Stockton JSNA

Migrants

Migrants are widely described as people who belong to (or have an allegiance) to one state/country, but move into another for the purpose of settlement.

Migrant populations are diverse, and many have social, cultural and health needs. Migration is driven by many reasons (including economic, family reunion, study, humanitarian reasons or human trafficking). As a consequence migrants may have several diverse health and social care needs.

Migrant populations have different health and wellbeing issues depending on lifestyle risk factors, cultural practices, country of origin, genetic and hereditary factors and wider determinants (poor housing, lower economic opportunities, unemployment and living in deprived areas).

This topic links to the following JSNA topics:

1. What are the key issues?

Migrants have poor access to (and uptake of) services, includes health and social care services compared to the general population. They often require more intensive or hand-holding support.

There is a lack of co-ordination between services and migrants often don't know what services are available for them.

Migrants often live in more deprived and unsafe neighbourhoods due to the availability of social housing. The majority of migrants rent from private or social landlords.

Migrants can experience racism and discrimination. It often causes isolation and leads to poor mental and physical health. Migrant workers are often subject to exploitation (such as unfair pay and exposure to unsafe working).

There is a lack of English for Speakers of Other Languages (ESOL) or general English courses provision leading to difficulty in social interaction.

Sexual health issues including sexually transmitted infections, HIV and unwanted pregnancies as well as accessing culturally appropriate services are problematic for some migrants.

Hypertension and diabetes among some of the migrant population (such as South Asians) are higher than the general population.

Behavioural health problems (including alcohol misuse and smoking) may be a problem for some migrants.

There is a lack of advice and support for the transition period from asylum status to refugee status locally. Eligibility and accessibility of services (e.g. housing, benefits, education and health) may lead to health problems.

There is a lack of comprehensive data to reflect recent migrant populations, especially East European migrants.

Domestic abuse, including honour-based violence, forced marriage and female genital mutilation is an issue for some migrant communities.

2. What commissioning priorities are recommended?

2012/01
Develop awareness of migrant health and promote good practice within health and social care services (including social and private housing). Achieved via Tees Valley BME Award – promote the good practice within all sectors .

2012/02
Improve communication and mutual understanding about the health and social care entitlements of migrants, such as advice, information and guidance for both front line staff and migrants (particularly asylum seekers). Achieved partially through national policy e.g. NHS entitlements.

2012/03
Improve data collection by service providers (including health and social care, housing and school admissions) to ensure more robust, timely and comprehensive data is available to support service development and to meet the needs of migrants. Abandoned - not required as services are collecting data but problem is not sharing.

2012/04
Work closely with school admissions, education support services, the local interpreting service and the Stockton & District Advice and Information service to understand the Stockton-on-Tees profile of migrants. Abandoned – replaced by 2014 priorities

2012/05
Improve the support given to migrants on the prevention of mental health problems and social exclusion by improving community cohesion and integration. Abandoned – proposing new action to support migrants

2012/06
Improve the access and condition of appropriate housing to reduce dependence of migrant workers on poor quality tied accommodation and houses in multiple occupations. Abandoned – no evidence to support the practice is happening locally.

2012/07
Ensure the migrant population receives the information and advice on how to access local services by working closely with the voluntary sector, faith organisations, employers and landlords. Achieved partially and remains a priority.

2014/01
Investigate the best way to improve information and data sharing amongst services in order to provide better support to new migrants.

2014/02
Use the Community Bridge Building model (hand-holding support) to improve migrants' access to services, helping to improve their mental wellbeing and reduce isolation.

3. Who is at risk and why?

Age
Migrants are likely to have more children than the general population.

The population of older migrants will rise over the next few years.

Gender
Women from South Asian communities are less physically active compared with their white counterparts.

Obesity is more likely to be reported in Black Caribbean and Pakistani girls and Indian and Pakistani boys.

Socioeconomic status
Migrants often live in deprived areas. Poverty, isolation and discrimination lead to poor health outcomes (especially for mental health).

Ethnicity
Black African: High risk of infectious diseases, mental disorders, pneumonia, HIV, perinatal disorders and diabetes.

Afro-Caribbean: High risk of diabetes, prostate cancer, mental disorders and cerebrovascular disease.

Asian: High risk of tuberculosis, diabetes, chronic heart disease, cerebrovascular disease, perinatal conditions, and respiratory diseases.

Chinese: High risk of cancer, digestive system issues, congenital anomalies and diseases of the eyes and ears.

Tuberculosis rates are highest amongst Black Africans, followed by Pakistani, Indian and Bangladeshi groups.

Uptake of preventative services (such as cervical cancer smears) is lower in South Asian women.

Asian children have lower levels of physical activity but are less likely to report smoking or alcohol consumption behaviours.

Education
Children who have English as an additional language have lower levels of attainment compared with children who have English as their first language.

Employment
Migrant workers may find it difficult to access services due to long working hours and/or shift patterns.

Lifestyle
Bangladeshi men have higher smoking prevalence (44%) compared to men in the general population (27%).

Destitute refused asylum seekers
Asylum seekers who are declined entry are required to leave the UK once all appeals have been concluded. They then automatically become destitute as all forms of support will be withdrawn including accommodation and subsistence payments. Homelessness ensues with mental health often worsened.

