MIGRANT NEEDS ASSESSMENT

ASSESSING THE HEALTH OF MIGRANTS IN NORTH EAST LINCOLNSHIRE

FINAL VERSION
May 2012
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**Data around asylum seekers is restricted and therefore is omitted from this Health Needs Assessment; this information can be accessed on an individual basis by contacting the Public Health Intelligence Unit as detailed above.**
2 Executive Summary

Net migration has been increasing year on year in the UK and migration can have a considerable impact on the dynamics of a population. Reflecting this trend, an increasing migrant population has also been evident over recent years in NE Lincolnshire.

It is important that the population of an area is understood to ensure that appropriate services are in place now, whilst also recognising that that population is changing and therefore the needs of the future population might be different to current requirements.

The aim of this study has been to assess the health needs of migrants in NE Lincolnshire. This is the first stage in the planning process to ensure the right services are in place to maintain the health of the local migrant population.

A stakeholder group was formed to oversee and support this needs assessment.

For this needs assessment the definition for a migrant was either:
- Someone who changed their country of usual residence for a period of at least a year so that the country of destination effectively becomes the country of usual residence;
- An economic migrant which includes both long-term and seasonal workers;
- Or, an international student which includes people of any age moving for the purpose of full-time study.

This needs assessment explored a wide range of available datasets from across the partnership to estimate the size and composition of the migrant population in NE Lincolnshire. The needs assessment reviewed related literature, reviewed services that are available to migrants, and supplemented data gaps with a stakeholder questionnaire, a migrant health status questionnaire, and migrant focus groups. Whilst a number of service gaps and health needs were determined, good practice was also identified.

Whilst effort was made to be representative in reaching migrants regarding sex, age, geographical distribution, and socioeconomic group, it is acknowledged that there may be migrants who were not reached during this assessment. These may include illegal immigrants, migrants who were trafficked or facilitated into the UK, or involved in the sex industry or crime, those not known to agencies or those known but unable to be accessed during the timescale of this work.

A number of issues were identified during the assessment. From the review of routine datasets, it was apparent that no dataset comprehensively captures the extent of the migrant population or their main health issues. Ethnicity is often used as a proxy for analysing migrant data as migrant status is rarely recorded unless the service is specifically for migrants. The issue is that many of the data sources used to estimate migrant populations were never designed for this purpose and are therefore proxies at best.

The health needs of the migrant population vary, reflecting the diversity of countries of origin, the circumstances of their migration, and the socio circumstances in which they live after migration. In addition to longer term established migrants, many newer migrants appear to be economic migrants and of younger age.
Key findings from the stakeholder questionnaire were:

Communication

1. Nearly half of respondents indicated that their organisation/service provided services specifically for migrants e.g. language support
2. Language is the biggest cause for concern when delivering services for migrants
3. Stakeholders report concerns regarding interpretation and language support for migrants
4. Arranging a face to face interpreter was the most popular choice for stakeholders when needing to communicate with a migrant in their own language, however there is increasing usage of telephone interpreting services. The use of family members and the use of online translators were also common methods.

Health

5. Stakeholders believe the biggest health concerns for migrants are incomplete immunisations, domestic abuse and sexual health
6. Stakeholders felt that migrants do not have problems registering with GPs.

Services

7. Nearly 60% of respondents said migrants had confusion over the entitlement to services they could access

Key findings from the migrant health status questionnaire were:

Health

1. Most of the migrants surveyed believe their health is good and are registered with a GP
2. Less than half of all migrants surveyed are not registered with a dentist.

Employment

3. A large percentage of migrants surveyed are currently in employment and a substantial proportion work unskilled manual jobs.

Education

4. A considerable proportion of migrants surveyed access ESOL classes through further and higher education providers in NE Lincolnshire.

Other

5. The majority of migrants surveyed have lived in the UK for less than 5 years and plan to stay in the UK permanently
6. A large proportion of survey respondents were from Eastern European countries.
Key findings from the migrant focus groups were:

Communication

1. Many instances were reported of participants either interpreting for friends and family at appointments, or of family and friends interpreting for them.

Health

2. The majority of participants were registered with a GP and would contact their GP in the first instance for medical care if the issue was not an emergency.
3. Some differences regarding expectations for the prescribing and availability of medicines were evident, which may be due to different experiences and cultures practiced by health care systems in participants countries of origin.
4. Some uncertainty with regard to child immunisation processes was reported. These tended to focus around differences in the ages children are immunised and of differing immunisation schedules between countries.

Services

5. The experience of and the levels of satisfaction with primary care health services differed widely between focus group participants. Whilst many experiences with primary care health services were positive, disparities between practices were evident regarding the ability to get timely appointments.
6. There appeared to be gaps in understanding regarding GP out of hours services.
7. A number of participants were registered with an NHS dentist, however problems registering and accessing dentistry services were reported.
8. Positive experiences of maternity services, health visiting, school nursing and children’s centres were reported.

Community

9. Many reported that they had not experienced any community problems.
10. Some tensions between migrant communities were reported.
11. Several participants had been victims of crime but did not believe this was due to their migrant status.
The recommendations of the needs assessment are:

For all organisations

1. Ensure all health professionals understand how to access translation and interpretation services
2. Work to improve the recording of ethnicity across all organisations
3. Ensure there is coordination of migrant support services across organisations which will enable signposting and prevent duplication
4. Create a central repository of information that has already been translated into other languages so that it is readily available across organisations
5. Proactively ensure migrant service users are aware of language support services available
6. Ensure third sector organisations have access to interpreting and translation services
7. Discourage the practice of children and others interpreting for family members or friends
8. Facilitate workshops to disseminate good practice around the use of interpreting and translation services and how to communicate to people whose first language is not English.

Specific to individual service providers/organisations:

Health services

9. Increase the understanding of health care workers regarding different cultural practices of migrants e.g. death and breastfeeding
10. Improve migrants understanding of UK healthcare systems and practices e.g. referral process to secondary care and specialist services
11. Ensure clear explanations of health care pathways and the services available in NE Lincolnshire are effectively communicated to new migrants.

Primary Care (e.g. GP practices and dentists)

12. Improve the understanding of migrants of UK healthcare systems and practices e.g. registration and the prescription of certain drugs e.g. antibiotics
13. Include the ability to record the first language of a patient on electronic clinical records (e.g. SystmOne)
14. Reduce the disparity of access to interpreting services between GP practices
15. Publicise the availability of the out or hours GP service and how this is accessed
16. Ensure there are sufficient GP appointment slots to cater for patients who work shifts and may find attending appointments during core hours difficult
17. Ensure HPA guidance regarding the vaccination of individuals with uncertain or incomplete immunisation status is communicated and followed by healthcare staff
18. Continue work to improve access to NHS dentistry services.

NLaG (Northern Lincolnshire & Goole Hospitals NHS Foundation Trust)

19. To record the breakdown of language/departmental use of interpreting services, to assess language and support needs
20. To raise awareness of their Interpreting and Translation Service Policy among staff
21. To explore ways to improve the quality of ethnicity recording of A&E and outpatient patients
22. To ensure maternity services staff communicate to the health visiting team which women have communication needs and therefore require an interpreter.
North East Lincolnshire Council

23 Update the ‘Welcome to North East Lincolnshire – A guide to working and living in North East Lincolnshire’ documents, which are published on the North East Lincolnshire Council website. These guides should be used as a key information source for migrants and information from other agencies should be included. The updated guides should be widely promoted. The guides should be more prominent on the North East Lincolnshire Council website and other organisation websites should contain links to the guides.

24 To clarify funding provision for interpreting and translation services post April 2012. To clarify the management of these services as the post that oversees the corporate approach and commissioning of these services will be deleted at the end of March 2012.

25 To review ESOL provision to ensure ESOL classes are available, affordable, and at times convenient for migrants who work

26 There is currently no provision for Travellers within NE Lincolnshire, therefore the feasibility of providing a designated area for Travellers arriving in NE Lincolnshire should be explored.

Administration

27 Organisations to contribute to the ONS consultation regarding the production of population data instead of a census in the future. Organisations should highlight the migration data they want to continue being collected, and also to suggest other migration data that would be useful for planning services.

This needs assessment along with our other needs assessments undertaken in NE Lincolnshire (available at www.nelincsdata.net) will contribute to the NE Lincolnshire Joint Strategic Needs Assessment (JSNA) which will provide a focus for the Health and Wellbeing Strategy.
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4 Introduction

4.1 Overview

Net migration has been increasing year on year in the UK and migration can have a considerable impact on the dynamics of a population. Reflecting this trend, an increasing migrant population has also been evident over recent years in NE Lincolnshire. Local agencies across the partnership confirmed an increasing number of migrants living and working in NE Lincolnshire.

It is important that the population of an area is understood to ensure that appropriate services are commissioned, whilst also recognising that the population is changing and the needs of the future population are likely to change.

Migrant populations are important groups to be understood by health organisations as these populations vary greatly, have specific needs, and are a changing population often at a particularly rapid pace due to shifting work environments. Whether local migrants are aware of services available to them and whether current service provision is meeting their needs is not well understood.

The aim of this work has been to assess the health needs of migrants in NE Lincolnshire. This is the first stage in the planning process to ensure the right services are in place and any gaps identified are acted upon.

This needs assessment explored a wide range of available datasets from across the partnership to estimate the size and composition of the migrant population in NE Lincolnshire. The needs assessment reviewed related literature, investigated the impacts of wider determinants on health, reviewed services that are available to migrants, and supplemented data gaps with a stakeholders questionnaire, a migrant health status questionnaire, and migrant focus groups.

Whilst effort was made to be representative in reaching migrants regarding sex, age, geographical distribution, and socioeconomic group, it is acknowledged that there may be migrants who were not reached during this assessment; these may include illegal immigrants, migrants who were trafficked or facilitated into the UK, or involved in the sex industry or crime, or for other reasons were not able to be accessed during this time period.

As previously indicated, this needs assessment along with our other needs assessments undertaken in NE Lincolnshire (available at www.nelincsdata.net) will contribute to the NE Lincolnshire Joint Strategic Needs Assessment (JSNA) which will provide a focus for the Health and Wellbeing Strategy.
4.2 Migrant Definition

Migrants are people who have moved their usual place of residence to live in another country for reason of work, education, family, social-political persecution or war (Rose et al, 2011).

The term migrant can be understood as "any person who lives temporarily or permanently in a country where he or she was not born, and has acquired some significant social ties to this country" (Adamson et al, 2003). Another definition by the United Nations states "Someone who changes his or her country of usual residence for a period of at least a year, so that the country of destination effectively becomes the country of usual residence". (United Nations, 2011)

The Yorkshire & Humber Regional Migration Partnership (2008) provide a comprehensive list of terms given to those migrating into the country. It is important to consult this list as differing organisations refer to the same people with different terms. Part of any migrant health strategy should be given to the definition that is best to capture the types of migrants that are being targeted (see Figure 1).

In addition to these, the South East Public Health Observatory (SEPHO) (2010) defines four categories of migrant to the UK:

1. Economic migrants: people leaving their usual place of residence to improve their quality of life. This may include long-term migrants or short-term seasonal workers.
2. International students: a large group which includes people of any age moving to another country for the purpose of full-time study.
3. Asylum seekers: people with a fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, who enters a country and claims asylum under the 1951 Geneva Convention. If the fear is proven to be well-founded, the claimant is granted refugee status.
4. Irregular migrants (or undocumented or clandestine): migrants without legal status owing to illegal entry or the expiration of their visa.

From reviewing the different definitions of migrants the stakeholder group felt that a clear definition for this needs assessment should be formed, and the group decided upon a combination of the following to make up a pragmatic definition of a migrant:

- "Someone who changes his or her country of usual residence for a period of at least a year, so that the country of destination effectively becomes the country of usual residence" (United Nations, 2011)
- Economic migrants based on category one detailed above (SEPHO, 2010)
- International students based on category two detailed above (SEPHO, 2010)

Asylum seeker information was reviewed but has been omitted from this report due to its sensitivity in relation to the relatively small local population of asylum seekers.
This diagram summarizes the different types of migrants as classified by The Yorkshire & Humber Regional Migration Partnership (definitions are included in appendix 1).

Source: Migration Yorkshire 2008
5 Health Context

Migrant populations often come with a diverse collection of needs which can have complex circumstances around them. Having a proactive approach and building up an understanding of the needs of the migrant population may yield many benefits. This includes screening for chronic medical conditions allowing preventable medicine to reduce the amount of emergency attendances Rose et al (2011).

Healthcare
Migrant populations may have received very different levels of healthcare dependant on the healthcare systems of their countries of origin. This may mean that specific health needs of migrants haven’t been met in their own country that would be routine in the UK e.g. screening programmes. They may have varying expectations due to different experiences of healthcare services e.g. more direct access to hospital specialists and inappropriate use of antibiotics.

It has been reported that infectious diseases (including STIs), accidents, injuries musculoskeletal disorders, drink and drug abuse are all disproportionately high in certain migrant groups (Mladovsky, 2006). There is evidence that many migrants are relatively healthy upon arrival but that good health can deteriorate over time in the receiving society (Johnson 2006). However, there are variations in health among different migrant communities (Jayaweera, 2011). The Health Protection Agency Migrant Health report (2006) includes several infectious diseases that certain migrant populations are more likely to suffer with; these include tuberculosis, malaria, HIV and hepatitis B.

Acculturation
Acculturation is the idea that a migrant adopts cultural norms, values and behaviours of the host population. Over time it is believed that this process results in long term consequences in the health of migrant populations. Evidence includes areas such as higher rates of smoking, cardiovascular disease, diabetes, and lower levels of breastfeeding (Jayaweera, 2011).

Inequalities
Inequalities in the health of migrants have been demonstrated for many different disease types, for example Black people have been shown to have poorer survival rates for breast cancer compared to White people (Basset and Krieger, 1986). It has also been shown that migrant communities are at an increased risk from cardiovascular disease (Adamson et al, 2003). Landman and Cruickshank (2001) report that within the UK, South Asian, African and Caribbean born adults have a higher prevalence of diabetes mellitus compared with the general UK population.

Ethnicity is defined as a group of individuals that share common heritage, usually involving a shared language and religious practices. This extends to a shared ideology that stresses a common ancestry; often centred on a specific geographic region (Seidner, 1982). This is important for health as particular lifestyles such as diet may have a direct impact on health, causing an over representation of a particular disease in an ethnic group.

Originally written in 1845, Engels (1987) stated associations between ethnicity and health status; these insights were noted from a time when quantitative health data were first recorded.

A review of the literature found that it has been known for a great deal of time, that there are associations to be made between a person’s health status and a person’s ethnicity. Jayaweera and Quigley (2010) state that there are both positive and negative health indicators associated with ethnicity, birth abroad, and length of residence, and presenting results on a single factor in isolation could lead to a misinterpretation of associations.

Nationality is ambiguous in definition; initially it is defined to be a member of a nation or sovereign state. For example a person born in England is an English national, however in some parts of the world your nationality can be defined as your ethnicity. For example you can be Kurdish or Basque neither of which are sovereign states in the World.
6 Study Methods

Needs assessments are an essential component of strategic commissioning and should be the first stage of the commissioning cycle with the resulting data informing decision making and prioritisation. Data analysis is intended to show where outcomes need to be improved and where to prioritise resources.

A needs assessment stakeholder group was established that included representatives from organisations across the local area that work with migrants. The stakeholder group met regularly throughout 2011, providing information and facilitating the progression of the needs assessment. A core subgroup undertook the detailed work (Appendix 13).

The subgroup explored a number of available routine datasets (Appendix 2) to estimate the size and composition of the migrant population in NE Lincolnshire, reviewed related literature, investigated the impacts of wider determinants on health, reviewed services that are available to migrants, and supplemented data gaps with a stakeholder questionnaire, a migrant health status questionnaire, and migrant focus groups. Case studies were also provided by agencies.

As already stated, whilst effort was made to be representative in reaching migrants regarding sex, age, geographical distribution, and socioeconomic group, certain groups for example illegal immigrants, migrants who were trafficked or facilitated into the UK, or involved in the sex industry or crime, or for other reasons were not able to be accessed during this time period.

6.1 Research Governance

Research governance for the methods used for the needs assessment was sought from the NELCTP Research Governance committee (Appendix 12). An outline of the study was prepared and submitted accordingly to Research Governance. The committee reported no ethical/research concerns, and therefore research approval for focus groups and surveys was granted which enabled the needs assessment to commence.

6.2 Stakeholder Survey

Stakeholders (organisations/services working with migrants) were considered to hold vital information regarding the many determinants of migrant health. Although there is clear consensus across NE Lincolnshire that there are significant health issues and gaps in service provision, no systematic research had taken place to capture stakeholder observations and what they deem to be the significant issues relating to health of migrants living, working and studying in NE Lincolnshire. In order to get a full picture of stakeholder views it was important to engage as many service providers and commissioning bodies as possible.

Initial investigations showed that similar stakeholder research had previously taken place elsewhere in the UK. Questions developed for the survey were therefore adapted from the Understanding the health needs of migrants in the South East Region (HPA, 2010) health needs assessment. The questions were discussed during stakeholder group meetings and altered appropriately for use in NE Lincolnshire. Once a final set of questions was agreed the survey was developed and designed using an online survey tool (www.surveymonkey.com) (Appendix 3).

Members of the stakeholder group were asked to provide a list of further stakeholder contacts. This was to ensure the furthest reach of services and individuals which come into contact and have knowledge of migrants in NE Lincolnshire. Invitations to participate in the survey were sent to the stakeholder group, to the contacts which they provided, as well as being widely advertised via email and on organisation intranets. Participants were also asked to further disseminate throughout their organisation in an effort to obtain perspectives from all levels of service provision, from service leads to front line personnel.

See Section 8 for the findings.
6.3 Focus Groups

Stakeholders provided information on existing groups where migrants attended and these were offered the opportunity to host a focus group.

The focus groups were facilitated by Public Health staff and were semi-structured.

The focus group questions and script (Appendix 4) were developed by the stakeholder group and were piloted with two groups, to ensure the format was appropriate and that they would capture sufficient useful and relevant qualitative information. Positive feedback was received from the two pilot groups. The findings from the pilots are included in the overall findings of the focus groups.

Eight focus groups in total were conducted between August and November 2011 which involved 41 participants. These groups consisted of a broad range of migrants, based on age, sex, socio-economic status, and geographic locality.

Key findings from the focus groups and participant quotes are detailed throughout the report.

6.4 Health Status Questionnaire

Through stakeholder engagement it became apparent that additional routine health status data of migrants needed to be collected as part of the Health Needs Assessment (HNA). This would help support commissioning and targeted service provision into areas where needs were identified.

Generic health status questions were collated from ideas generated by the stakeholder group and from existing questionnaires including the national General Household Survey and refined for use locally.

It was agreed by the stakeholder group that both paper and online versions should be made available to increase uptake. Both were to be available in the most commonly requested languages in NE Lincolnshire. A paper copy was completed by the focus group attendees (time permitting) and a flyer with the relevant web address for the online survey was given out to focus group participants to disseminate around their community (Appendix 5).

See Section 8 for the findings.

6.5 Community Engagement

To promote all aspects of the needs assessment, including the stakeholder and health status surveys, members of the subgroup attended various events, publicised surveys in local newsletters (Appendix 8) as well as developed information flyers signposting stakeholders and migrants in the community to the online surveys (Appendix 6 and 7). Events attended included the Freeman Street Social Isolation event and the International Market. Information flyers were made available in multiple languages. Advertising was also carried out via emailing key contacts and services, and publishing details on organisation intranets.
7 What Do We Already Know About The Migrant Population?

7.1 National Context

During July 2011, the Home Affairs Committee published a report on the delayed impact assessment concerning changes to the student route of entry to the UK. This report devoted a considerable section to the inadequacies of migration data generally, and highlights the difficulties of having comprehensive statistics at a local level in particular.

When estimating the number of migrants in the UK, the Government does not have a simple method of counting people entering and leaving, instead the Office for National Statistics uses data from a variety of different sources.

The UK Statistics Authority recently published a report on immigration statistics which stated that:

‘The currently available statistics on immigration and emigration fall some distance short of painting the comprehensive statistical picture that Parliament would want to be available to inform the public policy debate. This is true at the national level but even more pronounced at the local level where there is often little relevant data’ (Parliament UK, 2011).

