International Migrants in Brighton & Hove

January 2018

Part of the Joint Strategic Needs Assessment programme

Brighton & Hove
City Council

International Migrants in Brighton & Hove, January 2018

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Full report

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Brighton & Hove's migration history
Information provided by Royal Pavilion & Museums and Our Future City

Flint tool found at Whitehawk

Throughout prehistory, whenever the climate was warm enough, Sussex was attractive to early hunter-gatherers. Human fossils, flint tools, and the remains of butchered animals dating back 500,000 years have been found at Eartham Pit, Boxgrove, one of the most important sites of the Lower Palaeolithic or 'old stone' period. During the Mesolithic period, around 8000 BCE[a], and before Britain was cut off from mainland Europe by rising sea levels, **nomadic hunters** traversed Sussex in search of game.

As the ice sheets of the last ice age melted, Britain became an island, heavily wooded and rich in waterways and game. Around 4000 BCE, during the Neolithic period, new peoples arrived from Europe. The main migrational flow seems to have been of darker-skinned peoples from the southern Mediterranean. They were farmers, using flint axes and picks to clear the heavily wooded slopes of the South Downs for cropping and pasture. An important Neolithic site in Brighton is a monumental meeting and feasting site at Whitehawk. The Beaker culture appeared in Britain around 2500 BCE. The name comes from the distinctive beaker-shaped pottery vessels found in many burial sites of the time, including the central chalklands around Brighton. Archaeologists debate whether this culture was brought by immigrants or whether it was a package of prestigious technologies and cultural styles that was introduced through **European trading networks** – a form of 'cultural diffusion'. Recent DNA studies suggest that migration from Europe was part of this complex story; genetic evidence links Beaker Britons to peoples with lighter skin and hair colouring from the Eurasian Steppe.

Beaker culture artefacts found in chalklands surrounding Brighton

Bronze Age Baltic amber cup found in Hove Barrow

Beaker culture included the ability to refine copper and gold. As this knowledge expanded to the smelting of tin and copper into solid bronze, Beaker culture developed into the Bronze Age, around 2000 BCE. Bronze Age peoples have left many traces in and around Brighton. An important burial mound or barrow, *c.*1250 BCE, was discovered during building works at Palmeira Avenue, Hove in 1856. Distinctive bronze armlets called Sussex Loops have been found locally at Black Rock, Hollingbury and Falmer. Bronze Age burial mounds have also been found to include items imported from Europe, such as the beautiful cup made from Baltic amber found in the Hove Barrow.

Bronze Age 'Sussex loop' armlets found in various locations in the city

The use of iron began to supplant the bronze culture in Britain around 800 BCE. Near Brighton, major Iron Age hill forts are to be found at Hollingbury, and Ditchling Beacon. As with the Beaker culture, the Iron Age is closely associated with the **importation of technology and goods** from mainland Europe. But there is also evidence of incoming peoples, particularly the Belgae of northern Gaul.

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[a] BCE: Before Common Era; CE: Common Era

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Some of these **peoples may initially have come as raiders**. Others were **escaping the Roman takeover** of their territories in Europe, such as the Gaulish chieftain Commius. A former ally of Caesar, he eventually fled Roman influence in his homeland and from about 30 BCE ruled as king of the Belgic Atrebates in Sussex and Hampshire. Subsequently, another Belgic people, the Regneses, occupied much of Sussex and established their capital at Noviomagus Reginorum – modern-day Chichester.

Romano British figure found in north Brighton

After a century of thwarted invasions, the Romans finally established their rule in England in 43 CE. They were themselves an ethnically diverse population – their soldiers, craftspeople and traders came from Roman territories across Europe, North Africa and the Middle East. Remains of Roman villas have been found at Southwick, West Blatchington and Preston, and a Roman cremation urn was found on a building site at Elizabeth Road, Hove. There is no proof of a significant Roman settlement at Brighton, but the evidence is tantalising and it may be that the proof still lies buried beneath the city.

Saxon button brooch found at Stafford Road burial site

In the fifth century, Roman dominance in England gave way to inflows of Saxons – Germanic peoples from northern Germany and southern Denmark. Along with associated tribes of Angles, Frisians and Jutes, they had been **raiding the southern English coast long** before the Romans abandoned Britain in 410 CE. Dates from the Anglo-Saxon chronicles are unreliable, but Saxon rule was firmly established in East Sussex by the late fifth century and it gave the lasting name to the region: 'Sussex' was the kingdom of the 'South Saxons'. In Brighton Saxon burial sites have been found at Exeter Street and neighbouring Stafford Road.

Saxon-Norman font in St Nicholas Church made of Caen stone

Anglo-Saxon rule was destabilised by Danish raiders in the late ninth and tenth centuries and eventually toppled by the Norman **invasion** of 1066. In Sussex, this resulted in a wholesale replacement of the landowning elites by William the Conqueror's nobles. The Normans were the descendants of Norse Vikings who had intermixed with the Frankish and Gallo-Roman populations of northern France. Though relatively few in number, they revolutionised the governance and culture of England and Wales.

Norman William I silver penny minted in Steyning

During the Crusades and especially during the Hundred Years' War between England and France (1337–1453), Sussex and the north coast of France were sites of repeated **to-ing and fro-ing between fishermen, traders, fighters and pirates**. Depending on whether the English had the upper hand in claiming their Norman inheritance in France, some French incomers to Sussex were classified at times as English subjects and at others as French aliens. The Hundred Years' War helped define separate English and French identities, but the interchange of people in both peace and war continued.

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Brewery set up in the 1540s in Middle Street by Deryk Carver, a Huguenot religious refugee

In the sixteenth century, the Protestant Reformation and Wars of Religion brought a wave of **religious refugees** to England. Rye became home to a large population of Huguenots – French Protestants who were fleeing persecution in France. In Brighton, in the 1540s, Deryk Carver set up as a brewer at the Black Lion in The Lanes. A Protestant from Flanders, he preached and led Bible study for the local French-speaking community. He was one of the first to be arrested when Queen Mary restored Roman Catholicism as the state religion in 1553. Refusing to recant his Calvinist beliefs, he was burnt at the stake in Lewes on 22 July 1555. Undaunted, French Protestants in Brighton continued to worship together. In 1887, they opened a dedicated French church in Queensbury Mews which served a population of about 2,000 French speakers, many of them fishing people. The church closed only in 2008.

Jews also came as refugees to Brighton. Emanuel Hyam Cohen, originally from Bavaria, established the first synagogue in Brighton in about 1790 and a community of Jews, mostly relocated from London, slowly established itself. The census records show that in the 1870s and 80s this local community was joined by a new population of foreign-born Jews fleeing pogroms in Russia and Germany. More European Jews **fleeing Nazi persecution** arrived before and during the Second World War. A hostel for *kindertransport* (child refugees) from Austria and Germany operated at 33 Vernon Terrace throughout the war.

Brighton Station, designed in 1839-40 by architect David Mocatta from a prominent Jewish family

Sake Dean Mahomed, former soldier who introduced Indian massage and steam baths to the city in the 1810s

Britain's **imperial expansion abroad** also brought new immigrants to Brighton. Some are well known, such as Sarah Forbes Bonetta, Queen Victoria's Yoruban god-daughter; and Sake Dean Mahomed, a former soldier in the East India Company's army, who introduced Indian massage and steam baths to Brighton in the 1810s. There was also the famous Sassoon family, wealthy Baghdadi Jews who came to Brighton via their **trading links** with British-ruled Mumbai. But there were many others not so well documented: **domestic staff who came to Britain with returning colonial officers**; **students sent to Brighton's boarding schools** by families anxious that they learn British ways; the Indian **soldiers** of the Great War; Chinese restaurant and laundry workers from the New Territories in Hong Kong.

The same causes of **war, persecution, political disruption, economic hardship, education, employment, family ties and opportunity** continue to push or pull people to Brighton & Hove today, all seeking new horizons – just as people did over 11,000 years ago.

1.   Introduction

1.1   The reason for this report

This report, *International Migrants in Brighton & Hove,* is part of the needs assessment programme being carried out in Brighton & Hove to provide an evidence base for use by service providers and anyone else who is seeking to improve the lives of different communities who live here. The aims are to:

- provide an overview of the needs of international migrants in the city and the assets they bring

- provide information and recommendations for commissioners, service providers and decision makers to use to improve the lives and outcomes of international migrants in the city.

1.2   Definition and scope

For the purpose of this needs assessment, the UNESCO description of a migrant has been used as a starting point to define what is meant by a migrant. The UNESCO definition is:

> *"any person who lives temporarily or permanently in a country where he or she was not born".*

Generally, those whose intention is to stay in the UK for at least twelve months have been included while short term visitors, short term students or tourists have been excluded. No end point has been set to specify when someone ceases to be a migrant, as some people will settle quickly into a new life in the UK while others may have needs arising from their migrant history and status for many years.

Among those included within our scope are:

- refugees and asylum seekers;

- those who have migrated voluntarily and involuntarily; and

- those who are undocumented.

The children of migrants have also been included, even if they were born in the UK.

The range of topics examined is broad and covers the kind of situations and needs encountered by migrants as part of their daily lives as residents of the city. Our approach has been flexible and pragmatic and, while recognising that the migrant population in the city is extremely diverse, our main focus has been on where vulnerability and need are greatest.

1.3   Research questions

The questions which this research is seeking to answer are:

- What are the characteristics of local residents who have migrated from abroad?

- What are their needs?

- What assets do migrants bring and how do they benefit the city?

- Are services available which can help meet the needs of migrants and support their contribution to the city?

- Are there barriers to migrants accessing services?

1.4   How the information will be used

It is planned that the findings and recommendations in this report will be developed into a multi-agency action plan. Relevant partners and services will be assigned to deliver the work which

will actually make a difference and the Equalities and Inclusion Partnership will oversee progress.

The report is publically available on the [Brighton & Hove Connected website](#). It is hoped that it will be a resource for statutory, voluntary and community organisations to help them understand the needs and assets of migrants, and will provide migrant community organisations with useful information about migrants in the city and point to ways in which they can work with service providers.

It is acknowledged that financial resources to develop new work programmes are limited, so acting on the recommendations will also require exploring how services can respond better, or can engage new partners, including within migrant communities themselves. This research will provide a good evidence base for all partners to bid for external resources.

1.5   Methodology

1.5.1   Project management and guidance

The subject of international migrants for a needs assessment was proposed at the City Needs Assessment Steering Group and agreed by the Health and Wellbeing Board in 2015.

The project was delivered by members of the Brighton & Hove City Council's Public Health Intelligence Team and Community Safety Team.

A steering group oversaw the production of the needs assessment. This comprised statutory, academic, voluntary, and community sector representatives, including experts on migration and also a number of members who had experience of being a migrant in the local area or of delivering services to vulnerable migrants in area. The remit of the steering group included agreeing areas of focus, contributing to the development of the project methodology, providing specialist advice, ensuring that international migrants were involved in the project, commenting on drafts, contributing to recommendations, approving the final report and advising on dissemination.

The project was delivered over an 18 month period, concluding in the autumn 2017.

The following sections describe the components of the research.

1.5.2   Literature review

The purpose of the literature review was to provide evidence from existing national and local literature on migrant needs and assets to support the local quantitative and qualitative research. The topics to be covered were agreed by steering group members, and included a wide range of topics impacting on migrant health and wellbeing.

Further details of the literature search methodology are provided in the Appendix on page 131.

1.5.3   Data analysis

National datasets and local data sources have both contributed to the statistics on the migrant population. Data on country of birth, nationality and first language have mainly been used, although ethnicity has sometimes been used as a proxy.

There are some limitations to the data, particularly where undocumented and other populations of transient and marginalised migrants are concerned, as they will not be represented. For example, census data have been used quite widely, but not everyone participates in the census.

1.5.4   Professional/stakeholder research

Research was conducted with local stakeholders[b] to explore their knowledge and views about migrants' lives and service provision in Brighton & Hove. This included exploring migrants'

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[b] The term 'stakeholder/s' is used throughout the document (unless otherwise noted) to describe representatives of statutory, voluntary or community organisations who took part in the stakeholder strand of the present research.

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needs, assets, barriers to services, and gaps in, as well as strengths of, service provision across several sectors such as health and wellbeing, education, housing, and community safety. The following methods were utilised:

- An **online survey** (49 respondents). The survey asked what stakeholders felt were the greatest challenges faced by migrants, their greatest areas of need and the greatest barriers[c] they faced. This survey was undertaken prior to the other work with stakeholders and was used to help scope out and prioritise the areas of subsequent study. Summary findings from the online survey are provided in the Appendix on page 138.

- Four **focus group discussions** were held on the subjects of children, young people & families; housing & homelessness; community cohesion & safety; and language skills & interpreting, with between five and 11 participants in each case. Information was also gathered from foodbank providers, experts in immigration legal advice, providers of English for Speakers of Other Languages (ESOL) and staff from the Ethnic Minority Achievement Service (EMAS) by attending meetings of these professionals held for other purposes.

- **One-to-one interviews**. Semi-structured interviews were held with five GPs, one A&E and charity doctor, one practice manager, one midwife, and two mental health counsellors.

Further details of the stakeholder research methodology are in the Appendix on page 131.

1.5.5   Community research

The purpose of the community research was to hear the voice of migrant individuals and communities living in Brighton and Hove and allow them to express their needs and assets. The aim was to reach out to as many communities as possible, allowing them to share their opinions in convenient settings and where possible in their own language, using an asset-based approach.

The Community Researcher Project
The Community Researcher Project (referred to in this document as the community research) was designed in collaboration with the Community University Participation Programme (CUPP)

and granted ethical approval by the University of Brighton. The project involved the recruitment of 22 international migrants from Brighton & Hove from 14 different countries[d] who participated in the project as community researchers. They were then trained in participatory methods and gathered the community voice and opinions from migrant communities in the city.

A total of 26 focus groups were undertaken in which 198 participants from different communities[e] took part. All participants were 18 years or older

and there was a good representation of age and gender across the participants. It is acknowledged, however, that this method has principally accessed those migrants who are

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[c] Stakeholders' perceptions of barriers are described covered in Section 6.1.
[d] The countries of origin of the community researchers were: Spain; Poland; Albania; Romania; Greece; Turkey; Syria; Afghanistan; Pakistan; Iran; Bangladesh; Madagascar; Sudan and China.
[e] The countries of origin of community participants were: Afghanistan; Albania; Bangladesh; Chile; China; Colombia; Egypt; France; Germany; Ghana; Greece; Iran; Lesotho; Madagascar; Malawi; Mexico; Nigeria; Pakistan; Poland; Romania; Spain; Sudan; Syria and Turkey.

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more connected within their communities and is less likely to have included those who are more vulnerable and isolated.

Further details of the community research methodology are in the Appendix on page 133.

1.6   Structure of this report

Following this introduction, the Section 2 provides some background information on migration from an international perspective.

Next we focus in on local migrants. Section 3 mentions the main reasons that people leave their country of origin and come to live in Brighton & Hove and provides an overview of migrant communities in the city, and Section 4 provides socio-demographic information about these communities. Section 5 then looks at community attributes, networks and issues around integration.

The rest of the report looks more specifically the lives and experiences of migrants in the city under different topics, drawing on information from research, stakeholders/professionals and communities themselves. Section 6 looks at issues which present barriers to service access for migrants, while Sections 7 to 13 examine seven individual topics, including: housing/and homelessness; employment, skills and adult education; health and wellbeing; community safety, children, young people and schools; financial inclusion; and immigration issues/legal advice.

Where provided, case studies have been based roughly around the circumstances of local migrants known to services, but personal details, such as name and country of origin, have been changed so individuals cannot be identified.

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2.   International migration

2.1   Current migration flows

Millions of people are migrating both within countries[f], [1] and across national boundaries to find work and improve their standards of living. The UN latest estimate in 2015 is that there are 244 million international migrants in the world, or about 3.3% of the world's population[2].

In addition to the migration of labour, the United National High Commissioner for Refugees (UNHCR) found that 65.6 million people were forcibly displaced worldwide at the end of 2016, a total bigger than the population of the United Kingdom and about 300,000 more than the previous year.[3]

The conflict in Syria, now in its seventh year, was the world's biggest source of refugees (5.5 million). However in 2016 the biggest new factor was South Sudan, where the break-off of peace efforts in July of that year contributed to an outflow of 737,400 people by the end of the year. That number has continued to rise during the first half of 2017.

The flow of people across the Mediterranean and the landmass of Europe has hit the headlines in the UK in recent years with calls for better co-ordination of the humanitarian response across European nations. The task of distinguishing those who fit the internationally recognised definition of a refugee fleeing a 'well-founded fear of persecution', from those whose decision to migrate is based on economic reasons (which may be linked to conflict, climate change or global inequality) is more difficult than ever.

The UNHCR reports that children make up half of the world's refugees. The plight of children and young people who are separated from their parents and carers has caused particular concern and there has been a strong mobilisation of civil society to respond and campaign for their rights.

2.2   Responses to international migration

In order to respond to these global changes, alongside security concerns linked to terrorism, states have adapted their immigration policies in different ways. Whatever rules are imposed by national governments to regulate migration flows, to stop people from entering their countries and to impose rules and conditions on new arrivals, every state has a population of 'undocumented migrants' whose presence in the country may be unlawful, and whose entitlements to state services are likely to be severely limited. At a local level, responses to this population may depend on the degree to which local authorities have autonomy to respond outside the rules set by national governments.

Across the world the skills and assets brought by migrants to their new countries are also celebrated and valued, with migrant populations and their children and descendants often becoming some of the most economically and professionally successful people in their new countries.

It is within this global context that Brighton & Hove is carrying out this assessment of the needs and assets of our international migrant populations.

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[f] The UN estimated in 2013 that there were 763 million people (11% of the world's population) migrating within their own countries. When combined with the 3.3% of the world's population who are international migrants, this has led the International Organization of Migration to claim that 1 in 7 people in the world are migrants.

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3.   Local migrant communities: an overview

Key findings

Reasons for migrating

- People come to the city for many different reasons. These include:
    - to work (economic migrants)
    - to study (academic migrants)
    - to join family members or for other personal reasons
    - as asylum seekers or refugees
- Some may be 'undocumented' migrants and there are known to be some victims of trafficking

Snapshot of the local migrant community

- Between the 2001 and 2011 censuses, the number of international migrants (those born outside the UK) grew from 25,200 to 42,900.
- In 2011, Brighton & Hove had a higher proportion of residents who were born outside the UK (16%) than the South East (12%) or England (14%).
- Brighton & Hove has proportionately more 'pre-accession' EU migrants and fewer EU migrants from accession countries than the South East and England.
- Latest estimates suggest that there are more international migrants than at the time of the 2011 census. In 2016, 50,000 city residents (18%) were born outside the UK. Of these, 42% were born in EU countries, 6% elsewhere in Europe, 26% in Asia, and 28% in other countries.
- The wards with the highest numbers of people born outside the UK are in the city centre. The wards with University of Sussex and University of Brighton campuses also have relatively high numbers.
- There were over 7,000 students (21% of the city's student population) born outside the UK who were attending either the University of Sussex or University of Brighton.
- There was a long term increasing trend in national insurance number (NINO) registrations in Brighton & Hove to overseas nationals entering the UK until 2014/15 although this dropped slightly in 2015/16 when there were 5,806 NINO registrations.
- There is little local data on the number of other types of migrants who have come here for other reasons, although stakeholders have been able to provide a great deal of anecdotal evidence.

Circumstances of migration

- Migrants may have planned to come the UK for a long time, eg those who have come here to work, to study or to join family members. Others may have been forced from their country of origin under life-threatening situations and lived through very difficult experiences. Their needs can strongly relate to these circumstances.
- Some refugees in the city have come here through government resettlement schemes, the most recent of which relates to Syrian refugees. Refugees arriving under resettlement schemes receive government-funded support for five years, in contrast to refugees who have arrived here through different routes.

Vulnerable migrants

- Refugees, asylum seekers and undocumented migrants are likely to be among the more vulnerable migrant communities in the city. Immigration rules have been tightened steadily over the past two decades. The most recent immigration legislation, the Immigration Act 2016, focuses on preventing migrants with no permission to remain in the UK from accessing housing, driving licences and bank accounts.
- Undocumented migrants, including victims of trafficking, have no recourse to public funds

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> and may fear approaching services in view of their immigration status.
> - At a rough estimate, at any one time there may be 200 asylum seekers living in the community in the city, some of whom may be receiving payment from the Home Office, while some are surviving in other ways.
>
> ***Uncertainties around the impact of the UK leaving the European Union***
> - Local research found that EU nationals were worried about the impact that the UK leaving the EU might have on their lives, including on their financial arrangements.
> - If migrants leave key roles in health and social care and other employment areas resulting in unfilled vacancies, this presents the city with vulnerabilities around being able to meet the city's needs in these areas.

3.1   Possible reasons for migrating to Brighton & Hove

Sections 5.4.1 and 10.2 refer to Brighton & Hove being a tolerant and welcoming city for migrants, but beyond that, the city has particular characteristics which may draw migrants to come live here.

- A range of job opportunities, including within the hospitality and service industry linked to the strong tourism element to the city's economy, may attract '**economic migrants**'

- There are two universities in the city and numerous language schools drawing students to the city from other countries ('**academic migrants**')

- As with other places, migrants may come here to **join family members** who already live here. This may include families of students.

- Brighton & Hove has a significant Arabic-speaking population, some of whom originally came here as **asylum seekers or refugees**. Some migrants may be encouraged to choose the city as a destination due to existing established migrant communities.

- Although there is no definitive information on the subject, **undocumented migrants**, including victims of trafficking, it is possible that because the city is located close to mainland Europe and ferry ports, it may be one of the easier places to access on first arrival. The nature of local economy may also be conducive for finding work unofficially.

These different migrant groups are described in more detail in Section 3.4.

3.2   Where Brighton & Hove residents were born

The latest available ONS estimates for 2016, estimate that there are 50,000 residents in Brighton & Hove who were born outside the UK, which represents 18% of the population. The proportion born outside of UK is higher than that found in England (15%) and the South East (13%). For the proportion of residents born outside the UK, Brighton & Hove is ranked 61st highest out of 319 English authorities where the ONS is able to provide data. Five authorities, all in London, have populations with over 50% born outside the UK and 46 authorities have populations with less than 5% born outside the UK.

Looking at the 50,000 residents in the city born outside the UK, two out of five (42%, 21,000 people) were born in the European Union (EU), a further 6% (3,000 people) were born in Europe but outside the EU, over a quarter (26%, 13,000 people) were born in Asia and 28% (14,000 people) were born somewhere else in the world. These proportions are similar to those found in the South East and England for the EU, Europe and the rest of the world but a little lower for those born in Asia, South East (30%) and England (33%). While at these geographies the population of the city born outside the UK is relatively similar to that found in the South East and England lower geographies show big differences.[4]

At the 2011 census the city had approximately 273,000 residents, with 84% of residents being born in the UK and 16% born outside the UK. Between 2001 and 2011 the size of the city's population grew by almost 34,500. The population of those born outside the UK grew by 17,700,

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from 25,200 to 42,900. This represents an increase of almost five percentage points from 10.6% of the city's residents who were international migrants in 2001, to 15.7% in 2011 (see Figure 1).

Figure 1. Population by country of birth, Brighton & Hove, South East and England, Censuses 2001 and 2011

	B&H 2001	B&H 2011	SE 2001	SE 2011	Eng 2001	Eng 2011
■ Born in the UK	213,692	230,484	7,310,884	7,591,430	44,588,008	45,675,317
■ Born outside the UK	25,228	42,885	689,761	1,043,320	4,550,823	7,337,139
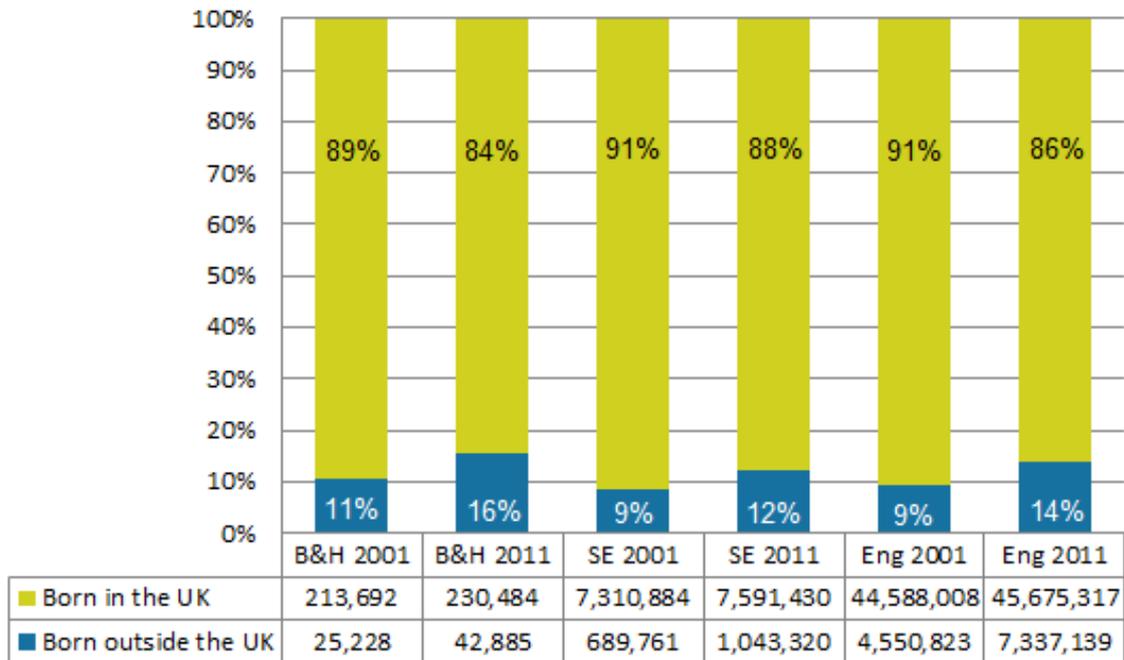
Source: Office for National Statistics Census 2011 data

There was also a higher proportion of those born outside the UK living in Brighton & Hove compared to the South East region (12%) and England (14%). Out of all local authorities in the South East, Brighton & Hove has the 6th highest percentage of those born outside the UK. Slough is the local authority in the South East with the highest percentage of those born outside the UK (39%).[5]

Figure 2: Numbers and percentages of residents by place of birth, Brighton & Hove, South East and England, Census 2011

Place of birth	Brighton & Hove		South East		England	
	n	%	n	%	n	%
UK	230,484	84.3	7,591,430	87.9	45,675,317	86.2
Channel Islands/IoM	370	0.1	5,635	0.1	24,653	0.0
Ireland	2,677	1.0	59,125	0.7	395,182	0.7
EU countries	14,739	5.4	318,613	3.7	1,980,259	3.7
Rest of Europe	1,962	0.7	34,780	0.4	274,909	0.5
Africa	6,860	2.5	177,763	2.1	1,290,611	2.4
Middle East & Asia	10,650	3.9	326,254	3.8	2,529,137	4.8
The Americas / Caribbean	3,972	1.5	88,458	1.0	663,091	1.3
Antarctica & Oceania	1,655	0.6	32,673	0.4	179,200	0.3
Other	0	0.0	19	0.0	97	0.0
Total	273,369	100	8,634,750	100	53,012,456	100

Source: Office for National Statistics Census 2011 data

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As can be seen in Figure 2, the proportion of Brighton & Hove residents who were born in the EU (5.4%) is higher than the South East and England percentages (both 3.7%). It is also worth noting that Brighton & Hove has a lower percentage of those born in the Middle East & Asia (3.9%) than England (4.8%), but is similar to the South East (3.8%).

3.2.1   Migrants born in EU countries

Figure 3 shows the population who were born in the EU as a percentage of the migrant population. As mentioned above, Brighton & Hove has a higher percentage of residents who were born in the EU, and as can be seen in Figure 3 this is due to the higher proportion of local migrants who were born in EU member countries in 2001. In 2011, in Brighton & Hove there were 9,130 residents who were born in an EU member country in 2001, which represents 3.3% of the city's total population and 21.3% of the city's migrant population. In the South East and England, these proportions of the migrant population are 15.6% and 12.2% respectively, both lower than Brighton & Hove.

At the time of the 2011 census, even though overall the percentage of EU born residents was higher in Brighton & Hove, the proportion of migrants who were born in EU accession countries was actually slightly lower locally, compared to the South East and England. There were 5,609 Brighton & Hove residents born in EU accession countries, which represented 2.1% of the city's total population and 13.1% of the city's migrant population. In the South East and England, these proportions of the migrant population were 15.0% and 14.8% respectively, both higher than Brighton & Hove.

Figure 3. Percentage of the migrant population born in Europe, Brighton & Hove, South East and England, Census 2011
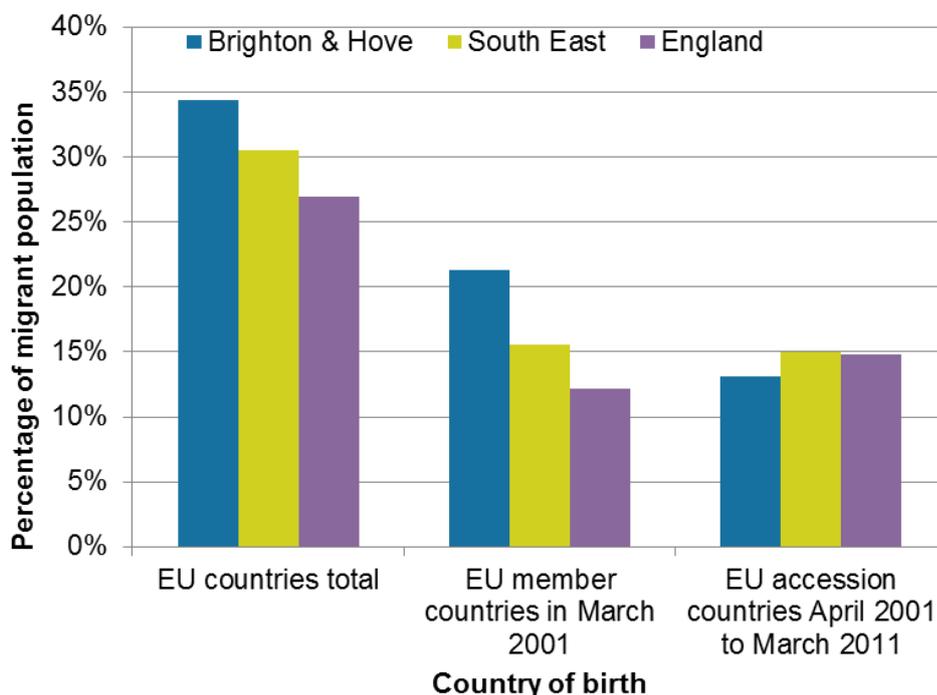
Source: Office for National Statistics Census 2011 data

3.3   Migrant communities in local neighbourhoods

According to 2011 census data, the percentage of those born outside the UK varied across the city with Regency ward with the highest percentage (26.9%) and North Portslade the lowest (6.2%). The ward with the highest number of migrants was St. Peter's & North Laine with 3,951

residents who were born outside the UK, and again North Portslade had the lowest number at 622 (see Figure 4).

Figure 4: Number of those born outside the UK by ward, Brighton & Hove, Census 2011
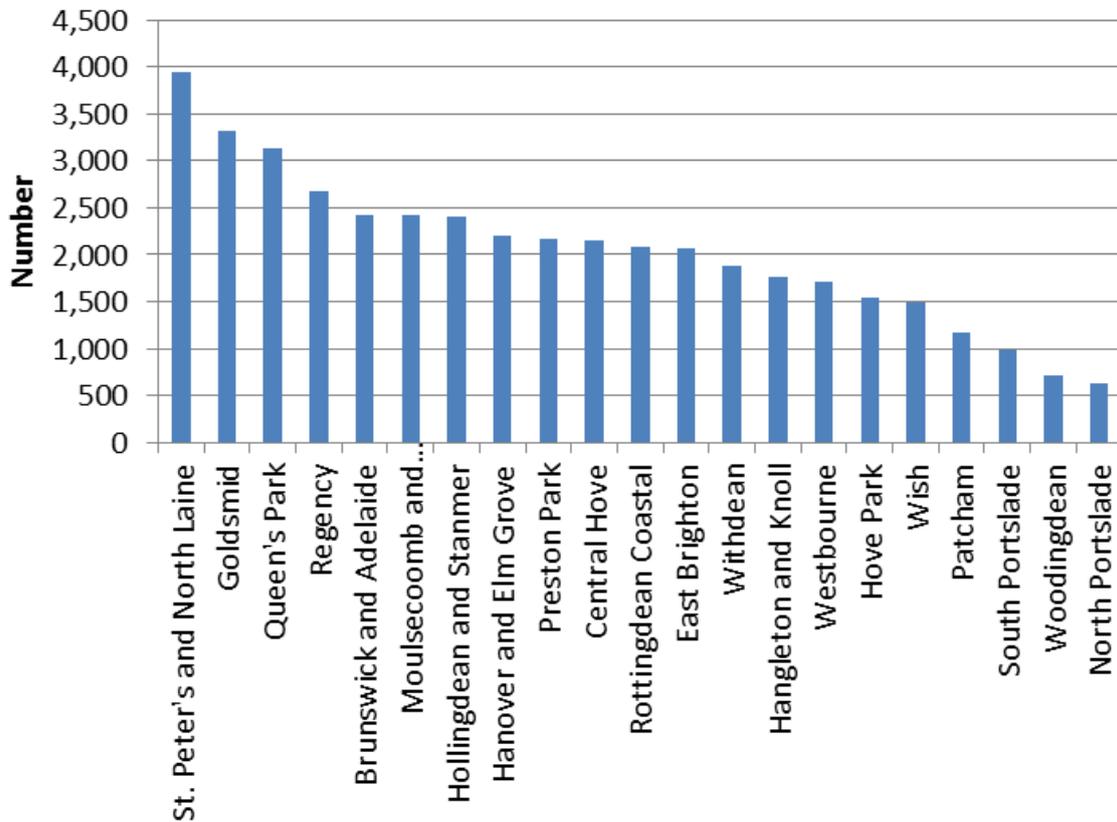
This breakdown across wards was similar in 2001 with the highest numbers and percentages located centrally, although the numbers were smaller. In 2001 the ward with the highest number of those born outside the UK was Goldsmid with 2,046 residents (17.6%).

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Figure 5: Percentage of Brighton & Hove residents born outside the UK by LSOA
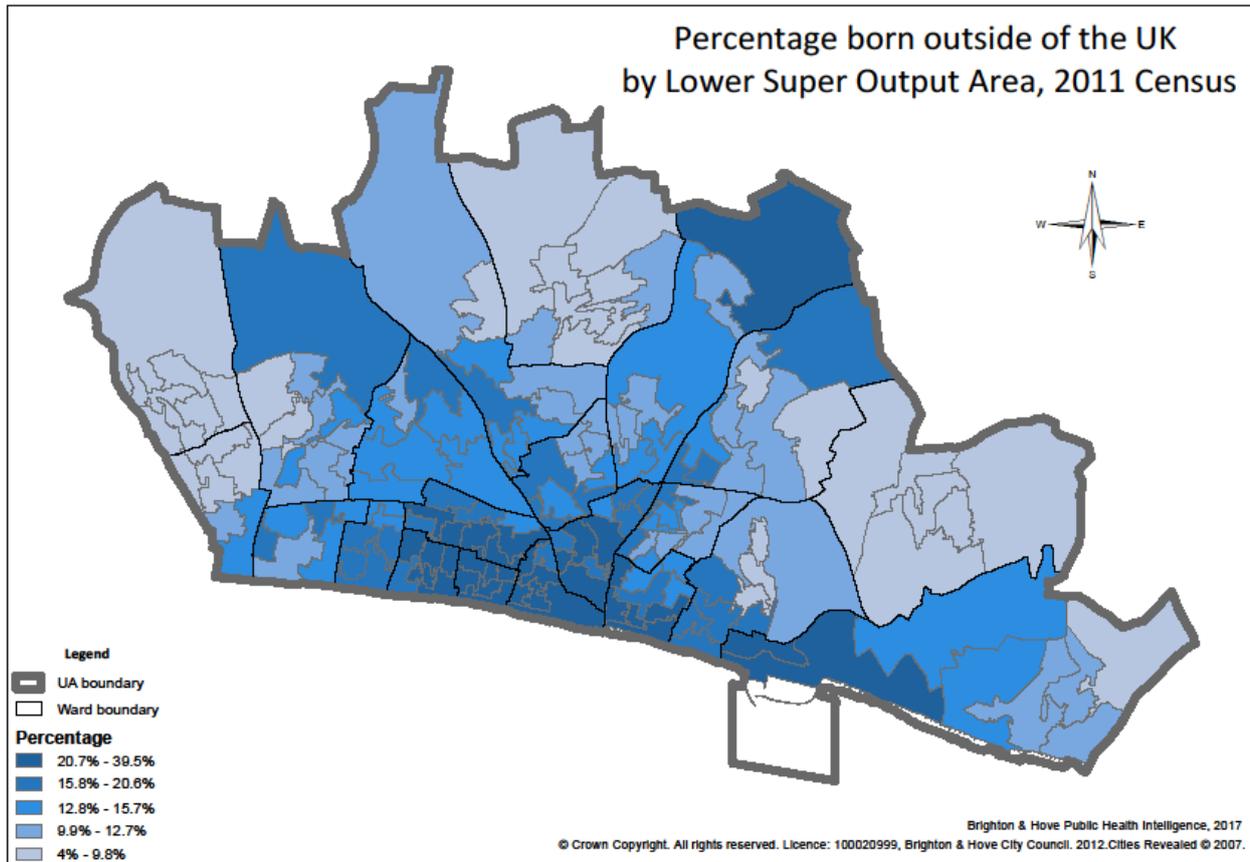
Source: Office for National Statistics Census 2011 data

Generally the wards with the highest number of international migrants are those located centrally in the city. The map in Figure 5 shows this in finer geographical detail and also shows higher numbers around the university campuses at Falmer and in the seafront areas adjacent to the marina. Census 2011 data showed that, of those residents who were born outside the UK, 66% were born outside the EU and 21% in the EU 'pre-accession' and 13% in EU accession countries.

The maps in the Appendix on page 139 show the areas of the city where the greatest numbers of residents who were born outside the UK lived:

- For those born outside of EU countries, the city areas with the most residents included the University of Sussex and University of Brighton campuses and around the New England Quarter in the city centre.

- Those areas of the city with the greatest numbers of residents who were born in countries who were in the EU in 2001 ('pre-accession'; excl. the UK) include the University of Sussex campus, city centre areas of Brighton and areas of the centre of Hove slightly north from the seafront, and the most easterly part of Kemptown.

- For residents born in EU accession countries, there were areas of greater density in the city centre, as well as towards the most southeasterly part of Hove, and around the Marina. It is also of note that this group of migrants were largely absent from some areas on the edge of the city, eg North Portslade, Withdean and Patcham.

3.4   About our local migrant groups

3.4.1   Economic migrants

From national Home Office visa data, in 2015 there were 165,900 entry visas granted to the UK for those coming to work. Out of all work visas granted, the highest proportion was to those from South Asia (65,023, 39%), followed by those from Oceania (25,157, 15%) and those from North America (21,540, 13%).[6] There are no data on EU migrants, since they do not require a visa to work. However, the Home Office is unable to indicate where in the UK these visa recipients are working.

National Insurance number registrations
Data on the number of national insurance registrations between 2002/03 and 2015/16 are shown in Figure 6. In 2015/16, there were 5,806 national insurance number (NINO) registrations to overseas nationals entering the UK in Brighton & Hove.[g] This is a slight decrease on the previous year when there were 6,211, but overall this number has been increasing since 2002/03, which is the first year for which data are available. There was a spike in registrations in 2005/06, likely following the 2004 enlargement of the EU. The number of registrations to those from the EU almost doubled from 1,713 in 2004/05 to 3,286 in 2005/06, which represents an increase in the proportion of EU registrations from 58% to 65%[h].[7]

In 2015/16, the largest proportion of NINO registrations were to those born in the EU (75%), followed by those born in Asia (13%), those born in the rest of the world (9%) and those born in non-EU Europe (3%).

Figure 6: Number of NINO registrations by place of birth, Brighton & Hove
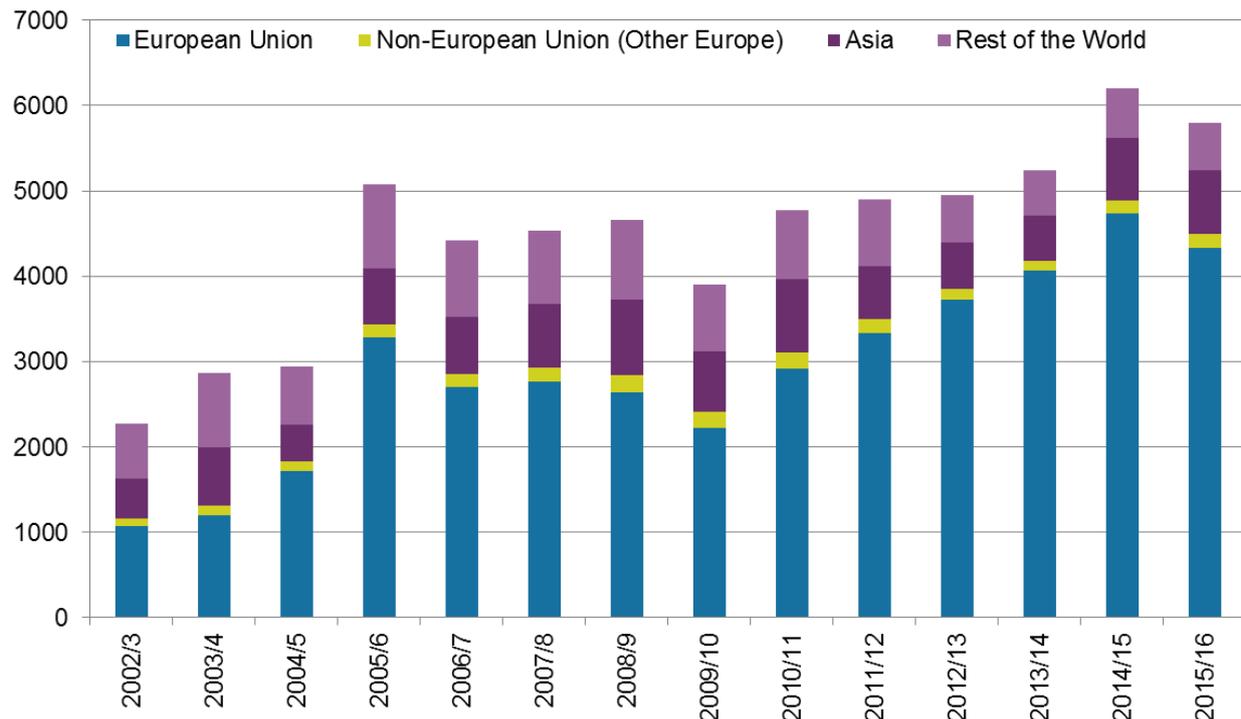
Source: Department for Work and Pensions, Stat-Xplore NINO data

It is also worth noting that throughout this time period there have been more registrations of women rather than men in Brighton & Hove, a point that is not representative of the South East or England as a whole. In 2015/16 51% (2,964) were women and 49% (2,838) were men, a

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[g] Local data is provided from those whose address is in Brighton & Hove at the point of quarterly reporting, ie at the most 3 months after NINO registration.
[h] NB. NINO refers only to new registrations. It does not account for deregistration, and also people may subsequently move to another area.

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difference of 126 registrations. Looking back to 2002/03, the split was more marked with 54% (1,233) women and 46% (1,059) men, a difference of 174 registrations.

3.4.2   Academic migrants (incl. students)

From the visa data published by the Home Office, in 2015 there was a total of 272,919 entry clearance visas granted to the UK for those who were coming to study. Of this total, 62,608 (23%) were short term study applications. Out of all granted study applications, 106,699 (39%) were from East Asia, 34,541 (13%) were from the Middle East, and 27,161 (10%) were from South East Asia.[6]

According to 2011 census data and as shown in Figure 7, of all Brighton & Hove residents between the ages of 16 and 74, 17% were full time students. There were 1,853 students from 'mainly western EU countries', 4,966 from 'mainly eastern EU countries'[i] and 5,709 were born in other countries outside the EU. For residents born outside the UK or EU, over a quarter were full time students (27%), and 26% of all full time students were born outside the UK.

Figure 7. Number and percentage of full time students aged 16-64 in Brighton & Hove by country of birth, Census 2011

Country of birth	Total residents aged 16-64	Full time students (no.)	%
UK	156,802	23,805	15%
Mainly Western EU (Bespoke Group 1)	9,507	1,853	19%
Mainly Eastern EU (Bespoke Group 2)	4,966	851	17%
Rest of world	22,057	5,709	26%
Total	**193,332**	**32,218**	**17%**
% born outside the UK	18.9%	26.1%	

According to the Higher Education Statistics Agency (HESA), in Brighton & Hove in 2015/16 there was a total of 7,885 students who were born outside the UK attending either the University of Brighton or the University of Sussex, which represents 22% of the city's student population. In particular, a high proportion of University of Sussex students were born outside the EU (26%).[8]

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[i] Countries in these groups are provided in the Appendix on page 153.

Figure 8: University students by domicile, University of Brighton & University of Sussex, 2015/16

	United Kingdom		Other EU		Non-EU		Non-UK total	
	n	%	n	%	n	%	n	%
University of Brighton	18,235	*86.3*	1,175	*5.6*	1,725	*8.2*	2,900	*13.7*
University of Sussex	10,170	*67.1*	1,100	*7.3*	3,885	*25.6*	4,985	*32.9*
Total	36,290	*78.3*	2,275	*6.3*	5,610	*15.5*	7,885	*21.7*

Source: Higher Education Statistics Agency, 2017

When looking at the two universities broken down by undergraduate and postgraduate students there are further differences. In particular, 50% of University of Sussex postgraduate students were from outside the UK in 2015/16, compared to 23% at the University of Brighton. For undergraduate students, 26% were from outside the UK for the University of Sussex and for the University of Brighton this percentage is 12%. The percentages of both cohorts of students at both universities who are from the EU are similar.