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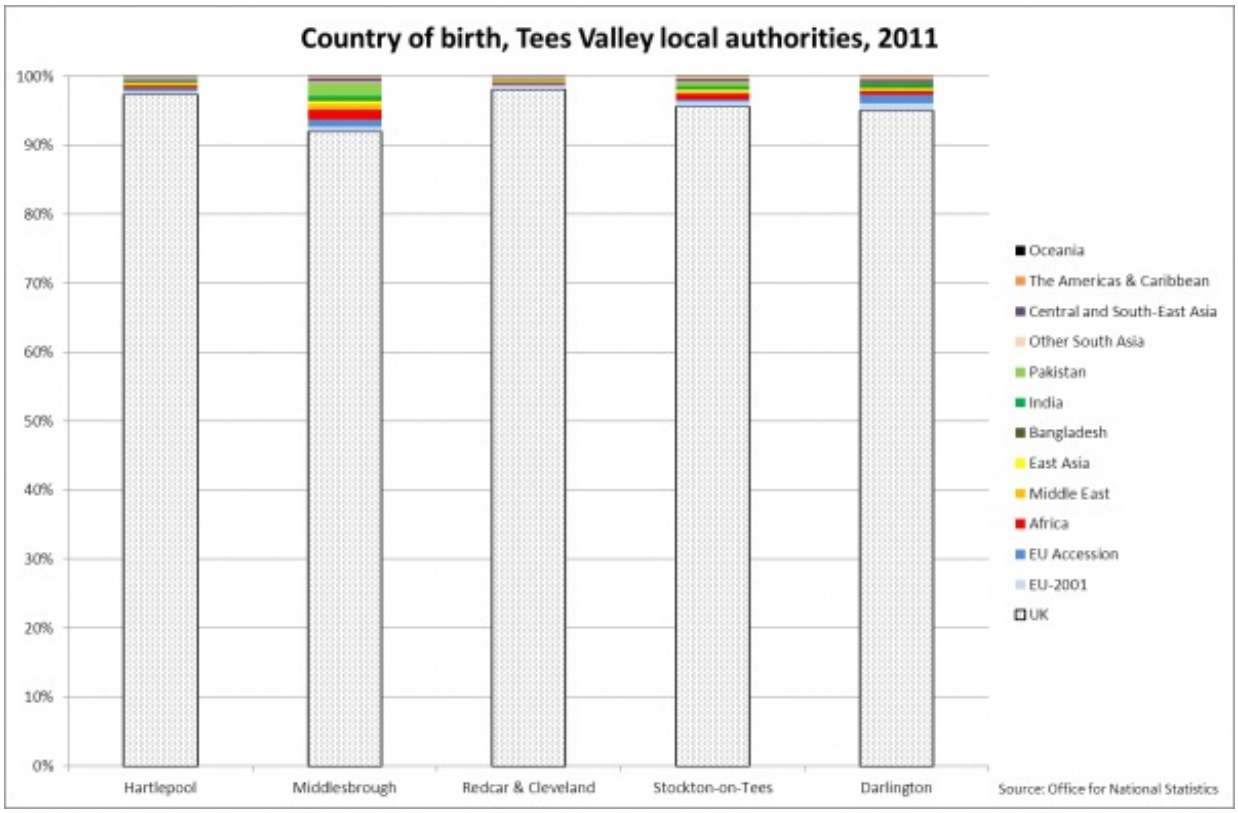
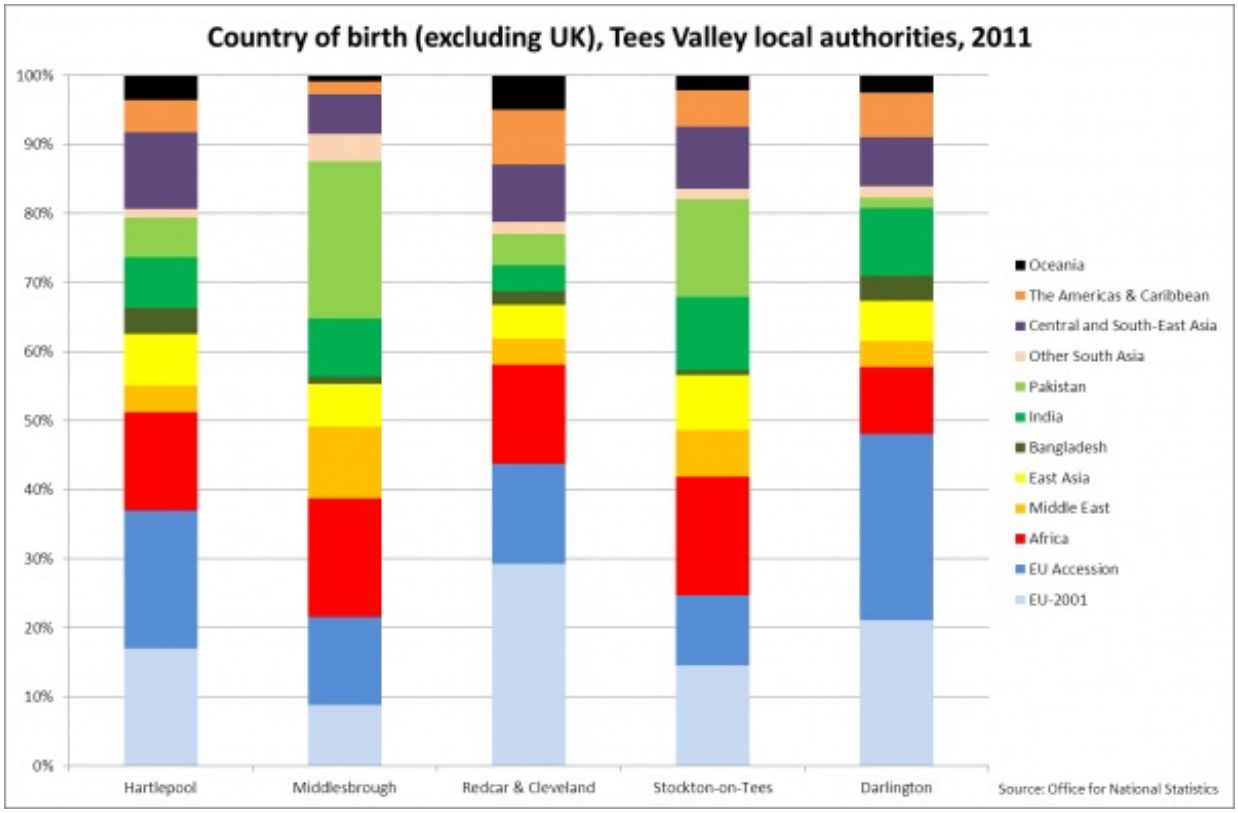
4. What is the level of need in the population?

