

## Refugees and new migrant: *Factsheet*

### Tower Hamlets Joint Strategic Needs Assessment

#### Executive Summary

This factsheet considers the current health related issues refugees and new migrants face in Tower Hamlets. The range of data available on migrants can be complex but the most important finding is that Tower Hamlets is likely to remain a predominantly White and Bangladeshi borough but with burgeoning hyper-diversity at its margins.

The socio-economic profile of new migrants reveals low levels of employment and high levels of homelessness and insecure housing. However, variations between groups by origin are significant. Some available information from Praxis research demonstrated that feedback on services, particularly health services are often mixed. Health services are in particularly high demand but often receive critical feedback.<sup>i</sup>

More recent Tower Hamlets Partnership research<sup>ii</sup> states that the key issues in accessing healthcare for immigrant communities are:

- information about how the 'system' works, how to access it and the services to which people are entitled;
- registering with a GP and then being able to make an appointment and
- finding and registering with an affordable dentist.

#### Recommendations

- Development of more sophisticated data gathering techniques so we understand the demographics of our smaller communities better. This data should then be used to inform and plan any policy and service developments<sup>iii</sup>.
- Undertake consultation exercises to pick out common needs between new and smaller communities and use this when planning mainstream services.<sup>iv</sup>
- Access to health care is facilitated and communicated effectively to new communities, this will include provision of support and training to primary care professionals;
- Ensure that GPs and other primary care staff are provided with the opportunity to understand what services can be linked into for supporting migrants, health and otherwise.
- When treating migrant patients it is seen as crucial to:
  - Educate patients about the NHS system;
  - Assess new patients' likely needs;
  - Update immunisation according to the UK schedule;
  - Be alert around infectious diseases and other health concerns in migrants from at risk countries.<sup>v</sup>

## 1. Who are new migrants and refugees?

A “refugee” is someone whose asylum application has been successful and therefore has permission to stay in another country having proved he or she would face persecution at home.

The definition of a “new migrant” should be wider than just including asylum seekers or Eastern European workers. In the literature not all boroughs, and not all researchers, have used the same definitions. However, for these purposes we apply the London Asylum Seekers consortium definition, which uses an inclusive and very broad definition, “people not born in the UK or who see themselves as part of a minority ethnic community in the UK”. Overall the definition of new migrants should relate to the date of arrival (generally within the last five years) and the intention to settle in the UK, although this may not relate to permanent settlement, but should include the intention to stay for more than 12 months.<sup>vi</sup>

## 2. What is the local picture?

Tower Hamlets has experienced historically higher rates of net migration compared to many other Local Authorities in London and the UK. Research shows that the make up of migration into the Borough is changing<sup>vii</sup> but a continual trend of people emigrating to the borough from Bangladesh and Somalia is observed. However, the rate of people arriving from Eastern Europe is higher and increasing, particularly from Lithuania and Poland. In addition there are other new communities from a wide range of different countries, but frequently in small numbers, which suggests a tendency towards hyper diversity in the population.<sup>viii</sup> Of these smaller communities the biggest change is expected to be in the Chinese population (18% increase) and the smallest change amongst the Black Caribbean population (no change)<sup>ix</sup>.

When asked the main reasons for being in Tower Hamlets, new migrants cited: long term aims to live with or be near friends and family, to be near work and because accommodation is cheaper. Contrary to assumptions many new communities, including those from Eastern Europe, intend to stay in the borough for a long time (Exeter, 2011). This development suggests that people from these communities will be increasingly represented in take up of services including housing, healthcare and schools. With the exception of those from Latin America, new communities tend to be relatively less well qualified than other groups living in Tower Hamlets.<sup>x</sup>

### *Where are new communities settling?*

The report ‘New Communities in Tower Hamlets’ highlights an uneven spread of settlement into the borough. Poplar shows the highest increase in new migrants, both in absolute and percentage terms. It is followed by Bow; Stepney has the lowest degree of change. Another key trend identified is the projected increase of women as a proportion of the ethnic minority population, both among the traditional and the newly arrived communities in the borough. This trend of an increasing gender gap is likely to make a real difference on service needs in particular areas<sup>xi</sup>, including healthcare.

### *National Insurance number (NINo) registration from overseas nationals*

Some additional migration information is taken from the Department of Work and Pensions (DWP) Overseas Nationals register for National Insurance database, a proxy for economic immigration.

NINo data, an indicator for economic immigration, shows that from the year 2000 onwards, there have been predominantly higher levels of NINo registrations from Eastern European and countries who recently joined the European Union (A8 countries). More recently this trend has fallen from 2008 onwards. Out of all London NINo registrations, 5.4% registered in Tower Hamlets (2009/10).

Between 2002/03 and 2009/10 the Tower Hamlets share of NINo registrations has increased annually from 6,510 to 13,540. This 108% increase was substantially higher than the UK (65%) or London (67%) increase.

