20,200	20,200	100.0	-
distribution, hotels and restaurants	50,400	54,900	92.0	6.9
transport and communication	13,800	14,700	93.5	11.6
banking, finance and insurance	56,400	58,500	96.3	4.5
public administration, education and health	84,400	91,500	92.2	5.1
other services	14,300	14,700	97.2	7.7
total services	219,300	234,300	93.6	2.9

Source: ONS Annual Population Survey (APS) Jul 2007 – Jun 2008

Note: * Estimate and confidence interval unreliable since the group sample size is small (3-9).

Estimated levels of employment by country of birth in Cambridgeshire that show EU14, EU A8 and the rest of the world are in Table 9. The number of non-UK employment is about 40,500 (the estimate is considered reasonably precise). The number of EU14 and EU A8 employment is nearly 12,500 and 4,400 respectively but the estimates are not considered reliable for practical purposes. The number of people from 'Rest of the World' group, i.e. all countries except for: EU14, EUA8, Bulgaria, Cyprus, Malta and Romania, is nearly 21,900 (the estimate is considered acceptable).

Table 9 Levels of employment by country of birth in Cambridgeshire

Levels of Employment by Country of Birth in Cambridgeshire - Annual Population Survey January 2007 to December 2007 (in total)											
Total		UK		Non UK		EU14		EUA8		Rest of World	
Levels	CI +/-	Levels	CI +/-	Levels	CI +/-	Levels	CI +/-	Levels	CI +/-	Levels	CI +/-
301,546	31,019	261,050	28,861	40,496	7,371	12,477	6,310	4,353	3,727	21,877	8,355
0 ≤	CV <	5	Estimates are considered precise								
5 ≤	CV <	10	Estimates are considered reasonably precise.								
10 ≤	CV <	20	Estimates are considered acceptable.								
	CV ≥	20	Estimates are not considered reliable for practical								

Source: ONS Local Authority Migrant Employment Estimates with Quality Measures for Annual Population Survey (APS) – Jan-Dec 2007

Notes: Levels of employment are provided for the population aged 16 and over.

A14 countries are: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Holland, Italy, Luxembourg, Portugal, Republic of Ireland, Spain (inc Canary Islands), Sweden. CV: Coefficient of Variation/Relative Standard Error. CI+/-: 95% Confidence Limits Upper and Lower. Rest of the World all countries except for: EU14, EU A8, Bulgaria, Cyprus, Malta and Romania.

Data on main industry groups in Cambridgeshire by district are in Table 10. Service industry is concentrated in Cambridge City; Primary industry is concentrated in Fenland; majority of employees in Manufacturing industry or Construction industry work in South Cambridgeshire and Huntingdonshire. The data is not available by the employees' ethnicity or their country of birth. It shows, however, where foreign workers employed in certain sectors of economy are likely to be concentrated. For example, foreign workers employed in Primary or Manufacturing industry are likely to be concentrated in Fenland.

Table 10 Employees by district and industry in Cambridgeshire

District	Industry - main groups					
	Employees / % of Total	Primary	Manufacturing	Construction	Services	Total
Cambridge City	Employees % of Total	300 0.4	3,800 4.3	1,600 1.8	82,100 93.5	87,800 100
East Cambridgeshire	Employees % of Total	1,400 5.1	3,100 11.4	1,800 6.7	21,100 76.8	27,400 100
Fenland	Employees % of Total	2,200 6.3	6,300 18.4	2,000 5.7	23,800 69.6	34,200 100
Huntingdonshire	Employees % of Total	1,400 1.9	10,600 14.5	3,300 4.5	58,100 79.1	73,400 100
South Cambridgeshire	Employees % of Total	1,400 2.2	11,200 17.3	3,400 5.3	48,800 75.3	64,800 100

Source: Cambridgeshire County Council Research Group district reports 2008

8.7 Construction

The East of England is forecast to have the strongest growth in building in the years to come once the economy has picked up. London Metropolitan University have concluded a report in 2006⁸⁹. According to the researchers, the UK construction sector accounts for over two million people. However, the sector needs more labour and skills to operate effectively.

Building is unpopular amongst indigenous workers as it is not highly regarded and tends to be piecemeal that often is time-bound or seasonal. Not only is the work unpredictable day by day but it is often hard and dangerous leading to a stressful environment. This requires the workers to be flexible and often employment is obtained through sub-contractors. Thus the construction industry is increasingly filled by migrants. The UK is not alone in this finding with much of Europe's construction industry dependent on foreign labour. However, the report notes that there is a general paucity of official statistics on migrant workers. This is partially because construction workers tend to be self-employed so gain employment in the UK without registering with the WRS.

Schellekens performed a study of language in the construction industry in 2004⁹⁰ and he found that there were generally two patterns of approaching the language barrier with migrants. The first is to employ the migrants to do basic jobs while they learn English. Then, as their English improves, they are asked to do more skilled tasks if they already possess that skill. The other method is to employ a full-time interpreter or a bi-lingual supervisor where migrants have been brought on site by a sub-contractor.

Migrants can be an important source of cheap labour in the construction industry but their lack of knowledge of their rights and their irregular contracts make them vulnerable. Anderson and Rogaly (2005)⁹¹ found that non-payment or underpayment was common amongst the migrant builders, the migrants even witnessing immigration raids that they believed were a result of the employer calling immigration officials to avoid paying wages.

The planned growth in housing in Cambridgeshire will need an expansion of construction workers in the region. It has been estimated³⁷ that a new house takes 140-170 man days of work. It must be remembered that on top of this must be factored in roads, shops, drainage and amenities. At the moment, plans are that NHS Cambridgeshire will grow by more than 70,000 houses before 2021, or approximately 1 million man days every year until that date. That corresponds to 4,250 employees if each works 235 days per year. Furthermore, the rest of the East of England is set to grow by 280,000 houses and the London Olympic Games is at 2012. Migrant construction workers could be part of this large expansion yet there is a possibility that they will not choose to come, especially since Poland and Ukraine are set to host the Euro Games in 2012 and will be constructing their own stadia.

8.8 Conclusion

Foreign workers / International migrants in Cambridgeshire vary in terms of skills and occupations; this pattern is no different from national picture. However, specific for the county is the influence of high tech industry on the local economy as well as the large proportion of employees in public administration, education and health.

The presence of the University of Cambridge and a major teaching hospital together with the high tech industries (especially those related to software, electronics, and biotechnology) located mainly in Cambridge City makes the county prime UK destination for high skilled migrant workers (also referred to as ‘knowledge migrants’) from all over the world. High skilled workers are concentrated in the areas of education, healthcare and information technology⁹².

Research suggests that much of highly skilled migration is temporary in nature. Individuals come to the area to work on fixed-term contracts for a period of time or for a period associated with completion of a task. They then move on to third countries or return to their home countries. Many such workers possess skills that are globally valued and therefore can ‘select’ where they chose to work, in a way that migrants occupying low skilled posts cannot⁹².

High-skilled migrants are probably the least likely group among migrants to experience material disadvantage or poor housing conditions that could affect their health.

Foreign-born workers have traditionally formed an important sector of the seasonal labour force in Cambridgeshire; recently, migrant communities are becoming more established and less ‘seasonal’⁹³. Distribution, hotels, and restaurants industry is an important employer for foreign-born workers in Cambridge City⁸⁸. In other districts, migrant workers are employed in agriculture, manufacturing and construction industries. Since 2004, Cambridgeshire experienced a significant increase of workers from A8 countries employed in those sectors. Top five occupations *** for A8-born workers are: process operative (28%); warehouse operative (8%); packer (6%); kitchen and catering assistant (6%); and cleaner, domestic staff (6%)⁹⁴.

International migrants that are employed as shift workers in elementary occupations, receiving relatively low earnings – are group of migrants probably most likely to have limited access to healthy lifestyles or to experience socio-economic disadvantage and poor housing conditions. Those migrants in a long run, depending on their length of stay and nature of their occupations, may experience relatively poor health outcomes.

8.9 Recommendations

- Engage with employers and other stakeholders to establish networks for sharing information and good practice with the aim of promoting healthy work conditions for migrants.

*** When A8 nationals find employment in the UK they need to register with the Worker Registration Scheme. The WRS data shows A8 nationals' first occupation they registered

9. Languages & Education

9.1 Language provision – evidence from the Learning and Skills Council⁹⁵

Research commissioned by the Learning and Skills Council (LSC) in 2006 recognised that:

- There are distinct groups of migrants with differing needs in terms of access to English for Speakers of Other Languages (ESOL) provision, such as asylum seekers needing help with integration, foreign-born citizens seeking citizenship and migrant workers seeking English language competency for work-permit purposes.
- There were nearly 500,000 ESOL learners in 2004–05 enrolled at further education colleges. Taking into account the large proportion of part-time learners in this group, this equated to just over 215,000 full-time equivalent (FTE) learners. Of the FTE ESOL learners, 15% were asylum seekers.
- The Committee of Inquiry on ESOL, established by the National Institute of Continuing Adult Education (NIACE), 2006⁹⁶ was critical of the links between employability and ESOL provision. Most ESOL learners are from UK-born minority ethnic groups, with British Asian learners being the biggest group among them.
- The report highlights that English language learning has a significant and positive impact on individuals, communities and the productivity and safety of workplaces in England.
- For individuals it enables better communication with other people, it improves their self-esteem and mental well-being and makes realising their potential easier. It also improves their job opportunities and prevents them from being exploited in the workplace.
- For communities effective communication is vital - it enables their social inclusion and social cohesion. It also improves their socio-economic situation and lessens the risk of poverty (through better job opportunities). English language skill is a great asset for both employers and employees.
- The report concludes that ESOL is both a language and a skill for life.

The report goes on to state ‘English language learning has an impact on individuals, communities and the productivity and safety of workplaces in England. For individuals it makes a difference to the way we relate to each other and it impacts on our children. Without doubt there is for many a correlation between their self-esteem and the level of confidence they have in spoken English. For many, confidence in English language opens doors and helps people engage in and contribute to civil society. Lack of fluency in the language condemns many people to poverty. ESOL is both a subject in its own right and a means to an end for individuals. English language is a recognised route to citizenship, and language competency is now a requirement. At the societal level, the opportunity to improve English language should be a right; a chance to contribute to and at the same time shape the communities in which we live and work.

In the workplace ESOL can make the difference between a confident and skilled workforce and one that is hesitant or exploited, where individuals are at risk of missing opportunities, and in some contexts at risk for their lives. It can make a difference to economic

development and to the effectiveness of services and companies. Good communication is always at the heart of what employers say they need from employees, and it is a precondition for flexible, responsive and competitive enterprises. Without it, there is less opportunity for all. In short, ESOL is more than a language; it is both a language and a skill for life

The increase in demand from A8 migrants for ESOL provision is part of a general picture of excess demand with inadequate supply, meaning that some providers are increasing or introducing entry criteria.

The research undertaken for the LSC strongly suggests that increased provision is needed to meet the demand from A8 migrants in particular. While there is no evidence to question this assertion, it will be important to heed the suggestion in the same report that additional research is needed on the nature, scale and character of the demand for learning from A8 migrants.

9.2 English for speakers of other languages (ESOL)

English for Speakers of Other Languages (ESOL) courses are for learners whose first language is not English and who want to improve their reading, writing and communication skills. ESOL education is free of charge for people receiving Jobseeker's Allowance⁹⁷. It must be highlighted that therefore not everyone will be eligible for free ESOL classes. In addition colleges have different provision of courses and this may be reflected in the student figures.

Data on ESOL students provided by Cambridge Regional College and Huntingdonshire Regional College are in Table 1 (Data could not be sourced from East Cambridgeshire and Fenland). The data shows that ESOL students are mainly nationals from the European countries: Poland, Spain, Italy and Portugal. Nationals from Asia: Bangladesh, China and India also register with ESOL classes yet account for a smaller proportion of students.