3.4.3   Those joining family members

From the Home Office Immigration Statistics, in 2015 there was a total of 9,790 entry clearance visas to the UK granted for those who were dependants joining or accompanying family members (including those on spousal visas). This total is composed of 3,159 (32%) partners, 6,617 (68%) children and 14 other. Of this 9,790 total, 25% were from North America, 15% were from East Asia, and another 15% were from South Asia.[6]

The Home Office does not hold local data on where those joining family members reside once a visa has been granted.

3.4.4   Refugees and asylum seekers

Asylum seekers

Most refugees arrive in the UK after a long and often dangerous journey using their own resources. They seek asylum which means asking the British government to formally recognise them as refugees under the 1951 Convention on refugees. Article 1A (2) of the Convention defines a refugee as someone who

> *"…owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside of his country of nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country"*

While someone is waiting for the Home Office to make a decision on whether to accept their claim for asylum, asylum seekers are accommodated and supported financially through a support system managed by the Home Office outside mainstream services. There is very little accommodation for asylum seekers in the South East of England because of the high costs of housing here. There has been no designated Home Office accommodation for asylum seekers in Brighton & Hove for over ten years.

The Home Office publishes data by local authority on the numbers of asylum seekers in receipt of 'Section 95' support[j]. This is the name given to the accommodation and support offered by the Home Office to asylum seekers under the provisions of the Immigration and Asylum Act

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[j] From the User Guide to Home Office Immigration Statistics: Support may be provided under Section 95 of the Immigration and Asylum Act 1999 to destitute asylum seekers until their asylum claim is finally determined. Section 95 support can be provided as both accommodation and subsistence, or accommodation or subsistence only.

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International Migrants in Brighton & Hove

1999. This shows that the number of asylum seekers in receipt of Section 95 support in Brighton & Hove has steadily decreased since the data was first published at the end of December 2003, from 126 at that time to 16 at the end of March 2017.[9]

However, despite these very small official numbers, the actual number will be greater, with a very rough estimate being that at any one time there may be in the region of 200 asylum seekers in the city who will be living within the community, with family members or acquaintances from their home countries[k]. As shown in the Home Office figures, some of these asylum seekers will be in receipt of subsistence payments from the Home Office but others will be surviving in other ways. Local authorities are not systematically notified about asylum seekers receiving Home Office payments in their area. Consequently local knowledge about the asylum seekers in the city comes from the third sector and community groups.

The other population of asylum seekers in the city will be those who arrived in the UK as unaccompanied asylum seeking children. These young people will be in the care of social services departments – mostly Brighton & Hove City Council, but sometimes other local authorities who may have chosen to place young people in the city. Further information on asylum-seeking children is provided in Section 11.10.

Asylum seekers in the city, although small in number, can be an extremely vulnerable cohort within our migrant population. Living without contact with mainstream services, they will be largely reliant on the goodwill of local communities. Figures on asylum applications to the UK (April to June 2017)[l] show that the top five countries represented in these applications are Pakistan, Iran, Sudan, Iraq and Bangladesh. Some asylum seekers may choose to join their cultural and linguistic communities in Brighton & Hove rather than take up accommodation offered by the Home Office on a no-choice basis elsewhere in the UK. The local impact of national asylum patterns may be felt locally by the diaspora communities in the city, for example a recent national rise in asylum applications from Sudan may have an impact on the significant Sudanese community living locally.

Those granted refugee status following an asylum application
The most recent national asylum statistics from April to June 2017[10] show that 32% of initial decisions by the Home Office were grants of refugee status and 0.8% were grants of humanitarian protection or discretionary leave (this is the decision often taken with regard to the cases of unaccompanied asylum-seeking children).

There is no mechanism by which the presence of refugees, other than those who have arrived on a resettlement programme (see below), can be monitored. There is no requirement upon them to register or identify themselves in any way so their access to services cannot be distinguished from the general population in service monitoring data.

Countries with a high percentage of applicants granted protection in the first three months of 2017 included Sudan and Syria. For Brighton & Hove this translates into the possibility of recently recognised refugee households leaving their Home Office asylum accommodation elsewhere in the UK and migrating within the UK to Brighton & Hove where there are already settled communities from Sudan and Syria. Anecdotal evidence would indicate that a small number of refugee households arrive here in these circumstances and may present as homeless to the local authority. The consequence of this may be a number of vulnerable refugee households being placed in emergency or temporary accommodation, often outside the city where this housing has been acquired by the local authority.

Refugee Resettlement
It is increasingly difficult for those wishing to seek asylum in the UK to enter the country independently. Alongside the hardening of the borders, the British government offers an opportunity for resettlement in the UK to a small number of vulnerable refugees. These refugees

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[k] This figure of around 200 is a professional judgement put forward by a local expert working in the area of refugees and migrants. The figure has been accepted as a reasonable 'guestimate' by others working locally in the field.
[l] https://www.refugeecouncil.org.uk/assets/0004/0488/Asylum_Statistics_May_2017.pdf

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do not have to seek asylum; they are accepted as refugees before their entry to the UK, following a selection process by the United Nations High Commissioner for Refugees (UNHCR).

The Gateway Protection Programme has been operating since the early 2000s and brings 750 refugees per annum into the UK. In 2006 Brighton & Hove received a group of 79 refugees from East Africa. Originally from Ethiopia, most of these households were from the Oromo ethnic group which has a long history of being persecuted by the Ethiopian government. Most of the households had been living in the massive Kakuma refugee camp in Kenya for many years. Now British citizens, the Oromo community of Brighton & Hove continues to be a strong and cohesive – if small – community with a very visible presence in the city through their cultural and culinary skills. Longitudinal research into this community and other resettled refugees was carried out by the University of Sussex.[58]

More recently the city council agreed to participate in the government's Syrian Vulnerable Person's Resettlement Scheme which aims to bring 20,000 Syrian refugees to the UK by 2020. These are refugees who have fled Syria and are resident in the countries bordering Syria where their prospects are very bleak. As of August 2017 the city has received ten households on this scheme (31 individuals, including some with severe disabilities).

Refugees arrive on this scheme in a managed way and their support is funded by central government for five years. This support, commissioned by the local authority from the community and voluntary sector, is intensive in the first year and focuses on helping the refugees to access mainstream services, and to learn English.

3.4.5   Undocumented migrants, including victims of trafficking

According to a Joseph Rowntree Foundation report,

> *"undocumented migrants are those who have no legal right to stay in the UK, could have a right but need to establish it, or have a right but cannot prove it. Most have entered the UK legally, but small numbers are illegal entrants, of whom many have grounds to make an asylum claim, which regularises their status temporarily. The reasons for becoming 'undocumented' are many and varied. They include: lacking or having out-of-date or incomplete documents, being in transition from one immigration status to another, delays in and other issues about Home Office decisions, discrimination (being denied services to which they are entitled), people trafficking, losing a job, relationship/family breakdown or because of health needs."*[11]

It is very difficult to estimate how many undocumented migrants are in the UK at any one time and equally difficult to know how many are living in Brighton & Hove."

Implications of being an undocumented migrant
Immigration rules have been tightened steadily over the past two decades[1]. The most recent immigration legislation, the Immigration Act 2016, focuses on preventing migrants with no permission to remain in the UK from accessing housing, driving licences and bank accounts, making it increasingly difficult for them to survive here. This includes new measures to make it easier to enforce immigration laws and remove undocumented migrants, including ensuring that information about individual migrants flows from public sector agencies, such as the NHS, local authorities and the DVLA, to the Home Office, and that those with no legal basis to stay in the UK are not able to access non-urgent secondary health care. The private sector – employers, banks and private landlords, for example – also have new requirements to check the identity of those applying for bank accounts, tenancies and jobs.

Rules around 'recourse to public funds' are complex and outside the scope of this report. Suffice to say that undocumented migrants are very unlikely to be able to access public services, welfare benefits or housing. The stated aim of these policies and their rigorous implementation across the public sector is to encourage the voluntary departure of such migrants from the UK so that enforced removals and detention become less necessary.

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[1] https://www.gov.uk/government/collections/immigration-bill-2015-16#history

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As a consequence of the above measures, if they are not being supported by members of the community, undocumented migrants may become destitute and evidence from elsewhere would indicate that many people in this situation may end up being exploited or working in the criminal economy.[11] This situation is exacerbated by a lack of immigration legal advice (see Section 13). Section 12.3.4 notes that those without recourse to public funds and migrants are among those who make use of food banks.

When services provide support to undocumented migrants
It was not possible to directly speak to undocumented migrants about their experiences of living in the city, but attempts were made to gain anecdotal information from community groups with some knowledge of people in these situations. Questions about immigration status were not asked of participants in the community research and this was not raised by them. However, stakeholders reported undocumented migrants are unlikely to have trust and confidence in statutory authorities and may even be wary of approaching charities and community groups.

It is often at a point of crisis when public services find out about undocumented migrants or those whose immigration status excludes them from public services so they have become homeless and destitute. For example, they may be admitted to hospital, arrested or detained under the Mental Health Act, or come to the attention of authorities as a result of domestic abuse or circumstances such as pregnancy or the birth of a child. In these situations, it is the responsibility of Adult Social Care or Children's Services to assess the needs of the household and make the decision about whether the local authority has a legal duty[m] to accommodate and support. The assessment will include an exchange of information with the Home Office to ascertain the legal status of the applicant in the UK. These cases are relatively rare, but complex and difficult for social care staff.

Undocumented migrants also come to the attention of the authorities if they are arrested by Immigration Enforcement following an enforcement visit to a local business where there are reports of illegal working, for example, but do not provide details of their operations. Immigration Enforcement and Sussex Police may also work together on operations where those with insecure immigration status or undocumented migrants are suspected of perpetrating crime.

3.4.6   Victims of trafficking and modern slavery

Undocumented migrants may also be present in the city as a result of human trafficking, which is a form of modern slavery. The subject of human trafficking and modern slavery is covered in more detail in Section 10.5.

3.5   Short term migrants

Although outside the scope of this report, it is worth acknowledging the local short term migrant population, particularly students.

Figure 9 shows the trend in short term international migrants in the city between 2008 and 2015. In 2014 there were a total of 3,659 short term international migrants in Brighton & Hove, an increase of 59% compared to 2013 and 132% compared to 2012. Between 2008 and 2012 the number of short term migrants in the city has been relatively constant at an average of 1,476 people over the five years.[12]

The increase in the number of short term international migrants after 2012 is almost entirely due to an increase in the number coming to live in the city to study (attend formal study courses including further education and higher education).

In 2014, 3,051 short term migrants were resident in the city to study, the highest number in any authority other than Sheffield, and accounting for 83% of all short term international migrants. Only 608 short term international migrants were here for reasons of employment (going to a definite new job and those seeking a job).

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[m] For example under the Care Act or the Children Act.

Figure 9: Short term international migrants: reason for migration, Brighton & Hove

Year	Total	Study	Employment
2015	2,429	1,875	554
2014	3,659	3,051	608
2013	2,301	1,856	445
2012	1,577	1,221	355
2011	1,346	1,101	245
2010	1,474	1,035	439
2009	1,444	1,133	311
2008	1,541	1,120	421
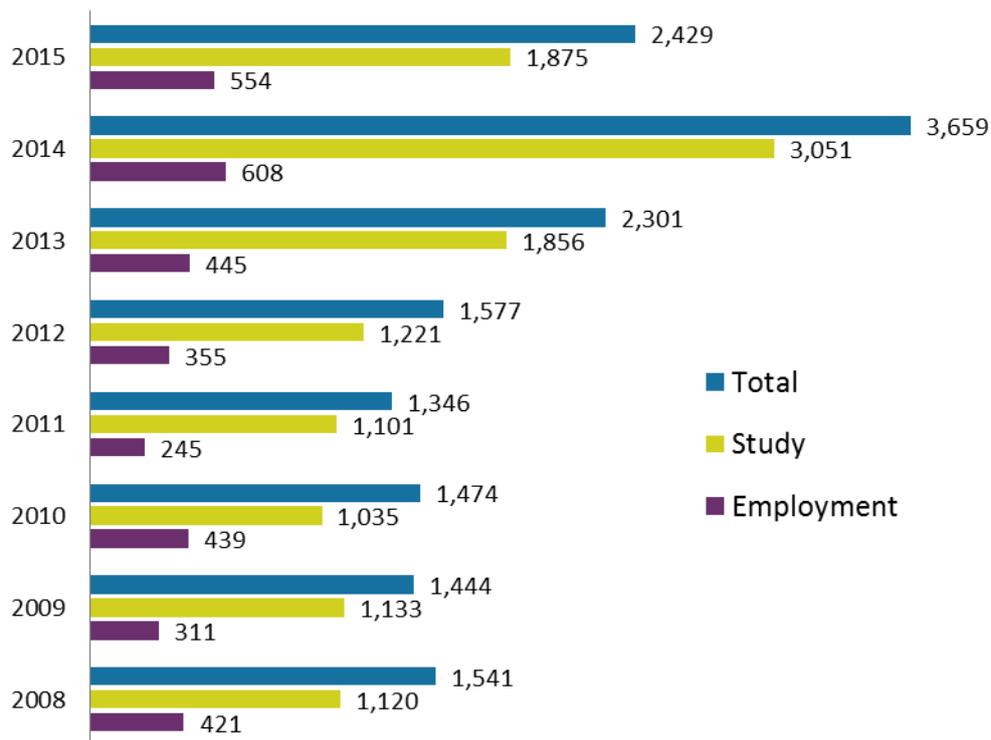
Source: ONS Short term migration statistics

3.6 Circumstances of emigration and associated issues

Sections 3.3 to 3.4.4 looked at the range of reasons why people may migrate to the UK. For some people, migration may have been planned for a long time, while others may have fled their homes under life-threatening situations and lived through very difficult experiences before arriving here. When migrants arrive in the UK, they bring with them these experiences and their needs can strongly relate to these circumstances.

Migrants may regard their time in the UK as a temporary measure, or they may aspire to live here permanently. In either case, this may be subject to change.

> ### *Case study: Changing needs*
>
> Hiba arrived in Hove with her grand-daughter, Maha, ten years ago. They were refugees from the war in Sudan. Hiba's date of birth is unknown but she thinks she was born around 1945. Maha was only eleven when she arrived – she was separated from her own mother when she was very young and has lived with her grandmother since then.
>
> Now Maha wants to move out, complete her college course and start a life of her own but she is worried that Hiba has an increasing need for daily care as she gets older. Maha wants to explore whether her own mother (Hiba's daughter) could come from Sudan and care for her mother. She has been told that this will be very difficult and she will need to seek expert immigration legal advice.
>
> Hiba needs to be cared for in a way that meets her linguistic and cultural needs but the option of Hiba's own daughter providing that care in the long run may not be available because of strict immigration rules and the lack of local immigration advice.

International Migrants in Brighton & Hove

Whatever the driver behind emigration, migrating to another country often means that close families will be split, sometimes across a very wide geography. International research has shown that this can lead to emotional stress, especially if distanced family members are at risk, and can have other implications for health. This may also make it difficult to focus on building a life in the UK, planning for the future, studying or working.[13,14] Immigration rules in the UK and other countries where family are living can mean that there is often very little prospect of families being reunited, a situation exacerbated by the lack of affordable immigration advice. For refugees, one of the drivers for becoming a British citizen can be the acquisition of a British passport which might allow safe travel to visit loved-ones.

Some migrants may wish to provide financial support to their family or home country in their absence and the subject of remittances is mentioned in more detail in Section 12.4.

Another aspect of emigration that may affect migrants' lives, especially those of refugees, is the impact of political turmoil in the country of origin on communities here in the UK. Service providers need to remain aware that migrants from the same country may be from different political, religious and socio-economic backgrounds.

3.7   Secondary migration

It is sometimes the case that EU nationals who have come to live in Brighton & Hove have a history of migration from outside the EU. For example, Brighton & Hove's large Sudanese community includes families who have been granted refugee status in, for example, Germany or Greece and have lived there for many years, acquiring EU citizenship. This can mean that migrants from some of the more vulnerable groups such as refugees are hidden within statistics on EU migrants.

3.8   Uncertainties of immigration status

Many migrants in the UK live with uncertainties around their ability to stay here into the future should they wish to do so. This is critically important for asylum seekers who risk being sent back to their country of origin. Section 9.6 notes the link between uncertain immigration status and poor mental health.

3.8.1   Impact of the UK leaving the European Union

Figure 10 was taken from the government website[n] in October 2017 and provides an overview of what the process looked like at that time for EU nationals living in the UK after the UK leaves the EU around immigration controls. Indefinite leave to remain status is not affected by the UK's exit from the EU.

The UK's decision to leave the European Union and what the consequences is likely to be an unsettling issue for EU nationals living

Figure 10. Overview of process related to residency for EU nationals in the UK after the UK leaves the EU.

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[n] https://www.gov.uk/guidance/status-of-eu-nationals-in-the-uk-what-you-need-to-know

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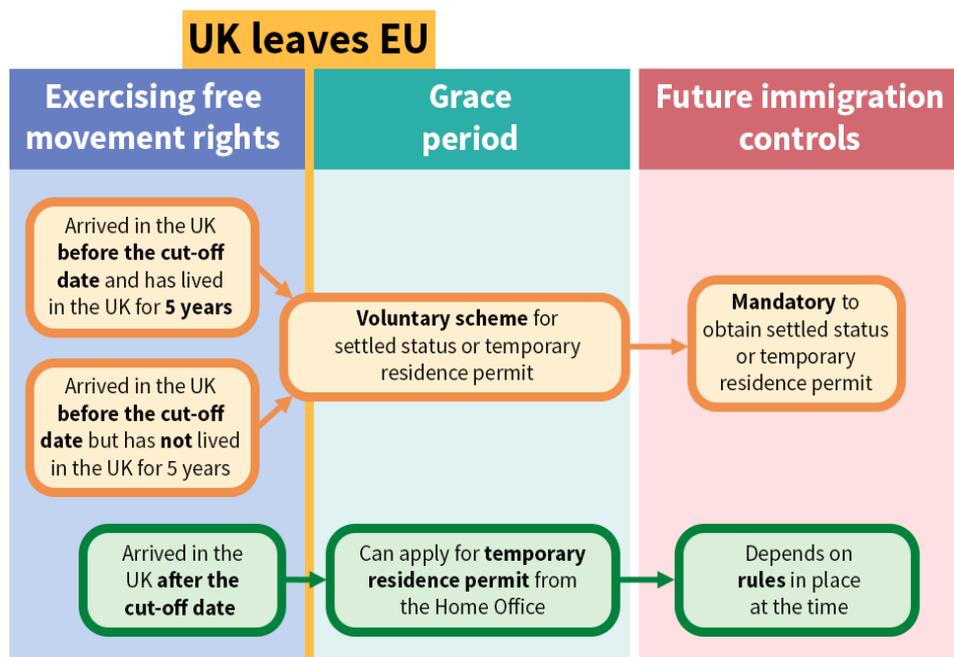
here. Local research on race equality and employment and skills reported that *"following the Brexit vote - those who are also foreign nationals felt decidedly less sure about their place in the community and their rights in respect to employment and training opportunities"*.[41] The current research found community research participants were worried about the impact that 'Brexit' might have on their financial arrangements, and those who were home owners feared they may be forced to sell their house and leave the UK. A sharp increase in demand for advice for EU nationals is flagged up in Section 13.3.1.

The number of people with EU/EEA nationalities joining and leaving local[o] and national NHS organisations in 2014, 2015 and 2016 is shown in Figure 11.

Figure 11. The number of nationals from EU and EEA countries joining and leaving i) local NHS organisations and ii) all NHS Trusts and CCGs in England.

All staff of EU or EEA nationality leaving and joining local NHS organisations* (*see footnote)

All staff of EU or EEA nationality leaving and joining the NHS in England* (*all NHS Trusts and CCGs)
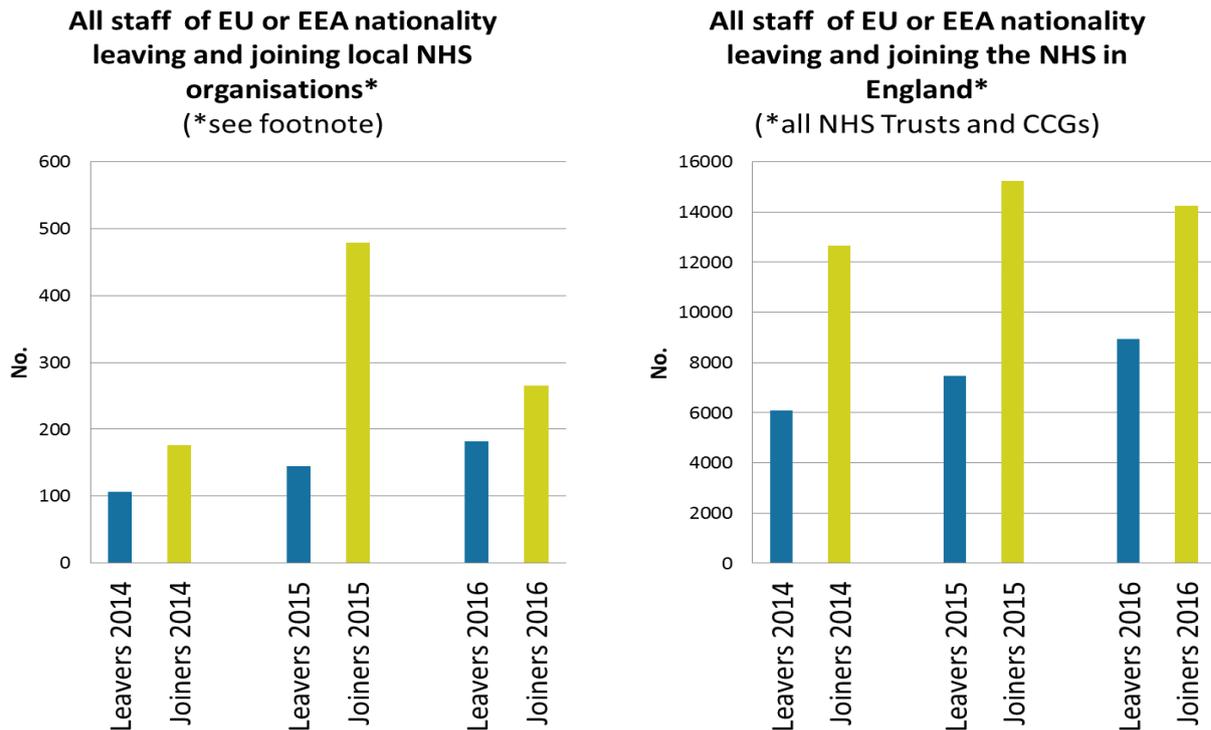
NHS Hospital and Community Health Services (HCHS)

Each year the number of EU/EEA nationals joining the NHS workforce is greater than the number leaving, locally as well as nationally. However, the number of EU/EAA nationals leaving in 2016 is higher than in 2015), while the number of joiners is lower, again both locally and nationally.[47] There are a number of factors which could be contributing to these data, making conclusions difficult without further analysis.

If migrants leave key roles within the health and social care, or in other employment areas, and results in unfilled vacancies, this presents the city with vulnerabilities in meeting the needs of the city.

Recommendation: Local migrant communities

1. City services to consider the workforce implications of changing migration patterns following the decision for UK to leave the European Union.

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[o] The workforce data presented here includes: Brighton & Sussex University Hospitals NHS Trust; NHS Brighton & Hove CCG; Sussex Community NHS Foundation Trust and Sussex Partnership NHS Foundation Trust.

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4. Socio-demographics of the local migrant population

Key findings

Data snapshot

- At the time of the 2011 census:

  - 53% of non-UK born residents were females and 47% were males. (For the population who were born in the UK there is an equal number of males and females.)

  - 49% of non-UK born residents were aged between 25 and 49 compared with 33% of UK born residents. At the same time there was a lower percentage of children and those over 50 compared to UK born residents. This does not take into account children born in the UK to non-UK born parents; since 2013 over a quarter of births in the city have been to non-UK born mothers.

  - 12% of non-UK born residents have a long-term health problem or disability compared with 17% of UK born residents. (This may be related to the younger age profile)

  - 39% of non-UK born residents were White Other, 19% Asian and 18% White British.

  - 31% of non-UK born residents had no religion (UK born: 45%). 67% (n=3,970) of the local Muslim population and 65% (n=1,201) of the Hindu population were born outside the UK.

  - 11% of households had at least one person for whom English was not their first language. This included 5% where no-one had English as their first language. The three most commonly spoken languages after English were Arabic, Polish and Spanish.

  - There were almost 6,000 households in the city where no-one had English as a main language, and this percentage (4.9%) is higher than both the South East and England (3.1% and 4.4%).

  - 89% of people in the city without English as a first language speak English well, but just under 2,500 residents cannot speak English well or do not speak it at all.

  - Those born outside the UK are more likely to have no dependent children in their family compared to those born in the UK (42% vs 30%)

  - 91% were qualified to GCSE-equivalent level or higher and 42% had a higher education qualification (UK born: 82% and 36% respectively)

- In Brighton & Hove the number and proportion of births to mothers who were born outside the UK has been steadily increasing, from 370 (13%) in 1999, to a peak of 850 (29%) in 2014, dropping slightly to 800 in 2015, 27% of all births in the city. The most common country of birth for mothers born outside the UK has been Poland since 2007, before that it was Bangladesh.

- Migrants born in certain countries are more likely to live in deprived areas in the city. One in three city residents (33%) who were born in North Africa, and about one in four residents who were born in Central and Western Africa (26%), in Southern Asia (26%) and in South East Asia (26%) live in the 20% most deprived areas in England. This compares with one in five (20%) of all residents in the city. At the same time, proportionately fewer people who were born in Australasia and North America & the Caribbean live in deprived areas.

The impact of the UK's decision to leave the EU

- The referendum of UK membership of the European Union was held in June 2016, and the vote to leave the EU has led to migrants who had come to the UK from other European countries to feel a level of uncertainty within around their future in the UK.

- If migrants leave key roles in health and social care and other employment areas resulting in unfilled vacancies, this presents the city with vulnerabilities around being able to meet the city's needs in these areas.

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4.1   Personal characteristics

4.1.1   Sex

From the 2011 census, 47% of those resident in Brighton & Hove who were born outside the UK were male and 53% were female. For those born in the UK the split was 50-50. The biggest difference was for those born in the EU (44% male, 56% female), and those born in the Americas and the Caribbean (45% male, 55% female).

4.1.2   Gender identity

There is no available local data on gender identity by country of birth or nationality.

4.1.3   Age

Figure 12 and Figure 13 show from 2011 census data that the age profile for the Brighton & Hove migrant population differed from those who were born in the UK. In particular, only 5% of those born outside the UK were aged 0-15 years, compared to 16% of those born in the UK (although this will not of course include those children born in the UK to migrant mothers). There was also a smaller percentage of the migrant population aged 65 or over (8%), compared to those born in the UK (12%). Of those who were born outside the UK, 78% are of working age (ages 16-64 years), compared to the 60% of those born in the UK.

The age group with the highest proportion of residents born outside the UK was 25-34 (26.5% born outside the UK).

Figure 12: Numbers and percentages of residents by age group by country of birth, Brighton & Hove, Census 2011

		0 to 15	16 to 24	25 to 34	35 to 49	50 to 64	65 & over
Born in the UK	**n**	41,964	35,333	33,027	53,157	35,285	31,718
	%	*16.0*	*13.5*	*12.6*	*20.3*	*13.5*	*12.1*
Born outside the UK	**n**	2,381	8,208	11,930	10,980	5,412	3,974
	%	*5.1*	*17.5*	*25.5*	*23.4*	*11.5*	*8.5*

Source: Office for National Statistics Census 2011 data

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Figure 13: Age group by place of birth, Brighton & Hove, Census 2011
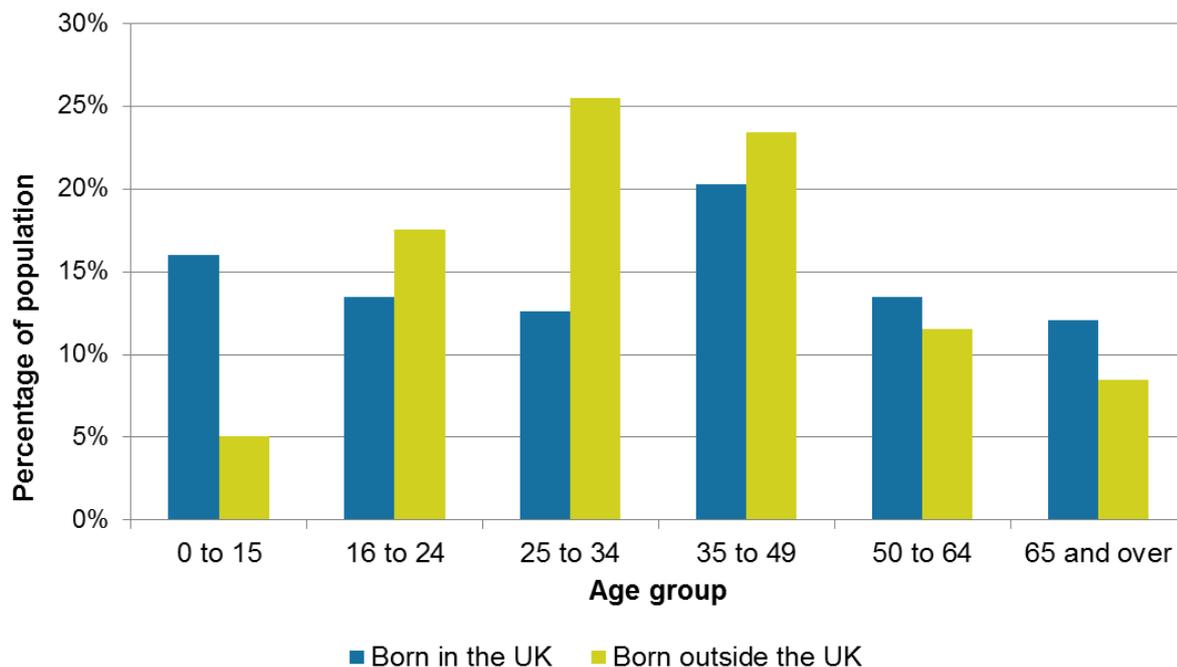
Source: Office for National Statistics Census 2011 data

The Brighton & Hove Safe and Well at School Survey (SAWSS)[15] is an anonymous online survey conducted by primary and secondary schools during lesson time. In November 2016 a total of 9,546 young people aged 11-16 years took part (84% of secondary school pupils), and 6,710 children aged 8-11 years (84% of primary pupils). In the 2016 survey (run between November and December 2016) two questions on country of birth were added to provide evidence for this needs assessment.[p]

According to the survey, within primary schools 8% of 8-11 year old pupils said that they were born outside the UK (556 pupils), in secondary schools this was 9% of 11-16 year old pupils (892 pupils) and in further education (sixth forms and colleges) 10% (243 pupils) but it should be noted that not all further education establishments in the city take part in the survey.

Figure 14: UK born and non-UK born pupils in Brighton & Hove schools, 2016 (SAWSS)

		Born in the UK	Born outside the UK	Don't know / prefer not to say / did not answer	Total
Primary (8-11 years)	**n**	5,758	556	396	6,710
	%	*85.8*	*8.3*	*5.9*	*100*
Secondary (11-16 years)	**n**	8,528	892	126	9,546
	%	*89.3*	*9.3*	*1.3*	*100*
Further education (16+ years)	**n**	2,089	243	6	2,338
	%	*89.3*	*10.4*	*0.3*	*100*

Source: Safe and Well at School Survey

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[p] These questions were: Were you born in the UK? Yes/No/Don't know/Prefer not to say. If no, which country were you born in? (free text response)

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Of those pupils who were non-UK born (and who gave their country of birth) 47% of primary pupils and 51% of secondary pupils were born in an EU country. The next largest group among primary pupils were those born in the Middle East and Asia (23%), Africa (11%) and the Americas and the Caribbean (10%). This was different for secondary pupils where the next largest group after those born in EU countries were pupils born in the Americas and the Caribbean (21%), Africa (14%) and the Middle East and Asia (8%). As not all further education establishments take part in the survey, the information is not shown for them.

Figure 15: Stated region of birth for non-UK born pupils in Brighton & Hove primary and secondary schools, 2016
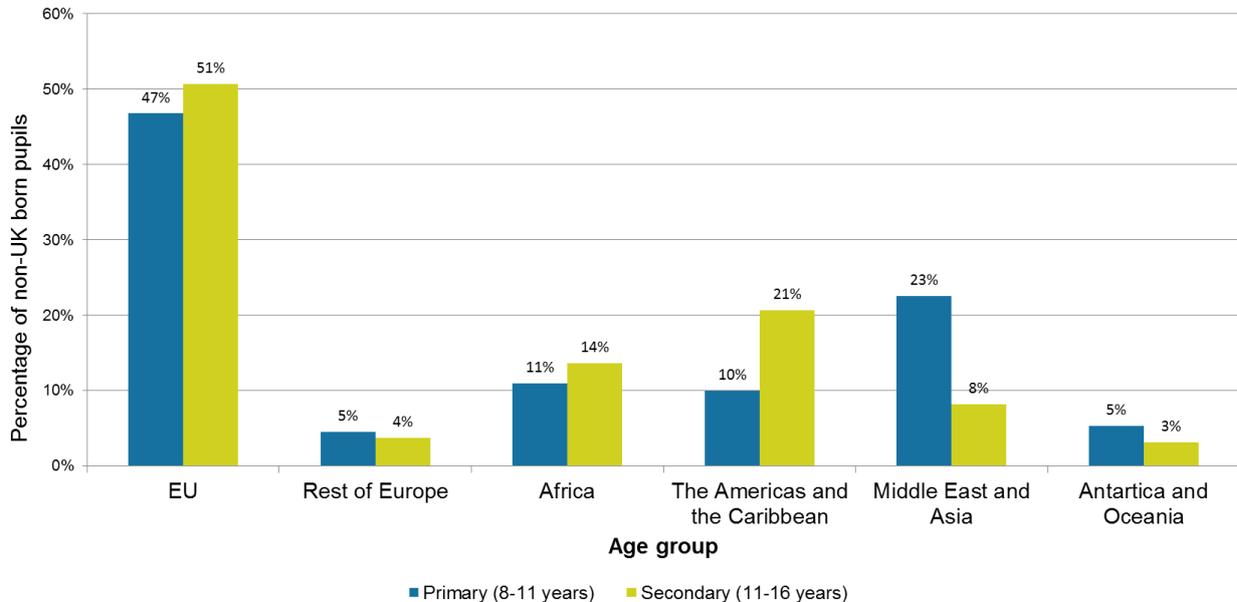
Source: Safe and Well at School Survey

Another source of information is the School Census[q]. Nationality and country of birth data were collected for the first time in October 2016. In the October 2016 School Census, nationality data are available for 67% of pupils attending maintained schools, free schools or academies[r]. Because the number of parents and pupils who did not respond, or explicitly refused to supply the information, was considerably higher than the number who stated they were other than Britain/British (as shown in Figure 16), it is difficult to draw any conclusions regarding the overall makeup of school pupils regarding nationality.

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[q] The School Census is a statutory census by the Department for Education, which takes place during the autumn, spring, and summer terms. It collects information about individual pupils and about the schools themselves.
[r] The DfE do not share data for academies or free schools with local authorities.

Figure 16: Nationalities of children in Brighton & Hove, School Census, 2016

Nationality	n	%
Single nationality: British	19,728	60.9
Single nationality: Not British	1,346	4.2
Two nationalities	682	2.1
Three nationalities	19	0.1
Not obtained/returned	7,917	24.5
Not known (Free School and Academy Pupils)	2,575	7.9
Data refused	134	0.4

The most commonly stated nationalities other than British, were (in order of frequency) Polish, Italian, French and Spanish. More than 100 pupils recorded these as one of their nationalities.

Country of birth data were available to the local authority for 67% of children attending maintained schools, free schools or academies in the city (see Figure 17). As with the case for the data on nationality, conclusions that can be drawn around country of birth are limited.

Figure 17: Country of birth of children, School Census, 2016

Country of birth	n	%
Born in the UK	20,263	62.5
Born outside the UK	1,480	4.6
Not yet obtained	7,944	24.5
Not known (Free School and Academy Pupils)	2,575	7.9
Refused	142	0.4

4.1.4 Sexual orientation

There is no available local data on sexual orientation for the adult migrant population.

There is no difference in the percentage of UK born and non-UK born secondary school pupils (aged 11-16) who state that they are lesbian, gay or bisexual (6% and 7% respectively).[15]

4.1.5 Disability and long term conditions

According to 2011 census data, the day-to-day activities of 17% of all UK born residents were limited by a long term health problem or disability, compared with 12% of residents born outside the UK.

Figure 18 shows how this differs across those born in the UK and in other parts of the world and compares Brighton & Hove with England & Wales. There are a lower percentage of people with limited day-to-day activities across each region shown in the graph than those born in the UK.

Residents of Brighton & Hove have a lower percentage of those with limited day-to-day activities across all regions of birth than residents of England & Wales. This may be associated with the generally younger profile of city residents.

Figure 18. Percentage of all residents with day-to-day activities limited by a long term health problem or disability by country of birth, Census 2011. Brighton & Hove and England & Wales
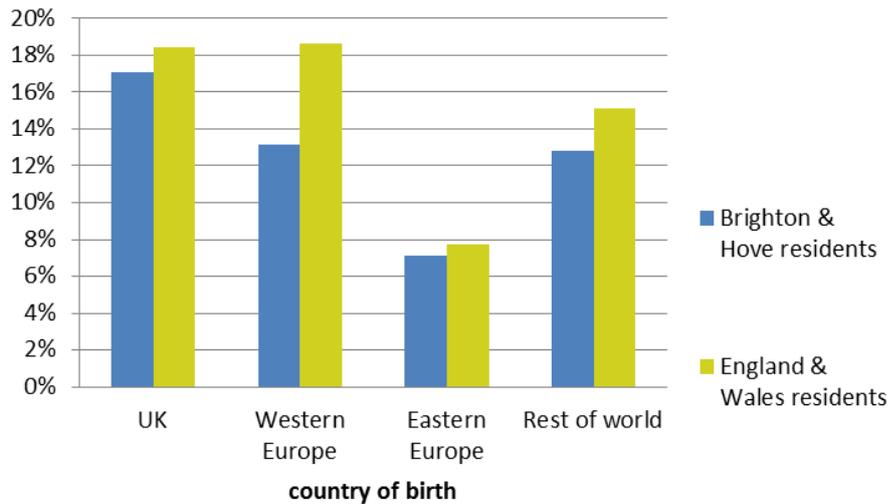
When looking at the age breakdown, as shown in Figure 19, the proportion of those born outside the UK whose day to day activities were limited was lower than those who were born in the UK across most age bands.

Figure 19: Percentage of residents whose day to day activities were limited a little or a lot by a long term health problem or disability, Brighton & Hove, Census 2011
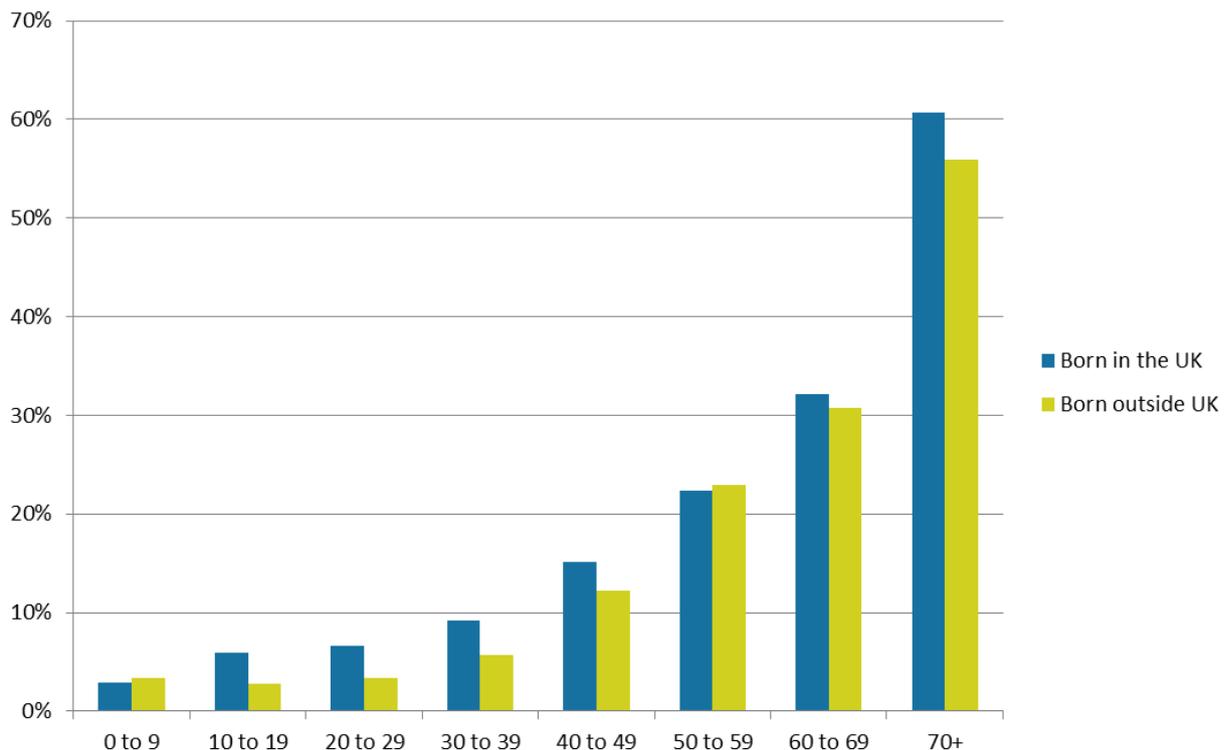
Source: Office for National Statistics Census 2011 data

In a similar vein, Figure 20 shows how the proportion of Brighton & Hove residents who were in bad or very bad health was lower for most places of birth compared to the England & Wales proportions. However, 6.8% of local residents who were born in Africa were in bad or very bad health, whereas for England and Wales this proportion was 4.3%. For those born in the UK, there was a very small difference between the local and national percentages (5.5% and 5.6% respectively), but for places of birth outside the UK this difference was more marked.

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Figure 20: Percentage of residents with bad or very bad health by place of birth, Brighton & Hove and England & Wales, Census 2011
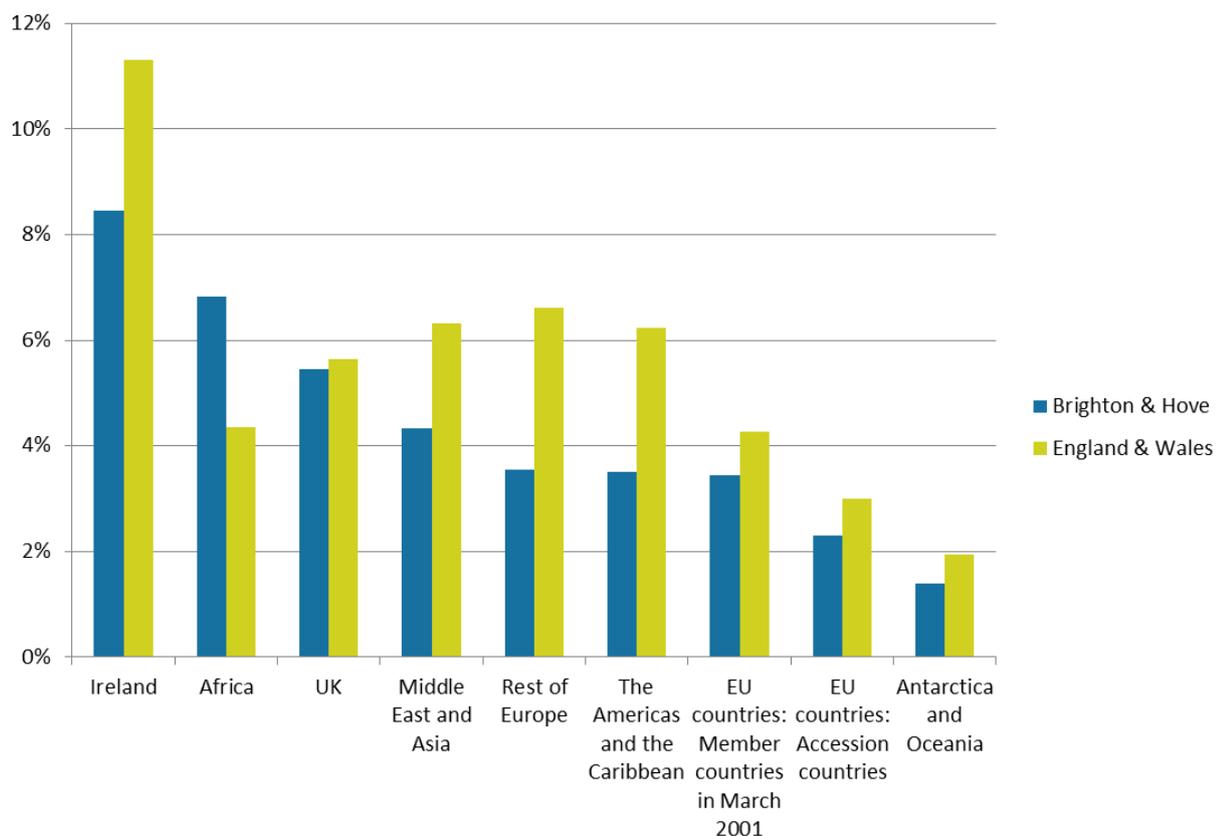
Source: Office for National Statistics Census 2011 data

4.2   Community characteristics

4.2.1   Ethnic group

At the time of the 2011 Census, 82% (n=35,235) of those Brighton & Hove residents who were born outside the UK were of an ethnicity other than White British.[s] This compares with 8% (n=18,116) of city residents born in the UK with an ethnicity other than White British.

The highest proportion of those born outside the UK identified themselves as White Other (39%, n=16,763), this was followed by those are Asian or Asian British (19%, n=8,075). Of those born outside the UK, 18% (n=7,650) identified as White British, which may be due to White British nationals who are born overseas as well as White Irish or White Other migrants who take British citizenship.

