MIGRANT HEALTH SCOPING REPORT

East of England Regional Assembly

(Strategic Migration Partnership)

January 2009

Alex Collis and Susan Stallabrass

updated by Rachel Heathcock

January 2010

Contents

1. Executive Summary

Introduction

The purpose of this report is to provide a summary of a three month long scoping exercise undertaken by the Health Representative and Health Support Officer of the East of England Strategic Migration Partnership in autumn 2008, which aimed to discover what was happening with regard to health service provision to meet the health needs of asylum seekers, refugees and new migrant populations in East of England.

Findings

The reasons for deficiencies in health care provision in the East of England were part of an overall national picture and were consistent with a national scoping report commissioned in summer 2008 by the Department of Health Asylum Section. Research evidence confirmed the detail around issues and problems raised in discussions with health services in the region.

Access to Primary Care Services

Many migrants fail to register with General Practices either because of their own perceptions of their needs or misunderstandings about how health services work or because of barriers faced when trying to do so. This might result in failure to access health promotion and screening services, a range of unmet needs and late presentation for care in other health service areas.

Translation and Interpreting

The biggest barrier to care identified by GPs, other service providers and patients themselves is the failure to utilise quality translation and interpreting services, without which access to care and thus positive health outcomes is effectively denied and risks around incorrect diagnosis and inappropriate care are increased.

Maternity Care

A significant increase in the numbers of births to mothers born outside the UK combined with difficulties in accessing primary care, the mobility of migrant families, the lack of support networks and complexities around domestic abuse and trafficking raise important issues to be considered in the commissioning and delivery of maternity and child health services.

Mental Health Services

Whilst migration generally and seeking asylum in particular can create a wide variety of stressors, mental illness is not an inevitable consequence. However, where mental distress does occur the limited capacity of primary care mental health services for the population generally are compounded with particular access issues for migrants, especially around cultural understandings of mental distress and effective communication.

Unaccompanied Asylum Seeking Children

Unaccompanied asylum seeking children are particularly vulnerable and their care, co-ordinated by Social Care Services, has to take into account a multiplicity of issues including trafficking, missing children, age assessment processes and transition from child to adult services. Government proposals to re-organise care provision for these children and young people have raised uncertainties concerning future developments for all the local teams in the region.

Data Collection, Health Needs Assessments and Commissioning

Robust and comprehensive data regarding new migrant communities is limited creating difficulties in the completion of meaningful Joint Strategic Needs Assessments and with the inclusion of needs into Local Area Agreements and the commissioning of health services.

‘No Recourse to Public Funds’ and Destitution

Agencies are reporting increasing numbers of destitute individuals and families for whom they are struggling to put services into place. Those particularly affected are refused asylum seekers, migrants who have lost work and cannot return home and women who, often for domestic abuse issues, are separated from the husbands they were given visas to join.

Conclusion

Effective integration for migrants into the UK is dependant upon equitable access to health care and positive health outcomes (alongside employment, housing and education). Many of the areas explored reveal inadequate responses to the health needs of new migrant populations. Specific actions concerning each of the explored service areas are identified, as are examples of good practice from across the region.

The regional situation is a reflection of the national picture and much can be learned from the work other regions Strategic Migration Partnerships.

Recommendations

The Strategic Migration Partnership should:

- Work closely with the Eastern Region Public Health Observatory and Strategic Health Authority, particularly concerning data collection, leadership and ownership of migrant health issues, staff training, workforce planning and most importantly, commissioning.
- Strengthen the links with the Department of Health Asylum Section and ensuring the continued funding of secretariat support for the Health Lead to co-ordinate SMP actions with other pieces of work in other regions.
- Facilitate a Migrant Health Network that would broadly enable the two way sharing of best practice and information as an e-network and enabling collective work around specific issues as a 'task and finish' SMP health subgroup.
- Request all NHS organisations (PCTs, Provider Services, NHS Trusts, Health Protection Agency etc.) to propose lead officers for migrant health.
- Support recognition of the work of the SMP, health networks and subgroups and regional examples of best practice by local, regional and national health policy makers and strategic planners.
- Create an educational training programme aimed at health professionals working in environments where asylum seekers, refugees and migrants may require interpretation or translation support/advice. All health care services should be of high quality allowing adequate time for assessment and with access to face-to-face or telephone interpreters as needed.
- Highlight the importance of interpretation / translation suitable equipment and facilities in medical establishments.

2. Introduction

This report summarises the findings of a three month long scoping exercise undertaken which aimed to establish a baseline regarding health service provision for asylum seekers, refugees and new migrant populations in East of England. The scoping exercise was prompted by major re-organisations of Primary Care Trusts and the introduction of new commissioning and provider services processes, and an earlier report commissioned by the Department of Health Asylum Section[1] which identified eight key national constraints to effective delivery of health care services to these populations:

1. The health sector appears to be lagging behind other sectors in addressing the needs of this particular group;

2. The lack of strategic recognition of this agenda locally, regionally and nationally in health results in the issue not being addressed within mainstream health policy and service provision;

3. The agenda is driven by key individuals with a high level of commitment and strong links across agencies, who often provide a key point of access to health services;

4. Those areas most responsive to these issues are those who had already developed service provision around asylum seeker 'dispersal';

5. Recent NHS changes have caused significant disruption to the development of interagency working around this agenda and caused the loss of some asylum seeker health services and of the key individuals with knowledge and expertise;

6. The inconsistencies and anomalies in available data and information regarding the numbers, flows and needs of migrant populations and the lack of homogeneity within the population has stymied health service commissioning and policy development;

1 Vicky Williams Yorkshire and Humberside Regional Migration Partnership (2008)

7. The development of the migrant health agenda within health is reactive in response to particular local problems as they arise so service delivery is inconsistent and fragmented and often does not meet best practice principles;

8. The lack of awareness across health agencies regarding health needs and cultural issues and the confusion regarding the diverse range of migrants creates barriers to access of health services incongruent with commitments to health access and equality commitments.

3. Background

> 'Health, along with employment, education and housing, is seen as one of the four primary means and markers of integration' (Johnson 2007: 57)

The limited amount of data which is available on migrant health status and outcomes would seem to suggest that the majority of migrants arrive in the UK – and the East of England – in generally good health, especially when compared with populations in their country of origin or with settled minority ethnic populations in the UK[2]. Recent studies – particularly on the migrant worker population – have found that the majority of migrants are young and healthy[3]. However, it is *after arrival* that migrants' health often declines sharply – particularly their mental health – and the adverse effects of migration may not emerge until between six months and five years after arrival[4]. This deterioration in health outcomes could be caused by a range of factors, but research has suggested that the most significant factors are post-migration experiences of poverty and social exclusion, with the low standard of accommodation and typically poor living conditions experienced by many migrants having a particularly harmful effect[5]. The rising levels of destitution experienced by refused asylum seekers have also been highlighted as adversely affecting health outcomes[6].

In interviews with stakeholders, it became clear that for many migrants other issues take priority over health, but may in themselves cause ill health. For asylum seekers this includes living in poverty, navigating the asylum process, being dispersed at short notice, being refused access to public services, and living in social isolation in places where they may be victims of discrimination and abuse.[7]

This is in direct contrast to the commonly-held perception – endorsed and encouraged by certain sections of the media – that migrants are attracted to the UK by the quality and ready availability of health services. Perceptions of the additional

[2] Johnson (2007), see also Turton et al. (2004) on the East of England
[3] see for example McKay and Winkelmann-Gleed (2005)
[4] Johnson (2007)
[5] For example a recent study of stress among Polish migrant workers (Weishaar 2008) noted that being housed in low quality accommodation in areas of low-demand contributed particularly to a decline in respondents' mental health. See also Fyvie et al. (2003) on the link between housing and migrant health outcomes.
[6] for example Refugee Action (2006)
[7] Newell (2009) Outside to Involvement Page 30

strain put on existing services by growing numbers of migrants remain a flashpoint for community tensions and a focus of local communities' anxieties[8]. However there is little concrete evidence (if any) to support such accusations of health tourism[9].

Much of the debate around migrant health issues and outcomes is severely constrained by the lack of availability of reliable, systematically collected data. Consequently, service commissioners and providers face a considerable challenge in planning for the needs of a largely unknown population group. The UK's migrant population is heterogeneous, with a range of different health needs and entitlements, and also draws on a range of 'differing experiences and expectations of health and of health care'[10].

[8] Pillai et al. (2007)
[9] Pillai et al. (2007); Johnson (2007). See also Holman and Schneider (2008) for recent evidence that health is *not* a motivating factor in migration decisions.
[10] Burnett and Peel (2001a: 544)

4. Summary of findings

This scoping exercise is an initial attempt to disentangle some of this complexity in relation to migrants living in the East of England, and to highlight a number of key areas which a regional health network could focus on – and directions for future policy development. The range of topics is potentially vast. For example, much of the literature has focused on behavioural health issues such as alcohol, tobacco or drug use among migrants, or the need for health promotion campaigns to combat issues such as high levels of hypertension and diabetes among certain groups. However, the following report – which is intended primarily as a springboard for discussion – will focus on seven major issues, which have emerged from preliminary discussions with health representatives (service providers, commissioners and public health departments) from the region:

- access to primary care services
- translation and interpretation
- maternity care
- mental health services
- unaccompanied asylum seeking children
- data collection, health needs assessment and commissioning
- ‘no recourse to public funds’ and destitution