One of the aims of the Government's e-Borders programme is to "provide more accurate information on migration to and from the United Kingdom." However, the report produced by the UK Statistics Authority warns that e-Borders ‘will not offer a complete solution in itself’. Information from the Migration Statistics Improvement Programme has highlighted that whilst some statistical benefits are likely to be delivered from the e-Borders system in the long term, it will not be possible to produce direct migration counts from it. This is because the administrative records that will be collected from the carriers will not routinely include the country of residence of the traveller.

The report clarifies that "Progress will be dependent on how far and how fast the UK moves to establish the administrative recording and matching of the passport details of people entering and leaving the country. To the extent that this is not put in place, there is no alternative statistical solution that will deliver comprehensive, integrated and reliable data." This seems to indicate that whilst e-Borders will not provide exact figures in terms of net migration, it will become a vital part of the process which will allow the accurate counting of migrants entering and leaving the country’ (Parliament UK, 2011).

The UK Border Agency e-Borders project is designed to strengthen immigration controls by collecting and analysing information on people entering and leaving the UK. The e-Borders project that was first piloted in 2004, relies on information collected by airlines, ferry, and train operators, which is passed onto the authorities before departure.

Nationally migration is on a gradual rising trend and most recent data suggests that the rate of net migration into the country is on the rise.
Figure 2 shows that net migration is at 239,000 people for the quarter September to December 2010.
Net migration is increasing year on year in the UK. Throughout the recession which began in 2009, the net migration fell slightly, however this is now returning to pre-recession levels. The addition of extra states to the EU in 2004 and 2007 leading to greater immigration can be seen in the net migration statistics shown in Figure 2.

The 2011 Census results when published will provide up to date estimates of the population by ethnicity. The Office for National Statistics (ONS) is conducting a consultation to help develop alternatives for producing population data instead of a census in the future. This is part of an on-going programme of work called the ‘Beyond 2011 Programme’ to support the UK Statistics Authority when it makes its recommendations to Parliament in 2014. There will be further opportunities to feed into the programme over the next two years (including a second public consultation in 2013 on the leading options and their relative benefits). It will be important for organisations to highlight the migration data they want to continue being collected, and also to suggest other migration data that would be useful for planning services.
7.2 Yorkshire and the Humber Regional Context

Migration Yorkshire (formerly called the Yorkshire and Humber Regional Migration Partnership) is a local authority-led regional migration partnership, hosted by Leeds City Council, and works with organisations to ensure that the Yorkshire and Humber can deal with, and benefit from, migration. Migration Yorkshire works with agencies across the statutory, voluntary, community and private sectors to help support the delivery of high quality services to migrants (Migration Yorkshire, 2011a).

Migration Yorkshire has 4 key roles:

- Strategic leadership and coordination
- Management of the public sector asylum accommodation contract
- Integration and development
- Intelligence and research

A range of datasets and profiles produced by Migration Yorkshire were shared with the subgroup and these provided a useful insight into the local migrant population.

Figure 3 Net difference between Immigration and Emigration (2001-2009)

As can be seen from Figure 3 the net change between immigration and emigration shows an increasing trend in the region between 2001 and 2009.
The figures presented in Figure 4 show that the Yorkshire and the Humber had an increasing trend of registrations for both GP and National Insurance numbers until the beginning of the recession in 2009 when GP registrations began to decline. National Insurance registrations began to decline in 2008. The GP registrations included are those where a patient has registered with a GP in the region and given an international address as their place of former residence.

Source: Migration Yorkshire Data set, Flag 4 GP registrations and ONS Migration Indicators
The variation in foreign nationals registering for national insurance numbers in the Yorkshire and Humber region and presented in Figure 5 shows that people of Polish origin are the largest group registering in the Yorkshire and Humber.

The Worker Registration Scheme, which allowed nationals of the 8 countries which joined the EU in 2004 to work in the UK, is no longer in place as of April 2011. As consistent with EU rules of accession, the transitional arrangements under which the Worker Registration Scheme were based expired after 7 years. Citizens of the Czech Republic, Estonia, Lithuania, Latvia, Hungary, Poland, Slovakia, and Slovenia can live and work in the UK under the same rules as other citizens of other EU member states (Work Permit, 2011).

A8 job seekers can now enjoy the same entitlements to out of work benefits as other EU nationals.

A2 countries (Bulgaria and Romania) joined the EU in 2007, and whilst they do not require permission to reside in the UK, they do not have an automatic right to work in the UK.

Having these different categories of migrants, only some of which that require registration/documentation, results in it being difficult to estimate the total number of migrant workers in the UK.

Whilst the Workers Registration Scheme does give useful estimates of the numbers of migrants entering the country, it has little use around providing insight into health and other needs, and in addition to omitting migrants who do not need to register to work the dataset misses those who are working illegally.
The issue is that many of the data sources used to estimate migrant populations e.g. National Insurance Number registrations, registrations with a GP of individuals previously living overseas (Flag 4 records), registrations in the Workers’ Registration Scheme (WRS) for A8 nationals, and the International Passenger Survey which records the intended first (but not the final) destination of migrants entering the UK, were never designed for this purpose and are therefore proxies at best.

Whilst these sources of information do give some information about the new inflow of migrants into particular areas of the UK, these data are not intended to measure the stock of migrants at a particular point in time as they do not capture migrants who leave the area for e.g. another place in the UK (Migration Observatory, 2011).
7.3 North East Lincolnshire Local Context

Within NE Lincolnshire, stakeholders are aware of a considerable migrant population, many being economic migrants. Many report an increase in the numbers of migrants seeking their support. The emergence of several international food shops, cafes and barbers along Freeman Street in Grimsby and the surrounding area reflects a changing population.

Specialist Health Visitor (New Migrants)

The Specialist Health Visitor for new migrants is currently employed by Open Door (previously Care Plus). This post was originally created in late November 2001 by the then Primary Care Trust (PCT) to meet the health needs of the refugee (asylum seeker) population, as Grimsby was one of the nominated dispersal areas under the Government's dispersal system. Over the 10 years the post has evolved and widened to meet the health needs of new migrants.

Asylum Dispersal Area

The asylum dispersal system was introduced to reduce the burden of care on statutory bodies in the south east of England. Dispersal areas were across the UK from Glasgow to Bristol, and Yorkshire and the Humber took a substantial percentage. Grimsby, like many other nominated areas, had previously had low BME populations. In 1991 the BME population was 1.9%. This meant that from a service provision point of view there weren't established services used to serving the needs of these groups. Asylum Seekers were arriving from war zones – initially predominantly young, single men from Afghanistan and Kurdistan Iraq.

The immediate health needs identified were around dental health, mental health and sexual health. As with any population there were sometimes chronic conditions but these were few in what was a predominantly young male population. Working with other agencies both statutory and voluntary some of those needs were met. Asylum seekers are not allowed to work until they've been given permission but are allowed to volunteer, so finding meaningful ways to use their time to maintain good mental health was one of the first priorities, along with introducing and educating them about British culture to help them adjust to their new life. 10 years on, the majority of those that remain in Grimsby and have not moved to other towns or been removed back to their home countries, are in work and have made Grimsby their home. It is sometimes several years after arriving that some of the trauma of their journeys emerges and so mental health support is still vital.

NE Lincolnshire ceased to be a dispersal area in early 2006.

Changes to the EU

Since 2004 members of the EU have been coming to work here in NE Lincolnshire. This European population is often hidden from services because they are in full time work and therefore meeting their health needs poses different challenges. This is because like UK citizens they are free to move and work across Europe and do not have to register or sign on with the Home Office in the way migrants from outside Europe do. Therefore, explaining about use of the health services and identifying needs has posed different challenges, but again by working with other agencies, including education, services are moving towards being able to meet their needs, and enable them to contribute to NE Lincolnshire through their positive participation in work and social events.
7.3.1 Primary care

Primary care includes GPs, dentists, opticians, pharmacists, community services, and is the first point of contact for universal health services in the UK. Primary care acts as a referral (gate keeper) for secondary care with the exception of A&E services which is direct access.

There are currently 31 GP practices and 102 GPs within North East Lincolnshire Care Trust Plus (NELCTP).

Figure 6 shows the migrant GP registrations (flag 4) from 2002 to 2009 and national insurance registrations for NE Lincolnshire. These are 2 of the most readily available statistics for the measurement of migration trends in England. A flag for registration is where a patient registers with a GP in the UK and gives an international address as their place of former residence.

Figure 6  
NE Lincolnshire National Insurance and GP registrations for Migrants (2002-2009)

There is variation across local areas as for the Hull and Humber region as a whole there has been a sharp increase in migrants particularly between the years 2004-5, however the same sharp increase was not seen in NE Lincolnshire. The two datasets for both national insurance registrations and GP registrations are generally consistent for both geographical areas. There is a more gradual increase in NE Lincolnshire.
Focus Groups and Primary Care

Detailed discussions took place in the focus groups around access to and the quality of primary care. The vast majority of participants were successfully registered with a GP and would contact their GP in the first instance for medical care if the issue was not an emergency.

Focus group participants generally reported no adverse changes to their health after arriving in the area, with the majority reporting no change or better health since arriving locally.

<table>
<thead>
<tr>
<th>Focus Group Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I am registered with a GP ….. It was easy to register and my whole family are now registered.”</td>
</tr>
<tr>
<td>“There were no problems registering (with a GP).”</td>
</tr>
<tr>
<td>“York Housing Association ….. helped me to register with a GP.”</td>
</tr>
<tr>
<td>“I am used to going straight to the hospital if I have a problem ….. I am starting to get used to going to the GP or the pharmacy ….. Only go to the hospital if it’s serious.”</td>
</tr>
</tbody>
</table>

Some differences regarding expectations for the prescribing and availability of medicines were evident in the focus groups, which may be due to different experiences and cultures practiced by health care systems in their countries of origin.

<table>
<thead>
<tr>
<th>Focus Group Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>“GP’s always seem to prescribe Paracetamol.”</td>
</tr>
<tr>
<td>“Difficult to get antibiotics.”</td>
</tr>
</tbody>
</table>

The experience of and the levels of satisfaction with primary care health services differed widely between focus group participants. Whilst many experiences were positive, disparities between practices were evident regarding the ability to get timely appointments. There appeared to be less understanding of GP out of hours services.

<table>
<thead>
<tr>
<th>Focus Group Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Service (GP) has always been good ….. no complaints.”</td>
</tr>
<tr>
<td>“My children are fully immunised.”</td>
</tr>
<tr>
<td>“I am registered with a GP ….. poor appointment availability ….. often use Quayside as open access ….. Had my children’s vaccines at Quayside rather than with our own GP.”</td>
</tr>
<tr>
<td>“Quayside is more friendly (than own GP) and has longer opening hours.”</td>
</tr>
<tr>
<td>“**** are not very friendly ….. Quayside is better as no appointment is necessary.”</td>
</tr>
<tr>
<td>“It’s a quality service (GP) but it is busy at times.”</td>
</tr>
<tr>
<td>“Appointments (GP) are difficult to make over the phone due to the language barrier.”</td>
</tr>
</tbody>
</table>

A number of focus group participants were registered with an NHS dentist, however problems registering and accessing dentistry services were reported.
**Focus Group Comments:**

“My children are registered with a local dentist.”

“I have been to 3 dentists and was told that they are not taking on new patients.”

“I am registered with an NHS dentist.”

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**Quayside**

Quayside Medical Centre is a GP-led health centre offering NHS healthcare to everyone regardless of whether they are registered or not. The centre is open seven days a week, 365 days a year. Quayside Medical Centre is operated by One Medicare under contract with North East Lincolnshire Care Trust Plus (NHS - Quayside Medical Centre, 2012).

The Quayside Centre registered population includes 30% who are of a nationality other than English or British, and of that, approximately 8% (the largest group) is of Polish nationality or from the Baltic region and who do not record English as their first language. The services Quayside offer for this population are generally the same as for any of the registered patients. However there has been a need to have letters translated into various languages to advise when appointments are due and the importance of them e.g. for smears or childhood immunisations. Since providing these letters an increase in attendance for these appointments has been seen. Quayside works with its patients to help them understand these areas and particularly for childhood immunisations which can be unfamiliar to some patients, especially those new to the UK.

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**Open Door**

In addition to universal primary care services, Open Door was set up to provide a range of services for migrants both in the social care centre in Hainton Avenue and at the surgery in Freeman Street. Services at the Social care centre include benefits advice including assistance in completing forms which are often particularly challenging for non-English speakers. Where required interpreters are provided to ensure that correct information is recorded. Drop in advice services for immigrants are also provided via a CAB drop in service held at Open Door. Open Door also provides access to the Internet free of charge for communication with friends and family via overseas using MSN instant messenger. Housing advice services are available and staff will work with clients to ensure that they receive the necessary advice and guidance.

- A range of holistic therapies are available free of charge as is counselling and anger management.
- ESOL classes are available on a weekly basis free of charge.
- Shower facilities and the use of a free telephone are available as is support for debt and bill management.
- At the surgery all medical services are available which will also include immunisations and healthy living advice from health trainers.
- Currently at the surgery just over 10% of the registered practice list are non-white British.
Open Door Case Study

Mr C came to the UK from Eastern Europe 5-6 years ago. He had a family consisting of a wife and daughter. His sister was already here with her partner.

Soon after arrival and settlement and through his alcohol abuse he had to leave the family home and ended up sharing with a fellow East European. Both were drinkers but the other person had a job that he was managing to keep down. Many arguments occurred between them and both approached Open Door.

Mr C was in need of most help. His drinking meant work wasn’t possible; his health was suffering and he was not registered with a local GP. At the time Mr C could not claim benefits due to immigration laws so was destitute and becoming more at risk of homelessness due to his friends increasing ire towards the arguments and disruption being caused.

Consequently Mr C ended up out on the streets and remained so for a short while due to his lack of income; many places refusing to help as he wasn’t in receipt of housing benefit. His drinking continued.

Eventually Mr C signed up to Open Door’s GP and became a regular attendee at the social drop-in. Assistance was afforded by other agencies to help him reduce his drinking. The language barrier continued to be problematic.

On one occasion Mr C arrived sober, well-groomed and announced he was going back to his country for Christmas and the New Year. A family member had sent money over and he was using it for the journey.

He returned to the UK after 3 months and got some agency work. For a few more months everything appeared okay and he was living with his sister. Unfortunately Mr C turned back to alcohol and is currently in drink more often than not. His sister will not let him stay whilst he drinks but when sober he can return to sleep there.

Local agencies have supplied him with hot meals and clothing including a sleeping bag. Mr C manages to get his drink through the “charity” of a local shop as they see him as a good customer who will make good one day.

It has been difficult supporting Mr C whilst in drink and the language barrier has exacerbated the issue.

NELCTP - Patient Advice and Liaison Service (PALS)

PALS is an impartial, confidential NHS service that can help patients, relatives or staff who use GP, dental, pharmaceutical, optical, Community Nursing, Adult Social Care and all services commissioned by the Care Trust Plus.

PALS receive very few enquiries from migrants but have used Language Line and arranged for face to face interpreters when required.

Care Plus

Formed in 2011, Care Plus employs over 750 members of staff providing a wide range of community services ranging from District Nurses to meals on wheels, physiotherapy to dementia care. Care Plus delivers a large number of adult health and care services previously delivered by North East Lincolnshire Care Trust Plus. Care Plus supports people with short term unplanned health and social care needs and people who have long term needs. Care Plus also delivers a range of services aimed at increasing social inclusion such as Supported
Employment. Care Plus is a Community Benefit Society - any profit made is reinvested back into the development and delivery of health and care services, ensuring the organisation can adapt and develop the services offered to the community. (Care Plus, 2011)

No additional information was provided on the needs of migrants.

The Sexual Health and Contraceptive Service

Northern Lincolnshire & Goole Hospitals NHS Foundation Trust (NLaG) is the main provider of sexual health services within NE Lincolnshire. The Contraception, Advice and Sexual Health (CASH) Service is focused on providing quality, timely, and seamless service provision for client’s accessing services at the Centres for Sexual Health, CHOICES and community clinics. Therefore clients are offered a one-stop shop model of care, where sexual health advice, screening, diagnosis, treatment, and contraception can be easily accessed at a variety of venues to meet individual needs. Appointments are made via a telephone central booking system.

All clients are assessed on an individual basis and attention is given to high risk minority groups, when a comprehensive history taking, swab, urine and blood screening is offered to include investigating for bacterial, fungal, and viral infections, blood-borne viruses which include HIV, Syphilis, Hepatitis B and C. Hepatitis B Immunisation is also offered to higher risk clients including those clients born in a country where a higher prevalence exists.

The named Health Visitor liaises with the Consultant Nurse as appropriate to ensure specific needs of clients not born in the United Kingdom are addressed, and a pathway of care into the Sexual Health Service has existed for over five years.

A number of leaflets regarding HIV in other languages are available.

Health Trainers

The 2004 Department of Health White Paper ‘Choosing Health: Making healthy choices easier’ led to the development of a new role for improving health and reducing health inequalities – through Health Trainers. Health Trainers reach out to people who are in circumstances that put them at a greater risk of poor health. They often come from, or are knowledgeable about, the communities they work with. In most cases, Health Trainers work from locally based services which offer outreach support from a wide range of local community venues. The Health Trainers work with individuals living or working in NE Lincolnshire and signpost them to appropriate services. Source: North East Lincolnshire Health Trainer Service, Annual Report, 2010/11

No information was provided on the particular needs of migrants.

Smoking Cessation Programmes

Smoking is known to be the principal avoidable cause of premature deaths in the UK. Reducing smoking prevalence is therefore a key priority in improving the health of the population and smoking prevalence is high in some migrants populations. The North East Lincolnshire Specialist Stop Smoking Service provides smoking cessation programmes to support smokers to quit their addiction to tobacco. The support is designed to be widely accessible for the NE Lincolnshire population and programmes are facilitated by specialist trained staff and the courses are community based.

In 2010/11, of 1915 quit attempts, 1858 attempts (97%) were made by clients recorded as ‘White British’, 26 attempts were made by clients recorded as other White, 9 by clients recorded as Mixed, and 5 attempts by clients recorded as Asian.
7.3.2 Secondary Care

It is recognised that between nations there are different models of health care which often centre on hospital care. The impact of this for the UK is that migrants who have health problems often use A&E departments rather than the desired route of accessing primary care (GPs and pharmacies etc.).

Whilst the NHS is built on the principle of providing health services based on clinical need rather than on the ability to pay, the NHS is not free to everyone. Only those who are ‘ordinarily resident’ in the UK are automatically entitled to free NHS hospital treatment. Those patients who are not ordinarily resident in the UK including those living in England without permission are entitled ‘overseas visitors’ and are liable to charges for certain health services, and where applicable NHS organisations have a duty to recover charges for hospital treatment. Therefore the NHS can be classed as a residency based healthcare system.

During 2009 a review was carried out to examine the rules on charging overseas visitors for access to NHS services in England. Following the review, the Department of Health and the Home Office launched consultations during February 2010, on the proposals relating to charges to overseas visitors accessing NHS hospital care (DH, 2011a). The Government published its response to these consultations during March 2011, and has decided to adopt the consultation proposals. In addition the Government believes the following further measures need to be taken to protect the NHS’s finite resources and to prevent the NHS becoming an international health service.

- Home Office measure for the UK – Anyone owing the NHS £1000 or more will not be allowed to come or stay in the UK until the debt is paid off. It is hoped the £1000 threshold, which should be implemented during 2011 will capture 94% of outstanding charges owed to the NHS. To enforce this action, the NHS will provide information to the UK Border Agency to enable it to identify the debtors when they make their application to return or stay in the UK.
- NHS measure for England - Extending the time UK residents can spend abroad without losing their automatic entitlement to free hospital treatment from three months to six months.
- NHS measure for England - Allowing the small number of failed asylum seekers cooperating on registered Home Office support schemes to be exempt from charges (but not other failed asylum seekers who refuse to return home)
- NHS measure for England - Guarantee free hospital treatment for unaccompanied children while under local authority care.

(DH, 2011a)

In addition, a full review of the rules and practices will be undertaken and will consider:

- qualifying residency criteria for free treatment
- the full range of other current criteria that exempt particular services or visitors from charges for their treatment
- whether visitors should be charged for GP services and other NHS services outside of hospitals
- establishing more effective and efficient processes across the NHS to screen for eligibility and to make and recover charges
- whether to introduce a requirement for health insurance tied to visas.

It should be noted that access for European Union (EU) residents is determined by separate EU regulations and the review will not consider changes to these regulations (DH 2011b).
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG)

The main provider of secondary health care in NE Lincolnshire is Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG).