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[s] White British including White: English/Welsh/Scottish/Northern Irish

Figure 21: Ethnicity of those born outside the UK as a percentage of the migrant population, Brighton & Hove, Census 2011
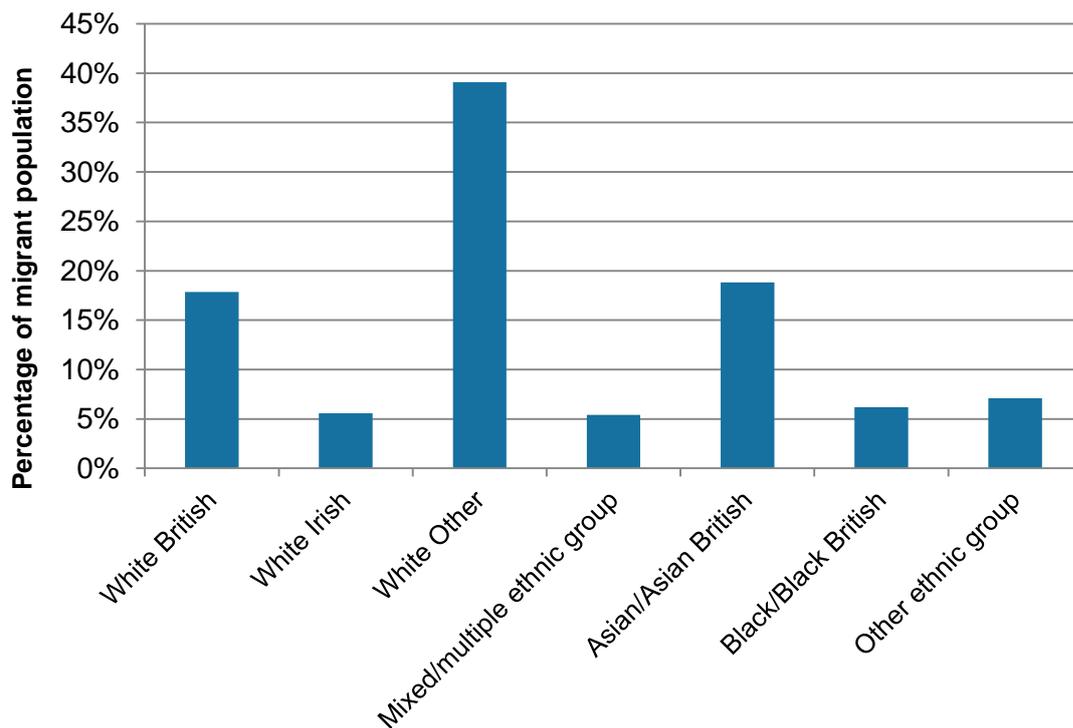
Source: Office for National Statistics Census 2011 data

Of UK born secondary school pupils (aged 11-16), 80% are White British and 20% from a Black and Minority Ethnic Group. Of those who said they were born outside the UK 12% of pupils said they were White British and 88% said they were from a Black and Minority Ethnic Group.[15]

Among non-UK born primary school pupils (aged 8-11), 19% either did not know or did not wish to state their ethnicity and so no comparison can be made.[15]

4.2.2 Religion

Those born outside the UK were less likely to state they have no religion compared to those born in the UK (31% vs 45%) in 2011. In particular the proportion of residents born outside the UK who were Muslims, was higher compared to the UK born population (9% vs 1%).

Figure 22: Religion by place of birth, Brighton & Hove, Census 2011

Religion	UK born		Non-UK born		Total	
	n	%	n	%	n	%
Christian	98,547	42.8	18,729	43.7	117,276	42.9
Buddhist	1,635	0.7	1,107	2.6	2,742	1.0
Hindu	591	0.3	1,201	2.8	1,792	0.7
Jewish	2,291	1.0	379	0.9	2,670	1.0
Muslim	2,125	0.9	3,970	9.3	6,095	2.2
Sikh	249	0.1	93	0.2	342	0.1
Other religion	1,987	0.9	422	1.0	2,409	0.9
No religion	102,722	44.6	13,232	30.9	115,954	42.4
Religion not stated	20,337	8.8	3,752	8.7	24,089	8.8

Source: Office for National Statistics Census 2011 data

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Two thirds of Hindus (67%) and Muslims (65%) in Brighton & Hove were born outside the UK. This compares to only 14% of Jews, 16% of Christians, 27% of Sikhs and 40% of Buddhists.

Non-UK born secondary school pupils in the city were significantly more likely than UK born pupils to say that they had a religion (72% and 33% respectively).[15]

4.2.3   Language

In the majority of households in Brighton & Hove all people aged 16 and over had English as their main language (89.4%), although this is lower than both the South East and England (93.2% and 90.9%). There were almost 6,000 households in the city where no-one had English as a main language; this percentage (4.9%) was higher than both the South East and England (3.1% and 4.4%).

Figure 23: Main language by household, Brighton & Hove, South East and England, Census 2011

	Brighton & Hove		South East		England	
	n	**%**	**n**	**%**	**n**	**%**
All people aged 16 and over in household had English as a main language	108,656	89.4	3,312,400	93.2	20,053,717	90.9
At least one but not all people aged 16 and over in household had English as a main language	6,223	5.1	114,631	3.2	850,510	3.9
No people aged 16 and over in household but at least one person aged 3 to 15 had English as a main language	734	0.6	19,423	0.5	178,838	0.8
No people in household had English as a main language	5,927	4.9	109,009	3.1	980,303	4.4

Source: Office for National Statistics Census 2011 data

After English, Arabic was the most frequently spoken language in Brighton & Hove, with over 2,200 people having listed this as their main language in the 2011 Census. This represented 10% of people who listed a language other than English as their main language.

Figure 24: Most spoken languages after English in Brighton & Hove, Census 2011
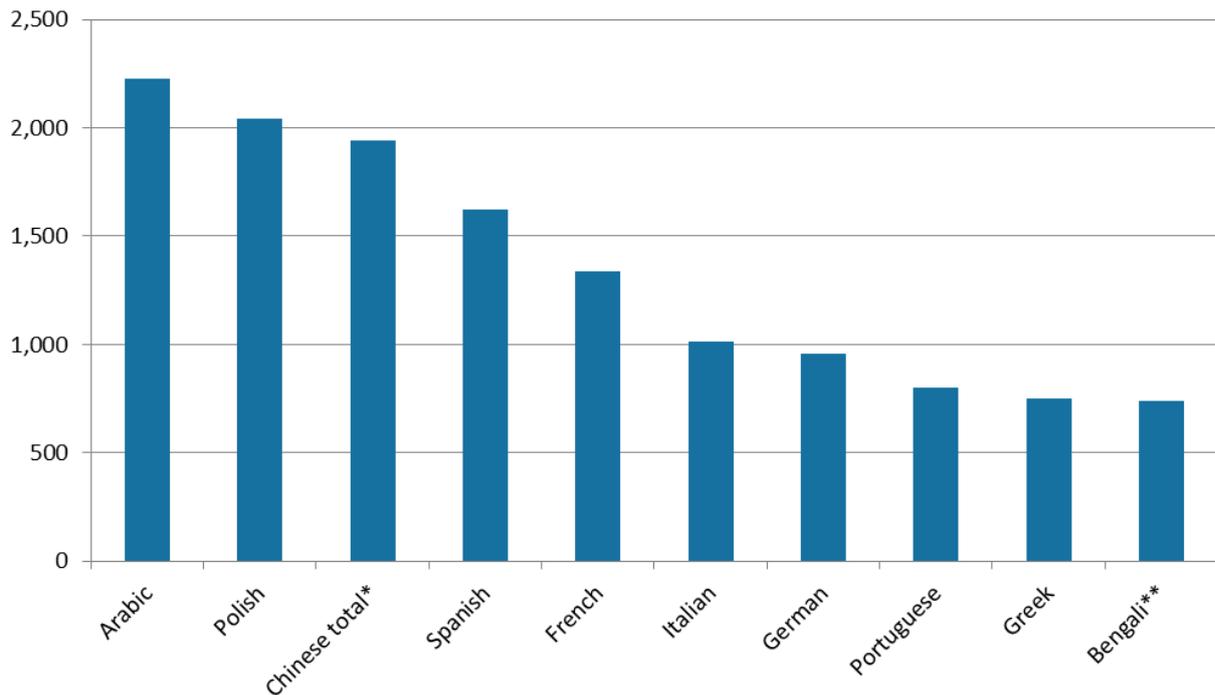
Source: Office for National Statistics Census 2011 data (*Chinese total includes Cantonese Chinese, Mandarin Chinese and All other Chinese. **Bengali includes Sylheti and Chatgaya.)

In the 2016 SAWSS the question 'Is English the main language spoken in your home?' was also asked. There were 998 (15%) primary school pupils and 1,063 (11%) secondary school pupils who responded that English was not the main language spoken at home. For primary school pupils this is a 3% increase since 2012, and for secondary a 2% increase.

In 2015, secondary school pupils were also asked 'Which language is mainly spoken in your home?'. As shown in Figure 25, the most common answer was Arabic with 224 responses, which is the most commonly spoken language after English for the whole population of Brighton & Hove.

Non-UK born secondary school pupils in the city are significantly more likely than UK born pupils to say that the main language spoken at home is not English (64% and 36% respectively).[15]

4.2.4   Proficiency in English

As shown in Figure 26, the majority (89%) of those in the city who did not have English as a main language could speak English very well or well. However, just under 2,500 residents could not speak English well or at all. Of this population 54% were female and 46% male.

Figure 25: Main language spoken at home for secondary school pupils, SAWSS

Language	n	%
Arabic	224	22.4
Bengali	85	8.5
Cantonese	71	7.1
Farsi	60	6.0
French	41	4.1
Mandarin	34	3.4
Polish	24	2.4
Portuguese	18	1.8
Spanish	16	1.6
Turkish	12	1.2
Other	414	41.4

Source: Safe and Well at School Survey, 2015

Figure 26: Number of those whose main language is not English by proficiency of English and gender, Brighton & Hove, Census 2011
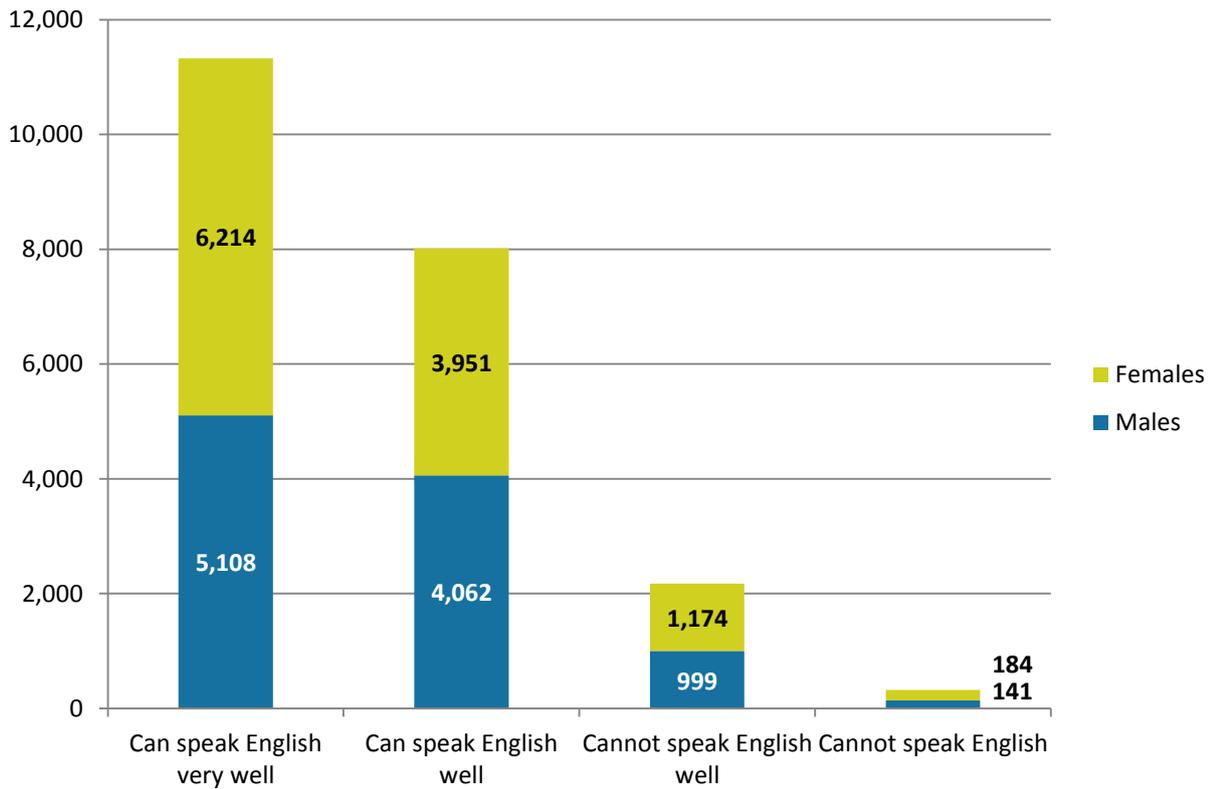
Figure 27 shows that English proficiency varied with age. The proportion of those who could speak English well or very well increased with age up to the age band of 20-29 (93%), and then generally decreased with age to a low of 66% in the age band 70-79.

Figure 27: Percentage of those whose main language is not English by proficiency of English and age, Brighton & Hove, Census 2011
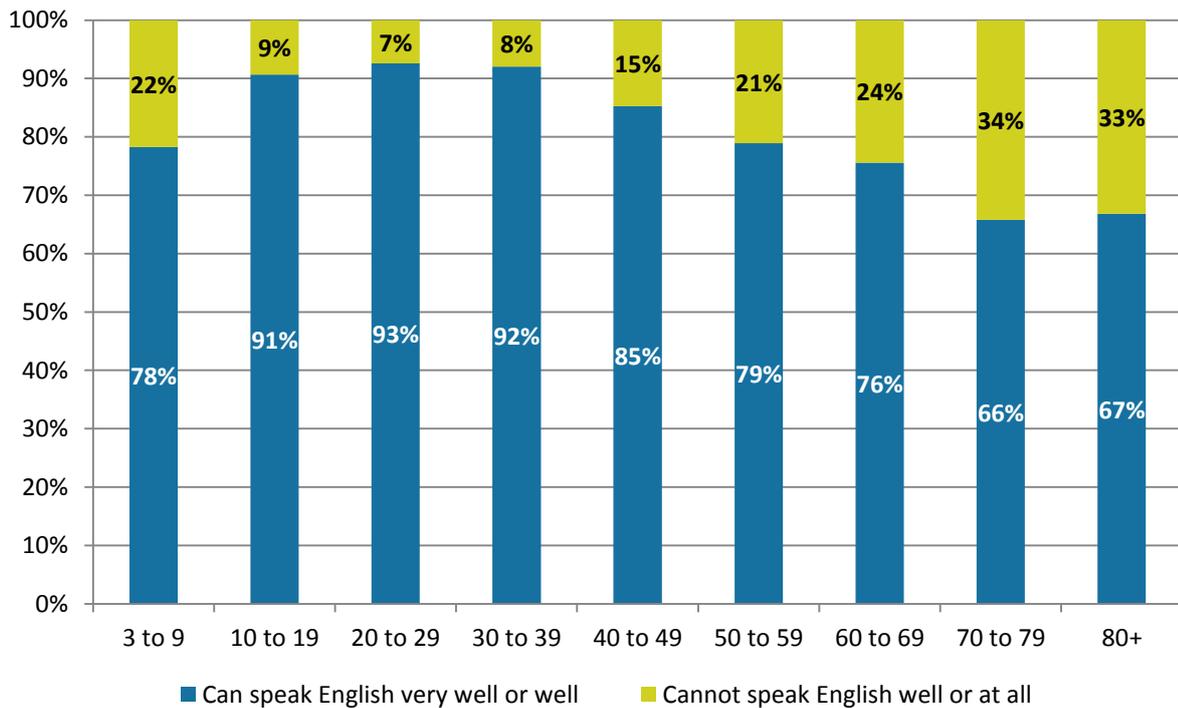
4.3   Births, deaths and families

4.3.1   Births

In 2015 there were 800 births to mothers who were born outside the UK, which represents 27% of births in the city. Figure 28 shows that the number and proportion of births to mothers who were born outside the UK has been steadily increasing, from 370 (13%) in 1999, to a peak of 850 (29%) in 2014.[16]

Figure 28: Percentage of births to mothers born outside the UK, Brighton & Hove, 1999-2015
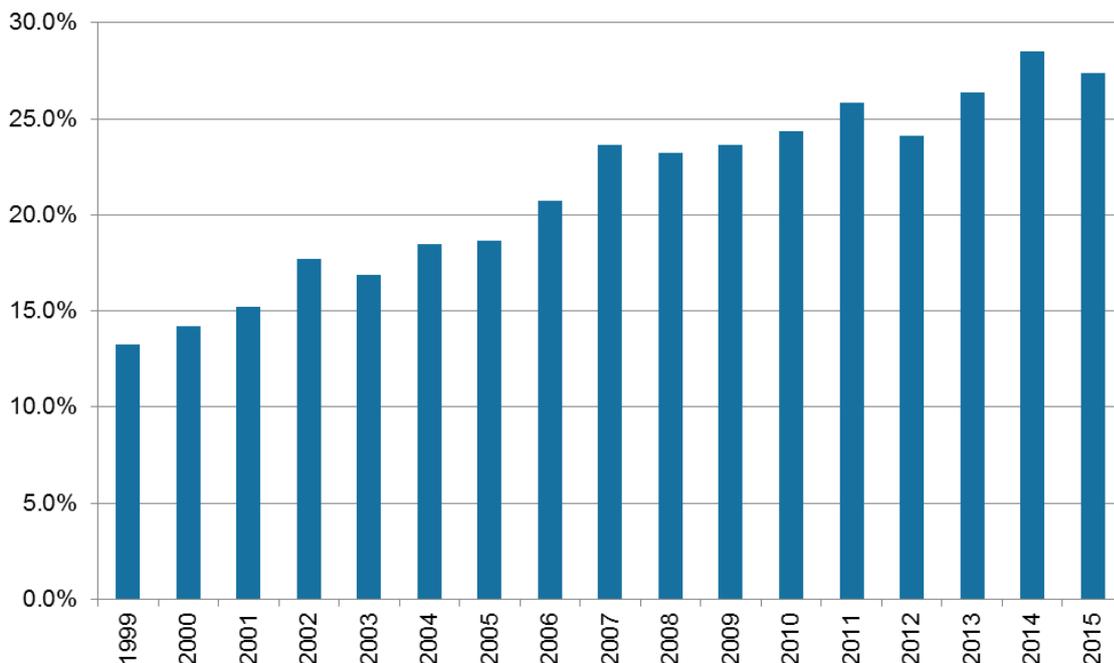
Source: Office for National Statistics birth data

Figure 29 shows births to non-UK born mothers in the three year period between 2013-2015. Across the city there were 2,459 births to non-UK born mothers over this period – 28% of all births in the city.

Regency ward had the highest percentage of births to non-UK born mothers between 2013-2015 (46%), followed by Goldsmid and Brunswick and Adelaide wards (40% respectively).

The map shows that those wards in the city centre and the south west of the city had the highest percentage of births to non-UK born mothers. As well as the wards mentioned above this also included St. Peter's and North Laine, Queen's Park, Central Hove, Westbourne and Wish wards.

The percentage of births to non-UK born mothers increased from 24% between 2007- 2009 to 28% in 2013-2015. The largest increases in the percentage of births to non-UK born mothers between 2007-2009 and 2013-15 occurred in Regency, Wish and Westbourne wards.

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Figure 29: Percentage of births to mothers born outside the UK by ward, 2013-15
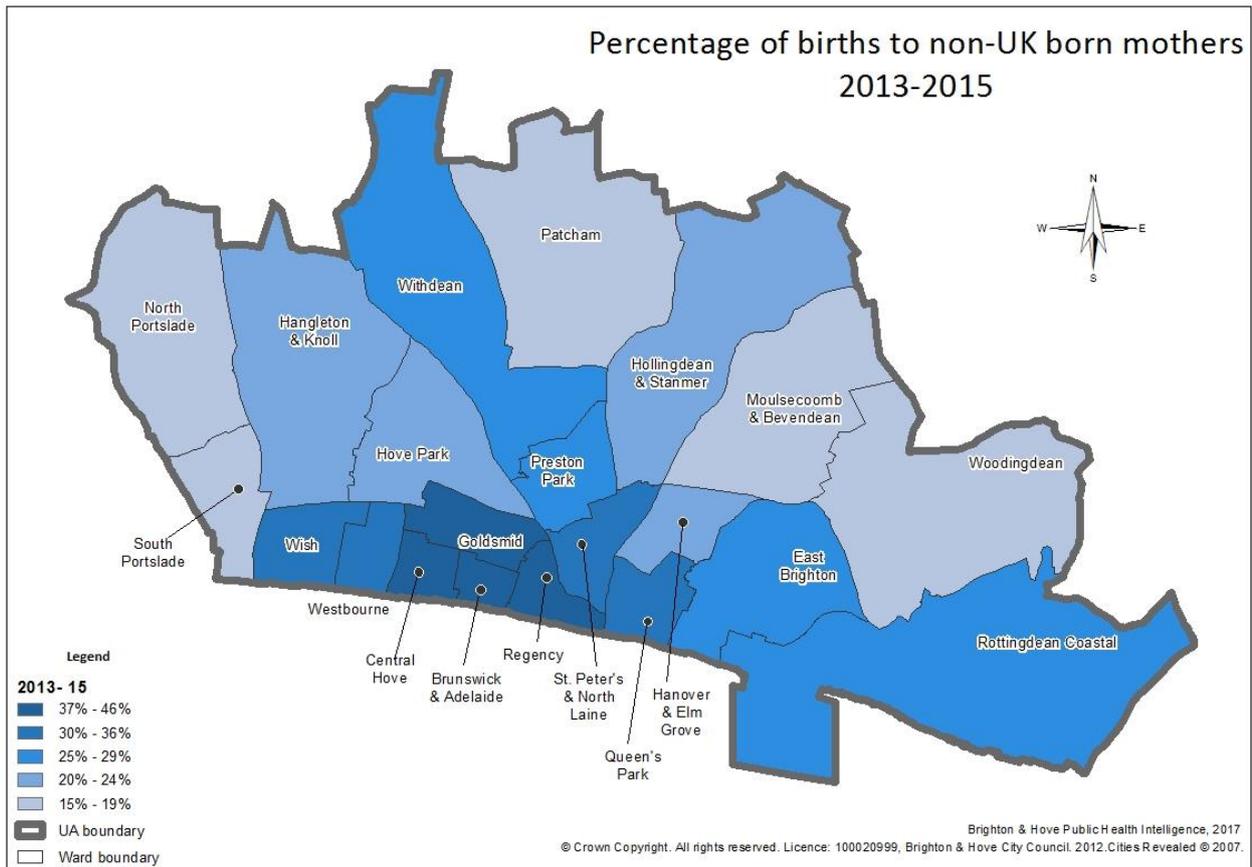
Source: Office for National Statistics birth data

Since 2007 in Brighton & Hove the most common country of birth for mothers born outside the UK has been Poland, before this it was Bangladesh. In England and Wales the most common country of birth for mothers born outside the UK has been Poland since 2010, before this it was Pakistan.

Figure 30. Percentage of live births to Brighton & Hove mothers born outside the UK
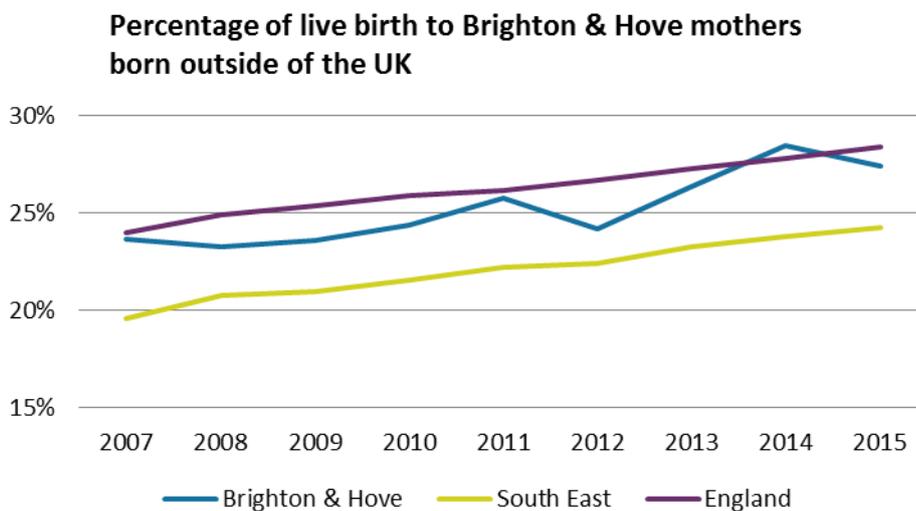
Source: Office for National Statistics birth data

Figure 30 shows that while both the number and proportion of live births to mothers in Brighton & Hove born outside the UK fell in 2015 (809 babies, 27%), the longer term trend, similar to that seen in the South East and England, is for an increasing proportion of live births to be to mothers born outside the UK.

Figure 31. Live births to Brighton & Hove mothers who were born outside the UK

Live births to Brighton & Hove mothers born outside of the UK								
Year	2008	2009	2010	2011	2012	2013	2014	2015
Total	771	772	803	849	765	783	850	809
As a percentage of all live births	23.3	23.6	24.4	25.8	24.2	26.4	28.5	27.4
ALL EU	275	285	292	323	318	318	377	347
Joined EU before 2004	162	165	160	173	175	157	179	177
Joined EU 2004-2013	113	120	132	150	143	161	198	170
Rest of Europe	43	38	38	38	41	49	50	61
Middle East and Asia			205	227	189	173	191	181
Africa	153	148	145	145	122	149	134	121

Source: Office for National Statistics birth data

Figure 31 shows that, when looking at where mothers born outside the UK came from, the pattern is mixed both between different years and different areas of the world. However, while the trend shows that the total number of mothers born outside the UK each year is relatively consistent between 2008 and 2015 (ranging from 765 to 850 people), there are differences for mothers born in different areas of the world.[17]

There is a long term increasing trend in the number of live births to mothers in Brighton & Hove who themselves were born in Europe (outside the UK). This is driven mainly by an increase in the number born to mothers from EU countries who joined after 2004. The rates of increase are smaller for mothers from countries which joined the EU before 2004 and for mothers from non EU European countries.

The number of mothers born in the Middle East, Asia, Africa and the Rest of the world are all declining with the decline greatest in mothers from the Middle East and Asia.

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Figure 32: Number of births to mothers born in Poland and Bangladesh, Brighton & Hove, 1999-2015
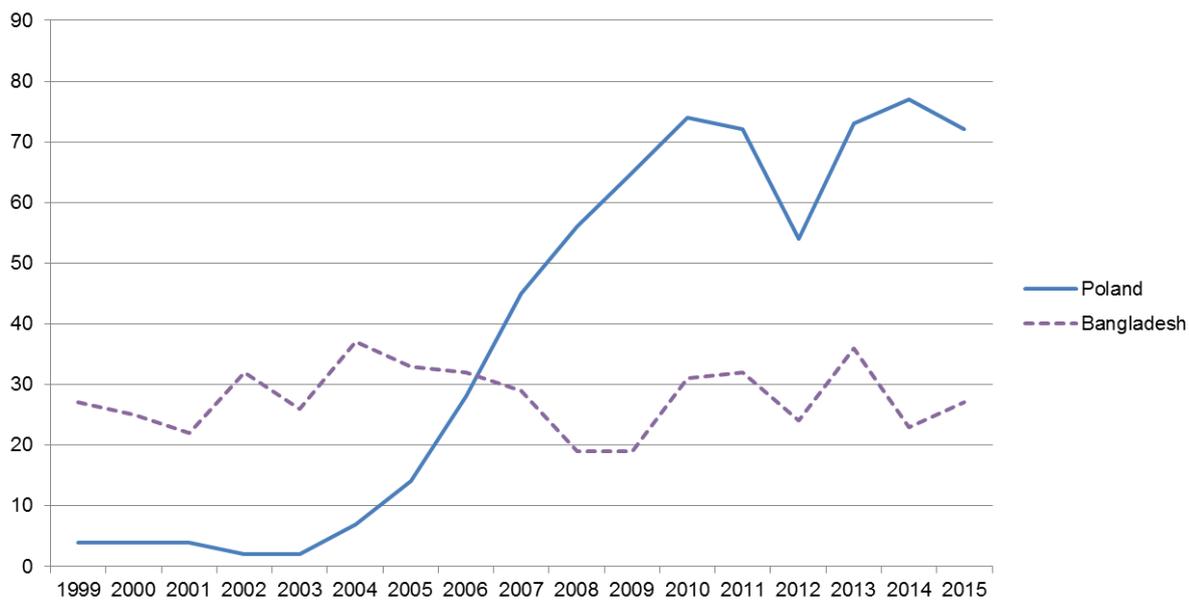
Source: Office for National Statistics birth data

Figure 33: Number and percentage of births for the ten most common countries of birth for mothers born outside the UK, Brighton & Hove, 2015

Country	n	*% of all births*	*% of births to non-UK born mothers*
Poland	72	*2.4*	*8.9*
United States	30	*1.0*	*3.7*
Ireland	29	*1.0*	*3.6*
Spain	28	*0.9*	*3.5*
Bangladesh	27	*0.9*	*3.3*
Germany	27	*0.9*	*3.3*
France	26	*0.9*	*3.2*
South Sudan	24	*0.8*	*3.0*
South Africa	23	*0.8*	*2.8*
Turkey	22	*0.7*	*2.7*
India	20	*0.7*	*2.5*

Source: Office for National Statistics birth data

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4.3.2   Family makeup

From 2011 Census data, those born outside the UK were more likely to have no dependent children in their family compared to those born in the UK (42% vs 30%). Figure 34 shows they were slightly more likely than those born in the UK to have one dependent child, but less likely to have two or more dependent children, or all children in the family non-dependent.

Figure 34: Dependent children by country of birth, Brighton & Hove, Census 2011
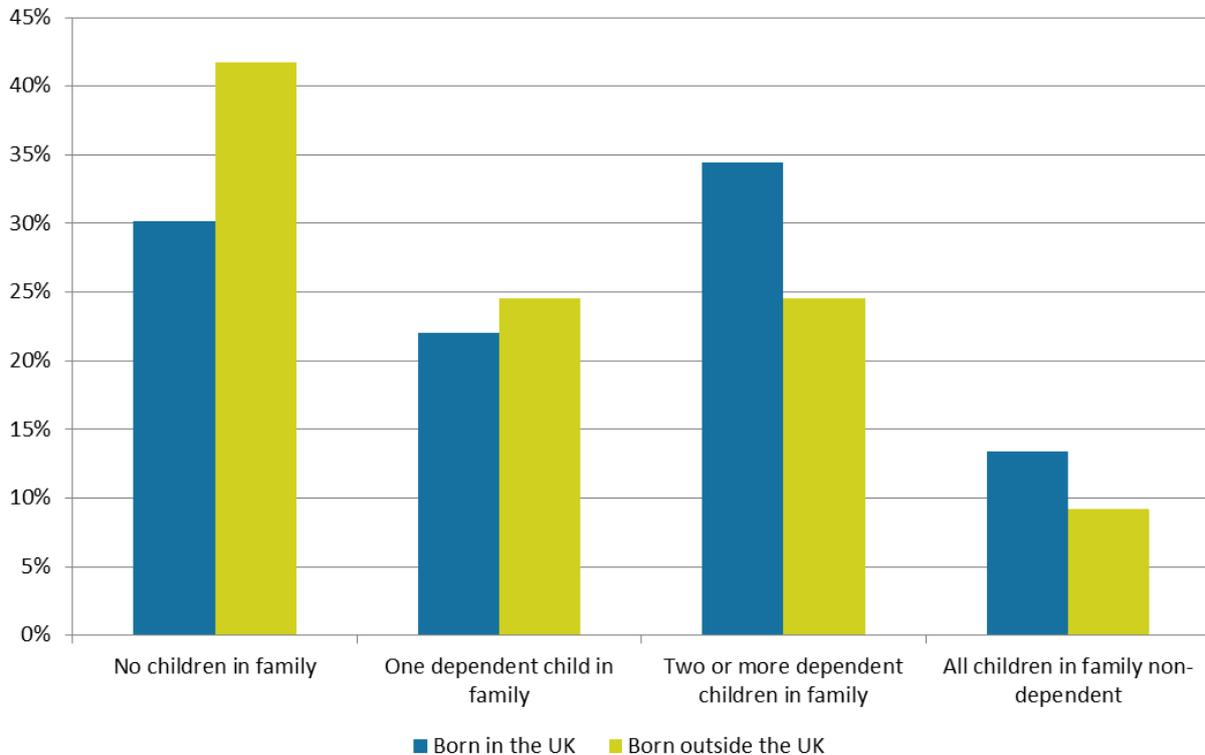
Source: Office for National Statistics Census 2011 data

4.3.3   Caring and carers

Reliable data on caring/carers and migrants is not available. The annual Adult Social Care Carers Survey is a national government initiative carried out by Brighton & Hove City Council. Nationality and country of origin are both asked in the survey, but have low response rates.

4.3.4   Deaths

From 2011-2015 there were 1,057 registered deaths in Brighton & Hove of persons born outside the UK. This represents 10% of all registered deaths. As the age structure of UK born and non UK born residents differ, age-standardised mortality rates are calculated (these account for the different age structure to look at underlying differences). Figure 35 shows that UK born residents had a mortality rate of 970 deaths per 100,000 people, the mortality rate for non UK born residents is lower at 911 deaths per 100,000 people, though the difference is not statistically significant.[18]

Figure 35: All-age, all-cause mortality rate per 100,000 people (directly age-standardised) for UK born and non-UK born residents, Brighton & Hove, 2011-2015
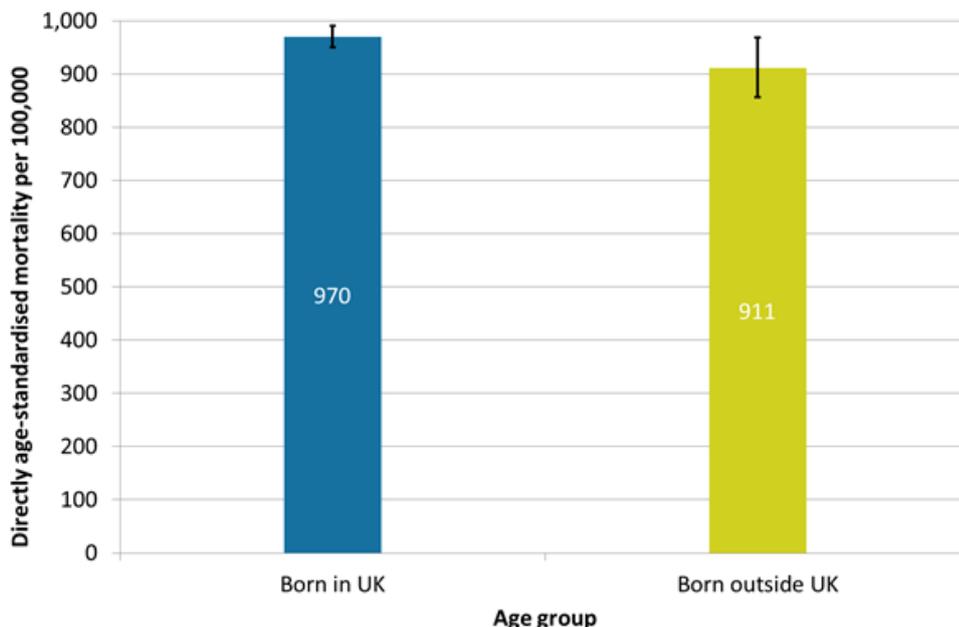
Source: Office for National Statistics. Primary Care Mortality Database (produced by the Brighton & Hove Public Health Intelligence team)

When looking at mortality rates by age group (see Figure 36), mortality is slightly higher in each age group for UK born residents compared to non-UK born residents.

Figure 36: Age-specific mortality rates per 100,000 people for UK born and non-UK born residents by age group, Brighton & Hove, 2011-2015
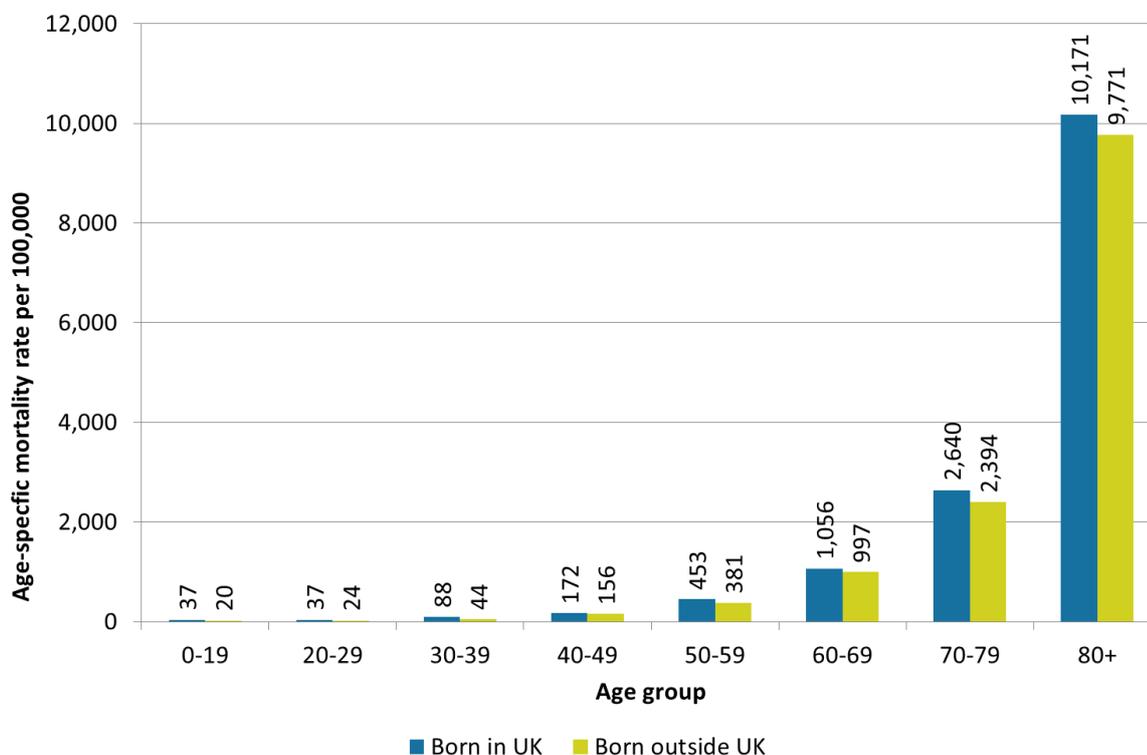
Source: Office for National Statistics. Primary Care Mortality Database (produced by the Brighton & Hove Public Health Intelligence team)

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4.4   Poverty and deprivation

People born in countries outside the UK are at greater risk of poverty. Analysis of data from the Family Resources Survey between 2011/12 and 2013/14 and reported by the Joseph Rowntree Foundation found that one in three (32%; 2.5 million people) of people living in the UK who were not born here were living in poverty, compared with one in five (19%) people who were born in the UK. This difference was not just seen in new arrivals, but persisted for those who had been in the UK for up to 20 years and beyond.

Children of non-UK born parents had a much higher risk of poverty – 45% of children in poverty compared with 24% of children with UK born parents. 70% of children of non-UK born parents were born in the UK.

The reason for elevated rates of poverty in non-UK born people were thought to be that they are more likely to have some of the same characteristics as the general population which are associated with poverty, for example they are more likely to rent privately, to be young adults and/or to live in a family where only one person in a couple is earning.[19]

Figure 37. Brighton & Hove residents living in the 20% most deprived areas in England by country of birth, Census 2011
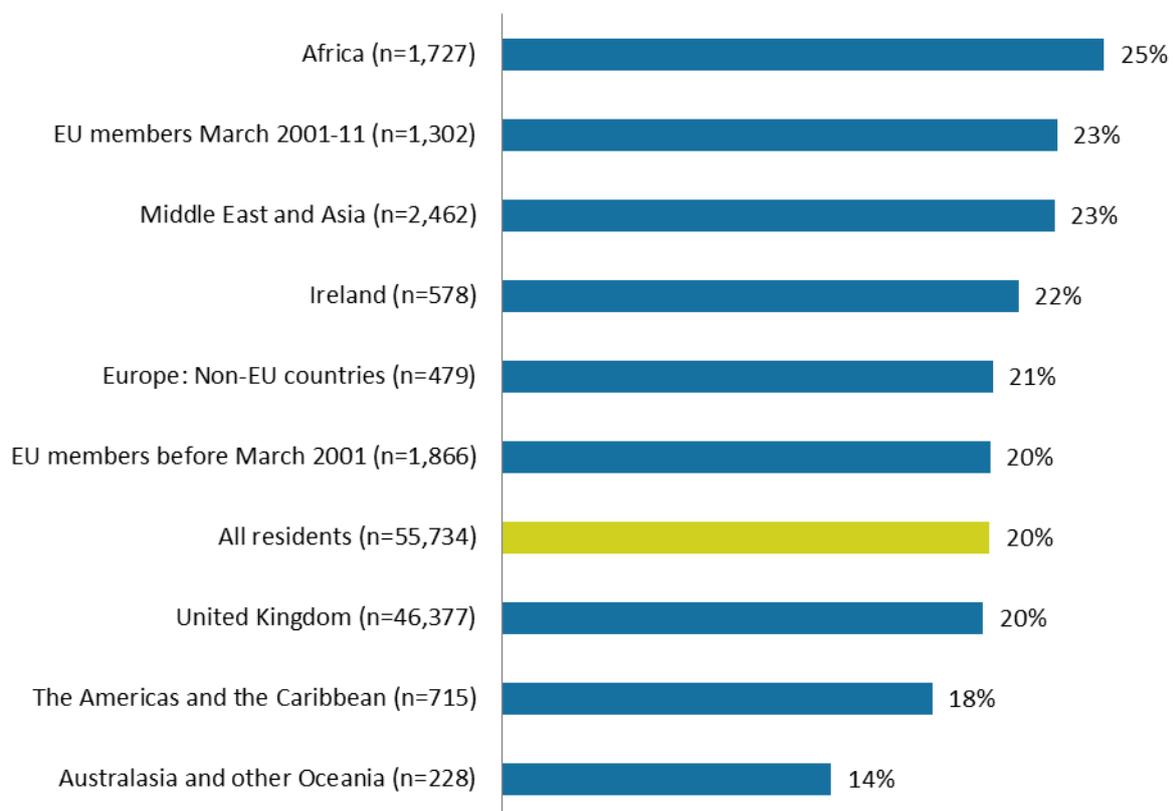
Source: Office for National Statistics Census 2011 data

According to the 2015 Index of Multiple Deprivation one in five people (20%) in Brighton & Hove live in one of the 20% most deprived areas in England. However there are differences depending on where in the world residents were born.

Figure 37 shows that one in four city residents (25%) who were born in Africa lived in one of the 20% most deprived areas in England. This rises to one in three people (33%) born in North Africa. About one in four people born in Central and Western Africa (26%), Southern Asia, (26%) and South East Asia (26%) also lived in one of the 20% most deprived areas in England. Meanwhile, only 14% of people born in Australasia and 17% of people born in North America and the Caribbean lived in the 20% most deprived areas in England.

International Migrants in Brighton & Hove

The Safe and Well at School Survey described in Section 4.1.3 showed that non-UK born secondary school pupils (aged 11-16) were significantly more likely to live in more deprived areas of the city in terms of the measure of income deprivation affecting children. 44% of non-UK born pupils were living in the 40% of areas considered most deprived compared with 37% of UK born pupils. Furthermore non-UK born secondary school pupils were significantly less likely to live in the least deprived areas as well. 19% of non-UK born pupils were living in the 20% least deprived areas of the city compared with 26% of UK born pupils.

4.5   Education and employment

The subject of employment, unemployment, qualifications and skills is dealt with in Section 8, but a few key points are provided below.

4.5.1   Qualifications and occupation

From the 2011 Census, 91% of Brighton & Hove residents aged over 16 who were born outside the UK had at least a Level 1 qualification[t] or higher, compared to 82% of those born in the UK meaning that fewer have no qualifications (9% and 18%). Also, 42% of migrants aged 16 or over, had a Level 4 qualification[t] or above, compared to 36% of those born in the UK.[5]

Looking in more detail at place of birth 'Antarctica, Oceania (including Australasia) and other' had the lowest percentage of those with no qualifications (4%) and the highest percentage of those with a Level 4 qualification or above (55%). The place of birth with the highest percentage of those with no qualifications was Ireland (22%) and the place of birth with the lowest percentage of Level 4 qualifications or above was EU: Accession countries[u] (33%).

Data from the 2011 census on the type of work carried out by city residents who were not born in the UK is presented in Section 8.3.1.

4.6   Changing future migration patterns

Migration patterns to and from the UK and the city are constantly changing in response to global conflicts, changing economic, political, environmental and social contexts. In addition to the many forces globally which trigger migration, the main driver of change within the UK in recent years has been around the decision for the UK to leave the European Union (see Section 3.8).

It is difficult to predict what patterns of migration might look like in the future. In any event, it likely that migration to the UK will continue at scale and demographic change should continue to be closely monitored. It is necessary to plan for uncertainty.

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[t] Level 1 qualification equivalent to GCSE level, Level 4 qualification equivalent to a certificate of higher education.
[u] Countries joining the EU between April 2001 and March 2011

5. Community attributes, networks and integration

Key findings

Contributions from migrant communities

- It is generally recognised that migrants add to the diversity of the city and enrich and broaden cultural opportunities for all (through art, food and music, for example). The act of migrants uprooting their connections and successfully arriving in another country, whatever the driver for doing so, may itself represent a level of character and resourcefulness which can provide a strong basis for contributing to community life in Brighton & Hove.