Table 11 ESOL students at two regional centres for 2007-2008

Cambridge Regional College - ESOL students by academic year			Huntingdonshire Regional College - ESOL students by academic year		
Declared nationality	2007/08	2008/09	Declared nationality	2007/08	2008/09
Poland	262	163	Poland	173	115
Spain	56	90	England	19	29
Italy	42	49	Portugal	32	25
Hungary	19	37	Bangladesh	10	18
Bangladesh	24	24	India	<6	12
Turkey	31	22	Latvia	11	10
China (People's Republic of)	38	20	Slovakia	12	10
France	13	20	France	<6	8
Lithuania	29	18	Brazil	6	7
Slovakia	20	17	Hungary	<6	7
Czech Republic	18	16	Romania	<6	7
Portugal	16	14	Bulgaria	<6	6
Iran	13	12	China (People's Republic of)	6	6
Russia	10	11	Lithuania	22	6
Thailand	20	11	Spain	7	6
Other	108	84	Other	101	56

Source: Cambridge Regional College; Huntingdonshire Regional College, May 2009

9.3 English as an Additional Language (EAL)⁹⁸

Over 80 languages are spoken in Cambridgeshire and the main and relatively established community languages are Bengali⁹⁹ (Sylheti dialect), Cantonese¹⁰⁰, Punjabi¹⁰¹ and Urdu¹⁰².

New communities speaking languages other than English are also growing in areas with traditionally less linguistic diversity. There are increasing numbers of Portuguese and Polish speakers in Fenland and East Cambridgeshire, and Tagalog¹⁰³ and Malayalam¹⁰⁴ speakers in areas around the hospitals. As a result, there are increasing numbers of children who are new to English in Cambridgeshire schools and the overall percentage of bilingual children is increasing across the county (3.6% in 2004 compared with 2.2% in 1997). In Cambridge City the figure is particularly high at 13%.

Bilingual children receive additional support in schools through a variety of initiatives:

- Ethnic Minority Achievement Grant (EMAG) teacher, Bilingual and/or Teaching Assistant support in schools with significant numbers of BME and bilingual pupils
- Short term Teaching Assistant support for new arrivals
- Literacy and Numeracy for All projects, supported by CREDS staff
- Advanced EAL writing skills project for identified secondary aged Bangladeshi and Pakistani pupils
- Training for school staff in working with children learning EAL
- Celebrating Languages website

9.4 Primary age pupils from minority ethnic backgrounds in Cambridgeshire¹⁰⁵

The Department for Education and Skills expects that all pupils, or their parents/carers on their behalf, will provide schools with information on their ethnicity. This enables schools and Local Authorities (LAs) to ensure that appropriate provision is made to support pupils who may be underachieving or experiencing problems as a result of their particular ethnic heritage.

Cambridgeshire County Council uses the ethnic categories from the 2001 Census for this monitoring, with the addition of specific categories for Gypsy/Roma and Irish Travellers. Pupils and parents have the right not to provide the information, and in January 2007 1.0% chose to exercise that right.

In January 2007 11.8% of pupils in Cambridgeshire primary schools were from a minority ethnic community, below the national rate of 22.4%. The largest groups were: White: Other (4.2%) Travellers (0.8%); Indian (0.8%); Bangladeshi (0.7%); Chinese (0.5%); Black African (0.4%) and Pakistani (0.4%).

Within Cambridge City, 21.5% of primary pupils have a minority ethnic heritage, above the national rate of 18.2%. There is a large Bangladeshi community – 4% of all primary pupils on roll – and strong Indian, Black Caribbean, Chinese and Traveller communities alongside smaller groups from across the world. Outside Cambridge there are sizeable communities of Pakistanis in Huntingdon and St Ives, and of Travellers across Fenland and South Cambridgeshire.

5.9% of Cambridgeshire primary pupils have a mother tongue known or believed to be other than English, compared with 13.5% nationally. 21.2% of pupils in Cambridge City primary schools have a mother tongue other than English.

Cambridgeshire County Council is committed to eliminating such disparities arising from ethnic or racial background, and the Cambridgeshire Race Equality & Diversity Service (CREDS) works to support schools and community groups.

9.5 Secondary age pupils from minority ethnic backgrounds in Cambridgeshire¹⁰⁶

In January 2007 9.4% of pupils in Cambridgeshire secondary schools were from a minority ethnic community. The largest groups were: White Other (3.3%) Chinese (0.6%); Bangladeshi (0.6%); Indian (0.6%); Mixed White/Asian (0.5%); Gypsy/Traveller (0.4%) and Pakistani (0.3%).

Within Cambridge City, 17.2% of secondary pupils have a minority ethnic heritage, and there are strong Bangladeshi, Indian, Black African, Chinese and Traveller communities alongside smaller groups from across the world. Outside Cambridge there are sizeable communities of Pakistanis in Huntingdon and St Ives, and of Travellers across Fenland and South Cambridgeshire.

Ethnic monitoring information is providing evidence of under-performance in the end of Key Stage National Curriculum Tests by pupils from Bangladeshi, Traveller, Pakistani and Black Caribbean heritage groups. There is also some evidence of over-representation in areas associated with behavioural problems by Black Caribbean and Traveller pupils.

4.1% of Cambridgeshire secondary pupils have a first language known, or believed to be, other than English compared with 10.5% nationally. 13% of pupils in Cambridge City secondary schools have a first language other than English.

9.6 Patterns of Admission of Overseas Children to Cambridgeshire Schools, September 2003 to August 2007¹⁰⁷

Analysis of admissions of overseas children to Cambridgeshire schools in 2003-2007^{†††} was carried out in 2007. The analysis was carried out on data from Cambridgeshire County Council OCYPS (Office of Children and Young People Services) database that is not comprehensive as some large secondary schools handle their own admissions arrangements and are therefore not included in the database. Thomas Clarkson, Wisbech, is one of these schools, which, since the school is known to take a significant number of overseas admissions, reduces the coverage of Fenland admissions. The database is more comprehensive for primary schools but some schools with spare places admit children directly without reference to the Admissions Section. This analysis does not therefore give total figures for overseas admissions. However, the data should still indicate broad trends and changes in distribution of overseas admissions over the last four academic years, since the coverage of schools involved has not changed significantly over the period. Also it should be noted that the time period is for application of admissions and does not say in which year the pupil joined, e.g. a pupil could have applied in May and started next September.

The analysis shows that a large proportion of the pupils seek school places in Cambridge and many of the South Cambridgeshire applications are for schools in the villages immediately around Cambridge. The proportion seeking school places in Cambridge and South Cambridgeshire together has slowly increased over the 2003-2007 period, rising from 79% in 2003-2004 to 84% in 2006-2007. In 2006-2007, the distribution still remained dominated by children accompanying parents who arrived to study or work in the public

^{†††} Pupils of British nationality moving from overseas were excluded from the analysis

sector – particularly academic and health sectors, in Cambridge. This is a pattern that was also shown by the 2001 Census. The data from September 2003 to August 2007 is in table 12.

Table 12 Admissions of pupils of non-UK nationality arriving from overseas, September 2003 to August 2007

Cambridgeshire - Admissions of Pupils of Non-UK Nationality arriving from Overseas, Sep 2003 to Aug 2007				
District	Sep 2003-Aug 2004	Sep 2004-Aug 2005	Sep 2005-Aug 2006	Sep 2006-Aug 2007
Cambridge City	283	351	307	354
East Cambridgeshire	26	24	15	19
Fenland	18	28	17	29
Huntingdonshire	47	59	46	36
South Cambridgeshire	59	58	73	76
Total	433	520	458	514

Source: Cambridgeshire County Council Research Group

Table 13 shows the ten nationalities contributing the largest numbers to overseas admissions in each year, accounting for an average of 56% of all overseas admissions.

Table 13 Overseas admissions by top ten nationalities, September 2003 to August 2007

Cambridgeshire – Overseas Admissions by Top Ten Nationalities, Sep 2003-Aug 2007							
Sep 2003-Aug 2004	Number	Sep 2004-Aug 2005	Number	Sep 2005-Aug 2006	Number	Sep 2006-Aug 2007	Number
American	56	Indian	62	Polish	43	Polish	86
Filipino	46	American	53	Indian	35	American	42
Portuguese	29	Filipino	42	American	30	Filipino	31
Indian	21	Polish	24	Chinese	22	Indian	23
Korean	21	Chinese	23	Australian	21	Korean	22
Australian	19	Korean	23	Korean	20	Japanese	20
Chinese	19	Portuguese	22	Filipino	19	German	18
Pakistani	14	Japanese	20	Portuguese	17	Lithuanian	18
Zimbabwean	13	Lithuanian	18	Zimbabwean	14	Brazilian	17
Nigerian	11	French	14	German	13	Chinese	16

Source: Cambridgeshire County Council Research Group

Table 14 shows the total figures for the eight East European countries that joined the EU in 2004 – the Accession states. The clearest trend in the table is the increase in the number of children arriving from these A8 countries, from 16 to 132 between Sep 2003 and Aug 2007, an increase from 3% of the total to 26%. Numbers coming from other parts of Europe have also increased slowly over the same period.

Table 14 Overseas admissions from Europe, September 2003 to August 2007

Cambridgeshire – Overseas Admissions from Europe, Sep 2003-Aug 2007				
	Sep 2003-Aug 2004	Sep 2004-Aug 2005	Sep 2005-Aug 2006	Sep 2006-Aug 2007
A8 countries	16	54	67	132
Other European	87	98	96	100
Outside Europe	330	368	295	282
Total	433	520	458	514

Source: Cambridgeshire County Council Research Group

Numbers from other individual nationalities have tended to fluctuate with no clear pattern over the last four years, although it is interesting that numbers in two of the immigrant nationalities usually associated with low status occupations – Filipino and Portuguese (some of the latter actually coming from Macau in East Asia) – were lower in Sep 2006-Aug 2007 than in Sep 2003-Aug 2004. Annual fluctuations in numbers of families arriving from overseas are often random, depending, for instance, on groups of workers in the health sector being recruited in one particular country in one year and not the next. However, there is perhaps a suggestion in the data that migrants from the A8 countries have to some extent been replacing workers of other nationalities in low-paid jobs recently.

Table 15 shows the distribution of admissions from the major overseas nationalities across the Cambridgeshire districts in the last four years. The figures in this table confirm the complexity of patterns of family immigration into the county. Of the major nationalities moving into Cambridgeshire, some focus almost exclusively on Cambridge, notably families of Chinese, Korean and Japanese origin. Indians and Australians also focus on the south of the county showing a greater propensity to settle in South Cambridgeshire. Americans show more complex patterns, with the effects of USAF bases in Huntingdonshire and Suffolk (just over the East Cambridgeshire boundary) being visible in the statistics.

Table 15 Top nationalities by Local Authority District, September 2003 to August 2007

Overseas Admissions – Top Nationalities by Local Authority District, Sep 2003-Aug 2007						
Nationality	Cambridge City	East Camb	Fenland	Hunts	South Camb	Cambridgeshire
American	111	12	<10	14	41	180
Polish	89	15	22	10	23	159
Indian	89	-	<10	31	20	141
Filipino	92	-	11	18	14	135
Korean	82	-	-	-	<10	86
Portuguese	11	12	16	37	<10	79
Chinese	65	<10	-	<10	<10	70
Japanese	56	-	-	-	<10	61
Australian	42	-	-	<10	12	58
German	33	<10	-	<10	13	52
Lithuanian	18	<10	13	<10	10	52
Zimbabwean	19	<10	<10	<10	10	39
French	32	<10	-	-	<10	38
Brazilian	29	<10	-	-	<10	35
Pakistani	20	-	<10	<10	<10	29
Nigerian	17	<10	-	<10	<10	23
Total	805	54	69	138	171	1237

Source: Cambridgeshire County Council Research Group

Other nationalities show a much greater propensity to settle in parts of the county away from Cambridge. This is most evident in Fenland, where 90% of all overseas admissions in Sep 2003-Aug 2007 were from just four major groups: Polish, Lithuanian, Portuguese and Filipino – the first two of which groups are associated in this area with relatively low status, mainly agricultural, employment. With the exception of the American USAF factor, East Cambridgeshire shows very similar patterns.