Summary of findings				
Area	**Major health concern(s)**	**Specific issues in service planning**	**Recommendations**	**Needs for more information**
Access to primary care services	Unmet health needs. Late presentation of health needs. Reduced access to screening, health promotion.	Uncertainty re. entitlements Information and support to help access. Procedures and protocols block access.	Clarify understanding of entitlements and share with PCTs and service providers. Utilise diversity legislation and NHS initiatives (Race for Health) to promote rights based approaches to access Co-ordinate Initial Accommodation and dispersal area health services. Work with business and health sector to improve access to occupational health	Reasons for non-access from migrants themselves
Translation and interpretation services	Reduced access to care. Poor health outcomes. Inappropriate care.	Lack of availability of local interpreters. Interpreting costs not included in service budgets. Staff knowledge and attitudes.	Support the development of community interpreting services. Share examples of national best practice with PCTs. Encourage provision of training for services. Improve access to English classes.	Availability of community interpreters / services
Maternity care	Late presentation without ante-natal care. Complex cases missed or poorly managed. Domestic abuse, trafficking	Lost continuity of care and poor post natal follow up when migrants move. Child protection issues	Prevent inappropriate dispersal of pregnant asylum seekers based upon new NASS guidelines. Encourage provision of specialist training for maternity services.	Birth data and pressures on maternity services
Mental health services	High levels of mental distress and poor emotional wellbeing.	Most issues presented in primary care with no means to address or to audit.	Encourage inclusion of specialist knowledge and care pathways in the DH IAPTS programme role out. Disseminate and support the use of DH Mental Health Service guidelines. Develop regional specialist services for complex cases and lead good practice	Mental health needs and service responses in primary care and secondary / tertiary services including children's services

Summary of findings				
Area	**Major health concern(s)**	**Specific issues in service planning**	**Recommendations**	**Needs for more information**
Services for unaccompanied minors	Unmet needs. Vulnerability, trafficking and child protection issues. Breakdown in support	Age assessments / changing ages. Leaving care services Missing children / young people. Less available support for non fostered UASCs	Develop and share understanding of needs and health outcomes. Encourage the development of mentoring projects. Develop protocols to reduce numbers of children missing and improve protection from trafficking. Encourage the development of best practice for age assessments.	Health outcomes for UASCs. Implementation of government proposals for changes in service provision
Data collection, health needs assessments and commissioning	Unmet needs.	Unexpected service pressures. Poor data to support commissioning or provider service contracting	Co-ordinate ERPHO, Directors Public Health to develop needs assessment, data collection, mapping and 'flow models' across the region based upon new developments and knowledge in other regions. Disseminate and support the use of Primary Care Commissioning Guidelines. Ensure Joint Strategic Needs Assessments in each area adequately reflect the issues and actions are incorporated into Local Area Agreements.	Data sources. Dynamics of flows across the region.
'No recourse to public funds' and destitution	Loss of care for chronic or severe conditions. Consequences of extreme poverty. Severe mental distress. Exploitation.	Patients lost to care. Skewing outcomes and targets. Lack of knowledge. Services inability to provide usual solutions to issues or access support.	Support wide range of agencies to monitor and report impact of destitution, conduct a needs assessment and prepare a report / guidelines for wider dissemination and action	Numbers lost to 'Section 4' and outcomes. Migrant workers destitution and responses

5. Discussion

5.1 Access to Primary Care Services

The health sector has also undergone significant changes in the way services are planned, commissioned and provided in recent years. The separation of functions within PCTs, coupled with staff changes, has created an uncertainty about where responsibility for asylum seeker and migrant health issues should sit and who should receive information from UKBA on dispersals[11].

A collective desire exists within the region to ensure improvements are made which result in new arrivals being able to access timely and appropriate health provision, and that those individuals will existing health conditions are transitioned into the health sector at the earliest stage once a decision on the location of dispersal has been made. The current system of asylum seeker support provides real opportunities to improve the identification of health needs of new arrivals and ensure appropriate treatment where required[12].

Significant concerns have been expressed across the literature about migrants' access to primary care services. Health care staff are often unclear about the entitlements of different migrant groups[13], which are dependent on their immigration status. Many migrants fail to register with a GP practice, as recent research by Cambridgeshire County Council reported – although it is unclear whether this is because migrants to the area tend to have a younger age profile (and are therefore lighter users of health services), or whether it is an indication of a level of unmet health need. Registration may be particularly problematic in rural areas where services are dispersed, and transport links are poor[14].

It has been argued that 'suspicion of authority figures may lead to resistance to registration, concealment of information, and avoidance of services intended to be health-promoting, such as screening and immunisation'[15]. This can affect practices' ability to meet targets – with financial implications – and can mean some practices are unwilling to accept migrants as patients[16]. However, it has also been argued that

[11] Newell (2009: 8)
[12] Newell (2009: 8)
[13] Johnson (2007)
[14] Turton et al. (2004)
[15] Johnson (2007: 64)
[16] Johnson (2003)

'general practices do not have the resources or, in many cases, the desire to check patients' immigration status' (Hull and Boomla 2006), and that doctors are unwilling to compromise their professional values by denying health care in cases of need. GPs recently attacked the Government's proposal to further restrict asylum seekers' entitlement to health care, arguing that it would be 'unethical and potentially illegal, with some saying they would treat patients regardless of any new rules'[17]

Concerns have also been raised about migrants' inappropriate use of emergency treatment as a substitute for primary care services. Inappropriate A&E use may be a reflection of poor access to general practice or a lack of understanding about how the NHS works, since the use of GPs as gatekeepers to other services is unusual outside the UK. A recent report by the Audit Commission found that while this was true, and that 'many go to accident and emergency (A&E) departments if they need medical care, as they would in their home countries, and see little benefit in signing up with GPs'[18], there was no evidence that this was placing an undue strain on acute services. There is evidence that many migrants do not access primary care because of a lack of understanding of their entitlements, and how the UK health system works – particularly the gatekeeper function of GPs[19]. For example, a recent study found that only 33% of their migrant worker sample knew how to register with a GP (with information most commonly obtained from family and/or friends), and still fewer (19%) understood the UK health system[20]. The main reason given for this was lack of English language skills, with 77% of those listed as having no English language skills reporting that they had had no information on registering with a GP – compared to 59% of those with fluent language skills. However, despite these relatively low levels of registration, there was no indication that acute and emergency services were becoming overburdened (fewer than 10% had used A&E, and just 3% had been a hospital inpatient).

It is worth considering the healthcare systems in the countries of origin for the migrant workers, in order to try and contextualise their poor understanding of services and the experiences they go on to have with them. The following appeared to be common practice across the A8 countries:

[17] Hinsliff (2008)
[18] Audit Commission (2007: 33)
[19] Johnson (2007)
[20] Spencer et al. (2007: 31)

• Citizens have immediate access to specialists (i.e. broken bones clinic, dermatologists etc.)
• Appointments are often unnecessary
• Antibiotics are readily given out
• No medicine can be accessed in supermarkets
• There is much more continuity of care “Oh yes, you just go to one person from the day you were born” Lithuanian, Female, 3 years in UK
• Nearly all health professionals are of host nationality
• Many elements of the health services are not free
• Some ‘black market’ (slipping of money)[21]

Levels of awareness of the National Health Service varied considerably across Migrant Workers and, language ability in isolation was rarely a determining factor in this at all. A relatively-fluent Lithuanian couple residing in the UK for five years had no awareness the NHS was free until their fourth year, and still failed to identify any services bar that of the GP and dentist during an in-depth paired research interview.[22]

Many Migrants have sub-conscious benchmark expectations of the NHS from their own healthcare systems. In their A8 countries of origin they generally have immediate access to health specialists, as well as antibiotics over the counter. There exist seven key barriers, which prevent the greater accessing of NHS services; these are:

- Lack of awareness and understanding
- Basic inherent language barriers and advanced emotive language barriers
- Lack of trust in NHS services
- Perception health is not a UK priority
- Fear of taking time off work
- Self-sufficiency
- Expense (in relation to dentists)[23]

[21] Mid Essex MW Health Report (2009: 16)
[22] Mid Essex MW Health Report (2009: 14)
[23] Mid Essex Report on MW Health (2009: 2)

Major health concern(s)	Specific issues in service planning	Recommendations	Needs for more information
Unmet health needs. Late presentation of health needs. Reduced access to screening, health promotion.	Uncertainty re. entitlements Information and support to help access. Procedures and protocols block access.	Clarify understanding of entitlements and share with PCTs and service providers. Utilise diversity legislation and NHS initiatives (Race for Health) to promote rights based approaches to access Co-ordinate Initial Accommodation and dispersal area health services. Work with business and health sector to improve access to occupational health	Reasons for non-access from migrants themselves

Examples of NHS good practice

Regional - Suffolk Community Refugee Team – supports access to GPs through an agreement with the Local medical Committee that all refugees and asylum seekers will be registered even if they have a 'refused asylum' status and by conducting initial assessments with interpreters, completing GP registration forms, liaising with individual practices and GPs, booking appointments, providing face to face interpreting for complex and urgent situations.

Norfolk - City Reach Health Service (CHRS) - provides a service for those having problems accessing primary health care, predominantly those who are homeless or at risk of homelessness. The service does see some asylum seekers and assists them in registering with GP's in the city.

Peterborough PCT - Millfield Medical Centre used to fulfil an asylum seeker health role, and now provides a health visitor to the New Link Centre, a drop in provision for asylum seekers in the City. New arrivals are expected to register with their nearest GP. The PCT has a walk in centre which may be used by some new arrivals, additionally a trauma service to address mental health needs and a counselling provision exists in the city.

5.2 Translation and Interpreting Services

The initial evidence gathered by the SMP's health support officer has highlighted issues around the quality and availability of interpreting and translation services as a key area of concern across the region, and a priority area for future work – a finding which is reflected in the wider literature on migrant health. For example, various recent studies have concluded that 'interpretation and language support are crucial and inadequate'[24] – and that 'without interpreters, service users are denied access'[25] to services. A recent national survey of GPs identified effective communication as being 'vital to effective primary care, but … hindered by differences in culture and language' and stressed that *lack* of communication and a common language were

[24] Johnson (2007: 61)
[25] Palmer and Ward (2007: 209)

seen by GPs as the 'biggest barrier to care'[26]. An investigation by Norfolk and Waveney Mental Health Partnership Trust also found that one of the major barriers in accessing services was the lack of interpreting services among mental health professionals to enable them to (correctly) identify and treat migrants' mental health problems[27]. Staff may either be too busy or lack the necessary knowledge to arrange to book an interpreter, especially where the language involved is particularly rare[28], or the service may simply be unavailable to them – either through logistical or budgetary constraints. However, the risk is that *without* the necessary interpreting or translation service, the consultation and treatment offered to the patient may be ineffective or inappropriate.