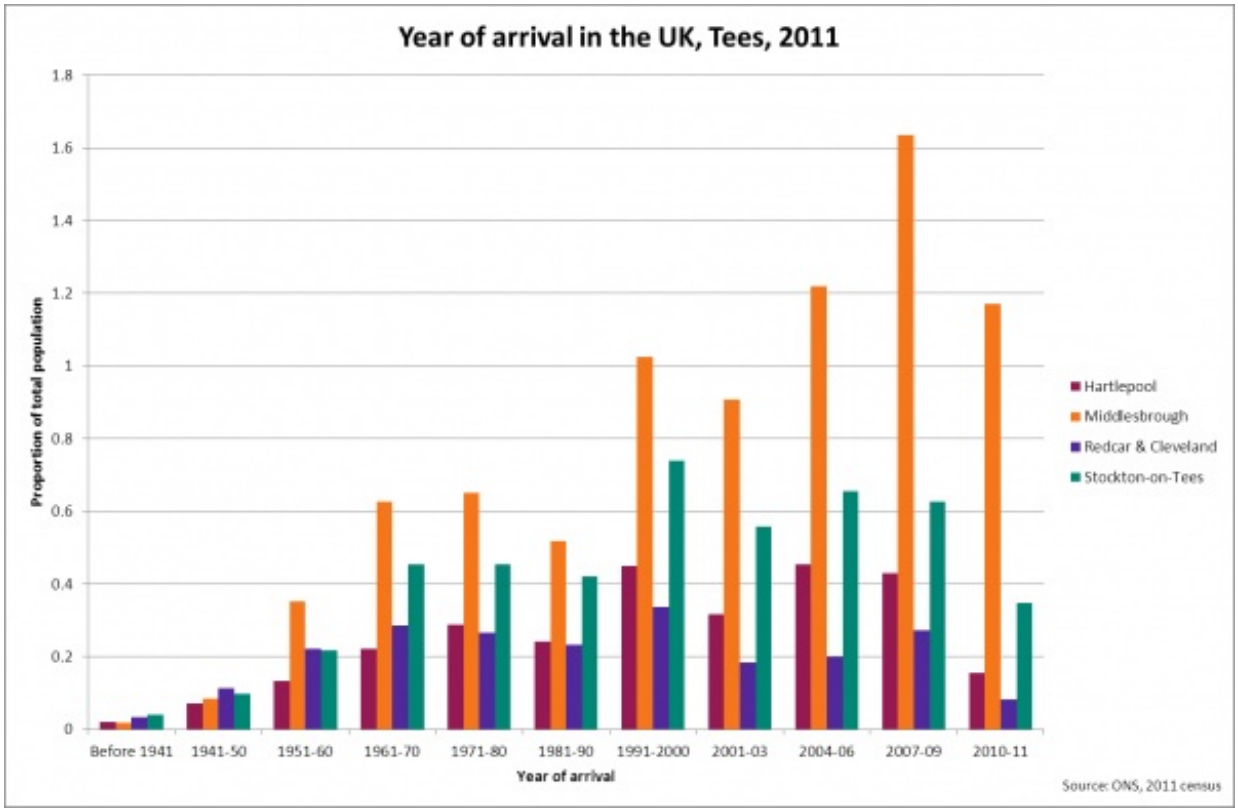
The level of migration in Stockton-on-Tees is not straightforward to quantify. Census data provides some robust counts, but becomes less accurate with time. ONS provides migration estimates, rounded to the nearest thousand. Information from the electoral register provides some information on adults, as do National Insurance Number registrations. GP registration is available to all ages, but people may only register if and when they require healthcare. There is data on births to mothers who are born outside the UK. Taken together, these data can help to build a picture of migration in Stockton-on-Tees, but gaps in knowledge remain.

At the 2011 census, the vast majority (95%) of people in Stockton-on-Tees are recorded as born in the UK. The highest proportions of non-UK born residents were from Africa (0.7%); Pakistan (0.6%) and EU-2001 nations (0.6%).