9.7 Pupil Level Annual School Census (PLASC) 2007

Pupil Level Annual School Census (PLASC) data provides information about the primary languages spoken by pupils attending schools in Cambridgeshire. The data are in Table 16: it shows 20 top non-English languages spoken by pupils attending schools in Cambridgeshire.

In general, children who speak language other than English or who are believed to speak language other than English are mainly in schools in Cambridge City. Children speaking Chinese, Polish or Portuguese are in schools across the county, whereas children speaking Bangladeshi, French, German, Italian, Japanese or Spanish attend mainly schools in Cambridge City. Children whose first language is Latvian, Lithuanian, Polish or Portuguese are in larger proportion in Fenland schools. In addition, Russian may also be commonly spoken amongst Latvian and Lithuanian nationals. Children speaking Panjabi are mainly in Huntingdonshire.

Table 16 : Languages spoken by pupils attending schools in Cambridgeshire

Language	Cambridge City	East Cambridgeshire	Fenland	Huntingdonshire	South Cambridgeshire
English	8303	9311	12203	23408	17020
Believed to be English	283	266	49	427	273
Other than English	881	140	109	330	479
Believed to be other than English	197	50	36	79	60
Bangladeshi	92	<10	9	13	<10
Chinese*	71	<10	11	45	26
Dutch	<10	-	-	<10	17
Ebira	-	-	<10	<10	-
Filipino	20	<10	<10	19	24
French	44	<10	-	16	15
Fula	-	<10	-	-	-
German	34	<10	<10	<10	11
Italian	29	<10	<10	<10	<10
Japanese	27	-	-	-	<10
Latvian	-	-	11	<10	-
Lithuanian	<10	<10	57	11	<10
Malayalam	23	<10	<10	<10	33
Punjabi	<10	<10	<10	50	<10
Polish	30	17	52	36	17
Portuguese	15	11	35	24	14
Russian	18	<10	<10	<10	12
Slovakian	<10	-	12	-	<10
Spanish	28	<10	<10	<10	10
Urdu	28	<10	-	25	<10
Information not obtained	83	<10	21	390	18

Source: CCC Research Group, PLASC 2007

Note: Chinese category includes: Chinese-Cantonese, Chinese-Mandarin and Chinese-Fujianese.

9.8 Eligibility for a free school meal¹⁰⁸

Eligibility for a free school meal is frequently used as an indicator of social need. Children whose parents are in receipt of the following are entitled to receive free school meals (FSM):

- Income Support
- Income Based Job Seekers Allowance
- Income-related employment and support allowance (this benefit will be introduced from 27 October 2008)
- Support under part VI of the Immigration & Asylum Act 1999
- Child Tax Credit but not entitled to working tax credit & annual income is below £15,575 (as assessed by HM Revenue & Customs)
- Guarantee element of state pension credit

The proportion of Cambridgeshire pupils known to be eligible for a free school meal is consistently below the national average, and has gradually fallen, reflecting national patterns. Cambridge City and Fenland generally have the highest proportion of pupils eligible for a free school meal in the county, South Cambridgeshire the lowest. Table 17 shows comparative figures for January 2007.

Table 17 Percent of primary pupils eligible for a free school meal, January 2007

% Primary pupils eligible for a free school meal, January 2007						
England	Cambridgeshir	Cambridge City	East Cambs	Fenland	Hunts	South Cambs
15.8%	9.0%	15.1%	6.6%	13.7%	7.7%	4.8%
% Secondary pupils eligible for a free school meal, January 2007						
England	Cambridgeshir	Cambridge City	East Cambs	Fenland	Hunts	South Cambs
13.1%	7.7%	11.4%	7.5%	11.0%	6.0%	4.8%

Source: Cambridgeshire County Council, All About Primary Pupils in Cambridgeshire 2006-2007; Cambridgeshire County Council, All About Primary Pupils in Cambridgeshire 2006-2007

Research at national and county level indicates that there is a relationship between social need and both pupil attainment and behaviour. Schools and LAs with the lowest rates of FSM generally, though not always, have the highest rates of attainment and the lowest exclusion and unauthorised absence rates. Table presents the FSM data for children living in Cambridgeshire by ethnic group and by district. It shows that children from ethnic groups other than White-British who receive FSM, live mostly in Cambridge.

Table 18 Children living in Cambridgeshire in receipt of FSM by ethnic group (2009)

Free school meals: children living in Cambridgeshire by ethnic group (2009)	Cambridge	East Cambridgeshire	Fenland	Huntingdonshire	South Cambridgeshire
White - British	1015	607	1480	1638	792
Asian or Asian British	66	-	-	-	-
Black Caribbean	13	-	-	-	-
Black - African	15	-	-	-	-
Any Other White Background	45	-	-	-	-
Any Other Mixed Background	43	-	-	-	-
Any Other Black Background	14	-	-	-	-
Any Other Asian Background	18	-	-	-	-
Any Other Ethnic Group	127	62	116	244	149
N/A*	57	11	11	58	19

Note: N/A includes 'Unknown', 'Refused' or 'Information not yet obtained' cases.

9.9 Conclusions

The latest Pupil Level School Census data published in January 2009 indicates that Black, minority ethnic (BME), those in the category white other and Gypsy and Traveller children comprise 13.2% of Cambridgeshire's total school population. The data also identifies that across the county's school population 87 languages are spoken across the county and new communities are growing in areas with traditionally less linguistic diversity. The various Traveller communities comprise the county's largest minority group after White: Other.

Educational attainment of BME and Traveller groups in Cambridgeshire is similar to national trends: Bangladeshi, Black African, Black Caribbean, Pakistani heritage, Gypsy/Roma and Traveller of Irish heritage groups reach lower levels of attainment than the population as a whole at all key stages.

To raise awareness across the county of the need to close the attainment gap for children and young people from these groups, and to develop a coherent approach to this task, Cambridgeshire has produced a county strategy: 'Making Children Matter: closing the attainment gap for black, minority ethnic, Gypsy and Traveller children and young people¹⁰⁹'.

Its main aim is to provide schools and settings with support and practical ideas to further develop good practice, and the document contains many case study examples from Cambridgeshire. The strategy also contains suggestions of how the roles of governors and Local Authority officers can contribute effectively to closing the attainment gap for specific groups of children and young people. The strategy was developed by a steering group comprising LA officers, headteachers, Early Years providers and community representatives, in consultation with, and with the support of, council members.

9.10 Recommendations

- Improve access to language provision both in terms of access to translation and interpretation facilities and access to appropriate English language courses.

10. Mental health and community cohesion

10.1 Introduction

Individuals who migrate could be subject to change in culture, food, climate as well as family and friends who may become relatively inaccessible compared with before they migrate¹¹⁰. They often experience a certain amount of loss through the change which is counterweighed with excitement by the thoughts of a better life. If the fluency of English is used as a proxy for the amount of acculturation a migrant has, it can be shown that the better the language skills are, the less likely one is to show depressive symptoms¹¹¹.

The losses, or griefs, are considered as a type of stress response. These have been described by a model with seven griefs containing family and friends, language, culture, homeland, loss of status, loss of contact with ethnic group and exposure to physical risks. The griefs could be revived by contact with the country of origin instead of the more normal grief encountered when someone dies¹¹². The treatment of the migrant, especially in the early days, is crucial for the completeness of the grief process.

Post traumatic stress disorder, followed by mood disorders, are the most common, diagnostic conditions found among refugees and asylum seekers¹¹³. The Medical Foundation in the UK assesses that people that have been tortured are at an increased risk of nightmares, hallucinations, panic attacks, difficulty in forming relationships, depressive illness and anxiety.

A team of psychiatrists from Barcelona have described the migrants' common symptoms and called it Chronic and multiple stress syndrome, or the Ulysses syndrome. They are treating people who largely have an extremely hard and stressful journey in small, fragile boats to get from North Africa to the countries of southern Europe. Migrants with this syndrome have depressive symptoms mixed with anxious and dissociative symptoms. The syndrome is progressive with the number of obstacles encountered, for example stressful journey, lack of family and friends, difficulties obtaining work and money. A separate group of researchers found that the incidence of Ulysses syndrome is rising across Europe.

Hospital admission rates for schizophrenia are highest among migrant patients with a Caribbean, Irish and Polish background and are higher than UK nationals in people from Pakistan and India as migration is a risk factor for schizophrenia¹¹⁴. However, migrants are not a homogenous group and the risk depends on the conditions under which they emigrate and the conditions which they live in the UK.

Depression and high suicide rates are especially widespread among the migrant, female Indians^{115 116 117}. It is said to be precipitated by family conflict in many cases, rather than mental illness. However, the prevalence of common mental disorders could be under-diagnosed, particularly in this population as it could be seen as being stigmatising.

Some countries from which people have migrated to the UK have a high incidence of suicide in the country itself. While suicide rates are a blunt instrument they may be used as a proxy, especially where there is limited data. Lithuania¹¹⁸ has the highest suicide rate in Europe in 2006. Poland's rate is above Europe's average while the suicide rate in Portugal is lower. The Health Information Unit of the WHO Regional Office for Europe and the Lithuanian Ministry of Health attribute these high suicide levels to high alcohol use and the socioeconomic situation that many Lithuanians find themselves¹¹⁹.

Alcohol and drug addiction and migration are associated but these have not been found consistently. Weaker association is probably found with alcohol and drug abuse in the

country of origin being a determinant for abuse when in a migrant population but generally little data has been found for migrant addiction¹²⁰.

Migrants could experience two broad issues where diagnosing a mental health problem occurs. One is cultural differences making diagnosing a mental health problem particularly problematical. Misdiagnoses are more common among migrants than with native patients¹²¹. In psychiatry it is important to consider the patients' ethnic identity, their lay beliefs as to what the problem may be and their overall treatment expectations. Mental health assessments among migrants should be performed with that in mind. The second is the language barrier can become severe with the diagnosis of mental health. Using interpreters within the social group or family has been described as unacceptable. On the other hand, an unfamiliar interpreter might be undesirable as the patient could sense any disapproval of the interpreter¹²².

10.2 Community cohesion

Although the impact of the migrant workers was beneficial in economic terms, large social changes could occur which could alter community cohesion. The government was sufficiently concerned to set up the Commission on Integration and Cohesion and the Migration Impacts Forum in 2006³⁷

10.2.1 Commission on Integration and Cohesion

The Commission creation was created as a fixed term advisory body. This advisory body has advised that there is a clear responsibility on local authorities, housing associations and other agencies to work together to make certain that migration does not lead to community tension. The Government's Migrant Impact Fund has also been set up to support this work and help local public services manage any short-term pressures resulting from migration.

The last report, "Our shared future" was published in 2007, has recommendations designed to maximise cohesion and reduce community tension. The Secretary of State for Communities and Local Government, Hazel Blears, responded to that report. She developed a ten-point plan to promote cohesion and reduce tension caused by migration, including a £50 million fund. It included:

- Local authorities should be encouraged to meet their own issues, such as involving community activities for youth of different backgrounds
- Promote "Citizen Days" to encourage a strong sense of citizenship and civic pride. These could support national and local culture, the rule of law, tolerance and democracy. Local authorities would be expected to publish information packs for migrants on the migrants rights and responsibilities and also the cultural norms and British laws
- English lessons will be encouraged as it has been shown that lack of language is the single biggest barrier to integration. However, the government has announced in May 2009 that the £300 million that is currently spent on English language lessons will be refocused on those who are long-term UK residents and away from short-term migrants to the UK¹²³
- Translations and interpreters will be restricted to encourage migrants to learn the English language
- A new national indicator on promoting community cohesion

10.2.2 The Migration Impacts Forum

The Migration Impacts Forum (MIF) is comprised of public bodies such as the local authority, police, education and health but also the voluntary sector, Confederation of British Industry and the Trades Union Congress. It discusses with Ministers the wider social impacts, apart from economics, of migration. The Migration Advisory Committee works alongside the MIF (see Migration from non-EU countries).