Where an interpreter is not available, family members are often relied upon to translate for patients – raising a whole range of concerns around issues of confidentiality. As the British Medical Association noted in its report on meeting the healthcare needs of asylum seekers, 'the use of family, friends and other asylum seekers as informal interpreters should be discouraged as it denies patients the right to confidentiality within their family or community'[29]. However, despite these concerns many of those surveyed preferred to use family members even where an interpreting service *was* available, because they were seen as being 'often more culturally aware and sensitive'[30]. Interpreting services should also be culturally sensitive and responsive to the needs of specific groups such as female migrants, many of whom have poorer levels of English than their male counterparts but who may not be made aware of their right to choose a female interpreter or even be offered that choice[31]. If a male interpreter is provided, they may feel uncomfortable in discussing sensitive or personal issues, and therefore be unable to access the necessary treatment.

Despite the Big Word or Language Line translation services being available in GP surgeries, Family Planning clinics and A&E to help overcome the language problems, it was rarely used. Reasons included; time (took too long in a GP's 8 minute consultation, or having to book the service in advance), impersonal element of the

[26] BMA (2004: 17)
[27] Bowden et al. (2006)
[28] Johnson (2007)
[29] BMA (2002: 11)
[30] BMA (2004: 6)
[31] BMA (2002)

service, unsure how to use the service and Migrant Workers often bringing someone who could speak English a bit better than them to consultations.[32]

The recent pledge made as part of the '*Improving Lives; Saving Lives'* initiative[33] highlighted the need for improvements to interpreting and translation services as central in improving the access to services of marginalised patient groups such as migrant workers, asylum seekers and refugees. This document stated that 'healthcare staff should be trained in the best use of an interpreter, and practice reception staff who are often the first people to have contact with these patients should be given guidance on communication and the use of interpreters'. One of the main objectives set by this group was to commission interpreters to run sessions at GP surgeries, and to facilitate practices' access to such services – and a regional health network would need to follow future progress in meeting this objective.

Major health concern(s)	**Specific issues in service planning**	**Recommendations**	**Needs for more information**
Reduced access to care. Poor health outcomes. Inappropriate care.	Lack of availability of local interpreters. Interpreting costs not included in service budgets. Staff knowledge and attitudes.	Support the development of community interpreting services. Share examples of national best practice with PCTs. Encourage provision of training for services. Improve access to English classes.	Availability of community interpreters / services
Examples of NHS good practice **Regional - INTRAN –** Norfolk NHS management, support and use of a co-ordinated multi-agency approach to the provision of translation and interpreting to statutory and voluntary sector agencies			

5.3 Maternity Services

The number of births to mothers born outside of the UK is rising steadily. For example, the number of births to mothers from EU countries other than the UK and the Republic of Ireland increased by 87% between 2001 and 2006, and accounted for almost 4% of all births in 2006[34]. Regional data indicates a similar pattern. Research recently carried out in Bedford[35] found that the total number of live births in

[32] Mid Essex MW Health Report (2009: 22)
[33] NHS East of England (2008)
[34] Ibid.
[35] Bennett (2008)

Bedford Hospital to mothers recorded as being in the 'White Other' ethnic category *doubled* between 2004 (3.8% of total deliveries) and 2007 (7.8% of total deliveries). Furthermore, in 2007 the total number of babies born into Polish families rose to 88 (compared with just 9 in 2004) – reflecting the pattern also observed in local schools, and apparently confirming the argument that the number of Polish migrant workers in the area is increasing – *and* that they are no longer simply single, young and male as previously argued, but are now starting families in the UK. Similar patterns have also been observed in other regions; in the West Midlands for example, between 2004 and 2006 over 1 in 4 births were to women born outside of the UK – with 1 in 5 to women born in Africa. Post-EU Accession births (i.e. after 2004), while still accounting for a small proportion of the total births recorded, has also risen[36].

Consequently, migration effects must now be seen as a key consideration in the commission and delivery of maternity and child health services. Migrants can face a number of barriers in accessing services. Unfamiliarity with the services available to them, or confusion over their entitlement to maternity care can often lead to late presentation and missed ante-natal care[37] - which can be further compounded by problems in registering with a GP (see section 2 above). Migrant populations are also often highly fluid and mobile meaning that women may be unable to attend appointments and making it very difficult for health professionals to maintain the necessary continuity of care. The Bedford report also noted that health visitors in the area found it particularly difficult to make contact with new mothers, often because the family had moved on by the time of their first visit.

The asylum process and policies such as dispersal of new arrivals creates particular problems– For example, the research carried out in Birmingham reported that one woman was dispersed to Birmingham from London at seven days past her due date, meaning that she had very little time or opportunity to establish a relationship with health professionals in the area[38]. The particular needs of asylum seeking parents have been identified as a key consideration for future immigration policy, with campaigners arguing that 'pregnant women and newly-delivered mothers should be consulted on the timing and destination of dispersal. Their need for practical and

[36] Taylor and Newall (2008: 43)
[37] Johnson (2007)
[38] Taylor and Newall (2008: 54)

emotional support during labour and in the post-partum period should be considered alongside any medical grounds affecting dispersal'[39]. Furthermore, it has been argued that pregnant women and newly-delivered mothers should only be dispersed to areas with adequate support services, including language support and health visiting services.

Migrants experience other problems in accessing maternity and child health services. For example, being housed on the periphery of towns away from adequate transport links, along with the high cost of transport and the low level of many migrants' incomes, mean that it is often logistically impossible for them to attend appointments. Many migrant parents are housed in low-quality, insecure accommodation with few local amenities and social support networks[40], all of which could potentially affect both their ability to engage with services *and* their own mental health – as well as their ability to parent successfully.

Major health concern(s)	**Specific issues in service planning**	**Recommendations**	**Needs for more information**
Late presentation without ante-natal care. Complex cases missed or poorly managed. Domestic abuse, trafficking	Lost continuity of care and poor post natal follow up when migrants move. Child protection issues	Prevent inappropriate dispersal of pregnant asylum seekers based upon new NASS guidelines. Encourage provision of specialist training for maternity services.	Birth data and pressures on maternity services
Examples of NHS good practice **National** **West Midlands SMP and Heart of Birmingham Teaching PCT – NHS –** report on maternity services: Dr Taylor B., Newall D*. (2008) Maternity, mortality and migration: the impact of new communities.* www.wmlga.gov.uk/asylum **Initial Accommodation Network** – NHS and UKBA – NASS Pregnancy and Health Care Bulletin revision			

5.4 Mental Health

However, it is both difficult *and* dangerous to generalise about the complex mental health issues which migrants might face. As already noted, migrants to the UK are a highly heterogeneous group with a range of different immigration statuses, backgrounds and experiences – and they can also experience a *range* of mental health difficulties. It is important to remember that migrants' experience is not

[39] McLeish (2002)
[40] particularly where families have been dispersed from their original location in the UK, which they may have chosen as the only place where they knew anyone from their own family/community

necessarily pathological and that mental health problems are 'not an inevitable consequence of trauma' and the migration process[41]. A recent study in Newcastle noted high levels of mental distress among migrants but also emphasised the fact that this did not necessarily constitute a mental *illness*[42], pointing out that many migrants possessed great resiliency and recovered relatively quickly and easily from the trauma of migration.

Every year thousands of people arrive in the United Kingdom seeking sanctuary. Fleeing conflict, political upheaval and persecution, they have often experienced extreme levels of trauma and loss. Many have been imprisoned and tortured, subjected to rape or sexual violence and have watched their friends and family die. The journey they make to safety is often long and dangerous. All that was familiar to them – their homes and communities – has been lost and upon arrival in the UK they face the challenge of building new lives for themselves, in an unfamiliar and often hostile environment. The combined impact of these experiences on the mental health and wellbeing of refugees and asylum-seekers can be devastating. Many will need support to enable them to move on with their lives and integrate into UK society. The challenge for mental health services in England and Wales is to meet the needs of this diverse group.[43]

Common issues are poor self-esteem and confidence, depression and anxiety disorders including Post Traumatic Stress Disorder, and an increased risk of suicide. Cultural differences in concepts of mental health and stigma related to mental illness may lead to over-medicalisation of stress reactions and mean that migrants are reluctant to access mainstream mental health services. Access to mental health services, where expression of thoughts and feelings is so key, is made particularly difficult by the language barrier.[44]

Nonetheless, many migrants *do* experience problems, and can be affected by a range of mental health stressors at various stages of their migration. Research has suggested that refugees and asylum seekers are significantly more likely to experience poorer mental health than native populations as a result of 'pre-migratory,

[41] CVS (1999: 13); see also Burnett and Peel (2001a)
[42] Crowley (2003)
[43] Mind Report (2009: 7)
[44] Warren (2009: 19)