Unfortunately the capture of ethnicity information is poor in A&E departments. Inpatient data ethnicity capture proved to be more robust and an analysis of inpatient data has been carried out for this study. It is the geographic spread of patients that is of interest and a number of concentrations were evident particularly in the East Marsh ward. An issue with the ethnicity recording of inpatient data is that the category “Other White” is unclear, and many professionals appear to interpret this to mean “Eastern Europeans”. Outpatient data was also reviewed but the ethnicity coding was poor.

NLAG - Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service focuses on improving the service to NHS Patients.

An Interpreting and Translation Service Policy is in place and applies to all personnel accessing interpreting or translation services, and applies throughout the Trust. General principles include that when a patient’s first language is not English, the use of an interpreter should be offered; even if a family member is able to interpret an independent interpreter should be used unless it is an emergency; patients may be unable to talk freely if a friend or family member is interpreting. The policy also includes instructions for emergency situations, outpatient appointments, inpatients, the use of children as interpreters, confidentiality, vulnerable patients, and translation services.

The PALS service does not routinely provide translated written information due to cost and low demand. When interpretation or translation services are required for patients / carers, the Big Word service is utilised. Due to the automation of this service and of the invoices, the PALS service was unable to confirm the usage of this service. Whilst there is some evidence of the service being utilised by maternity services and gynaecology it appears that the service is relatively under used. It is thought that the main areas that require interpreting services are A&E and maternity services.

7.3.3 Mental Health

Adult Mental Health Services

In April 2011, North East Lincolnshire adult mental health services became a not-for-profit social enterprise called NAViGO which provides a number of specialist services.

Open Minds

Open Minds is based on Osborne Street in Grimsby and opened during February 2008. Open Minds is an open access service for people (age 16 and above) experiencing mild to moderate common mental health problems such as depression, anxiety and stress. Open Minds aims to increase awareness and reduce the stigma related to mental health. A wide selection of interventions is provided in a relaxed and comfortable environment to promote choice and empowerment. Open Minds provides psychological treatments and information (mainly in groups) based on cognitive behavioural therapy (CBT) which looks at the links between thoughts, feelings, and behaviours. Open Minds also offer access to a choice of other activities such as exercise classes, relaxation groups and complementary therapies. Open Minds generally contact an Approved Mental Health Professional if they are experiencing any difficulties in accessing interpreters or if they are looking for community support.
Harrison House

Harrison House can be accessed via GPs, partner organisations, and self-referral. If at this instance there is evidence of communication difficulties then **interpreters are arranged** for the interview. Accessing this service is dependent upon the need, for instance if someone has good English skills but are experiencing acute symptoms of mental health, then an interpreter, depending on availability, will always be accessed.

General mental health service are accessible to all those registered with a GP, which includes migrant communities. The acute service is open to all people who are in crisis. The ethnicity of service users is recorded and figures show that very few service users are from BME communities. **Interpreters are accessed** from time to time, and WB Words provide this service. Recent languages requiring interpreters have been French and Polish.

NAViGO are currently exploring options around establishing their own access to interpreting/translation services.

**Child and Adolescent Mental Health Services (CAMHS)**

Child and Adolescent Mental Health Services are provided by Lincolnshire Partnership NHS Foundation Trust. An emotional health and wellbeing needs assessment for young people was completed in January 2011 and can be accessed online at [http://www.nelincsdata.net/IAS/Custom/Resources/EWB_HNA_FINAL.pdf](http://www.nelincsdata.net/IAS/Custom/Resources/EWB_HNA_FINAL.pdf)

Lincolnshire Partnership NHS Foundation Trust reports that very few migrants are referred to NE Lincolnshire CAMHS. When such referrals are received, Lincolnshire Partnership NHS Foundation Trust uses Pearl Linguistics to provide interpreter services where required. There is guidance for NE Lincolnshire CAMHS regarding how to access these services and to provide feedback on the standard of the service received. The service information leaflets can also be made available in other languages (also on audio or in braille).

**7.3.4 Health Protection Agency (HPA)**

The North Yorkshire and the Humber Health Protection Unit covers North Yorkshire, the East Riding, North and North East Lincolnshire, and the cities of York and Hull. The Unit assist primary health care practitioners in NE Lincolnshire to support people's health needs and who have come to live in the area from abroad. The Health Protection Agency's Migrant Health Guide launched in January 2011 (HPA, 2011) is organised on a country specific basis and outlines a range of health issues that might affect someone coming from each country, making their health care needs different to that of the UK born population. It also provides practical guidance and resources to assess and manage a wide range of health needs. The resource has been developed in consultation with users and is endorsed by both the Royal College of General Practitioners and the Royal College of Nursing.

Therefore whilst the HPA do not provide direct services to migrants per se, it does receive notice of some new entrants and directs them to the NE Lincolnshire specialist health visitor service for action. Generally the HPA does not provide leaflets, except for one about Hepatitis B regarding the importance of vaccination of babies born to Hepatitis B positive mothers, and this is available in Bengali, Urdu, Chinese, French and Turkish.

When the HPA need to speak to cases and contacts of hepatitis who don't speak English, they **use** Hull City Council **interpretation service** and Language Line.
7.3.5 Maternal Health

Maternity Services are provided by NLaG and include a range of antenatal, intra-partum, and postnatal care services to women and their families in NE Lincolnshire and the surrounding area. Most of the antenatal and postnatal care is provided in community settings within local Children Centres.

At the first contact with maternity services, women are given an appointment for an initial assessment which is often referred to as the ‘booking appointment’. This assessment is normally carried out by a midwife and involves an assessment of the woman’s health so that the rest of her antenatal care can be planned. This appointment should be by the end of week 12 of the pregnancy. At the booking appointment, lifestyle considerations for both the mother and the baby’s health are discussed e.g. smoking, alcohol, diet, exercise, breastfeeding and vitamins etc. Also at the booking appointment, risk factors for gestational diabetes are determined. Of particular relevance to this needs assessment is that the following family origins have a relatively high prevalence of diabetes:

- South Asian (specifically women whose country of family origin is India, Pakistan or Bangladesh)
- Black Caribbean
- Middle Eastern (specifically women whose country of family origin is Saudi Arabia, United Arab Emirates, Iraq, Jordan, Syria, Oman, Qatar, Kuwait, Lebanon or Egypt).

(NICE, 2008)

All non-English speaking women are offered an interpreter for their initial booking assessment appointment with the midwife, when there is a lot of information to be obtained and offered to the woman and her partner, to ensure all the relevant information is correctly understood and documented accurately. Thereafter, Big Word or Language Line is used in some cases to offer further information to the woman and her family. There is access to literature which is available to download for non-English speaking families. Whilst these are available in various languages, the variety of literature available is limited. There have been occasions when a particular language has not been accessible via Big Word or an interpreter has not been available at the time required. Maternity Services signpost many of the non-English speaking women and their families to the local children centres who provide support and offer specific groups for certain nationalities.

Between 1st April 2010 and 31st March 2011 there were 1591 mothers with a usual residential address in NE Lincolnshire who gave birth to 1974 babies (23 sets of twins, 1962 were live births). 92.9% of mothers were classed as White British, 3.2% were classed as ‘other white background’ (proportions of other ethnic categories are less than 1% in each category).

Source: Northern Lincolnshire & Goole Hospitals NHS Foundation Trust

In 2009, 8.4% of births in NE Lincolnshire were to mothers born outside of the UK, which is less than in North Lincolnshire (13.1%) and less than both the Yorkshire and Humber regional average (18.2%) and the national average (25.4%) (ONS, 2009).
It is important that antenatal care is planned and implemented early in the pregnancy and poorer health outcomes are associated with late bookings. Figure 7 shows that in the Northern Lincolnshire Care Trust Plus area, 85% of mothers booked with maternity services by 12 weeks gestation or before, 10.5% were seen between 13 and 19 weeks, and 4.5% were seen at 20 weeks or later. **Women who were not classed as British were less likely to have booked before 13 weeks gestation** as only 73.2% of women who were not British had booked with maternity services before this time. 8.7% of women who were not British booked at 20 weeks or over compared to 4.2% of British women. The precise reasons for this difference are not clear and may be due to a number of factors, including personal choice, booking at another maternity service, being a new arrival to the area, or not understanding the local maternity systems. Therefore mechanisms need to be in place for migrants to encourage them to book as early as possible and to ensure that the booking is a positive experience.

### Maternity Case Study

A pregnant Afghan lady accessed maternity services and the lady's first language was Dari. There was no interpreter available for the initial booking appointment and therefore the husband translated, although his English was very limited. The lady developed a complication very early within the pregnancy that needed to be explained in detail and there was an issue with obtaining an interpreter as the usual provider was not able to assist as they could only offer the Farsi language. Medical staffing was also tried within the hospital to see if they could obtain anyone who could speak Dari however this too was unsuccessful. Therefore, a friend of the family attended who was able to speak very good English and able to translate the detailed information to the couple.
Focus Groups and Maternity Services

Local maternity services were discussed in the focus groups by those participants who had used these services, with good experiences reported.

Focus Group Comments:

“Very good care ….. staff and food good.”

“I have interpreted for a friend (at maternity service).”

“Superb service.”

“Always offered an interpreter.”

“Better (service) than in *****.”

The maternal country of birth is recorded for births that are registered in England. This information is available from the Annual District Birth Extract. Figure 8 shows that for births registered between 2007 and 2009, 94 mothers were born in Poland, which equates to 1.6% of all births during the three year period. This suggests that there are considerable numbers of migrants of child bearing age in NE Lincolnshire and choosing to start a family, which may also suggest that they intend to stay in the UK for a considerable period. Many of the Polish and Latvian patients can often speak some English.

Figure 8 Maternal country of birth associated with births registered for NE Lincolnshire, excluding England (2007-2009)

Source: Annual District Birth Extract 2007-2009 (ONS)

The paternal country of origin is also recorded when births are registered and these are shown in Figure 9, however it is to be noted that the completion of this field is not as high as for the maternal country of origin.
Maternal obesity (defined as a BMI over 30 at booking) increases the risks to health for the mother and child during and after pregnancy. Maternal obesity can also lead to the need for additional healthcare due to complications associated with the pregnancy.

Source: Annual District Birth Extract 2007-2009 (ONS)

Source: NELCTP PHIU maternal obesity analysis
During 2009/10 there were 1920 women classed as White British and 284 women in other ethnic categories (other than White British). Of the 284 women not classed as White British, 172 were classed as Other White Background. Figure 10 shows that women who were not White British were more likely to have a normal weight than those who were White British and that women who were not White British were also less likely to be obese (13%) than women who were White British (24%).

Maternal Deaths

In the eighth report on confidential enquiries into maternal deaths in the UK, the Centre for Maternal and Child Enquiries (CMACE), determined that during the period 2006 to 2008, 261 women in the UK died directly or indirectly related to pregnancy. Ten recommendations were identified for improving care to ensure the UK maternal mortality rate continues to fall. These top 10 recommendations were:

1. Preconception care
2. Professional interpretation
3. Communication and referrals
4. Multidisciplinary specialist care
5. Basic clinical skills and training
6. Identify and manage very sick woman
7. Treat systolic hypertension
8. Prevent/recognise/treat sepsis
9. Quality critical incident review
10. Quality pathology

The recommendation of most significance to this needs assessment is recommendation 2 (professional interpretation services). Professional interpretation services should be provided for all pregnant women who do not speak English. The presence of relatives, or others with whom they interact socially, inhibits the free two-way passage of crucial but sensitive information, particularly about their past medical or reproductive health history, intimate concerns and domestic abuse.

A lack of availability of suitable interpreters is one of the key findings from the CMACE report, and this is also a common experience across services locally as reported during the focus groups. The use of family members, in some cases young school age children of both sexes, or members of their own, usually tight-knit community as translators causes concern because:

- The woman may be too shy to seek help for intimate concerns.
- It is not appropriate for a child to translate intimate details about their mother and unfair on both the woman and child.
- It is not clear how much correct information is conveyed to the woman, as the person who is interpreting may not have a good grasp of the language, does not understand the specific medical terminology or may withhold information.
- Some women arrive in the UK late in their pregnancy, and the absence of an interpreter means that a comprehensive booking history is difficult to obtain.

(Centre for Maternal and Child Enquirers, 2011)
Antenatal and Newborn Screening

The NHS screening agenda is driven by a range of NHS and Department of Health policies and standards. The UK National Screening Committee (NSC) currently recommends the offer of:

**Antenatal screening:**
- Sickle Cell and Thalassaemia
- Fetal Anomaly (Down’s syndrome & fetal anomaly ultrasound)
- Infectious Diseases (Hepatitis B, HIV, Syphilis, Rubella)

**Newborn screening:**
- Newborn Blood Spot, 5 conditions (Phenylketonuria, Medium Chain Acyl CoA Dehydrogenase Deficiency (MCADD), Cystic Fibrosis, Congenital Hypothyroidism, Sickle Cell)
- Newborn and Infant Physical Examination
- Newborn Hearing

The NSC has produced a standardised parent information booklet for antenatal and new-born screening ‘Screening tests for you and your baby’, and it is recommended that all women receive a copy in early pregnancy. In NE Lincolnshire:

- Women are routinely given a copy of the NSC booklet at the booking appointment between 8 – 10 weeks gestation, with an aim to provide earlier at first contact if possible – available in multi-language format (UK National Screening Committee, 2011)
- Condition specific leaflets nationally produced by NSC are given if appropriate
  - Screening for Down’s syndrome in multiple pregnancy
  - Screening for Sickle cell & Thalassaemia in early pregnancy – available in multi-language format
  - Newborn Sickle cell carrier leaflet
  - Newborn unusual haemoglobin carrier leaflet

Source: Antenatal and Newborn Screening Annual Report 2010/11 (North East Lincolnshire Care Trust Plus, 2011)

As indicated earlier in the report, interpreter services for pregnant women are currently provided through the Patient Advice & Liaison Service (PALS) on request of the maternity staff.

Rubella infection usually presents as a mild disease, often without symptoms. However if the infection occurs during pregnancy it can cross the placenta and pass to the foetus with serious consequences (UK National Screening Committee, 2012).

The current policy position is for the screening for rubella susceptibility to be offered. Recommendations being considered as part of the review, include that policy makers should revisit primary prevention initiatives which might be directed towards population groups which continue to be at risk of rubella infection, including children, young adults and immigrants. This has implications for identifying and offering MMR to those at risk.

Current guidance regarding Tuberculosis (TB) states that the Bacillus Calmette-Guerin (BCG) vaccine should be offered to babies born to parents or grandparents from a country with high rates of TB (TB, BCG vaccine and your baby, DH 2008).
7.3.6 Infants and Children

Infant Deaths

An analysis of infant mortality and still birth data for 2010 revealed that the majority of mothers were British and no issues for BME mothers were identified.

Health Visiting

Health Visitors aim to improve the health of families and children in the crucial first few years of life. Working in the community, they help to prevent illness and promote health and wellbeing. Based within the North East Lincolnshire Council, at the primary visit (between 10 and 14 days) they take over the care of the woman and her child/children from that provided by the midwifery service, and continue to provide services until the child/children are 5 years of age when this support is passed to the school nursing service. They also visit families who have moved into NE Lincolnshire with children under 5 years of age. Sometimes information on the need for an interpreter is not communicated from other professionals (e.g. midwives) to the Health Visitors therefore a visit might have to be rearranged for when one is available.

Health Visitors book interpreters for core contacts and most now go through the North East Lincolnshire Council ‘block bookings’ with WB Words, however some have continued to be booked separately with WB Words and are not therefore included in the Council figures detailed in Section 7.3.14. Between July 2011 and December 2011 the HV service received 5 invoices for interpreting services.

Focus Groups and Health Visitors

Good feedback was received from focus group participants who had experience of the health visiting service.

**Focus Group Comments:**

“I have no issues with the Health Visitor.”

“Health Visitor ….. very good.”

“I am happy with the Health Visitor ….. calls every 2 months ….. asks and checks lots of things.”

“Health visitor only came once.”

**Health Visitor Case Study**

Health visitors make a primary visit to a woman and her baby at 10-14 days. At this visit they have to make detailed information. Often at this first visit they realise that the woman is a non-English speaker and therefore they have to postpone and rearrange their visit. This creates extra work and they are unable to provide the level of service they require at that time. Their recommendation is for information to be passed from the midwife to the health visitor at handover so an interpreter can be booked at these first visits. Often the midwifery service reported that ‘they got by’ without an interpreter.
School Nursing

School nurses work with children from 5 years to 19 years. They provide a variety of services such as providing health and sex education within schools, carrying out developmental screening, undertaking health interviews and administering immunisation programmes. School nurses in NE Lincolnshire are part of the Children Services in North East Lincolnshire Council. Children who are home educated receive annual information of the services provided and are offered the opportunity to access a school nurse.

A number of issues have been identified regarding the support of migrants:

- School nurses, practice nurses and GPs are often unsure of the immunisation status of migrants on movement into the area and it appears that this causes a reluctance to give immunisations due to the language issues and the translation of the names of vaccine causes concern of the translation not being correct and an error occurring.
- Families are often not sure of the local health processes e.g. services do not go into school except school nursing, and CAMHS appointments are held in different venues.
- School nursing consent forms are not multi lingual.

Focus Groups and School Nurses

Some uncertainty around child immunisation processes were confirmed in the focus group discussions. This tended be around differences in the ages children are immunised and of differing immunisation schedules between countries.

Focus Group Comments:

“I am not clear on the child immunisation process in the UK ….. need advice.”

“The names of vaccines are different to those in *****.”
Breastfeeding

The World Health Organisation (WHO) recommends that breastfeeding should be initiated within 1 hour of birth and that the baby should feed exclusively on breast milk up to the age of 6 months.

Figure 11 shows that 83% of women who were not classed as White British initiated breastfeeding; which is considerably higher than the 55% of women classed as White British who initiated breastfeeding. Breastfeeding tends to be more culturally acceptable and the ‘norm’ in BME groups.

Figure 11  Breastfeeding initiation by ethnicity, 2010/11

Volunteer breastfeeding peer support workers operate in NE Lincolnshire and these are mothers who help other mothers to breastfeed. There have been occasions locally where the workers have communicated via the father of the baby due to the mother not speaking English, and this because the staff were unaware of their organisations interpreting service being available.
Healthy Weight

The National Child Measurement Plan (NCMP) provides height and weight measurements for children at Reception (age 4-5 years) and Year 6 (age 10-11 years). The NCMP dataset provides the prevalence of ‘underweight’, ‘healthy weight’, ‘overweight’, ‘obese’ and ‘overweight and obese combined’ children.

Children in reception whose ethnicity was not British were more likely to have a healthy weight; however there was little difference between those recorded as obese.

The proportion of Year 6 pupils recorded as obese was similar for children classed as White British and children who are not. Slightly more children classed as ‘other than White British’ were classed as being a healthy weight.

Figure 12 Percentage of Pupils Classed as Obese, by ethnicity, 2009/10

![Figure 12: Percentage of Pupils Classed as Obese, by ethnicity, 2009/10](source: NELCTP PHIU maternal obesity analysis)
Children’s Centres

Children’s Centres deliver services for children under five years old and their families. There are 14 Children’s Centres across NE Lincolnshire, enabling services to be delivered close to home. Children’s Centres work with health agencies to improve the physical and mental health of young children and their families. Children’s Centres offer drop-in sessions about diet which help families and children to learn about where food comes from, which can benefit them when trying different foods and also encourages a healthier lifestyle. A range of support is offered:

- Support and information to all expectant and new parents, including dads and teenage parents
- Breastfeeding information and support
- Advice and information on feeding, weaning and family nutrition
- Advice and information on child development, family health, family planning and immunisations
- Safety advice
- Support and advice on how to develop children’s speech and language skills
- Support for mothers experiencing post-natal depression
- Provide help to parents and carers who wish to stop smoking
- Support for children with special needs, including help getting access to specialised services.

Whilst these services are generic, migrants are referred to the Children’s Centres and do use these facilities. Migrant mother & toddler groups have been established as well as some ESOL provision at Children’s Centres.

Focus Groups and Children’s Centres

Children’s Centres were discussed in the focus groups by participants who had used these facilities. Very positive experiences of the centres and services they provide were reported.

**Focus Group Comments:**

“Children’s Centres are fantastic.”

“We use Children’s Centres ….. they are very good.”