Between 2002/03 and 2009/10 around a total of 82,660 overseas nationals registered for NINo in Tower Hamlets. The biggest groups were from Bangladesh 21.5% (17,810), Poland 6.1% (5,020) and Australia 5.7% (4,730). A relatively high number of Italian 5.3% (4,400), Indian 4.6% (3,820) and French 5% (4,170) nationals, also registered in the borough during this period.

Data shows that a quarter of all Bangladeshi nationals registering in the UK, registered in Tower Hamlets. In 2002/03, around 45% of the London NINo registrations by Bangladeshi nationals took place in Tower Hamlets. This figure dropped to around 33% in 2009/10 indicating that more Bangladeshi nationals are registering in other London boroughs. However, out of all NINo registration, the proportion of Bangladeshi registrations in the borough went up from 25% in 2002/03 to 38% in 2009/10.

A relatively modest number of 590 Somalians registered for NINo between 2002/03 and 2009/10. The number of NINo registrations of Somali nationals is relatively low compared to the total number of Somali residents in Tower Hamlets.

More recent Tower Hamlets Partnership research<sup>xii</sup> states that the key issues in accessing healthcare for immigrant communities are:

- information about how the 'system' works, how to access it and the services to which people are entitled;
- registering with a GP and then being able to make an appointment and
- finding and registering with an affordable dentist.

Service managers also identified the first two of these as key issues. In addition, managers involved with health services also identified access to mental health for refugees and asylum seekers as an issue. There is some indication that some of the survey participants also wanted access to mental health support such as counselling services.

### 3. What are the effective interventions?

Whether they are asylum seekers fleeing persecution from oppressive regimes or people arriving to work or study, migrants can be found in every local authority in the UK. However, research suggests they are struggling to access what should be a basic right – healthcare. Migrants are often from very different cultures, may not understand the principles behind the UK health system, may not speak English, and may have complex healthcare requirements.

The physical health needs of migrants are affected by the background levels of diseases, health behaviours and provision of health services in countries of origin, as well as the reasons for migration. Economic migrants tend to be drawn from healthier and wealthier populations in any country, whereas those arriving as asylum seekers or refugees may have experienced deprivation, disease and disaster, often arriving in the UK with greater, complex and more immediate health needs.<sup>xiii</sup>

Many migrants experience barriers to accessing healthcare services. This may be due to failure to understand what services are available and how to use them, confusion around entitlement to NHS care, and language and cultural barriers. This can lead to both failure in seeking care and treatment appropriately or at all. For example, migrants may inappropriately use A&E services when their needs would be better served by GPs. As sometimes they do not register with primary care, they may find walk-in services offering immediate care without the need for such registration, more easily available to them. However, this means that only acute needs may be met and they may miss out on more appropriate preventive treatment, vaccination, screening or other diagnostic services delivered via primary care.

Data provided by the Health Protection Agency identifies a disproportionate number of people infected with

tuberculosis (TB) and/or HIV/AIDS among migrant populations than UK-born people and provides evidence of increasing numbers of cases of such infection. Nationally and regionally, health behaviours such as smoking, differ in different countries and migrants may import such behaviours when they arrive to the UK. This means that health promotion programmes, such as smoking cessation, should consider how they might engage and reach migrant groups who may have imported certain behaviours.

It is also important to recognise that different migrant groups have very different experiences of mental health issues. Asylum seekers and refugees are often fleeing persecution, violence, disaster, or disease and therefore have a greater risk of serious mental health problems<sup>xiv</sup>.

The Health Protection Agency (HPA) developed a migrant health guide and recommend to:

- Know your local population and their entitlement to care and educate patients about the NHS system;
  - Assess new patients' likely needs;
  - Update immunisation according to the UK schedule;
  - Be alert to the possibility of infectious diseases and other health concerns in migrants from at risk countries;
- and
- Opportunistically ask patients about any plans to visit friends and relatives in their family country of origin and offer appropriate advice.<sup>xv</sup>

#### 4. What is being done locally to address this issue?

There are a wide range of services available for new migrants from not only statutory services, but also community organisations. This includes larger, more well-known organisations, such as Praxis through to smaller community provisions such as ESOL classes for migrants, support into employment and accessing primary care facilities. The overarching principle remains to enable migrants to access mainstream services.

Other initiatives have included a public health Migrant Health project locally funded by Department of Health which provided training and awareness raising for GPs and other primary care staff to consider issues in specific migrant health needs. This included running two migrant health events, which were well attended and generated much debate.

Tower Hamlets Partnership in order to support new communities in the borough overall is working towards:<sup>xvi</sup>

##### *Understanding the Needs of New and Small Communities*

- Developing more sophisticated data gathering techniques to understand the demographics of local communities better. This data should then be used to plan policy and service developments.
- Undertake consultation exercises to pick out common needs between new and small communities and use this when planning mainstream services.

##### *Access to Services/Raising awareness of services*

- That the Employment Strategy and subsequent action plans specifically outline how it will support new and small communities access employment with key public sector organisations.
- That the Third Sector Team and the Council for Voluntary Services supports advocacy work in the borough aimed at new and small communities. This should include mapping which organisations currently deliver advocacy work and how this can be improved through greater joined up and partnership working.
- That the Corporate Communications Team refreshes how it engages and reaches out to new and small communities and explores innovative methods of communication considering a reduction in public finances.