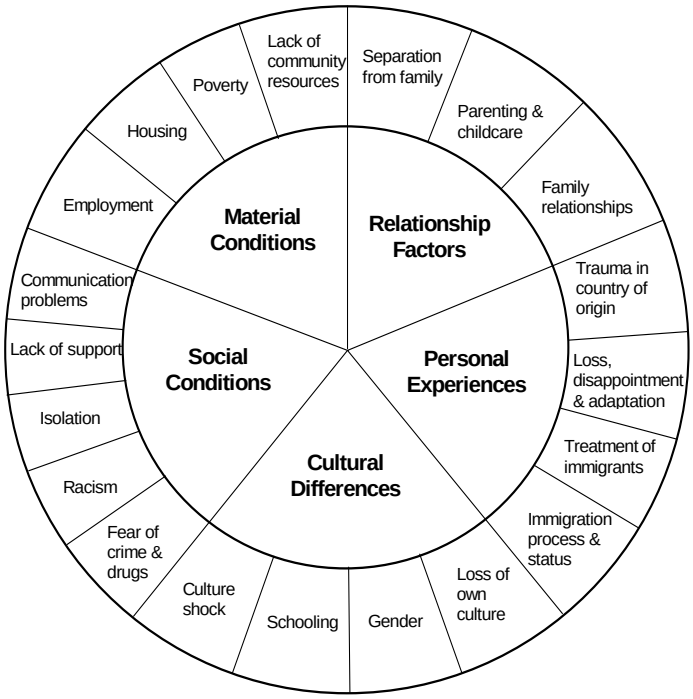
migratory and post-migratory experiences and difficulties'[45]. Pre-migration traumas, such as beatings, imprisonment and torture or repression, and witnessing instances of brutality or killings, can have an especially harmful effect on mental health as the following quotation from a Somalian interviewee in a recent study shows; 'Everything is lost and broken. So many were killed, beaten and shot. Women raped, beaten and shot. Men killed, missing, wives and children missing. I can't think about it but I do and cry all the time. It is the reason why we are here in UK, God willing. I am alone here now'[46]. The adverse effects of such traumas may not become apparent until sometime *after* arrival, manifesting themselves through a wide range of symptoms including sleeping problems and nightmares, lethargy, tearfulness, forgetfulness and loss of concentration, loss of appetite, extreme anxiety and paranoia[47]. The effects of such traumas can also be multiplied where asylum seekers have to retell their 'story' to immigration officials – often on several separate occasions.

Uncertainty and fear over the outcome of a lengthy asylum application process, and the threat of deportation (whether real or imagined) often affects asylum seekers' mental health; 'I have lots of psychological problems. I have no documents. I cannot do anything. Not having any decision is itself is a kind of trauma. You don't know what will happen to you'[48]. These fears may be compounded by conditions such as having to register with and report to the local police station. The policy of detaining asylum seekers on arrival or prior to deportation can also exacerbate the effects of pre-migration traumas. They may experience a sense of 'cultural bereavement'[49] upon leaving their country of origin, and be disturbed by 'different systems and ways of living'[50] in this country. Acclimatising to life in the UK, and adjusting to the poor living conditions (such as low-quality, overcrowded or unstable accommodation) in which they may find themselves – as well as the loss of control over their own lives – can be a source of considerable stress.

Some work has already been carried out on a small scale to investigate mental health issues among migrants in the East of England. Recent research carried out in the Great Yarmouth area identified a relatively high incidence of mental health

[45] Palmer and Ward (2007: 198)
[46] Palmer and Ward (2006: 202)
[47] see Mansoor et al. (2006); Palmer and Ward (2007); CVS (1999) and Phillimore et al. (2007).
[48] Phillimore et al. (2007: 17)
[49] CVS (1999: 14)
[50] Phillimore et al. (2007: 23)

problems among refugees, asylum seekers and migrant workers – *despite* the fact that they are often *under*represented among service users[51]. This project identified a range of mental health problems experienced by migrants, which were summarised in the diagram below, under five main headings[52];



Mental health services are often not sufficiently flexible to address such complex issues. For example, service provision is often based around monocultural understandings of mental health[53] and concepts which may be unfamiliar to some migrants, such as depression – 'Depression doesn't mean anything in Somalia' – or stress – 'When I came here I learnt the word stress because it is not well known in my country … If someone is stressed they say 'Waa waa she' which means mad. It is quite extreme, there is nothing in between. Stress is less than mad but Somalians talk about being mad'[54]. Concepts such as counselling and talking therapies can also be unfamiliar[55], and many migrants may prefer to seek support from their community, or from spiritual sources, rather than engaging with formal provision. It is important that service providers and commissioners take account of these

[51] suggesting that – for whatever reason – migrants are not engaging with formal service provision
[52] Bowden et al. (2006)
[53] Crowley (2003)
[54] interviewees in Palmer and Ward (2007: 204)
[55] contrasted with practices such as 'active forgetting' among Ethiopians (Burnett and Peel 2001a)

differences in understanding of and approaches towards mental health issues, and the need for appropriate specialist services.

There is also emerging evidence that, despite their relatively secure immigration status, migrant workers are suffering mental health problems related to stress. Interviewees in a recent study of migrant workers in Scotland[56] reported adverse effects on their mental health from often having to accept work which was insecure, low-paid and which involved not only poor working conditions but also extremely long and unsociable hours, and split/night shifts. Consequently several migrant workers were reported suffering from exhaustion and 'burn-out', which manifested themselves via a range of symptoms including fever, headaches, sleeping problems, raised heart rates, and anxiety or depression – made even worse by the 'loss of social contact'[57] which results from working such long hours[58].

Major health concern(s)	Specific issues in service planning	Recommendations	Needs for more information
High levels of mental distress and poor emotional wellbeing.	Most issues presented in primary care with no means to address or to audit. Poor access to Occupational Health Services	Encourage inclusion of specialist knowledge and care pathways in the DH IAPTS programme role out. Disseminate and support the use of DH Mental Health Service guidelines. Develop regional specialist services for complex cases and lead good practice.	Mental health needs and service responses in primary care and secondary / tertiary services including children's services
Examples of NHS good practice **Regional -** Bowden, G., Franks, W. and Gawn, N. (2006) *A qualitative study of the mental health needs of refugees, asylum seekers and migrant workers in Great Yarmouth, Norfolk.* Norfolk and Waveney Mental Health Partnership Trust **National - Department of Health Asylum Section** – Developing Mental Health Service guidelines to be published Spring 2009			

5.5 Unaccompanied Asylum Seeking Children

There is evidence that the numbers of unaccompanied asylum seeking children

[56] Weishaar (2008)
[57] Weishaar (2008: 1253)
[58] This study was on an extremely small scale, and more evidence/further exploration is needed – this may be particularly pertinent within the East of England which has a large – and *growing* – migrant worker population. Ongoing long-term research being carried out on behalf of EEDA by the Public Policy Consultancy Group at Anglia Ruskin University will consider – amongst other factors influencing migrant workers' decision-making processes – their coping strategies and experiences of social isolation. It would be useful for any migrant health network to keep in touch with the results of this research (an interim report was published in March 2009, with the final report in 2011).

(UASCs / unaccompanied minors) arriving in the UK is rising, and it has been argued that the health needs of this particular group needs urgent consideration[59]. However, although there has been a growth in research on the experiences of unaccompanied minors, the focus has mainly been on clinical understandings of the mental health issues they face – with 'relatively little attention, being paid to the broader aspects of emotional wellbeing'[60].

Unaccompanied minors may 'experience a high rate of psychological distress and are less likely to be able to access appropriate health and social care'[61]. Again communication is seen as a particular barrier to access, with many young people unable to understand their entitlements or how to access services – or what health professionals are telling them – and often not having the necessary access to an interpreter (see section 2, above)[62]. Recent research reported that 'many young people talk of suddenly facing and having to negotiate a system that they know nothing about. Not being able to understand or speak to those around you and not knowing what is going to happen next all compound potential difficulties'[63]. Unaccompanied minors may also be suffering from the additional stress caused by separation from other family members, and from the effects of anxiety over their safety. Many will have undergone traumatic journeys, leaving their country of origin at a very young age, and have experienced the accumulated loss of family members over many years[64].

Recognising the need for an assessment and re-appraisal of the support and services offered to unaccompanied minors the Home office proposed major changes in February 2007 and reviewed the consultation in January 2008[65]. The key reforms include keeping children safe, improving procedures for identifying trafficked children, developing specialist local authorities to deliver services, improving age assessment procedures and resolving immigration status more quickly. An improved code of practice for keeping children safe was issued in 2007 but it is still unclear how these proposals will be taken forward, particularly in relation to provision of services. In

[59] Chase et al. (2008); see also Johnson 2007 and Hek 2005
[60] Chase et al. (2008: 1)
[61] Turton et al. (2004: 2)
[62] Hek (2005: 22)
[63] Hek (2005: 24)
[64] Chase et al. (2008)
[65] Home Office (2007)

Suffolk, a number of agencies including Police and Social Care Services have agreed to manage all newly arrived unaccompanied minors as trafficked until proven otherwise and measures have been put in place to improve safety.

Recent research has also noted the value of mentoring systems in improving outcomes among this group, arguing for example that for young people *not* in foster care placements there is a genuine need for 'access to support through a one-to-one key worker or mentor who can provide personalised and comprehensive support'[66]. However, services also need to be flexible and to strike 'an appropriate balance between ensuring that young refugees have access to emotional and psychological support that makes sense to them, does not make them feel stigmatised and takes into account cultural issues, whilst not immediately assuming that all young refugees will need such input'[67]. This is another area which any future health network could potentially explore further, in partnership with social care and education agencies.

Major health concern(s)	**Specific issues in service planning**	**Recommendations**	**Needs for more information**
Unmet needs. Vulnerability, trafficking and child protection issues. Breakdown in support	Age assessments / changing ages. Leaving care services Missing children / young people. Less available support for non fostered UASCs	Develop and share understanding of needs and health outcomes. Encourage the development of mentoring projects. Develop protocols to reduce numbers of children missing and improve protection from trafficking. Encourage the development of best practice for age assessments.	Health outcomes for UASCs. Implementation of government proposals for changes in service provision
Examples of NHS good practice Regional - unknown			

5.6 Data collection, health needs assessments and commissioning

Debates over the quality of migration data have become increasingly prominent in recent years, particularly since the accession of 10 new states to the European Union. The difficulties of collecting accurate migration data are particularly apparent in relation to health, and 'evidence on migrant health outcomes is sparse'[68]. Even where ethnicity is recorded, there is no information on migration status in any NHS

[66] Chase et al. (2008: 4)
[67] Hek (2005: 25)
[68] Johnson (2007: 58)

dataset and there is a complete 'lack of systematic mapping of information on refugees and their health'[69].