Figure 13 shows the numbers of 2 year old children and their carers utilising Children’s Centres in NE Lincolnshire and whose first language is not English. **Polish is the most common language** followed by Arabic and Latvian. 42% of the total number are children and 58% are carers.
Figure 13  Number of two year old children and carers utilising Children’s Centres where English is not the first language, NE Lincolnshire

Source: North East Lincolnshire Council

Other includes: Jordan, Albania, Algeria, Australia, Canada, Eritrea, Gambia, Greece, Wales, Columbia, Iceland, Kenya, Somalia, Sudan, Vietnam, Argentina, Belgium, Botswana, Georgia, Guyana, Indonesia, Japan, Malawi, Malaysia, Morocco, Slovenia, Sweden, Syria, Tanzania, Uganda, Yemen
7.3.7 Education

School Census

Pupil level information is collected termly from all schools in the authority and provides data on ethnicity although not country of origin or nationality. In January 2012 schools were asked to provide more accurate information on the first language used by children so that more targeted support can be provided. In January 2011 the census recorded 1254 children of ethnic backgrounds other than White British representing 5.4% of the total school population. Of these pupils **580 were reported as having a first language other than English** (2.5%).

Source: North East Lincolnshire Council.

<table>
<thead>
<tr>
<th>School Case Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allerton Primary School is 1 of 4 primary schools in the town of Immingham. There are currently 287 pupils registered at Allerton as at November 2011. 16 pupils are recorded with an ethnicity other than White British. 12 of these pupils are recorded as Bulgarian. The school reports that the children generally have a thirst for their education and in particular for learning English. A member of staff has organised an EAL (English as an additional language) lunchtime club to support both the pupils’ acquisition of English and the use of their first language. It is perceived that in any interaction between teachers and parents, the parents sometimes find it difficult to speak English, with males often more likely to attempt to speak English than females. The school has used interpreters to support meetings with parents about their children’s education.</td>
</tr>
</tbody>
</table>

Roma Children

There is a **small group of Roma children in schools** in NE Lincolnshire. UK benefit regulations mean that most Roma are ineligible for free school meals. It could be suggested that families in economic difficulty struggle to provide food and uniforms for their children which results in absenteeism and a negative impact on children’s progress and ultimately their health.

Ethnic Minority Achievement (EMA) Service

An Ethnic Minority Achievement Consultant, part of Serco’s School Improvement Service, works with schools to support pupils from minority ethnic backgrounds and particularly those for whom English is not their first language.

The purpose and responsibilities of the EMA Service are:
- to provide advice and support to schools, ensuring pupils receive appropriate support and delivering training and CPD on curriculum and inclusive practice
- to monitor and support the progress of ethnic minority pupils in maintained schools, making sure it is in line with national expectations
- to manage the referral, assessment and monitoring of pupils with English as an additional language (EAL), working with the families of pupils where appropriate
- to promote equality, diversity and community cohesion in line with government and LA policies. This work often involves partnership and collaborative working with other council teams and external partner agencies.
Figure 14  Translation and interpreting services used in 2010-2011 by North East Lincolnshire Council EMA service

Figure 14 shows the usage of translation and interpreting services by the North East Lincolnshire Council EMA service during 2010/11. Translation and interpreting services appear to be largely used by EMA for people who speak Polish followed by those who speak Russian. The largest single amount of hours used was for a person who spoke Bulgarian.

Table 1  Achievement at Key Stage 2 (Year 6) in summer 2011, showing level 4 and above in English, Maths and English & Maths combined, plus pupils making at least 2 levels progress in English and in Maths

<table>
<thead>
<tr>
<th></th>
<th>4+ English</th>
<th>4+ Maths</th>
<th>4+English &amp; Maths</th>
<th>2+L Prog English</th>
<th>2+L Prog Maths</th>
</tr>
</thead>
<tbody>
<tr>
<td>BME (88 pupils)</td>
<td>84%</td>
<td>86%</td>
<td>66%</td>
<td>88% (of 73)</td>
<td>71% (of 71)</td>
</tr>
<tr>
<td>EAL (38 pupils)</td>
<td>71%</td>
<td>92%</td>
<td>68%</td>
<td>92%</td>
<td>88%</td>
</tr>
<tr>
<td>White European (19 pupils)</td>
<td>63%</td>
<td>89%</td>
<td>58%</td>
<td>90% (of10)</td>
<td>100% (of 8)</td>
</tr>
<tr>
<td>NE Lincolnshire</td>
<td>77%</td>
<td>79%</td>
<td>70%</td>
<td>79%</td>
<td>82%</td>
</tr>
</tbody>
</table>

Source: North East Lincolnshire Council (unvalidated data)

Table 1 shows the educational attainment of BME, EAL and White European pupils at Key Stage 2 compared with the NE Lincolnshire average. As can be seen the attainment of these pupils is favourable compared to the borough average.
Grimsby has two further education colleges, both of which have international students.

Figure 15  Students by country of birth enrolled at Grimsby Institute of Further and Higher Education (GIFHE), 2011

Source: GIFHE 2011
Grimsby Institute of Further and Higher Education (GIFHE)

GIFHE provide ESOL courses which are designed for people who are not native English speakers and want to improve their use of and understanding of English. These courses help students to develop and practice their speaking, listening, reading and writing skills. Learners are able to progress through the ESOL levels as they wish, improving their understanding of British culture, and gaining the opportunity to further their career.

GIFHE entry level courses include citizenship material, thus aiding learners with their applications for indefinite leave to remain or British citizenship. This course can be used instead of the ‘Life in the UK’ test as GIFHE are a recognised college with the UKBA. The course covers grammar and vocabulary and all four language skills: listening, speaking, reading and writing. The entry level courses include 30 hours of citizenship material as per the UKBA guidelines. Work is undertaken in a classroom environment communicating with the teacher and the other students, sometimes in pairs, small groups or as a whole class. To successfully complete this course, learners must complete an oral speaking and listening, reading and writing exam. This course enables learners to progress to the next level of the ESOL course and/or continue study in other curriculum areas in Further Education or Higher Education at the Institute.

Figure 15 shows that Poland is the highest nationality excluding the UK studying at the Grimsby Institute, with Lithuania and China making up the top three nations.

Franklin College

Franklin College provides ESOL courses for adults and other part-time (over 16 years old) students, who need to improve their English language skills to be able to function more effectively in life in the UK. Classes are delivered with citizenship content.

For full time students at Franklin College (usually aged 16-18yrs old), language support of two types is offered. Firstly, on a generic level, so that they are better users of the language and better able to cope with living in the UK, studying at Franklin College, and preparing or post 18 life (work, university, or other further study). Secondly, Franklin offer bespoke language tuition to help students with the academic language skills that they will need to succeed. This is often in small groups, or even taught on a 1:1 basis.

Community Learning Services

North East Lincolnshire Council offers ESOL courses for adults and other part-time students (over 16 years old). These courses are for those who need to learn English and/or improve their language skills and are delivered in centres within the Community. This includes Freeman Street Resource Centre in the heart of the East Marsh, Thrunscoe and Scartho Centres currently. For those undertaking accredited courses the awarding body is Cambridge ESOL Skills for Life - Speaking and Listening.

ESOL learners who are at or above Entry 3 in Literacy can also access Literacy and Numeracy classes through the Skills for Life programme.
Young People Support Services (YPSS)

The YPSS has over a number of years, embedded multiculturalism into the youth work curriculum. Youth work recognises there is a need to introduce young people to ways of life beyond their own, through encounters with people from different cultural and faith backgrounds, and it can be argued that young people’s life skills, future employability and active citizenship depend upon it. All young people aged 13 to 19 are able to access both universal and targeted support services delivered by the YPSS. The YPSS has established and run a **Polish youth group**. The YPSS is also exploring twinning projects locally, nationally, and globally.

The service delivers a range of provocative sessions and activities within various projects including:

- Dispelling myths about refugees and asylum seekers by inviting a guest speaker to give a personal testimony and comparing fact with the tabloid newspaper fiction.
- Answering and debating the following
  - Who are refugees
  - Who are asylum seekers
  - Who are migrant workers?

Annually the service promotes and hosts a celebration of cultural diversity in NE Lincolnshire with young people across the borough including minority groups taking the lead.

Connexions Case Study

The Brother-in-law of a 16 year old Bangladeshi, presented at Children’s Services with the young person, and informed staff that he could no longer afford to pay for him and advised that the young person was now their responsibility. The young person was allocated a social worker and placed temporarily in a Humbercare placement. Connexions allocated the young person a Personal Adviser who built up a relationship with him and helped him to apply for benefits. The young person is now settled in The Foyer where staff are helping him move towards independent living, has enrolled on a full-time Foundation Learning programme, and is receiving benefits.

Racial Incident Monitoring

All schools are required to submit on a monthly basis the number of incidence of discrimination, including racist incidents that have been reported. Table 2 shows the number of racist incidents reported during the 2010/11 academic year.

<table>
<thead>
<tr>
<th>School Type</th>
<th>No of racial incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursery &amp; Infant</td>
<td>0</td>
</tr>
<tr>
<td>Primary &amp; Junior</td>
<td>40</td>
</tr>
<tr>
<td>Secondary &amp; Academy</td>
<td>13</td>
</tr>
<tr>
<td>Special</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: North East Lincolnshire Council
7.3.8 Housing

The nationality of tenants is not currently recorded by Shoreline, however tenant ethnicity is recorded. Excluding British, Irish, and unknown ethnicities, the **East Marsh area appears to have the largest concentration of BME tenants.**

**Homelessness**

Housing legislation is very specific around which groups of non UK nationals are eligible for assistance as a homeless person as some people who have lived abroad may not be eligible for assistance from the local council if they make a homelessness application. This can affect British citizens as well as foreign nationals.

People are eligible for assistance if they are:

- A British citizen who has not lived abroad
- A person working in the UK and from a European Union (EU) or European Economic Area (EEA) country (The EU countries plus Iceland, Liechtenstein, Norway and Switzerland). If a worker is from an A2 country (Bulgaria and Romania), they may also need to obtain a workers authorisation certificate to be eligible
- A refugee who has been granted asylum
- A person who has been granted exceptional or indefinite leave to remain in the UK, or ‘humanitarian protection’

There are two main groups of people who may not be eligible for assistance:

- People who are subject to immigration control. People are subject to immigration control if they are a foreign national who needs permission to enter or remain in the UK. A homeless asylum seeker will not be eligible and they will need to seek assistance from the UK Borders Agency rather than the local council.
- People who are not ‘habitually resident’ in the UK. If a person has come to, or recently returned to the UK after living abroad, even they are a British citizen, the council will check whether they are ‘habitually resident’. If they are not, they will not be eligible for assistance.

If the council decides that a person is not eligible for assistance, it has no further duty to assist. If the council decides a person is eligible, it will then consider whether they are in ‘priority need’ for housing. (National Homelessness Advice Service, 2011)

During the first 2 quarters of 2010/11, just over 90% of advice cases opened were for White British clients. A similar percentage of homeless cases were also classed as White British.

**Home Options Team**

**Travellers**

**Table 3** Reported traveller sites in NE Lincolnshire, 2008/09 to 2011/12

<table>
<thead>
<tr>
<th>Period</th>
<th>Number of sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-2009</td>
<td>8</td>
</tr>
<tr>
<td>2009-2010</td>
<td>7</td>
</tr>
<tr>
<td>2010-2011</td>
<td>11</td>
</tr>
<tr>
<td>2011-2012*</td>
<td>9</td>
</tr>
</tbody>
</table>

Source: Home Options Team, North East Lincolnshire, Balfour Beatty Workplace
* 1 April to 25 August 2011
A current emerging trend is the increase in the number of reported traveller sites in NE Lincolnshire. In the first 5 months of 2011/12, there are already more sites reported (9 sites) than during 2008/09 (8 sites) and 2009/10 (7 sites). In addition to the increase in the number of sites, the number of travellers within a group has also increased considerably. Previously many sites would include 2 to 3 caravans with no more than 10 people, however so far during 2011/12, groups have tended to consist of 13 to 15 caravans with 40 to 50 people.

There is no provision for travellers within NE Lincolnshire, therefore it is not possible to move travellers to more appropriate sites and as a consequence all encampments are illegal encampments.

A range of procedures are in place with regard to travellers which includes a welfare visit where details of local health services are provided, and travellers are also asked if there are children that require schooling. An explanation of how travellers can access housing advice for settled accommodation is given.

The North East Lincolnshire Council Home Options Team will work to ensure that whilst the travellers stay in NE Lincolnshire, they have minimal impact on the settled community.

If travellers are on land owned by the local authority the Home Options Team will work with the Law and Democratic service to evict the travellers from the site. If travellers are on private land assistance to the owners will be provided where necessary. If the owner takes no action, then action against the owner can be taken to ensure the travellers move on.

As there is no authorised traveller sites in NE Lincolnshire a recommendation would be to explore providing a designated area for Travellers.

Housing conditions

The Home Options Team is aware that there are a number of migrants in NE Lincolnshire who live in poor housing conditions. The Home Options Team rely on intelligence to inform them of areas that require action, and aim to ensure that where housing conditions are found to be poor/overcrowded that they work with the correct agencies to ensure the migrants safety. An outcome to be avoided is for workers to be evicted and dispersed which would result in not being able to provide assistance. Strategic partners include health services and the Gang Masters Licensing Authority (GLA).

Home Options Team Case Study

The Home Options Team have worked with the GLA on a previous occasion with an acceptable outcome, as the gang master changed the way in which he offered accommodation and the licensing authority looked into his working practices.

York Housing Association

York Housing Association provides housing related floating support to meet the needs of the black and minority ethnic communities in NE Lincolnshire. This support is funded via a Supporting People grant through North East Lincolnshire Council and is therefore a free service to clients. Supporting People is a national programme and support services are provided for the purpose of developing the client’s capacity to live independently in accommodation or sustaining their capacity to do so. The current contract with York Housing Association is for 3 years, and is to provide support for up to 20 units/ families (not individuals). Support can be short term or for up to 2 years.
York Housing Case Study

Ms M and Mr T were a Polish lady and a Turkish man who signed onto the service during February 2011. Ms M was pregnant and had been employed for a number of years, whilst Mr T had no job, no NI Number, and was fighting to be allowed to stay in the country as his visa was about to expire. They were living in a flat on Freeman Street that was totally unsuitable for a family with a young child. The couple had a son in February 2011 and they also got married in February 2011.

York Housing Association assisted the couple to claim statutory maternity pay, child benefit, and child tax and working tax credits. They were also helped to get housing benefit and council tax benefit. The husband was supported with his visa outcome and he was granted indefinite leave to remain and also obtained a NI number. Confidence building and emotional support was provided throughout.

The support has greatly assisted the family across a range of outcomes. They are in receipt of all applicable benefits and are able to manage their own tenancy and support their child. Local part time employment was gained and due to the couples improved financial circumstances they decided to apply to take over a shop which was successful, and consequently they now manage the shop. Due to the successful application to take over the shop, the couple have now moved into a property within the village and are extremely happy and content with their life. Future plans include making a success of the business, integrating within their new community, and providing for their family.

Anyone who lives in NE Lincolnshire and is a member of a black or minority ethnic group can use this service. As at April 2011, 95% of clients were migrants. A range of support services are offered which include help with the following:

- Accessing suitable housing
- Supporting people to establish and maintain tenancies
- Accessing eligible benefits
- Assisting with personal finances
- Accessing ESOL classes, and improving literacy and numeracy
- Accessing health care such as registering with GPs and dentists
- Accessing other services such as employment advice, and training
- Obtaining paid employment
- Involvement with the community
- Assisting with utility companies
- Supporting faith and cultural needs
- Assisting with parenting skills
- Accessing child care
- Promoting safety and security in the home
- Promoting emotional support
- Developing confidence
- Providing advocacy and information
- Sign posting to partner agencies.

Additional ad-hoc services e.g. translation are also provided. Information leaflets explaining the support services offered are available in 15 languages.

As at April 2011, York Housing Association is supporting 23 units which equates to 71 individuals (adults and children). Most clients reside in the East Marsh, Town centre, and Grange areas of Grimsby. The local support team includes a leader who manages North and NE Lincolnshire support services, a full time support worker, and a part time support worker. There are currently 4 units on the waiting list for support.
Many clients are new to the UK and have multiple needs around sorting out finances, housing, and employment. Approximately 80% of clients are Polish, and the need for translation and interpretation has been eliminated due to one of the support workers being a Polish speaker. Other nationalities supported include clients from Azerbaijan, Czech Republic, Eritrea, Iran, Angola, Gambia, Egypt, Afghanistan, Morocco, and Latvia. Many clients are in employment.

As at June 2010, 65% of referrals were by word of mouth, 15% of referrals were received from Shoreline Housing Partnership, 10% from North East Lincolnshire Council Homeless Team, 5% from Open Minds, and 5% from mental health services.

York Housing Association holds quarterly Customer Involvement Forums which bring together clients receiving support, which enables the sharing of information and the opportunity to capture feedback.

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**York Housing, North East Lincolnshire Council Rent Assist Scheme and Home Options Team Case Study**

Ms K is a 30 year old single female who came to the service in May 2010. Ms K was pregnant (due December 2010) and was living in a 3 bedroom house with 3 other adults and one child. She was staying in a single bedroom with her brother and was sleeping on mattresses on the floor.

York Housing Association worked with the North East Lincolnshire Council Rent Assist Scheme and the Home Options Team to find Ms K more suitable housing. In August 2010 Ms K was served a notice to leave the property because of overcrowding. In partnership with the rent assist scheme, Ms K was provided with a deposit for a new house and 4 weeks rent, and after working closely with the home options team found Ms K a suitable property which she moved into in September 2010. Ms K has since given birth to a baby girl and is happy in her new home and is free from the threat of homelessness. As at July 2011 Ms K had indicated that she would like a job in childcare or in a similar field. With the support of the service Ms K will shortly be starting as a volunteer at Sure Start. Ms K will be given training and be CRB checked and will be able to gain valuable experience regarding working with children.
7.3.9 Employment

Within the Hull and Humber region Polish nationals appears to be the most numerous group registering to work with increasing numbers of Latvians and Lithuanians. Czech, Estonian, Hungarian and Slovenian remained at comparatively low levels during this period as shown in Figure 16.

Figure 16  Foreign nationals by nation of origin, registering to work in the Hull and Humber region (2004-2010)

![Bar chart showing the percentage of foreign nationals by nation of origin, registering to work in the Hull and Humber region (2004-2010).]

Source: Workers registration, Migration Yorkshire data pack

For NE Lincolnshire the pattern is very similar to that of the wider Hull and Humber area with Polish nationals being the largest group with a more recent increase in the numbers of Latvians and Lithuanians (see Figure 17).

**e-factor**

e-factor is the result of an £18.7 million government funded initiative awarded to North East Lincolnshire Council that aims to inspire and encourage enterprise across Grimsby, Immingham and Cleethorpes. e-factor provides all the support and encouragement to individuals who believe that self-employment and enterprise offer them real opportunities to achieve personal dreams and aspirations (e-factor, 2012).

In the past e-factor have put on a special Polish event for anyone wanting to go into business, to which there was a reasonable take up. No specific targeting of migrants currently takes place since e-factor is open to the entire population.
Figure 17  Foreign nationals by nation of origin, registering to work in NE Lincolnshire (2004-2010)

Source: Workers registration, Migration Yorkshire data pack

7.3.10 Leisure Services

Whilst leisure services in NE Lincolnshire collect information across the sports facilities in NE Lincolnshire, data around ethnicity is only available for people who are registered members of a leisure centre. The collection is not mandatory, which is reflected as “unknown” is the most common recorded value. The numbers of differing ethnicities are particularly small and as this is only members of the leisure centre it is unlikely to be representative of the people using leisure facilities across NE Lincolnshire. Several focus group participants reported using cultural facilities such as libraries.
7.3.11 Crime

The Safer and Stronger Communities Partnership’s Hate Crime Action Group is chaired by the North East Lincolnshire Council Community Safety Coordinator. The group’s purpose is to raise awareness and understanding of hate incidents and crime across NE Lincolnshire and create a proactive environment for monitoring and reporting (i.e. increase reporting of incidents, decrease incidents from occurring in the first place). The 2011/12 Hate Crime Action Plan includes 6 overarching actions which are:

- Improve intelligence
- Increase public awareness
- Utilise education and training to help change attitudes
- Increase the reporting of hate crimes
- Review victim support
- Reduce reoffending

Humberside Police

Humberside Police Force is divided into 4 divisions, of which the boundary of ‘A’ division is coterminous with the NE Lincolnshire LA boundary.