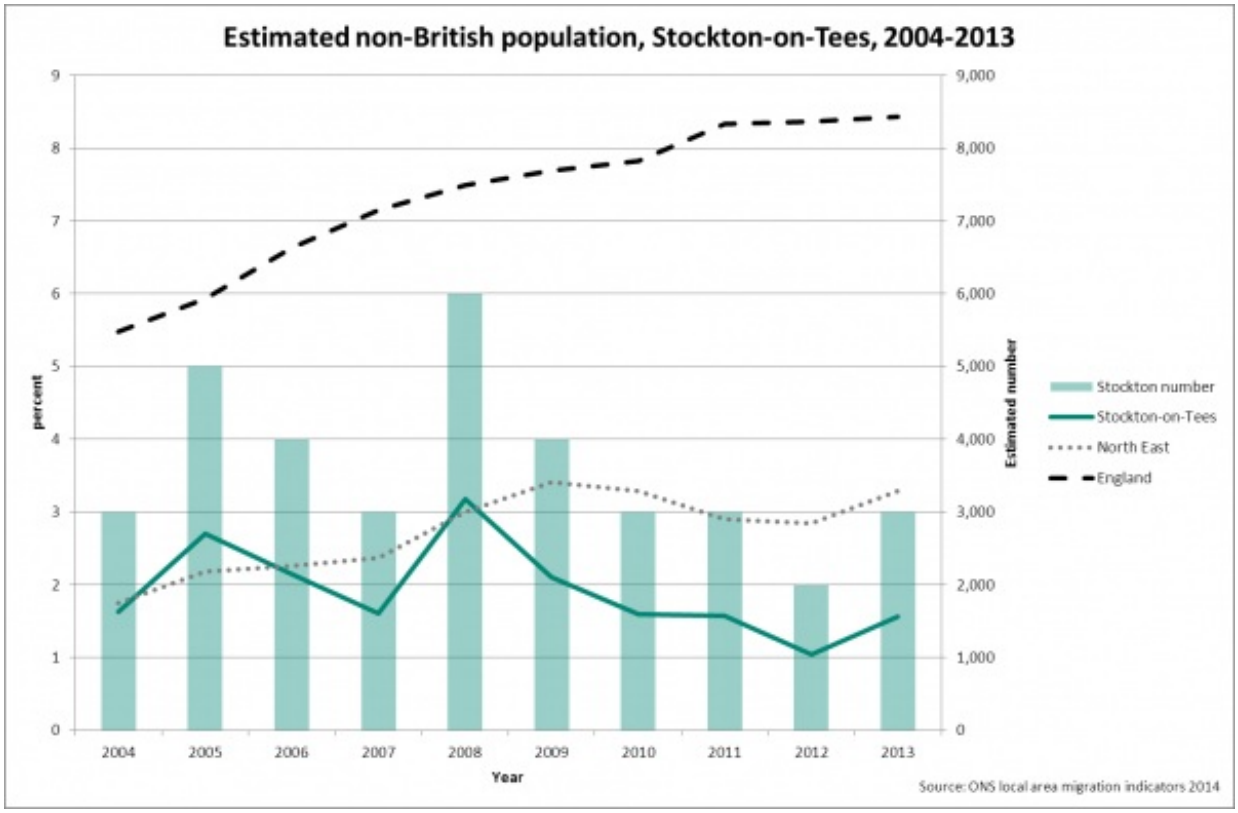




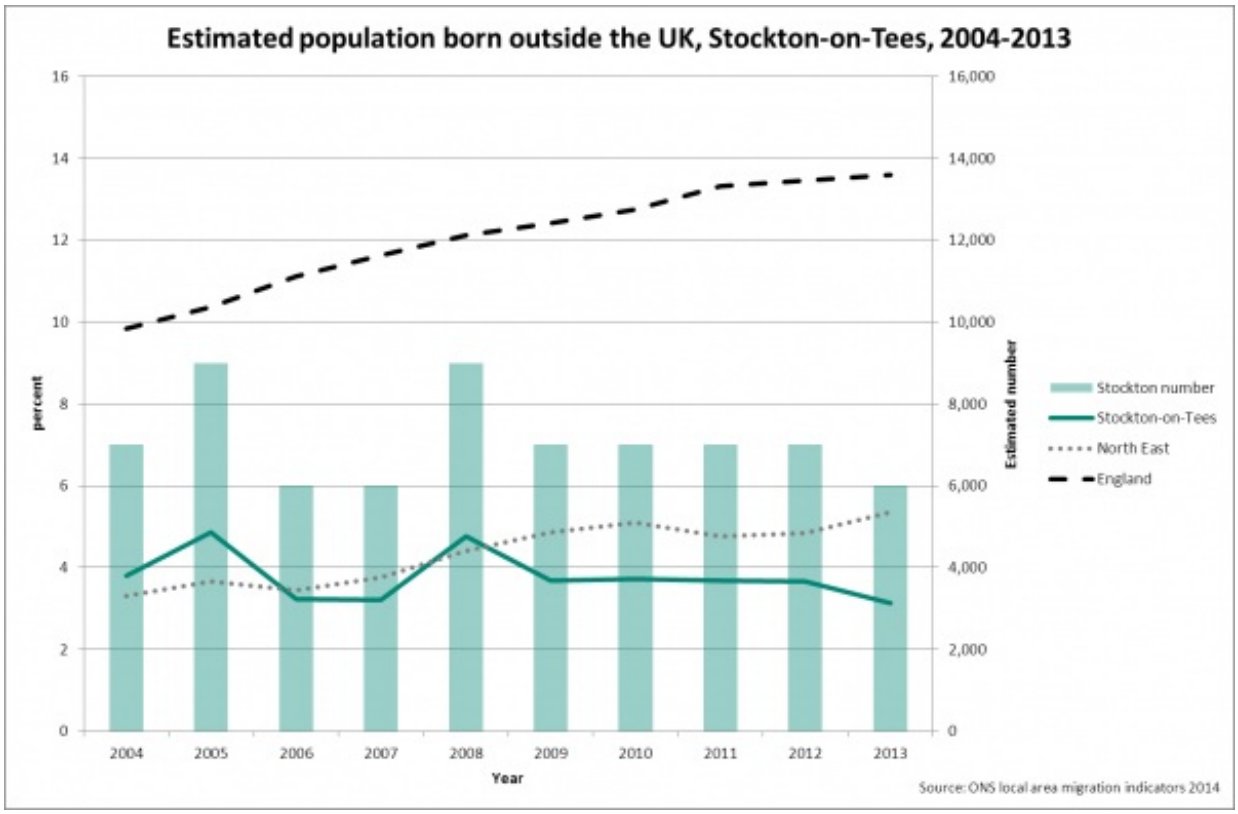
The 2011 census shows a higher proportion of residents arriving in recent years compared with earlier decades. Note that the time periods contain fewer years to the right of the chart below.



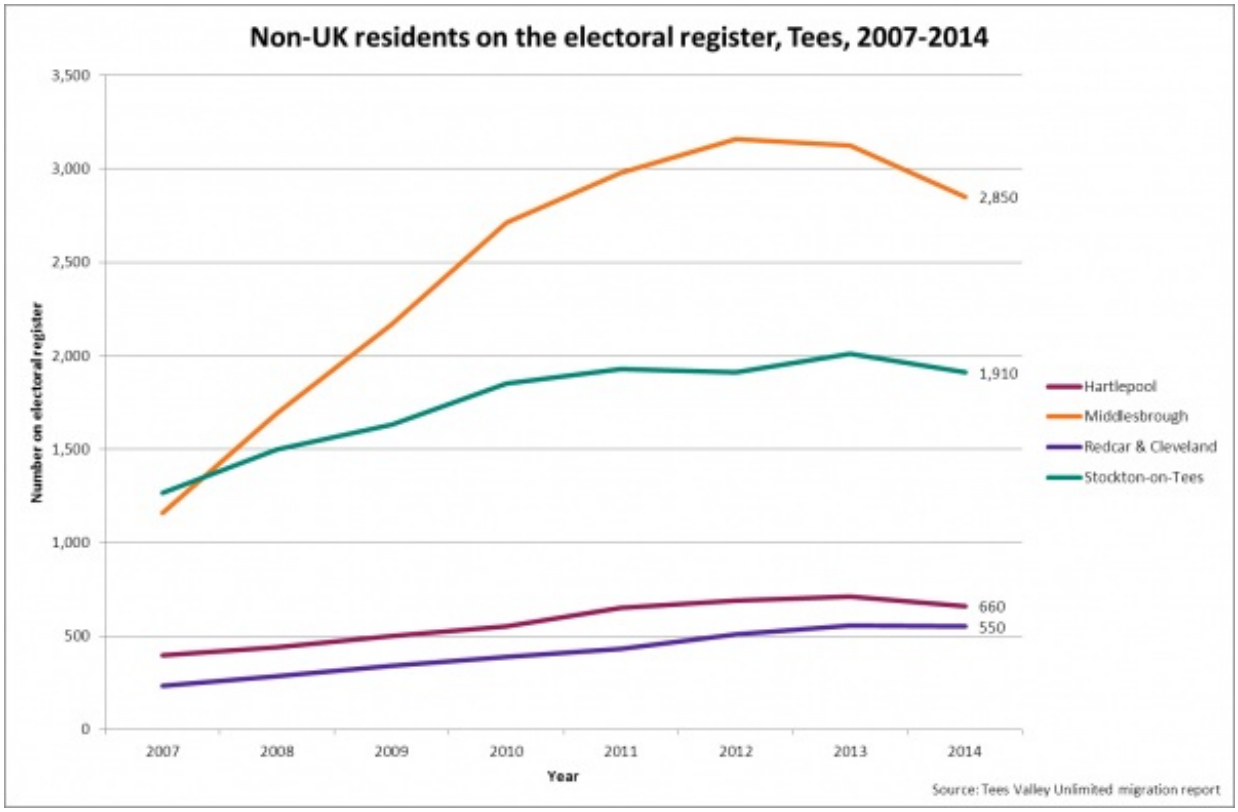
Stockton-on-Tees has a lower non-British population (1.6%) compared to the North East (3.3%) and England (8.4%).