Consequently there are 'multiple deficiencies in the information base required to guide best practice and commissioners in developing services to meet the health needs of minority and migrant groups'[70]. Much of the available information on migrants' engagement with health services across the region and their health outcomes is largely anecdotal, as was apparent from the background research for this scoping exercise. There are significant gaps in our knowledge of migrants' needs and their experiences of health services, and a clear need for further research in this area.

Where PCTs in the region *have* nominated a migrant health lead they often have little knowledge of *the* make-up of migrant groups in their particular area. Much better monitoring of ethnicity and improvements in data collection and recording are needed; without this preliminary step it will be impossible to make assess the quality of service provision or make the necessary improvements. Migrant issues are often elided with wider equality and diversity concerns, and a focus on experiences of other *settled* minority ethnic groups. The *specific* experiences and needs of recent migrants highlighted in the literature and discussed here are not always properly recognised.

Commissioners in PCTs often have little knowledge, understanding or data upon which to base commissioning decisions. Where specialist refugee services have existed in the past there appears to be a better understanding of the issues for migrants but often these services have been lost or reduced because of financial pressures, reducing numbers of asylum seekers or loss of the one key person who has driven service provision forward[68]. Better understanding of key issues in the provision of all services for migrants rather than just models for specialist service provision could be supported through World Class Commissioning Competencies[69] and through new ethnicity and diversity requirements placed upon PCTs (e.g. Equality Impact Assessments) and initiatives such as Race for Health. Work in the

[69] Johnson (2007: 61)
[70] Johnson (2007: 66)
[68] Williams (2008: 3 & 11)
[69] Department of Health (2007)
[70] The Childrens' Society (2008)

Department of Health Asylum Section is seeking to examine ways of influencing commissioning process and supporting improved commissioning decisions.

Major health concern(s)	Specific issues in service planning	Recommendations	Needs for more information
Unmet needs.	Unexpected service pressures. Poor data to support commissioning or provider service contracting	Co-ordinate ERPHO, Directors Public Health to develop needs assessment, data collection, mapping and 'flow models' across the region based upon new developments and knowledge in other regions. Disseminate and support the use of Primary Care Commissioning Guidelines.	Data sources. Dynamics of flows across the region.
Examples of NHS good practice **Regional** **Suffolk NHS –** Director of Public Health Annual Report 2008 – Chapter regarding health needs of asylum seekers, refugees and new migrants **Bedfordshire NHS –** Mapping migrant worker health needs **National** **Primary Care Contracts Team** – Developing Commissioning Guidelines for Primary Care			

5.7 'No recourse to public funds' and destitution

The issue of individuals who have No Recourse to Public Funds (NRPF) has become increasingly significant for health and social care service providers in the last year. These individuals and families are not entitled to receive a wide range of services and support including non emergency health care, social care services, welfare benefits and access to social housing. The reasons for their destitution are varied but often include: insecure employment, coming to the end of the asylum process, domestic abuse and family breakdown and overstaying on a visa.

Many asylum seekers and refugees will have experienced 'multiple losses including family, friends, home, status and income'[71]. Separation from family members, and perhaps guilt at having survived events in their country of origin, is often a significant factor. These feelings can be exacerbated by the lengthy asylum application process, during which migrants may feel extremely isolated (particularly where they have been subject to the dispersal process) – as well as bored and helpless because they are unable to work. Those who challenge the exclusion of asylum seekers from employment argue that it can counteract some of these difficulties and help to 'give

[71] Palmer and Ward (2007: 198)

individuals a sense of independence and purpose and also provides occupation and diversion from other problems that individuals may be experiencing'[72]. For example, one study found that 65% of asylum seekers surveyed felt that many of their problems were caused by their inability to be self-supporting[73]. Recent campaigns have also highlighted the negative effects of the high levels of destitution among 'failed' asylum seekers, many of whom suffer from 'extreme anxiety, depression and vulnerability'[74]. Refugee Action also argued that destitution erodes migrants' 'sense of self and their will to survive, which is often all they have left. They feel that their lives are forgotten and wasted'[75].

A Children's Society Report identified that destitution did not only effect single adults but also children alone and in families, often single parent families.[70] Children in the families interviewed were growing up in dirty, unsafe, overcrowded conditions without heating or electricity and nowhere to play. They were frequently hungry sometimes eating only once per day, their parents eating less often than this. The families moved often from hostels where they were fearful of violence to single rooms, squats or the street. Families struggled to access health care and some were not entitled to it and most children did not go to school. Asylum seeking children and their families were in constant fear, both of return, and because they were living in unsafe places and were vulnerable to sexual exploitation and were constantly stressed and experienced severe emotional distress.

The recent Audit Commission report concluded:[76] that as many migrant workers live in tied accommodation with higher insecurity of tenure and often paying high rents they will become homeless and destitute if they fail to find work, are made redundant or flee domestic violence, as they are not eligible for public funds. Hostels funded by housing benefit cannot accept them; only voluntary day centres and church-run shelters can provide some support. Even women fleeing domestic abuse may have difficulties in finding refugee places. Many destitute migrant workers may drift into squatting, rough sleeping and street drinking and substance misuse.

[72] Palmer and Ward (2007: 204)
[73] Dumper et al. (2006)
[74] ICAR (2006)
[75] Refugee Action (2006: 13)
[76] Audit Commission (2007)

Major health concern(s)	Specific issues in service planning	Recommendations	Needs for more information
Loss of care for chronic or severe conditions. Consequences of extreme poverty. Severe mental distress. Exploitation.	Patients lost to care. Skewing outcomes and targets. Lack of knowledge. Services inability to provide usual solutions to issues or access support.	Support wide range of agencies to monitor and report impact of destitution, conduct a needs assessment and prepare a report / guidelines for wider dissemination and action	Numbers lost to 'Section 4' and outcomes. Migrant workers destitution and responses. Impact upon children and families
Examples of NHS good practice Regional - unknown			

6. Conclusion

The health service is lagging behind other sectors in addressing the needs of asylum seekers, refugees and migrant workers locally, regionally and nationally, particularly in terms of policy and strategic development. Much good practice arises from other sectors, particularly the voluntary sector (see Appendix 1). This does not mean that there is not good practice in the health care sector but just that it is disjointed, sporadic, unrecognised and often lead by committed individuals with little structural support. 'Dispersal' areas for asylum seekers have often developed greater knowledge and expertise around new migrant issues and may be in a better position to respond also to migrant workers, however PCT re-organisation and new commissioning and provider structures have disrupted service provision and lost individuals with knowledge and expertise. The degree of third sector commissioning by the NHS of services provided to new migrant communities is also unclear.

This situation is a reflection of the national picture but much good work has been lead by Strategic Migration Partnerships in other regions from which East of England can learn. The key to developing responses and support at regional levels appears to have been the involvement of Regional Public Health Observatories, Public Health Directorates, links with the Department of Health Asylum Section and joint working with Local Government and national voluntary sector agencies. Key processes for raising the issues at a local level are Multi-agency Forums for New and Emerging Communities, Joint Strategic Needs Assessments and Local Area Agreements. The role of Strategic Health Authorities in commissioning and service development for this population group is unclear though issues appear to be more recognised in terms of work force development.

The issues covered in this report often present difficulties for individual health care practitioners and services to respond effectively and ensure positive health outcomes for asylum seekers, refugees and new migrants, particularly if destitute. Strategic and structural support is urgently required to enable NHS trusts to develop mainstream and specialist services appropriate to the needs of this particular group and the key to this process is commissioning.

7. Recommendations

Recommendations for action have been included in each specialist area covered in this report to propose means to address the health needs and service issues outlined. The Strategic Migration Partnership should take a lead in regional organisation and support and co-ordination of key health service and related organisations to further these recommendations through:

- Working closely with the Eastern Region Public Health Observatory and Strategic Health Authority, particularly concerning data collection, leadership and ownership of migrant health issues, staff training, workforce planning and most importantly, commissioning.
- Strengthening the links with the Department of Health Asylum Section and ensuring the continued funding of secretariat support for the Health Lead to co-ordinate SMP actions with other pieces of work in other regions.
- Facilitating a Migrant Health Network that would broadly enable the two way sharing of best practice and information as an e-network and enabling collective work around specific issues as a 'task and finish' SMP health subgroup.
- Requesting all NHS organisations (PCTs, Provider Services, NHS Trusts, Health Protection Agency etc.) to propose lead officers for migrant health
- Supporting recognition of the work of the SMP, health networks and subgroups and regional examples of best practice by local, regional and national health policy makers and strategic planners.
- To create an educational training programme aimed at health professionals working in environments where asylum seekers, refugees and migrants may require interpretation or translation support/advice. All health care services should be of high quality allowing adequate time for assessment and with access to face-to-face or telephone interpreters as needed.
- To highlight the importance of interpretation / translation suitable equipment and facilities in medical establishments.

Migrant Health Scoping Report – Action Plan (January 2010)

Actions	Lead	Timescale	Status
Incorporate recommendations and feedback from the SIP (21/01/09) into the final draft.	Susan Stallabrass	6th February 2009	Completed
Submit the final draft to the SIP management committee for final sign-off	Ian Beattie	13th February 2009	Completed
Present the brief version of the report to Multi Agency Forums in the region	Rachel Heathcock	January 2010	Completed
Submit the report to the East of England SHA Management Committee and the East of England Public Health Observatory	Dr Paul Cosford and Ian Beattie	To be confirmed	Pending
Feedback on the SHA response to the report to the SIP	Dr Paul Cosford	May 2010	Pending
Feedback on the EoE Public Health Observatory response to the report to the SIP	Ian Beattie	May 2010	Pending
Prepare a brief version of the report to distribute to Directors of Public Health, NHS commissioners and Directors of NHS provider services	Rachel Heathcock	May 2010	Pending

Appendix 1
Examples of Best Practice

Below is a list of projects working with asylum seekers and refugees and/or migrant workers. The information is being shared as a sign of good practice. Should you wish to find out more information about any of the projects, please contact them directly.