Community Cohesion is managed by an Inspector and there are 4 Police Community Support Officers who have community cohesion responsibility for their own geographic areas. It is the PCSO’s responsibility to develop links with various communities and to develop a network of key individuals. The PCSOs attend minority group meetings and a range of events. The PCSOs also have the responsibility for liaising with the victims of all hate crimes and acting as the single point of contact for these victims. All victims of hate crime will be visited by the PCSO and be signposted to any other agencies who can assist. Hate Crime is a current priority crime within NE Lincolnshire and Humberside Police are actively trying to encourage all hate crimes to be reported. Information leaflets explaining hate crimes and how to report them have been produced in 6 other languages.

Table 4 to Table 7 show the numbers of hate crimes and incidents recorded by Humberside Police for NE Lincolnshire, by month, type, geographic area, and victim ethnicity. The numbers shown in these tables are likely to be lower than in reality due to incidents not being reported. The latest figures for 2011/12 and detailed in Table 4 show that the total number of reported incidents has increased by 1 incident across NE Lincolnshire compared to the previous year.

<table>
<thead>
<tr>
<th></th>
<th>2010/11</th>
<th>2010/11 Cumulative</th>
<th>2011/12</th>
<th>2011/12 Cumulative</th>
<th>2011/12 position compared to 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>31</td>
<td>31</td>
<td>28</td>
<td>28</td>
<td>↓</td>
</tr>
<tr>
<td>May</td>
<td>31</td>
<td>62</td>
<td>26</td>
<td>54</td>
<td>↓</td>
</tr>
<tr>
<td>June</td>
<td>37</td>
<td>99</td>
<td>19</td>
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<td>July</td>
<td>30</td>
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<td>20</td>
<td>93</td>
<td>↓</td>
</tr>
<tr>
<td>August</td>
<td>24</td>
<td>153</td>
<td>31</td>
<td>124</td>
<td>↓</td>
</tr>
<tr>
<td>September</td>
<td>24</td>
<td>177</td>
<td>31</td>
<td>155</td>
<td>↓</td>
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<tr>
<td>October</td>
<td>22</td>
<td>199</td>
<td>26</td>
<td>181</td>
<td>↓</td>
</tr>
<tr>
<td>November</td>
<td>15</td>
<td>214</td>
<td>24</td>
<td>205</td>
<td>↓</td>
</tr>
<tr>
<td>December</td>
<td>18</td>
<td>232</td>
<td>13</td>
<td>218</td>
<td>↓</td>
</tr>
<tr>
<td>January</td>
<td>15</td>
<td>247</td>
<td>24</td>
<td>242</td>
<td>↓</td>
</tr>
<tr>
<td>February</td>
<td>10</td>
<td>257</td>
<td>18</td>
<td>260</td>
<td>↑</td>
</tr>
<tr>
<td>March</td>
<td>26</td>
<td>283</td>
<td>24</td>
<td>284</td>
<td>↑</td>
</tr>
</tbody>
</table>

Source: Safer and Stronger Communities North East Lincolnshire
Table 5  Hate crimes and hate incidents recorded by Humberside Police for NE Lincolnshire by category, 2011/12

<table>
<thead>
<tr>
<th></th>
<th>Racial</th>
<th>Homophobic</th>
<th>Disability</th>
<th>Religious</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>20</td>
<td>&lt;5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>May</td>
<td>24</td>
<td>&lt;5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>June</td>
<td>18</td>
<td>&lt;5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>July</td>
<td>17</td>
<td>&lt;5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>August</td>
<td>23</td>
<td>5</td>
<td>&lt;5</td>
<td>&lt;5</td>
</tr>
<tr>
<td>September</td>
<td>24</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>&lt;5</td>
</tr>
<tr>
<td>October</td>
<td>24</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>0</td>
</tr>
<tr>
<td>November</td>
<td>21</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>0</td>
</tr>
<tr>
<td>December</td>
<td>11</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>0</td>
</tr>
<tr>
<td>January</td>
<td>16</td>
<td>&lt;5</td>
<td>5</td>
<td>0</td>
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<tr>
<td>February</td>
<td>16</td>
<td>0</td>
<td>&lt;5</td>
<td>0</td>
</tr>
<tr>
<td>March</td>
<td>22</td>
<td>&lt;5</td>
<td>&lt;5</td>
<td>&lt;5</td>
</tr>
</tbody>
</table>

Source: Safer and Stronger Communities North East Lincolnshire

Table 6  Hate crimes and hate incidents recorded by Humberside Police for NE Lincolnshire by neighbourhood, 2011/12

<table>
<thead>
<tr>
<th>Neighbourhood</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immingham</td>
<td>18</td>
</tr>
<tr>
<td>Wolds</td>
<td>&lt;5</td>
</tr>
<tr>
<td>Central</td>
<td>149</td>
</tr>
<tr>
<td>Fiveways</td>
<td>94</td>
</tr>
<tr>
<td>Meridian</td>
<td>20</td>
</tr>
</tbody>
</table>

Source: Safer and Stronger Communities North East Lincolnshire

Table 7  Victim ethnicity for racially motivated offences (where recorded) in NE Lincolnshire, 2011/12

<table>
<thead>
<tr>
<th>Racial hate crime ethnicity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>71</td>
</tr>
<tr>
<td>White – North European</td>
<td>37</td>
</tr>
<tr>
<td>Black</td>
<td>22</td>
</tr>
<tr>
<td>Arabic or North African</td>
<td>17</td>
</tr>
<tr>
<td>Any other White background</td>
<td>9</td>
</tr>
<tr>
<td>Chinese or Japanese or any other SE Asian</td>
<td>8</td>
</tr>
<tr>
<td>Any other Asian background</td>
<td>8</td>
</tr>
<tr>
<td>British</td>
<td>6</td>
</tr>
<tr>
<td>Pakistani</td>
<td>6</td>
</tr>
<tr>
<td>Others</td>
<td>9</td>
</tr>
<tr>
<td>Unknown</td>
<td>43</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>236</strong></td>
</tr>
</tbody>
</table>

Source: Safer and Stronger Communities North East Lincolnshire

Humberside Police spent over £4,500 on interpreting services in NE Lincolnshire during the period October 2010 to September 2011. Whilst the majority of this expenditure will have been on clients in custody, this does also include interpretation for victims. Humberside Police use Language Line which is a telephone based interpretation service. The number of calls and the languages requested by Humberside Police for use in NE Lincolnshire are detailed in Table 8. Interpreters are also used throughout the Criminal Justice System including in both the Magistrates Court and Crown Court.
Humberside Police have utilised Mosaic Origins to contribute to their geographic profiling of communities. Mosaic Origins is a software and data application from Experian that classifies people according to the part of the world from which their forebears are most likely to have originated. Every person is placed into one of 230 origin types, which may also be grouped by type of name or religion, language, or geography.

For service provision it is not necessarily the country of origin that is of interest but rather the language of communication. Therefore Mosaic Origins has been used to map the population by language of use for all languages assigned to more than 24 households in NE Lincolnshire (except Western European languages). These maps are available to professionals upon request.

Discussions took place in the focus groups around community or work related issues that participants experienced due to being migrants. Many reported that they had not experienced any community problems. Some tensions between the Latvian, Lithuanian and Polish communities were reported, including regarding competition for jobs, and agencies need to be aware of this.

Focus Group Comments:

“All countries have a go at each other.”

“Migrant communities don’t mix.”

“People assume we are Polish (in reality from another Eastern European country).”

“Job tied up with accommodation.”

“My children have experienced no problems at school.”

<table>
<thead>
<tr>
<th>Language</th>
<th>Minutes</th>
<th>Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLISH</td>
<td>1482</td>
<td>81</td>
</tr>
<tr>
<td>LATVIAN</td>
<td>607</td>
<td>26</td>
</tr>
<tr>
<td>ROMANIAN</td>
<td>561</td>
<td>23</td>
</tr>
<tr>
<td>LITHUANIAN</td>
<td>548</td>
<td>32</td>
</tr>
<tr>
<td>RUSSIAN</td>
<td>455</td>
<td>26</td>
</tr>
<tr>
<td>MANDARIN</td>
<td>308</td>
<td>10</td>
</tr>
<tr>
<td>CZECH</td>
<td>241</td>
<td>12</td>
</tr>
<tr>
<td>VIETNAMESE</td>
<td>229</td>
<td>7</td>
</tr>
<tr>
<td>ALBANIAN</td>
<td>194</td>
<td>7</td>
</tr>
<tr>
<td>BENGALI</td>
<td>192</td>
<td>9</td>
</tr>
<tr>
<td>TURKISH</td>
<td>188</td>
<td>9</td>
</tr>
<tr>
<td>SLOVAK</td>
<td>186</td>
<td>9</td>
</tr>
<tr>
<td>KURDISH</td>
<td>185</td>
<td>11</td>
</tr>
<tr>
<td>BULGARIAN</td>
<td>139</td>
<td>7</td>
</tr>
<tr>
<td>ARABIC</td>
<td>104</td>
<td>7</td>
</tr>
<tr>
<td>FRENCH</td>
<td>75</td>
<td>2</td>
</tr>
<tr>
<td>DUTCH</td>
<td>38</td>
<td>1</td>
</tr>
<tr>
<td>PUNJABI</td>
<td>27</td>
<td>3</td>
</tr>
<tr>
<td>CANTONESE</td>
<td>26</td>
<td>1</td>
</tr>
<tr>
<td>SORANI</td>
<td>20</td>
<td>1</td>
</tr>
<tr>
<td>TAMIL</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>CROATIAN</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>GERMAN</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>SPANISH</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

**TOTAL** 5838 290

Source: Humberside Police
Two mothers reported that there is no diversity in their country (Eastern Europe) and their children were surprised the first time they saw a person of Black ethnicity.

Several participants had been victims of crime but did not believe this was due to being a migrant. Participants knew that 999 is the emergency telephone number and those that had phoned the police in an emergency were generally satisfied with the initial response.

**Focus Group Comments:**

“Police were nice and polite."

“We have been burgled ….. not because we are not British though ….. Police did not catch the youths."

“It is fear more than anything as nothing actually happens.”

“My Wife is scared and will not go out (because wearing a hijab).”

“Verbal abuse mainly.”

“I am tired of complaining and have stopped reporting incidents to the police as they can’t do anything.”

**7.3.12 Humberside Fire & Rescue Service**

Humberside Fire & Rescue Service (HF&RS) is a member organisation of Communities Together.

HF&RS employ a Community Cohesion Officer for NE Lincolnshire, and this officer attends various events and builds links between the service and communities in NE Lincolnshire.

HF&RS offer a range of community services that are offered to the whole population of NE Lincolnshire. Specific activity that has taken place in NE Lincolnshire, and resources that have been available, which are related to BME and migrant communities include the following:

- Leaflets in Polish providing fire safety advice regarding bonfire night
- Fire safety advice to coincide with the Chinese New Year
- Leaflets in Mandarin providing fire safety advice
- Visits to Chinese takeaways to provide advice
- Offer to community groups for the Community Cohesion Officer to attend meetings to give a talk around fire safety
- Advice to coincide with Diwali, the Hindu festival of light, as this involves the use of candles
- Provision of adaptors to convert 2 pin plugs that are common in Eastern Europe to 3 pin plugs.

The Humberside Fire & Rescue Service control room which takes the 999 calls use Language Line should the need arise, however in reality this service is required infrequently and has not been used for some time.

There is no evidence of any trend of BME communities being targets for arson.
7.3.13 Voluntary / Community / Third Sectors

Harbour Place

Harbour Place day centre is based on Albert Street, off Freeman Street, in the East Marsh area of Grimsby. The main focus of Harbour Place’s work with Eastern European migrants is selling the Big Issue. The criteria for people to sell the Big Issue are being either homeless or vulnerably housed. As at the end of September 2011 there are approximately 6 vendors of Romanian origin. Harbour Place has also worked with Latvian, Russian and Polish people too. Harbour Place provides food parcels to the Big Issue sellers on occasions, as well as clothing and bedding. There have been some younger males using the centre of Russian and Latvian origin. Some of these have alcohol and substance issues, and a variety of support has been given related to benefits, food, clothing, and accommodation issues. During 2010, 428 individuals accessed the day centre service, and of these 13 were Romanian, 8 were Lithuanian, 6 were Bulgarian, and a further 7 were non British. Communication is an issue as due to language barriers it is difficult to meet clients' needs fully, due to being unable to gain the necessary information from them.

Barnardo's

Barnardo’s is a charity that supports vulnerable children and young people. Barnardo’s outreach workers operate in NE Lincolnshire. These workers engage with the vulnerable communities including migrants, and include Polish and Bangladeshi engagement workers.

Local Involvement Network (LINk)

The LINk (Local Involvement Network) is a community group representing the people of NE Lincolnshire including residents, patients, families, carers and professionals. The LINk was set up by the government and is hosted by Voluntary Action North East Lincolnshire (VANEL). VANEL has a variety of services and projects including working closely with York Housing Association.

The LINk serves to engage the community and ensure that local people are involved in decisions about their services. The LINk support services to identify improvements and make changes. By empowering the community to voice their opinions, the LINk aim to make sure that services reflect what is wanted and needed, resulting in better services tailored towards the need of the area.

Accessibility is an important issue for the LINk, as it is vital that the services that exist can be accessed by all. The LINk strive to ensure that anybody who wants to be involved or to volunteer with the LINk are supported to overcome any barriers that may stand in the way of doing so. This support may be paying travel expenses for attending meetings, using disability friendly buildings on good public transport routes and providing information in other languages as required.

Communities Together

Communities Together is a registered charity and local membership group seeking to raise multi-cultural awareness and understanding across NE Lincolnshire. Communities Together aim to promote equality of opportunity and good relations between persons of different racial groups within the community both generally and by the advancement of public education in the causes and effects of racial discrimination. This is achieved by raising awareness and promoting cultural diversity. Communities Together holds many events to promote mutual respect and understanding of the different communities living in NE Lincolnshire:

- International markets
- Summer workshops
- International cultural & music shows celebrating specific events of the BME population
- Family fun days.
Membership is open to any individual over the age of 18 or to any organisation committed to supporting and furthering the aims of Communities Together.

**Citizens Advice**

The Citizens Advice service aims to provide the advice people need for the problems they face, and to improve the policies and practices that affect people's lives. The service provides free, independent, confidential and impartial advice to everyone on their rights and responsibilities. It values diversity, promotes equality and challenges discrimination (Citizens Advice Bureau, 2011)

In NE Lincolnshire, there is a bureau in Grimsby – the Grimsby, Cleethorpes and District CAB. Caseworkers from this bureau provide drop-in services at Open Door, Cleethorpes Library and Immingham Resource Centre. Initial advice is provided on a first-come first-served drop-in service, at the bureau or one of the outreaches, or via the helpline 08444 111 444. Advice is available on a wide variety of issues – welfare benefits, housing, immigration, debt – or for particular groups of people, such as over-60's.

The immigration service was introduced when Grimsby was an asylum dispersal area. Now that condition no longer exists, specific immigration work covers help for both failed and successful asylum seekers, visa and British citizenship applications, and rights of access to welfare benefits, health, education, and housing services. The latter relates primarily to European nationals. Use is also made of general and other specialist advice areas by migrants.

**Women's Aid**

North East Lincolnshire Women's Aid is a registered charity that provides services to victims and survivors of domestic abuse in NE Lincolnshire. An issue for women without secure immigration status and who are subject to domestic violence is that they have no recourse to public funds. The ‘no recourse’ rule stops anyone who has entered the UK on the basis of marriage from relying on any ‘public fund’ or to take paid work until their immigration position is resolved.

**Women's Aid Case Studies**

Women’s Aid North East Lincolnshire has recently re-housed a woman and two children who stayed in the refuge for nearly a year. This woman fought to get leave to remain which allows her and her children to live locally.

Women’s Aid also currently has a woman living in the refuge who is fleeing a violent relationship, and has no money, no food, no income, and is wearing donated clothes. Women’s Aid continues to fund this woman and is supporting her to get 'indefinite leave to remain' in the country.

**BME Resource Guide**

Family Carers from BME communities have been a priority group for Valuing People (the Government's national agenda for learning disabilities) since 2001. Home Farm Trust (Hft) is a national charity providing support for people with learning disabilities throughout England and its Family Carer Support Service (FCSS) was commissioned by the Valuing People Support Team to develop a resource, to provide a range of information about meeting the needs of families from BME and seldom heard communities. This resource ‘Reaching and Supporting Diverse Communities: a guide to meeting the needs of people with learning disabilities and family carers from newly arrived, Black, Asian and other Minority Ethnic (BME) communities’ has recently been updated.

The resource is aimed at professionals working in learning disability, carers and mainstream diversity and equality fields although some information will be of interest to family carers too.
The resource is broken up into 6 sections:

- Engaging with different communities
- Supporting communities – specific issues
- Supporting communities – specific communities
- BME families – it's everybody’s business
- Knowing your local population
- Good practice examples from around the country

(Home Farm Trust, 2011)

7.3.14 Communication

Language interpretation is the facilitation of oral communication between different languages, whilst translation is the transfer of written text in a language to written text in a different language.

Failure to provide language support results in poorer health outcomes for patients, compromised delivery of care for practitioners and inefficient services with increased costs. Appropriate communication is essential for an effective patient practitioner relationship (NHS East of England, 2011). Commissioners must consider the hidden costs of poor language support to patients, professionals, and services. The Race Relations Amendment Act of 2000 places a duty on trusts to provide accessible services.

2020health is a health and technology policy think tank (2020health, 2012). A report (Lost in Translation) published by 2020health in February 2012 investigated NHS spend on translation services. The research was conducted by 2020health through Freedom of Information requests sent to 247 NHS Trusts.

Key messages included:

- Trusts spent £23.3 million pounds on translation services last year
- The NHS has spent £64.4 million on translation services in the last three financial years, a £9.4 million (17%) increase from 2007/8 – 2009/10
- This amount equates to £59k per day.

Key recommendations included:

- Translate materials into easy read English rather than other languages, and make these materials available across all sites
- Create a central repository of information that has already been translated into other languages so that it is readily available to all NHS sites
- Provide more written translations through free web-based translation facilities such as Google Translate.

(Gan, 2012)

New migrants may experience difficulties in learning English to communicate effectively. Government measures to cut funding to ESOL classes at a national level will have a cost to services at a local level, because as newer migrants are less able to develop their English proficiency, their need for interpreters will be prolonged. ESOL classes need to be available, affordable, and at times convenient for migrants who work.

The information from stakeholders in this section describes the language support needs that have been identified by the partnership in NE Lincolnshire.

The NHS Choices website contains a wide range of health information in other languages (NHS Choices, 2011). Most pages of this website can be translated into more than 50 languages using Google Translate, by clicking the ‘translate’ link at the top of the page and selecting the appropriate
language. It should always be remembered that Google Translate is a machine translation engine that uses mathematical algorithms when translating, which means that translated text is not necessarily of the same quality as if it had been translated by a human translator.

NHS Direct provides a confidential interpreter service for a number of languages. To use the service people should call NHS Direct on 0845 4647 and when the call is answered state which language is required. The caller should wait on the line until connected to an interpreter when some information will be requested to complete the query (NHS Direct, 2011).

North East Lincolnshire Council has a ‘Welcome to North East Lincolnshire – A guide to working and living in North East Lincolnshire’ document on its website which can be downloaded and covers topics such as personal safety, housing, the law, working in the area, advice on services and health care, and how to get a job (North East Lincolnshire Council, 2011). The maintenance and updating of the welcome packs is subject to funding as approximately £3,000 is required to achieve this.

The guide is available in the following languages:

1. Arabic
2. Bengali
3. Bulgarian
4. Cantonese
5. Czech
6. French
7. Kurdish
8. Latvian
9. Lithuanian
10. Mandarin
11. Polish
12. Portuguese
13. Punjabi
14. Romanian
15. Russian
16. Slovenian
17. Spanish
18. Urdu

Within NE Lincolnshire it was identified from the stakeholders that there are several interpreting services that are used. Organisations supplied their usage of these services which are detailed in the report. This showed that there are a considerable number of languages spoken in NE Lincolnshire. Feedback from both stakeholders and migrants suggests that the availability of interpreting services is not widely publicised and as a result there is an under usage of interpreting services.