10.2.3 Cohesion in the East of England

The lack of an adequate supply of good housing has been found to create tension with the migrant and indigenous communities, particularly where anxiety was present over local services and infrastructure as it is in the East of England¹²⁴. Pillai et al, 2007¹²⁵ added that this tension was especially likely to be heightened when rural communities are considered, for example in the East of England. Here the services are stretched over wide geographical areas making the strain amongst indigenous people worrying anyway.

10.3 Alcohol & drug abuse

In April 2008, the Drug & Alcohol Action Team (DAAT)¹²⁶ carried out initial work focussing on ethnic minorities and migrant worker communities in Cambridgeshire. Information about migrant workers and their substance use was obtained from community groups, current substance misuse service providers, a questionnaire targeted at migrant worker groups and the National Drug Treatment Monitoring System.

The findings were that the numbers of ethnic minorities and migrant workers currently accessing services are small although alcohol is the main substance of use, both nationally and locally for these groups. Illegal drug use has also been found. Migrant workers are initially more likely to manage substance misuse problems themselves or within their community rather than access services.

The most significant barriers to accessing services for these groups were identified as language and lack of knowledge about what help is available. Ongoing assessment of need is required to ensure that appropriate measures to reduce ethnic inequalities in substance misuse services can be put in place.

DAAT reports that relapsing into drug use was often triggered by life in the UK as not living up to the migrants' expectations. Alcohol use was the subject of a survey which 27 migrants filled in. 33% said that they were concerned about alcohol use by other migrant workers and they were worried about violence (63%) and health (52%). 33% thought that an increase in the alcohol use of migrant workers was taking place since arriving in the UK.

Bridgegate in Peterborough and Wisbech have spent five years working towards developing drug services¹²⁷. They describe complex needs around drug misuse including racial discrimination, exploitation, poor working conditions, unemployment, social and economic exclusion, difficulty accessing services and language support, poor family backing and social networks and pre-conceptions of treatment.

Anecdotal evidence suggests that migrants who are working below their skill level and are underpaid are at greater risk of alcohol misuse that can lead to alcohol dependence and mental health issues. In addition one of the results of alcohol and drug misuse can be an increase in domestic violence. Commonly the victims, who are often financially dependent on the perpetrator don't know where to get help and how to access services.

10.4 Police

The Cambridgeshire Police have written two overlapping reports in 2007¹²⁸ and 2008¹²⁹. The policing concerns are:

- To meet future population growth in Cambridgeshire (including Peterborough), the police would require at least an extra four neighbourhood policing teams; at present they have 31. That is an increase of 13%. This is on a background of a historically low proportion of officers to head of population.
- Certain communities have had demographic changes that have seen increases in tension and incidents. These require careful responses both from the police and partners. This situation could increase the mental health input of the NHS. There will be an increase in the diversity which could lead to a decrease of social cohesion
- The demographic changes that have occurred in the population have meant also changes in types of crime that are reported, eg drink-driver offending
- While there is little evidence of the increase in the number of migrants leading to problems with community safety or cohesion¹³⁰, the perception of the indigenous community can be negative. Migrant workers can be mistaken for asylum seekers or refugees. With increasingly diverse neighbourhoods, the potential for the situation to break down increases. A potential contributor to this is multi-occupancy housing with accompanying problems such as multi-car parking, waste disposal services and noise issues
- Records are kept when police think that people in a situation may cause alcohol-crime and as such are asked to move on. In Peterborough, 42% of those asked to leave an area are migrants from the A8 countries¹²⁹.

Cambridgeshire Constabulary has the county divided into three Basic Command Unit (BCU): the Northern BCU covers Peterborough, Central Division covering Huntingdon, St Neots, St Ives, March, Chatteris and Wisbech and Southern Division covering Cambridge, Ely, Sawston and Histon. However, graphs of the three units have the same shape, albeit at differing proportions. Figure 2 shows the proportion of non-UK detainees in Central and Southern BCUs for 2002-7. The figures above the bars represent the absolute numbers and the y-axis is of a different scale. The percentage gets larger until 2006 but then falling back for 2007. However, in January-April 2009 the proportions had risen again to 15-22% for Central BCU and 12-14% for Southern BCU.

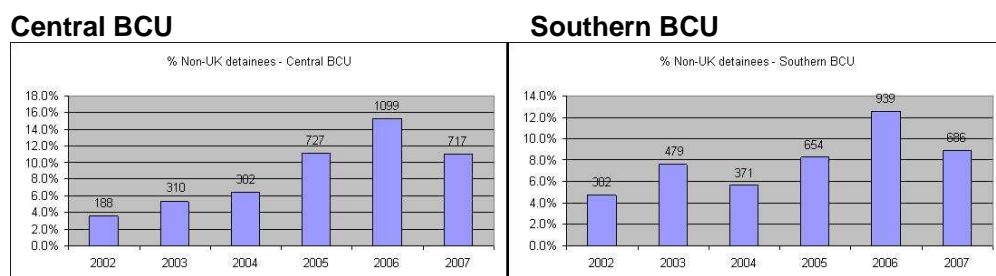


Figure 2 The proportion of non-UK detainees in two BCUs in Cambridgeshire 2002-7
Source: Cambridgeshire Constabulary

In the appendix, the 2002-7 figures have been broken down into the ten most frequent countries of origin of the detainees. It can be seen that over the past few years Lithuania has been the most common country of origin in Central BCU with Poland the next most frequent with about half many detainees. However, in Southern BCU the reverse is true. The same pattern can be seen with drink driving and disqualified driving offences in Central and Southern BCUs in 2002-7.

10.4.1 Community Cohesion Unit in Peterborough

As a direct response to the changing ethnic profile in Peterborough the police set up a community cohesion unit in 2007. Key members of the team in this unit include multi-lingual Police Community Support Officers who are drawn from the Peterborough area. Much success has been had where migrants have been reporting, for example, exploitation and appropriation of wages³⁷

10.5 Conclusions

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

In examining substance misuse and alcohol problems, the Cambridgeshire Drug & Alcohol Action Team carried out work focusing on the needs of ethnic minorities and migrant worker communities in Cambridgeshire. They found that the most significant barriers to accessing services for these groups were identified as language and lack of knowledge about what help is available. Other services in the East of England describe complex needs around drug misuse including racial discrimination, exploitation, poor working conditions, unemployment, social and economic exclusion, difficulty accessing services and language support, poor family backing and social networks and pre-conceptions of treatment.

In terms of community cohesion, although the impact of migrant workers has many positives large social changes can occur which can alter community cohesion. There is little evidence of the increase in the number of migrants generally leading to problems with community safety or cohesion but the perception of the indigenous community in some areas can be negative. The government have put together a ten point plan to promote cohesion and reduce tension caused by migration, supported by the Migrant Impact Fund. It has also advised that there is a clear responsibility on local authorities, housing associations and other agencies to work together to make certain that migration does not lead to community tension.

10.6 Recommendations

- Foster stronger community cohesion and better engagement with voluntary and community organisations.
- There needs to be ownership and multiagency partnership to ensure that the recommendations featured within this report are translated into action.

11 Health data

11.1 Live births by mother's country of origin

Information on live births by the country of origin of the mother can be an additional indicator for migration. The Office for National Statistics publishes statistics on births occurring in England and Wales on an annual basis. Note that this indicator does not necessarily provide information on recent migration but it can reflect patterns of past migration. Recent migration might be reflected in future births¹³¹.

Figures for Cambridgeshire districts were collected for 2007. Table 19 shows data for 17 nationalities that recorded highest numbers of live births in the county^{##}. The nationalities that recorded highest numbers of births from the data for non-UK born mothers were: United States, Poland, Germany, India and South Africa. However, it should be noted that the data are available by a district where a child was registered, not a hospital of birth.

Table 19 Live births in Cambridgeshire by mother's country of birth, by district in 2007

Mother's country of origin	Cambridge City	East Cambridgeshire	Fenland	Huntingdonshire	South Cambridgeshire	Cambridgeshire (Total)
ENGLAND	758	777	845	1533	1353	5266
UNITED STATES	35	42	< 5	63	31	171
POLAND	36	21	34	26	20	137
SCOTLAND	24	24	14	26	36	124
GERMANY	25	10	14	27	19	95
INDIA	41	< 5	< 5	11	18	70
SOUTH AFRICA	21	9	7	14	19	70
WALES	10	9	6	19	25	69
FRANCE	31	6	< 5	< 5	16	53
PHILIPPINES	21	-	< 5	15	13	49
CHINA	31	< 5	< 5	< 5	12	43
LITHUANIA	< 5	< 5	32	8	< 5	40
NORTHERN IRELAND	14	5	< 5	8	10	37
IRELAND	9	< 5	< 5	6	18	33
PAKISTAN	12	< 5	-	18	< 5	30
ITALY	22	< 5	< 5	< 5	8	30
CANADA	15	< 5	-	5	10	30

Source: ONS, Vital Statistics

11.2 GP registrations

Based on the findings from the report by the Cambridgeshire County Council Research Group, 'The Impact of International Migration in Cambridgeshire'¹³¹: Comparing National Insurance registrations and GP registrations suggests that many people who come to

countries recorded the same number of live births: Pakistan, Italy and Canada, hence 17 countries that are included in the table

Cambridgeshire and work do not register with a GP. This is most apparent with migrants from the A8 countries, among whom just one in four were registered with a GP. However, as many of these migrants are likely to be here temporarily only, they may not need health care during their stay. Most migrants from the A8 countries are single young adults, and a high proportion are male. These groups in the general UK population tend to show lower engagement with health services than those with children or those who are older. Other reasons may be that this may point to a lack of awareness that they can access primary health services here or relate to unwillingness to lose wages by taking the time to visit a doctor during working hours¹³¹. However, added to this is the anecdotal evidence of the different migrants' expectations of primary and secondary care compared with a UK resident. This could mean that although the standard of care is satisfactory in the UK, the migrant feels that care is better in their home country. Migrants may return home for medical treatment particularly for treatment such as dentistry which is cheaper in their country of origin.

GP registrations data from the report are in Table 20. Data on nationalities that register with the GPs are consistent with the data, mentioned earlier, from schools. They show the following nationalities that recorded high (the highest) numbers of registrations in the 2001-2006: Polish, Lithuanian, Portugal, German, South African, Latvian, Irish and Indian.

Table 20 GP Patient Registrations by nationality and single year (2001-2006)

Country of birth	2001	2002	2003	2004	2005	2006	All
POLAND	<5	<5	5	25	125	338	497
LITHUANIA	5	<5	<5	28	134	302	475
PORTUGAL	15	16	25	53	78	102	289
GERMANY	30	23	27	26	28	67	201
SOUTH AFRICA	13	17	20	25	46	50	171
LATVIA	-	<5	-	6	55	96	159
IRELAND	22	26	24	14	28	40	154
INDIA	8	10	6	22	23	50	119
CHINA	11	6	5	18	22	26	88
USA	7	10	5	10	18	28	78
PHILIPPINES	<5	5	9	20	25	8	70
SLOVAKIA	<5	<5	<5	<5	20	23	49
ESTONIA	<5	-	<5	<5	15	24	48
AUSTRALIA	5	9	<5	6	8	15	45
RUSSIA	<5	<5	6	<5	7	21	42

Source: The Cambridgeshire County Council Research Group (2008), 'The Impact of International Migration in Cambridgeshire'

11.3 Health questions on the Census

The Census provides information about two aspects of health – the presence of any long-term illness, health problem or disability that limits one's ability to perform daily or work activities; and the general state of one's health in the previous year (good, fairly good or not good). Both these items rely on self-report and it is important to remember that they therefore reflect a person's *perception* of their health rather than an externally defined absolute. This information can be assessed by ethnic group.