- Participants referred to a range of attributes they brought to the city, including knowledge, experience, a willingness to work, social and behavioural values, cultural contributions, neighbourliness and community work.

- Migrant communities contribute considerably to the city's workforce and economy (see also Section 4). This can extend to international trade links to migrants' home countries which could be considered a city asset.

Contributions from the wider community in Brighton & Hove

- Brighton & Hove has a reputation for being a diverse city and one that is generally welcoming to people of different backgrounds. An example of this can be seen in the many goodwill offers of support for refugees from Syria.

- The city is part of the national City of Sanctuary network which aims to "celebrate the contribution of those that have come here for safety" and "reduce isolation, fear and exclusion". Linked to this is the city's Schools of Sanctuary initiative, and the country's first Club of Sanctuary.

Community networks within migrant communities

- Some migrants may live in isolation from any community, for example some women, unaccompanied asylum seeking children and irregular migrants.

- Involvement with social networks can provide an important source of support for new migrants, for example with accommodation or work. However, sometimes employment found within the small business sector is poorly paid and provides less scope for socio-economic mobility.

- Community organisations or faith groups, with which migrants may have previous contact, can provide a means of access to social networks. This happens more across some communities than others. However, under some circumstances, belonging to social networks may discourage integration and can lead to a sense of mistrust of other communities.

- LGBT people from some migrant communities in the city may find themselves isolated and unsupported by their own migrant community due to their identity. At the same time they may not feel welcomed by the local LGBT community either as someone from another country. This may compound other challenges associated with being a migrant.

Integration into the wider community

- Poor communication skills, especially language, can make integration more difficult and underpin isolation and loneliness.

- New arrivals to the UK are least likely to have their voices heard. Barriers to migrants participating in civic life include, for example:
  - not understanding decision-making processes;
  - a lack of resources, eg to attend meetings;
  - a lack of confidence, feeling uncomfortable in meetings; and
  - being sceptical that participation will make a difference

- Participating in and contributing to community life by migrants decreases isolation, and increases self-esteem and a sense of belonging.

- Racial harassment and other forms of hate incident, and a sense of exclusion can negatively

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- impact on community involvement by migrants.

- Policies which are aimed at reducing deprivation and which provide opportunities and places where different communities will encounter one another are helpful in promoting integration.

- While many migrants are involved in volunteering, there may be scope for increasing awareness of volunteering opportunities. Volunteering may have a role in reducing isolation and improving integration.

- Social media has the potential to keep people in touch with one another and to make new connections. However, the 2014 government Digital Inclusion Strategy noted that members of the migrant community may be disproportionately affected by digital exclusion.

5.1   Introduction

This section looks at the attributes and social networks of migrants and other local communities in the city and issues around integration of migrants within local communities and more broadly in city life.

Integration has been defined by the European Council on Refugees and Exiles as:

> *"a process of change that is dynamic and two-way: it places demands on both receiving societies and the individuals and/or the communities concerned. From a migrant perspective, integration requires a preparedness to adapt to the lifestyle of the host society without having to lose one's own cultural identity. From the point of view of the host society, it requires a willingness to adapt public institutions to changes in the population profile, accept migrants as part of the national community, and take action to facilitate access to resources and decision-making processes."[20]*

5.1.1   Becoming a citizen

The government website lays out the conditions, processes and fees involved in becoming a UK citizen.[v]

The 'Life in the UK' test must be passed, alongside an English language test, before someone can be awarded British citizenship. There is no local examination centre and migrants wishing to achieve British citizenship currently have to travel to Portsmouth, Crawley, Eastbourne and other towns in order to complete this test. The English language verbal test has to be completed in Croydon at Trinity College. Citizenship ceremonies can be held in celebration of being granted British citizenship. Brighton Town Hall is the local venue for these celebrations.

5.2   Attributes of migrant communities

5.2.1   Personal attributes

Stakeholders recognised that the very act of uprooting their connections and migrating to another country, whatever the main driver for doing so, demonstrates a level of resourcefulness and motivation. A strong work ethic and a commitment to education were felt to characterise some who had migrated for economic reasons.

5.2.2   Supporting other local migrants

Stakeholders reported that migrant communities have a strong sense of connectedness and mutual support that helps them overcome some of the practical difficulties of living in Brighton & Hove. For example, migrants help new arrivals by acting as translators, providing information about services and providing accommodation (eg sofa-surfing). There are also a number of established resident communities in the city who migrated at points in the past (see Section 3) which try to provide support to new migrants from these communities. Stakeholders suggested

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[v] https://www.gov.uk/becoming-a-british-citizen

a buddying/peer support scheme whereby established members of the community help new arrivals to access and use services would be useful.

Several participants in the community research either taught at or utilised Saturday Schools for mother tongue language education. The schools appeared to be an excellent resource for community support.

5.2.3   Contributions to the city

Community research participants were asked to consider what assets they brought to the city. At first they found it difficult to identify ways in which they contributed to the city, requiring prompting by the community researchers, who provided them with examples.

> *"It took a long time for participants to think about assets they bring because they are so into adapting and settling that they don't appreciate their assets."*
> *(Romanian researcher)*

However, over the course of the research participants began to share their individual and community contributions. As individuals, migrants referred to contributing with their knowledge, life experience and practical skills.

> *"I am a teacher and I contribute with my knowledge of art and history as well as with my life experience". (Albanian participant)*

> *"I am a musician and many people enjoy what I do". (French participant).*

Migrants also reported their contribution to the city's economy through taxation and setting up businesses. They reflected that when moving from a different culture they bring with them cultural traditions and values which contribute to the local community and the city's cultural wealth.

> *"We bring our solidarity. We are always open to one another and we are educated and polite". (French participant)*

> *"We do community work, we are good neighbours and we are willing to work and improve." (Spanish participant)*

> *"We participate in festivals, bringing our culture to this city, our food, jewellery and different outfits." (Turkish participant)*

> *"We bring our music, art, food, diversity. People who are originally from here get to know other cultures". (Syrian participant)*

> *"We are friendly and we contribute with our cultural values, like the importance of the family. Albanian community is the model of religious harmony. Hospitality and the highest respect are part of Albanian lifestyle." (Albanian participant)*

Some community research participants who were parents felt that the way they raised their children and their children's behaviour was a definite asset to the school and education system.

> *"We have well-looked after children who are bright students, they aim high and are top of their class". (Romanian participant).*

A number of participants also reflected that they used their language skills to help at work and at school.

> *"I am proud to teach French to children". (French participant)*

> *"I offer language support at work". (Romanian participant)*

Stakeholders also recognised the many assets migrants bring with them, including their knowledge and skills (eg language skills); their contribution to the labour market (including building international trade links with their communities), bringing ideas to solve problems; contributing to a multicultural society; and enriching the culture, art, food and music scene in Brighton & Hove. They felt these assets could be harnessed to facilitate access to services and integration. Stakeholders suggested developing initiatives that promote migrants' involvement

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in service provision (eg school governors) so that services become more representative of the communities they serve and better able to meet their needs.

Data on the contribution of migrant communities to the city's workforce is provided in Section 8.3.1.

5.2.4   Voluntary initiatives and volunteering involving migrants

A European research project into the role of volunteering by migrants as a means of integration was carried out in 2006 across seven countries, including England. This found that volunteering was generally perceived to contribute towards integration, enabling migrants to acquire a knowledge of the host society, participate in informal education opportunities and improve their employability.[21]

The strong volunteering culture in the UK was recognised in the report, but it was noted that there was no policy to facilitate volunteering by migrants. Inhibitors to migrants volunteering were seen to include working long hours, a lack of knowledge about volunteering opportunities, isolation and a lack of language skills, animosity from local communities (especially in deprived communities), requirements around CRB checks, and so on.[21]

The report argued that migrants should be in a position to be involved in volunteering as soon as they arrived and made a number of recommendations, including raising awareness of the value of volunteering among migrants (especially focussing on young migrants, refugees and asylum seekers), including information about opportunities in welcome packs and training. Commenting across all countries, networking between migrant and mainstream organisations was seen as important, with government at all levels being seen to be in a position to create an enabling environment.[21]

Locally, Brighton & Hove Connected and Community Works have produced a strategic document *'The Power of Volunteering'* laying out their approach to volunteering from 2016-2021. This notes the contributions made to people's wellbeing, empowerment and inclusion, as well as them being able to contribute their skills and experience and having a chance to develop new skills. It notes two key principles – "increasing equality and improving engagement" – and committing, among other things to "increasing the number of people committing to volunteer … through attracting more volunteers from diverse communities across the city". This would seem to provide a platform to develop volunteering with migrants locally.

Although it is possible some migrants may be unfamiliar with the concept of volunteering as such, a general willingness to help their communities can be observed within the city's migrants and many are involved in volunteering. The Sussex Interpreting Services (SIS) has trained 26 Volunteer Linguists speaking 16 community languages. Volunteer Linguists work in the areas of health and public/community services and reach out to isolated people and excluded communities to support them to lead healthier lives by explaining what services are available and how to access them. They also act as a reference group for those commissioning and planning local services.

5.3   Attributes of the city and its wider communities

Brighton & Hove has a reputation for being a diverse city and one that is generally welcoming to people of many different backgrounds. An example of this has been seen in goodwill offers of accommodation and other support received from members of the public in response to the Syrian Vulnerable Persons Relocation Scheme (see Section 3.4.4).

Brighton & Hove is part of the nationwide City of Sanctuary network, with the local group, Sanctuary on Sea, providing a platform for refugees and asylum seekers to come together with others who live in the city. They aim to "celebrate the contribution of those that have come here for safety" and "reduce isolation, fear, and exclusion." During the summer of 2017 the Brighton Table Tennis Club was awarded the country's first 'Club of Sanctuary' status. Further information on the table tennis club, as well as on other cultural or sports activities or initiatives, is provided in Section 5.5.3. These may be driven by migrant communities themselves, and/or supported by residents or city services. Also connected with the City of Sanctuary is the Schools of Sanctuary programme (see Section 11.7.1).

There are a large number of small groups that migrant communities have set up to provide support for their members[w]. These groups receive support from the city's community and voluntary sector infrastructure. For example, in 2016/17 the Resource Centre provided 15 different self-run migrant groups with finance and fundraising support. Services which can support migrants are often within the community and voluntary sector, although their existence can be dependent on the availability of funding. The Resource Centre has been able to help these third sector organisations in recognising their achievements and to provide finance and fundraising support, but it depends itself on resources to be able to continue this work. The council supports and provides a limited number of grants to some community and voluntary organisations who support migrants.

It is worth bearing in mind that individuals may not connect with some organisations because of divisions between communities in their country of origin that are reflected locally.

5.4 Specialist services, connections and social networks

5.4.1 Specialist services for migrants in Brighton & Hove

Despite the generally welcoming attitude to migrants in Brighton & Hove, particularly to refugees, and the range of community activism around migrant rights, there are few paid roles within the city which are focussed on meeting the needs of migrants. Unlike areas of the UK with a history of asylum 'dispersal' and where large numbers of refugees have been resettled, the larger national asylum and refugee charities have not generally had a local presence in the city. As of summer 2017, the only local charity employing full time staff with a specific remit to deliver direct services to adult asylum seekers and refugees, and those in family groups, was Voices in Exile (see inset box) partly funded by both the Catholic and Anglican Dioceses. Support, such as English conversation classes and psycho-social support, is also offered by a number of projects run by volunteers and there are small migrant and refugee-led organisations which are supporting members of their communities (see Section 5.4.3).

At the same time, local interpreting services employ staff in a range of permanent and sessional roles to meet the needs of migrants. The Ethnic Minority Achievement Service, which is embedded within the local education sector, also employs bilingual staff from the city's migrant communities to help children in schools and their families. (See Section 11.4.2 for further information on EMAS.) These services and others that meet language needs (such as bilingual family groups based in Children's Centres) are not usually described as 'migrant services' but are key providers of services to, and experts on, the needs of our migrant populations, alongside the community and voluntary sector groups mentioned above.

A growing area of business is the specialist provision of advice and support to unaccompanied asylum seeking young people (UASC). The

Voices in Exile is a registered charity that works in Sussex and Surrey with refugees, those seeking asylum and vulnerable migrants with no recourse to public funds. It adopts a holistic approach aiming to address both the needs and the strengths of the people they work with. It offers practical support including a weekly food and toiletries bank for those who are destitute, and legal support including generalist advice and specialist immigration casework for those who would otherwise be unable to access justice. It also advocates for, accompanies and enables people to access services, build community, and develop their own potential through a programme of learning and creative activities.

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[w] Examples of small local community groups include the Sudanese Coptic Association, Oromo Community Association, Kurdish Community Group, and many others

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International Migrants in Brighton & Hove

Refugee Council (a large national charity based in London) has now based a specialist advisor for UASC in Brighton & Hove, though the remit of this post covers a large part of South East England.

The provision of immigration advice is discussed in Section 13. This is a specialist service for migrants which is lacking within the city.

Stakeholders felt that generally there was good communication and networking between the community sector and statutory services and that it was useful to have at their disposal information about the various support groups that could help. The longstanding Refugee & Migrant Forum was seen as valuable. This is hosted and co-ordinated by a council post which also leads a strategic response to the needs of vulnerable migrants.

At the same time there were felt to be gaps in service provision, for example, tailored ESOL (English for Speakers of Other Languages) courses and a general lack of resources to support migrants.

5.4.2   Individuals' social connections and friendships

Interviews with new migrants in East Sussex identified that some migrants seemed socially isolated and excluded, particularly women with little English from certain communities, which was exacerbated by needing to look after children of pre-school age and a lack of affordable childcare. Some migrant groups, such as Poles, seemed to rely more than other groups on other members of their own groups for support, advice and information. There was some tension identified between new migrants and the settled ethnic minority communities.[95]

This was supported by a study of women on spousal visas, who consistently reported that they found it difficult to create a social life and friendships in the UK, particularly with British people with no migration history, despite trying very hard to do so. Most friends were made via community centres and community events, language classes and via spouse and family. Many women experienced intense isolation leading to a loss of self-esteem and mental health problems.[45] Interviews with recently resettled refugees in Brighton & Hove in 2006/07 also found that contacts are limited, particularly with non-refugees, yet noted the importance of broad social networks in reducing feelings of isolation and loneliness.[50] This aligns with the picture described by stakeholders who said that unaccompanied asylum seeking children found it difficult to establish connections with other children or young people.

Isolation can be more acute for irregular migrants who are excluded from key services recognised to provide support for migrant integration, including ESOL language learning, community and adult education and working, all of which satisfy basic living conditions and a degree of belonging.[43]

5.4.3   Community networks and support

According to community research participants some communities are well established in the city (such as the Iranian community) with members who feel fully integrated and do not rely on other community members for support. There are others who have excellent community networks and support within their own community, but would like increased integration with the rest of the city. A common theme was the need for a 'place' for the community to meet and connect, and those without such a place felt that this would greatly increase the support they could give to other community members.

> *"Romanian community would like to gather together, meet each other but there is no local support, a site for gathering. There are Romanians in need of sharing things." (Romanian researcher)*

> *"We also need help to bring society together, we need to be organised and a network, we need a base." (Albanian researcher)*

> *"Turkish would like a place to gather together. There might be political discussions but we would be happy to meet. We would like more support from our own community." (Turkish researcher)*

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5.4.4   Faith communities and cultural associations

The Brighton & Hove Inter-Faith Contact Group has compiled a directory of local faith communities and traditions.[x] In 2015 it listed 49 such organisations and includes a number of faiths represented in the city (eg Greek Orthodox Church, Polish Community Church and Korean Christian Community Church) which provide a social network and source of support for those involved.

5.4.5   LGBT migrants

Some communities of origin of LGBT migrants may be unaccepting and discriminate on grounds of sexual orientation or gender identity and this may sometimes be a driver behind their migration and a reason they have arrived in the UK, and in particular in Brighton & Hove.

Mindout, a community organisation that provides mental health advice, information, and services for lesbian, gay, bisexual, trans and queer (LGBTQ) people, reported that LGTBQ migrants face similar issues to other migrants (eg poor access to legal advice, financial pressures). However, LGBTQ migrants may be particularly isolated.

They felt that while non-LGBTQ migrants may receive support from other migrants from their own communities when in the UK, LGBTQ migrants may not feel or be able to benefit from this due to discrimination. At the same time they may not feel welcomed by the local LGTBQ community either as someone from another country. More work was felt to be needed to raise awareness of the position of migrants within the local LGTBQ community.

Mindout reported that LGBTQ migrants may also feel unsafe using mainstream services because they believe they will be discriminated against by service providers or other users, and that the services provided may not meet their particular needs. These factors can contribute to high levels of distress among LGTBQ migrants.

5.5   Civic participation and integration

A review of literature states that civic participation and active citizenship vary across migrant groups and points out that migrants without legal status are excluded from almost all forms of civic participation, while longer established groups tend to build up stronger infrastructure for engagement over time.

5.5.1   Integration across different communities

The Casey Review published its findings at the end of 2016.[22] It looked at how well different ethnic and faith communities integrated into the wider community, how they fared economically and socially, and what were the drivers behind inequality and division in society and made recommendations for future government programmes.

A European 2015 literature review of social networks, social capital and migrant integration at a local level argues that integration of migrant communities into local neighbourhoods can depend on the strength and nature of social capital and social networks. The study found that social networks based around ethnicity can play an important role in the initial settlement process, eg around accommodation, work or other support. However, while these networks could increase social capital and open opportunities for getting better jobs, it was also possible that finding work accessed through these routes may result in low-paid employment, and undermine prospects for socio-economic mobility. There was also considered to be a risk that social networks based on ethnicity may become exclusive, rather than inclusive, and may lead to mistrust of other groups. Those migrants who are highly mobile and educated may use other forms of social network which are less focused on ethnic groups.[23]

The report argues that deprivation often lies behind a lack of social integration and rather than seeking to directly stimulate contact between different communities directly, it is better to take a broader approach. Examples of useful approaches included providing opportunities and places for potential meeting between different groups.[23]

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[x] www.interfaithcontactgroup.com

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International Migrants in Brighton & Hove

Stakeholders recognised that migrants came here under a wide range of circumstances. They often had assets to help them overcome the challenges of starting a new life in Brighton & Hove and contribute to the wider community. They tended to be young, motivated and willing to commit their time to promote cohesion or activities and interests of their own group. In turn, this was felt to bring cultural wealth and diversity to Brighton & Hove (see also Section 5.5.3) and increase trust and understanding between migrants and the wider community. Migrants were also described as entrepreneurs who have commercial connections with their home country as well as skills and qualifications that can benefit Brighton & Hove. For stakeholders, integrating migrants in the workplace can be an asset to employers since they will have different experiences and perspectives and help problem solving.

Stakeholders identified ways in which these assets could be harnessed to improve migrants' lives and promote community cohesion. They put forward the following suggestions:

- befriending schemes to support established members of the community to help new arrivals engage with statutory services;

- supporting migrants to engage with services at all levels (eg school governors) so that their point of view can be incorporated into service delivery;

- establishing schemes to facilitate recognition of skills and qualifications gained in other countries and facilitate routes into employment; and

- holding events such as cultural days, art exhibitions, and talks to highlight migrants' contributions to life in Brighton & Hove and promote understanding and integration with the wider community.

The Our Future City[y] project "A Museum of Me" (see inset box) provides an example of where work to tell individual children's stories has been developed through creative work in schools in partnership with the museum, is helping to develop skills, and is feeding forward

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A Museum of Me

In Brighton & Hove, children, young people and professionals from health, social services, local businesses, the creative industries, education and culture have come together through 'Our Future City' to find ways to transform our city and improve the life chances of children and young people in the next 10 years. There are five clear goals:

- *grow creativity #becreative*
- *improve wellbeing #bewell*
- *develop digital skilfulness #bedigital*
- *develop skills for life and enable routes into employment #beskilled*
- *sustain collective action and impact #becollective*

Since September 2016, Our Future City (OFC) has been developing a new way of working with schools to utilise the potential of creative experiences to improve wellbeing. At Fairlight Primary School a lack of a sense of belonging was identified, especially among pupils with English as an Additional Language and their families. OFC worked collaboratively with the school, an artist and Brighton Museum to explore the history of migration to the city, and took an imaginative journey into a Nigerian birthday party. Back at school the children created their own treasure box that reflected their journeys and culture.

The way this work has developed and its synergy with this needs assessment in shown in the Appendix on page 142.

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[y] www.ourfuturecity.org.uk

in the development of curriculum resources around migration.

5.5.2   Language and other barriers to integration

Barriers to migrant participation in civic life may include:

- practical barriers such as lack of information and understanding of relevant decision-making processes,

- economic barriers such as lack of resources to attend meetings and lack of affordable and appropriate childcare;

- personal barriers such as lack of confidence, feelings of discomfort in formal meetings or communication barriers - several jobs to support themselves and families; and

- motivational barriers such as scepticism as to whether involvement is likely to make any difference.28

Several community research participants felt that there was lack of integration into local society, and language seemed to be an important barrier. A number of participants had experienced racism in the city and also struggled with isolation.

> *"The reality doesn't meet the expectations. People feel isolated. Communication and a lack of integration are the main problems for Spanish people." (Spanish researcher)*

> *"We receive support from each other but people are struggling because of the language and they feel isolated." (Syrian researcher)*

> *"Some areas are not integrated. Migrants experience racial harassment and are excluded from the community." (Sudanese participant)*

> *"People found it difficult to integrate with the British but not other Europeans." (Afghan researcher)*

The importance of ability in English language is discussed further in terms of access to services and employment in Sections 6.2.1. and 8.3.4. Access in these areas provide important opportunities to integrate in to wider society.

5.5.3   Cultural activities and sports

There are a number of initiatives and events in the city with a focus on, involve, or are driven by, migrant communities. These include Refugee Week events, and the profiling of the arts and performance, cuisine, traditions and celebrations, etc. Salaam FC (Football Club), a local club for girls and boys aged 10-17 operating in the city was set up by members of the Oromo refugee community in 2007 and participates in local league matches.

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A structure for Club of Sanctuary status has been developed in the city based on the School of Sanctuary model (see also Section 11.7.1). The medium of sports (or other) activities to support integration of migrants into local communities has been clearly demonstrated by the Brighton Table Tennis Club (see inset box). Links have subsequently been made between the table tennis club and ESOL students by the Sussex Cricket Foundation with a view to offering cricket sessions, but there is the potential for wider take-up of these approaches; as of July 2017 only the table tennis club had approached City of Sanctuary for accreditation.

A number of community research participants said they would like support to help them integrate further into the British way of life, and would welcome information about British culture and traditions.

5.5.4 Democratic representation, involvement in decision-making and neighbourhood participation

UK research in 2008 into whose voice wasn't being heard by governance structures in

> ### *Brighton Table Tennis Club*
>
> *The Brighton Table Tennis Club was founded in 2007 and was initially focused on engaging young people from more deprived areas of the city. In January 2015 a social worker referred a young refugee, then another, to the club for table tennis, social engagement and learning English.*
>
> *From this beginning, the club has been able to work with many more young people who have arrived in the UK, and who may find themselves socially isolated.*
>
> *As of 2017, it is the biggest table tennis club in the UK, engaging with over 1,000 people per week, including people from eight European countries and ten countries across the rest of the world, including Eritrea, Afghanistan and Syria. Participants can benefit not only from learning from others, but also from sharing their own knowledge and establishing greater confidence.*
>
> *The club provides an environment for a 'natural' exchange of English, and also runs a full time 'PingLish' program teaching English to over 40 newly arrived refugees and asylum seekers a week. There is a formal referral network and lots of interest.*
>
> *As well as catering for young refugees and asylum seekers, the Brighton Table Tennis Club is open to people with disabilities, people from other communities at risk of marginalisation, and the wider public. It has a stated aim to support people from 'absolutely all levels of society' offering an excellent opportunity for integration with the local community. It received 'Club of Sanctuary' status in 2017 – the first to achieve this in England – and provides a model for similar initiatives in other places and across other sports.*
>
>

diverse communities found that newer arrivals were identified as being those least likely to have their voices heard effectively. These groups included migrant workers from the accession states, as well as refugees and asylum seekers[24]. The Casey Review reports that BME groups are underrepresented in the UK parliament and among local authority councillors, especially by those of a Black ethnicity, while civic engagement at a local level (eg volunteering or taking part in consultation) is more in line with the overall population.[22]

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UK residents can register to vote if they have British citizenship (whether born here, or having taken British citizenship), or are a national of an EU, Commonwealth country or British overseas territory. British, Irish and Commonwealth nationals who are resident in the UK can vote in all elections (UK parliamentary/general, local council, European and Police & Crime Commissioner (PCC) elections), but EU citizens are not able to vote in general elections.

As of February 2017, there are 198,472 residents on the local electoral register who are registered to vote in the city, which represents 70% of the total population. Of the British population in the city, 73% are registered, compared to 49% of the non-British population, with an estimated 17,000 non-British nationals who are not on the electoral register. Those of an EU nationality represent 7% of those registered, and 7% of the total population and are therefore registered to vote in proportion to their number in the city. Those of a non-EU nationality represent 1% of those registered, but 5% of the population, but this will be affected by the fact that outside the EU only Commonwealth and British overseas territory citizens are eligible to register to vote.

The government provides basic information about democratic rights for UK citizens on its website[25], including information about how to register to vote and participate in public life.

5.5.5   Risk of radicalisation

The Casey Review[22] described concerns that segregation, deprivation and social exclusion in some communities may be associated with the prevalence and tolerance of regressive and harmful ideologies. It says that this *"…is being exploited by extremists, both 'Islamists' and those on the far right who highlight these differences and use them to further their shared narrative of hate and division."*

The publication in 2017 of the Serious Case Review into W & X who died in Syria and who were children from a Brighton & Hove family originating in North Africa / Middle East, whilst not focusing on migrants, did acknowledge that the migration history of the family may have had an impact on the behaviour of the siblings.[26]

5.6   Internet and social media networks

Social media has the potential to improve social connectedness among migrants who may feel isolated or who are separated from family and friends, with the potential for positive health impacts. Some recent qualitative research identified that social media can enhance existing ties among migrants and establish new ones, but can also influence and facilitate the immigration process. However, potential negative impacts of social media include online discrimination and abuse and low trustworthiness of virtual ties.[27] Internet communication may enable smaller and more dispersed group identifications to build stronger forms of identity, providing the potential for opportunities for more closed, defensive and even extremist identities which may not be sustainable (see also Section 5.5.1).[28]

Recommendations: Community attributes, networks and integration

2. Ensure measures to promote migrant integration are included in the Brighton & Hove Sustainable Communities Strategy (or its successor).

3. The development of the Brighton and Hove Framework for Arts and Culture should consider how migrant community assets, involvement and engagement can be maximised.

4. Providers and commissioners of cultural, sports, arts activities and other public festivals and events to maximise opportunities for migrants to develop social bonds, and to promote wellbeing and integration into the wider communities.

5. City and community leaders to continue to promote the integration of migrants into the life of the city.

6. Maintain and develop local commitment to City of Sanctuary status.

7. Statutory and voluntary sector organisations, including migrant organisations, to provide and promote volunteering opportunities to local migrants.

8. Community and voluntary sector infrastructure organisations to work with migrant community organisations, to develop capacity and leadership skills and explore how they can find meeting places in the city.

9. Migrant community researchers (such as those employed for this needs assessment) to feed into service design as sources of knowledge about their communities.

10. Use opportunities for migrants to build confidence in local democratic processes, understand their rights as local residents, and participate in, for example, local elections, local residents associations, etc.

11. Explore how the city could harness potential opportunities provided by migrants' commercial links with their countries of origin.

6. Access to services

> ## Key findings
>
> ### *Enablers and barriers to accessing services*
> - Key issues that can help or hinder access to services were identified as:
>   - Language proficiency
>   - A lack of understanding about how services work in the UK
>   - Cultural differences and services' understanding of migrant communities
>   - Trust and confidence in services, which is sometimes related to concerns regarding services' roles in enforcement of national immigration policy
>   - Depending on immigration status, not all migrants are eligible for all public services.
>
> ### *Access to information*
> - Migrants need to know where to find information and who they can contact about services they need. Migrants living in social isolation do not have access to informal information channels and, in any case, information obtained from community members can sometimes be unreliable.
> - Migrant communities may be more likely to be digitally excluded. Local research suggested online and printed information is utilised although there is a strong preference for face to face interaction in some circumstances.
> - Libraries are potentially a trusted setting to provide information.
>
> ### *Interpreting and translation*
> - Arrangements for access to interpreters are in place in public services although the research suggested that there would be value in the council publishing a policy and conducting monitoring to provide more information on service access and residents' needs.
>
> ### *Other issues for services*
> - Records of the migration status, nationality or country of birth of clients are not systematically recorded by services in the same way that ethnicity is (as a protected characteristic). This reduces the opportunity for acquiring a better understanding of migrant clients and their needs.

6.1   Introduction

This section draws together cross-cutting issues affecting access to services. These issues are likely to apply across many of the service areas covered in Sections 7 to 13.

The stakeholder survey carried out as part of this needs assessment asked "what are the greatest barriers for migrants in accessing services in Brighton & Hove". The most frequently mentioned barriers were:

- language
- a lack of information or knowledge about services
- eligibility for services.

6.2   Enablers and barriers to accessing services

6.2.1   Language proficiency

English language proficiency is consistently recognised in published literature as one of the most important determinants of integration and wellbeing of migrants. It allows migrants to

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interact with others, to access employment opportunities, and to find out about and utilise services. Recent national research has confirmed the importance of language proficiency as a barrier to participation in society for specific groups such as resettled refugees[58] and women on spousal visas.[45]

This was reiterated in the local community research, in particular it was suggested that those most in need of additional support were often those who had recently arrived in the UK.

> *"Simple issues become complicated. The communication is difficult because of the language barrier." (Bengali participant)*

Stakeholder focus groups also overwhelmingly regarded language as a key barrier for migrants who speak little or no English.

Once in contact with services, the effectiveness of service delivery may suffer through language difficulties, eg stakeholders discussed the challenges faced by health professionals in obtaining comprehensive medical histories from non-English-speaking patients.

The provision of English for Speakers of Other Languages (ESOL) education is examined in Section 8.2.3.

6.2.2   Understanding how services work in the UK

Community research participants reported that migrant communities often lack understanding of the way in which services work and how they can access them. When seeking sources of advice and information about services, community research participants stated that useful resources include the council, Citizens Advice Bureau, health visitors, the Home Office and community and voluntary sector organisations such as Voices in Exile. Churches were also cited as a good source of support for some individuals.

> *"I contacted the Citizens Advice Bureau for several issues living in the city and I am very happy with their guidance, advice and information." (Romanian participant).*

Stakeholders agreed that new migrants often arrived with a lack of understanding and they may bring with them expectations that systems in the UK are the same as in their country of origin. This lack of knowledge may hinder access. This issue arises in various contexts across this report, including in respect of health, education and housing services and further details can be found in these respective sections.

6.2.3   Cultural differences

Stakeholders felt that cultural differences between migrants' country of origin and the UK could also be a barrier to accessing and using services. For example, having a child with special educational needs (SEN), suffering intimate partner violence, or having mental ill health might be taboo subjects or would not be recognised as a problem in some migrant communities. Even if recognised as an issue, some might be unwilling to disclose it because they did not fully trust statutory services. One stakeholder explained that some migrants might decline services because of a reluctance to appear 'needy' or a desire to 'fit in' with British society.

At the same time, stakeholders also identified a need for staff in statutory services to have greater understanding about the cultures of the clients they serve. Sometimes what is a normal practice in the UK may be unusual or regarded as unacceptable in other cultures. Also, some cultural practices which are acceptable in other countries are not regarded so in the UK. Services need to understand where these differences may be relevant in their engagement with migrant clients.

6.2.4   Trust and confidence in services

The level of trust that migrants have in services is a key issue that cuts across a range of service provision. This can apply at two different levels. The first is about having confidence that services will be able to meet their needs, and the second relates to concerns they may have around potential enforcement consequences of uncertain or irregular immigration status

(see reference to government policy on migration, which has been described as creating a 'hostile environment' for undocumented migrants, in Section 3.4.5).

6.3   Access to information

6.3.1   The diversity of information need

Migrants have needs for information in many areas. Information on legal advice to assist migrants regularise their immigration status and to clarify their entitlement to accessing services was said by stakeholders to be key for many migrants who are most in need. They stated that legal advice on immigration is costly, the quality variable and it is difficult to access as there are few providers in Brighton & Hove. Legal advice is discussed further in Section 13.

Community research participants felt that those who had come to live in the city through government schemes were particularly in need of information:

> *"I would like that the council provided newcomers, especially refugees that come through the government scheme, support to help us understand how the system works until we become independent." (Syrian participant)*

A national study of women migrants on spousal visas cited a lack of information on accessing services (including emergency services), as well as knowledge on processes such as opening a bank account.[44]

6.3.2   Information channels

A qualitative study of new migrants in East Sussex found that a majority found out about available services by word of mouth, some from community organisations. For some the internet was a key information source although not all respondents could read English well enough, particularly new arrivals.[95]

Locally, stakeholders noted that language barriers resulted in difficulties for migrants in understanding written information (both leaflets and websites) describing entitlements, service availability and how to access them. Some migrants have little experience in accessing information about services via the internet and rely on face-to-face communication either with community members (which is difficult for isolated migrants), or with service providers.

Community research participants suggested that relying on online information was not sufficient to meet their needs. There was a call for more face-to-face support and information for those who have moved to the city from overseas. This would not only improve awareness of services, but also reduce isolation.

> *"All systems here are online. In their country it doesn't work the same way and they want contact with someone." (Bengali participant)*

The 2014 government's Digital Inclusion Strategy reported that digital exclusion is more likely to affect some of those most vulnerable in society, including those with low incomes.[29] This factor (in addition to language difficulties for some migrants) is likely to affect migrants disproportionately as they are more likely to live in conditions of poverty (see Section 4.4).

6.3.3   Libraries

A qualitative study of new migrants in East Sussex found that libraries were used and generally seen as welcoming places.[95] This needs assessment has not ascertained the extent to which migrants make use of Brighton & Hove libraries, since this data about Brighton & Hove library users is not recorded.

6.4   Interpreting and translation

6.4.1   Interpreting and translation in public services

A range of interpreting (spoken) and translation (written) services are used by public services.

International Migrants in Brighton & Hove

Local NHS Trusts and Brighton & Hove City Council have contractual arrangements in place that enable services / service users to access language interpreting, including face to face and telephone provision. Local providers of interpreting services include Sussex Interpreting Services (SIS) and Vandu.

Sussex Police access interpreting services in custody as part of the contract with the custody services provider, while in other situations where immediate access to an interpreter is needed, language and interpreting services are obtained from qualified interpreters over the phone from a national company. On other occasions such as when witness/victim statements or other documentation require recording or translating, translators or interpreters are engaged via the National Register of Public Service Interpreters.

Stakeholders suggested that third sector advice services rarely used interpreters, although more specific information on this has not been obtained for this needs assessment.

Council guidelines on using interpreters in a face to face scenario is provided on the council's intranet, although it is not specified under which circumstances telephone interpreting may be appropriate. Guidelines on when and how to translate written information are also provided. Decisions on whether to employ translation and interpreting services (and what form that might take) rest with individual council services and are based on individual needs and circumstances.

Local stakeholders did not provide a consistent picture regarding whether service users have appropriate and equitable access to interpreting services. At the time of writing, accessible information standard guidance is being developed for staff. This includes recommended processes for council services around how to access interpreting and translation. Some councils publish their policies on interpreting and translation on their websites, and also specify that Equalities and Communications teams monitor service usage data to understand uptake and the needs of their residents. This is not currently the case in Brighton & Hove.

As well as providing support for individuals, interpreting services also play a role in engagement, for example, the AGM of Sussex Interpreting Services is often used as a consultation mechanism for public services.

6.4.2   Data from interpreting services

The data below are from two local providers of interpreting services and they provide some insight into the language needs of the non-English speaking population of migrants who access interpreting services in the city.

Sussex Interpreting Services (SIS)
In 2016/17 SIS provided a total of 12,514 interpreting sessions for 2,850 services users (an increase on 2010/11 when they provided 9,087 sessions for 1,977 service users). These data refer to services provided within the city[z].

58% of service users were female, 38% were male (1% of service use related to families and for 3% information was not recorded).

In 2016/17 the service providers most commonly supported by SIS were:

- BSUH NHS Trust services (4,430 sessions, 35%) for which maternity was the most commonly supported service (1,132 sessions, 9%).
- GP practices (4,301, 34%)
- Sussex Partnership Foundation NHS Trust (mental health service provider; 1,066, 9%)
- Other support included children and families services (621, 5%), cancer services (224; 2%), sexual health services (95, <1%), housing and homeless services (89, <1%) and adult social care (87, <1%).

An interpreting service was provided in support of an emergency[aa] in 174 instances.

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[z] Some NHS Trust data will include some service users who are not resident in the city.
[aa] An 'emergency' in this case refers to any interpreting which cannot be foreseen or planned and involves serious risk to health and wellbeing. SIS responds to calls for emergency interpreting services 24 hours a day, 365 days a year.

Overall, the most commonly interpreted language was Arabic (41%), followed by Farsi (8%) and Bengali (7%).

In 2016/17 25% of all SIS interpreting sessions were for EU languages (other than English). Between 2010/11 and 2016/17 there was a 94% increase in the number of interpreting sessions for EU languages and a 26% increase for non-EU languages. To some extent this reflects trends in migration described earlier in this needs assessment.

Vandu Language Services (VLS)
Data from VLS have been provided for the nine month period from January to September 2017 during which time 1,669 interpreting sessions were provided. This includes work for Brighton & Hove City Council services and BSUH NHS Trust. The latter includes sites outside the city as well as within the city and service users who may not be resident in the city. 62% of these sessions were with Brighton & Hove City Council children and family services[bb], 1% with other BHCC services, and 37% with BSUH NHS Trust.

95% of the interpreting work with children and family services, and 64% within BSUH is for non-European languages. The languages most

> ### *Case study: agencies working together*
>
> A local victim support service in Brighton wanted to help Shaheed, eighteen years old, who had been severely assaulted by his employer who was also his landlord. Afraid to return to his accommodation and place of work, Shaheed had no friends or family in the city and was sleeping rough. The first challenge for his caseworker was to find him a safe place to live. She realised that he was a recently arrived EU national from Spain so was ineligible for benefits in the UK. A further assessment of Shaheed's mental and physical health revealed that he had arrived in Spain as a refugee from a Middle Eastern country where he had witnessed atrocities as a teenager. How should the city's services consider Shaheed's needs – as a victim of crime? As a destitute EU national? As a traumatised young refugee?
>
> In the end, a number of agencies – the police, the victim support service, the council's welfare rights and housing teams, the mental health trust and a refugee charity – worked together to find a solution for him. He was helped to appeal against the decision to refuse his benefits and eventually found a place at college.

commonly interpreted across all services were Arabic (18% of all sessions), Kurdish (15%) and Tigrinya (11%). Looking only at sessions for children and family services, Kurdish, Tigrinya and Arabic interpreting was provided in 24%, 17% and 11% of sessions respectively.

It is understood that much of the work with children's services involves working with unaccompanied asylum seeking children.

6.5   Other issues

6.5.1   Service monitoring of migration status

The stakeholder survey asked whether services recorded data about their users, and if so, whether they recorded nationality, country of birth and migration status. Thirty-nine respondents (80%) said they did record some information and of these, 77% recorded nationality, 59% recorded country of birth and 28% recorded migrant status. It should be remembered that the survey involved a self-selecting sample of respondents, some of whom provided specialist services for migrants while others did not.

It is worth noting that while an organisation may record nationality, country of birth and migration status, in practice data quality may be poor. The Equality Act 2010 specified nine 'protected characteristics', including race and religion, and public service monitoring data now often record information on these 'protected characteristics'. However, migration status or proxy indicators

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[bb] A majority of this was with 'Supporting through Care Team'.

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are not protected characteristics and are therefore less likely to be consistently monitored, less well understood and have a lower profile.

6.5.2   Advocacy services

The Advocacy Charter and Code of Practice describes advocacy as *"taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy providers work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice."* [30]

From April 2015 to March 2017 Brighton & Hove CCG and Brighton & Hove City Council funded a Bilingual Advocacy Project provided by the Sussex Interpreting Service for those with both advocacy and language needs. Brighton & Hove CCG has continued to fund the Bilingual Advocacy Project from April to December 2017. Monitoring data up to July 2017 shows there have been 102 completed cases, 24 active cases and 9 pending cases involving 21 accredited Bilingual Advocates speaking 16 languages.

The focus of the service is to support the health or social care needs of vulnerable people. However, in practice the service has provided wider help, for example around housing, benefits or immigration status. Evaluation of the service found a high level of customer satisfaction, and widespread agreement among surveyed stakeholders that the advocacy support had improved wellbeing, overall quality of life, control, independence, and mental and physical health, although this was self-reported data from a small sample. [31]

6.5.3   Travel and transport

The majority of the community research participants felt that the city had good public transport, although commented that it was expensive. They considered they could easily move around central areas, although some felt that access in some less central city areas was more difficult.

Recommendations: Access to services

12. Public services to consider what further they can do to increase the trust and confidence of migrant communities in using their services.

13. Frontline staff in public services to receive training so they understand the needs and current rights of migrants, and respond to these, for example, through the appropriate use of interpreters.

14. Brighton & Hove City Council to review and publish their policy on interpreting and translation services and monitor service usage to identify trends in service uptake and demography.

15. Consider the needs of migrants within the local digital inclusion work programme.

16. Equality Impact Assessments carried out across the local public sector to consider the needs of migrants (using the information in this needs assessment where appropriate).

17. Explore how existing local projects using volunteer advisors and linguists can develop their work with migrant volunteers to provide advice and information on accessing local services

18. Explore options for creating and maintaining a 'welcome pack' for new migrants to the city, based on national best practice.

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7.   Housing and homelessness

Key findings

- Regardless of immigration status, housing costs are high and difficult to afford for those on lower incomes or on benefits. Demand for social and affordable housing in Brighton & Hove far exceeds supply.

- Migrants are more likely than others to live in private rented accommodation, are more likely to live in overcrowded households, and poor housing conditions, and have higher risks around homelessness.

- While the risk factors behind homelessness for migrants may be similar to UK born people, issues for migrants may be more complex due to factors associated with migration, eg lack of eligibility due to immigration status, no accommodation on arrival, or needing to manage difficult experiences in their home country or on migratory journeys.

- Immigration status is a key determinant of access to housing and housing benefit and getting the correct legal advice can be essential in maximising the chances of a satisfactory outcome.

- The 'Right to Rent' legislation requires that everyone must prove to landlords and letting agents that they have a right to live in the UK prior to being allowed to rent. There is concern by some that the effect of this legislation may impact more broadly on migrants if landlords are discouraged from renting to them, making it more difficult to access the housing market on an equal basis.

- Due to pressures for temporary accommodation, people can live in locations distant from the city. They may therefore be geographically isolated from both members of the community they may identify with, and also generally from city life.

- Stakeholders felt that migrants often do not know enough about housing rights and responsibilities, while similarly, frontline staff needed better and regular training to provide basic advice and to signpost appropriately.

7.1   Introduction

Immediate priorities of new migrants on arrival at a new destination are around housing and having a means to support themselves financially.

7.2   Housing standards and tenure

7.2.1   Types of housing

According to 2011 census data, there were some distinct differences in the type of housing occupied in Brighton & Hove by those born in the UK and those born elsewhere. As shown in Figure 38, people who were born in the UK were more likely to live in a privately owned home or in social housing than those who were born abroad, whereas people who were born abroad were nearly twice as likely to live in private rented accommodation. This was broadly speaking the same picture for England and Wales as a whole, but the differences were more evident locally.[32] The data will reflect the inclusion of international students in the census.

Examining the data in more detail for local residents who were born outside the UK (see Figure 39) shows EU nationals from eastern Europe who were much less likely to live in privately owned accommodation and much more likely to be privately renting than other residents born outside the UK.[i]

2011 census data on housing tenure by country of birth is available for 266,100 Brighton & Hove residents. This is lower than the total population at the census of 273,400. The potential for the missing data not being representative of those who provided data should be noted, as well as the housing circumstances of those who did not complete the census.