The proportion of the Stockton-on-Tees population born outside the UK (3.1%) is lower than the regional (5.3%) and national (13.6%) averages.

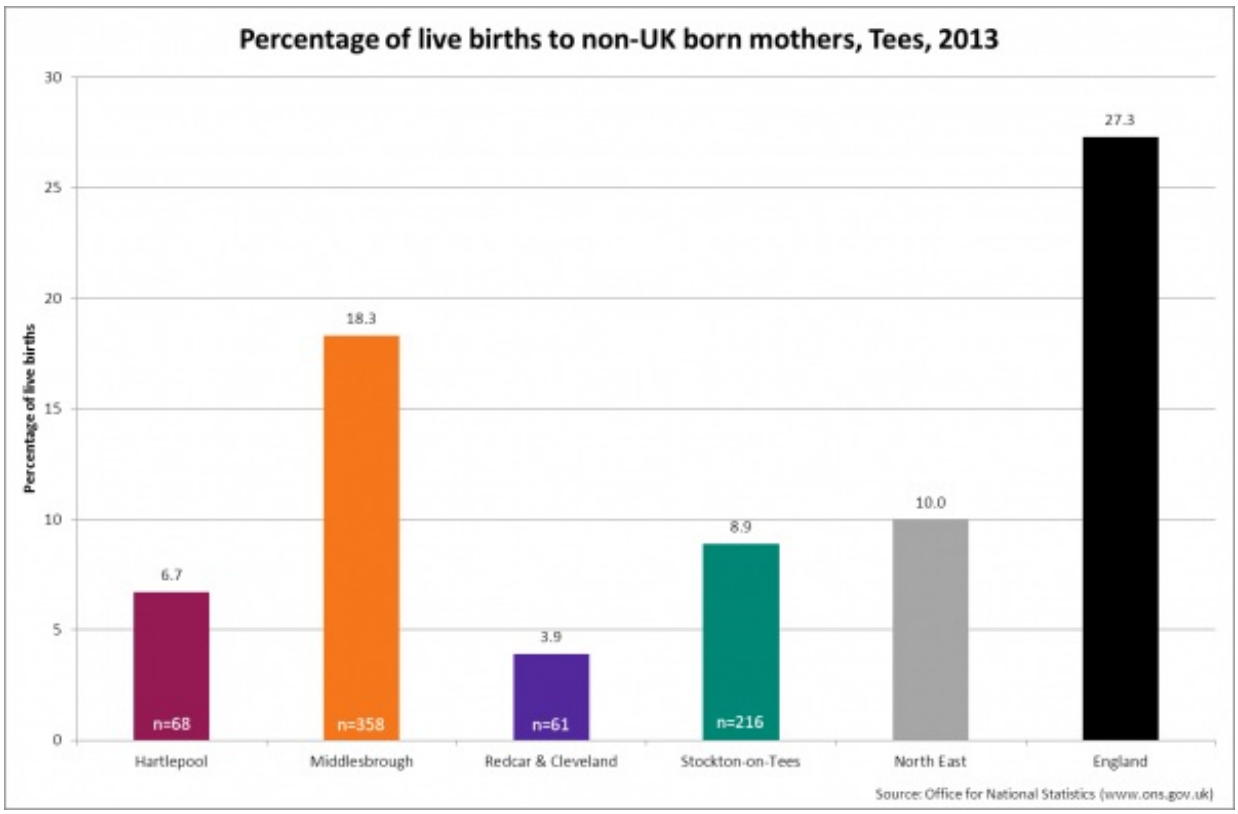


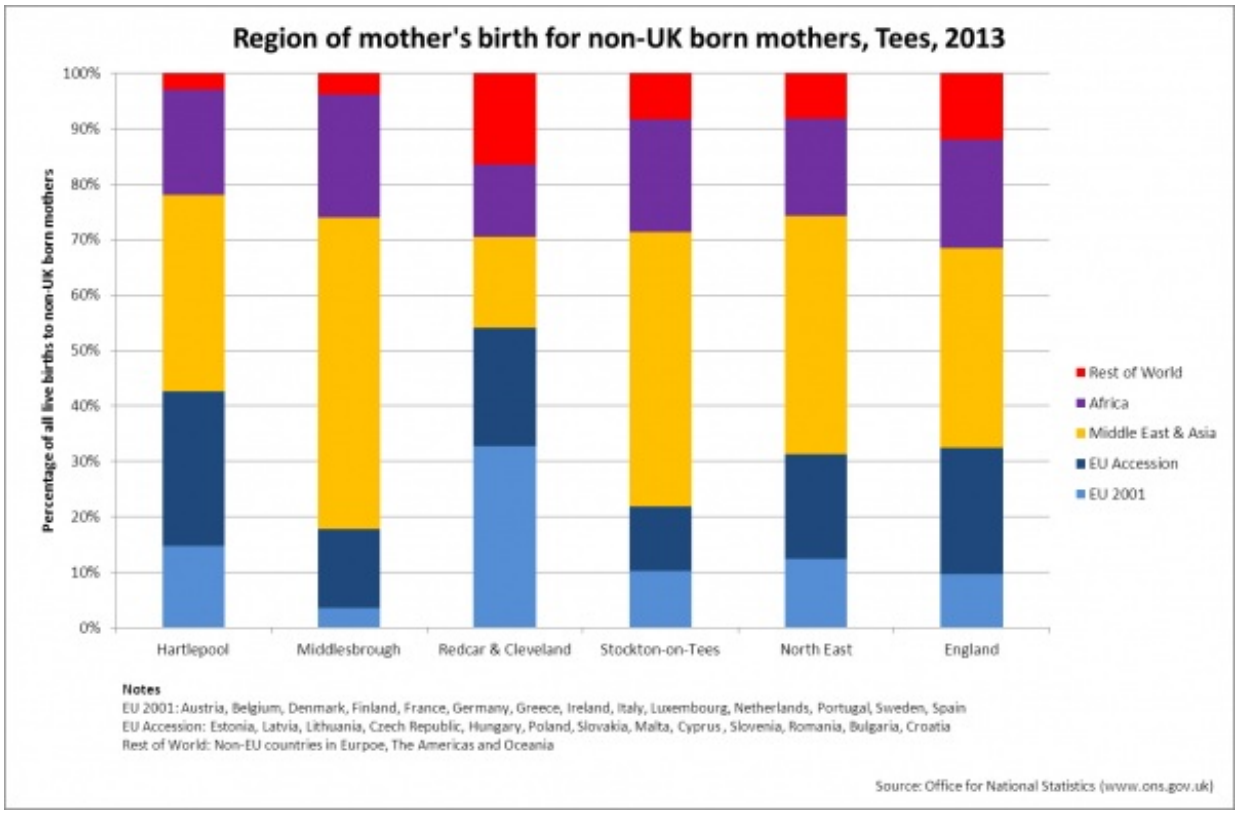
Stockton-on-Tees had just below 2,000 non-UK residents on the electoral register in 2014. The recent decline in the number may, in part, be due to the change in the registration process. The wards with the highest