The projects are listed under their relevant county or unitary council base: Please use the quick links to projects in your area: Norfolk based projects, Suffolk projects, Peterborough projects, Hertfordshire projects, Bedfordshire projects and Luton projects. Please let us know of any project that is not listed below.

Bedfordshire (area covered by Bedfordshire New Migration Partnership)

1. **Bedford Refugee and Asylum Seeker Support (BRASS)**- Offers practical advice to refugees and asylum seekers (not counselling). Address: c/o St Luke's United Church, 26 St Peter's Street, Bedford, MK40 2NN. Tel: 01234 21138, Email: brass@britonline.net

2. **The Learning Partnership-** works with migrant workers through the Transqual project and the Train to Gain ESOL Project. Address: 1 Sunbeam Road, Woburn Road Industrial Estate, Kempston, Bedfordshire MK42 7BZ, Tel: 01234 857637, Email: info@learning-partnership.co.uk. Website: www.learningincommunities.co.uk

3. **Polish British Integration Centre (PBIC)** - aims to support vulnerable migrants to attend culture awareness courses with embedded ESOL. Address: 31 Pembroke Street, Bedford MK40 3RH. Tel: 01234 359577. Email: malgorzatabrady@aol.com

4. **Step into Childcare for the Bedford Polish Community-**To increase the employment prospects and progression into further training or education of economically inactive Polish adults resident in Bedfordshire. Address: Workforce Development Unit, Children's Services, Beds County Council, Suite 1 Princeton Court, Pilgrim Centre, Brickhill Drive, Bedford MK41 7PZ. Tel: 01234 228847. Email: Nadean.tomsett@bedscc.gov.uk

Luton (area covered by Luton New Migration Partnership)

1. **Bedfordshire African Community Centre (BACC)** their aim is to empower, support and assist individuals and minority groups from the African Continent including Asylum Seekers, Migrant Workers and Refugees living in Luton and Bedfordshire. Address: The Basement, Aldwyck House, Upper George Street, Luton, Beds, LU1 2RB. Telephone: 01582 484807. E-mail: bacc.office@virgin.net; info@africancentre.org.uk. Website: www.africancentre.org.uk/
2. **British Red Cross** The work undertaken by the Red Cross in this area includes providing support to refugees and asylum seekers. Bedfordshire Area Office, 232 Dunstable Road, Luton - Telephone: 01582 589080 Website: www.redcross.org.uk

3. **Centre for African Families Positive Health (CAFPH)** is an African specific service that is peer led and all efforts are made to involve people living with HIV/AIDS, including asylum-seekers and refugees, in the development and improvement of services at all levels. Address: Kingham House, Unit 1, Kingham Way, Luton LU2 7RG. Tel: 01582 726 061. Email: www.cafph.org/

Cambridgeshire (area covered by the Cambridgeshire Migrant Workers & Asylum Seekers and Refugees Network and by the Fenland Diversity Forum)

1. **Advice for Life/Migrant Gateway©** AFL's Migrant Worker Project aims to give Migrant Workers the opportunity to receive specialist advice on employment rights, training, immigration, housing, etc. Address: Cambridgeshire Business Park, E-space South, Unit 8, 26 St Thomas Place, Ely CB7 4EX. Tel: 01353 644150. Email: adelina.chalmers@afl.org.uk. Website: www.afl.org.uk, http://migrant-gateway.eu/

2. **Cambridge Refugee Support Group (CRSG)** supports refugees and asylum seekers who live in Cambridge or the surrounding area by helping with English language and providing advice or advocacy on a range of topics. Address: Tel: 01223 575489. Email: RSG@dial.pipex.com. Website: http://cambonli01.uuhost.uk.uu.net/forum/refugee/refframe.htm

3. **The Ferry project** works with the housing company Luminus Group to provide housing and skills training for single homeless people. Address: 16 - 24 Mill Close, Wisbech Tel: 01945 461106 (Female). Tel: 01945 589905 (Male). SOFA Project: 01945 467596.

4. **Fenland CAB Migrant Workers Project** Supporting Migrant Workers in Rural Areas. Drop in sessions in Portuguese. Address: 12 Church Mews, Wisbech, Cambs, PE13 1HL. Tel: 01945 464367. Email: bureau@fenlandcab.cabnet.org.uk

5. **The Rosmini Centre** is the focus for a range of activities helping the families of migrant workers to access services. Address: Rosmini Centre Community Development Manager, 69 Queens Road,Wisbech,Cambs, PE13 2PH Tel: 01945 474422 email: rcw_manager@btconnect.com

Peterborough (area covered by Peterborough Multi-Agency Forum)

1. **African Caribbean Forum**-Provide support to elderly Caribbean people and activities for young people. Address: Millennium Centre, Dickens Street, PE1 5DG. Tel: 01733 562663.

2. **Bissau-Guinean Association** c/o New Link, Lincoln Road Centre, 439 Lincoln Road, Peterborough, PE1 2PE. Tel: 01733 864311. Email newlink@peterborough.gov.uk .

3. **British Red Cross Refugee Services-** Coordination of services for asylum-seekers and refugees living in the East of England. Address: Brassey Close, Peterborough, PE1 2AZ. Tel: 01733 557472. Email: AHewett@redcross.org.uk

4. **Czech and Slovak Community Organisation** Inaugural launch took place in February 2008. c/o New Link, Lincoln Road Centre, 439 Lincoln Road, Peterborough, PE1 2PE. Tel: 01733 864311. Email newlink@peterborough.gov.uk .

5. **Daman Community of Peterborough** (Portuguese community) c/o New Link, Lincoln Road Centre, 439 Lincoln Road, Peterborough, PE1 2PE. Tel: 01733 864311. Email newlink@peterborough.gov.uk .

6. **Eagle Polish Society of Peterborough** The fundamental aim of the Society is to provide comprehensive service to help the Polish people living in Peterborough and surrounding area. It hopes to create a communication process between Polish community and the authorities as well as other minorities. Address: 1 Blackmead; Orton Malborne, PE2 5PU

Peterborough. Tel: 07724978154 Email: info@pspeagle.co.uk Website: http://www.pspeagle.co.uk/angielska/index.html

7. **Ethiopian and Eritrean Community Association** c/o New Link, Lincoln Road Centre, 439 Lincoln Road, Peterborough, PE1 2PE. Tel: 01733 864311. Email newlink@peterborough.gov.uk .

8. **Lithuanian Community Association** c/o New Link, Lincoln Road Centre, 439 Lincoln Road, Peterborough, PE1 2PE. Tel: 01733 864311. Email newlink@peterborough.gov.uk

9. **New Link** is Peterborough City Council's Asylum and Migration Service. It aims at creating a new model for managing new arrivals in the UK. Individual projects have been established in Peterborough to achieve this aim. Address: 439, Lincoln Road Peterborough England PE1 2PE. Tel: 01733 864305, newlink@peterborough.gov.uk. Website: http://www.peterborough.gov.uk/page-3838

10. **Peterborough Portuguese Association**-facilitate ESOL classes in Peterborough. Address: 128 Gladstone Street, Peterborough, PE1 2BL. Email:PPAssociation@hotmail.com

11. **Peterborough African Community Organisation (PACO)** was set up as a means of tackling isolation. PACO addresses this issue by facilitating contact between people with common origins who came to settle in Peterborough. Address: 439, Lincoln Road Peterborough England PE1 2PE. Tel: 01733742801, Website: http://www.pacouk.org/

12. **Peterborough Community Group Forum**-aims to increase discussion and information exchange and to provide a more effective voice for community groups, organisations and associations in the wider community. Address: c/o New Link, Lincoln Road Centre, 439 Lincoln Road, Peterborough, PE1 2PE. Tel: 01733 864311. Email newlink@peterborough.gov.uk .

13. **Peterborough Women's Centre-**The Centre focuses on raising awareness of women's issues, women's rights and women's education and personal development, and also promote interagency links. Courses offered include ESOL, ESOL for ICT, and there is a pilot group for refugee women. Address: 69-71 Broadway, Peterborough, PE1 1SY. Tel: 01733 311564 or 311568, Email: pboro.womens.centre@btclick.com. Website: http://www.peterboroughwomenscentre.org.uk/

14. **Poor African Refugee Community Association (PARCA)-**aims to work towards the full integration of the Refugees and Asylum Seekers. Projects and activities cover: provision of general information and advice - Signposting and referral services, help with training and job search. Unity Hall, Northfield Road, Peterborough, PE1 3QH, Tel: 01733 310091, Email: ukparca@yahoo.co.uk/ info@poor-refugee.org Website: http://www.poor-refugee.org/

15. **Somali Community of Peterborough** Advice and support for the Somali community in Peterborough. Signposting for housing and education services. Started in 2005. it's a RCO. Address: c/o New Link, Lincoln Road Centre, 439 Lincoln Road, Peterborough, PE1 2PE. Tel: 01733 742801 Email: info@scopeuk.org ; Website: http://scopeuk.org/

Hertfordshire (area covered by Hertfordshire Migrant Workers Multi-Agency Forum)

1. **Community Action Dacorum-**has managed the Meeting the Information and Economic Needs of Migrants (MINEM) project which ended on 31/3/08. for more information, see project's website: www.minem.eu Address: 48 High Street, Hemel Hempstead, Herts, HP1 3AF. Tel: 01442 253935. Website: http://www.dacorumcvs.org.uk/