Information from North East Lincolnshire Council shows just under £10,500 was spent on translating information during 2009, however this fell to just under £5,000 during 2010. Whilst translated information was required by a wide range of Council services and for many purposes, a number appear to relate to Children’s Services and child assessments. During this 2 year period, translation to the following languages was carried out:

1. Albanian
2. Arabic
3. Bengali
4. Bulgarian
5. Cantonese
6. Chinese
7. Croatian
8. Czech
9. French
10. German
11. Gujarati
12. Hindi
13. Hungarian
14. Kurdish
15. Latvian
16. Lithuanian
17. Mandarin
18. Polish
19. Portuguese
20. Punjabi
21. Romanian
22. Russian
23. Slovakian
24. Slovenian
25. Sorani
26. Spanish
27. Swahili
28. Urdu
29. Vietnamese
The usage of interpretation services by all directorates of North East Lincolnshire Council and provided by WB Words Ltd are detailed in Table 9 to 13. Translation and interpretation services are commissioned centrally by North East Lincolnshire Council, however it is known that there have been instances of Council services inadvertently accessing interpreting services separately via another route, and the extent of this is unknown, however the Health Visiting service is an example as detailed in Section 7.3.6. North East Lincolnshire Council do not commission any telephone based interpretation services such as Language Line or Big Word.

Table 9 North East Lincolnshire Council translation costs and interpretation costs and hours, 2009 - 12

<table>
<thead>
<tr>
<th>Language</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written Translation (£)</td>
<td>£3818</td>
<td>£7974</td>
<td>£1843*</td>
</tr>
<tr>
<td>Verbal Interpretation (£)</td>
<td>£4900</td>
<td>£4995</td>
<td>£7360^</td>
</tr>
<tr>
<td>Verbal Interpretation (hours)</td>
<td>98</td>
<td>111</td>
<td>184^</td>
</tr>
</tbody>
</table>

Source: North East Lincolnshire Council
* April to November 2011, ^ April 2011 to March 2012 block purchase

There appears to have been a considerable increase in demand for interpretation, which in turn may have contributed to the reduction in demand for written translation.

Funding of around £11,000 equating to approximately 300 hours of usage has been planned for 2012/13 subject to authorisation. Due to organisational changes, funding from April 2012 is unclear. The Principal Equality & Diversity Officer post that oversees the corporate approach and commissioning of these services will be deleted at the end of March 2012.

Table 10 Languages requiring translation services by North East Lincolnshire Council, 2009 -12

<table>
<thead>
<tr>
<th>Language</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arabic</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Bengali</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Bulgarian</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Czech</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Filipino</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>French</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Gujarati</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hindi</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kurdish</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Latvian</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Lithuanian</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Polish</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Portuguese</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Punjabi</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Romanian</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Russian</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Slovak</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Slovenian</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Tamil</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urdu</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vietnamese</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: North East Lincolnshire Council
* April to November 2011
Table 11  Languages requiring interpreting services (number of requests) by NE Lincolnshire Council, 2009 - 12

<table>
<thead>
<tr>
<th>Language</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albanian</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arabic</td>
<td></td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Bengali</td>
<td>11</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>Bulgarian</td>
<td>5</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Chinese</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Czech</td>
<td>9</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Dari</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Farsi</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>French</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Kurdish</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latvian</td>
<td>3</td>
<td>5</td>
<td>19</td>
</tr>
<tr>
<td>Lithuanian</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Polish</td>
<td>6</td>
<td>14</td>
<td>19</td>
</tr>
<tr>
<td>Portuguese</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Romanian</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Russian</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Slovak</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tamil</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Turkish</td>
<td>6</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Urdu</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Vietnamese</td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

Source: North East Lincolnshire Council
* April to November 2011

Additional information regarding the number of hours of interpretation required, revealed that during 2009/10, the language that required the most hours of interpretation was Czech (44 hours), and that during 2010/11, the languages that required the most hours of interpretation were Polish (22 hours), Romanian (22 hours), Bengali (17 hours), and Bulgarian (17 hours). A comparison of all the language demands between 2009/10 and 2010/11 are shown in Figure 18.

The minimum interpretation session is 1 hour and it has been identified that appointments often last less than this time, therefore the Council recommends that the remaining allocated time is used for the service to understand more about the client’s culture and circumstances.

North East Lincolnshire Council have identified that WB Words are unable to supply female interpreters for Kurdish, Portuguese, and Latvian languages, however WB Words are currently sourcing appropriate qualified interpreters. The Council are currently trying to ensure a client is matched with an appropriate interpreter e.g. gender and age.

North East Lincolnshire Council use ‘point to’ signs at their customer access points, whereby clients point to their language and staff are then able to obtain a pre-prepared form in the relevant language for the client to complete.
Language Line (2011) is a telephone interpretation service. A local contract is in place to meet the needs of communicating with clients that speak little or no English for staff working for North East Lincolnshire Care Trust Plus, GPs, dentists, opticians, and health centres. It is likely that the service is under used and anecdotal evidence suggests that some GPs and other services use family members to translate which is not encouraged and can be considered inappropriate in certain circumstances, and any services that have a dependence on patients to bring their own ‘interpreter’ including children is unethical. The usage of Language Line during 2010-11 is shown in Figure 19, and shows that the predominant languages required are Polish, Czech, Slovakian, and Romanian.
There can be uncertainty regarding the availability of and **appropriate use of interpreters** and there remains a **training need** around the inappropriate use of family and friends and the limitations of online translation e.g. Google Translate.

WB Words Ltd (WB Words, 2011) is a company based in Grimsby that provides a comprehensive set of language services including face to face interpretation, and has been used by the North East Lincolnshire Council, North East Lincolnshire Care Trust Plus, mental health, and adult social care. Prior to using WB Words, HITS (Hull Interpreting & Translation Service) was used by the health sector. HITS have predominantly been used by Open Minds and also by individual GP practices on an occasional basis (during the period 05/2010-02/2011 it has been used on 4 occasions by GPs). The availability of these services has been publicised to GP practice managers to raise their awareness, however interpreting services appear to be under used. There may be some instances of GPs having used ‘Google Translate’ rather than Language Line which is available to use.

NLAG use The Big Word (The Big Word Group, 2011) for telephone interpreting and Crosby Employment (Crosby Employment Bureau, 2011) for face to face interpretation.

**Focus groups and communication**

The availability and experience of interpretation services was a major topic of discussion in the focus groups. Many instances were reported of participants either interpreting for friends and family at appointments, or of family and friends interpreting for them. Whilst services are in place for interpretation and these should be used, often it appeared that there was **little awareness of the availability of these services among participants** and many reported that they were content with taking friends to appointments to help them. **The use of children as interpreters was also reported.**
Focus Group Comments:

“I have helped interpret for friends at the GP and at the hospital ….. also at the bank and with the police.”

“It would help if my wife could speak English ….. Currently looking to get her enrolled onto an ESOL course.”

“I often interpret for friends and family ….. at doctors, dentist, and for Council appointments.”

“I interpret for free as I am happy to help my friends ….. but I know ….. some people who charge for interpreting.”

“I have been offered an interpreter.”

“Doctors sometimes have accents (themselves) which makes understanding English difficult.”

“GP is ***** (nationality) so we struggle to understand each other.”

“I have struggled to understand at GP appointments ….. took a dictionary to help.”

“My GP has attempted to use language Line before but couldn’t get it to work.”

“I have been offered an interpreter (at GP) but I usually take a family member or friend to interpret as I feel more confident with them interpreting for me ….. and I am not offered an interpreter every time.”

“I was told to bring a friend (to the GP appointment) who speaks good English to interpret.”

“Services (interpreting) are there but they are hidden as they are not advised.”

“Some people don’t feel able to ask for interpreting (when not offered).”

“Some people take their children to interpret.”

“I am sometimes offered an interpreter at the hospital.”

“I do not need an interpreter as my English is good ….. neither do most of my friends.”

Few focus group participants had received written information in their own language. For those that had received information, this had been from a number of sources.

Focus Group Comments:

“I have received information from York Housing Association.”

“Yes (received information in own language) from Barnardo’s.”

“Some information given to me at the hospital and by my GP.”

“I have received information in Polish from work as there are a lot of Polish (workers).”

“Information from the Council in my own language.”

“I have seen leaflets which state they can be translated into other languages.”

“Seen national flag (on point to chart).”
Discussions took place regarding the information that would be of most use for migrants to have in their own language. There was a general consensus that **certain key information around procedures, locations of services and how to access these are needed upon arrival** to the area.

### Focus Group Comments:

“Simple steps ..... NHS process is very different (to country of origin health system).”

“Need information when arriving in an area.”

“Welcome sheet ..... housing ..... school information ...... where are doctors.”

“Key information.”

“How to register with a GP and a dentist.”

“Information on interpretation services.”

These discussions continued to explore the best methods for services to convey key information. No participants reported seeing the ‘Welcome to North East Lincolnshire – A guide to working and living in North East Lincolnshire’ document during the discussions. A number of suggestions were made with several around an information pack when registering with a GP.

### Focus Group Comments:

“Leaflets at housing office ..... Post Office ..... and A&E.”

“Places like Open Door.”

“GP surgery ..... give you a leaflet when you register.”

In addition anecdotal evidence from stakeholders suggests there are instances of professionals guessing a client’s ethnicity or making assumptions as to their ethnicity.
8 Results

8.1 Stakeholder Survey

The online stakeholder survey received 109 responses highlighting useful elements and the multidimensional levels of experience relating to migrant health issues in NE Lincolnshire. The number of responses received indicated a good organisational spread as well as a respectable response rate given the relatively small geographical area of NE Lincolnshire (Figure 20). The highest response counts came from the Primary Care (n=31) and Local Authority sectors (n=28).

Figure 20 Stakeholder sector/ organisation distribution

<table>
<thead>
<tr>
<th>Sector/ Organisation</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>31</td>
</tr>
<tr>
<td>NELC</td>
<td>28</td>
</tr>
<tr>
<td>Education</td>
<td>12</td>
</tr>
<tr>
<td>Voluntary Sector</td>
<td>9</td>
</tr>
<tr>
<td>Social Enterprise</td>
<td>9</td>
</tr>
<tr>
<td>NLaG</td>
<td>4</td>
</tr>
<tr>
<td>Housing Sector</td>
<td>4</td>
</tr>
<tr>
<td>Fire and Rescue</td>
<td>4</td>
</tr>
<tr>
<td>Police</td>
<td>3</td>
</tr>
<tr>
<td>Private Sector</td>
<td>2</td>
</tr>
<tr>
<td>Health Protection Agency</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td>Ambulance Service</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: NELCTP Migrant Health Stakeholder Survey 2011

The survey asked respondents whether or not their service/ organisation provided services specifically for migrants and if yes, they were asked to identify what this service was. 46.2% (n=49) indicated that their service/ organisation provided services specifically for migrants. Further analysis of the text responses showed that support provided by services ranged from generic support services for migrants accessing services (i.e. language provision) to migrant specific support services designed (i.e. asylum seeking support, migrant housing support).

Respondents were asked to describe any general concerns which their organisation has identified when delivering services to migrants locally. The 55 responses to this question highlighted 89 individual concerns which were further categorised for ease of analysis to 15 concern themes (See Figure 21). It was clear that language (n=25) and interpretation (n=9) provided for migrants were the biggest concerns for service providers. Similarly providers highlighted that quality (n=7) and access (n=6) to services as well migrant expectations of the NHS (n=5) were also a cause for concern.
Figure 21. **Stakeholder identified concerns for service delivery to migrants**

<table>
<thead>
<tr>
<th>Service provider concerns</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language</td>
<td>25</td>
</tr>
<tr>
<td>Interpreters</td>
<td>9</td>
</tr>
<tr>
<td>Education</td>
<td>7</td>
</tr>
<tr>
<td>Access to services</td>
<td>7</td>
</tr>
<tr>
<td>Lack of migrant data</td>
<td>6</td>
</tr>
<tr>
<td>Migrant expectations of NHS</td>
<td>6</td>
</tr>
<tr>
<td>Cultural differences</td>
<td>5</td>
</tr>
<tr>
<td>Mental Health</td>
<td>4</td>
</tr>
<tr>
<td>Medical Records</td>
<td>4</td>
</tr>
<tr>
<td>Immunisation</td>
<td>3</td>
</tr>
<tr>
<td>Knowledge/Entitlement to...</td>
<td>3</td>
</tr>
<tr>
<td>Employment</td>
<td>3</td>
</tr>
<tr>
<td>Appointment non-attendance</td>
<td>2</td>
</tr>
<tr>
<td>Others</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: NELCTP Migrant Health Stakeholder Survey 2011

Figure 22 shows what local services/organisations believe to be the **greatest health issues** for migrant populations in NE Lincolnshire. **Incomplete immunisation** (57%), **domestic abuse** (56%) and sexual health (53%) were rated as the more significant health issues. Health issues which respondents rated as minor health issues included infant/child/young person health (56%), smoking (51%) and mental health (51%). Other free text responses identified by stakeholders included unidentified learning disabilities, occupational health problems and general health conditions (e.g. diabetes).
Stakeholders were asked what they considered to be the wider issues affecting the health of migrants living in NE Lincolnshire (see Figure 23). Stakeholders indicated that the **most significant issue affecting health was the language and interpretation problems** (81%), followed by income and poverty (71%), education and skills (68%), and confusion over entitlement to services (63%). However the majority of the wider issues were highlighted as significant issues by the stakeholders. Participants felt the minor issues were predominantly registering with GP’s (52%) and transport to services (48%). Stakeholders also specified in “other” that there are significant issues for migrants being unable to register with a dentist and a lack of engagement from migrants.
Figure 23 Wider health issues affecting migrants as identified by stakeholders

Source: NELCTP Migrant Health Stakeholder Survey 2011
The survey asked what barriers stakeholders experienced when providing services for migrants locally (see Figure 24). The most **prevailing barrier was confusion over entitlement to services** (58% stated “yes”). Stakeholders suggested that there are relatively little barriers for migrants around delays in accessing appointments and reluctance from employers/employees (83% & 71% respectively stated “no”).

**Figure 24  Stakeholders barriers to commissioning and providing for services for migrants**

<table>
<thead>
<tr>
<th>Organisational Barriers</th>
<th>Confusion over entitlement to services</th>
<th>Access to interpreting services</th>
<th>Funding insecurities</th>
<th>Commissioning priorities &amp; other targets</th>
<th>Reluctance from employers/employees</th>
<th>Delays in accessing appointments</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>41.79%</td>
<td>55.71%</td>
<td>56.92%</td>
<td>67.24%</td>
<td>70.59%</td>
<td>83.33%</td>
</tr>
<tr>
<td>Yes</td>
<td>58.21%</td>
<td>44.29%</td>
<td>43.08%</td>
<td>32.76%</td>
<td>29.41%</td>
<td>16.67%</td>
</tr>
</tbody>
</table>

Source: NELCTP Migrant Health Stakeholder Survey 2011

Figure 25 shows what methods of translation stakeholders would use in order to communicate information to a migrant who couldn’t speak English. The most popular response was to arrange a face to face interpreter \((n=76)\), followed by use a family member/ friend \((n=61)\) and use a telephone based service \((n=60)\). Approximately 40% of stakeholders indicated that they would use an online translator \((n=42)\). Other responses \((n=8)\) identified that they would use pictures to help communicate as well as highlighted that their preferred method of communication would be to arrange an interpreter but are unable to do so due to funding.

**Figure 25  Stakeholders preferred methods of communicating information to migrants**

<table>
<thead>
<tr>
<th>Question 8. If you needed to provide information in another language what would you do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrange a face to face interpreter</td>
</tr>
<tr>
<td>Use a family member/ friend</td>
</tr>
<tr>
<td>Use a telephone based interpreter</td>
</tr>
<tr>
<td>Use written information</td>
</tr>
<tr>
<td>Use a staff member who speaks English</td>
</tr>
<tr>
<td>Use an online translator</td>
</tr>
<tr>
<td>Other (please specify)</td>
</tr>
<tr>
<td>Not applicable</td>
</tr>
</tbody>
</table>

Source: NELCTP Migrant Health Stakeholder Survey 2011
Key Messages from Stakeholder Survey

Communication

1. Nearly half of respondents indicated that their organisation/service provided services specifically for migrants e.g. language support
2. Language is the biggest cause for concern when delivering services for migrants
3. Stakeholders report concerns regarding interpretation and language support for migrants
4. Arranging a face to face interpreter was the most popular choice for stakeholders when needing to communicate with a migrant in their own language, however there is increasing usage of telephone interpreting services. The use of family members and the use of online translators were also common methods.

Health

5. Stakeholders believe the biggest health concerns for migrants are incomplete immunisations, domestic abuse and sexual health
6. Stakeholders felt that migrants do not have problems registering with GPs.

Services

7. Nearly 60% of respondents said migrants had confusion over the entitlement to services they could access.

8.2 Health Status Survey

The online and paper version of the migrant health status survey received 53 responses in total. One response was deleted due to being incomplete which left 52 responses for analysis.

Demographics

Table 12 Number of migrants in each age group by sex

<table>
<thead>
<tr>
<th>Age</th>
<th>Male Count</th>
<th>Male %</th>
<th>Female Count</th>
<th>Female %</th>
<th>Total Count</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td>0</td>
<td>0.0%</td>
<td>3</td>
<td>5.8%</td>
<td>3</td>
<td>5.8%</td>
</tr>
<tr>
<td>18-24</td>
<td>4</td>
<td>7.7%</td>
<td>3</td>
<td>5.8%</td>
<td>7</td>
<td>13.5%</td>
</tr>
<tr>
<td>25-34</td>
<td>9</td>
<td>17.3%</td>
<td>11</td>
<td>21.2%</td>
<td>20</td>
<td>38.5%</td>
</tr>
<tr>
<td>35-44</td>
<td>3</td>
<td>5.8%</td>
<td>6</td>
<td>11.5%</td>
<td>9</td>
<td>17.3%</td>
</tr>
<tr>
<td>45-54</td>
<td>3</td>
<td>5.8%</td>
<td>5</td>
<td>9.6%</td>
<td>8</td>
<td>15.4%</td>
</tr>
<tr>
<td>55-64</td>
<td>3</td>
<td>5.8%</td>
<td>2</td>
<td>3.8%</td>
<td>5</td>
<td>9.6%</td>
</tr>
<tr>
<td>65+</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>42.3%</td>
<td>30</td>
<td>57.7%</td>
<td>52</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: NEL Migrant Health status survey 2011

Females responding to the survey made up 57.7% (n=30) of the total response count. Table shows that the majority of survey respondents were between the ages of 25 and 34 (38.5% n=20) and there were no responses from any migrants over the age of 65. The most predominant sex and age demographic completing the survey were females aged 25-34 (21.2% n=20).

Country of Origin and Living in the UK

Migrants responding to the survey were from 13 different countries including Iran, Kenya, Vietnam, Russia and Japan. The most common countries of origin for participants of the survey were Latvia (20%), Poland (20%), Romania (20%) followed by Iraq (13.3%).
When asked what the reason for coming to the UK only 19 responses were received. However of these 19 responses 36.8% (n=7) stated work, 36.8% (n=7) stated family/friends and 15.8% (n=3) stated refuge. “Other” responses for reasons for coming to the UK included “marriage”.

The majority of the migrants who responded to the survey indicated that they lived in the UK for less than 5 years (53% n=25) and of these 20% (n=5) had lived in the UK for less than a year. However a significant proportion had also lived in the UK for 5 to 9 years (27.7% n=13) and more than 10 years (19.1% n=9).

Most migrants surveyed suggested that they planned on staying in the UK permanently (64.6% n=31) whereas 22.9% (n=11) were unsure how long they planned on staying in the UK for. Only 1 (2.1%) survey respondent had stated they planned on staying in the UK for a short period of time (1 to 2 years).

**Language**

Latvian (22%), Polish (22%) and Romanian (22%) were the most common languages among the migrants who were surveyed. Kurdish was the next most common language with 17% (n=7). Altogether 12 different languages were identified in the survey including French, Swahili, Japanese, and Russian. Although 52 responses were received only 41 gave a response for what their first language was.

Nearly 63% (n=30) of participants stated that their level of spoken English was of “good” or “very good” standard and 25% (n=12) stated their spoken English was “poor” or “very poor”. 71% (n=35 of migrants said they had received English lessons in the past with close to 70% of migrants having received English lessons at GIFHE or Franklin College.

**Religion**

Migrants who responded to the survey followed a broad mix of religions. The most predominant religion was Islam (26.3% n=10) followed by Catholic (23.7% n=9) and Orthodox (18.4% n=7). Only 38 responses were received for this question which indicates approximately 25% of migrants chose not to answer the question on religion. 21% (n=8) of migrants stated that they had no religion.

**Health and Health Services**

Over 92% (n=48) of surveyed migrants stated that their health was “good” (56%) or “very good” (37%). No migrants responding stating their health was “bad” or “very bad”.