proportion of non-UK electors are: Stockton Town Centre (7.3%); Mandale & Victoria (3.5%); Parkfield and Oxbridge (3.0%); Newtown (2.8%) and Yarm (1.6%) (Tees Valley Unlimited, 2014a).



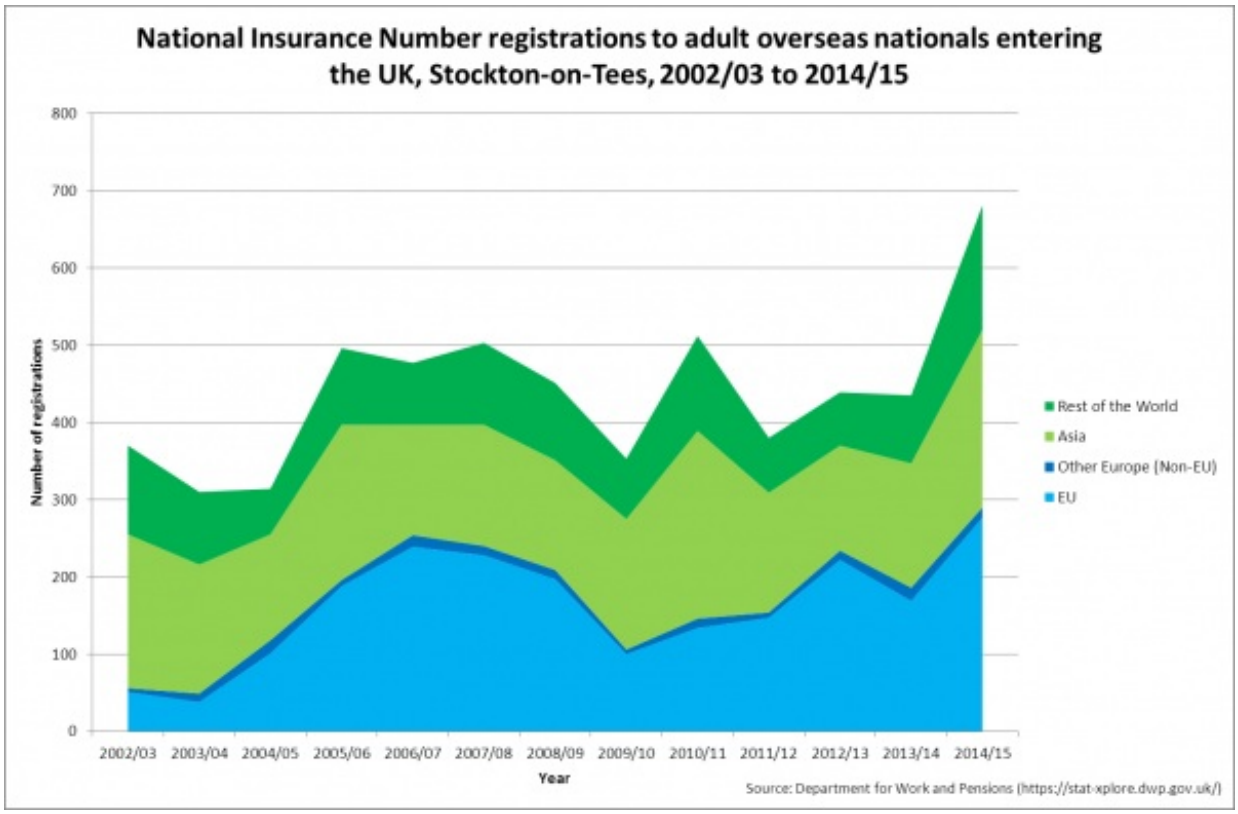
The proportion of births in Stockton-on-Tees to mothers who were born outside the UK (8%) is lower than the North

East (10.3%). The largest proportion in Stockton-on-Tees is to mothers born in the Middle East and Asia.