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Figure 38. Housing tenure of Brighton & Hove residents by country of birth: those born in and outside the UK, Census 2011
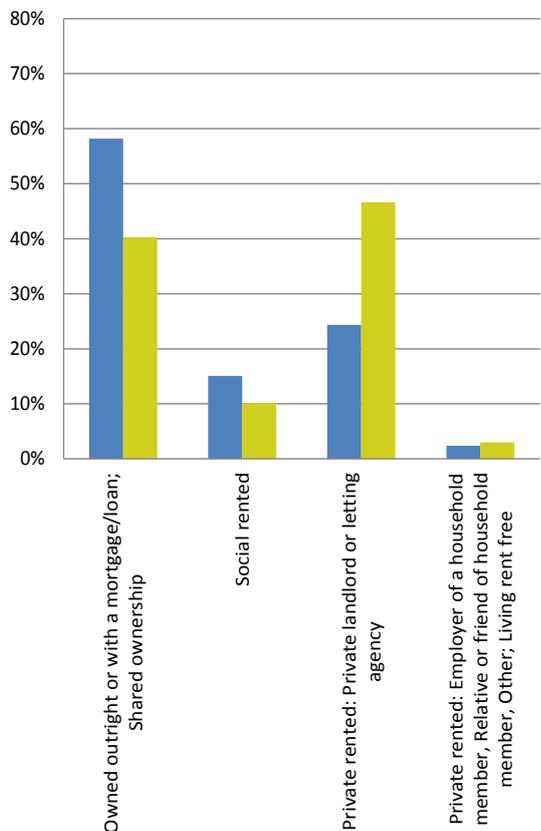
Figure 39. Housing tenure of Brighton & Hove residents by country of birth: those born outside the UK only, Census 2011
Group 1 is mainly EU countries in 'western Europe'
Group 2 is mainly EU countries in 'eastern Europe'
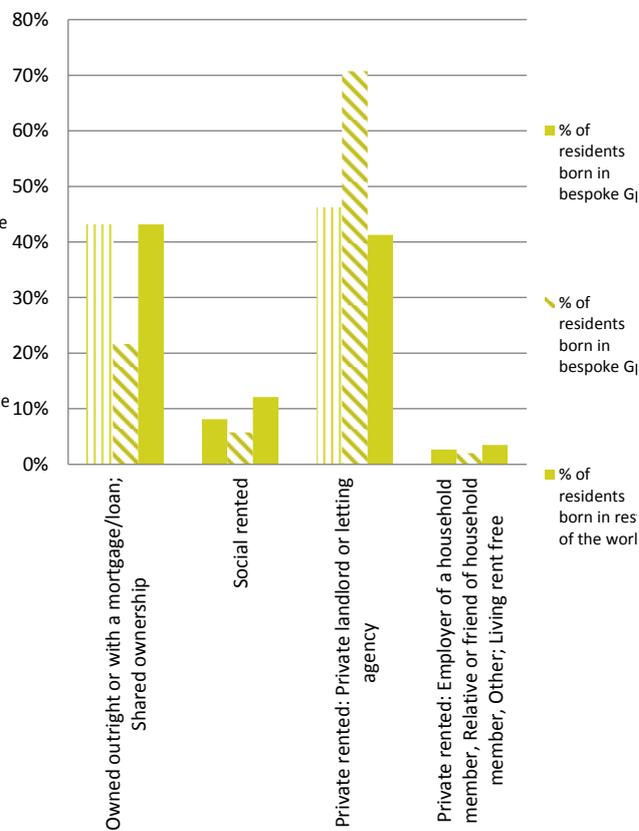
Evidence from a study in the South East in 2012 suggests that recent migrants tend to live in private rented accommodation – the more budget end of which is more likely to be overcrowded or in poor condition.[43]

There is limited data on irregular migrants' housing arrangements, yet available evidence suggests that they are likely to live either in private rented or stay with friends/family, and may move often to avoid detection or because of the insecure nature of their housing arrangements.[43] Interviews with destitute asylum seekers and stakeholders in South East England found that two thirds (64%) were accommodated by friends or family.[84]

There is currently no designated accommodation for asylum seekers in Brighton & Hove, therefore most will be dependent for accommodation and support from members of their communities.[72]

7.2.2   Housing standards, including overcrowding

Research suggests that, nationally, migrants of working age born outside the UK are more likely to live in an overcrowded household than UK born residents.[33]

Qualitative research with migrants and stakeholders in East Sussex found most migrant respondents were satisfied with their accommodation, though some experienced poor

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conditions such as damp and mould, and overcrowding[cc]. It suggested some migrants suffer exploitation from landlords, for example deposits withheld for no reason – a problem exacerbated because of the lack of ability or willingness of migrants to lodge a complaint.[95]

Housing was frequently cited as a problem for migrant mental health in stakeholder survey/interview responses in a 2010 study of the South East of England; it was suggested that insecure and overcrowded accommodation exacerbated depression, anxiety, poor sleep, post-traumatic stress disorder (PTSD) and domestic violence.[54] Multiple damaging effects of poor housing conditions and overcrowding on physical and mental health can be identified in the wider literature.

Our local community research found that there were many concerns expressed by migrants to Brighton & Hove with regard to the quality and standards of housing. There were concerns regarding the general standard of property, failure of landlords to undertake repairs, behaviour of other tenants and waste collection from housing.

> *"Private landlords are not committed to repairs. Repairs or maintenance take a long time to be done." (Sudanese participant)*

> *"Houses are overcrowded, unhealthy and there is no sufficient space. Maintenance work is lengthy and not satisfactory." (Bengali participant)*

There were also concerns with regard to the safety of housing for children and those with a disability.

> *"Some house was not disabled-friendly. No adaptation has yet been done after I became disabled, I feel trapped at home." (Sudanese participant)*

Cold homes

The National Institute for Clinical Excellence (NICE) notes a link between some minority ethnic groups and deprivation and that some of these groups are more likely to live in cold homes. In particular it notes that recent immigrants from warmer climates, may be particularly vulnerable during their first few years in the UK since they may be more likely to live in poor quality housing and they face an unusually complex energy market.[34]

Figure 39 shows that residents born outside the UK are much more likely to live in private rented accommodation and the Annual Fuel Poverty Statistics 2016 estimates that the level of fuel poverty is highest in the private rented sector, with 20% of households in fuel poverty.[35]

7.2.3   Affordability and availability

The cost of housing in the city is high. According to the Land Registry House Price Index as of the end of June 2017, the average cost of a property to buy in Brighton & Hove was £355,000, 51% higher than the England & Wales average. House prices have been on a steadily rising trend, increasing by over 6% in the last year. The cost of renting is also high with the average monthly rent for a one bedroom flat at £910 and a three bedroom house at £1,544. Information on earnings and unemployment rates are examined in Sections 12.2.1 and 8.2.4 respectively.

The Local Housing Allowance (LHA) is a standard housing benefit rate based on the number of people in the household and the number of rooms that the household needs. This housing allowance is less than the average rent of a property of the corresponding size, which impacts on the chances of those on benefits finding an affordable home.

Social housing is in extremely short supply with the number of households on the housing register in the city and bids for properties exceeding the number of available properties many times over.[36] Brighton and Hove City Council allocations policy requires to have lived in the local area for five years. Therefore people who have moved into the city (including migrants and others) will not be eligible for social housing during this period (unless certain circumstances apply).

[cc] Local data from the census by country of birth on household size is not available so a statistical picture is not available.

International Migrants in Brighton & Hove

The community research participants reported that finding a home was a difficult process for migrants in Brighton and Hove. There were reports of difficulties for migrants who struggled to find suitable accommodation within their budget due to both high costs and lack of suitable accommodation.

> *"We can't afford private houses." (Albanian participant)*

> *"There is imbalance between the rent and the housing benefit". (Syrian participant)*

> *"Not enough properties available for the local population. It takes a lot of time to find rented property." (Polish participant)*

Difficulties were also reported in respect of migrants needing to meet landlords' requirements, for example around deposits, paperwork and legal status.

> *"It is complicated to meet the requirements. We need a guarantor or to pay six months in advance" (Bangladeshi participant).*

> *"Expensive rent, it is increasingly more than income." (Sudanese participant)*

Stakeholders echoed the challenges of housing in Brighton & Hove in terms of the high demand and low availability of affordable and good quality housing, and added concerns around physical security standards of housing. While many of these issues are common to everyone in the city, there may be other aspects of migrants lives which makes the problem more complex.

Stakeholders also noted that housing was important to provide migrants with a sense of belonging and connectedness with the city and to avoid isolation. They noted that sometimes those in need of housing were housed in temporary and emergency accommodation remote from the area where they had community or family ties due to pressure on available accommodation locally. This increased their risk of isolation due to, for example, being distanced from others who speak their language. While all communities being allocated temporary and emergency accommodation are subject to being placed wherever there is availability, this may have a greater impact for migrants than for others.

7.2.4   'Right to rent' legislation

Immigration legislation which came into force during 2016 required that everyone must prove to landlords and letting agents that they have a right to live in the UK prior to being allowed to rent accommodation. The purpose was to put pressure on 'irregular migrants' as part of the government policy, which has been described as creating a 'hostile environment' for people who are in the country without permission. Any landlord or letting agent is now liable to a penalty if they do not request the appropriate documentation to prove that their accommodation is being rented to someone with a 'right to rent'.

A national 2017 research report found that more than half of landlords surveyed said they would be less likely to consider renting to foreign nationals outside the EU and nearly one in five less likely to rent to EU nationals. They also found that there was a disinclination to rent to people without a British passport, and BME residents were particularly being discriminated against. Furthermore, online checks are required for some of the most vulnerable individuals, including asylum seekers, victims of modern slavery and stateless persons and the response to requests to landlords from 'mystery shoppers' were mostly inadequate.[37]

Stakeholders concurred with these findings and feared that some landlords (who are in a position to select their tenants in the current housing climate) may be discouraged from renting to migrants, making it more difficult to access the housing market on an equal basis in an already difficult housing climate for prospective tenants.

7.3   Homelessness and rough sleeping

A rough sleeping count was conducted in Brighton & Hove on 8th October 2016. The total estimate of rough sleepers on this night in the city was 144. The majority of those identified were UK nationals (n=119, 83%). 11 of the rough sleepers were EU nationals (8%), 7 were of another nationality (5%), and 7 were of unknown nationality (5%).[38]

In the period been 2005 and 2016, there were 10 former asylum seekers recorded as unintentionally homeless and in priority need in the city, which represents a small percentage of applications of this type. Data on migration status is not recorded for other type of cases.[38]

Vulnerable migrants experiencing deprivation, insecure employment, lack of entitlement to benefits and/or a lack of support networks, may be at greater risk of becoming homeless compared to the general population. A Homeless Link survey identified that factors leading to homelessness among migrants included people having no accommodation on arrival in the UK, the loss of private rented sector or accommodation tied to employment, immigration status issues and relationship breakdown.[39] Local stakeholders concurred with these findings around the routes through which migrants may become homeless. They noted that these are to some extent similar to those of UK born people, but the circumstances faced by migrants can be more complex because of their immigration status, the reasons that led them to emigrate in the first place, and their experiences in their home country and on arrival to the UK.

Stakeholders believed that the following circumstances were associated with homelessness:

- those (normally women) who were suffering sexual exploitation and/or have been trafficked to the UK
- those fleeing intimate partner violence
- those who have a physical or mental health condition
- people with substance misuse problems
- those who are isolated
- those who do not engage with services
- and those who are not eligible for benefits or housing support due to their immigration status or who are EU migrants not exercising their treaty rights.

The needs of those without recourse to public funds was raised by stakeholders. They saw a need for more support for these migrants, including interpreting services, training of staff on basic legal advice and entitlements, and specialist workers.

7.4 Housing support

7.4.1 Housing services

The council's Housing Strategy describes the nature of the challenges faced in the city regarding housing which affects all citizens generally, and focuses plans under the headings of supply, quality and support. It contains a section on supporting Black and Minority Ethnic communities, including a commitment to engage with these communities around BME specific housing issues.[40]

Some community research participants felt that the local council provided good support around housing issues.

> *"BHCC offered me support like housing information and housing benefits."*
> *(Greek participant)*

However, stakeholder input suggested that the number of access points at which information on housing could be obtained had reduced, while at the same time, the circumstances of migrants were becoming more complex.

University students said they felt supported by the housing services offered by the universities.

7.4.2 Migrants' knowledge and expectations about housing

The link was made by our stakeholders, between good quality immigration legal advice and migrants being able to exercise their rights to housing. Overall, stakeholders noted that migrants do not know enough about their rights and responsibilities with regards to housing. Similarly, stakeholders felt that frontline staff needed better and regular training to provide basic advice to migrants, to use interpreters when appropriate, and signpost them appropriately for further advice.

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Both stakeholders and the community researchers noted a difference in the expectations with regard to housing of Syrian refugees who had arrived in the UK as part of the resettlement programme and those who had come here independently as asylum seekers. (see Section 3.4.4) Resettled refugees were less likely to have their expectations met, reflecting perhaps the information they received prior to arrival in the UK. Some refugees with higher standards of living in their own country find it difficult to adjust to their change of circumstances in the UK, particularly when adjusting to the size of properties and the lack of affordable housing.

7.4.3   Community initiatives

The pressure on availability of social housing or other affordable housing to either buy or rent in the city is a significant issue for many migrants and they, in common with other local citizens, may have little option but to live in poor quality accommodation. There is a risk that if adequate housing is not available, this can have negative consequences for the individuals concerned and also implications for public sector services.

Housing which is managed outside of both the private and social housing sectors, such as through housing co-operatives, may contribute towards providing better housing outcomes for migrants.

While stakeholders recognised the challenges posed by austerity and resource constraints, they also identified potential solutions. They suggested that more opportunities for buddying or volunteer advisor schemes that build on current informal support systems within communities. For example, established members of the community could help new arrivals by giving them information about service provision and access, rights and responsibilities, entitlements, etc. However, stakeholders noted that there may sometimes be internal tensions within communities, so this would need to be taken into consideration. Any potential scheme would need support and supervision from existing services, in, for example, facilitating initial contacts between 'buddies' and those who need help, and ensuring that community members are skilled up (eg in being able to provide correct advice).

Recommendations: Housing and homelessness

19. Ensure that migrant communities, landlords and letting agents understand the rights of migrants in private sector housing through RentSmart and other means.

20. The new Community Led Housing Hub to consider opportunities for innovative ways to involve migrants in developing community and co-op housing provision.

21. Local action on preventing homelessness (eg Trailblazer programme) to consider the needs of local migrants.

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8. Employment, skills and adult education

Key findings

Economic activity and unemployment

- Those with a right to work in the UK include residents of EEA (including EU) countries and Swiss nationals (as long as the UK remains in the EU), those from Commonwealth countries and those from other countries who have acquired a visa to work, usually in highly skilled and well-paid jobs which require 'sponsorship' from employers.

- From 2011 census data Brighton & Hove residents born outside the UK were less likely to be economically active than UK born residents (72% compared with 77%). A slightly higher percentage of economically active residents born outside the UK were unemployed than those born in the UK (8% compared with 7%).

- National research reports that unemployment rates for refugees are high, with language barriers and health difficulties making it more difficult to find employment.

- As well as having material benefits, employment may fulfil other important roles for migrants, including reducing social isolation.

Employment and industry sectors

- In the week before the 2011 census 139,823 residents between the ages of 16 and 64 were in employment, of whom 17.5% (24,476) were born outside the UK.

- Residents born in mainly western EU countries are more likely to be in 'professional' occupations than other non-UK born residents, and those born in mainly eastern EU countries are more likely to be in lower level or more routine occupations.

- At the time of the 2011 census:
  - Accommodation and food services engaged proportionately more residents from all non-UK born groups.
  - People born in non-EU countries were slightly more likely to work in health and social care than people born elsewhere.
  - Those born in western EU countries were more likely to be employed in finance/insurance work
  - Those born in eastern EU countries were more likely to be employed in administrative/support work.

Barriers to employment

- Employers may not always be clear about eligibility to work across all categories of migrants, including those on spousal visas.

- Qualifications gained abroad and employment history were not always valued by potential employers. Refugees in particular were often employed at a level below their potential, but the situation may improve as language skills develop.

- There was a lack of knowledge about how to find jobs, about job application processes, and concern that BME job applicants were sometimes discriminated against.

Conditions of work

- Migrants may not know where to get advice around their rights and working conditions.

- Not all employers may understand cultural or religious needs of migrants and not all may operate within equal opportunities policies.

Adult education

- Barriers to furthering education for adult migrants included: language issues; the cost of language classes; caring responsibilities; a lack of recognition of previous qualifications; inadequate access to information, advice and guidance; and on-course support.

- Many migrants do not appear to have undertaken work-related training beyond a minimum level.

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English language skills
- A working knowledge of English is needed by everyone who lives in the UK and who needs to engage with services, with local communities, and with society more broadly. However, ESOL (English for Speakers of Other Languages) provision, especially at a higher level and relevant to employment and at the most basic 'pre-entry' level was felt to be in need of improvement.
- Current state funded provision to learn English is restricted. Although English classes and other help with accessing employment are available for those on Job Seekers Allowance, for those in low paid work the cost was prohibitive and it was difficult to access for those working long hours.
- There is a role for informal provision of opportunities to learn English language and this should be integrated with formal funded classes.

8.1   Introduction

Employment opportunities in the UK are a key reason for coming to the UK for a significant proportion of migrants. This section looks at what qualifications and skills migrants bring to the city, what key employment sectors they occupy, and what kind of barriers they experience around getting appropriate work.

The 2016 Brighton & Hove report *'Race equality of employment and skills in the city'*[41] was commissioned as a consequence of the findings of the wider 2015 Black and Minority Ethnic Needs Assessment[42]. This involved data analysis, a survey, interviews and focus groups. Indeed, many of the issues raised in that research are particularly relevant and possibly more acute for more recent migrants, compared with, for example people with a BME background who have lived in the UK for a long time.

That report identified issues for BME residents around employment and drew up some recommendations to address them. The present research has not specifically collected primary data on migrancy related to employment, but instead draws upon that carried out in the 2016 research since it is still current and highly relevant to the situation faced by many migrants.

8.2   Employability

8.2.1   Migrants' right to work

People who are permitted to work in the UK include:

- British citizens
- Some Commonwealth citizens
- European Economic Area (EEA) (including EU citizens) and Switzerland citizens, and their family members. Also, extended family members in possession of a residence card. This continues as long as the UK remains in the EU.
- Those from other countries who have acquired a visa to work in the UK.

Undocumented migrants do not have the right to work in the UK, yet they also have no recourse to public funds, therefore some literature supports the suggestion that there are likely to be high levels of employment in this group, though this is unknown.[43] They are thought to work in similar sectors to other migrant groups (eg construction, agriculture, service and domestic work), though with low pay, low security and poor working conditions.

8.2.2   Qualifications and adult education

As described in Section 4.5.1, 42% of local migrant residents had a certificate of higher qualification, compared with 36% of the UK born population.

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Qualitative research in four areas of the UK including Brighton & Hove reported childcare, and other factors that influence daily life such as accommodation and transport, as barriers to adult education. Further, they found that educational progress among migrants was often restricted because of: language issues; recognition of previous qualifications; a lack of resources, notably financial eligibility; inadequate referral systems associated with information, advice and guidance; and a lack of recognition of the differences between previous and UK teaching and learning environments and the importance of on-course support. It was often a combination of factors that made it difficult for people to progress.[44]

Women on spousal visas surveyed would have liked to take up further education opportunities to obtain qualifications required by UK employers, but reported barriers primarily due to costs and caring responsibilities.[45]

8.2.3   English for Speakers of Other Languages (ESOL)

A working knowledge of English is a fundamental need for everyone who lives in the UK and needs to engage effectively with services, the wider community and society more broadly. Difficulties associated with inadequate English skills are described in Sections 6.2.1 and 6.4.

Qualitative research in four areas of the UK, including Brighton & Hove, identified concerns about quality and relevance of ESOL provision, and noted that English language support that was more relevant to work and at a higher level was lacking.[44]

Access to and quality of ESOL has also been identified in research for specific groups eg women on spousal visas who reported that for the most part that they were unable to take up language classes unless both the classes and childcare were free, yet rules around entitlement for free ESOL often prevented them from accessing free services. They also commented that standards and quality of English language classes were inconsistent, often very expensive and the process was inflexible.[45]

The arrival in the UK of refugees on the Syrian and Vulnerable Children's Resettlement programmes has led to renewed recognition of the importance of ESOL by central government. Specific funding has been made available on a per-head basis for refugees arriving on the scheme and 'ESOL co-ordinators' have been appointed in each region of the UK. The South East regional co-ordinator has mapped ESOL provision across South East England and is advising local authorities on good practice around the commissioning of ESOL for incoming refugees. It is important that this increased capacity improves ESOL for all learners, not just those on the resettlement programmes.

Some, research suggests that less support for a longer period of time could be more effective in building self-sufficiency.[58]

Local research with stakeholders highlighted concerns that ESOL provision is fragmented and hard to navigate.

English language courses were considered a necessity by community research participants, and a source of support for integration. However, although some migrants had access to free English classes and had support from many organisations, many others reported availability and fees were a major barrier to them accessing language courses.

> *"ESOL courses are very expensive for fulltime workers and insufficient; two English lessons a week are not enough for part-time workers." (Syrian participant)*

> *"There are free language courses for the unemployed, but if we work we still don't have access to them, but still don't make enough money to pay for the private ones." (Spanish participant).*

Another specific barrier for women that was mentioned by stakeholders, occurred in cases where husbands had prevented their wives from enrolling in ESOL classes.

Local providers of formal government-funded ESOL in Brighton & Hove have met for many years through the Forum for English, Maths and ESOL (FEME). However, there is a now a better understanding that informal provision through volunteers in conversation classes, community groups and projects (such as Brighton Table Tennis Club – see Section 5.5.3) also has a very valuable role to play and that the different sectors need to work together as in Figure 40.

There are particular concerns about unaccompanied asylum seeking young people who may arrive mid-way through the academic term and with poor English skills. Section 11.10.3 noted that it can be difficult to find suitable school placements for these children which will meet their needs. One local further education provider has adapted their provision for young people who have found academic life at school difficult, to incorporate ESOL into this curriculum.

Figure 40. Domains of language learning activity
Taken from a presentation by David Mallows, UCL on the 'Volunteers in Migrant Education (VIME) project'

8.2.4 Economic activity

The census divides the population aged 16-64 into those who are economically active and those who are economically inactive. Those who are economically inactive include people within this age bracket who are not looking for work, or are unable to work[dd]. Figure 41 shows the numbers and percentage of those who are economically active by country of birth according to the 2011 census.

From the 2011 census, the Brighton & Hove population aged 16-64 who were born outside the UK are less likely to be economically active (72%) than those born in the UK (77%).

Among residents aged 16 to 64, those born in Australasia and others are most likely to be economically active (87%). On the other hand, residents born in the Middle East and Asia are least likely to be economically active (57%).

[dd] This includes for example: people who are retired, some students, looking after home/family, and those permanently sick or disabled. It also includes anyone looking for work but not available to start work within two weeks.

Figure 41. Economic activity by country of birth, Brighton & Hove residents aged 16-64, Census 2011

Country of Birth	Residents aged 16-64	Economically active	
	n	n	%
All People	193,332	147,348	76%
All born in the UK	156,802	121,179	77%
All born outside the UK	36,530	26,169	72%
EU countries: Total	12,773	10,107	79%
Member in March 2001	*7,807*	*6,004*	*77%*
Accession April 2001 to March 2011	*4,966*	*4,103*	*83%*
Rest of Europe	2,085	1,348	65%
Africa	5,964	4,223	71%
Middle East and Asia	9,041	5,195	57%
The Americas / Caribbean	3,453	2,653	77%
Australasia and others	1,452	1,258	87%

Source: Office for National Statistics Census 2011 data

8.2.5   Unemployment

Unemployment has negative health impacts, including higher risk of all-cause mortality and cardiovascular disease, mental health problems and unhealthy behaviours such as smoking.[46] Unemployment among migrants is of particular concern among those groups without recourse to public funds, as they do not have any alternative way of obtaining the income necessary to live a healthy life. Aside from material impacts there are psychosocial impacts of unemployment, including the loss of self-esteem and social relationships facilitated by being in employment. It is plausible that the heightened risk of social isolation among migrants (see Section 5) means that employment may fulfil a particularly important social need.

Figure 42 shows that, using the population of Brighton & Hove residents who are economically active as a base (ie in work or seeking work), a slightly higher percentage of those born outside the UK were unemployed (8.1%) than those born in the UK (7.3%). (For the whole population aged 16-64 (including both those economically active and inactive), there was no difference in the percentage of those unemployed (6% for both those born in and outside the UK).)[5]

As with economic activity rates (see Section 8.2.4), there are some differences by country of birth in the percentage of those who are unemployed. Economically active residents born in Australasia have the lowest unemployment rate (3.9%), while those born in Africa have the highest unemployment rate (11.0%), those from the Middle East and Asia second highest (9.6%), and Europeans from non-EU countries third highest (9.5%).

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Figure 42. Percentage of those who are economically active (ie. in work, or seeking work) who are unemployed by country of birth, Brighton & Hove residents aged 16-64, Census 2011

Country of Birth	Economically active aged 16-64	Employed		Unemployed	
	n	**n**	**%**	**n**	**%**
All People	147,348	136,392	92.6%	10,956	7.4%
All born in the UK	121,179	112,340	92.7%	8,839	7.3%
All born outside the UK	26,169	24,052	91.9%	2,117	8.1%
EU countries: Total	10,107	9,408	93.1%	699	6.9%
Member in March 2001	*6,004*	*5,517*	*91.9%*	*487*	*8.1%*
Accession April 2001 to March 2011	*4,103*	*3,891*	*94.8%*	*212*	*5.2%*
Rest of Europe	1,348	1,220	90.5%	128	9.5%
Africa	4,223	3,758	89.0%	465	11.0%
Middle East and Asia	5,195	4,697	90.4%	498	9.6%
The Americas and the Caribbean	2,653	2,449	92.3%	204	7.7%
Australasia and others	1,258	1,209	96.1%	49	3.9%

Source: Office for National Statistics Census 2011 data

Difficulty in accessing employment was identified by community research participants as one of the main issues that migrants face in Brighton & Hove. They described the experience as very negative, impacting on their self-esteem and self-identity.

> *"There are not many jobs available with flexible hours". (Polish participant)*

> *"There are less jobs available for women". (Syrian participant)*

8.3   Employment

Stakeholders noted that through their employment, migrants were able to contribute skills and qualifications, a strong work ethic, motivation to succeed and optimism about the opportunities opened up to them in their new country and an entrepreneurial spirit.

8.3.1   Census data on the local workforce

At the time of the 2011 census there were 139,823 residents between the ages of 16 and 64 in employment the week before the census, of whom 17.5% (24,476) were born outside the UK.

Occupation type

Figure 43 and Figure 44 provide information from the 2011 census on the socio-economic category determined by occupation of city residents of working age by country of birth (UK, other EU countries mainly in 'western Europe' (EU1[ee]), EU countries mainly in 'eastern Europe' (EU2[ee]), and countries across the rest of the world. Some points of note are that residents born in mainly western EU countries are more likely to be in 'professional' occupations than other non-UK born residents, and those born in mainly eastern EU countries are more likely to be in lower level or more routine occupations.

[ee] See the Appendix on page 143 for the countries included in the EU1 and EU2 groupings.

Figure 43. National Statistics Socio-Economic Classification by country of birth, Brighton & Hove residents aged 16-64, Census 2011

residents aged 16-64	total number	Large employers and higher managerial and administrative occupations	Higher professional occupations	Lower managerial, administrative and professional occupations	Intermediate occupations	Small employers and own account workers	Lower supervisory and technical occupations	Semi-routine occupations	Routine occupations	Never worked	Long-term unemployed	Full-time students
all residents	193,332	4,285	19,234	48,653	21,961	19,289	9,004	19,324	11,629	4,758	2,977	32,218
%		2%	10%	25%	11%	10%	5%	10%	6%	2%	2%	17%
born in:												
UK	156,802	2%	10%	26%	12%	10%	5%	10%	6%	2%	2%	15%
EU1	9,507	2%	14%	25%	12%	8%	4%	8%	5%	1%	1%	19%
EU2	4,966	1%	5%	16%	9%	9%	10%	16%	15%	1%	1%	17%
Rest of world	22,057	1%	11%	20%	8%	10%	4%	9%	4%	6%	2%	26%

Figure 44. National Statistics Socio-Economic Classification by country of birth, Brighton & Hove residents aged 16-64, Census 2011

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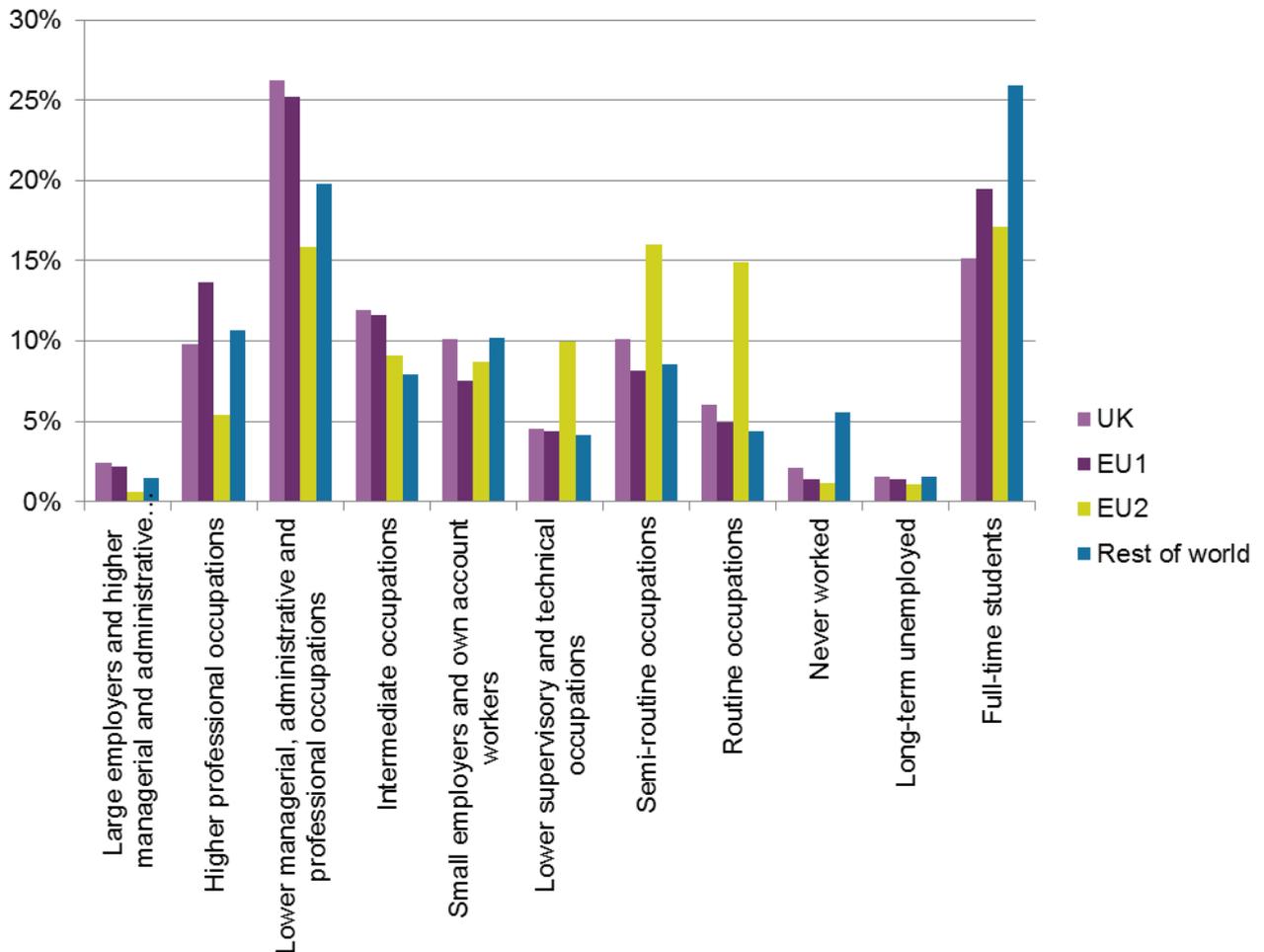
Industry type

Information from the 2011 census for Brighton & Hove residents is also available on industry type. Figure 45 shows that health and social care (n=3,633), accommodation and food services (n=3,237), the wholesale/retail trade (n=3,176) and education (n=2,655) were the industry types which employed the highest numbers of people who were born outside the UK at the time of the last census.

Figure 46 shows the country of birth of those working in different industry types at the time of the 2011 census [ff]. Some findings are as follows:

- Accommodation and food services, such as hotels and restaurants, engage proportionately more people from all non-UK born groups

- Residents born in non-EU countries are slightly more likely to work in health and social care than people born elsewhere.

- Residents born in EU1 countries are more likely to work in finance and insurance than people born elsewhere.

- Residents born in EU2 countries are more likely to work in administrative and support services than those born elsewhere.

Figure 45. Number of residents employed in selected industry types, Brighton & Hove residents by country of birth, Census 2011

	Construction	Wholesale/ retail trade; motor vehicle repairs	Accommodation and food services	Information and communication	Financial and insurance services	Professional, scientific and technical	Administrative and support services	Education	Human health and social work	ALL INDUSTRY TYPES
All B&H residents age 16-74	**8,594**	**19,167**	**9,143**	**8,583**	**9,367**	**10,788**	**7,018**	**17,332**	**18,779**	**139,823**
born in:										
UK	7,719	15,991	5,906	7,180	7,609	8,947	5,640	14,677	15,146	115,347
EU1	222	752	710	459	712	620	325	908	922	6,954
EU2	193	499	930	99	197	190	396	235	517	3,910
Rest of world	460	1,925	1,597	845	849	1,031	657	1,512	2,194	13,612
not UK	**875**	**3,176**	**3,237**	**1,403**	**1,758**	**1,841**	**1,378**	**2,655**	**3,633**	**24,476**

[ff] Figure 45 and Figure 46 do not present data from all industry types, but has selected those in which there are 7,000 or more employees in the city. 'ALL INDUSTRY TYPES' includes all industries, not just those selected.

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Figure 46. Percentage of residents employed in selected industry types: Brighton & Hove residents by country of birth, Census 2011
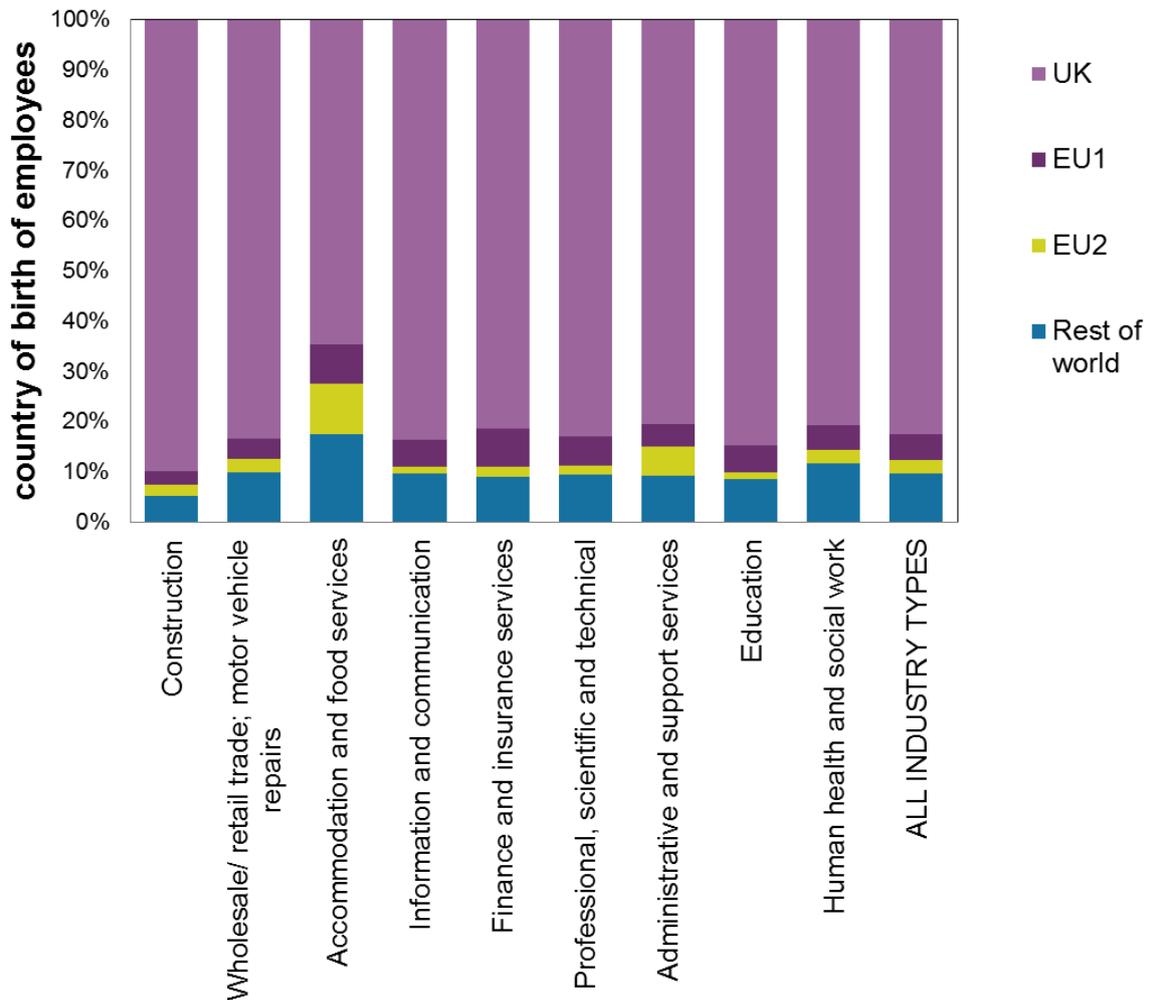
8.3.2   Workforce data from other sources

Health and care services

Presented below are data taken from national databases on the nationality of the local NHS and social care workforces.

Local health services may have a higher proportion of workers who are migrants than the England average. For example, statistics on self-reported nationality of the full time equivalent workforce in the Brighton & Sussex University Hospitals NHS Trust as at September 2016 show that 76% are British (n=5,021 FTE), 14% are nationals of EU or EEA countries (n=933 FTE) and 10% are nationals from the rest of the world. In comparison, for all NHS hospital and community health services in England, 87% are British, 6% are nationals of EU or EEA countries and 7% are nationals from the rest of the world.[47]

A national database monitors workforce numbers in adult social care services, and includes information on nationality and country of birth. Brighton & Hove data for April 2017 shows that 20% of workers were born outside the UK, the same proportion as across England (where country of birth was recorded). 15% of non-UK born care workers were born in Poland, with the next most frequent countries of birth being the Philippines, Romania, Hungary and Spain. Where nationality was recorded, 17% of workers were non-UK nationals (compared with 15% across England).[48]

International Migrants in Brighton & Hove

The important contribution of migrants to the local workforce, particularly around in health services and carer roles was raised in the community research. An aspiration that future generations of migrants will also work for the good of society, for example in healthcare, was also expressed.

> *"We are working here for each other and later our children get educated and become workers, doctors for instance and service the whole society." (Afghan participant).*

Academic staff

According to the University of Sussex website as of May 2017, one in three academic staff are from countries outside the UK.[49]

Views from community members

Participants in the community research noted that certain communities in Brighton & Hove tend to work within certain types of employment. An example of this was the Afghan community and taxi driving; large numbers of Afghan men and women work as taxi drivers and are proud of their successes and resourcefulness in this area.

> *"Our partners are driving taxis so we don't need to be dependent on government support" (Afghan participant)*

Others felt that migrant communities are directed into particular low-skilled work, with at least one participant relating this to racism.

> *"Here most migrant communities do the difficult and minor non-skilled works.*
> *They run pizza shops and help to boost the economy by offering local business.*
> *We face racism in employment, that is why we have to do low profile jobs even*
> *if we are qualified for better jobs." (Afghan participant).*

8.3.3 Finding work

The local research carried out in 2016 to examine equalities issues around employment and skills for BME people in the city is referred to in Section 8.1.[41] This report remarked that the pressure for migrants to find work when they first arrive in the UK is great and they may therefore be more inclined to accept any available work to meet their immediate financial needs.

Regarding employees and people seeking work, the 2016 report found:

- a minority of survey respondents found getting a job in the city was easy
- there was a lack of awareness of services available to help people address their employment needs.

8.3.4 Barriers to accessing work

Migrants face a number of barriers to employment. A recent qualitative study of resettled refugees in four UK locations including Brighton & Hove found low levels of employment among refugees, with language barriers and qualifications not recognised in the UK repeatedly mentioned as significant barriers to gaining employment.[58] Interviews with resettled refugees in Brighton & Hove in 2006/07 also found very high rates of unemployment after one year (94%).[50]

A survey of migrant women on spousal visas found that most wanted to work but faced barriers:

- They felt that English language was important and English classes should be better tailored to meet different women's needs, for example including conversation, humour and social interaction.

- They felt their previous qualifications and work history were rarely valued or understood by UK employers

- They found little or no helpful advice on careers/interviews/CVs at job centres, as they are only available to people on benefits (people on spousal visas are not eligible).

- Employers are confused about women's visa status and right to work, therefore would often be deterred from employing her.[45]

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The 2016 research into employment and skills for the general BME population in Brighton & Hove is largely consistent with the above findings from ten years before, reporting that key barriers to employment opportunities for BME people included:

- not knowing how to find out about jobs

- although they could be effective, agencies were costly

- an inadequate grasp of English was a disadvantage

- difficult job application processes

- there was strong feeling that BME job applicants were discriminated against, including a negative perception by employers of English spoken with an accent

- a lack of recognition of qualifications and the high cost of converting these[41]

Although some community research participants mentioned good experiences with job centres, the Citizen's Advice Bureau and job agencies, finding a job was considered a difficult and long process for a number of participants, particularly for women.

Many community research participants felt that their migration status negatively impacted their chances of gaining employment, due to the lack of recognition of experience and qualifications, language difficulties and discrimination.

> *"I feel equal opportunities are mentioned on paper but never implemented in principle." (Polish participant)*

> *"I struggled to settle because of my nationality I couldn't find a job." (French participant)*

> *"There are low job opportunities and sometimes discrimination, especially towards Muslim women." (Bengali participant)*

8.3.5   Progressing at work

Research carried out in the South East in 2008 found that although employers recognised the need for English language skills, two-thirds did not do anything to support language development thereby limiting progression at work. It also found that work-related training for migrants was mostly associated with health and safety, induction or basic training.[51]

The 2016 local research also found that few people had undertaken further work-related training.[41]

8.3.6   Conditions of work

Evidence from across Europe suggests that migrants tend to be over-represented in low-skilled, temporary and precarious jobs, thus experience higher rates of occupational injuries, and sickness presenteeism.[57] Migrant workers with poor English language skills may lack an understanding of their rights and be vulnerable to exploitation.[51]

It is well-established that poor working conditions, low job security and low pay have multiple impacts on physical and mental health, particularly among those who have few alternative options in the labour market.[46]

Some Central and Eastern European migrants interviewed in East Sussex expressed concern their employers were not interested in their legal duties and requirements towards their migrant workers.[95] On the other hand, a review of the literature suggested little impact of immigration status on earnings, particularly in the case of 'white' migrants.[43]

Participants in the community research were concerned with regard to working conditions and were confused as to who to approach to get help with this.

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"Is there any support for people who are abused at work or work in bad conditions? I was advised by someone in Spain to go to the union with a problem I have at work and I'm not even sure that exists here." (Spanish participant)

The Health and Safety Executive provides information and guidance around rights and responsibilities of migrant workers in respect of health and safety.[52]

The subject of labour exploitation and human trafficking and is looked at more specifically in Section 10.5.2.

8.3.7 Issues for employers

The local 2016 BME research into the employment and skills of the local BME population found that in respect of employers:

- not all employers, particularly those outside the public sector and smaller employers, operated within equal opportunities policies.

- there was often a lack of understanding by employers of cultural and/or religious needs. When they were aware, some supported these needs, while others were keener to ensure equal conditions of work for all employees

- there was underrepresentation of BME people in some occupation types and in senior positions in the local workforce generally, including in the public sector

- monitoring of ethnicity by employers around employment was patchy.[41]

8.3.8 Skills/employment match

Migrant women commonly reported that their previous qualifications and work history were rarely valued, respected or understood by UK employers and colleagues, and few had received information/advice about converting their qualifications or obtaining official recognition for them.[45] This is supported by the qualitative study of resettled refugees which also found that respondents who did have a job had a far lower level role than their potential.[58]

The majority (71%) of women on spousal visas interviewed who were in work, were employed only on a part-time or voluntary basis, yet most would have preferred greater work opportunities, suggesting under-employment.[45]

Interviews with new migrants in East Sussex identified that many found it difficult to get a job in line with their qualifications because of the language barriers, but once their English improves they are more likely to find fulfilling jobs more relevant to their skills and abilities – however, several were disappointed to discover their qualifications were not recognised in the UK.[95]

Qualitative research in four areas of the UK including Brighton & Hove found that participants were often frustrated at the lack of recognition, cost and waste of time needed to repeat a course or qualification they believed they had already acquired.[95]

Stakeholders across different sectors underscored the need for schemes that provide migrants a route into employment that matches their skills. Stakeholders noted that some migrants are highly qualified (eg doctors, engineers) but cannot find equivalent work in the UK because their qualifications are not recognised; or because migrants do not have the resources to pay for language training (and thus cannot find work), or do not understand job application process (eg writing a personal statement, references).

A lack of recognition of work experience and qualifications gained in others countries was also considered by community research participants as one of the main barriers for accessing appropriate employment and could lead to migrants being unable to work in their trained profession or accepting jobs for which they were overqualified.

"Despite a good level of English it is very difficult to get a job in one's profession, The qualifications are not recognised or ignored." (Polish participant)

"We are desperate to find a job. We are really qualified but since we are not part of the EU it is difficult to find a job" (Albanian participant)

"We are struggling to find a job, even if we are qualified, we need an equivalent certificate and to take long exams. This takes a long time and because of this we are accepting low qualified jobs." (Syrian participant)

8.4   Migrant businesses

The local 2016 research concluded that support for BME businesses around running businesses effectively would be beneficial.[41]

Some community research participants felt that there was not enough support for individuals who wanted to start a business.

"There are not enough facilities for setting up a business and business rates are too high," (Bengali participant)

The recent development of a Social Value Framework for the city offers opportunities to increase the diversity of suppliers awarded contracts by the public sector. Brighton & Hove City Council is currently part of an EU funded project, Cities Grow, to explore with other EU cities how this work could benefit migrant entrepreneurs and other BME small businesses. As in other aspects of migrant integration, achieving this will be a two way process with procurement professionals adapting their practice to take account of the needs of small businesses who may be unfamiliar with these processes – as well as migrant entrepreneurs learning how to satisfy the requirements of public sector contracts.

Recommendations: Employment, skills and adult education

These recommendations have been formulated to complement the action plan derived by the BME Working Group, a subgroup of the wider City Employment and Skills Plan (CESP), which was written following research carried out in 2016. The recommendations from that report are provided in the Appendix on page 141.

22. The City Employment and Skills Plan BME Working Group to consider the findings of this needs assessment in their ongoing work to break down barriers to employment and skills opportunities for the city's BME populations.

23. An ESOL (English for Speakers of Other Languages) Network should be established as a sub-group of the Adult Learning and Skills Partnership to ensure better co-ordination of the current provision.

24. Explore how childcare for pre-school children and support for other carers can be provided to enable access to ESOL for these groups.

25. The findings of this report, including the additional barriers to employment faced by vulnerable migrants, should be used to inform action underway to ensure the public sector workforce is representative of the local population.

26. Ensure that work to improve the city's Information, Advice and Guidance (IAG) offer for the city's BME populations also includes resources and training to advise migrants on how to convert and make best use of qualifications gained abroad.