Nearly 90% (n=46) of respondents stated that they were registered with a GP whereas only 42% (n=23) of migrants said they were registered with a local dentist. 58% (n=30) had never used the accident and emergency department at Grimsby hospital and 16% (n=8) of respondents did not know the telephone number to call in an emergency.

**Focus Group Comment:**

“You can call 999 for general information can’t you?”

**Tobacco and Alcohol Use**

Approximately a third of migrants (n=17) indicated they smoked and of those who smoked 86% (n=13) smoked less than 20 cigarettes a day. Only 2 (3.8%) migrants who responded to the survey stated that they smoked more than 21 cigarettes a day.
Figure 26  Health status survey – Migrant Alcohol Consumption

How often do you drink alcohol?

Source: NEL Migrant Health status survey 2011

Survey participants were asked how often they drank alcohol. Figure 26 shows that only 24% (n=12) of migrants drink alcohol on a regular basis with the majority of respondents 44% (n=22) drinking alcohol “only on special occasions”. Figure 26 also shows that 32% (n=16) of the migrants surveyed “never” drink alcohol.

Figure 27  Health status survey – Feeling safe in NE Lincolnshire

How safe do you feel in North East Lincolnshire during the...?

Source: NEL Migrant Health status survey 2011

Migrants were asked how safe they felt during the day and during the night in NE Lincolnshire. Figure 27 shows that most migrants felt very safe or fairly in NE Lincolnshire in both the day and night (Day- 85% n=44; Night- 65% n=34). Only very small numbers of migrants felt fairly unsafe or very unsafe in NE Lincolnshire during the day (6% n=3).

Employment

85.4% (n=41) of all participants stated that they had been in employment since living in the UK, of which 24% (n=10) where currently out of employment. The majority of migrants who were in
employment, worked between 1 and 40 hours (54% n=22) and 22% (9) worked more than 40 hours a week. Nearly 27% (n=11) of migrants surveyed had found employment in the UK prior to moving to the UK and of these 18% (n=2) had paid for someone to find them employment in the UK. 23.3% (n=7) of migrants currently worked through an agency. 73% (n=35) stated that they had a National Insurance number compared to 27% (n=13) who did not.

Responses to the current occupation and occupation prior to moving the UK were categorised into 8 profession fields as shown in Figure 28. Nearly half of all migrants (46.7% n=14) who responded to the occupation question (n=30), were categorised as unskilled manual workers for their current occupation whereas only 8% (n=2) were categorised as within this profession prior to moving to the UK. Skilled manual and migrants in education accounted for 44% (n=11) of professional status prior to moving to the UK whereas none of the migrants stated these as their current profession. More migrants were currently in a professional job (20% n=6) compared to 12% (n=3) of migrants in a professional job before moving to the UK.

Figure 28 Health status survey – Migrant prior to moving to the UK and current occupations categorised by profession

Source: NEL Migrant Health status survey 2011

Accommodation

Figure 29 shows that the most common form of accommodation for migrants living in NE Lincolnshire was renting from a private landlord (52% n=25). However 21% (n=10) and 17% (n=8) of migrants owned their own home and rented from a housing association respectively. “Other” response included “salvation army” and “live with a friend”. 
34% (n=16) of the migrants surveyed live with 3 other people in their accommodation. Instances of up to 12 people living in a single accommodation were also noted. The majority of migrants live with family (75% n=36) and small numbers live with friends (10.4% n=5) and on their own (12.5% n=6).

Social

The migrants surveyed indicated the local facilities which they use are the cinema (46% n=22), library (44% (n=21) and leisure/sport centre (33.3% n=16). “Other” responses included “church”, “childrens centres” and “harbour place”.

Migrants were asked what they felt would the most effective way of getting information to them. 64.6% (n=31) suggested the most effective way was through using “websites”, 41.6% (n=20) felt “post” was also effective as well as “email” (33.3% n=16) and the “local newspaper” (27.1% n=13).
Conclusions from the Health Status Survey

It is apparent from the limited response rate that was difficult to obtain a significant sample size of responses for the health status survey. However, there are a few clear messages that can be obtained from the data analysis from the limited responses received.

Health

1. Most of the migrants surveyed believe their health is good and are registered with a GP
2. Less than half of all migrants surveyed are not registered with a dentist.

Employment

3. A large percentage of migrants surveyed are currently in employment and a substantial proportion work unskilled manual jobs.

Education

4. A considerable proportion of migrants surveyed access ESOL classes through further and higher education providers in NE Lincolnshire.

Other

5. The majority of migrants surveyed have lived in the UK for less than 5 years and plan to stay in the UK permanently
6. A large proportion of survey respondents were from Eastern European countries.

It is unclear why the uptake of the health status survey was low considering the relatively large migrant population present in NE Lincolnshire. Given the level of dissemination and advertisement, it was expected that more responses would be received in an effort to generate a significant sample size. Possible reasons for lack of uptake are as follows:

- Hard to reach migrants – a large proportion of hard to reach migrants living in NE Lincolnshire who do not access any health or other services and will not have had an opportunity to complete the survey
- Reluctance to complete survey – migrants not willing to complete the survey for reasons such as not wanting to make authorities aware of their presence (as described below)
- Language difficulties – the survey was only provided in the 5 most prevalent languages in NE Lincolnshire, as indicated by data sources, which will not have been sufficient for all migrants in NE Lincolnshire

Statement from local church congregation leader:

“A few years ago many migrant workers needed help because they found themselves in a strange place with little knowledge of language and customs. However, they are now well established and those who have stayed here help each other. They often seem to understand the ‘system’ better than we do ourselves!

People who have travelled here to work have plenty of initiative in the first place and those who couldn’t settle have often returned home. While there may obviously be the usual human problems and crisis, they tend to be a hardy people, better able than many to deal with hardship.

We find a certain mistrust of authority, especially amongst those from ex-communist state, and an unwillingness to fill in forms! They also ask the relevant question “Why?”

A few have filled in the survey but here has been no feedback from the Polish community, who tend to be very independent and mutually supportive.”
9 Conclusion and Recommendations

This health needs assessment for migrants has brought together a range of available data as well as collecting new data to provide information to inform the efforts of the partnership to improve the health and wellbeing of migrants living and working in NE Lincolnshire.

The study has demonstrated the changing demography of the local population and confirmed that the extent and impacts of this change has not been fully understood. The report has pulled together intelligence from across the partnership to provide a ‘big picture’ of activity that is supporting migrants and to try to comprehend that size and nature of the migrant population being served. Much needs to be done to ensure better recording to improve the information on local demography, which should then be used to forecast future needs and service requirements to inform commissioning.

Considerable good practice has been identified and highlighted during the study, however a range of unmet needs, lack of service awareness, and gaps in service provision have also been determined. Some of these are not unique to migrants e.g. success to NHS dentistry. Stakeholders and migrants had different perceptions of need except for communication issues.

The recommendations from this study are as follows:

For all organisations

1. Ensure all health professionals understand how to access translation and interpretation services
2. Work to improve the recording of ethnicity across all organisations
3. Ensure there is coordination of migrant support services across organisations which will enable signposting and prevent duplication.
4. Create a central repository of information that has already been translated into other languages so that it is readily available across organisations
5. Proactively ensure migrant service users are aware of language support services available
6. Ensure third sector organisations have access to interpreting and translation services
7. Discourage the practice of children and others interpreting for family members or friends
8. Facilitate workshops to disseminate good practice around the use of interpreting and translation services and how to communicate to people whose first language is not English.

Specific to individual service providers/organisations

Health services

9. Increase the understanding of health care workers regarding different cultural practices of migrants e.g. death and breastfeeding
10. Improve migrants understanding of UK healthcare systems and practices e.g. referral process to secondary care and specialist services
11. Ensure clear explanations of health care pathways and the services available in NE Lincolnshire are effectively communicated to new migrants.

Primary Care (e.g. GP practices and dentists)

12. Improve the understanding of migrants of UK healthcare systems and practices e.g. registration and the prescription of certain drugs e.g. antibiotics
13. Include the ability to record the first language of a patient on electronic clinical records (e.g. SystmOne)
14. Reduce the disparity of access to interpreting services between GP practices
15. Publicise the availability of the out or hours GP service and how this is accessed
16. Ensure there are sufficient GP appointment slots to cater for patients who work shifts and may find attending appointments during core hours difficult
17 Ensure HPA guidance regarding the vaccination of individuals with uncertain or incomplete immunisation status is communicated and followed by healthcare staff.
18 Continue work to improve access to NHS dentistry services.

NLaG (Northern Lincolnshire & Goole Hospitals NHS Foundation Trust)

19 To record the breakdown of language/departmental use of interpreting services, to assess language and support needs.
20 To raise awareness of their Interpreting and Translation Service Policy among staff.
21 To explore ways to improve the quality of ethnicity recording of A&E and outpatient patients.
22 To ensure maternity services staff communicate to the health visiting team which women have communication needs and therefore require an interpreter.

North East Lincolnshire Council

23 Update the ‘Welcome to North East Lincolnshire – A guide to working and living in North East Lincolnshire’ documents, which are published on the North East Lincolnshire Council website. These guides should be used as a key information source for migrants and information from other agencies should be included. The updated guides should be widely promoted. The guides should be more prominent on the North East Lincolnshire Council website and other organisation websites should contain links to the guides.
24 To clarify funding provision for interpreting and translation services post April 2012. To clarify the management of these services as the post that oversees the corporate approach and commissioning of these services will be deleted at the end of March 2012.
25 To review ESOL provision to ensure ESOL classes are available, affordable, and at times convenient for migrants who work.
26 There is currently no provision for Travellers within NE Lincolnshire, therefore the feasibility of providing a designated area for Travellers arriving in NE Lincolnshire should be explored.

Administration

27 Organisations to contribute to the ONS consultation regarding the production of population data instead of a census in the future. Organisations should highlight the migration data they want to continue being collected, and also to suggest other migration data that would be useful for planning services.

The future in a changing health and social landscape
This health needs assessment and the recommendations were undertaken prior to new structures and organisations being implemented from the 1st April 2012. In addition continuing financial constraints of organisations and wider society will also affect developments. However the current and changing needs of migrants in NE Lincolnshire need to be kept under review as part of the NE Lincolnshire Joint Strategic Needs Assessment (JSNA) process.
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Language Line (2011) Why are Interpreting and Translation Services so important to the NHS? Last accessed November 2011 at www.languageline.co.uk/page/industry_healthcare/

Migration Observatory (2011) *The Migration Observatory at the University of Oxford.* [online] Last accessed June 2011 at http://migrationobservatory.ox.ac.uk/


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## Terminology used when referring to Migrants

<table>
<thead>
<tr>
<th>Name/Label</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A10 Migrant</strong></td>
<td>A person from the A10 countries that joined the EU (European Union) in May 2004, including the A8, Cyprus and Malta. The A10 includes Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia and Slovenia.</td>
</tr>
<tr>
<td><strong>A2 Migrant</strong></td>
<td>A person from the A2 countries that joined the EU (European Union) in January 2007. The A2 members are Bulgaria and Romania.</td>
</tr>
<tr>
<td><strong>A8 Migrant</strong></td>
<td>A migrant from the A8 countries that joined the EU (European Union) in May 2004. These countries are: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia. The A8 are all members of the A10.</td>
</tr>
<tr>
<td><strong>Asylum Seeker</strong></td>
<td>A person who has applied for protection under the UN Convention and is awaiting a decision on this application (including those who are at different appeal stages).</td>
</tr>
<tr>
<td><strong>Cyprus and Malta</strong></td>
<td>A person from Cyprus and Malta that joined the EU (European Union) in May 2004. Cyprus and Malta are members of the A10.</td>
</tr>
<tr>
<td><strong>Detained Asylum Seeker</strong></td>
<td>A person who is detained during the asylum process. This usually occurs as part of the ‘fast point– A person who is detained during the asylum process. This usually occurs as part of the ‘fast-track’ process.</td>
</tr>
<tr>
<td><strong>Detained Refused Asylum Seeker</strong></td>
<td>A refused asylum seeker who is detained. This is usually prior to deportation.</td>
</tr>
<tr>
<td><strong>Discretionary Leaver</strong></td>
<td>A person who receives leave to remain in the UK as a refugee, granted if a person does not meet the strict criteria of the UN Convention, but for reasons including family reasons and medical cases.</td>
</tr>
<tr>
<td><strong>Dispersed Asylum Seeker</strong></td>
<td>An asylum seeker receiving housing in dispersal accommodation and subsistence (financial) support. This is officially called Support Section 95</td>
</tr>
<tr>
<td><strong>EEA Migrant</strong></td>
<td>A person from countries that are members of the EEA (European Economic Area) which includes the EU plus Iceland, Liechtenstein and Norway. The members of the EEA are Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom. Switzerland, although not actually a member of the EEA, is often also included in policies applying to EEA members.</td>
</tr>
<tr>
<td><strong>EU 15 Migrant</strong></td>
<td>A person from the 15 countries that were EU (European Union) members before the EU Accession countries joined in 2004 and 2007. The EU Spain, Sweden, United Kingdom.15 includes Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal,</td>
</tr>
<tr>
<td><strong>EU Accession Migrant</strong></td>
<td>A person from one of the countries that joined the EU (European Union) in 2004 (A10) and 2007 (A2). The accession countries are Lithuania, Malta, Poland, Romania, Slovakia and Slovenia. Bulgaria, Cyprus, Czech Republic, Estonia, Hungary, Latvia,</td>
</tr>
<tr>
<td><strong>EU Migrant</strong></td>
<td>A person from an EU (European Union) member state, including the EU 15 and the EU Accession countries. The 27 EU states are Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom.</td>
</tr>
<tr>
<td><strong>EU Student</strong></td>
<td>A student from the EU (European Union). This often also refers to people from the EEA (and Switzerland) who have similar rights as members of the EU to financial support.</td>
</tr>
<tr>
<td><strong>Exceptional Leave to Remain</strong></td>
<td>A person receiving leave to remain as a refugee, granted if the person does not meet the strict criteria of the UN Convention. It was replaced in 2003 by Humanitarian Protection and Discretionary Leave.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Family Migrant</td>
<td>A person who has come to the UK to join a member of their family, and given a right to live in the UK. This term does not normally apply to EU migrants as they are able to enter the UK in their own right, nor does it normally apply to the family of refugees who are given the same status as the person they are joining, and therefore also classed as refugees.</td>
</tr>
<tr>
<td>Highly Skilled Migrant Worker</td>
<td>A person who has entered and can work in the UK under ‘Tier 1’ of the ‘points-based system’ (introduced earlier in 2008). This applies to a person who is seeking highly skilled employment in the UK or are self-employed or setting up a business.</td>
</tr>
<tr>
<td>Humanitarian Protection</td>
<td>A person who receives leave to remain in the UK as a refugee, granted if a person does not meet the strict criteria of the UN Convention but faces a real risk of serious harm.</td>
</tr>
<tr>
<td>Iceland, Liechtenstein, Norway (and Swiss)</td>
<td>EEA migrants who are from countries that are not members of the EU. This applies to the following EEA members: Iceland, Liechtenstein and Norway. Switzerland is often also included in policies applying to EEA members.</td>
</tr>
<tr>
<td>Indefinite Leave to Remain</td>
<td>A person who receives leave to remain in the UK as a refugee, granted for a number of reasons including programmes to clear backlogs in the asylum system (such as ‘Family ILR Exercise’ and ‘Case Resolution’).</td>
</tr>
<tr>
<td>Induction Asylum Seeker</td>
<td>An asylum seeker receiving who is in Initial Accommodation (Induction Centre), before being dispersed. This is officially called Section 98 Support.</td>
</tr>
<tr>
<td>International Student</td>
<td>A person from outside the UK, who is a student in the UK.</td>
</tr>
<tr>
<td>Low Skilled Migrant</td>
<td>A person who has entered and can work in the UK under ‘Tier 3’ of the ‘points based system’</td>
</tr>
<tr>
<td>Migrant</td>
<td>A person who leaves one country and resides in another. In the UK this refers to all people who have entered and live in the UK (immigrants). In Yorkshire and Humber, the working definition of ‘migrant’ includes all groups in the diagram on page 7.</td>
</tr>
<tr>
<td>Migrant Worker</td>
<td>A person who has left their country of origin to work in another. In the UK, this includes people entering as EEA migrants and those part of the new points based system.</td>
</tr>
<tr>
<td>Migration</td>
<td>The movement of people between different countries. In the UK this is often used in the context of all migrants coming to live in the UK (immigrants).</td>
</tr>
<tr>
<td>Non EEA</td>
<td>EEA migrant workers will enter the UK under the points based system</td>
</tr>
<tr>
<td>Non EU</td>
<td>EU students enter and can study in the UK under ‘Tier 4’ of the ‘points based system’</td>
</tr>
<tr>
<td>Points Based System</td>
<td>New system for migrants from outside of the EEA, to work train or study in the UK. The points-based system contains five tiers which have different conditions, entitlements and entry-clearance checks. There is a points-based assessment to decide if a person qualifies. The five Tiers are: (1) highly skilled migrants, (2) skilled migrants, (3) low skilled migrants, (4) students and youth mobility and (5) temporary workers.</td>
</tr>
<tr>
<td>Refugee Status</td>
<td>A person who has been given leave to remain in the UK as a refugee due to meeting the criteria in the UN Convention.</td>
</tr>
<tr>
<td>Refused Asylum Seeker</td>
<td>A person who was previously an asylum seeker, whose claim for protection and subsequent claims and appeals have been refused, with all appeal rights exhausted (ARE). They are also sometimes referred to as failed asylum seekers. This includes people who are on Section 4 Support and people who are ‘destitute’.</td>
</tr>
<tr>
<td>Section 4 Refused Asylum Seeker</td>
<td>A refused asylum seeker who accesses Section 4 Support. This consists of housing and (subsistence) vouchers.</td>
</tr>
<tr>
<td>Skilled Migrant Worker</td>
<td>A person who has entered and can work in the UK under ‘Tier 2’ of the ‘points based system’</td>
</tr>
<tr>
<td>Subs Only Asylum Seeker</td>
<td>An asylum seeker who accesses ‘Subsistence Only Support’. This is subsistence (financial) support without housing.</td>
</tr>
<tr>
<td>Trafficked Person</td>
<td>A person who is a victim of Human Trafficking, and in this context moved from another country to the UK. The UN defines trafficking in or receiving of payments for persons as “the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, benefits to achieve the consent of a person having control over another person, for the purpose of exploitation”12.</td>
</tr>
</tbody>
</table>
**Undocumented Migrant**
A person who does not have a valid immigration status either through entering the UK without permission, or because they entered under another status and have stayed beyond the period of time allowed.

**Unsupported Asylum Seeker**
An asylum seeker who does not access any housing or subsistence (financial) Support

**Youth Mobility and Temporary Worker**
A person allowed to work in the UK for a limited period of time to satisfy primarily non

Source: Migration Yorkshire 2010

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**Appendix 2  List of Routinely available Administrative data sources**

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Census</strong></td>
<td>Not great at a local level but can present an indication of numbers in an area, though it does not capture the children</td>
</tr>
<tr>
<td><strong>Pupil Level Annual School Census (PLASC)</strong></td>
<td>Ethnicity and Mother tongue are recorder not nationality</td>
</tr>
<tr>
<td><strong>International Passenger Survey (IPS)</strong></td>
<td>Compiled data of 250,000 interviews from passenger interview at border crossings.</td>
</tr>
<tr>
<td><strong>Labour Force Survey (LFS)</strong></td>
<td>Quarterly survey of 60,000 across great Britain</td>
</tr>
<tr>
<td><strong>The Annual Population Survey (APS)</strong></td>
<td>ONS conducted, 170,000 Household survey of Great Britain</td>
</tr>
<tr>
<td><strong>National Insurance Number (NI No) registration data</strong></td>
<td>Department of Work and Pensions show the number of foreign nationals applying for a NEW national insurance number</td>
</tr>
<tr>
<td><strong>Worker Registration Scheme (WRS)</strong></td>
<td>regulate access to the labour market of the nationals of the A8 accession countries that joined the EU in 2004.</td>
</tr>
<tr>
<td><strong>General Practice ‘Flag 4’ registrations</strong></td>
<td>Previous address’s outside the UK are flagged (‘Flag 4’) and this information can be used to identify new migration into an area.</td>
</tr>
<tr>
<td><strong>Live Births by Country of Origin</strong></td>
<td>This data records births to mothers who were born outside the UK</td>
</tr>
<tr>
<td><strong>Hospital Episode Statistics (HES)</strong></td>
<td>Acute hospitals are directed by DH to collect the ethnicity of in-patients so every time a patient is admitted to inpatient services, their ethnicity is recorded</td>
</tr>
<tr>
<td><strong>General Practice Data</strong></td>
<td>GP annual patient survey GPs are also required to collect information regarding the ethnicity and language of all their patients under the Direct Enhanced Service</td>
</tr>
<tr>
<td><strong>Asylum Statistics</strong></td>
<td>The UK Border Agency publishes figures to a local level regarding asylum support</td>
</tr>
<tr>
<td><strong>Higher Education Statistics Agency (HESA)</strong></td>
<td>HESA maintains a register of all students in the UK, recording the total number of international students</td>
</tr>
<tr>
<td><strong>Electoral Register (ER)</strong></td>
<td>Flags can now be allocated to the names of those entitled to vote, in theory enabling data to be kept on non-voters</td>
</tr>
</tbody>
</table>

Source: NHS East of England

All data sources listed in the table above have been used in the health needs assessment excluding the asylum statistics and electoral register data which had restricted access and could not be published.
Appendix 3  Stakeholder's Survey

NELincs Migrant Health – Stakeholder Survey

Dear Participant,

North East Lincolnshire Care Trust Plus (NELCTP) has initiated work on a local migrants health needs assessment. We feel that stakeholders hold vital information regarding the many determinants of migrant health. This aspect of the assessment is to determine and explore what is known about migrants by organisations. The needs assessment is being led by NELCTP Public Health directorate in conjunction with our stakeholders.