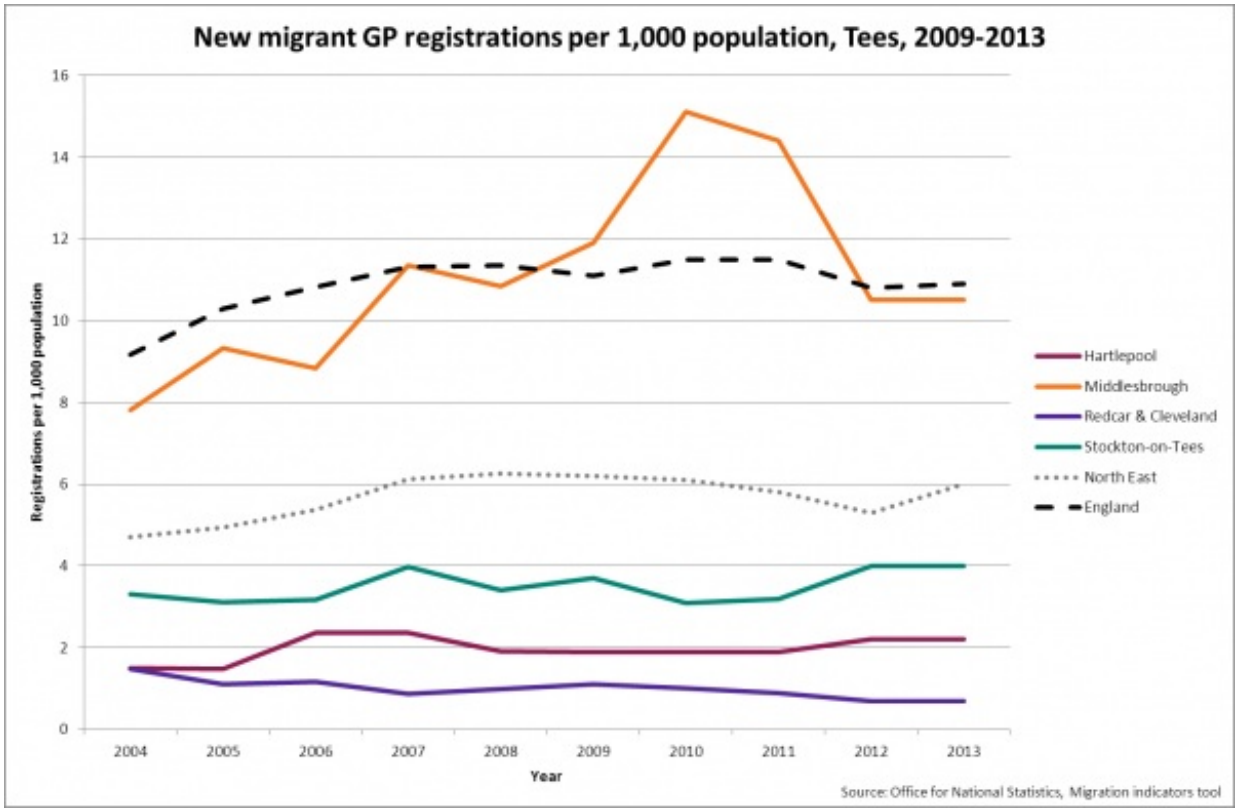




The National Insurance Number (NINo) data only records migrants over the age of 16, who are planning to work or claim benefits and would therefore not take account of dependants. In Stockton-on-Tees, 2014/15 saw nearly 700 NINo registrations with the highest proportion being from EU citizens.



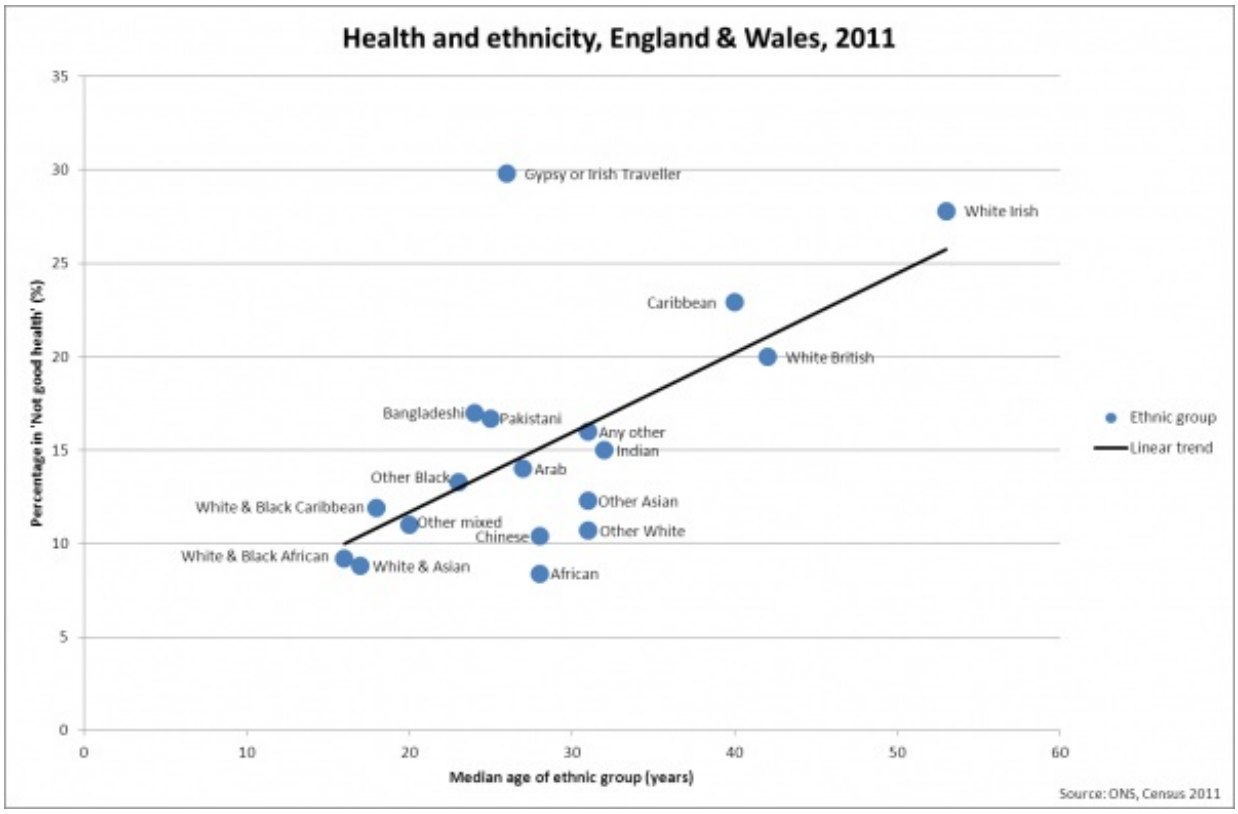
New migrant registrations with a general practitioner have remained broadly similar for a decade, at about 4 per thousand population. This is below both the North East and England rates.