Norfolk (area covered by Norwich Asylum-Seeker and Refugee Forum, Norfolk Migrant Workers Forum, West Norfolk Diversity Forum, Great Yarmouth GYROS Multi-Agency Forum)

1. **Amigos-** Working with Migrant Workers The project acts as a liaison between the local churches and these communities so that they may have their needs met and integrate in the local society. Focuses on the Breckland area. Email: Jorge Damesceno on amigos_uk@hotmail.co.uk

2. **Asylum Voice (Norwich)** The Project, initiated by the Norwich Multi-Agency Forum (NASREF) is a second tier meeting group which engages with community members with the aim of representing the voice of asylum seekers and refugees within NASREF. Its objectives are to promote local and regional policy based on well-informed asylum issues and to produce Knowledgeable, skilful and confident community representatives. Address: c/o Red Cross Refugee Resource Centre, 44-46 St. Augustine's Street, Norwich, NR3 3AD. Tel: 01603 623041. Email: pmjobarteh@redcross.org.uk

3. **City of Refuge/New Writing Partnership-**The Community Programme comprises of the strangers and canaries project (for young people), competitions, a library project and various training and workshop opportunities. Address: 4-6 Netherconesford, 93-95 King Street, Norwich, NR1 1PW. Tel: 01603 877177. Email: info@newwritingpartnership.org.uk. Website: www.newwritingpartnership.org.uk

4. **Community Connections (Great Yarmouth)** The aim of the organization is to promote and actively initiate community development and community empowerment initiatives across the Borough of Great Yarmouth and its travel-to-work area. Address: Electra House, 32 Southtown Road, Southtown, Great Yarmouth, Norfolk NR31 ODU. Tel: 01493 656372. Email: vicki.knights@communityconnections.org.uk. This e-mail address is being protected from spam bots, you need JavaScript enabled to view it Website: http://www.communityconnections.org.uk/Joomla/

5. **Great Yarmouth International Association (GYIA)-**aims to bring together the different Black Minority groups (BME) of Great Yarmouth and promote good relations within the wider community through social and cultural events. Address: 52a, Deneside, Great Yarmouth, NR30 2HL. Tel: 01493 851598. Email: gyia@btconnect.com

6. **Great Yarmouth Portuguese Association/Herois del Mar** -One of the group's key roles is to encourage Portuguese community members to pursue education and training and to improve their English. The "Boca em Boca" newsletter also provides information and help with access to advice and services. Address: c/o Café Arroz dos, 31 King street, Great Yarmouth.

7. **Voluntary Norfolk** in Great Yarmouth. The Target Engagement team supports the development of a programme linking local residents, including migrant workers, into training, volunteering and employment pathways. Address: The Neighbourhood Centre, 143 King Street, Great Yarmouth, Norfolk NR30 2PQ. Email: tel: 01493 845925. Email:

simon.oleary@nvs.org.uk. Website: http://www.nvs-gy.org.uk/

8. **Great Yarmouth Refugee Orientation Services** (GYROS) - provides information to newcomers to the UK and to those agencies working with them. Address: 52A Deneside, Great Yarmouth NR30 2HL. Tel. 01493745260. Email: enquiries@gyros.org.uk. Website: www.gyros.org.uk

9. **GMB (Britain's General Union)-**aims at empowering migrant workers through delivering courses such as "know your rights". Address:38-40 Bethel Street, Norwich, NR2 1NR.T: 01603 626492. Email: steve.walker@gmb.org.uk. Website: http://www.gmbunion.org

10. **Kings Lynn Area Resettlement Support (KLARS)** provides advice and information for migrant workers, asylum seekers and refugees. There are four drop-in sessions every week, where newcomers can get information in English, Portuguese, Russian, Polish and Lithuanian. Address: 14 Tuesday Market Place, King's Lynn, Norfolk, PE30 1JN. Tel: 07916201729. Email: postmaster@klarskl.org.uk. Website: http://www.klarskl.org.uk/

11. **META@Keystone -** META Drop-in is a face to face information and support service staffed by migrant workers to help mobile communities settle down quickly and effectively. META staff provide support in 7 languages. The META hotline, delivered in partnership with Advice for Life, is a telephone service providing information to migrant workers in the Eastern region. Address: Keystone Development Trust, The Limes, 32 Bridge Street, Thetford, Norfolk IP24 3AG. Tel: 01842 754 639. Email:enquiries@keystonetrust.org.uk. Website: http://www.keystonetrust.org.uk/META/. META hotline: 0871 4231334.

12. **Mid-Norfolk Association (MNA)** Projects include "Portuguese school for all", ESOL classes, Youth club activities. Contact: adchoca@yahoo.co.uk

13. **New Routes/Interface Learning Association**-The organization runs a variety of projects which reflects the diversity of our clients. Refugees and asylum seeker families are their main client group. Address: 48 St Augustine's Street, Norwich NR3 3AD. Tel: 01603 632816. Email: newroutes@tiscali.co.uk

14. **NORCAS** Great Yarmouth Confidential clinical service offering information, advice, assessment, prescribing, needle exchange, counselling and support for anyone who has an alcohol or drug problem or is concerned about a relative, friend or colleague. Provides some bilingual support to Portuguese speakers. Address: 59 North Quay, Great Yarmouth, NR30 1JB. Tel: 01493 857249. E-mail: gt.yarmouth@norcas.org.uk. Website: http://www.norcas.org.uk/

15. **Norfolk African Community Association** (NACA)-aims to foster social cohesion amongst the scattered African persons or groups in Norfolk and thus mitigate any feelings or effects in isolation, social exclusion or racial abuse. Address: 47 Winchester Tower, Vauxhall Street, Norwich NR2 2SE. Email: ashwondi@hotmail.com

16. **NORFRESA-**Norwich French Speakers Association is a community group for French speaking people, especially refugees from Africa . Address: c/o MENTER, 7 Rigby's Court, St Giles Street, Norwich NR2 1NT. Email: gervais@norfresa.org.uk

17. **Norwich International Youth Project** Created for young people aged 12 - 19 from non-European Union Countries who are currently living in the United Kingdom. The project provides orientation, integration and education. Tel: 07841 816063. Email: norwichyouth@yahoo.com

18. **Norwich Lithuanian Association Address**: c/o St Martins Housing Trust , 35 Bishopgate, Norwich, NR1 4AA. Tel: 01603 667706. Email (for contacts):noah.gins@stmartinshousing.org.uk

19. **Red Cross Refugee Orientation Project** The project offers a drop-in service on Mondays and Fridays where volunteers are able to provide support and help with practical problems. Address: 44-46 St. Augustine's Street, Norwich, NR3 3AD. Tel: 01603 623041. Email: rop@redcross.org.uk

20. **Support and integration of Migrants promoting Legal Equality** (SIMPLE) The organization runs drop-in surgeries and cultural activities for migrant newcomers in the Breckland area and produces the "Gossip" newspaper. Contact: carla_a_barreto@hotmail.com

21. **Time Together Mentoring Projec**t- celebrates the diverse communities and cultures of Ipswich and Norwich, of which refugees are an important part, and works to bring different people together and enable them make positive differences to each other's lives. Address: Refugee Council, 4 -8 Museum Street, Ipswich, IP1 1HT. Tel: 01473 297918 Email: angela.knights@refugeecouncil.org.uk. Website: http://www.timetogether.org.uk/

22. **West Norfolk Chinese Association** The aim of the association is to increase the visibility of the migrant Chinese community and to promote cultural activities. Address: 38 Reffley Lane, Kings Lynn PE30 3EQ.

23. **Norwich & Norfolk Racial Equality Council (NNREC)**-The NNREC is an independent charity covering the county of Norfolk. They work in partnership with communities, local, regional and national statutory & voluntary bodies to address issues of inequality and discrimination. NNREC provides free advice & information about racial discrimination and harassment, equal opportunities and the promotion of good race relations. Address: North Wing, County Hall, Martineau Lane Norwich NR1 2DH. Tel: 01603 611644. Email: enquiries@nnrec.org.uk. Website:http://www.nnrec.org.uk/

Suffolk (area covered by Suffolk Forum for Refugees, Asylum Seekers and Migrants)

1. **The Basis Project** is an England-wide (including) service giving one-to-one support to refugee community organisations (RCOs) to help them manage, develop and sustain their organisation. The Basis Project also is working closely with funders and other mainstream bodies to increase their understanding of RCOs. The contact person for the East of England is Shpetim Alimeta –Tel: 01473 297 912, Email: shpetim.alimeta@refugeecouncil.org.uk

2. **British Red Cross** The work undertaken by the Red Cross in this area includes providing support to refugees and asylum seekers from their centre in Chevalier Street.15 Chevalier St, Ipswich, IP1 2PF. Telephone: 01473 219260. Website: www.redcross.org.uk

3. **Citizen's Advice Bureau** (CAB) The Citizens Advice service helps people resolve their legal, money and other problems by providing free, independent and confidential advice, and by influencing policymakers. Address: 19 Tower Street, IPSWICH, IP1 3BE. Telephone: 01473 219777. Website: www.ipswichcab.org.uk

4. **CSV Media** The Clubhouse in Ipswich is a large digital multimedia centre with music and community art facilities. Amongst CSV's activities is work with Millennium Volunteers, the hosting of Ipswich Community Radio and provision of Information, Advice and Guidance

sessions. Address: The Point, 120 Princes Street, Ipswich IP1 1RS. Telephone: 01473 418 014. Email: ipswichmch@csv.org.uk Web: http://www.csv.org.uk/Get+Trained/Media+Training/Media+Clubhouse+Ipswich.htm

5. **Ipswich and Suffolk Council for Racial Equality** (ISCRE)- provides information, advice and support of a non-financial nature to individuals and families who have experienced, or are experiencing, racial discrimination/harassment or race-related difficulties. They also provide training to service providers. Address: 46A St Matthew's Street, Ipswich IP11TE. Telephone: 01473 408111. Website: www.onesuffolk.co.uk/ipswichandsuffolkcouncilforracialequality/