One of the main causes of ill health – both Limiting Long-Term Illness (LLTI) and “not good” health – is old age because most people’s health deteriorates as they get older. The different ethnic groups in the East of England have very different age structures¹³². Groups with an older age structure, such as the White British and White Irish, would have more members suffering from ill health and that without allowing for this statistically, a meaningful comparison could not be made between the health of these groups. Age standardised ratios is used to compensate for the different age and sex structures between groups. A graph of these is shown in Figure 3. 100 indicates that the rate of illness in a particular population is neither lower nor higher than we would expect. Higher rates indicate a greater amount of ill health and lower rates a lesser amount of ill health so, for example, a rate of 50 means that this would indicate that there were half as many cases as we would expect to see in a population with a given age structure.

It can be seen that the White British group have neither greater nor lesser rates of LLTI than one would expect and a slightly lower proportion of people reporting “not good” health. It is expected that this would be the case, as they make up such a large proportion of the population against which these ratios are standardised. Both male and female Pakistanis show particularly high levels of LLTI and “not good” health. Bangladeshis are also particularly likely to report LLTI or “not good” health, especially the female members. This is in contrast to the Indian and Other Asian groups who, although there is a slightly higher proportion of LLTI and “not good” health among the female group members, exhibit around the expected level of ill health.

Within the Black or Black British groups, Black Africans show lower levels of LLTI and “not good” health than would be expected within a population of that demographic structure, whereas Black Caribbeans show higher levels. The Chinese have the lowest proportions of LLTI and “not good” health, with males reporting more than 40% fewer incidences and females more than 30% fewer for both categories of illness. Those in Other Ethnic Groups and Black Africans also have far lower numbers of incidences than would be expected given their population’s age structures.

Females on the whole show greater proportions of both self-reported LLTI and self reported “not good” health in nearly every ethnic group. The exceptions to this are Other Ethnic Groups (where both male and female members show less LLTI and “not good” health than would be expected); White Irish (where the higher rates found among males are perhaps due to factor of lifestyle, such as greater levels of smoking and alcohol consumption among males); and the Mixed White and Black African group. In all other groups females have higher levels of LLTI than males, although in the Mixed White and Asian group, the Other Mixed groups and the Black African group, males have higher levels of “not good” health.

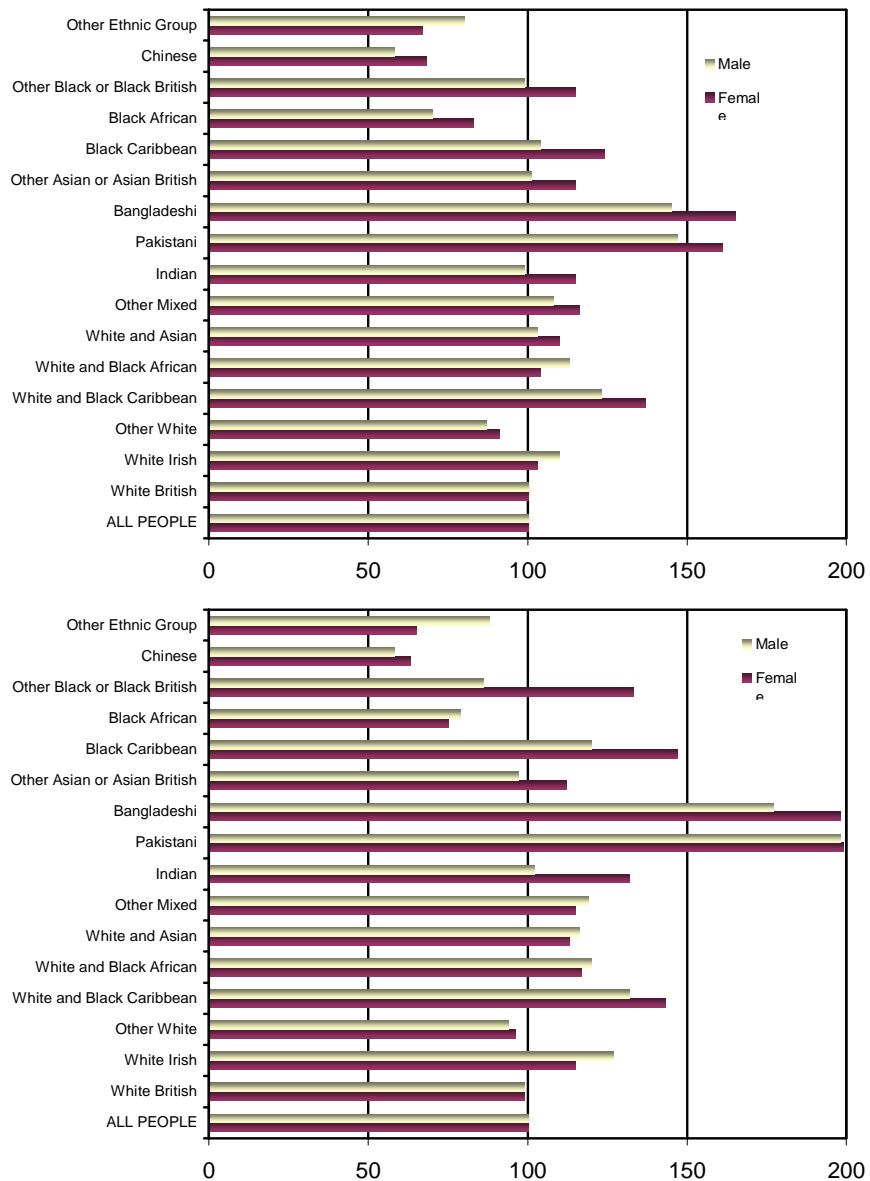


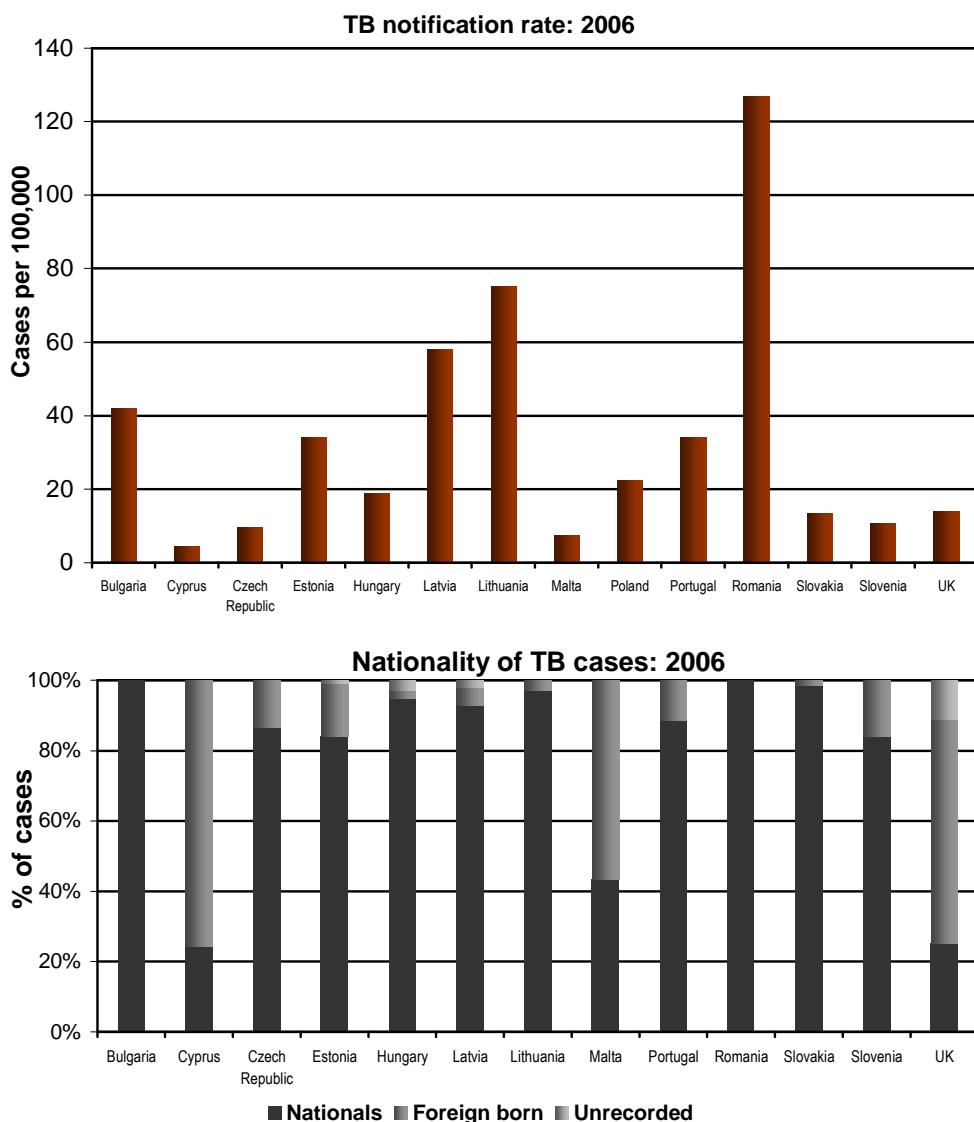
Figure 3 a) Indirectly age standardised Limiting Long-Term Illness ratios in the Eastern Region

b) Indirectly age standardised 'Not good health' in the Eastern Region

Source: Census 2001

11.4 Communicable disease

Infectious disease rates and immunisation coverage in the UK and the Accession countries were compared to determine whether there were any important differences¹³³. Tuberculosis rates, including drug resistance, were obtained from EuroTB¹³⁴. Figure 4 shows that Bulgaria, Estonia, Hungary, Latvia, Lithuania, Poland and Romania had higher rates of TB than in the UK of the countries in the graph in 2006. The countries with the highest proportions of cases that were foreign born were the UK, Malta and Cyprus. In Estonia, Malta, Latvia and Lithuania about 15% of cases were Multiple Drug Resistance TB compared with 1% in the UK (not shown).