27. Use the city's Social Value Framework to ensure migrant-owned businesses can benefit from action to increase supplier diversity, eg the Ride the Wave programme.

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9. Health and wellbeing

Key findings

- Good health and healthcare is seen as a priority by migrants in the city.

Factors affecting health and wellbeing

- There is a wide variation in health and wellbeing within migrant groups that may relate to factors such as the reason for migration or country of origin: at one end of the spectrum, 'economic migrants' tend towards good health, while those who are fleeing their home countries as refugees may have multiple health and social vulnerabilities.

- The wellbeing of resettled refugees is affected by a number of positive factors (eg social capital; social contact with and understanding of people of own and other cultural backgrounds; satisfaction with job, house and education) and negative factors (eg perceived discrimination; negative contact experiences with other people/groups.)

- Some lifestyles and behaviours which may be more common in some cultural backgrounds can impact on health and wellbeing, for example, alcohol/drug consumption, smoking, gambling, eating and physical activity. The longer migrants live in their new environment, the more they may adopt health behaviours typical of the UK born population.

- A lack of proficiency in English is associated with poor health status and this association is strongest in women.

Health inequalities

<u>Mental ill health and emotional wellbeing</u>

- Mental health is widely described as the most important health problem for migrant populations, with the issue being particularly acute for asylum seekers and refugees who may have experienced extreme events before leaving their home country, on their journey to the UK, or when in the UK due to separation from family or detention. The need to manage issues linked to immigration status may further impact on mental health.

- Evidence from western Europe indicates that approximately 1 in 10 resettled refugees experienced PTSD.

- Young male migrants in particular, especially those who were isolated and living alone, may have unrecognised and unmet needs around mental ill health.

- Migrants may not necessarily understand the concept of mental ill health as being something they were experiencing or it may be difficult to talk about. Language and cultural barriers and stigma mean that it may be difficult to communicate feelings and 'open up' in counselling sessions.

- There is insufficient specialist mental health support to meet the needs of migrants, especially asylum seekers and refugees. Limits to the number of sessions for mental health treatment were felt to be insufficient to meet the level of need of some patients.

<u>Sensory impairment</u>

- Migrant communities from lower or middle income countries may have a higher prevalence of hearing loss and visual impairment. These may impact on the ability to communicate with services, and lead to disadvantages in other ways, eg in education or employment.

<u>Communicable and non-communicable diseases</u>

- According to national data, the prevalence of disease for migrants can be different compared with the rest of the population. The prevalence of diabetes, tuberculosis, sexually transmitted infections, hepatitis A & B, malaria and enteric fever can be higher for some migrant communities and dental health tends to be poorer.

Entitlements to healthcare

- There are many legal restrictions to free NHS care in place for different migrants and different NHS services.

- GP consultations are free to all residents. Emergency treatment and services related to some communicable diseases (incl. TB and HIV) are also free of charge to all residents, as is

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treatment for physical and mental health conditions related to torture, female genital mutilation, and domestic or sexual violence.

- Stakeholders reported that some migrants had experienced difficulties with GP registration due to uncertainty around eligibility, non-acceptance by the practice, or the inability to provide required documentation.

Other issues around access and barriers to healthcare

- Lack of trust is a factor that affects migrants' access to health services. This applies in particular to undocumented migrants, including asylum seekers, refugees, those who have been trafficked to the UK, or those who have overstayed their visas. Some migrants may want to remain unknown to statutory services, including health services, as they fear their information may be shared among agencies. They only make contact with health services in situations of emergency.

- Registration with a GP may not be a priority for new migrants, and this may subsequently result in them accessing A&E when medical attention is subsequently needed, when GP services would have been appropriate. This also limits access to preventative work at GP surgeries.

- Migrants, including children, may not have received vaccinations, and uptake of screening programmes when in the UK may be lower.

- Migrants may have a lack of knowledge around how the NHS is structured and how to access it appropriately. In particular, they may not be familiar with the concept of primary care. While there is information available online, this might not be easily accessed or people may lack sufficient language skills to understand the information.

9.1   Introduction

The importance of good health and healthcare was highlighted by the community research participants and was a key aspiration of migrants in Brighton & Hove. Healthcare services were mapped as key services by all focus groups and also appeared on maps of areas most visited by migrants. Participants agreed that GPs, hospitals and A&E were the services most often used by migrant communities.

Public Health England has produced comprehensive guidance on many aspects of migrant health, including entitlements for different types of migrants, country-specific information, guidance on health needs of migrants; issues related to culture, spirituality or religion; health issues which may affect those who have been the subject of human trafficking; and issues related to language and interpreting[53].

9.2   Diversity between migrant communities

There is considerable diversity in health and wellbeing according to reason for migration, country of origin and health. Research suggests that, on average, migrants tend to be relatively healthy on arrival compared to the native population, what is known as the "healthy migrant effect", though this is more relevant to economic migrants more likely to be young and in good health, particularly as the migration process tends to require healthy participants. However, some migrants, in particular refugees and asylum seekers, are more likely to have multiple health and social vulnerabilities as a consequence of their experiences in their country of origin or during their journeys, such as persecution, torture, war trauma and sexual violence. It may be worsened by experiences of dispersal and detention.[54] Surveys in the UK and London found that self-reported health among refugees was poorer than in the general population.[55]

The perception of stakeholders was that, in general, the health and wellbeing needs of migrants are similar to those of UK born people though, in some cases, those newly arrived with long term conditions may not have had these well managed for a long time. However, migrants' social and mental health needs can in some cases be greater, particularly among those who arrived in the UK fleeing conflict, were trafficked or suffered violence in their home country.

36% of those migrants using the Doctors of the World Service in 2015 and 2016 in Brighton rated their mental health as bad or very bad and 26% rated their physical health as bad or very bad.[56]

9.2.1 Factors associated with health and wellbeing

Research suggests that health disparities between migrant and native populations that do exist may disappear after controlling for socioeconomic status, yet this may in itself be a result of migrant status because of social exclusion processes.[57] Migrant health status also changes over time (suggesting the value of a life course approach), with the "healthy migrant effect" deteriorating among some migrant groups, while some health outcomes are more likely to converge with the UK born population over time.[57]

The most important determinants of wellbeing among migrants are likely to differ by migrant group/ local area, though some will overlap and surveys have been carried out with particular migrant groups to understand what these are. A recent longitudinal comparative study of resettled refugees in four UK locations, including Brighton & Hove, used a survey and interviews to identify the key determinants of wellbeing and these are shown in Figure 47.[58]

Figure 47. Factors associated with wellbeing

Positive factors:	Negative factors:
The factors most significantly correlated with wellbeing were: • social capital • self-efficacy • quantity of contact with people of the same cultural background and with British people • satisfaction with job, house and education • intergroup confidence • cultural understanding	The factors with the strongest negative correlations with wellbeing were: • perceived discrimination • intergroup anxiety • negative contact experiences with British people, and people of the same cultural background, and with people back home • taking longer to search for a place in education

2011 census data for England and Wales shows that nationally people whose main language is not English and who are also not proficient in English (or Welsh) are less likely to report being in good health. (see Figure 48).[59]

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Figure 48. Percentage of those reporting to be in good or poor health by proficiency in English, England & Wales, Census 2011
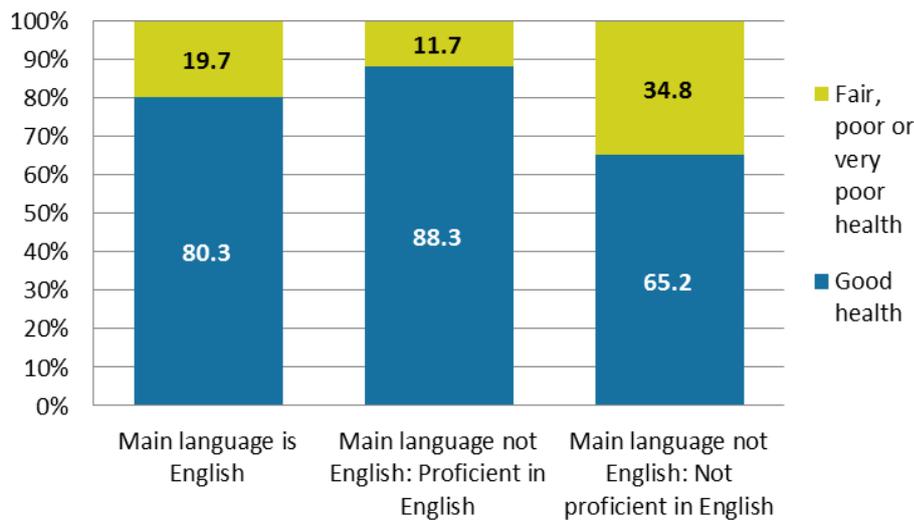
This difference is seen across all age groups for those whose first language is not English, and the effect is seen more in females who have poor English proficiency than males with 60% of females with poor or no English reporting themselves to be in good health compared with 72% of males. An ONS report states "*a potential challenge for healthcare providers is that some of those non-proficient in English who are in 'not good' health, may have difficulty in making initial contact in order to seek medical help. Furthermore, if and when contact is established, people may feel uncomfortable reporting sensitive conditions to a medical professional via a third party.*" The report also notes "*It is possible that some of those in 'not good' general health may have less opportunity to improve their English speaking skills, due to, for example, being less mobile*"[69]. NHS 111 service provides a confidential interpreter service, which is available in many languages if the language needed is mentioned when calling the NHS 111 line[99].

9.3   Lifestyle and behaviours

Lifestyle norms and health behaviours differ in different countries, and migrants from countries with higher or lower rates of smoking, alcohol misuse, gambling and other behaviours detrimental to health, are more likely to exhibit those behaviours on arrival to the UK. For example, high smoking rates have been reported among migrants from Eastern European countries.[54] Conversely, migrants from Muslim countries may be less likely to experience harm from alcohol.

Theories of 'acculturation' suggest that migrants may adopt norms, values and behaviours of the receiving society, which implies that health behaviours of migrants may change over time to be more similar to the general population.[92] This may have positive or negative implications, depending on whether the behaviour is health promoting or damaging.

However, an analysis of migrant new mothers in the Millennium Cohort Study found that ethnicity was more important than length of residence as a predictor of cigarette smoking and alcohol consumption; similarly the age and socioeconomic profile of different migrant groups may confound the relationship between migration status and health behaviours.[75]

There is considerable diversity of health behaviours among migrant populations, for example a study of migrant mothers found that they are significantly less likely to drink alcohol and smoke cigarettes compared to UK born mothers.[75] Yet, a survey of stakeholders in the South East of England identified that smoking was thought to be the second most significant health issue among migrant populations, and the most important health behaviour.[54] The same survey

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[99] http://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/NHS-111.aspx

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highlighted specific groups of migrants that were of concern in relation to alcohol misuse; for example key informants in Brighton described small numbers of hard-core street drinkers from Eastern Europe, who were vulnerable to health problems arising from a chaotic alcoholic lifestyle.[54]

9.3.1   Physical activity, diet and nutrition

European evidence suggests that migrants experience a higher risk of obesity, because migrants from low-income countries tend to abandon their traditional diet and adopt a westernised, energy-rich diet and more sedentary lifestyle.[57]

One study found that migrants in southeast England were more likely to use non-car transportation, including walking and cycling, but the effect weakened as their period of residence lengthened.[43] This may be due to low incomes and insecurity, but may also have positive health benefits of active travel. There is no nationality or migration status data recorded of those who use Brighton & Hove transport services.

As well as promoting health, the potential of sports activities to support integration of migrants into local communities has been demonstrated by the Brighton Table Tennis Club (see Section 5.5.3.)

Brighton & Hove CCG commissioned some recent work to identify local BME community members' awareness of and barriers to leading an active life and eating healthily. A group of members of a range of BME[hh] communities were involved in focus groups and they reported a number of factors which prevented people from being active, including: being overweight; lack of motivation, awareness or purpose, illness or disability, being busy with family, children or work; low mood/poor mental health/depression; financial pressure; not being encouraged from childhood/family lifestyle/habit; loneliness/social isolation and a lack of information or knowledge.[60]

A small qualitative research study recently undertaken locally by the Trust for Developing Communities into the health and wellbeing experiences of black and minority ethnic patients reported that respondents from a range of ethnic groups felt that GPs should ask about diet, and have a better cultural understanding of different diets.[94]

Financial pressures may have an impact on eating healthily. This is looked at in Section 12.3.4.

9.3.2   Drug and alcohol misuse

Between April 2015 and December 2016 there were 107 new clients of a foreign nationality accessing substance misuse treatment in Brighton & Hove, who made up 6% of all new clients. The most common nationality for migrant clients was Polish followed by Irish. There was little difference in the gender breakdown between British and migrant clients (68% male, 32% female overall). However, those with a foreign nationality were more likely to be aged 30-39, with 40% of migrants in this age band. Migrants were also more likely than UK nationals to be in regular employment (44% and 26% respectively), and less likely to be long term sick or disabled (20% and 34% respectively). There was little difference for the primary substance drug group by nationality, with the most common substance given being alcohol (52% overall).[61]

9.3.3   Smoking

A survey of stakeholders in the South East of England identified that smoking was thought to be the second most significant health issue among migrant populations, and the most important health behaviour.[54]

9.3.4   Gambling

A scoping review found no British studies of migrant gambling behaviour, though migrants were considered to be potentially more susceptible to gambling-related harm in stakeholder interviews undertaken as part of this study. Some respondents reported witnessing an increasing number of Eastern Europeans in gambling establishments and seeking treatment for

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[hh] Self-defined ethnicity based on country of origin or nationality

problems. Studies from Germany and New Zealand suggested that acculturative stress was one reason for gambling, and also because it was a place they could be with others from their own community, though these findings may not be transferable to a UK context.[62] This review also found that socioeconomic circumstances may also increase vulnerability to gambling-related harm.

Stakeholders in the current research felt that migrants may be more vulnerable to gambling since it is easily accessible locally and online and around the clock (therefore available to those who work outside 'nine to five' daytime hours), and it may be seen as a new and exciting way of achieving their financial aspirations. There was concern that migrants may have little previous exposure to gambling and they may not fully understand its dangers.

There is no gambling data available by country of birth or nationality. GamCare, a national provider for the prevention and treatment of problem gambling, records ethnicity of clients who call their helpline and access counselling services. Nationally, in 2014/15 people with a BME background made up 21% of clients (compared to 19% of the England & Wales population)[5], with White Irish making up the highest percentage (4% of clients compared to 1% of England & Wales population).[63]

9.4   Non-communicable diseases

Evidence from across Europe suggests that initially lower rates of cardiovascular disease and cancer in some migrant groups mean that all-cause mortality rates are generally no higher among migrants compared to native populations. However, cancer prevalence rates have been shown to converge between migrants and non-migrants over time, and some migrant groups have higher rates of cancer related to infectious diseases, such as stomach and cervical cancers. Further, migrants in general have been found to have much higher rates of diabetes, attributed to genetic factors, changing environments and inadequate medical control.[57]

9.4.1   Dental health

There are higher levels of poor dental health among migrants in the south east of England, including those from Eastern Europe, as they may come from a country with worse or more expensive provision of dentistry and/or a lack of oral health promotion.[54]

9.5   Communicable diseases

Country of birth is rarely recorded as a matter of course in routine UK health data, with the notable exception of statutorily notifiable communicable diseases. Nationally, rates of tuberculosis (TB) (and more severe extra-pulmonary and multi-drug resistant TB) are considerably higher in non-UK born, particularly among migrants from countries with high TB prevalence.[64][65]

Also from national data, HIV rates are higher among non-UK born compared to UK born populations, and they are more likely to be diagnosed at a late stage, with resulting implications for health outcomes and health services.[92][64] Migrants also have a higher risk of TB and HIV co-infection.[64] Rates of other communicable diseases including hepatitis A and B, malaria and enteric fever, are higher among migrant populations, though vary considerably depending on country of origin.[64][66]

9.5.1   Sexually transmitted infections and HIV

Sexually transmitted infection rates may be influenced by cultural and religious beliefs around sexual practices, or experience of sexual violence, which may differ systematically among migrants from some countries.[72]

A survey of stakeholders in the South East of England identified sexual health concerns regarding specific migrant groups, including women seeking asylum from conflict situations who are disproportionately affected by HIV.[54]

Nationally, there has been a large drop off in the number of new HIV diagnoses among those who are heterosexual and born outside the UK. This means that in 2015 the proportion of

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people diagnosed with HIV who were born in the UK was higher than those born outside the UK (52% and 48%) for the first time since the 1990s. Regarding ethnicity, in 2015 there were estimated to be 9,300 Black African heterosexual men, and 19,300 Black African heterosexual women living with HIV in the UK[67].

In 2015 Brighton & Hove had the eleventh highest HIV prevalence in England at 8.0 per 1,000 population (aged 15-59 years), compared with 1.6 in the UK, and the highest prevalence outside of London.[67] In 2015 1,784 residents of the city accessed NHS HIV treatment services. Local data on HIV is not available by country of birth. Regarding ethnicity, 86% of those accessing treatment were White, reflecting the makeup of the general population. A minority (9%) of those accessing treatment were women, within which Black African women were over represented. [68.]

9.6 Mental health and wellbeing

Mental ill health was considered to be the most important problem for migrant populations in the South East of England according to a survey of stakeholders in the region. Academic research in other regions supports this.[54]

Evidence indicates that mental health among refugees and asylum seekers is particularly poor.[84,69] A meta-analysis of prevalence studies published in English identified that depression and anxiety were around twice as common among refugees compared to labour migrants (20% vs. 44% for depression and 21% vs. 40% for anxiety).[70]

Refugees are at significantly raised risk of having post-traumatic stress disorder (PTSD). A 2005 study of 7,000 resettled refugees in western Europe found around 1 in 10 experienced post-traumatic stress disorder (PTSD).[69] There is evidence of late onset of PTSD in some samples of refugee children and of delayed recovery.[55]

2005 NICE guidance recognised refugees as a high risk group for PTSD but noted that access to specialist services has lagged behind those of other high risk groups such as military veterans.[71]

Interviews with 49 destitute asylum seekers in South East England, including Brighton, highlighted that the high level of mental health need is partly due to their experiences, and often exacerbated by destitution. 55% of the interviewees were receiving medication for depression, and many spoke of a heavy burden of fear of being sent back to their country of origin, of being challenged for proof of eligibility, and of sleeping rough.[84] Further, evidence suggests that the psychological health of migrants worsens on contact with the UK asylum system; and racial discrimination may also impact on mental wellbeing.[72]

Uncertain immigration status as well as previous experiences can also impact on mental health.[92] As one specialist mental health stakeholder reported, the mental health of asylum seekers and refugees can be affected by the persecution or other factors that drove them from their own country, the (often terrifying) experiences in transit, and their experiences on arrival to the UK. When in the UK, asylum seekers and refugees can be subjected to racial harassment and, for as long as their legal status is unresolved, they can also be under great mental strain because they may fear for their life if they are sent back to their home countries. One stakeholder recalled how a patient felt he was "tortured with sticks in his country and with pens in the UK".

The emotional strain of reaching the UK and dealing with immigration services was also raised in the community research:

> *"Even though we suffer a lot to arrive, almost at the cost of death, we get depressed once we start to settle. I am very depressed." (Afghan participant).*

A review of the literature on post-natal depression shows that rates among migrant women in developed countries is also comparatively high. This was reported to be due to stressful life events prior to or during pregnancy, both pre- and post-migration, and lack of social support.[73]

Stakeholders suggested that the mental health need of migrants can also be linked with inadequate living conditions when living in the UK, eg around poor housing or insecure jobs.

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Community research participants spoke of mental health needs among young male migrants, particular those who may be living alone, and expressed concerns over their isolation[ii] and lack of support. There was concern that they lacked the networks available to other migrants, such as mothers who would gain a social group when taking their children to school. They were concerned that their social exclusion may be exacerbated by the long hours they worked.

> *"Depression among young male migrants is prominent because they are isolated and scared of seeking help." (Iranian researcher feeding back as participant)*

Language and lack of time were once again highlighted by stakeholders as barriers to providing mental health services and services may not always understand practical issues faced by asylum seekers. In addition, migrants may find it difficult to report mental health symptoms because it is a difficult subject in many cultures (including the UK) and because in some cultures there is not even a word for mental ill health. Migrants may report unspecific physical symptoms such as tiredness, loss of appetite, and difficulties sleeping. Several doctors reported that they often use these physical symptoms as an opening to approach mental health needs with migrants and that establishing trust and good communication were essential for patients to engage with treatment. Stakeholders also reported making extensive use of community and third sector services to support the mental health needs of their patients.

A stakeholder noted that trust is the cornerstone of any therapeutic relationship but can be particularly challenging with refugees and asylum seekers because they are suspicious and fearful that service providers may bring them to the attention of immigration authorities. Furthermore, refugees and asylum seekers often do not know what to expect from counselling sessions and may not want to revisit the painful experiences they are trying hard to forget. Although levels of mental ill health may be significant, limitations of some counselling services to six sessions per patient is insufficient to address the high level of need among refugees and asylum seekers and waiting times were reported.

Insufficient levels of mental health support for migrants, especially refugees and those with severe mental health need, was reported by both stakeholders and community research participants.

> *"There is a lot of pressure on mental health services among refugees. Services are insufficient and qualified persons for counselling and psychotherapy are insufficient". (Syrian researcher feeding back as participant).*

However, this is not just a local issue with mental health service provision for survivors of torture and organised violence widely regarded nationally as inadequate.[55] MIND, with the support of the Faculty for Homeless and Inclusion Health/Pathway, have commissioned research and the publication of a guide to assist Health and Social Care commissioners to achieve culturally and linguistically sensitive mental health services for vulnerable adult migrants. The *'Commissioning mental health services for vulnerable adult migrants'* guide[74] provides key points and recommendations for commissioners of mental health services.

9.7   Disability and sensory impairment

Section 4.1.5 reported that according to census data, city residents who were born outside the UK are less likely to have their day-to-day activities limited by a long term health problem or disability, with this likely to be associated with the younger age profile.

The Public Health England Migrant Health Guidance summarises some issues related to vision and hearing impairment in migrants. A majority of people with disabling hearing loss live in low- and middle-income countries, and 90% of those with visual impairment or blindness live in low income-countries. Migrants arriving from these countries may therefore have a higher prevalence of sensory impairment.

[ii] Various implications of isolation and ways of addressing it are mentioned at various points in this document, and particularly in Section 5.4.2.

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Difficulties in communicating with services broadly may not just be a matter of language difficulties, but also be a consequence of hearing impairment.[53]

9.8   Screening and immunisations

Migrants who may not have received vaccinations against certain diseases in their country of origin are at greater risk of contracting and spreading vaccine-preventable diseases.[54] Research suggests that migrant mothers are less likely than UK born mothers to have vaccinated their children, though this association has been shown to disappear when adjusted for ethnicity and other socio-demographic factors.[75]

A survey of refugees living in London reported low uptake of breast and cervical screening.[55] A qualitative study of migrant community healthcare leads in London found that barriers to uptake of infectious disease (HIV, tuberculosis, hepatitis B and hepatitis C) screening among migrants include disease-related stigma in their own communities and services being perceived as non-migrant friendly. It is suggested that services should be more community-based, proactive, and work more closely with community organisations.[76]

No local data is available on this topic.

9.9   Pregnancy and birth

Some migrant groups have high numbers of live births, and fertility rates among non-UK born women are higher than for UK born women.[88]

Contrary to previous years, the Confidential Enquiry into Maternal Deaths 2011-13 data shows no statistically significant difference in maternal death rate between women born in the UK and those born outside the UK.[77] However, the 2013 parliamentary inquiry into asylum support for children and young people identified high maternal and infant mortality rates among asylum seekers.[78]

Maternity care was raised in the community research as a potential area for 'culture clash' by migrants to Brighton & Hove. It was felt that maternity care and procedures may be quite different to that previously experienced by certain groups of migrants. There were concerns that individuals felt they were being judged as at risk of harming their child due to their cultural practices.

Stakeholders reported that, as with other areas of health care, there was a lack of understanding how the maternity care system worked, what services were available and different expectations. A midwife noted that some migrants may be used to a more medicalised model of care, with higher levels of interventions and with doctors providing most of the care.

This midwife reported that lack of trust in the system deters some pregnant women from accessing services (see also Section 6.2.4) and that establishing trust with them is difficult but crucial. Having ready access to a named professional was felt to be important in establishing trust with pregnant women and in helping them navigate the system (eg booking scan appointments, follow-up).

9.10   Child health

Local survey data relating to the wellbeing of children and young people can be found in Section 11.2.

9.11   Older people and adult social care

A study of the care and support of older migrants in Bradford concluded that, regardless of ethnic or cultural background, there were shared overarching expectations around: care being provided to high standards of good practice; cultural understanding; and responsiveness to individual expectations. However, they had individual expectations, aspirations and desires based on their life experiences, cultural, religious and ethnic background. Emotional aspects such as communication and trust were considered important and it may be necessary to allow sufficient time for information around more complex issues to be understood. Standards of care were judged against 'the way they would do it themselves' and good communication was also

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required for this reason. A lack of information and understanding of eligibility around services was flagged up as an issue.[79]

The local Adult Social Care service records nationality and first language of those accessing support and services, but neither of these is a required field. Of the 5,526 clients accessing support and services[jj] from Adult Social Care in 2016/17, first language is recorded for 4,202 clients, and nationality for 616 clients.

For clients receiving services where data on first language is recorded, this was English or British Sign Language in 4,060 cases (97%).

Figure 49 shows the first language of the other 3% of these clients, although it must be remembered that due to missing data, this may not be representative of all clients. (A similar breakdown is found for those clients who were reviewed or assessed[kk].). Numbers of clients with a nationality recorded as other than British are too small to provide useful information.

Figure 49: Number of Adult Social Care clients receiving services April 2016-March 2017 by recorded first language (excluding English), Brighton & Hove
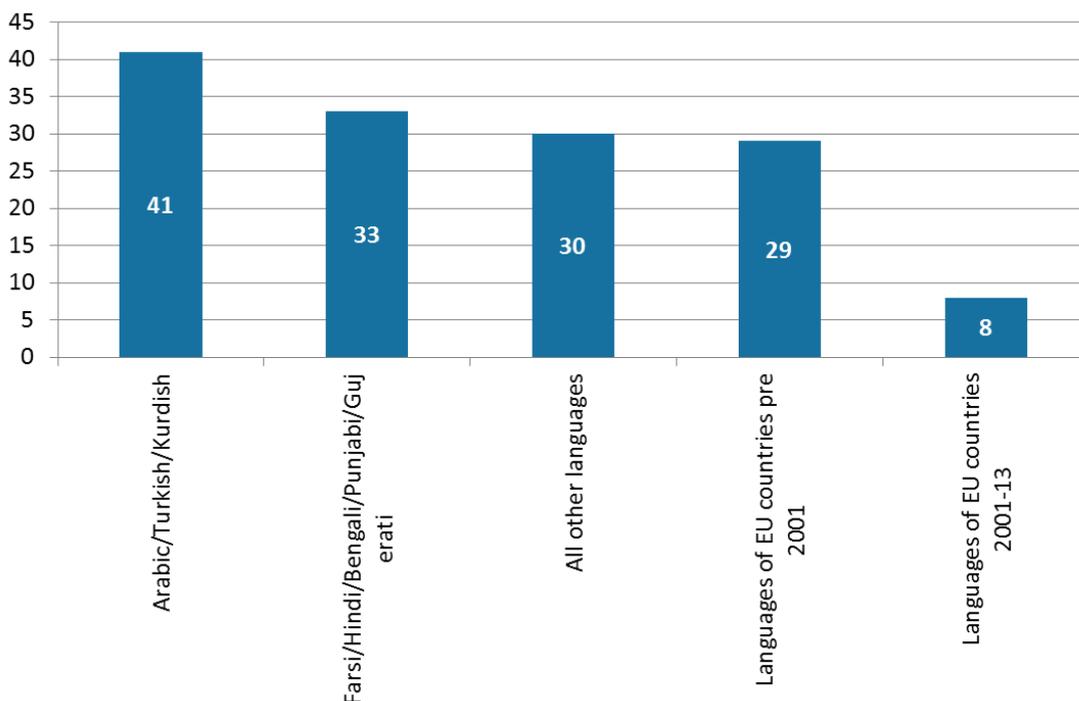
Source: Brighton & Hove City Council Adult Social Care

The local social care database, CareFirst, also records the details of those in receipt of services who have 'no recourse to public funds'. Adult Social Care has a specific worker to dedicated to working with those with no recourse to public funds (NRPF) and asylum seekers. Between 2010 and 2017 there were approximately 125 people supported in this category, with a range of needs and differing migrant status. As of July 2017, Adult Social Care was supporting fourteen people with no recourse to public funds in relation to both physical and mental health. These include six nationals of EU countries and eight people from non-EU countries of origin.

Between 2010 and 2017, 65 asylum seekers were supported by adult social care caseworkers (71% male, 19% female). The most common age band was 40-59, with 48% in this bracket, followed by age 25-39 with 40%, and small numbers aged under 25 or over 59.

[jj] including short term services, temporary services and long term services
[kk] This includes Occupational Therapy assessments and Mental Capacity Assessments and assessments from hospital social work teams.

9.12 Carers

According to 2011 census data on those providing unpaid care in Brighton & Hove, the ethnic group with the highest proportion of unpaid carers was White British (9.4%), followed by 'Other' ethnicities (eg Japan, Philippines and Arab countries) (8.9%). However, people of 'Other' ethnicities was the ethnic group which provided the highest number of hours of unpaid care per week. The overall population of local carers tended to be female and over 65 years of age, and reported detrimental effects on their wellbeing because of being curtailed in their leisure, cultural or spiritual activities, being unable to maintain contact with people important to them and not being able to get out into the community. Many reported a risk to mental and physical health due to their caring role.[80]

9.13 End of life

There is little published information on migrants and end of life care, but the literature consistently reports low uptake of palliative and end of life care services among Black and minority ethnic (BME) groups. As discussed earlier, ethnicity is a poor proxy for migration status, yet some of the reasons for this low uptake may be of interest. Poor communication between healthcare professionals and the patient/family was commonly reported; other potential explanatory factors included:

- lack of referrals,
- lack of information about which services are available and what they involve in appropriate language/format,
- a conflict between palliative care and religious/family values, and cultural insensitivity
- structural barriers such as geographical location of hospice (more common in less deprived areas)
- previous bad experiences with receiving care
- demographic/ epidemiological characteristics of the population.[81]

A national review identified a need for discussion and choice regarding place of death rather than an assumption that minority ethnic groups prefer home care.[82]

9.14 Access and barriers to health services

There is a large body of research into access to GPs, secondary care and maternity services among migrants in general, and refugees and asylum seekers specifically. Some of this relates to the South East of England.[54 83]

Some migrants (eg undocumented migrants or asylum seekers) may fundamentally resist approaching health (and other) services for fear of being reported to immigration authorities.[91] (See also Section 3.4.5.)

The key concerns of migrants in Brighton & Hove in relation to health care were issues with navigating and accessing care and being able to understand health advice due to language needs not being met. Stakeholders noted that in general there was a need for greater and updated information about community and third sector services to support migrants, greater integration and streamlining of referrals between different service providers, and having a single assessment instead of repeating the same information to different agencies/services.

Stakeholders also recommended having an easier registration process with GP practices, and having 'navigators' who can spend the necessary time to signpost migrants to appropriate services, help them to fill in the required documentation, etc.

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9.14.1   Entitlement

As of August 2017 the entitlements to NHS health services for migrants are as follows.[53] GP consultations and any treatment they provide are free for everyone[ll], as are emergency treatment in emergency departments, services related to a number of communicable diseases (incl. HIV and TB), family planning services, and services for the treatment of a physical or mental condition caused by: torture, female genital mutilation, domestic violence or sexual violence. Dentists can also register anyone and have a duty to be non-discriminatory, and there is no requirement to prove identity or immigration status.[mm]

In addition to this, some migrant groups are exempt from charge, including: refugees; asylum seekers; those in receipt of Section 95 support (see Section 3.4.4) and certain categories of failed asylum seekers; looked after children; victims of modern slavery or human trafficking and their immediate family members; and people detained under a court order, in prison, or are immigration detainees.

National research has reported problems in registering with GPs.[54] This may be due to confusion around eligibility, GPs not accepting them, or the burden of documentation required to show proof of residence, despite permanent residence not being a requirement for GP registration.[91 84 85] This is consistent with reports from our stakeholders. A practice manager reported that the documentation requested at registration varies according to GP practice. Though not a legal requirement according to NHS guidelines[nn], GP practices may ask for proof of ID and/or address to whether they live within the catchment area. In the case of a particular practice, instead of asking for proof of ID or address, prospective patients were asked to fill in a form which could be done online. Stakeholders considered that the request for documentation along with poor staff attitudes may deter migrants from registering with GP practices because, as they are often young and healthy, it is not a priority for them given the competing demands they experience when they arrive in the UK (eg finding accommodation or work).

Research has also indicated lack of knowledge/understanding of entitlement to NHS services has been reported among healthcare staff, not helped by the frequent changes to eligibility for access, suggesting that training is required for staff.[91,54,92].

A retrospective cohort study of 252,368 new entrants to the UK eligible for TB screening (ie entering from countries with a high risk of TB), found that less than a third (32.5%) were registered with a GP, and registration was particularly low among students, asylum seekers, long-stay visitors and people of an American or African nationality.[86]

A 2016 study of vulnerable people including migrants in England found that 39% of people attempting to register with a GP were being wrongly refused, and the biggest barrier was people's inability to provide paperwork: ID (39%), proof of address (36%) or immigration status (13%).[87] Surveys focusing on particular urban centres such as London show much higher rates of GP registration among migrants, though these are less generalisable.[91]

Undocumented migrants are particularly vulnerable with regard to access to healthcare services, as they are entitled to few health and other services55, and it is not possible to get reliable data on their use of health services. In a qualitative study of migrants in Brighton & Hove, the undocumented migrants in the study avoided using all health services most of the time and occasionally resorted to using A&E services.96

9.14.2   Understanding how the health service works

The healthcare system may work very differently in countries migrants have come from. Some migrants may be confused by the role of primary health providers if they are used to seeing

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[ll] For anyone expecting to live in an area for between 24 hours and 3 months, they have the option to register as a temporary resident.

[mm] Regulations came into force in October 2017 which extended the charging rules for NHS health services from those provided in hospitals to those which are provided or funded by the NHS outside of a hospital setting.

[nn] https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/pat-reg-sop-pmc-gp.pdf

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doctors only in hospitals.[88] Stakeholders commented that in many countries there is not an equivalent role to that of GPs in the UK and migrants form these countries may not understand GPs' role as gatekeepers to secondary care and the breadth of their clinical competencies. For example, patients may ask GPs for referrals to gynaecology to have a cervical smear or to see a paediatrician for minor conditions which are both managed in primary care in the UK. They may also fail to understand the importance of registering with a GP surgery (see Section 9.14.3).

Differences between the UK and migrants' place of origin both in the medical management of conditions and in communications between staff and health services users were raised by community research participants as important issues.

> *"Surgeries don't seem to be interested in investigating matters further unlike my home country who will explore all options and ailments." (Polish participant)*

Stakeholders noted that currently a great deal of information about service provision is available online. However, this information is more difficult to access for migrants who may not have the language skills to understand written information or be sufficiently computer literate.

9.14.3 Registration with primary care in Brighton & Hove

There is local data on the number of flag 4 GP registrations (initial registrations for patients whose previous address was outside the UK)[oo] recorded from 2010-14. As can be seen in Figure 50 the rate per 1,000 of flag 4 registrations is higher in Brighton & Hove than both the regional and national rates. Brighton & Hove has the third highest rate of flag 4 registrations in the South East (after Reading and Southampton). The local rate also grew by 3.8 percentage points between 2010 and 2014, from 19.9 to 23.7[pp]. Using the 2014 rate of 23.7 per 1000 resident population gives an estimate of around 6,600 migrant GP registrations for this year.[89]

[oo] A flag 4 is recorded with a new GP registration when an individual has previously been living overseas. This means that flag 4 records include those born outside England and Wales who are registering with a GP for the first time, and those whose last previous address was outside the UK. This means that migrants who have already previously registered with a different GP are not recorded as a flag 4 and are not included in the figures.

[pp] In this context, Sussex Interpreting Services data shows an 80% increase between 2010/11 and 2016/17 in work with community interpreters at GP practices.

Figure 50: GP registrations whose last address was outside the UK (Flag 4 registrations): rate per 1,000 resident population, Brighton & Hove, South East and England, 2010-14
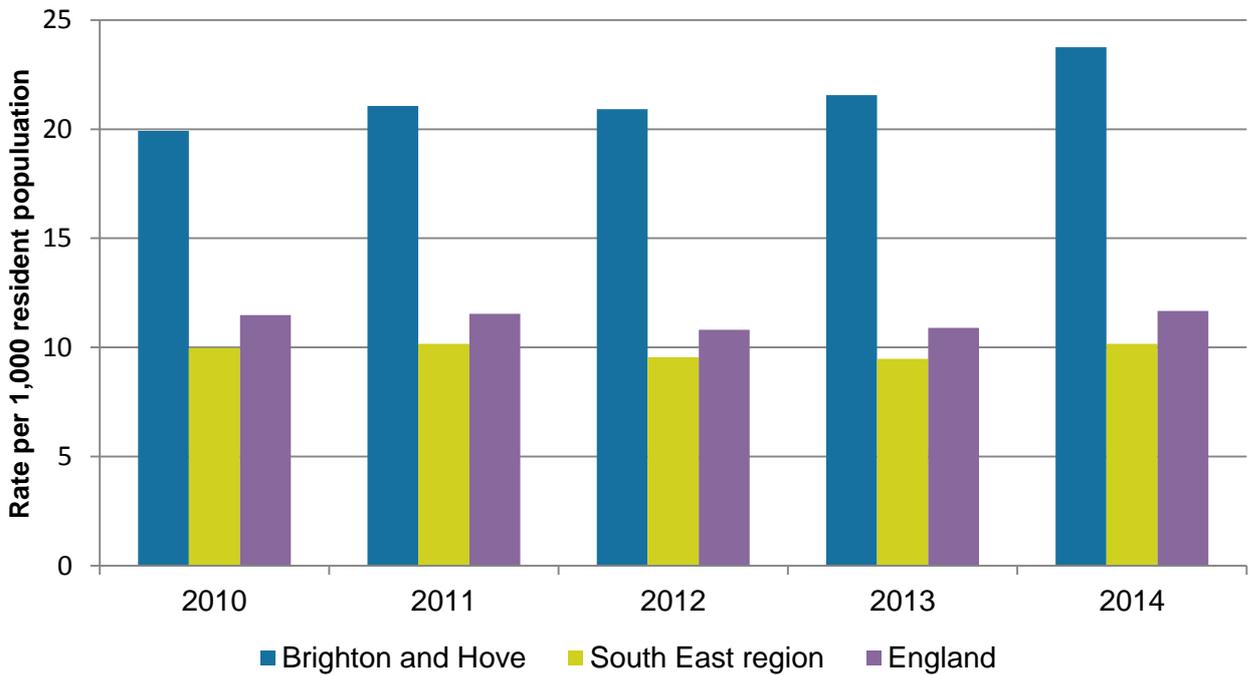
Source: Public Health England Fingertips, Common mental health disorders

Appropriate use of A&E
Stakeholders said that migrants who are not registered with GPs often access A&E for conditions that could more appropriately be treated in primary care. This aligns with a 2012 Department of Health report which described some evidence of higher and sometimes inappropriate use of A&E by short term visitors and others who may have experienced barriers to registering with a GP, or be unaware of the role of primary care".[90] Those who do not access GP services also lose the opportunity to engage with health promotion and prevention work that takes place in GP surgeries. [91]

Doctors of the World Brighton

Doctors of the World (DotW) Brighton was a service operating in the city between 2015-17 providing medical advice and advocacy to vulnerable members of the community including refugees, asylum seekers and migrants.

In total DotW Brighton saw 104 service users in the two year period 2015 and 2016. In terms of immigration status:

- 38% of service users were non-EEA asylum seekers
- 25% were non-EEA citizens with a permit, and
- 10% were non-EEA citizens who had been refused as asylum seekers.
- a few had overstayed their visa, had a tourist visas, or another status.

In terms of the demographic breakdown of who visited the clinic:

- the most common nationality was Syrian (33%) followed by Sudanese (12%)
- 64% were male and 9% were aged 18-60
- 30% of service users had been in the UK for less than 1 year
- 45% required an interpreter
- 75% were living in poverty and 50% were living in unstable accommodation.

The most common reason given for leaving their country was to escape from war (30%), followed by political reasons (21%). Other reasons given include to join or follow someone (9%), for religious reasons (6%) and for economic reasons (6%).

36% of service users rated their mental health as bad or very bad and 26% rating their physical health as bad or very bad.

25% reported that they had not tried to access health care due to barriers, and 11% had been denied health care in the last 12 months.

Service users attended the clinic for:

- administrative, legal or social reasons, such as registering with a GP (57%)
- for medical care (22%)
- for psychological or psychiatric services (6%).

The most commonly reported problems linked to accessing health care in the last 12 months related to:

- administrative problems or issues with documentation (30%)
- a lack of knowledge of the system and rights (19%)
- language barriers (19%)

The clinic provided support in different ways, with the most common being:

- GP registration (38%)
- help with NHS costs (27%)
- help finding a dentist (17%)

9.14.4   Language barriers

National research has shown that language barriers are a major barrier to accessing primary care and other services, particularly out-of-hours services. Inadequate provision of translation services nationally has been identified (in terms of amount and quality of provision), including at some local GP surgeries.[55] [54] [92] [93] [94] [95] Interviews carried out for local research suggested that some participants felt embarrassment, shame and guilt about needing an interpreter, and some avoided using them.[96] A lack of fluency with language may lead to extra time pressure when attending appointments. It can also lead to difficulties when negotiating telephone call handling systems, including when calling 999, particularly if under stress and needing to answer some

complicated questions.[85] (If an interpreter is involved, NHS guidelines say that a double length appointment is required.)

Language was overwhelmingly cited by our stakeholders working in the health sector as a key barrier. They reported that language barriers compounded with short consultation times could mean that often health professionals did not have sufficient time to address all the needs presented by migrants. In these cases, health professionals may need to book a further appointment with an interpreter. A West Midlands review of maternity services for migrant women also found that appointment lengths were sometimes insufficient to build a rapport with patients, particularly more vulnerable women.[93]

Although our stakeholders felt there was good access to interpreting services for medical appointments booked in advanced, it was more challenging for urgent medical care (eg same day appointment, A&E), although Sussex Interpreting Services note that they operate a 24 hour emergency and out of office service every day of the year and are able to meet the request on most occasions. If no interpreter was available, or if the patient preferred it, doctors and other health professionals may resort to relatives for translation. Though a pragmatic solution, relying on relatives is inappropriate because it breaches patient confidentiality, because relatives (including children) may themselves not have adequate language skills and because it may jeopardise the patient in cases of intimate partner violence, trafficking, etc.

Language needs were high in the concerns surrounding health care for migrants and concern was expressed with regard to missed appointments due to lack of interpreting services. Language needs also appeared to be a barrier to accessing health services, communicating with health professionals and filling out paperwork.

> *"The doctor was drawing a picture to explain something to me when no interpreter was present. It was so hard for me to know what he was trying to say." (Chinese participant).*

> *"I needed an interpreter for my GP appointment and they provided a Hungarian one, I do not speak Hungarian." (Romanian participant)*

9.15 Migrants' experience of health services

National research identified cases of inhospitable and sometimes hostile health care provider staff, and at times discrimination.[83] [92] [95] Local interviews reported direct discrimination including negative attitudes, feeling deliberately ignored and feeling not well understood.[96]

Qualitative research with new migrants in East Sussex found that some migrants mistrusted dentists based on negative experiences or those of their friends and relatives. This research also identified dissatisfaction regarding insufficient specialist healthcare, such as gynaecologists, and long wait times.[95]

In contrast to some of the literature above, the community research participants' experiences of health services in Brighton & Hove were generally positive in terms of the quality of services and treatment.

> *"I'm very happy with my GP. I have been here for 17 years and have always been treated well and with respect despite my lack of English" (Polish participant)*

> *"When I had bone pain I had support from my GP who referred me to a consultant and the specialist identified the issue." (Romanian participant)*

Participants also appreciated the support from local community and voluntary organisations for health care issues.

> *"We get support from organisations such as Amaze for special needs children". (Sudanese participant)*

However, some participants felt that they were discriminated against by staff and that services did not suit their needs, for example, due to lack of translation/interpreting provision.

GPs reported that some migrants undergo medical treatment elsewhere and ask their GP to continue that treatment, which may not comply with medical practice or may not be available in the UK (eg specific drugs). Eastern European migrants were cited by stakeholders as a group used to high levels of medical intervention which are considered inappropriate by UK medical guidance. For example, some migrants are used to being prescribed antibiotics for respiratory symptoms consistent with common cold, whereas in the UK GPs may provide self-care advice for these conditions. In some cases, patients can become frustrated by what they perceive to be substandard care and some go back to their home country to get the care they want.

9.15.1   Cultural differences

Migrants will bring with them their cultural beliefs and practices regarding health and illness; for example interviews have highlighted cases of asylum seekers seeing mental health issues as spiritual problems.[88] National research reports that women found it difficult to find culturally sensitive information on services.[93] Stakeholders noted that in some cultures it is unacceptable for a male doctor to examine a female patient.

There were also issues raised by community research participants regarding limits to visitors' attendance in hospitals and the level of involvement of families in the care of hospitals which can be very different in the UK compared to some other countries.

> *"There is a cultural clash at the hospital because elderly people or women prefer a companion in the hospital but here they are not allowed." (Bengali participant)*

There were particular concerns raised locally by the community research participants around pregnancy, childbirth and raising young children, with some reports of 'culture clash' between patients and healthcare workers related to cultural practices around labour and birth, with participants feeling 'judged and accused of harmful behaviour'.