6. **Lets Talk Communication Events-** facilitated by the Suffolk Police on engage with client groups on specific themes. Address: Police HQ, Martlesham Heath, Ipswich, Suffolk. Tel: 01473 613990. Email: peter.haystead@suffolk.pnn.police.uk

7. **Lowestoft International Support Group** is a small organisation run by volunteers, which supports refugees through providing free English classes and a help and information service from their office. Address: 15 Surrey Street, Lowestoft NR32 1LJ. Tel: 01502 501444. Email: lowestoftlisg@yahoo.co.uk

8. **The Refugee Council** - The East of England One Stop Service, based in Ipswich, helps asylum seekers and refugees in Suffolk, Norfolk, Essex, Cambridge, Bedfordshire, and Hertfordshire. Address: First Floor, 4-8 Museum Street, Ipswich IP1 1HT. Tel: 01473 297900. Website: www.refugeecouncil.org.uk

9. **Suffolk Community Refugee Team** The Team works with asylum seekers and refugees in Suffolk. They manage people's concerns in regards to the health services they access, explaining how the NHS works, facilitating relationships with service providers, advocacy and liaison and providing translation or interpreting. Address: 70 - 74 St Helens Street, Ipswich, IP4 2LA. Tel: 01473 341750. E-mail: susan.stallabrass@suffolkpct.nhs.uk

10. **Suffolk Refugee Support Forum** -The Forum runs a drop-in Advice and Advocacy Service for anyone to receive free advice and support on a broad range of subjects from housing and employment to how to make friends and learn English. Address: 38 St Matthews Street, Ipswich IP1 3EP. Tel: 01473 400785. Email: refugeesupport@ukonline.co.uk.

11. **The Refugee Legal Centre** Ipswich provides representation to those who have made or about to make an initial claim for asylum. They provide representation at first stage asylum appeals before the Asylum and Immigration Tribunal (AIT). Address: Berkeley Business Centre, Fisons House, 2nd Floor, 159 Princes Street, IPSWICH IP1 1QH. Telephone: 01473 381488 Web: http://www.refugee-legal-centre.org.uk/C2B/document_tree/ViewADocument.asp?ID=25&CatID=88

12. **Suffolk Inter Faith Resource** (SIFRE) was established in 1994 by a group of people representing the faiths and cultures of the residents of Ipswich and Suffolk. Their intent is to promote understanding between people of different faiths. Address: Long Street Building, University Campus Suffolk, Rope Walk, Ipswich IP4 1LT. Telephone: 01473 343661, Email: aa@sifre.org.uk. Website: http://www.sifre.org.uk/

13. **The Ipswich Polish Club:** This is a newly established club providing advice in legal and community matters, financial and employment support and all general matters. Address: 57 St Margaret's Street, Ipswich, IP4 2AX.Email: secretary@theipswichpolishclub.co.uk. Website address: http://www.theipswichpolishclub.co.uk/facilities.htm

14. **Time Together Mentoring Project** -celebrates the diverse communities and cultures of Ipswich and Norwich, of which refugees are an important part, and works to bring different people together and enable them make positive differences to each other's lives. Address: Refugee Council, 4 -8 Museum Street, Ipswich, IP1 1HT. Tel: 01473 297918 Email: angela.knights@refugeecouncil.org.uk. Website: http://www.timetogether.org.uk/

9. References

Audit Commission (2007) *Crossing borders: responding to the local challenges of migrant workers.* London: Audit Commission http://www.audit-commission.gov.uk/reports/NATIONAL-REPORT.asp?CategoryID=&ProdID=05CA5CAD-C551-4b66-825E-ABFA8C8E4717&fromREPORTSANDDATA=NATIONAL-REPORT

BMA (2002) *Asylum Seekers: Meeting their Healthcare Needs.* London: BMA

BMA (2004) *Meeting the healthcare needs of refugees and asylum seekers - a survey of general practitioners.* London: BMA Health Policy and Economic Research Unit

Bowden, G., Franks, W. and Gawn, N. (2006) *A qualitative study of the mental health needs of refugees, asylum seekers and migrant workers in Great Yarmouth, Norfolk.* Norfolk and Waveney Mental Health Partnership Trust

Burnett, A. and Peel, M. (2001a) 'The health needs of asylum seekers and refugees', *British Medical Journal* 322: 544-547

Chase, E., Knight, A. and Statham, J. (2008) *Promoting the emotional wellbeing and mental health of unaccompanied young people seeking asylum in the UK.* University of London: Institute of Education (Thomas Coram Research Unit)

The Children's Society (2008) Living on the edge of despair; destitution amongst refugee and asylum seeking children. Destitution Report Summary. London: Children's Society http://www.wmlga.gov.uk/documents/Policy%20Areas/Migration%20Partnership/Childrens%20Society%200802%20destitution.pdf

Crowley, P. (2003) *An exploration of the Mental Health Needs of Asylum Seekers in Newcastle.*

CVS Consultants and Migrant and Refugee Communities Forum (1999) *A Shattered World - The Mental Health Needs of refugees and newly arrived communities.* London: Lavenham Press

Department of Health (2007) World Class Commissioning Competencies http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080958

Dumper, H., Malfait, R. and Flynn, N. (2006) *Mental Health, Destitution and Asylum Seekers: A study of destitute asylum-seekers in the dispersal areas of the South East of England.* South of England Refugee and Asylum Seeker Consortium & NIMHE

Fyvie, C., Ager, A., Curley, G. and Korac, M. (2003) *Integration: mapping the field volume II - distilling policy lessons from the "mapping the field" exercise (Home Office Online Report 29/03)*. http://www.homeoffice.gov.uk/rds/pdfs2/rdsolr2903.pdf

Hek, R. (2005) *The Experiences and Needs of Refugee and Asylum Seeking Children in the UK: A Literature Review (research report RR635).* London: DfES

Hinsliff (2008) 'GPs win care fight for asylum seekers' *The Observer, Sunday 12th October 2008*

Holman, D. and Schneider, C. with Anghel, R. and Collis, A. (2008) *Economic Migration in the East of England (Update 2007).* EEDA

Home Office Immigration and Nationality Directorate (2007) Planning Better Outcomes and Support for Unaccompanied Asylum Seeking Children http://www.ukba.homeoffice.gov.uk/sitecontent/documents/aboutus/consultations/closedconsultations/uasc/betteroutcomes.pdf?view=Binary

ICAR (2006) *Destitution Amongst Refugees and Asylum Seekers in the UK.* Kings College, London: Information Centre about Asylum Seekers and Refugees in the UK

Johnson, M.R.D. (2003) *Asylum Seekers in Dispersal - Healthcare Issues* (Home Office RDS Online Report 13/03)

Johnson, M.R.D. (2007) 'Integration of new migrants: health' (2006) 'Integration of new migrants: housing' in (ed.) Spencer, S. *Refugees and new migrants: a review of the evidence on successful approaches to integration*. University of Oxford: COMPAS

Mansoor, A., Burhan, F. and Ahmed, W. (2006) *Report of the community-led research project focusing on the mental health needs of refugees and asylum seekers in Manchester.* London: NIMHE

McKay, S. and Winkelmann-Gleed, A. (2005) *Migrant Workers in the East of England*, Histon: EEDA

Mind (2009) A civilised society: Mental Health Provision for Refugees and Asylum Seekers in England and Wales - http://www.mind.org.uk/assets/0000/5695/refugee_report_2.pdf

Newell, D (2009) Narrowing the Gap: Improving Health Pathways for Asylum Seekers dispersed form Initial Accommodation in the UKBA Midlands and East of England Region. West Midlands Strategic Health Partnership.

NHS East of England (2008) *Improving Lives, Saving Lives: The Pledges* http://www.eoe.nhs.uk/page.php?page_id=26

Palmer, D. and Ward, K. (2007) 'Lost': listening to the voices and mental health needs of forced migrants in London', *Medicine, Conflict and Survival* 23(3): 198-212

Phillimore, J. et al. (2007) *They do not understand the problem I have: refugee well being and mental health.* Birmingham: Centre for Urban and Regional Studies, University of Birmingham

Pillai, R, Kyambi, S., Nowacka, K. and Sriskandarajah, D. (2007) *The reception and integration of new migrant communities*. London: IPPR

Refugee Action (2006) *The Destitution Trap.*

Spencer, S., Ruhs, M., Anderson, B. and Rogaly, B. (2007) *Migrants' lives beyond the workplace: the experiences of Central and Eastern Europeans in the UK*. York: JRF

Taylor, B. and Newall, D. (2008) *Maternity, mortality and migration: the impact of new communities.* Heart of Birmingham Teaching PCT

Turton, J., Chaplin, B., Ramsay, B. and Skambalis, A. (2004) *Health and social care issues for asylum seekers and refugees: an East of England view (findings summary).* http://www.erpho.org.uk/Download/Public/11009/1/eastbrookfinding.5.pdf

USCreates (2009) Improving Health and Wellbeing in Mid-Essex: A report for actionable insight and intervention recommendations to improve the health and wellbeing of Migrant Workers communities.

Ward, K. and Palmer, D. (2005) *Mapping the provision of mental health services for asylum seekers and refugees in London: a report.* London: ICAR and St Pancras Refugee Centre

Warren, K (2009) Outside to Involvement: Health and Social Care Literacy for Migrant Communities. National Health Service Walsall.

Weishaar, H.B. (2008) 'Consequences of international migration: A qualitative study on stress among Polish migrant workers in Scotland', *Public Health* 122: 1250-1256

Williams, V. (2008) Responding to Migration: An overview of the engagement and development of the migrant health agenda across the English regions. Leeds: Yorkshire and Humber Regional Migration Partnership