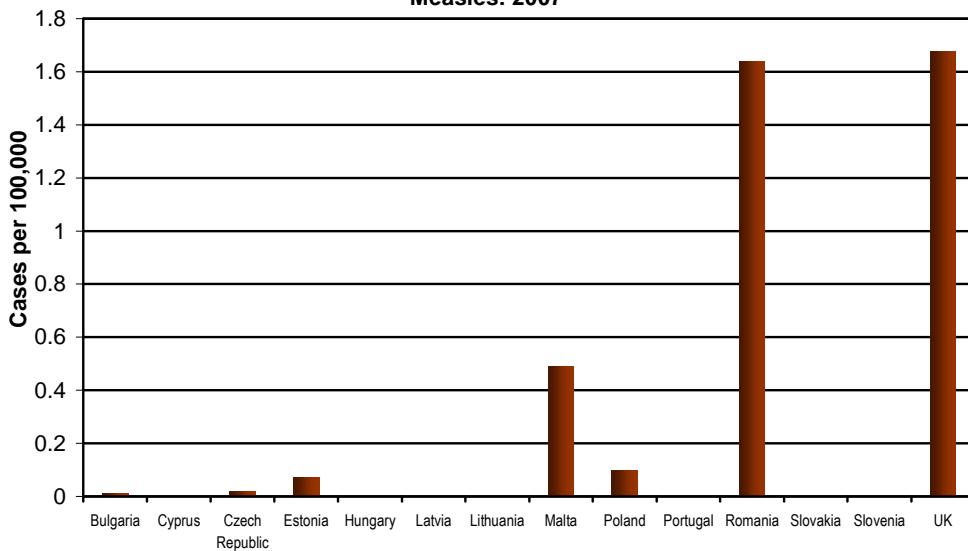


**Figure 4 a) Rates per 100,000 of the Accession countries, Portugal & UK, 2006
b) The Nationality of TB cases of the Accession countries, Portugal & UK where data exists, 2006**

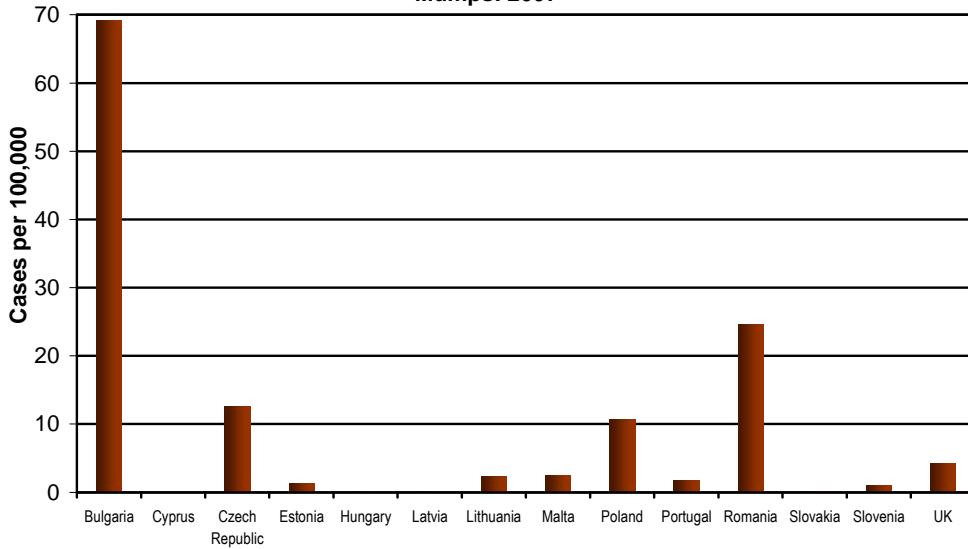
In Figure 5 are four graphs comparing rates of vaccine-preventable diseases across the A8 countries with the UK rate. In 2007 certain countries had a much higher incidence than the UK:

Mumps	Bulgaria, Czech Republic, Poland & Romania
Rubella	Poland & Romania
Pertussis	Estonia & Slovenia

Measles: 2007



Mumps: 2007



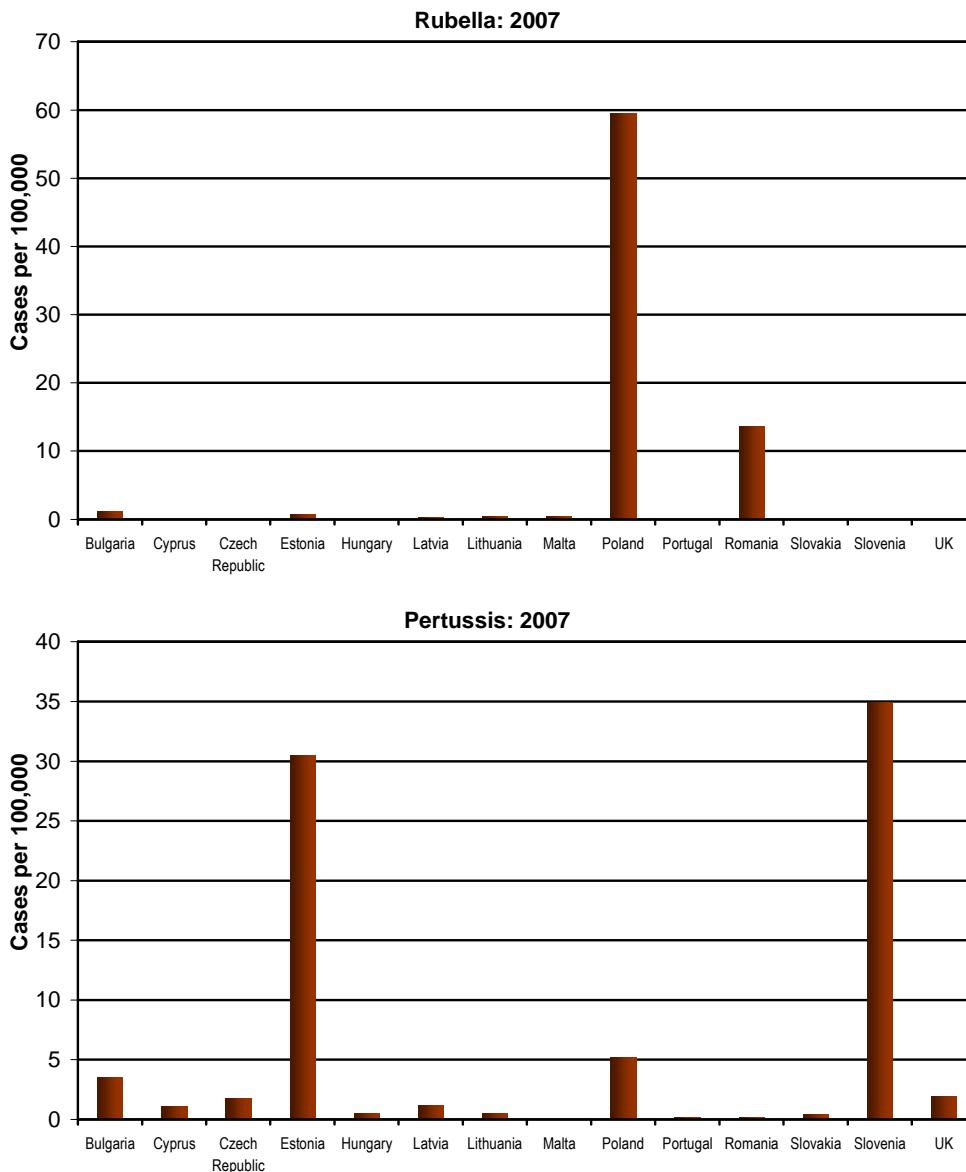
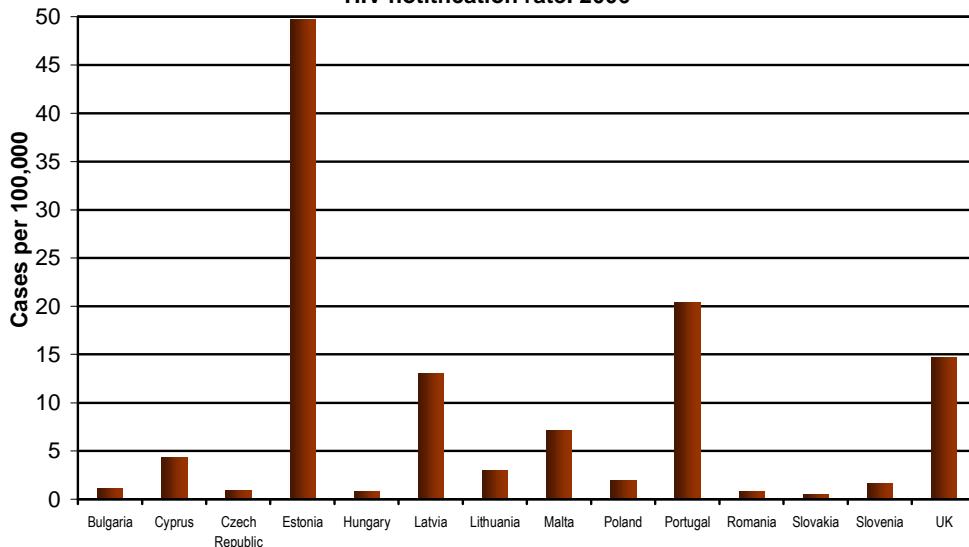


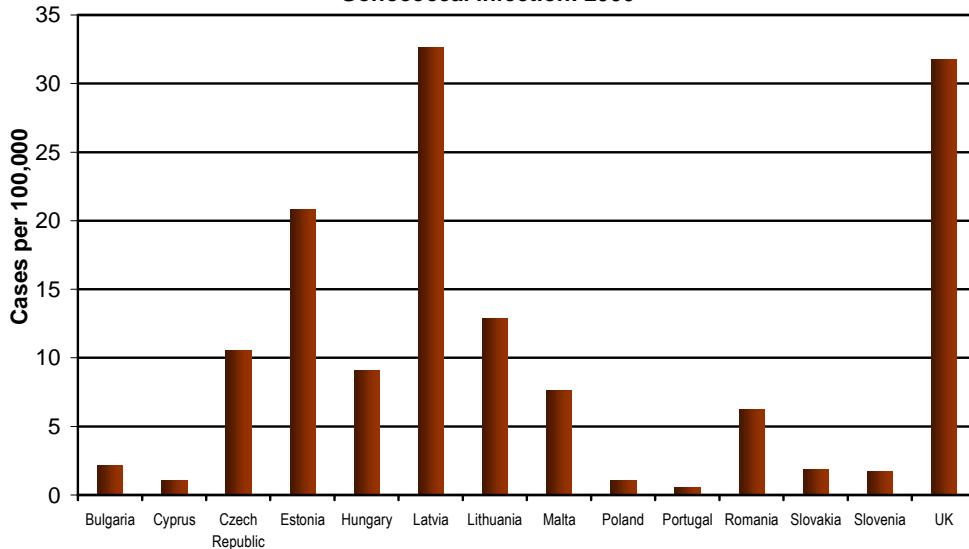
Figure 5 a-d. Source: vaccine-preventable diseases in 2007 obtained from WHO Regional Office for Europe¹³⁵

Sexually transmitted infection incidences in 2006 are shown in Figure 6. Estonia has a much higher rate of HIV notification than the UK (50 vs 15 per 100,000 population) and Portugal is slightly higher than the UK. In most accession countries, most HIV cases were nationals of that country. Most countries have a lower incidence of gonorrhoea than the UK the exception being Latvia. For the incidence of syphilis, there are four countries are bigger than the UK, notably Latvia and Romania.

HIV notification rate: 2006



Gonococcal infection: 2006



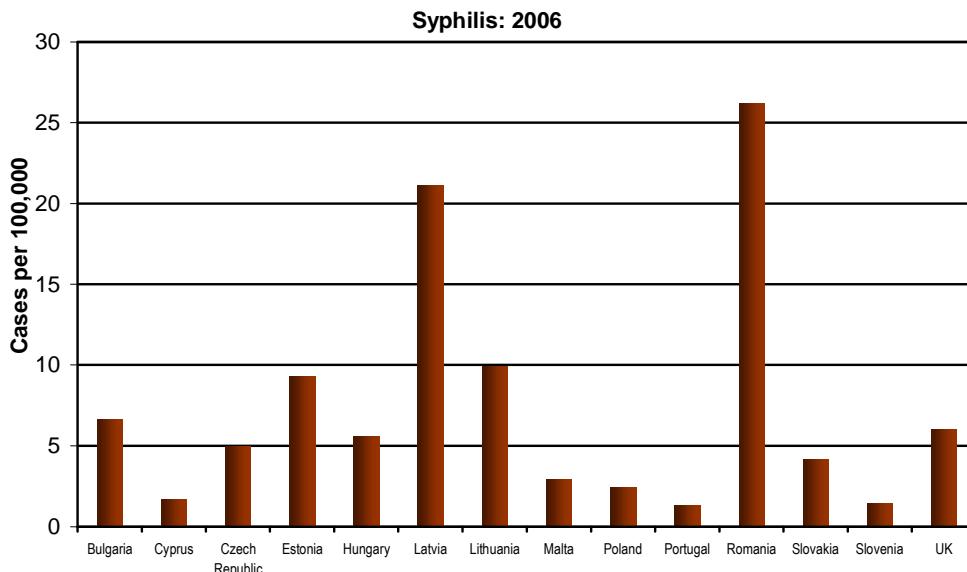


Figure 6 estimated incidence for sexually transmitted infection in 2007 obtained from WHO Regional Office for Europe¹³⁵:
 a) HIV
 b) gonorrhoea
 c) syphilis

11.5 Vaccination

TB immunisation is offered only to children at high risk in Cyprus, Slovenia and the UK. Hepatitis B is part of the routine immunisation schedule in all countries except the UK and Hungary. *Haemophilus influenzae* type b immunisation is not part of the routine immunisation schedule in Bulgaria and Romania.