Initial discussions have revealed a wide range of organisations providing services to different migrant groups with diverse needs. We would be very grateful if you could complete this survey. Its structured approach is intended to cover a broad range of issues which may impact on the health status of migrants in North East Lincolnshire.

**Definition of a Migrant**

When completing the survey please bear in mind the United Nations definition of a migrant as well as the two other migrant groups we have highlighted below:

“someone who changes his or her country of usual residence for a period of at least a year, so that the country of destination effectively becomes the country of usual residence”

United Nations (2011)

Due to the demographic composition of the local migrant population the health needs assessment includes two further groups of migrants who may not be covered by the UN definition.

- Seasonal migrant workers
- International students

The information you provide will be treated in confidence and no individually identifiable information will be published.

Please contact us directly with any comments or queries NEL_CT-PublicHealth@aths.net

With thanks for your response and time.

1. **Which sector/organisation do you work for?**
   - [ ] Ambulance Service
   - [ ] Education
   - [ ] Fire and Rescue
   - [ ] Health Protection Agency
   - [ ] Housing Sector
   - [ ] NELC
   - [ ] Other (please specify)

2. **Please tell us the department you work for or your profession.**

3. **Does your organisation provide any services specifically for migrants?**
   - [ ] No
   - [ ] Yes (please describe any services below)

4. **Please describe any general concerns which your organisation has identified when delivering services to migrants locally.**
5. In your experience, what are the greatest health issues for local migrant populations?

<table>
<thead>
<tr>
<th></th>
<th>No health issues</th>
<th>Minor health issues</th>
<th>Significant health issues</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incomplete immunisation</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Other communicable diseases</td>
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<tr>
<td>Mental health</td>
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<tr>
<td>Maternal health</td>
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<tr>
<td>Sexual health</td>
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<tr>
<td>Dental health</td>
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<tr>
<td>Smoking</td>
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<tr>
<td>Alcohol</td>
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<tr>
<td>Other drugs</td>
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<tr>
<td>Infant/child young person health</td>
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<tr>
<td>Older persons health</td>
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<td></td>
</tr>
<tr>
<td>Domestic abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. In your experience, what are the wider issues when considering the health of local migrants?

<table>
<thead>
<tr>
<th></th>
<th>No issues</th>
<th>Minor issues</th>
<th>Significant issues</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Signposting to services</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Transport to services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment</td>
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<tr>
<td>Education &amp; skills</td>
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<td>Discrimination and abuse</td>
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<tr>
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<tr>
<td>Problems registering with GPs</td>
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<td>Cultural expectations of health &amp; health services</td>
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<td>Other (please specify)</td>
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7. Does your organisation experience any barriers to commissioning or providing services to migrants locally?

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<td>Delays in accessing appointments</td>
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<td>Reluctance from employers/employees</td>
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<tr>
<td>Confusion over entitlement to services</td>
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<tr>
<td>Other (please specify)</td>
<td></td>
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</tbody>
</table>

8. If you needed to provide information in another language what would you do? (please tick all that apply)

- Use a family member/friend
- Use a staff member who speaks that language
- Use a telephone-based service (e.g., language line, big word)
- Use written information
- Use an online translator (e.g., Google Translate)
- Arrange a face-to-face interpreter
- Not applicable
- Other (please specify)

9. Please use the text box below to add any further comments which may have not been covered in the survey.


10. Please provide contact details below so we may contact you if necessary to discuss your responses further.

Name: 

Email Address: 

NELincs Migrant Health – Stakeholder Survey

Thank you for your time and responses!
North East Lincolnshire Migrant Health Needs Assessment
Focus Group Discussion

Hello my name is ..... (Introduce both of us and the interpreter). Thank you for attending our group today. I’d like to start by telling you about what we are hoping to gain from today.

Give out the information sheet, and ask participants to complete the consent form.

The local health service is running a project to gain an understanding of the health needs from people like you who have moved into the area from another country. The information we gain from today and from other groups will help us to understand your needs and to shape services to meet these needs.

Please be assured that everything you say today is anonymous. The discussion today is around issues in general, so if today raises any particular personal issues, we can put you in touch with a health worker to help you further. (Have Angela’s details / cards to hand).

Before we begin, has anyone got any questions?

All – to ask all groups

There are no right or wrong answers, we are just interested in your experiences

1. In general do you feel your health is better or worse since arriving in the area?

2. If you had a health problem where would you go?
   (prompt: family member, pharmacy, hospital, GP, other, wait till you go back to your own country, if it can wait, call an ambulance, or ignore it and hope it goes away)

3. Have you had problems registering with a GP?

4. Can you tell me about your experiences of local health services?
   If experienced:
   a) What were these services (prompt: pharmacy, hospital, GP, ambulance)
   b) Good / bad? Did you face any problems/barriers?
   c) Were you offered an interpreter?
   If no experience:
   Check understanding – so you haven’t used a dentist, pharmacist etc
   If a women’s group – ask the women only questions around maternity services etc.

5. For those of you who speak English:
   Have you ever been asked to interpret for anyone else when accessing services?
   (Prompt, GP Doctor, Dentist Pharmacist, Teacher or Council)
Prompt, family Members, Friends and colleagues

a) Was it because there was no interpreting service available?
   If yes – did you ask for interpretation or know it was available?

b) Which service was this at?

c) Who did you interpret for?

For those of you who don’t speak English:
Who helps you to communicate at appointments?
- Were you offered an interpreter?
- If a family member, do they have to leave school or work to be able to do this?

1. Have you ever received information in your own language?
   If yes:
   a) What Services?
   b) Was it useful?
   c) Has language been a problem when completing UK forms?
   If no:
   Would it have been useful?

2. Are/have you experienced problems at work or in the community because you or your family are migrants?
   If yes, what are they?

3. What would you do if you were a victim of crime?
   Prompt – Explain about hate crime if necessary
   Hate crime can be committed against a person or their property. They are motivated, or perceived to be motivated, by the offender’s hatred of someone because of their:
   * Race, colour, ethnic origin, nationality or national origins
   * Sexual orientation
   * Religion
   * Gender identity
   * Age
   * Disability

4. If you are work are you doing a similar job now as you did before moving to the UK?
   (Prompt – lower paid/higher paid/not working)

5. What services do you feel are missing that you would like to be available?

6. Finally what do you miss most from home?
To ask all women

1. Have you used local maternity services? (prompt this includes before, after, and during your pregnancy)
   If yes
   2. What were your experiences of the maternity services?

3. What are your experiences of services for children and families?
   (Prompt: Children’s centres, health visitors and school nurses)

Ending

Thank you for your time today

The information given today will be used to help plan future services and no names of those taking part today shall be used in our report.

Again if you have any personal health concerns that you would like advice on or if you have any other queries, please do contact Angela Faulding (Give out Angela’s contact cards).

We will now be passing out an individual questionnaire, we would be grateful if you can complete this for us. The information from this will be used only in our report, this questionnaire is anonymous.

This questionnaire is also online (give out surveymonkey link). It would be appreciated if you can encourage your friends and family who are also migrants to complete this questionnaire, as the more information and views we receive the more reflective our service planning will be. Thank you.

Give out flyers regarding online questionnaire.
Appendix 5  Migrant Health Status Survey

North East Lincolnshire Migrant Health Needs Assessment
Migrant questionnaire

The local health service in North East Lincolnshire is carrying out research regarding the health needs of local migrants. It is important that health services understand these needs so they can plan services appropriately.

Information from this survey will remain anonymous. If you do not feel comfortable answering a question, please move to the next question. We will not tell anyone what your answers are and only the NHS team will see the data.

Most questions require you to tick the appropriate box.

Please remember this is a confidential survey. Do not write your name anywhere on the survey.

1. Are you □ Male □ Female □

2. Age (years) □ 18-24 □ 25-34 □ 35-44 □ 45-54 □ 55-64 □ 65+ □

3. How is your health in general?
   □ Very good □ Good □ Fair □ Bad □ Very bad □

4. Are you registered with a local GP (doctor)? □ Yes □ No □

5. Are you registered with a local dentist? □ Yes □ No □

6. Have you ever used the accident and emergency department at Grimsby hospital? □ Yes □ No □

7. Did you know the phone number (999) to call in an emergency (police, fire, ambulance, coast guard)? □ Yes □ No □

8. Do you smoke? □ No □ Yes □ How many cigarettes do you smoke a day? ............................................

9. How often do you drink alcohol?
   □ Every day □ 4 times a week □ 2 times a week □ Once a week □
   □ Only at weekends □ Only on special occasions □ Never □

10. How safe or unsafe do you feel when outside in your local area after dark?
    □ Very safe □ Fairly safe □ Neither safe nor unsafe □ Fairly unsafe □ Very unsafe □

11. How safe or unsafe do you feel when outside in your local area during the day?
    □ Very safe □ Fairly safe □ Neither safe nor unsafe □ Fairly unsafe □ Very unsafe □

12. Last week, how many hours did you work?
    □ I don’t work □ GO TO QUESTION 17
    □ 1 to 16 hours □ 17 to 40 hours □ 46+ hours (Please specify number) .............................................

13. Did you find your first job in the UK whilst you were in... Your home country □ The UK □

14. Did you pay anyone to find you a job in the UK? □ Yes □ No □

15. Do you have a National Insurance (NI) number? □ Yes □ No □

16. Do you work through an agency? □ Yes □ No □

17. What is your job/occupation? (Please write in) .................................................................

18. What was your job before you moved to the UK? (Please write in) ........................................
19. Is your house
   Owned by you (including with mortgage) □
   Rented from private landlord □
   Rented from housing association □
   Shared ownership □
   Other □ (Please write in) ...........................................

20. How many people live in your household? (Please write in) ...........................................

21. Who else do you live with? (Tick all that apply)
   Family □  Work colleagues □  Friends □  Live on own □
   People I don’t know □
   Other □ (Please write in) ...........................................

22. Have you taken English lessons?   No □  Yes □ (Please specify where)  ...........................................

23. Do you use local social / community facilities? (Tick all that apply)
   Leisure / sports centres □
   Cinema □
   Pub / clubs □
   Community centres □
   Library □
   Other □ (Please write in) ...........................................

24. What is the best way of getting information to you? (Tick all that apply)
   Websites □
   Leaflets in public places □
   Local Newspaper □
   Text message □
   Library □
   Post □
   Email □
   Local radio □
   Other □ (Please write in) ...........................................

25. What is your first language? (Please write in) ...........................................

26. How would you describe your level of spoken English?
   Very good □
   Good □
   Fair □
   Poor □
   Very poor □

27. In which country were you born? (Please write in) ...........................................

28. How long have you lived in the UK?
   Under 1 year □
   1 to 2 years □
   3 to 4 years □
   5 to 9 years □
   10+ years □

29. Are you planning to stay in the UK?
   Up to 1 year □
   1 to 2 years □
   3 to 4 years □
   5+ years □
   Permanently □
   Not sure □

30. What is your religion (if any)? (Please write in) ...........................................

Any other comments? (Please write in) ...........................................

Thank you for completing this questionnaire

If you have any queries please email us at NEL-CT.Public-health@nhs.net

Or write to us at:
North East Lincolnshire Care Trust Plus
Public Health Directorate (Migrant Health Needs Assessment)
Athena Building
5 Saxon Court
Gilbey Roed
Grimsby
DN31 2UJ
Are you part of the N.E. Lincs international Community?
Have you recently migrated to the UK?
Are you living or working locally?

North East Lincolnshire Care Trust Plus are looking to identify and understand the health needs of migrants living and working locally in N.E. Lincs. We are interested to hear what your health needs, experiences and expectations are of the health system.

Please complete our anonymous online survey at;
https://www.surveymonkey.com/s/NELmigrant

In addition if you would like to contact us regarding health needs of migrants
You can reach us at....
Address; Public Health (Athena Building, 5 Saxon Court, Gibey Road, Grimsby, North East Lincolnshire, DN31 2UJ)
Email; NEL-CT.PublicHealth@NHS.net
Phone; (0300 3000 400)
Appendix 7  Information Flyers offered in other languages

Farsi

Kurdish

Polish
Dear Equality NL Linx,

In order to meet the needs of pupils with a Black or Ethnic Minority (BME) background, the BME Task Group has called for a Migrant Health Needs Assessment. The aim is to identify and address the needs of pupils and parents, and the challenges they face in accessing healthcare services.

The task group is working closely with partners such as local councils, schools, and healthcare providers to ensure that all pupils have equal access to healthcare.

If you have any questions or concerns, please contact the task group at:

Equality NL Linx
Equalities Department
Lincolnshire County Council
Old Hall
Lincoln
DN22 7AP

Tel: 01522 543400
Email: equalitynl-linx@lincolnshire.gov.uk
Website: lincolnshire.gov.uk
Focus group invitation letter

North East Lincolnshire NHS Care Trust Plus

Public Health
North East Lincolnshire Care Trust Plus
Olympia House
Gilbey Road, Saxon Court
Grimsby
DN31 2UJ
(01472) 625300
NEL.CT-PublicHealth@nhs.net

Date ...

Dear ...

The Care Trust Plus in North East Lincolnshire which is responsible for the health of people living in North East Lincolnshire area is carrying out a health needs assessment of migrants who live locally. Your community group has been invited to talk to us about your experiences of the health services locally so we can understand more about your needs. We hope to find out how we can make our services better for migrants in this area. We also want to make sure that migrants are treated fairly and are able to access all healthcare services they require.

This letter is to confirm the details of the discussion group we have arranged with you:

Time:
Date:
Location:

Enclosed you will find copies of the information sheets and consent forms which you will need to bring to the discussion group with you. The information sheet should answer all your questions about the discussion group. If you have any queries or concerns about the discussion group please get in contact.

Thank you very much for your help.

Yours faithfully

Isobel Duckworth
Locum Consultant in Public Health
Migrant health needs assessment
Community Discussion Group Information Sheet

Please read this sheet and talk about it with others to help you decide if you want to take part in the discussion group. Ask us if you would like more information.

Why are we doing this study?
One of our jobs is to improve the health of local people. To do this we need to know about people’s needs and what they think about health services. This discussion group forms part of a larger study exploring the health and social needs of migrants who live in North East Lincolnshire.

You have been invited to talk to us about your experiences of the health services locally so we can understand more about your needs. We hope to find out how we can make our services better for migrants in this area. We also want to make sure that migrants are treated fairly and are able to access all healthcare services they require.

Do I have to take part?
No, you only take part if you want to. Even if you say yes, you can change your mind at any time. If you don’t take part it will not make any difference to the care you receive from healthcare services.

What will happen if I decide to take part?
We will talk in a group about what you think about healthcare services in North East Lincolnshire. We will ask some questions and you can tell us what you think.

What will happen to the results of the research study?
We will put all of the information together and write a report which will be used as planning document to provide better services. No names will be used and anything that you say that is used in the report is confidential. The full report will be put on the Care Trust Plus internet site at www.nelctp.nhs.uk later in the year.

Will my taking part in this study be kept confidential?
All personal information which is collected about you and everything you tell us will be kept private. It will not have your name on it and the final report will be totally anonymous.

Who has checked it is OK to do this study?
North East Lincolnshire NHS Research Governance Committee (who are responsible for granting all research proposals in North East Lincolnshire) has given permission for this study to be done.

Thank you for taking the time to read this information sheet. If you would like any more information please contact:
Bobbi Duckworth, Consultant in Public Health, North East Lincolnshire CTP, Olympia House, Gilbey Road, Saxon Court, Grimsby, North East Lincolnshire, DN31 2UJ. Email: NELCT-PublicHealth@nhs.net
Appendix 11  Focus group declaration of consent form

DECLARATION OF CONSENT – DISCUSSION GROUP

Part 1 – To be completed by you:

By signing below I agree to the following terms of the Discussion Group:

- I have been given a copy of the Community Discussion Group Information Sheet, I have read it and I understand it.
- I understand why I am taking part in this study.
- There has been time to ask questions about this study.
- I have received answers to any questions I may have asked.
- I understand the need to treat everyone in the group with dignity and respect their views.
- I understand that I am free to leave this study at any time.
- I agree to this group discussion being audio-taped.

I agree to take part in this study:

Name (Block Capitals): __________________________

Signature: __________________________

Date: __________________________

Part 2 – To be completed by the Researcher:

Venue: __________________________

Name (Block Capitals): __________________________

Signature: __________________________

Date: __________________________
Appendix 12  Research governance approval letter

North East Lincolnshire City Trust Plus

Email: mark.crichton@eha.nhs.uk
Email: Admin: mara.lucas@eha.nhs.uk
Our Ref: AO23/Perinatal

1st September 2011

Phil Huntley
Public Health North East Lincolnshire Care Trust Plus
Arnold House
G basin Court
Gibney Road
Grimsby
North East Lincolnshire
DN32 0UH

Dear Mr Huntley

Re: Project Title: Migrant health needs assessment – assessing the health and social needs of migrants in North East Lincolnshire

Further to your recent request I am writing to inform you that North East Lincolnshire Care Trust Plus give research governance permission for your study.

In accordance with the Trust policy for research governance you are required to inform Dr Maria Graham (Research Governance Manager) of the Trust of any significant proposed changes to the original protocol. As new ethical issues or safety issues arise.

In addition the Research Governance Manager at North East Lincolnshire Care Trust Plus will require progress reports at the end of study 2011.

Maria’s contact details are as follows:

Dr Maria Graham
Research Governance Manager
Public Health
Health Hub
Westbury Road
Grimsby
North East Lincolnshire
DN32 0UH
Email: maria.graham@eha.nhs.uk
Tel: 01402 281077
Fax: 01402 281190

I hope this information is helpful to you.

Wishing you every success with your study.

Yours sincerely,

Dr Maria Graham
Research Governance Manager

Co: fight Outworth
Lecturer Consultant in Public Health
Public Health
North East Lincolnshire Care Trust Plus
Olympic House
Dibby Road
Duckpool
Grimsby
North East Lincolnshire
DN32 0UH
Appendix 13  Needs assessment core subgroup members

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Institution</th>
</tr>
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<tbody>
<tr>
<td>Isobel Duckworth</td>
<td>Locum Consultant in Public Health</td>
<td>NELCTP</td>
</tr>
<tr>
<td>Glyn Thompson</td>
<td>Senior Public Health Intelligence Analyst</td>
<td>NELCTP</td>
</tr>
<tr>
<td>Shane Mullen</td>
<td>Trainee Public Health Intelligence Analyst</td>
<td>NELCTP</td>
</tr>
<tr>
<td>Philip Huntley</td>
<td>Public Health Development Facilitator</td>
<td>NELCTP</td>
</tr>
<tr>
<td>Angela Faulding</td>
<td>Specialist Health Visitor</td>
<td>NELCTP</td>
</tr>
<tr>
<td>Lynne Mallinson</td>
<td>Secretary and administrator</td>
<td>NELCTP</td>
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### Appendix 14  Needs assessment project plan

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<td>Task &amp; Finish Group</td>
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<td>Identify local population migrant groups</td>
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<td>Investigate &amp; procure translation/ interpretation services</td>
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<td>Compile research governance report</td>
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