Recommendations: Health and wellbeing

28. Ensure eligibility for GP registration for all migrants is understood by both migrants and health service staff.

29. Ensure that current rules around entitlement to free secondary NHS health care are understood by health service providers and migrants and implemented by providers.

30. Improve access to appropriate mental health services, in particular to meet the needs of refugees and other vulnerable migrants who may, for example, be suffering from trauma.

31. Consider how appropriate use of urgent care services can be promoted to migrant communities, including for example improving awareness of services with support, such as the 111 telephone line.

10. Community safety and criminal justice

Key findings

Feeling safe

- How safe someone feels can impact greatly on their health and quality of life.

- There are disadvantages for both migrant and other communities if migrant communities do not feel safe enough to integrate with other communities.

- Research participants tended to feel safer in commercial areas (including the city centre and the marina) and the seafront. They enjoyed use of parks and open spaces (during the daytime), and of cinemas and other cultural facilities.

- After dark, parks and areas close to licensed premises were mentioned by community research participants as places where they felt unsafe. Evidence of drug use or drug dealing also affected their sense of safety.

Hate incidents and crimes

- Recent national and international events were reported to have affected inter-community relations, with concern that some people in society may feel that expressions of racism, xenophobia and Islamophobia, now have some legitimacy.

- Although difficulties in being able to interpret police and other recorded data on racist and religiously motivated incidents mean that the actual underlying levels and trends in incidents is not known, anecdotal reports and national data suggest that incidents have increased, particularly in response to the EU referendum and national terrorist events.

- There were local anecdotal reports of an increase in Islamophobia. Women wearing the hijab were cited as a particular target.

Vulnerable people and hidden crimes

- Migrants, in particular migrant women, may present a set of vulnerabilities around domestic violence which differs from others in the country. Migrants may envisage that the domestic violence support system in the UK and legal context is similar to their country of origin, where in fact it can be quite different.

- The extent of crimes relating to harmful practices and traditional beliefs (eg forced marriage, FGM (Female Genital Mutilation) and honour-based violence) locally is unknown. However, the small number of cases that do come to light are of concern and victims can be very vulnerable. Brighton & Hove is host to a number of communities from countries where FGM is practiced.

Serious and organised crime

- The number of people who have been subject to trafficking and/or modern slavery locally is unknown. People who have been trafficked, asylum seekers and irregular migrants may be, or may have been, particularly vulnerable to labour or sexual exploitation or other forms of exploitation.

Accessing services

- Access to statutory services (police and other services) and the reporting of incidents by victims is very important, but may be inhibited for a number of reasons:

  - Trust in the services is crucial. Some migrants may bring with them negative views of statutory services if they come from countries where corruption or abusive practices are common.

  - Some migrants may be concerned that reporting to services may affect their status and lead to deportation.

  - Some may be living under the control of others and fear that reporting to services may jeopardise their links with those on whom they are depending

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- Migrants may not know how to access services and how to report effectively or may not want to spare the time to do so.
- Migrants may come from cultural backgrounds where it would not be seen as acceptable to report crimes under some circumstances, eg intimate partner violence.
- Once services receive reports, they need to ensure these are listened to and receive a response. Without this future reporting may be jeopardised.

10.1 Introduction

Experiences of crime or perceptions of safety impact significantly on people's lives. As with all members of the community, migrants may be victims and/or perpetrators.

10.2 Feeling safe and perceptions of crime

Feeling safe can underpin people's willingness to access services.

Qualitative research in East Sussex identified a background of fear affecting the lives of new migrants, whether because of their experiences prior to arriving in the UK, or that they may do something which affects their status and leads to deportation.[95]

The following issues were thought by stakeholders to affect how safe migrants felt:

- Physical environment such as the quality of the built environment, including street lighting, and good public transport links and parking facilities. These contribute to the general ambience created by the presence or absence of other people. Perceptions of safety will encourage or deter people from visiting locations of concern.
- Social environment where migrants lived. People's attitudes towards migrants were seen as a key factor in determining how migrants integrated into the city and for community cohesion more broadly.

While Brighton & Hove was seen as a tolerant and welcoming city, stakeholders also felt that recent political events, such the vote to leave the European Union and the US election, have legitimized a xenophobic narrative and that this had implications for the sense of safety and belonging among both established and newly arrived migrants. According to stakeholders, locations where people feel unsafe can deter them from visiting those areas and lead to the emergence of 'no-go areas'.

Community research participants had also noticed some changes since the EU referendum, some feeling that there had been an increase in discriminatory or harassing behaviours and attitudes.

> *"Since Brexit I have noticed foreign bus drivers being the victims of verbal abuse. Bus driver was spat on by abuser." (Polish participant)*

Stakeholders believed that, feeling safe enhances migrants' physical and mental health and facilitated the integration of migrants into the wider community. This in turn widens the opportunity for the city to benefit from the assets that migrants bring (see Section 5.2). Conversely, feeling unsafe can lead to greater isolation of migrants and fragmentation of communities, and it can give rise to misunderstandings within migrant communities and between migrants and the wider community. (Community attributes and integration are discussed in Section 5.)

The community research revealed that migrants thought that Brighton & Hove was relatively safe and there was considerable agreement about the areas where participants felt safer. These included mainly commercial areas such as the North Laine and the Lanes, the marina, Churchill Square and the seafront. Participants generally liked spending time in the green spaces and parks as well as the museums, libraries and cinemas.

> *"The seafront gives me good vibes and a sensation of safety and the marina is also pretty and safe." (French participant)*

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> *"We feel safe because there are many supports from the police force, solicitors and emergency services." (Chinese participant).*

Participants also seemed to agree on areas they considered unsafe. Even though most of the areas in Brighton & Hove were considered relatively safe in daylight, the majority of participants felt that the city centre was unsafe at night. The most unsafe areas after dark were felt to be the parks and the areas close to pubs.

Visible drug use and paraphernalia was a major issue for community research participants, leading them to feel unsafe.

10.3   Incidents and crime experienced by migrants

Race/faith discrimination was reported to be experienced by a number of new migrants from a range of ethnic groups in East Sussex, often while accessing public services, though also in employment and on the streets.[95]

Sussex Police record certain information about the victims of crimes in the modus operandi field of their crime database. Within this, 'immigrant' is an option to record as a 'victim feature'. However, it is clear from the very low numbers that this information is not collected routinely for all offences, and is not part of mandatory recording and therefore cannot be relied upon. In 2015/16 there were 73 offences in Brighton & Hove which recorded immigrant as a victim feature – 0.3% of all offences in this time period.

When questioned, the majority of community research participants knew how to contact the police for criminal issues and examples were cited of the experience of the service having been positive.

> *"Someone stole my car in front of my house. I contacted the police and they turned up very rapidly and listened to me." (French participant)*

Nevertheless some participants felt that in some cases there was a need for a greater presence or intervention by the police to prevent anti-social behaviour linked to drug or alcohol use.

10.3.1   Hate incidents and crime

There are examples of verbal abuse or 'hate speech' featuring widely across qualitative research conducted in Sussex, for example a Polish woman being told to "go back to Poland" by a student, or racist abuse and vandalism directed towards an Arabic woman.[94] [95] A parliamentary inquiry into asylum support for children and young people found evidence of families being racially abused, children being hounded at school and babies having stones thrown at them. Families also reported that they often felt unable to complain when they were harassed or victimised, as they were fearful of the repercussions on their protection case.[78]

From the Brighton & Hove Strategic Assessment of Crime and Community Safety, in 2015/16 there were 506 racist and religiously motivated hate crimes and incidents, the highest number in the last eight years, although not all victims will be migrants. This is an increase of 23% on 2014/15 and two and a half times higher than in 2013/14, but is also important to note that police recorded data are not always a good indicator of underlying levels or trends[qq]. 2016/17 saw numbers rise by a further 7.5% to 544 crimes and incidents. More recent anecdotal information from the Community Safety Team suggests that there has been an increase in Islamophobic incidents, but that these are not being reported to the police.

National recorded hate crime data has also risen sharply and trends have been attributed to both an improvement in police recording practices and an actual increase in incidents around the time of the EU referendum and recent terrorist attacks.[97]

Of police recorded racist or religiously motivated hate crimes in Brighton & Hove in 2015/16, 61% had a male victim and 39% had a female victim. 29% had a victim in the 30-39 age group,

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[qq] Following the HMIC data integrity inspection during 2013/14 which examined practices across all police forces around recording of crimes and management of data, the number of violent crimes across Sussex Police (and elsewhere) rose steeply. Hate crimes often fall under the violent crime grouping according to Home Office crime definitions.

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followed by 22% in the 20-29 age group. 42% of these crimes occurred on the street, 21% occurred inside a dwelling, and a further 11% occurred in a shop. The hotspot for police recorded racist and religiously motivated offences in 2015/16 was the city centre area covering the North Laine, the Lanes and St James's Street.[102]

Muslim communities reported in our community research that they had been the victims of verbal hate incidents and were concerned about their safety.

> *"The train station is not safe at night. There are lots of drunk people and Muslim women feel uncomfortable with hijab because they might become a target."*
> *(Bengali participant)*

Staff from the Ethnic Minority Achievement Service who work in schools sensed there was a fear of racist and religiously motivated hate incidents among the families they worked with. For example, a Polish mother had told them she was afraid to speak on the bus in case people heard her accent and a Muslim mother reported advising her children to stand far back on the train platform, afraid that someone might push them under a train.

Section 5.4.5 describes the situation that some migrants may have experienced or fear in terms of discrimination against members of their own communities in response to their sexual orientation.

10.3.2   Domestic and sexual violence and abuse

Migrants, in particular migrant women, may present a set of vulnerabilities around domestic violence which differs from others in the country. Migrants may envisage that the support system in the UK and legal context is similar to their country of origin, where in fact it can be quite different. For example, all other European countries have a very different approach to the 'common law' approach used in the UK.

Social, cultural or structural issues may determine whether or not women regard domestic violence as abusive, and also impact on their ability to escape violent relationships. The following may present barriers to reporting:

- Ease of access to services (linked to physical, technological or linguistic constraints)
- Risk of exclusion from family or community networks
- Prioritisation of the family unit ahead of individual safety or happiness
- Concern that shame and honour will be brought on the family
- Cultures which promote a dominant role for men and a submissive one for women within relationships
- Religious influence if, for example, this encourages people to accept domestic violence and a burden that must be carried or teaches unconditional acceptance of the behaviour of elders.

Individual circumstances may also relevant to getting support:

- A lack of language proficiency
- Cost of accessing services and/or financial dependency on a partner
- Immigration status[98]

There may also be a risk that a perpetrator might accompany a victim to services, eg health services, perhaps to help negotiate the system or translate, reducing the opportunity that a disclosure of domestic violence may be made to the service.

Many of these points apply also to people who have been subjected to sexual violence and abuse. This may have occurred in their country of origin, on their migration journey to the UK or on arrival. High levels of sexual violence are reported among women trafficked for sexual exploitation and domestic servitude, with high levels of symptoms of sexually transmitted infections reported by men and women.[99] The circumstances of those who have been trafficked or subjected to modern slavery for sexual exploitation are considered in Section 10.5.

A small scale consultation was carried out locally with BME community representatives and service providers in 2016. In the main, it appeared that community representatives had a

reasonable awareness of what domestic violence and abuse involved. The existence of diverse cultural attitudes, eg around patriarchy, educational inequalities and the importance of changing attitudes in the BME community, including those of young people, were mentioned. It was felt that stigma surrounded the issue and concerns about the potential wider impact on the family deterred reporting, and that support services were seen as a last resort. Suggested ways forward were around improved awareness, reaching those who with limited English, working with (potential) perpetrators as well as with victims, and finding ways to bring the subject more out into the open. [100]

A stakeholder focus group reported that within some communities there are fears that reporting problems – including domestic violence and abuse – will lead to the removal of children, so there was concern that some households are facing serious problems with little support.

The role of faith-based and other community leaders in providing a community response was reflected in the local research above. There may also be a role for some community leaders and in ensuring their organisation's values and beliefs are aligned with women's human rights.[101]

10.3.3 Harmful practices

There are some types of crimes which are associated with certain communities and their traditional practices. Forced marriage, FGM and honour-based violence are crimes in this country and may affect people from these communities who have migrated to the UK. Like other kinds of inter-personal violence, these crimes are not widely reported and the subjects were not raised in the community research or stakeholders focus groups.

Forced marriage
In 2015 the Forced Marriage Unit gave advice or support in 1,220 cases of possible forced marriage (FM) across the UK. While FM can happen to men and women, 80% of the cases that the Forced Marriage Unit provided advice or support on involved female victims, and the largest proportion of victims (35%) were aged 18-25. Locally between April 2012 and June 2016 there were three crimes of forced marriage recorded by the police in Brighton & Hove.[102]

Female Genital Mutilation (FGM)
FGM, which can lead to significant and lifelong health problems (including obstetric complications), is more prevalent in certain migrant populations, although not all individuals from regions with high FGM prevalence can be assumed to be affected.[72]

From the 2011 census, there were 6,100 residents of Brighton & Hove from countries where FGM is practised.[rr] This includes 2,800 women and 180 girls under 15 years. The 2013 Public Health Evidence Briefing on FGM estimated that there were between 32 and 52[ss] babies born to women who have undergone FGM in Brighton & Hove in 2013. Assuming half of these babies are female means that between 16 and 26 girls are entering the risk group a year. [103]

From September 2014 it has been mandatory for acute health trusts to record the number of patients who have undergone FGM, or have a family history of FGM. In 2015/16, 23 patients were recorded as having undergone FGM.[102] There were no crimes related to FGM recorded in Brighton & Hove between April 2014 and March 2017.

Honour-Based Violence (HBV)
Research by the Iranian and Kurdish Women's Rights Organisation using Freedom of Information requests to 39 out of 52 police forces showed over 11,000 HBV cases had been recorded over a five-year period (2010-2014).[102] Locally, there were seven recorded honour-based violence crimes in 2015/16 recorded by Sussex Police. These were a mixture of violence against the person and sexual offences. There were also seven recorded in 2014/15 and 14 in 2016/17.

[rr] Some of the areas where FGM is prevalent include: North Africa (of 7 countries, 2 practice FGM), Central and Western Africa (of 26 countries, 19 practise FGM), South and Eastern Africa (of 23 countries, 7 practise FGM), the Middle East (of 15 countries, 2 practise FGM)[53]
[ss] The range is given based on whether South Sudan is included or not.

10.4 Perpetrators

An overview of the impact of migration at a local level concluded that migrants had the same proportional impact on crime and policing as the non-migrant population. A link between relatively low level crime and anti-social behaviour was suggested for those with fewer opportunities in the labour market, for example destitute EEA migrants or failed asylum seekers, but this was said to hold true equally for non-migrants in equivalent circumstances.[88]

Country of birth or nationality data are not systematically recorded by the Sussex Police. Local data on migrant perpetrators of crime is therefore insufficient to report on.

Some community groups participating in the community research expressed concern that criminal activity perpetrated by community members led to an adverse impact on themselves by reputation.

10.5 Human trafficking and modern slavery, including exploitation

Modern slavery has a specific definition as stated in the Modern Slavery Act 2015. It includes slavery, servitude and forced or compulsory labour, as well as human trafficking. This may include sexual exploitation, criminal exploitation, labour exploitation and domestic servitude.

By its nature, information on the extent to which there are people living in the city who have been trafficked from abroad (or within the UK) is very sketchy. Victims are hidden and perpetrators use many methods to disempower them and frighten them from contacting the authorities. Being an undocumented migrant adds another layer of vulnerability as modern slavery victims may fear immigration enforcement and forced removal to their home country as much as they fear their traffickers.

Numbers are likely to be fairly small numbers and those involved may not always be migrants. However, they are of concern because they are particularly vulnerable and also susceptible to health problems including communicable diseases and mental ill health incurred prior to, during or after their trafficking experience[104].

> ### *Case study: Modern slavery?*
>
> Police searched the address in Hove of a man from Eastern Europe they had arrested. It was a single room with a kitchen unit where they found a young woman from the same country who did not speak any English. An interpreter was called and the young woman said that her ID was in the possession of her boyfriend and that she had no other documents with her name on. She said she had travelled in a car with people she did not know from the small town where she grew up to the UK and had paid £200 for the journey.
>
> The police noticed that the young woman was very nervous. Despite using an interpreter she was very reluctant to answer questions and did not seem to be comfortable speaking, even in her own language. She said that she had worked in a car wash for a while, although she could not remember where, and had been paid cash in hand.
>
> It was explained to her that officers were concerned about her wellbeing, but she stated she did not need any help and everything was ok. As there were no concerns about her mental health or capacity and there was no sign of other vulnerabilities such as substance misuse, no further action was taken by the police or the local authority. The boyfriend was released from custody without charge.

10.5.1 Potential victims of trafficking

The government estimated that there were between 10,000 and 13,000 potential victims of trafficking in the UK in 2013, including both adults and children trafficked into and within the UK (including British nationals).[105]

There is a process for the reporting of 'potential victims of trafficking' to a national database called the National Referral Mechanism (NRM). Nationally, the number of cases reported to the

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NRM has risen steadily over the years. 3,805 potential victims were identified in 2016, a 17% increase on 2015. One third of those identified were children. These potential victims were from 108 countries. The migrants with the 3,805 potential victims were most commonly from Albania, Vietnam, Nigeria, China and Romania[tt]. Most of the adults (44%) and children (37%) were victims of labour exploitation, with sexual exploitation coming second for both adults and children.

Local data are mostly recorded at a Sussex-wide level and in 2016 there were 65 referrals to the NRM relating to Sussex. The two highest referring agencies were the UK Border Force (16) and Home Office Immigration Enforcement (14), while the next most frequent referrals came from the Salvation Army (10), Sussex Police (9) and local authorities (8). Of the 9 referrals from Sussex Police, eight were in respect of adults; 5 related to labour exploitation and fewer than five to sexual exploitation. Latest data provided by Sussex Police show that all 55 of their referrals into the NRM across the whole of Sussex between July 2016 and June 2017 relate to non-UK nationals (nationality was unknown in five cases). Of the 55, 13 were from Brighton & Hove.

The National Crime Agency reported in a press release in August 2017[uu] that as enforcement activity around modern slavery had been stepped up, more cases than previously estimated had come to light and the threat was thought to be continuing to expand. It pointed to the role of the public in helping to bring these hidden crimes to the attention of services.

10.5.2   Labour exploitation

A two-year study of 30 refugees and asylum seekers in Yorkshire & the Humber found that most interviewees moved between various types of precarious work, including seriously exploitative and forced labour.[vv] The study found that they (including those with permission to work) were consistently paid below the National Minimum Wage, and common experiences included abuse of their legally restricted welfare, work and residence rights to withhold wages, enforce excessive overtime and subject them to abusive working/living conditions.[106]

The Gangmasters and Labour Abuse Authority (GLAA) was set up in 2016, which now sits under the Home Office (replacing the Gangmasters Licensing Authority under the Department for Environment, Food and Rural Affairs) recognising the issue as an issue of serious and organised crime, and widening the focus beyond agricultural labour. New powers have been afforded to the GLAA and the Modern Slavery Act 2015 also increased the powers of enforcement action against perpetrators. There has been increased resources allocated to this work and information sharing between agencies is being organised on a regional basis. Intelligence points to possible areas of concern in the South East being around agriculture, car washes, construction, the care sector and barbers shops.

Bonded labour, where when a person is forced to work to pay off a debt for little or no pay, and with no control over their debt is another potential concern, but with little local evidence to report. An emerging concern involves people registered as self-employed, but actually being controlled by others. Sometimes it is difficult to specify the dividing line between a migrant being a victim of modern slavery (as defined in law) and a migrant 'choosing' to survive through working in extremely poor conditions and with low pay.

[tt] It is worth noting that UK nationals (though not relevant to this report) were the third most common group.

[uu] http://www.nationalcrimeagency.gov.uk/news/1171-law-enforcement-steps-up-response-to-modern-slavery

[vv] The International Labour Organization identified eleven indicators of forced labour: abuse of vulnerability, deception, restriction of movement, isolation, physical and sexual violence, intimidation and threats, retention of identity documents, withholding of wages, debt bondage, abusive working and living conditions, excessive overtime.

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10.5.3   An assessment of local risks

Sussex Police, the local authority and partner agencies meet regularly to discuss modern slavery. An assessment of the most likely risks locally has been made and as far as our migrant populations are concerned, these include:

- The risk to migrants (usually EU nationals) within the street community and/or those who are rough sleeping of being recruited into labour exploitation, including the risk of being trafficked to other parts of the UK or even overseas for work.

- The risk of human trafficking within the local sex industry. A local study of the sex industry[107] did not identify specific evidence that this was happening locally, but police forces across the UK (including Sussex Police) are particularly concerned about the activities of Albanian organised crime groups who traffick women, often from Romania, for sexual exploitation. They also traffick men, also from Romania, for labour exploitation.

- The risk of exploitation of migrant labour within the hospitality and catering industry – victims could be EU nationals or non-EU nationals.

- The risk that some of the Unaccompanied Asylum Seeking Children being looked after by Children's Services (see Section 11.10.3) were trafficked during some parts of their journey to the UK and may still be at risk of re-trafficking.

10.6 Engaging with services, reporting and issues of trust

On average migrants are less likely than other resident communities to report being victims of either violent or property crime, a finding which converges as the length of time they have been in the UK increases. This may partly reflect under-reporting due to fear or mistrust of authority.[88] [108]

Stakeholders reported that migrants need good access to and use of community safety services, but may face barriers to accessing and using services effectively. This may including insufficient knowledge about the array of services available, how to access and report to services, language barriers, different expectations of what services might offer and a lack of trust in statutory services. (Access to services is discussed in more detail in Section 6.)

The issue of trust was brought up by stakeholders across all service areas but it was particularly emphasised around community safety services as it underpinned their engagement with migrant communities. Crime reporting was a clear example where trust between police and other statutory services and migrant communities was key. Stakeholders believed that some migrants may arrive with an inherent lack of trust, perhaps due to prior experience of corruption and abusive practices by the police in their own countries, and this may colour their expectations of services in the UK. According to stakeholders, building trust with a community involves ensuring that migrants feel that they are being listened to and that, when incidents are reported, statutory services respond in a timely and effective manner.

There may also be cultural differences in what constitutes a crime across countries and the acceptability of reporting specific crimes. For example, what is considered intimate partner violence and the acceptability of reporting it may vary between the migrants' country of origin and the UK.

Stakeholders also spoke the need for improving engagement and support in other scenarios, for example in schools. There was mention of cases of bullying in schools reported by migrant families, with recent migrants less likely to be familiar with the procedure around logging evidence of bullying incidents. In turn, this hinders an effective response by schools to stop the bullying, possibly leading to the victim taking recourse themselves to inappropriate behaviours for which they are reproached. The lack of an effective initial response and subsequent events may thus be perceived by migrants as evidence of differential treatment from, and further undermine their trust in statutory services.

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10.7 The need for appropriate responses

For stakeholders, establishing good rapport with communities was critical to building trust with communities and communicating their messages. Interactions and communication with communities need to be well-managed because migrants' negative and positive experience with statutory services can have a wider impact out into their community.

Stakeholders believed that hate crimes or incidents were often experienced by taxi drivers, health and other frontline staff, but that a lack of time, a lack of knowledge about the system and legal entitlements, poor access to legal aid, and the complex circumstances in which some migrants live, are barriers to reporting. For example, those who face job insecurity, poor working conditions and coercion, and those who are in the UK illegally, may not feel able to report incidents for fear of coming to the attention of statutory services.

Gaining community trust was, according to stakeholders, the first step towards increasing migrants' access to and use of services, exchanging information and increasing community integration and cohesion.

Recommendations: Community safety and criminal justice

32. The Community Safety (Safe in the City) Partnership to share good practice and find new ways of engaging with migrant communities to increase trust and confidence across the range of community safety services and activities, for example local work on the Prevent agenda, the delivery of neighbourhood policing and responses to organised crime.

33. Sussex Police and the local authority to support community led efforts to develop third party reporting mechanisms, and help migrants feel safe in reporting any incident or concern, including racist and religiously-motivated incidents.

34. Ensure information on how to report and safely challenge hate incidents is made available to the public.

35. Review provision of services to provide victim support and longer term recovery in relation to hidden crime to ensure that services are meeting the needs of our migrant populations.

36. Transport operators to consider how they can help migrants feel and be safe when travelling on public transport.

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11. Children, young people and schools

Key findings

Health and wellbeing

From the Brighton & Hove Safe and Well at Schools Survey in 2016, compared with UK born secondary school children, non-UK born children:

- were more active
- similar in some lifestyle aspects (eg around healthy diet, smoking or having had sex), but reported having drunk alcohol less
- reported enjoying the school environment more, felt a sense of belonging at school, and a sense of cohesion between those from different backgrounds
- generally felt safe at school (85% compared with 84% in UK born children), but
- 17% reported having been bullied, compared with 13% of UK born children.

Education and schools

- At school reception age, 14% of children in city schools (2,456 children) were speakers of English as an Additional Language (EAL). 66% of 'EAL children' had achieved a 'good level of development'[ww] by the end of reception classes, below the average for England (69%).

- There was a gap of 18 percentage points between EAL and non-EAL children in those achieving a good level of development at reception age, but there was no gap seen in educational attainment at GCSE level.

- Migrant pupils may be seeking entry to schools in the middle of the school year, with implications for both choice of school and joining the educational programme when it is already underway.

- In general, community research participants reported good experiences with the quality of education in schools. When local migrants experienced problems with schools, these were often associated with understanding and navigating school systems/processes and with communication. Good communication was seen as key to overcoming cultural barriers.

- Some migrant parents may be working unpredictable hours and on low wages, making it more difficult to support their children's education and schooling.

- Regarding those in higher education, international students generally felt well catered for and life on campus was regarded as a positive experience.

Refugee and asylum-seeking children

- Refugee and asylum seeking children may have arrived in the UK together with their family or on their own. They may have lived through a range of difficult and dangerous experiences in their home country (violence in war, bereavements, etc.), on arrival in the UK, or anywhere in transit. Some may be living with health problems and/or exhibit behaviour related to these experiences.

- They are likely to have experienced a period where they have been totally disconnected from an education system.

- Research suggests that factors which are important for these children in schools are specialist teachers, support from friends and a positive 'whole school' attitude.

- Asylum-seeking children may be disadvantaged in a number of ways, including low income and hardship, poor housing, parental stress and these contribute to poor outcomes, including health outcomes, in the short and longer term.

Unaccompanied asylum seeking children

- Unaccompanied asylum-seeking children are likely to have significant additional needs, having potentially experienced long and dangerous migration journeys, been subject to

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[ww] 'Good level of development' is a performance measure and relates to expected levels in the early learning goals. https://www.gov.uk/early-years-foundation-stage

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> labour or sexual exploitation/abuse, poor physical and mental health, etc. before arriving in the UK.
>
> • In August 2017 there were 40 unaccompanied asylum-seeking children, an increase from seven in 2011. There were also about 40 care leavers being worked with by social care services, but recent legislation may potentially curtail the ability to provide this work with care leavers.

11.1 Introduction

While children and young people have needs across the other themes addressed in this report, this section looks at particular aspects of the lives of young migrants which do not extend to the migrant population a whole, for example around wellbeing as a child, schools and the lives of asylum seeking children.

11.2 Wellbeing and lifestyle

Data on country of birth is available from the 2016 Safe and Well at Schools Survey[xx], although this will not include those children who are born in this country to migrant mothers.

There was no significant difference between non-UK born and UK born secondary school pupils (aged 11-16) in the city in terms of the percentage who strongly agreed or agreed that they:

• Felt happy in the past few weeks (88% non-UK born vs 87% UK born) or
• Felt sad in the past few weeks (both 46%).

This was also the case for primary school pupils (aged 8-11 years):

• Felt happy in the past few weeks (93% vs 92%)
• Felt sad in the past few weeks (33% vs 37%).[15]

Given the percentage of secondary schools children feeling happy was at a similar level for those born outside the UK to those born in the UK suggests that there was no lasting negative impact on happiness from the migration experience at a young age. However, it is possible that this result may mask any differences in small minority groups, eg asylum seekers or refugees.

11.2.1 Lifestyle

From the Safe and Well at Schools Survey 2016, non-UK born secondary school pupils (aged 11-16) in the city were significantly more likely, than UK born pupils, to say that

• they met the national recommendation of being physically active for an hour or more per day (73% and 68% respectively).[15]

There was little difference between non-UK born and UK born secondary school pupils in the city in the percentage of:

• those eating the recommended five or more portions of fruit and vegetables per day (66% and 69% respectively).[15]

Non-UK born pupils were significantly less likely than UK born pupils, to say that

• they had tried alcohol (30% and 43% respectively), while

There was little difference in the percentage of those:

• who had tried cannabis or other drugs (11% and 13% respectively).
• who had never tried a cigarette (81% and 80% respectively)
• those who said that they had had sex (14% and 17% respectively) [15].

[xx] Further information on the SAWSS 2016 are provided in Section 4.1.3

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11.2.2   Migrant pupils' experiences in school

The local Safe at Well at Schools Survey found that non-UK born secondary school pupils (aged 11-16) are significantly more likely than UK born pupils to say that they strongly agree or agree that they:

- Enjoy coming to school (83% vs 77%)
- Enjoy learning at school (84% vs 77%) and
- Feel proud of their school (80% vs 70%)

There was no significant difference in terms of feeling that:

- They belong at the school (81% vs 83%) or
- They feel safe at school (85% vs 84%)
- Their school helps them to get on with others including people from different religious and cultural backgrounds (83% vs 84%).[15]

A similar percentage of non-UK born and UK born secondary school pupils said that there wasn't much bullying at their school (57% and 58% respectively). However, non-UK born pupils were significantly more likely than UK born pupils to say that they had experienced bullying in the last school term with 17% having been bullied compared with 13% of UK born pupils. When looking at the results by region of birth, there was no group of pupils more likely to say that they had been bullied.[15]

Stakeholders spoke of a need to remain aware of the needs of vulnerable children who may not stand out on any single dimension of need, but where the combination of various factors puts them at higher risk. An example was given of a child who belonged to a marginalised ethnic group in his country. On arrival in the UK, teachers asked other children from his country of origin to support him, but unknown to the teachers, these children bullied the new student. Due to the long-standing relationship and trust between the parents and school staff, however, the parents were able to approach the school and the bullying was addressed.

In general, participants in the community research reported good experiences with the quality of teaching in primary, secondary and further education.

> *"Our kids are the lucky ones. The school education is very good quality." (Syrian participant)*

> *"The education is great! I enjoyed studying more than I did in France." (French participant)*

11.3 Pre-school childcare

The high price of pre-school childcare was considered an important issue for many of the community research participants. This was particularly difficult for women trying to get back to work and single mothers.

> *"It is difficult for women to get back to work because nurseries are very expensive". (Spanish participant)*

11.4 Language development, service provision and attainment

From the SAWSS 2016 data, 15% of primary school pupils, 11% of secondary schools pupils 9% of sixth form and college students reported that English was not the main language spoken in their home. These different percentages are likely to be accounted for by the rising number of children born to mothers who were born outside the UK (see Section 4.3.1) and the year on year increase in the proportion of children in secondary schools who are BME as they move through the school years and into further education.

11.4.1   Educational achievement

There were 2,456 reception age children (14%) speaking English as an Additional Language (EAL) as of the January 2017 school census in Brighton & Hove. In 2015/16 66% of children

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achieved a good level of development[yy] at the end of reception. However, the city performed less well than England as a whole (69%). Moreover, there was a gap between EAL and non-EAL pupils of 18 percentage points in those achieving a good level of development.

In 2014 at Key Stage 4 the percentage of pupils gaining five A*-C GCSEs including English and Maths (5ACEM) was 52.6% for EAL pupils compared to 53.7% for non-EAL pupils. In 2015 performance in both EAL and non-EAL pupils was higher and the gap had disappeared (59.9% 5ACEM for EAL pupils compared to 59.7% for non-EAL pupils).

11.4.2   Ethnic Minority Achievement Service (EMAS)

The Ethnic Minority Achievement Service (EMAS) supports Minority Ethnic (BME) pupils and pupils who have English as an additional language (EAL) in schools across Brighton & Hove. EMAS is a team of specialist teachers, teaching assistants, bilingual liaison workers and home school liaison workers. They work with pre-school, primary and secondary aged children, in their own schools. (See inset box for further information about EMAS.)

64% of infant and primary schools purchase a specialist EMAS teacher.

11.4.3   Special educational needs

There were some concerns among community research participants that special educational services were hard to access.

> *The Ethnic Minority Achievement Service*
>
> *EMAS provides training and advice to schools and other settings to support the best outcomes for BME (Black and minority ethnic) and EAL (English as an additional language) pupils, including refugee and asylum seeking pupils. This includes curriculum and specialist EAL strategies as well as best practice around supporting refugees and migrants. EMAS also provides training on supporting identity and language for BME pupils and ensuring positive school environments.*
>
> *EMAS also provides a home school liaison service which can be accessed by all pre-schools and primary schools. This supports targeted communities to access school and understand how best to support their children. Parenting support in community languages to support families traverse the cultures between home and school is also provided. EMAS will also 'signpost' to other services, such as English for Speakers of Other Languages (ESOL).*
>
> *During the academic year 2015/16, EMAS supported 884 BME pupils (primary and secondary) speaking 34 languages.*

> *"Lack of or difficult to access specialist services such as school nurses, speech and language professionals or school psychologist or counsellor". (Polish participant)*

Anecdotally special educational needs (SEN) managers have reported that certain foreign nationals are less accepting of an assessment of Special Educational Needs than city-born residents. Schools and professionals work with families to come to terms with their child's diagnoses, but language barriers can pose a challenge in this respect.

It can sometimes be particularly difficult for parents and carers who are migrants to understand the complexities of referrals and procedures around SEN. While the SEN Team employ interpreters and work closely with EMAS, the system can be difficult to negotiate particularly with English as an Additional Language. Some of the particular needs of refugee and unaccompanied children may not even be recognised conditions in their country of origin so the process toward identifying and treating conditions, particularly mental health issues, can present barriers and cultural gaps that can be difficult to overcome. Further information on education for asylum seeking and refugee children is provided in Section 11.7.

[yy] 'Good level of development' is a performance measure and relates to expected levels in the early learning goals. https://www.gov.uk/early-years-foundation-stage

Professionals from a range of agencies have worked well together to provide a coordinated approach when resettled refugee families with children with special educational needs have arrived in the city.

11.5 New migrants and the schools system

Migrant families often do not arrive at the point in the school year when the schools system is opened for families to apply for school places, and stakeholders noted that while parental choice is an important element for migrant families, they may not have the same local knowledge as other families already living in the city.

Stakeholders felt that migrants needed a better understanding of what services were available and how to access them and agreed that being able to navigate the schools admissions process was an issue, particularly difficult if digital literacy was low. Good practice was cited where schools have set up a public area where parents can use computers with support. Other examples mentioned by stakeholders included process related to school trips and school dinners.

Participants did however mention the helpfulness of the Schools Admission Team at the council in solving problems and providing support.

> *"I was unhappy with the secondary school where my kid was allocated, so I contacted the admissions team and my kid was reallocated to the school of my choice." (Romanian participant)*

The community research participants commented that the provision of services is not always felt to match need. Concern was expressed about the level of support for children who had just arrived in the country.

> *"In primary schools there is a lack of support for kids that just arrived and don't speak the language". (Syrian participant)*

> *"There is no full support for children when newly arrived to live in the city at schools." (Sudanese participant)*

The majority of problems that participants in the community research reported around schooling were also related to processes: knowledge of how the schools system worked and knowing what you had to do to register a child; difficulties in finding schools; delays in the admissions process and dissatisfaction with school allocation.

Concerns were also raised about the additional costs to be met, such as for after-school activities and clubs.

> *"Clubs and activities at school are very expensive" (Sudanese participant)*

> *"Lots of hidden costs, would be better to have a set final price". (Polish participant)*

Communication between parents and school staff was highlighted by community research participants as a potential issue, generally and also due to language barriers.

> *"Insufficient communication between parents and teacher in relation to child's progress". (Polish participant)*

> *"Because of the language barrier we mothers need to wait for our husbands to take actions at school. This is overwhelming for us." (Bengali participant)*

However, participants reported having a very good relationship with school in general.

According to stakeholders, cultural differences were greater for some groups including: non-Europeans, those who are less educated, and/or do not speak English.

Good communication skills were seen as essential in overcoming cultural barriers according to stakeholders working across all areas and a need to maintain a good dialogue between schools and parents was felt to be important.

Relationships and sex education was cited as a potentially contentious issue for particular communities and parents can resist their children's participation in these lessons.[zz] Stakeholders suggested that this can be addressed by referencing shared values, for example, by emphasising that the teaching objectives include ensuring that children stay safe and healthy.

11.6   Issues related to family circumstances

A stakeholder focus group with the city's Ethnic Minority Achievement Service (EMAS) described some of the problems facing low income migrant families that may impact on children's engagement with school. Housing insecurity may lead to frequent moves and/or long bus journeys to maintain children at their original schools. Migrant parents may be on zero-hours contracts leading to unpredictable hours. In turn this removes family time and time for parents to help children with their homework and can lead to arriving late at school. Through the work of the EMAS service, they have also observed migrant households living in very overcrowded conditions with no space for children to study and added pressures caused by family tensions.

11.7   Education for asylum seeking and refugee children

Before arriving in the UK, there is likely to be a period when asylum seeking and refugee children are totally disconnected from any education system.

National research reports that when in the UK, the education of asylum seeking and refugee children can be hindered by dispersal, residential instability, financial difficulties and inadequate support in schools, though evidence suggests that these disadvantages can be overcome by good practice initiatives.[109] A parliamentary inquiry found that inadequate financial support coupled with frequent moves within asylum accommodation means children's education in disrupted, and parents struggle to pay for school uniforms, school trips and extra-curricular activities.[78] Research with young refugees found that they identified three key themes as important in school: the presence of specialist teachers, support from friends and the whole-school attitudes to refugee children allowing them to feel confident to identify themselves as refugees.[110]

The British Council describe asylum seeking and refugee children as *"a very vulnerable pupil group, who may experience emotional or mental health problems, discrimination and racism. They have come from unstable social situations and have high levels of anxiety or emotional distress as a result of the trauma of leaving their home country and their initial experiences of the host country."* They state that, pastorally, the school's first aim is to provide a safe and supportive environment for a refugee or asylum seeking child, both physically and emotionally.[111]

Some asylum seeking and refugee children may exhibit behaviour which can be related to their recent experiences. These behaviours can be disruptive, emotional, social or learning-related. Such behaviours are equally associated with special education needs (SEN) and mirror other social, emotional and mental health difficulties, making it difficult to determine the cause and provide the right support. It is important to make contact with the right agency locally to seek support in these situations.[111]

The British Council provide on their website a range of considerations and links to resources for schools in relation to asylum seeking or refugee children, and Gateshead Council is an example of a local authority which has drawn together guidance for use by schools.[112] In Brighton & Hove EMAS provides advice and training for staff around supporting asylum seeking and refugee pupils. There is specialist teaching and bilingual support that will be prioritised for these pupils.

[zz] In 2017 the Ethnic Minority Achievement Service has run a group for Arabic speaking teens where a specialist was invited to come and share how sex education was taught in Brighton & Hove schools.

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11.7.1   Schools of Sanctuary programme

Brighton & Hove's support for the national City of Sanctuary initiative was described in Section 5.3. As part of this, cities, including Brighton & Hove, have taken forward work under the banner of Schools of Sanctuary[113], working around a definition of a school of sanctuary as: *"a school that helps its students, staff and wider community understand what it means to be seeking sanctuary and to extend a welcome to everyone as equal, valued members of the school community. It is a school that is proud to be a place of safety and inclusion for all".* Schools are encouraged to promote an understanding across the whole school setting of what it means to be seeking sanctuary, to embed good practice within the school and wider community, and to celebrate and share their vision and achievements. As of July 2017 14 local schools (10 primary, 3 secondary and 1 other) had been awarded School of Sanctuary status by Sanctuary on Sea (the name for the local City of Sanctuary).

11.8   Post 16 aspirations

Non-UK born and UK born secondary school pupils (aged 11-16) were similar in their plans of what to do upon finishing secondary education at age 16 with 79% of non-UK born pupils planning to continue in full time education (76% of UK born pupils); 9% to work full-time (8% of UK born children); 2% of both groups to work part-time and continue with education; 7% of non-UK born pupils to do an apprenticeship (10% UK born pupils) and 4% of non-UK born pupils undecided (5% UK born).[15]

11.9   Higher education

Figure 51 shows that in 2014/15, 15% of University of Brighton students were domicile outside the UK at the time of enrolment. Of these over a third (37%) were domicile in an EU country, a quarter (26%) in Asia, and one in ten from each of Africa (12%), the Middle East (11%) and the Americas (10%).

Figure 51: University of Brighton Students 2014/15 (full and part time, under and post graduate and Brighton & Hove Medical School)

Domicile Country Group at Enrolment	Percentage of all students	Percentage of non UK students
UK	85%	
EU (Excl.UK) - member before 2004	4%	29%
EU (Excl.UK) - member after 2004	1%	8%
Other Europe	1%	4%
Asia	4%	26%
Middle East	2%	11%
Africa	2%	12%
Americas	2%	10%
Oceania	0.03%	0.2%
Not known	1%	

Source: University of Brighton student services

The community research found that international higher education students in Brighton & Hove generally felt well catered for by the universities and the services they offered. They were pleased with the quality of lectures and resources such as access to academic papers and libraries. Campus living was seen as a key part of the positive experience.

> *"Uni provides good information about services and access but if you are outside the university it is very difficult." (Bangladeshi participant)*

Participants in the community research reported satisfaction with further education opportunities offered in the city.

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"I have studied language course and accounting course. Many courses to choose from and to suit every skill level but sometimes too expensive." (Polish participant)

"We can get higher education foreign certificates and there are training opportunities for professionals from outside the UK." (Sudanese participant)

Regards the cost of higher education, national research found that the demand for overseas fees can be a significant barrier to higher education for asylum seekers.[109]

11.10 Issues for specific groups

11.10.1 Young asylum seekers

A Parliamentary Inquiry on asylum support for children and young people was held in 2013. This pointed to a range of ways in which asylum seeking children are often disadvantaged, including low income, substandard housing in disadvantaged or unsafe neighbourhoods, financial hardship, poor diet, and parental stress which contribute to poor outcomes in the short and longer term, including poor health.[78] Other areas of need demonstrated in the report are referenced in other parts of this report (see Sections 10.3.1 on community safety and 9.9 on maternal health and pregnancy).

Two focus groups including a total of twelve young asylum seekers (10 male; 2 female; some unaccompanied and others together with their family) in the South East, highlighted aspects of their lives and experiences on arriving in the UK. Some key findings include:

- Young asylum seekers travelled to the UK to seek safety, to join family members, or to improve their chances of education. Those joining family members felt a strong feeling of relief.

- Most young people felt that they were made welcome and were treated kindly on arrival in the UK.

- Getting into school or college often took some months. Until this they may experience a lack of friends/peers and isolation.

- Physical activities, eg football, cricket and the gym were the most popular activities enjoyed by the young people. Other favoured activities were studying, taking trips and socialising.

- More opportunities to learn English were needed and better English and this enabled better progress in school and at work.

- In encounters with authorities, including immigration, law enforcement and social services, these young people often reported a sense of suspicion and that they were not being believed.

- Being unable to sleep was widespread, often because of past experiences or because of worries about the future, including being sent back to the country they had come from. Sleep problems may not only be an indicator of post traumatic stress disorder, but can present problems in themselves, for example poor memory, concentration, attention, motor performance, academic performance and behaviour.

- A majority of young people in the focus groups reported being overwhelmed, anxious, or confused by the asylum system and did not understand what was happening with their cases.

- Living with anxiety and uncertainty had repercussions for their mental health.

- On being granted asylum, there were issues around getting advice on benefits, getting skills for work and housing.[114]

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11.10.2 Destitute families with no recourse to public funds

Section 3.4.5 described the population and circumstances of migrants 'without recourse to public funds'. As of August 2017 the local authority was supporting ten families with no recourse to public funds.

11.10.3 Support for unaccompanied asylum seeking children

The local picture

As of August 2017, Brighton & Hove children's social care services were accommodating and supporting around 40 unaccompanied asylum-seeking children (UASC) and a similar number of care leavers (aged between 18 and 25). These children are from 15 different countries, most commonly, Afghanistan, Iran, Iraq and Eritrea. The majority of young people are male and aged 15 and over. This figure has been on an upward trend since 2011 when there were only seven UASC under 18. The recent increase in numbers is caused not only by young people being found in the Brighton & Hove area (often following clandestine travel to the UK in a lorry), but also because of a new central government system that distributes UASC to local authorities around the UK. A small number of young people have also arrived in Brighton & Hove as a result of the 'Dubs amendment' to the Immigration Act 2016 which committed the UK to taking some UASC from Europe on a managed programme.

Not all of the children are placed in the city. The council aims to place them within 20 miles, but some are in London. Of the unaccompanied asylum seeking children that Children's Services are working with, 65% are placed in Brighton & Hove and 90% are placed in Sussex. In terms of accommodation, 34% of children are placed with in-house foster carers, whilst 32% are placed with agency foster carers and 34% are housed in semi-independent supported accommodation which provides a more suitable environment for young people who are more independent. UASC are increasingly being placed by Brighton & Hove and other local authorities in housing provided by accommodation providers with a specialism in helping this particular cohort of young people. Foster carers and those providing supported accommodation need to understand the cultural background, faith, food, cultural norms, etc. of these young people in order to support them.

The needs of UASC

The needs of unaccompanied asylum seeking children can be great. Many have undertaken long and dangerous journeys to reach the UK, with lengthy periods spent along the way, for example in the refugee 'camps' of northern France. Some are subjected to labour or sexual exploitation. Some are sexually assaulted by traffickers.

As a consequence young people may present as being 'older than their years' and are often keen to live independently without necessarily having the life skills to do so. Many of the more recent arrivals in Brighton & Hove have had low levels of education and/or long periods where their education has been interrupted. It is often a challenge to find suitable educational placements for young people in this position, as they cannot enter school where their peers are in the midst of GCSEs or A levels. EMAS has been working with the 'virtual school'[aaa] to support the educational opportunities and outcomes for UASC

Mental and physical health of these young people can be poor. Talking therapies for mental ill health may be unknown in their countries of origin (see also Section 11.4.3), so psycho-social support such as participation in sports clubs, arts projects etc., often proves to be a better way to improve emotional health.