For most childhood vaccinations reported coverage rates were higher in the A8 countries and Portugal than in the UK in 2007¹³⁵. The exceptions were:

diphtheria, tetanus and Pertussis (DTP)	Malta 18% lower
measles	Malta 7% lower
<i>Haemophilus influenzae</i> type b	Malta 20%, Poland 4% & Cyprus 2% lower
Polio	Malta 16% lower ¹³³ .

However, although the countries generally have a higher coverage rate, some countries report higher rates of infection than the UK.

Healthcare practitioners should ensure that anyone living or working in the UK is offered full immunisation according to the UK schedule using the HPA algorithm Vaccination of Individuals with Uncertain or Incomplete Immunisation Status¹³⁶. Seven of the 12 accession countries had a higher rate of TB notifications than the UK and Lithuania and Romania both have a TB incidence of greater than 40 cases per 100,000 population. Additionally most countries had a higher proportion of cases with pulmonary disease and multidrug resistance than the UK. The National Institute for Health and Clinical Excellence (NICE) guidelines recommend that new entrants from a country with a TB incidence of greater than 40 cases per 100,000 should be screened for active TB¹³⁷. Additionally, although most migrants are healthy on arrival, many live in overcrowded accommodation which may increase the risk of transmission of infections such as TB whilst living in the UK.

11.6 Causes of death in the European Union countries^{sss}

Given that there is little local data on migrants' health, it may be useful to put local knowledge in a context by referring to some national health data from countries of migration (migrants' home countries). It needs to be noted that migrants do not represent a whole spectrum of societies they come from, for example recent migrants from Eastern Europe are in vast majority young (18-34 years old – based on the Home Office, WRS data). Health data on causes of death were downloaded from Eurostat. Most of the data are for 2006 as more recent data were less complete.

Eurostat disseminates cause of death statistics according to a shortlist of 65 causes ('Causes of death – European shortlist', based on the ICD – International Statistical Classification of Diseases and Related Health Problems, WHO). Data on the following causes of death are shown as a series of figures in the appendix and allow comparison of mortality profile across the European Union:

- Death due to cancer
- Death due to ischaemic heart diseases
- Death due to suicide
- Death due to accidents
- Death due to transport accidents
- Death due to pneumonia
- Death rate due to chronic diseases
- Death due to chronic liver disease
- Death due to diseases of the nervous system
- Death due to diabetes mellitus
- Death due to alcoholic abuse
- Death due to AIDS (HIV-disease)
- Death due to homicide, assault
- Death due to drugs dependence
- Suicide death rate, by age group

The section also contains data on health and safety at work:

- Serious accidents at work
- Fatal accidents at work¹³⁸

All data is copyrighted: © European Communities 1995-2009

11.7 Migrant road users

11.7.1 Migrant road users – national and European evidence (ABB report)¹³⁹

According to the Association of British Insurers based on national and European evidence, cross-border drivers cause a disproportionate number of collisions in the UK and the European Union.

A cross-border driver is anyone who is driving in a Member State where they are not normally resident, including those visiting on a temporary basis and non-residents living and working in a country for a longer period. Cross-border drivers in the UK, for example, drive a wide range of vehicles, from foreign Heavy Goods Vehicles (HGVs) to tourist buses, from imported foreign cars to hired and purchased UK vehicles. Existing evidence suggests that foreign vehicles cause a disproportionate number of collisions.

^{sss} Eurostat http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database (Accessed 19/06/2009)

As cross-border driving increases, it is becoming evident that it is having an adverse impact on road safety. With the accession of twelve Member States since 2004, and the correlated increase in trade and migration, cross-border driving in Europe is on the rise. This is reflected by the rise in collisions caused by cross-border drivers. In the UK, the Green Card Bureau, which handles many of the claims arising from collisions caused by foreign vehicles on UK roads, witnessed an increase of 47% in collisions reported between 2001 and 2006. Table 21 shows the ten EU countries with the highest percentage increase in collisions caused between 2001 and 2006.

Table 21 Highest rate of increase in collisions caused in the UK (2001-2006)

Ten countries ranked by highest rate of increase in collisions caused, in the UK, 2001-2006		
Country	Collisions caused 2001	Collisions caused 2006
Lithuania	1	745
Slovak Republic	22	642
Latvia	11	96
Poland	361	3132
Estonia	28	99
Hungary	192	655
Czech Republic	250	870
Ireland	128	413
Slovenia	68	206
Romania	76	227

Source: Association of British Insurers (2007) European Drivers: Crossing Borders Safely

UK Government figures also suggest that cross-border drivers cause a disproportionate number of collisions. The Government has begun to collect data on injuries resulting from collisions caused by foreign vehicles on UK roads, with 2,398 reported in 2006. These figures also show that 9% of HGVs involved in collisions resulting in injuries are foreign. Comparing the only study into distances travelled by foreign HGVs on UK roads, conducted in 2004, to Government figures on collisions caused from 2005, foreign HGVs are almost three times more likely to be involved in a collision than a UK HGV, per kilometre driven.

11.7.1 Foreign vehicles and accidents on British roads¹⁴⁰

According to the Department of Transport, in 2007, there were 2,168 accidents involving a foreign registered vehicle, representing 1% of all accidents. Nearly half (46%) of these accidents involved goods vehicles, usually a Heavy Goods Vehicle (HGV) (93% of the total). Over 90% of foreign registered HGVs involved in accidents were left-hand drive.

Road accidents are an important public health issue because they represent a major cause of preventable deaths and years of life lost, especially in younger age groups. Road traffic accident injuries can cause long term disability and suffering. Road accidents can affect people of all ages causing significant years of life lost and a high burden of disability, again especially in casualties of younger ages¹⁴¹.

11.7.2 Migrant road users in Cambridgeshire

Migrant road users are one of the key themes in 'Helping you to get there safely' - Cambridgeshire and Peterborough Road Safety Partnership (CPRSP) Business Plan 2009-2010¹⁴². The document states that given the potential language barriers some migrants may experience, and in some cases notable differences in cultural driving standards in

countries of origin, it is important that special effort is made to emphasise that the information about road safety is delivered to non-English speakers.

Improving safety of migrant road users is one of the goals of the CPRSP Plan. Informing migrant drivers about the risks associated with drink-driving, non-seatbelt compliance, speeding and use of mobile phones whilst driving through education, training and publicity is planned in order to help improve the safety.

Reducing number of people killed or seriously injured in road traffic accidents is one of the Cambridgeshire Local Area Agreement (LAA) – National Indicators in ‘Cambridgeshire and Peterborough Local Area Agreement priority indicators under the safer and stronger communities themes’¹⁴³.

11.8 Conclusions

Information on live births by the country or origin of the mother can be an additional indicator of migrant patterns. This indicator does not necessarily provide information on recent migration but it can reflect patterns of past migration.

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

In terms of road accidents, according to the Association of British Insurers based on national and European evidence cross border drivers cause a disproportionate number of collisions in the UK and the European Union. Evidence also suggests that foreign vehicles cause a disproportionate number of collisions. As cross border driving increased it is becoming evident that this is having an adverse impact on road safety. Road accidents are an important public health issue because they represent a major cause of preventable death and years of life lost, especially in younger age groups.

For most childhood vaccinations reported coverage rates were higher in the A* countries and Portugal than in the UK in 2007. However, although these countries have a higher coverage rate, some countries report higher rates of infection than the UK. Healthcare practitioners should ensure that anyone living or working in the UK is offered full immunisation according to the UK vaccination schedule and Health Protection Agency guidance.

11.9 Recommendations

- Increase access to primary care health services, including GP practices, dentists, optometrists and pharmacists with emphasis on health promotion and disease prevention.
- Echo the Cambridgeshire and Peterborough Road Safety Partnership plan to inform migrant drivers about the risks associated with drink driving, non seatbelt compliance, speeding and the use of mobile phones whilst driving through education, training and publicity.

12 Services for migrant workers

12.1 organisations and initiatives supporting migrants

The Third Sector is comprised of voluntary and community groups including faith groups. It has contributed a significant role towards the needs of migrants. The EEDA in the East of England particularly has played a role in setting up organisations which have then been delivered by the third sector. The following are organisations or initiatives working to support migrants:

Mobile Europeans Taking Action (META) @Keystone

META Drop-in is a face to face information and support service staffed by migrant workers to help mobile communities settle down quickly and effectively. META staff provide support in six languages English, Portuguese, Polish, Lithuanian, Russian, Czech on subjects including: where to get help and advice in the UK; information about rights to live and work in the UK; welfare benefits; housing; public services; driving in the UK; issues related to Consulates/Embassies; applying for National Insurance number; reading and writing letters; filling in forms; finding employment; enrolling in training courses; and engaging in Volunteer Work. META@Keystone is the principal agency providing information and support to migrants in Norfolk and Suffolk and operates in six towns across the area.

In 2004, Keystone published a booklet for migrant workers of all relevant details of services for working in the Breckland Area. This has been replicated in other areas in the East of England. Since then, many other organisations have produced substantial booklets, for example the Fenland and East Cambridgeshire Local Strategic Partnerships of the Cambridgeshire County Council in 2007¹⁴⁴. Produced in languages most widespread to an area, the booklet would provide guidance to new arrivals on areas including health, housing, getting about, places of worship, advice on the law, employment, learning and education, leisure and entertainments, emergencies, reporting a problem and local papers, websites and contacts.

My UK info

www.myukinfo.com provides a single sourced information, advice and guidance and links to quality sources of information on employment, transport, housing, children and families, money, health and immigration, for example the Citizens' Advice Bureau. It is aimed at potential migrants looking for information in their original country before they decide to go, newly arrivals and specialised information for migrants who have arrived six or more months ago. In addition, they provide information, advice and guidance to employers and organizations and groups working with migrants. It is available in six different languages.

MENTER¹⁴⁵

Menter is an East of England's network for 420 Black and Minority Ethnic voluntary organisations and communities, incorporating migrants and migrant workers. It is funded by Government Office for the East (GO-East) and the East of England Development Agency (EEDA). Its aims are to develop the BME sector and to promote race equality and advocate for the sector. MENTER has a website dedicated to migrant worker issues and it continues to provide toolkits and guides for use around the region. It also sponsors particular projects to promote community cohesion, for example a MENTER sports project officer will be working in Cambridgeshire to ensure the accessibility of sports for the migrant population.

Gangmasters Licensing Authority (GLA)

The GLA's database consists of labour providers who have applied for a licence to provide labour in agriculture and associated processing and packaging industries in the UK since 2006 in West Midlands, Lincolnshire, Norfolk and Cambridgeshire. They employed 346 labour providers, 225 of those had Polish workers employed by them. Their concerns for vulnerable employment were minimum wage, deductions for accommodation and transport and employer-provided accommodation.

12.2 Surveying Migrant Workers

West Midlands migrant worker survey¹⁴⁶

A survey of 712 migrants was undertaken covering migrant worker categories considered to be the most significant in the region arriving since 2001. Although not a truly representative sample the largest national groups were Polish (43%) and Indian (14%). Their concerns for vulnerable employment were minimum wage, employment through recruitment agency, employer-provided accommodation and level of multiple occupancy.