### *Voice and Representation*

- That the Citizen Engagement Strategy clearly outlines how the Partnership will engage with new and small communities in the borough.
- That the Third Sector Team, The Partnership and the Tower Hamlets Council for Voluntary Services capacity build community organisations to act as a mechanism to encourage greater voice and representation within small and new communities and develop pathways to which their voice can be heard, such as through area based forums.

### *Community Cohesion*

- That the Third Sector Team and the Tower Hamlets Council for Voluntary Services encourage and support third sector organisations to work in partnership and build consortiums when applying for bids in order to increase cross cultural working and promote greater cohesion.

The actions should also support the access to health by new migrants and refugee communities.

## **5. What evidence is there that we are making a difference?**

The 'New Communities' report suggests that it would be useful to replicate how the Bangladeshi community empowered and built itself and transfer this to other smaller communities. In addition to this it was also highlighted that there were too many instances of organisations working with their own communities and not enough cross community working and there was a real need for this.<sup>xvii</sup>

Recent work that has been carried out by Public Health via Department of Health funding, generated a lot of interest locally on migrant health issues. Attendance at organised workshops was high and evaluation of the project shows that migrant healthcare is an area that local professionals are keen to learn more about.

## **6. What is the perspective of the new migrants and refugees on support available to them?**

Some available feedback from the Praxis research showed perception of services was mixed, with health services in particularly high demand but often receiving critical feedback.<sup>xviii</sup> However, experiences of many new communities are currently remain unknown, so we do not know their perspective of local services available to them. However, recent research has shown concerns about community cohesion in the borough. It was felt that the Council needed to do more to encourage different communities to engage and work with each other rather than in parallel and isolation to one another.<sup>xix</sup>

## **7. What more do we need to know?**

- Some insights into the experience of new Somali migrants have been discussed. However, the experience of many other new communities is currently not known so we do not know their perspective of local services available to them.<sup>xx</sup>
- In general, data about migrants and new communities is limited and it will be vital to improve the data available to deliver services more effectively.

## **8. What are the priorities for improvement over the next 5 years?**

- Access to health care is facilitated and communicated effectively to new communities, this will include provision of support and training to primary care professionals;
- The 'New Communities' report suggested that it would be useful to replicate how the Bangladeshi community empowered and built itself and transfer this to other smaller communities. In addition to

this it was also highlighted that there were too many instances of organisations working with their own communities and not enough cross community working and there was a real need for this;

- Deliver services which specifically and exclusively designed for a particular population group when appropriate. This may be a standalone service, or one which forms part of a mainstream service.
- Mainstream services which are able to be flexible and skilled enough to meet the needs of all people.

## 9. Key Contacts

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<b>Date updated:</b>	<i>Date factsheet completed</i>	<b>Updated by:</b>	<i>e.g. Name of PH Strategist or LBTH Research officer</i>	<b>Next Update Due:</b>	<i>Review Date e.g. annual</i>
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<b>Date signed off by Senior JSNA Leads:</b>	<i>Date factsheet signed off by senior JSNA leads from Public Health and LBTH</i>	<b>Signed off by (Public Health Lead):</b>	<i>Tim Madelin</i>	<b>Date signed off by Strategic Group:</b>	<i>Date factsheet signed off by Strategic Group</i>	<b>Sign off by Strategic Group:</b>	<i>Name the relevant Strategic Group</i>
		<b>Signed off by (LBTH Lead):</b>	<i>e.g. Director of Adults/CFS</i>				

<sup>i</sup>Praxis Research (2007): New Communities in Tower Hamlets: characteristics, trends and challenges.

<sup>ii</sup>Praxis Research (2007): New Communities in Tower Hamlets: characteristics, trends and challenges.

<sup>iii</sup>LBTH (May 2011): Supporting new communities – Case study Somali community.

<sup>iv</sup>LBTH (May 2011): Supporting new communities – Case study Somali community.

<sup>v</sup>Health Protection Agency (2011): Migrant Health Guide. <http://www.hpa.org.uk/migranthealthguide>

<sup>vi</sup>London Asylum Seekers consortium 2008 Public service and Managing Migration in London. p7

<sup>vii</sup>LBTH (2011): National Insurance registrations of overseas national 2002/03 to 2009/10.

<sup>viii</sup>LBTH (May 2011): Supporting new communities – Case study Somali community.

<sup>ix</sup>LBTH (May 2011): Supporting new communities – Case study Somali community.

<sup>x</sup>Praxis Research (2007): New Communities in Tower Hamlets: characteristics, trends and challenges. p25

<sup>xi</sup>Praxis Research (2007): New Communities in Tower Hamlets: characteristics, trends and challenges. p25

<sup>xii</sup>Praxis Research (2007): New Communities in Tower Hamlets: characteristics, trends and challenges.

<sup>xiii</sup>Department of Health (2010): Understanding health needs of migrants in the South East region.

<http://www.idea.gov.uk/idk/core/page.do?pageId=27178825>

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