The Immigration Act 2016 includes a measure to remove local authority Leaving Care Support from former UASC who reach the age of 18 and who become classified as 'Appeal Rights Exhausted'. At the time of writing, this part of the 2016 Act had not come into force, but there are concerns that this will lead to a cohort of destitute young migrants from age 18 who are unable to access any statutory services or secondary health care and are not allowed to find employment. If they do not return to their home countries (either voluntarily or following

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[aaa] The Virtual School for Children in Care is a statutory service with the main aim of improving the educational outcomes of children in care.

enforcement action from Immigration Enforcement teams) they may potentially be vulnerable to becoming victims or perpetrators of crime or being exploited.

11.10.4 Trafficked children and exploitation

Many unaccompanied asylum seeking children are likely to have been trafficked at some point on their migration journey and may be at risk of subsequently 'going missing' after arrival in the UK and being subjected to further exploitation. Often those exploited for labour have been trafficked into the country for this purpose.

Section 10.5 looks at human trafficking more broadly.

11.11 Support for families

Brighton & Hove City Council runs the Stronger Families Stronger Communities programme, which is funded by the government's Troubled Families initiative. A range of support is offered to eligible families. However, for this service neither nationality, country of birth, first language nor migration status is recorded. Ethnicity is recorded, but has low recording rates. A family may be referred to the service, but support is also targeted to those receiving out of work benefits, and to families whose children have had low attendance during the last three terms of school. This means that those who have recently migrated to the city will not be automatically flagged up as those who may be in need of support, although they may be referred to the service as mentioned above.

Recommendations: Children, young people and schools

37. Consider whether more can be done to support unaccompanied asylum seeking children and those who care for them, including the mental health and wellbeing of children.

38. Schools and colleges, and Brighton & Hove City Council (including the Ethnic Minority Achievement Service), in partnership with faith and other communities, to continue to focus on reducing bullying and supporting integration.

39. Continue to support the Schools of Sanctuary programme and increase the number of schools and educational settings which are awarded Schools of Sanctuary status.

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12. Personal finances and financial inclusion

Key findings

Income

- Nationally, UK born male workers earn 3.4% more than males born outside the UK. Earnings for UK born and other females were similar. Males earn more than females in both UK born and non-UK born populations. Eastern Europeans and females from Pakistan earned the lowest average hourly wage.

- Some migrants will send a proportion of their earnings back to families in their country of origin to contribute towards everyday costs (including food), education, housing and healthcare. They sometimes make contributions to charitable projects to support victims of circumstances they have themselves left behind when migrating from their home country.

Costs of living

- The cost of living for migrant communities was reported to be a real issue, especially in relation to housing and fuel bills. Family reunion may lead to increased household size without necessarily more income.

- Migrants are more likely to live in fuel inefficient homes and some may have less knowledge about how to minimise fuel bills.

- Among people making use of food banks are refugees, asylum seekers and migrants with no recourse to public funds.

- Asylum seekers are not allowed to work and Home Office financial support to asylum seekers is currently just below £37 a week.

Benefits and money advice

- Migrants may have difficulties in understanding the benefits and tax system in the UK.

- The benefit cap is impacting on local migrant families. High housing and fuel costs could lead to difficulties in paying bills.

- Migrants living with financial pressures need appropriate money advice. They may be at risk of debt and vulnerable to illegal money lenders ('loan sharks').

Specific issues faced by migrants

- Immigration advice, for example those linked to family reunion, can be costly.

- Despite often having scarce resources, migrants are obliged to pay for visa renewals, UK immigration tests, and so on and those with low literacy levels or who are less educated are more likely to need to pay for resits.

- Requirements to provide documentation in order to open a bank account can be difficult for some migrants.

12.1 Introduction

Previous sections of this report have looked at poverty and deprivation (Section 4.4) and unemployment (Section 8.2.4) and this section looks more specifically at the financial position of migrants, what expenditure they incur and issues around not having enough money to cover living costs. Not having enough money has implications for physical and mental health and wellbeing.

12.2 Sources of income

12.2.1 Earnings

Comparing UK hourly wages from national Labour Force Survey data from 1993-2015, on average women's wages were lower than men's irrespective of place of birth. For men, those

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born in the UK have a higher hourly wage than male migrants, with a difference of £0.5 in 2015 as can be seen in Figure 52. However women born in the UK have a marginally lower hourly wage than female migrants, with a difference of £0.1 in 2015; this gap has been converging in recent years.[115]

Figure 52: Hourly wages in the UK by place of birth by gender, 2015

Place of birth	Women	Men
UK	£12.4	£15.3
Outside UK	£12.5	£14.8

Source: Characteristics and Outcomes of Migrants in UK Labour Market, Labour Force Survey data

When broken down by country of birth male workers from A8 and A2 countries have high employment rates, but earn the lowest average wages compared to other countries, which could account for the large gap in men's wages. Women from A8 countries also had the lowest wages. Workers of both genders from Pakistan also had low wages compared to other countries, whilst the highest hourly earners were from Australia.[115]

12.2.2　Benefits

Nationally in February 2016, 7.4% of working age claimants of DWP benefits were non-UK nationals when they first registered for a National Insurance number. Non-UK nationals are less likely to receive key out-of-work benefits[bbb] compared to UK nationals as in Quarter 1 of 2016, those born outside the UK represented 17.6% of the working age population, but only 7.3% of those claiming out-of-work benefits. In March 2014, 15.9% of families claiming tax credits contained at least one non-UK national. In August 2012, 12.5% of child benefit claimants were non-UK nationals.[116]

Participants in the community research were concerned about difficulties in understanding the UK tax and benefit system and felt that current support was not sufficient.

"We need support to understand the tax system in the UK. We need a representative or interpreter to help communities". (Albanian participant)

"The calculation of benefits is confusing and there is a lack of information, The benefits system online is also confusing and we need assistance to use it. This is especially difficult for elderly and non-English speakers." (Bengali participant)

The benefit cap seemed to be impacting negatively on migrant families, and some found it difficult to now pay their expensive water and gas bills.

12.2.3　Support for asylum seekers

As of June 2016, there were 16 asylum seekers receiving Section 95 support in the city.[6] In August 2015, the subsistence allowance for asylum seekers was cut to £36.95 per person per week.

Interviews with destitute asylum seekers in South East England found that nearly two thirds felt their problems were caused by their inability to support themselves and wanted to be able to work.[84] An inquiry into asylum support concluded that current levels of support provided to families are too low to meet children's essential living needs.[78]

[bbb] key out of work benefits" comprises of Jobseeker's Allowance, Employment and Support Allowance and incapacity benefits, Lone Parent Income Support and the income related benefits (Income Support and Pension Credit

12.3   Meeting living costs and managing finances

Community research participants across many migrants communities highlighted the high cost of living in Brighton & Hove combined with low-paid work as a real issue. In particular the cost of accommodation and fuel bills made it difficult to balance income and outgoings.

"We have low paid jobs while the living cost is expensive." (Polish participant)

12.3.1   Budgeting and living economically

Section 7.2.2 notes that migrants, particularly those arriving from warmer climates, may find it that housing standards and complex energy markets contribute to an increased chance that they live in cold homes. Migrants are more likely to live in energy inefficient homes and may potentially lack the required knowledge or experience of managing fuel costs and be paying more than is necessary for keeping warm in winter months.

Those living in some emergency accommodation have no access to cooking facilities, and purchasing ready-made food may cost more (and less healthy) than home-cooked food.

12.3.2   Financial services and advice

Many migrants who participated in the community research expressed satisfaction with financial services and found them easy to access. Sources of support they drew on included the Tax Office and the Citizens Advice Bureau.

Some participants reported difficulty in opening a bank account, due to the requirements to provide documentation that they may not have, such as proof of address or utility bills.

Participants felt that there were a number of options available if they had to borrow money, and there was good awareness of the Citizens Advice Bureau as a source of financial advice.

12.3.3   Debt

The subject of debt is mentioned elsewhere in this report in the context of bonded labour where when a person is forced to work to pay off a debt for little or no pay, and with no control over their debt (see Section 10.5.2). An increased risk of gambling among some migrant communities is also mentioned (see Section 9.3.4).

Migrants might potentially be at risk of taking out cash loans from 'loan sharks' at very unfavourable interest rates taken out to meet immediate needs, leading to or compounding situations of debt.

12.3.4   Food poverty

The Brighton & Hove food poverty action plan identified migrants who have limited recourse to public funds as one of the groups most vulnerable to food poverty. The 2016 Food Banks and Emergency Food survey asked 12 food banks in the city about changing patterns in demand, and six reported an increase in use from migrants over the past year. Migrants and large families were the two groups with the biggest increase in demand (other groups include single parents, the elderly, young people, and others). The Brighton Food Bank provides a start-up home pack for Syrian migrants and their families, and use of this pack has doubled over 2016. Voices in Exile food bank have also identified refugees, asylum seekers and migrants with no recourse to public funds as people who use their service.[117]

Our stakeholders reported that the 'benefit cap', stagnant wages and a general squeeze on living standards are having tangible repercussions for people. Alongside inadequate and/or appropriate money advice, people, including migrants, were being driven towards the use of food banks.

Those working in food banks reported that there should be greater coordination among different agencies to promote and streamline referrals to food banks. They also noted that migrants often presented with complex situations that needed specialist advice. Thus, stakeholders in food banks recommended more support to establish migrants' eligibility for services (particularly among those with no recourse to public funds), and signposting them to other services.

12.4 Expenditure associated with being a migrant

While meeting day to day living costs can be an issue for all residents, migrants may need to meet additional costs. Families who are struggling to meet their own financial needs, may also be in a position where they are covering the costs of joining family members who may have no financial income for themselves (eg those with no recourse to public funds).

12.4.1   Charges for visas, citizenship, etc.

Despite often scarce resources, migrants are obliged to set aside money to pay for repeated visa renewals, UK immigration tests, etc., with those less educated or with low literacy levels more likely to have to pay for resits.[45] The fees for naturalisation as a British citizen are currently £1,282 per adult and £973 per child, and the fee for Indefinite Leave to Remain is £2,297.

The cost of immigration legal advice may be considerable if financial support is not applicable. This is discussed further in Section 13.2.

12.4.2   Health costs where not covered by NHS

Section 9.14.1 described the circumstances under which people from overseas are eligible for health care services on the NHS. Migrants from outside the EEA who are in the UK for more than six months are required to pay a Health Surcharge towards health services. People who fall outside of health care entitlement are charged 150% of the NHS national tariff. Information on migrants who have debts to the NHS can be shared with the Home Office and their leave to remain in or re-enter the UK curtailed.[118]

12.4.3   Remittances

Some migrants will send a proportion of their earnings back to their family in their country of origin, contributing to everyday needs, housing, education and healthcare. Remitted amounts vary substantially across migrant/ethnic groups. They sometimes contribute to humanitarian aid and charitable projects. For example, in a 2015 UK survey of Bangladeshis, Ghanaians and Romanians, among men Romanians sent the largest average amount of money back to their home country (about £3,500 per year on average) while, among women Bangladeshis sent the largest amount (about £2,500 a year on average). The major money transfer operators typically charge between 7% and 11% of the total amount remitted.[119] Some countries outside the EU have a range of complex restrictions on the transfer of money into those countries. In these cases it may be that a larger proportion of money will be sent by informal channels (ie not through the banking sector) making it almost impossible to track. This could, for example, be the case with the transfer of funds from our local Sudanese diaspora to family and communities back in Sudan.

Recommendation: Personal finances and financial inclusion
40. Work on financial inclusion and welfare reform continues to recognise the needs of vulnerable migrants

13. Immigration issues and legal advice

Key findings

- There is a lack of affordable immigration legal advice in the city, from the most basic to the most specialist. This includes both legal aid funded advice and that which is not funded by legal aid. This issue should be dealt with at a strategic level alongside other advice provision in the city.

- Without good quality and affordable immigration legal advice, the more vulnerable cohorts of migrants may become stuck in a situation which is detrimental to their health and wellbeing and where they are unable to access basic public services.

- Sometimes this has an indirect cost to public services as migrants present in crisis and require housing and care. While local providers offer valuable services, resources are severely strained and they cannot meet all immigration and asylum legal needs.

- Local agencies are not necessarily well informed about the immigration advice which is currently available locally.

13.1 Funding and regulation of legal advice

The vast majority of immigration legal advice falls out of the scope of Legal Aid funding. So, for example, refugees who are seeking to bring their family to the UK, students seeking to renew their visas, a British national seeking to bring their foreign national spouse into the country all have to pay for the services of a specialist solicitor if they need this, whatever their socio-economic situation.

Legal Aid funding for immigration matters is only available in very specific circumstances – for example to lodge an initial asylum application, or if it can be proven that the person seeking legal advice has a very specific vulnerability linked to domestic violence, human trafficking/ modern slavery or honour based violence. The Law Society provides a summary of when legal aid can be accessed and by whom[120].

A lack of legal aid funded providers nationwide has been attributed to the paucity of funding from the Legal Aid Agency which is paid in arrears through a complex funding structure and is considered insufficient to follow through what may be a complex case. Asylum applications may, for example, require many hours of interviews if the asylum seeker is particularly traumatised or needs an interpreter to explain the grounds for their claim, the nature of the torture they have been subjected to, etc.

It is a criminal offence for a person to provide immigration advice or services in the UK unless their organisation is regulated by the OISC or is otherwise covered by the Immigration and Asylum Act 1999. Qualified solicitors do not need to register separately with the OISC as their professional bodies are considered sufficient as a means of ensuring the quality of their work. Other advice agencies need to register with the OISC at the appropriate level before they can offer even the most simple advice. The levels include:

- level 1: basic immigration advice within the Immigration Rules – relatively simple advice and assistance with standard form filling
- level 2: more complex casework, including applications outside the Immigration Rules
- level 3: representation at appeals.

13.2   Local availability of legal advice

The provision of immigration legal advice is particularly pertinent to the lives of international migrants. Many migrants are able to afford to pay for immigration legal advice if they find a provider. However, the consequences for a migrant on a low income of being unable to obtain immigration advice can be far-reaching. They may be unable to regularise their immigration status and this will have an impact on their right to work, claim basic welfare rights in the UK, live with their family and have psychological and physical security. There are also indirect costs on public services, for example in the provision of emergency accommodation for migrants with no recourse to public funds, if they become destitute.

Serious concerns were expressed by stakeholders about the lack of all types of immigration legal advice mentioned above – not only in Brighton & Hove but across South East England. At the time of writing there is only one provider of legal aid funded immigration advice in the city. This service prioritises advice to unaccompanied asylum seeking children. Others who may be entitled to Legal Aid-funded immigration advice which includes vulnerable people such as victims of human trafficking (see above), need to seek advice in London or further afield, bringing difficulties for those households and support services who then need to fund travel and sometimes staff to accompany such clients to these appointments.

The South East Strategic Partnership for Migration carried out research into the provision of legal aid funded advice across the South East in 2016 and concluded that there was insufficient provision which may impact negatively on the capacity of the region to accept more asylum seekers including unaccompanied children.[121]

There is also very little provision of advice at OISC Levels 1 and 2 in the city. One local refugee charity has a part-time Level 2 caseworker and another generic advice agency has a worker qualified to offer advice and support at Level 1 for a few hours per week. Stakeholders in the housing focus group commented these services provide good immigration advice but their remit is narrow and they have resource constraints.

The city council's Nationality Checking Service can assist people with the very specific process of becoming a British citizen but it charges for this service. Both universities have advisors to help their own international students to navigate the UK system. The Red Cross in Brighton & Hove can help with tracing families and with some of the administration to assist refugees to achieve reunion with their closest family members but they are not qualified to do complex casework in this field.

The University of Sussex law school is considering the development of an immigration law clinic using law students under supervision to provide advice.

13.3   Local need for immigration legal advice

Stakeholders at a focus group discussion about legal advice suggested that there were significant levels of demand for legal advice, with particular needs in the following areas.

13.3.1   EEA nationals[ccc]

While the UK remains part of the EU, EU nationals who have lived here for 5 years or more are generally entitled to permanent residency rights in the UK. However, third sector agencies such as the Brighton & Hove Citizens Advice Bureau are now reporting that the uncertainly caused by the EU referendum decision in June 2016 has led to a sharply increased demand for advice from European nationals on what they should do to ensure that they can remain here legally. At the time of writing, no government policy on this issue has been published. EU nationals can only be advised to keep hold of paperwork to demonstrate that they have been living here and that they have been economically active. The council's Nationality Checking Service which also organises citizenship ceremonies has seen a doubling in business from EU nationals, up to around 80% of the current applicants.

[ccc] EEA countries are mentioned in Section 8.2.1 and are listed in the Appendix on page 109

Organisations such as the Migration Observatory continue to consider the implications of Brexit on migration from the EU.[122] Given that many EU nationals work in insecure and temporary work, the evidencing of economic activity that is currently needed to demonstrate habitual residence in the UK is likely to continue and become more far-reaching. The government has set up a system of email alerts[ddd] so people can be kept informed of any new developments.

13.3.2   Refugee family reunion

Once someone has been granted refugee status, they are entitled to apply for their immediate family members to join them in the UK. This is not covered by legal aid. As stated elsewhere in this report, there is no way of knowing how many recently recognised refugees live in the city – but services providing advice to refugees report that this is one of the issues on which the advice is frequently sought and is a source of considerable stress and anxiety.

Section 7 described a need (as identified by stakeholders) for information on rights and responsibilities around housing and made some recommendations on how this might be addressed.

13.3.3   Other areas of need for immigration legal advice

- Submission of asylum applications for adult asylum seekers and those in families

- Visits and advice for foreign national prisoners at HMP Lewes

- Advice for women in the UK on spousal visas who are victims of domestic violence but have no recourse to public funds

Recommendations: Immigration issues and legal advice
41. Develop a strategic approach to the provision of immigration legal advice for the city in partnership with mainstream advice agencies and the University of Sussex Law School.
42. As the implications for EU national residents become clear the need for immigration advice for local residents should be assessed.

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14. Appendices

14.1 Appendix A. Research methodologies

14.1.1 Literature review

Search strategy

The search strategy involved gathering suggested literature, citations and references from the Needs Assessment Project Team and Steering Group members through discussions and circulating an email request. The Ovid database and Google were used to locate additional literature. The search was not systematic, but focused on rapidly obtaining the required evidence, predominantly online, within a short timeframe.

For any significant 'gaps' in the evidence, an additional literature search was conducted by the public health specialist librarian.

Exclusion/inclusion criteria

Given the considerable breadth of the topic, the following inclusion/exclusion criteria were used:

Included:

- Research about or including the migrant population of Brighton & Hove

- Research about migrant health and wellbeing in the UK

- Published since 2005

- Research considered robust and relevant to the local context

- Sources published in the UK

- Both 'grey' literature, including policy documents, and peer-reviewed literature

Excluded:

- Published before 2005

- Research looking at ethnicity rather than migrant status

- Research published outside the UK

14.1.2 Stakeholder research

Data were collected from relevant stakeholders to explore their views about migrants' lives and service provision in Brighton & Hove. This included exploring migrants' needs, assets, barriers to services, gaps in as well as strengths of service provision across several sectors such as health and wellbeing, education, housing, and community safety.

Data were collected through an online survey, focus group discussions and one-to-one interviews. During data collection, initial findings from the community were used to inform our research with stakeholders; quantitative and qualitative data were also triangulated.

Online survey

Given the breadth of sectors considered in this report and the wide definition of migrant, first an online survey was conducted to prioritise themes for further research and identify relevant sources of data such as migrants' data held by service providers and relevant research conducted by other organisations.

The online survey had closed and open-ended questions; it asked for participants' details, areas of work, whether their organisations collected service users' data, migrants' needs and assets, challenges involved in living in Brighton & Hove, barriers faced by migrants to using services, as well as issues on service delivery (ie gaps and strengths).

The online survey was piloted and changes were made to it based on participants' feedback.

International Migrants in Brighton & Hove

The survey was initially sent to several organisations and individuals that provided services used by migrants and/or were relevant to migrants. These were selected based on our knowledge of the setting and through 'snowballing'.

Participants were asked to circulate the survey to another team member if they were not the appropriate person to answer the questions. In some cases, the survey was sent to umbrella organisations that then sent it on to their members. In total, 49 people responded to the survey. However, as it was not known how many people actually received the survey, the response rate cannot be calculated.

Focus group discussions

Through the analysis of survey data and *a priori* knowledge, the following areas were prioritised for further research and were the subject of focus groups:

- Children, young people and families,
- Housing and homelessness
- Community cohesion and safety
- Language skills and interpreting

We identified participants through our previous knowledge of the setting, the online survey and through snowballing. Participants were invited from organisations that are relevant for migrants and on account of their expertise. Efforts were made to include organisations and participants that would provide a range of aspects.

The focus groups were attended by between five and eleven participants from different organisations. The focus groups lasted for two hours approximately and followed a similar methodology. Participants were divided into smaller groups and asked to discuss and collate their views about migrants' needs, assets, barriers to services and issues on service delivery using stick-on notes and flip chart paper. Each group was facilitated by a member of the research team. Once participants had completed each sheet all participants reconvened as a whole to discuss each topic. Notes were taken throughout the discussion.

In addition to these focus groups, members of the research team attended a number of stakeholders' meetings which had been held principally for other purposes. With participants' consent, drew relevant information from discussions. These informal focus groups include meetings with foodbank providers, legal experts, providers of English for Speakers of Other Languages (ESOL) and staff from the Ethnic Minority Achievement Service (EMAS).

One-to-one interviews

Initially, a focus group discussion on Health and Adult Social Care was planned. However, it was not possible for participants to attend it because of work pressures. Instead one-to-one interviews were held at a time and place of participants' convenience.

Ten participants were recruited in this way: five GPs, one A&E and charity doctor, one practice manager, one midwife, and two mental health counsellors. The interviews were semi-structured and covered the same topics as the focus groups. Again detailed notes of the interviews were taken.

A meeting was also held with a representative from Mindout (a LGBT mental health organisation).

Analysis of findings

A thematic analysis of the information gathered via interviews, focus groups, and open-ended questions of the online survey was undertaken. This involved identifying recurrent themes within and across service areas (eg health, housing) and noting similarities and discrepancies in participants' accounts.

Limitations

Given the way in which the survey was distributed to participants, it is not possible to make inferences regarding the representativeness of the survey, although all sectors were represented in the survey (eg health, housing, etc.). The findings were used mostly to guide further data collection.

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Due to the wide range of subjects examined (eg community safety, housing, health, education, etc.) and the use of a very broad definition of a migrant in this research, it was not possible to explore in depth all issues that arose during data collection.

14.1.3   Community research

The purpose of the community research was to hear the voice of migrant individuals and communities living in Brighton and Hove and allow them to express their needs and assets. The aim was to reach out to as many communities as possible, allowing them to share their opinions in convenient settings and, where possible, in their own language, using an asset-based approach. Asset-based participatory approaches have previously proved successful as a method for community engagement with migrant groups.[123] The methodology for the community research was agreed by the Community Voice sub-group of the steering group.

Figure 53. Focus group engaged in service mapping

The Community Researcher Project (referred to in this report as the community research) was designed in collaboration with the Community University Participation Programme (CUPP) and granted ethical approval by the University of Brighton. The project involved the recruitment of Community Researchers - individuals from Brighton & Hove, half of whom were Sussex Interpreting Services-accredited Community Interpreters. They were then trained in participatory methods and gathered the community voice and opinions from migrant communities in the city. The opportunity to become a Community Researcher was advertised widely among voluntary sector organisations and community groups. Necessary skills for researchers included being proficient in written and spoken English plus one or more other languages, and to have links to migrant communities in Brighton & Hove. Researchers were asked to attend a three hour training session on participatory methods, to spend ten hours undertaking community engagement and to attend a three hour feedback session. They were paid for the sixteen hours work (Brighton & Hove living wage rate) and also received a certificate of participation from the University of Brighton. A total of twenty-two international migrants from 14 different countries participated in the project as community researchers. Their countries of origin were: Spain; Poland; Albania; Romania; Greece; Turkey; Syria; Afghanistan; Pakistan; Iran; Bangladesh; Madagascar; Sudan and China.

The methods used in the community research were based on Participatory Methods and were devised specifically for this project. Following the training session, the Community Researchers paired up and recruited members of migrant communities to attend a focus group session. At these sessions, the researchers undertook four participatory research models with their community members. The models are described in further detail below in Section 14.1.3.1, but in summary consisted of: a mapping exercise (for safety, access and mobility); a mind-map of key services in the area; a problem tree detailing specific problems with settling in the city and potential solutions and an asset map for individuals and communities. A total of 26 focus groups were undertaken in which 198 participants from different communities took part (in addition to the 22 Community Researchers). The countries of origin of community participants were: Spain; France; Albania; Greece; Poland; Germany; Romania; Turkey; Syria; Egypt; Bangladesh; Pakistan; Afghanistan; Iran; China; Colombia; Mexico; Chile; Nigeria; Lesotho; Ghana; Malawi;

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Madagascar and Sudan. All participants were 18 years or older (as required in the ethical approval) and there was a good representation of age and gender across the participants.

The results from the focus groups were gathered in the form of drawings (as per the methodology) and direct quotes. They were provided in the participant's first language and also translated into English by the Community Researchers. During the feedback session, the opinions of the Community Researchers (themselves migrants) were also gathered and findings from all focus groups were discussed by the group.

Support to the process was given by two Masters students in Community Psychology. They attended a sample of focus group sessions and the feedback session and analysed all of the evidence produced.

14.1.3.1 Participatory Action Research Methods

The following is a summary of the guidance provided to the Community Researchers on how to run their research sessions. Examples of the output in each case are shown in Figure 55 to Figure 59.

Instruction to community researchers:
"Please try and capture direct quotes where possible for us to use, as well as the models above. Although ideally we'd like the results in the above formats, there is some flexibility, for example you could have the discussions and fill in the drawings yourself if this works better for your community."

Schedule for running community research sessions:

a. Introduction

- aim of project (see additional sheet)
- consent form for participants
- consent for photographs

b. Icebreaker

c. Mapping exercise (for safety, access and mobility)

Instruction: *"Draw a map of your Brighton and Hove, and the key areas/buildings you visit, name these and annotate with details about what you know about them. Mark areas that you would not feel safe to visit."*

Prompts: How to you get there? Why these areas/places? Why not other areas/places? Any change since Brexit vote?

Figure 54. Focus group engaged in mapping exercise

Figure 55. Example of mobility and access map (Spanish community)
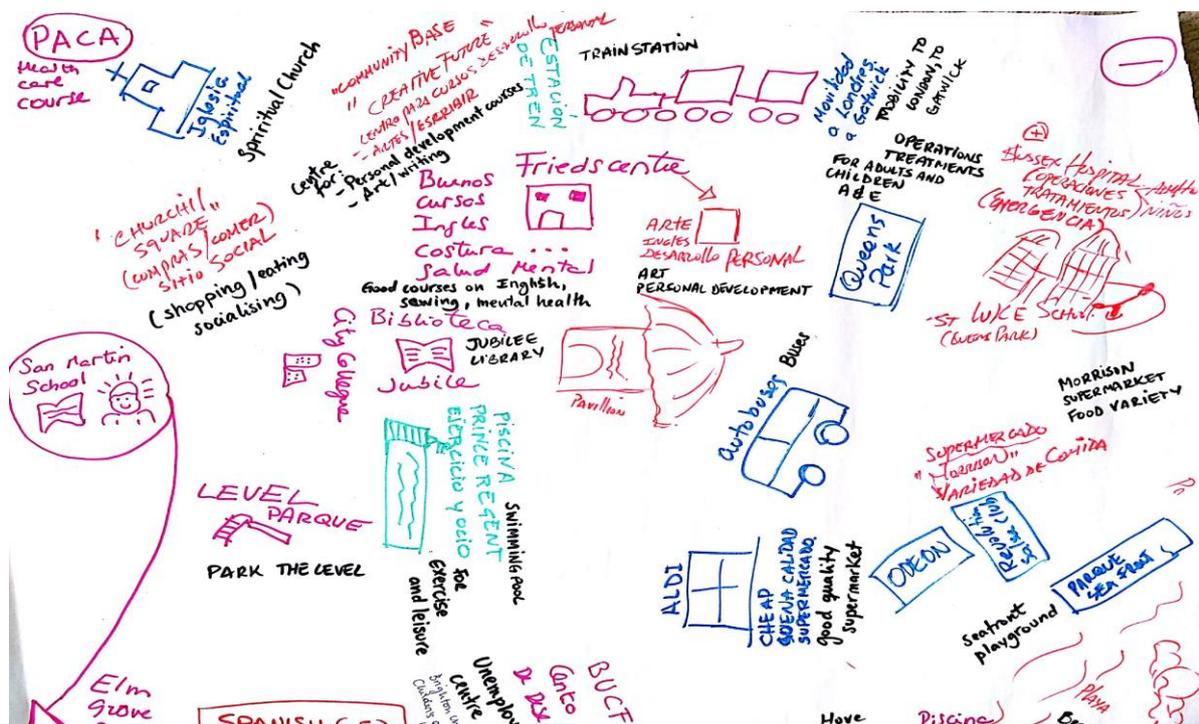
d. Mind-map of key services

Instruction: *"Create a mind-map of key services in the area. List challenges with accessing these and list support in helping you to access them. What could help you access them? What services are working well for you?"*

Prompts: Health, travel, school/education/childcare, language needs, housing, banking and financial services, employment.

Figure 56. Focus group in Polish Community Centre

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Figure 57. Example of a services mind map (Albanian community)

e. Problem tree

Instruction: *"Draw a tree detailing specific problems with settling in Brighton and Hove. Group to work together to help come up with solutions. Roots – specific problems. Trunk/bark – who could help/support. Branches – specific solutions to the problems."*

Prompts: As above for model 2, also any problems with employment conditions/contracts etc.

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Figure 58. Example of problem tree

f. Asset map

Instruction: *"Divide a sheet of paper into two and list the assets that individuals (on one side) and your community (other side) bring to Brighton and Hove."*

Prompts: Work skills, business community, other skills, volunteering, cultural events, cooking, sports, arts.

Figure 59. Example of asset map (Romanian community)

14.2 Appendix B. Summary findings of the online survey of stakeholders

An online survey with responses from 49 stakeholders asked what they felt were the greatest challenges faced by migrants, their greatest areas of need and the greatest barriers[eee] they faced. The methodology for the survey did not allow for any control over the coverage of services represented. It is also important to note that these reflect feedback from service providers (including specialist migrant services) but may not reflect the priorities of migrants themselves.

There were overlapping themes in the responses around challenges, needs and barriers.

The top five **challenges** were identified (in order of the number of times they were mentioned) as:

- housing
- community safety and cohesion
- access to the labour market
- English language skills, and
- access to services.

In terms of **priority areas of need**, the top three responses were:

- housing and homelessness
- income and cost of living
- immigration advice.

There was also a free text question asking whether some groups of migrants were more vulnerable than others. Migrants may fall into a number of these categories, compounding the challenges they face. Responses included:

- refugees and asylum seekers
- those suffering mental ill health and trauma (often associated with their status as refugees and asylum seekers)
- those with little or no ability in English language
- unskilled workers and those with little education
- LGBT migrants, and
- those with insecure housing and isolated migrants.

Particular groups of migrants were identified by some stakeholders (eg Eastern Europeans, Black Africans).

[eee] Stakeholders' perceptions of barriers are described covered in Section 6.1.

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14.3 Appendix C. Area of residence in the city by country of birth

**Figure 60.
Residents born in
non-EU countries
(n=25,469)**

Number of residents born in non-EU countries
by Lower Super Output Area, 2011 Census

UA boundary
Ward boundary
No. of resident born in non-EU countries
419 - 707
252 - 418
173 - 251
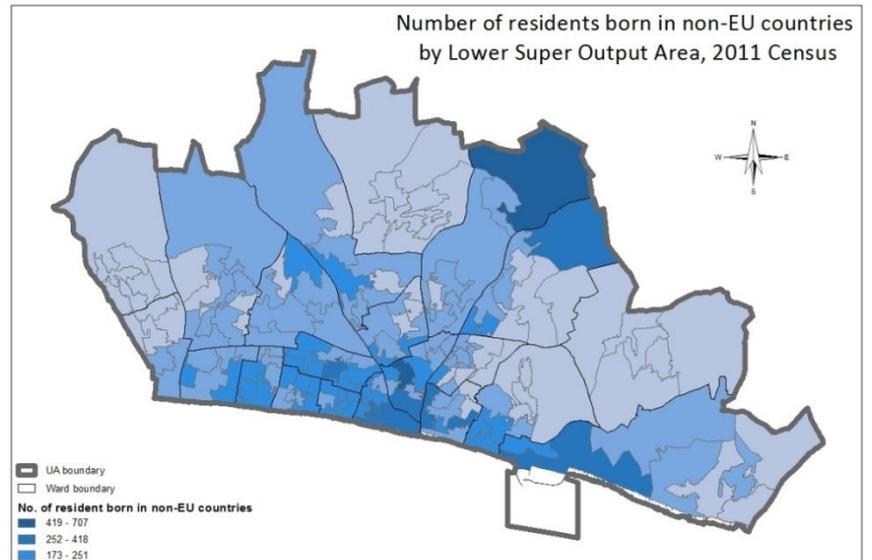
**Figure 62.
Residents born in
'Accession' EU
countries
(n=11,807)**

Number of residents born in EU member countries as of 2001 (excl. UK)
by Lower Super Output Area, 2011 Census

UA boundary
Ward boundary
No. of residents born in EU member countries (excl. UK)
122 - 174
89 - 121
61 - 88
38 - 60
16 - 37

Brighton & Hove Public Health Intelligence, 2017
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**Figure 61.
Residents born in
'pre-accession'
EU countries
(excl. UK)
(n=5,609 residents**

Number of residents born in EU accession countries
by Lower Super Output Area, 2011 Census

UA boundary
Ward boundary
No. of residents born in EU accession countries
95 - 147
61 - 94
35 - 60
20 - 34
6 - 19
<5

Brighton & Hove Public Health Intelligence, 2017
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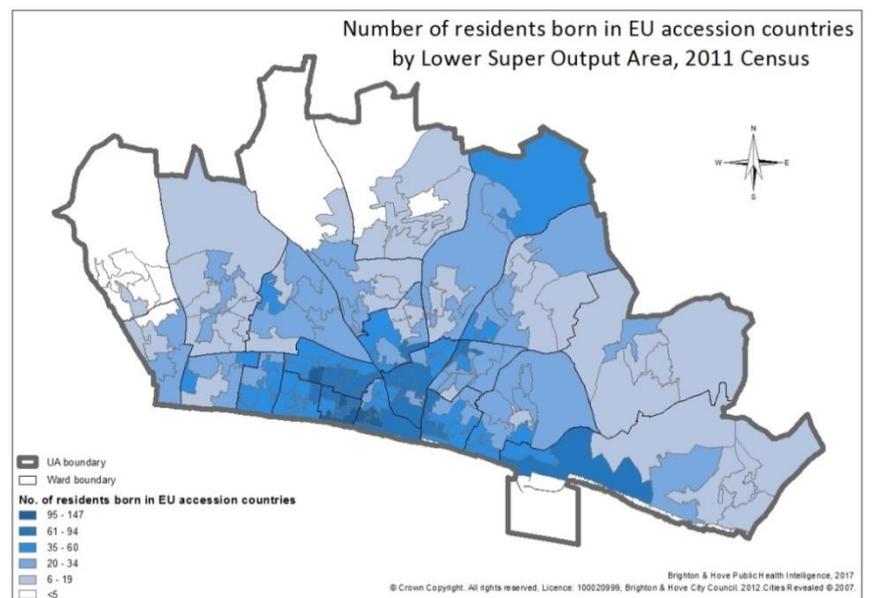
14.4 Appendix D. Supplementary data tables

Figure 63: Resident population by country of birth by ward, Brighton & Hove, Census 2011

	All usual residents		Born in the UK		Born outside the UK	
	n	**%**	**n**	**%**	**n**	**%**
St. Peter's and North Laine	18,309	100	14,358	78.4	3,951	21.6
Goldsmid	15,689	100	12,373	78.9	3,316	21.2
Queen's Park	15,024	100	11,889	79.1	3,135	20.9
Regency	9,957	100	7,275	73.1	2,682	26.9
Brunswick and Adelaide	10,115	100	7,687	76.0	2,428	24.1
Moulsecoomb and Bevendean	17,472	100	15,053	86.2	2,419	13.8
Hollingdean and Stanmer	15,681	100	13,281	84.7	2,400	15.3
Hanover and Elm Grove	16,006	100	13,799	86.2	2,207	13.7
Preston Park	14,911	100	12,738	85.4	2,173	14.6
Central Hove	9,302	100	7,157	76.9	2,145	23.0
Rottingdean Coastal	13,651	100	11,564	84.7	2,087	15.3
East Brighton	14,083	100	12,019	85.3	2,064	14.6
Withdean	14,452	100	12,571	87.0	1,881	13.1
Hangleton and Knoll	14,744	100	12,979	88.0	1,765	12.0
Westbourne	10,066	100	8,349	82.9	1,717	17.1
Hove Park	10,602	100	9,057	85.4	1,545	14.6
Wish	9,648	100	8,158	84.6	1,490	15.5
Patcham	14,277	100	13,107	91.8	1,170	8.2
South Portslade	9,552	100	8,576	89.8	976	10.2
Woodingdean	9,793	100	9,081	92.7	712	7.3
North Portslade	10,035	100	9,413	93.8	622	6.2
Brighton & Hove - All wards	**273,369**	**100**	**230,484**	**84.3**	**42,885**	**15.7**

Source: Office for National Statistics Census 2011 data

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14.5 Appendix E. Race equality of employment and skills in the city research report 2016: Recommendations[41]

For the City Employment and Skills Plan (CESP)
- Set BME employment and skills targets for the key outcomes of the CESP
- Address the under-representation of BME people achieving apprenticeships in the city

For Public Sector and Large Private Sector employers
- The public sector to take a lead to address race equality in its workforce
- The public sector to take a lead to address race equality in its procurement processes
- Public and private sector employers to take a lead to address race equality in their selection and recruitment, promotion and employee development processes.

For the BME third sector
- Develop and support BME third sector to effectively disseminate employment and skills opportunities to BME communities across the city

For targeted Employment and Skills Support
- To target and support BME women in the labour market in particular Bangladeshi, Pakistani, Arab, Chinese and African women in the city
- To target employment and skills support to Gypsy and Irish Traveller community
- To continually support English for speakers of other languages (ESOL) and targeting it to those with the greatest need
- To address the effective recognition of overseas qualifications

For small to medium enterprise (SME) business community in the city
- To support SMEs across the city to increase their appointment of BME staff

To support BME Businesses
- To support BME businesses in the city to grow

To improve race equality monitoring
- To improve the quality of ethnic monitoring and data capture for outcomes in employment and skills

To develop effective leadership of race equality across the city
- Build leadership's focus to support race equality commitments in the city

14.6   Appendix F. Stages in the development of Our Future City's Museum of Me project

Showing alignment with this International Migrants Needs Assessment
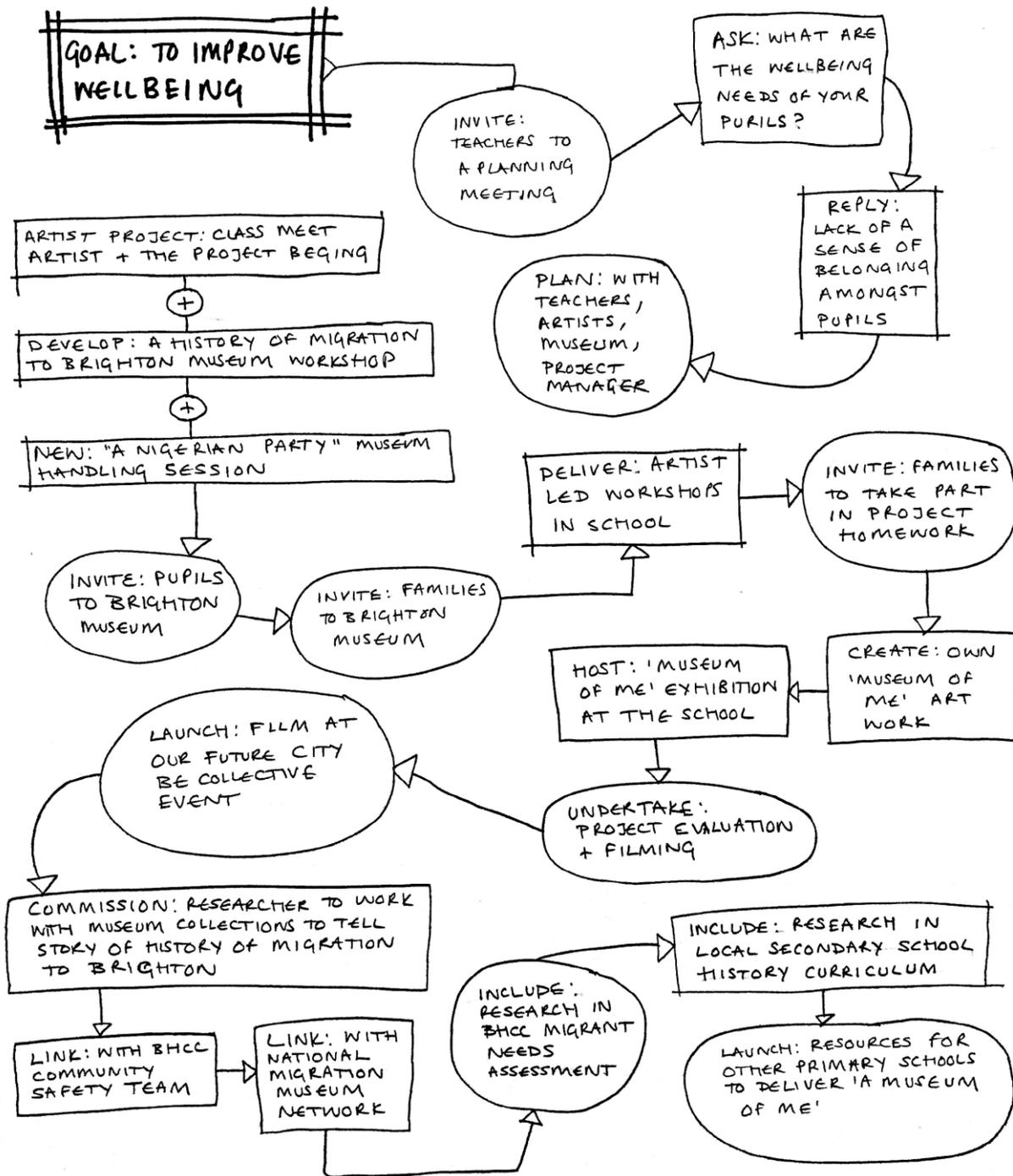
14.7 Appendix G. European countries groupings[fff]

Various groupings of European countries are used in this report and member countries within these groups are shown below.

	EU pre 2004	EU A8 (Accession to EU in 2004)	EU A2 (Accession to EU in 2007; without work permit until 2014)	EU accession in 2013	European Economic Area (EEA) in addition to EU members	Census Bespoke Group 1 (EU1) or 2 (EU2)	Central and Eastern European Countries
Albania							x
Austria	x					1	
Belgium	x					1	
Bosnia-Herzegovina							x
Bulgaria			x			2	x
Croatia				x			x
Cyprus		x				2	
Czech Republic		x				2	x
Denmark	x				x	1	
Estonia		x				2	x
Finland	x					1	
France	x					1	
Germany	x					1	x
Greece	x					1	
Hungary		x				2	x
Iceland					x		
Irish Republic	x					1	
Kosovo							x
Italy	x					1	
Latvia		x				2	x
Lithuania		x				2	x
Luxembourg	x					1	
Macedonia							x
Malta		x				2	
Montenegro							x
Norway					x		
Poland		x				2	x
Portugal	x					1	
Romania			x			2	x
Serbia							x
Slovakia		x				2	x
Slovenia		x				2	x
Spain	x					1	
Sweden	x					1	
Switzerland					x		
The Netherlands	x					1	
UK	x						
Total European countries in grouping	**15**	**10**	**2**		**4**	**group 1: 14 group 2: 12**	**18**

[fff] https://europa.eu/european-union/about-eu/countries_en#tab-0-1

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14.8 Appendix H. Glossary of terms

Stakeholders: Where the term 'stakeholders' is used, this refers to the research carried out as part of the current research with representatives of statutory, community or voluntary sector organisations.

Undocumented or irregular migrants: The terms undocumented migrant and irregular migrant are both used to describe those who are living in the UK in violation of UK immigration regulations. Although the terms are sometimes used interchangeably, irregular migrants can be used to refer to an unauthorised method of entry to the country and the term undocumented migrants can refer to situations such as overstaying visas or failed asylum applications. Further details can be found at: http://www.migrationobservatory.ox.ac.uk/wp-content/uploads/2016/04/Briefing-Irregular_Migration.pdf

Human trafficking: The illegal practice of procuring or trading in human beings for the purpose of prostitution, forced labour, or other forms of exploitation. The UN General Assembly adopted the following definition of human trafficking in 2000: "*The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving or payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.*"

Asylum Seeker: A person who has left their country of origin and formally applied for asylum in another country but whose application has not yet been concluded.[ggg]

Refugee: "*A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to … to return to it*"(definition taken from 1951 United Nations Convention Relating to the Status of Refugees). In the UK, a person is officially a refugee when they have their claim for asylum accepted by the government.[ggg]

14.9 Appendix I. Abbreviations

BME: Black and minority ethnic

GPs: General Practitioners

LGBT: Lesbian, gay, bisexual and transgender

PTSD: Post-traumatic stress disorder

UASC: Unaccompanied Asylum-Seeking Children

[ggg] https://www.refugeecouncil.org.uk/policy_research/the_truth_about_asylum/the_facts_about_asylum

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This report can be found at:
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