TUC Midlands survey¹⁴⁶

This survey was undertaken by Polish migrants attending advice sessions held at a Birmingham Polish Centre in 2007. It was funded by a TUC development fund grant and questioned 167 people. The TUC specifically focused on this group as they seemed to have issues and concerns with employment and frequently sort advice on this. Their concerns for vulnerable employment were minimum wage, agency working, possession of a written employment contract, National Insurance number, trade union membership and employer provided accommodation.

There is considerable evidence¹⁴⁶ from some of the above surveys of non-standard hours of work among recent migrants. The results from the report seem to indicate, on the whole, excessive or too little hours of work is not the choice of the migrant. Moreover, the very recent migrants seem to be at a greater likelihood of vulnerability compared with the migrants that have been in the UK for longer.

12.3 Citizens' advice bureau

Each Citizens' advice bureau (CAB) is an independent, registered charity who hold their own records according to the region they are in. They give advice and sometimes take further action on behalf of their clients, eg challenge employers on charges for wage slips or entitlement to Statutory Maternity Pay.

There are four regional offices in Cambridgeshire: City & South Cambridgeshire, East Cambridgeshire, Huntingdon & St Neots and Fenland. However, they found that it would be more convenient if they had a common system for recording their activity as if a client moved house beyond the CAB's regional boundaries they would have to start again as no information would be transferred. This was achieved for all four at the end of 2008 with the last, Fenland, making the conversion. Where the CAB offices are situated over the county is probably partially reflected in where their clients tend to live.

The results for the year of 1 April 2008-31 March 2009 for City & South Cambridgeshire, Huntingdon & St Ives and East Cambridgeshire together with 1 April 2008-31 January 2009 for Fenland are given in the Appendix. These are for clients who do not class themselves as British.

The regional results and major wards are shown in the Appendix. By far the most clients come from the city of Cambridge or South Cambridgeshire (60%). The total over the year 2007-8 was 18,112 visits.

A table for CAB's number of visitors by region and top five countries of origin is in the Appendix. As can be seen the Polish clients were the most frequent. However, about half did not record their nationality. Fenland has 'unrecorded' for 83% of documentation hence they are not recorded here.

The proportions of the four regions by different age groups are shown in Figure 7. It can be seen that the majority of clients are 20-39 years-old with a smaller percentage for 40-49 years-old. The three regions have approximately the same results whereas Fenland has slightly older clients. More women than men (57% vs 42%) went to get advice from CAB.

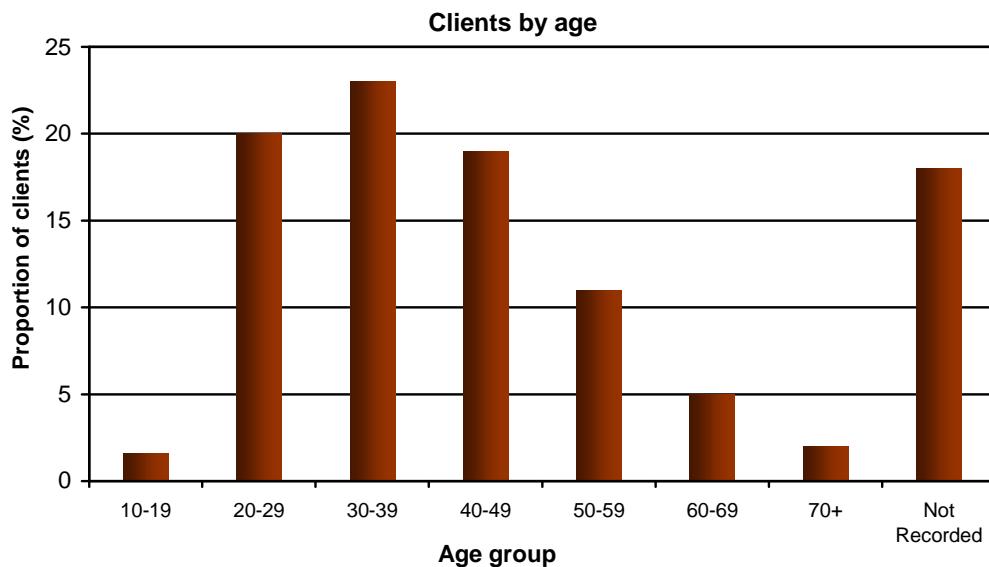


Figure 7 The ages of CAB's clients for the four regions, 2008-9
the results for a year except for Fenland where those are from 1 April 2008- 31 January 2009
Source: Cambridge Citizens' Advice Bureau

The broad enquiry type is shown in the Appendix but the two most common reasons for going to CAB concern benefits and employment (20.8% and 19.0%) but debt, housing and relationships/family are frequently found. There are some differences in the four regions with the concerns clients bring to CAB. Particularly of note is:

Fenland	debt	38%
	benefits	28%
East Cambridgeshire	benefits	27%
	employment	23%

Most usual theme among the enquiries are:

benefits	working/child tax credits
	housing/council tax benefits
employment	pay/entitlements
	dismissal
	terms/conditions of employment
debt	credit/store cards
housing	private sector renting

12.4 Community groups

There are a number of community groups in the region that cater for international migrants. These include:

The Rosmini Centre	for migrant workers in Wisbech. It helps integrate newcomers and access basic services, in particular running elementary English lessons
Polonia House ¹⁴⁷	East European restaurant in Cambridge. Also, they host a Polish Saturday school
Kings Lynn Area Resettlement Settlement (KLARS)	Addressing the needs of migrant workers and their families, mainly A8 and Portuguese migrants from the Wisbech Citizens' Advice Bureau

12.5 Examples of Good Practice Services

If it is the government's intention to rely on migrants' labour for low-wage occupations, a strategic approach could be to give consideration to meet migrants' needs and migrants' accommodation. This would need to be in consultation with migrant groups¹⁴⁸. This has begun to take place in the East of England with, for example, Cambridge City Council's strategy¹⁴⁹ acknowledging that the area's migrant worker is changing but that their housing and support needs remain largely unknown.

In 2005, Perry¹⁵⁰ sought to fill the gap by publishing several examples of good practice around migrant workers' and asylum seekers' housing and other needs. Housing providers are well-placed to establish the necessary links between different agencies and could go further, helping people sustain their tenancies and providing or co-ordinating other kinds of support:

Self-help renovation scheme using empty properties

South Thames African Welfare Association was helped by the Empty Homes Agency to develop an agreement with Southwark council to renovate and let empty properties. It lets these both to council nominees and to people on its own waiting list.

The Canopy Housing Project in Leeds is leasing and renovating empty properties owned by Leeds South Homes. The aim is to provide accommodation, develop skills among the refugee population and other disadvantaged young people locally and promote good relationships within the Beeston Hill area.

There are similar examples from Italy providing for migrant workers to move into renovation properties offering them the chance to express their views in regional housing fora³⁷.

Effective use of private sector accommodation

In Oxford they have a scheme of allowing the refugee to retain the short-term accommodation leased from private landlords, or through the council's Home Choice Scheme, which provides tenancy deposits and rent in advance in the private sector. Also, it later checks with tenants and landlords at the time when the tenancy expires. Home Choice has dealt with 108 former asylum seekers (June 2005), of whom 59 needed deposits or rent in advance at around £1,000 each. So far no families have become homeless, which would have been more disruptive as well as up to 40 times more expensive for the council to resolve. The housing department believes that this method has also given refugees a wider choice of where to live.

Rent deposit schemes

Rent deposit schemes aim to improve migrants' housing situation and minimise the reliance on substandard, tied accommodation. However, migrant workers are often excluded from existing schemes which only include priority cases¹⁵¹. King Street Housing Society runs a

rent deposit scheme with three district councils in the eastern region which could be extended. The scheme acts by offering rent deposit guarantees to landlords on behalf of prospective tenants who cannot afford deposits themselves¹⁵².

Landlord licensing schemes

Involving employers

Employers, who are seen as being key partners, could be involved in improving migrant workers' housing needs as many of them would value more information on how to support their employees¹⁵³.

A floating support service¹⁵⁴

Cooperative Development Services (CDS) in the North East of England piloted a floating support service using Housing Corporation I&GP grant. The service provided housing and a range of practical support measures, including furniture packs. As a service innovation, tools such as needs assessment methods and support plans were devised from scratch. The support service secured Supporting People funding on a long-term basis.

Mental health project¹⁵⁵

Set up by refugees in response to the needs of Sheffield's 6,000 Somali residents, the MAAN project acts as a two-way link between people with mental health problems and the health service. It employs seven staff, including a Somali psychiatrist. It has both a supported housing project and a floating support service. It has developed specialist interpreting expertise and also understanding of the cultural differences in dealing with mental health problems – for example the stigma associated with mental illness and therefore the difficulty of using volunteer workers because people are reluctant to discuss problems with them.

Language training through local networks¹⁵⁶

Glasgow has ten such networks established between 2000 and 2002 in different parts of the city. Some offer informal conversational English classes, often with crèche facilities, and sometimes run by volunteers. The informal classes are popular with women, although because they do not offer formal qualifications this may put the women at a disadvantage. This has led to the identification of the need for women-related facilities at colleges, and has also led to the integration of language training with other courses, for example a 'women and business' course provided by one network.

Better informing local residents- Myth busting

The Welcome Project focused on the northeast of Coventry city, where there has been an influx both of refugees and of new migrants from other EU countries. The project has five stages – information gathering, assessing residents' and new migrants' concerns through focus groups, training for frontline staff, developing a range of local events, activities or resources to respond to the issues that emerge, and finally a learning/dissemination stage. The project, financed through the Neighbourhood Renewal Fund, began in February 2004. Contacts have been made with residents' and refugee groups and an early focus has been on 'myth busting'.

Challenging racism among young people¹⁵⁷

Peterborough's You, Me and Us programme is run with young people in all the city's high schools. It is an intensive, one day programme aimed at 'challenging prejudice and hatred wherever it is found'. A recent study tracked students' attitudes before and after they experienced the programme. It found extensive, if minority, dislike of certain ethnic groups, and feelings that there were 'too many' racial groups in the city. The evaluation after the groups had experienced the programme revealed that more than 70 percent felt differently about racism as a result of it.

Local Area Agreement (LAA)

The LAA could highlight some of the main issues that affect migrants and their families. These could then be addressed. The EEDA has published a toolkit¹⁵⁸ which goes through the National Indicators and examples of recommended actions.

Migrant Community Development Officer posts

Encourage the expansion of Migrant Community Development Officer posts in areas where there are substantial migrant populations. They are in a position to provide information, support, direction to self-help groups as well as the efficient co-ordination of information from a range of agencies. However, where these positions exist, they tend to be on a one year basis¹⁵⁹

Refugee organisations

Cambridge Refugee Support Group is an organisation which aims to help refugees and asylum seekers from any country who live in Cambridge or the surrounding area by inviting them to drop in for an informal chat, meet other refugees, ask for English language help, ask for advice or advocacy on a range of topics and/or attend social events and meetings¹⁶⁰.

Religious organisations

Religious organisations, particularly the Catholic Church, may invite migrant workers to become active members. They could fight prejudice, focus on the role and needs of migrant workers, work in co-operation with other churches so share resources or appoint a co-ordinator¹⁶¹. Arthur Rank Centre is an example. It caters for the rural population and migrant workers is one of the projects that in which they are involved.

12.6 Conclusions

The third sector comprised of voluntary, community and faith groups has contributed a significant role in meeting the needs of migrants. A number of organisation exists locally, and nationally running a variety of projects aimed at supporting migrants. These organisations work closely with migrants and have a very good understanding of their needs. A key recommendation of this report is one of partnership working with multi agency partners working together in order to accurately ascertain the needs of the migrant population and drive work forward to improve service provision.

12.7 Recommendations

- Foster stronger community cohesion and better engagement with voluntary and community organisations

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