The Tees Valley Migration Report 2014 (Tees Valley Unlimited, 2014) shows that natural change (births and deaths) remains the greatest influence on population change in Tees Valley. Net migration from Tees Valley is outwards.

Health and ethnicity

The 2011 census asked questions on general health and ethnicity. This provided an opportunity to examine the inequality in general health between ethnic groups in England and Wales. It is also known that health generally declines with increasing age and that different ethnic groups have differing age structures. The chart below shows the proportion of the population describing themselves as having 'not good health' and the median age for various ethnic groups. The trend line shows the average proportion of 'not good health' for each median age. In general, ethnic groups above the trend line have more people than average reporting 'not good health' for the median age.



Additional sources of data

The Migration Observatory

Office for National Statistics – International migration topic

Home Office – Migration statistics

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5. What services are currently provided?

GP services

A specialist GP service for migrants is offered at the Arrival practice.

Refugee services

North East Refugee Service (NERS) provides support and, advices on variety matters and volunteering opportunities for asylum seekers and refugees.

Housing

Stockton-on-Tees borough council's Housing Options team offer a full housing assessment, emergency accommodation (if appropriate) and a gateway service (which will refer to support agencies if support to sustain a

tenancy is needed).

Interpreter services
Interpreter services are available for GP and hospital appointments as well as for local authority services.

Justice First
Justice first is a charity organisation which provides support to people who are seeking asylum in the UK and whose appeals have been rejected. This helps them to re-engage with the legal system.
http://www.refugee.org.uk/sites/default/files/support%20organisations%20tees%20valley.pdf

Open Door North East
Open Door North East provides advice & guidance and social activities for asylum seekers and refugees.

Culture CIC
Culture CIC provides cultural awareness support for organisations; employability and education / learning for individual and family.

Tees Achieve
Tees Achieve provides language classes such as English for Speakers of Other Languages (ESOL) to new migrants.

DH (2005) Introduction to National Health Service
A factsheet that explains the role of the NHS to newly arrived individuals seeking asylum is available from the Department of Health. It covers issues such as the role of GPs, their function as gatekeepers to the health services, how to register and how to access emergency services. The factsheet is available in more than forty languages. NHS Choice also provides information on NHS entitlement.

Durham University
The University of Durham provides support to international students at Queens Campus about GP registers, the British healthcare system and NHS health checks (including TB testing, MMR and meningitis vaccinations). There is also student counselling service.

Harbour support service and HALO project
Harbour and HALO provide support for the migrant community who experienced domestic abuse, including honour based violence, FGM and force marriage.

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6. What is the projected level of need?

Whilst recognising that the migration element of population change is perhaps the most challenging, Tees Valley Unlimited forecast a net inward international migration to Stockton-on-Tees of about 100 people annually up to 2032. (TVU, 2014)

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7. What needs might be unmet?

The needs of older migrants including access to social care and social inclusion services (particularly those of South Asian background) are not being met.

Identifying mental health problems, such as depression and dementia, and the provision of appropriate support to

reduce the risk of suicide or need for crisis interventions.

Suitable temporary accommodation for asylum seekers at their 'transition period' is required.

Screening for chronic medical conditions allowing early identification and support to enable appropriate management is required.

Mental health needs of asylum seekers to deal with emotions are required.

Access to services is hampered by lack of affordable transport.

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8. What evidence is there for effective intervention?

Social Care Institution for Excellence (2015) Good practice in social care for refugees and asylum seekers.

Department of Health (2011). Including Migrant Populations in Joint Strategic Needs Assessments

Audit Commission (2007). Crossing borders: Responding to the local challenges of migrant workers.

NHS Evidence. Provides the best available evidence on health needs and access to health care of migrant and minority ethnic groups, and on the management of the health care service for these groups.

NICE (2008) Community engagement

NICE (2010). A model for services provision for pregnant women with complex social factors.

NICE (2011). Preventing type 2 diabetes: population and community-level interventions in high-risk groups and the general population.

Department of Health (2003). Caring for dispersed asylum seekers: a resource pack.

Home Office (2014). Multi-agency practice guidelines: Female genital mutilation:

The Health Protection Agency (2006). Migrant health a baseline report.

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9. What do people say?

A basic welcome/community guide is required by migrants (particularly for asylum seekers) during the first 6 months of arrival. It helps with navigating the area and assist with basic English (thus combating acute isolation). They would also like to know about the local shop.

Exercise and physical activity provision should be cheap, easily accessible and child-friendly.

The need for continuing education and support in the lifestyle changes necessary in order to prevent certain diseases e.g. Type 2 diabetes and heart disease.
Handholding service is important to help new migrants to settle into the town and make sure there is a space to interact as most of the information goes from word of mouth and not via reading leaflets.

Source:

Diagnosed with Type 2 Diabetes: Member of the BME community Qualitative Research report (Stockton-on-Tees)
At risk of Type 2 Diabetes: Member of the BME community Qualitative Research report (Stockton-on-Tees)
Experiences of local health and leisure services of South Asian Women aged 25-45 years (Stockton-on-Tees)
The needs assessment for asylum seekers and refugees in the Borough of Stockton-on-Tees

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10. What additional needs assessment is required?

A better understanding of the health needs of migrants based on the wider determinate of health (Dahlgren and Whitehead) model is required.

Key contact

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References

National strategies and plans

Local strategies and plans

Other references

Arrival practice
Faculty of Public Health (2008). The health needs of asylum seekers
Home Office – Migration statistics
Home Office (2014). Female genital mutilation: guidelines to protect children and women
Home Office (2014). UK European Migration Network Annual Policy Report 2013
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Office for National Statistics – International migration topic
The Migration Observatory