A study of migrant workers in Grampian
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by

Philomena de Lima, Maariyah Masud Chaudhry, Robert Whelton and Rowena Arshad
UHI Policy Web (University of the Highlands and Islands)

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Research and Evaluation
Communities Scotland, Thistle House
91 Haymarket Terrace, Edinburgh EH12 5HE
A study of migrant workers in Grampian

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Executive Summary

The study into migrant workers was undertaken by UHI PolicyWeb (University of the Highlands and Islands). It was commissioned jointly by Communities Scotland, Aberdeen City Council, Aberdeenshire Council, Moray Council, Scottish Enterprise Grampian and NHS Grampian. The aims of the study were to:

- identify how and in what ways the public sector agencies might improve their response to migrant workers
- assess the level of service provision they will need to plan for
- provide an understanding of health issues in relation to migrant workers in Grampian, consistent with the provision of an effective health service.

The definition of migrant workers adopted for this study is 'overseas nationals who are in employment and have been in the UK for five years or less'. The study did not set out to focus exclusively on migrant workers from A8 countries, but their dominance both in terms of numbers, and in terms of perceived impact on services, has meant that much of the project has concentrated on them.

Methods

The study involved a literature review and an analysis of National Insurance Number registrations. Sixty-one employers participated in structured telephone interviews, 87 migrant workers participated in either face-to-face interviews or focus groups and 46 service providers participated in either interviews or focus groups. Field work was undertaken during 2006.

Key findings

Numbers of migrant workers
Between 2002/03 and 2005/06 the Grampian region increased its share of migrant workers in Scotland, from 12.7 per cent to 14.5 per cent, and the number of migrant worker National Insurance Number (NiNo) registrations increased in all three local authorities.

The growth of A8 nationals has become a very significant component of migration in the Grampian area. Registrations by A8 nationals increased dramatically from a very low level (20) in 2002/03 to 3,010 in 2005/06 and made up 50 per cent of Grampian NiNo registrations. They accounted for 38 per cent (1,470) of NiNo registrations in Aberdeen City, 78 per cent (1,250) in Aberdeenshire and 55 per cent (290) in Moray. NiNo registrations by Poles represented over 24 per cent of total overseas NiNo registrations in Aberdeen City, 33 per cent in Aberdeenshire and 49 per cent in Moray. Whilst NiNo registrations by Lithuanian and Latvians were significant in Aberdeenshire, they were less so in the other two local authority areas.

There was a much greater diversity in NiNo registrations in Aberdeen City than in either Aberdeenshire or Moray, with significant growth in registrations by nationals of Asian states (26 per cent of total registrations in 2005/06) and nationals of African states (16 per cent). However, it is highly likely that the trends in NiNo registrations by Indian, Chinese, Malaysian and Nigerian nationals in Aberdeen City represent overseas students (who are permitted to work 20 hours a week).

Employment

In some sectors (especially food processing, hospitality and agriculture) migrant workers were increasingly seen to be a permanent solution to local labour shortages. This is in contrast to other sectors (for example, construction and to a lesser extent engineering), where migrant workers were seen as a temporary measure to address the lack of young apprentices.

A local pool of migrant workers has emerged. The majority of migrant workers involved in the study reported they had specifically chosen to come to work in Scotland, following visits to friends living in Scotland or based on advice from family/friends who were already here. Having an established network of migrant workers is expected to encourage further migration.
The majority of migrant workers in the study were overqualified for the mainly semi-skilled or unskilled positions they were working in. Most migrant workers reported that they had been unable to use their qualifications because of their poor grasp of English and because their qualifications weren't recognised. Service providers were frustrated that migrant workers' skills were not being utilised, despite reported skills gaps/shortages. They expressed a need to develop a system whereby overseas qualifications, training and experience can be assessed for the UK equivalent swiftly.

**Intentions of migrant workers**
Most participants in the study did not see themselves as staying in the UK in the long term. Almost all expressed a wish to return to their country once they had maximised their earnings. A very small minority (three) expressed an interest in exploring the possibilities of longer-term work in Scotland.

**Service provision**
Assessing impact on services was difficult because of lack of data on migrant workers, limited or non-existent monitoring systems amongst agencies providing services and lack of clarity on rights/entitlements of different categories of migrant workers. Overall the present approach towards addressing the needs of migrant workers has tended to be ad hoc, reactive and dependent on the personal knowledge and commitment of individual staff on the ground. There appears to be a lack of coordination at the strategic level, across both local authority services and agencies.

The transient and ever-changing profile of migrant workers makes it difficult to plan and meet their needs effectively, and council services reported feeling overwhelmed. Problems were exacerbated by the fact that A8 nationals are migrating to parts of Grampian which have not experienced significant migration before and where service providers may not have experience in dealing more generally with diverse groups. There was a strong feeling amongst service providers that the Scottish Executive should provide additional resources to help them address the needs of migrant workers.

**Language needs**
The 'language barrier' is the most consistently cited problem facing migrant workers and service providers. It is a major barrier to accessing services generally. This is particularly acute amongst those working in low-skilled occupations, prevalent in the Grampian area, where only basic English language skills are required. English language classes were difficult to access as a result of long and/or irregular shift patterns coupled with the inflexible nature of provision. Both migrant workers and service providers felt there was a need for an increase in the number of classes and provision of different levels of classes. Migrant workers were also calling for provision of classes to equip them with the level of English they require for working successfully in their profession.

Employers and migrant workers were clear that organising classes on site was the best way of supporting migrant workers to improve their English. Service providers reported that budgets to support English language provision were overstretched and that there was a shortage of teachers. There has been an unprecedented level of demand for the English as an Additional Language service in schools. Most migrant workers felt there was a need for better language support at school for their children.

Lack of translation and interpretation facilities has resulted in a heavy reliance by employers and service providers on migrant workers with better English to translate for their co-workers, friends and family. The need for funding for interpretation and translation services was raised as the most pressing issue by service providers. Local service providers felt that financial constraints prevented the development of an appropriate infrastructure for translation and interpreting facilities, though NHS Grampian has made a commitment to funding necessary services.
Information and advice
Lack of access to appropriate information and advice on entitlements and rights was a major concern of both migrant workers and service providers. Migrant workers were mainly concerned with information on how to access accommodation, English language classes, banking services, the internet and English language support for their children in schools.

The vast majority of migrant workers pieced together information on rights and responsibilities through ad hoc information from friends, family and the internet. The internet – generally accessed at the local library – was a crucial resource on which the majority of migrant workers relied for accessing information and for keeping in touch with friends and families at home. Employers were often also a significant source of information and advice for migrant workers.

Service providers lacked systematic and coordinated communication routes with migrant workers and relied on word of mouth. There was no overall outreach strategy for providing advice and information about accessing services. There were some examples of services producing leaflets and local authorities have produced welcome packs. However it was difficult to assess the extent to which material targeted at migrant workers was effective in reaching them.

Health
Other studies have highlighted the fact that many migrants will have experienced a quicker and more comprehensive health care service than is provided in the UK (BMA, 2002). The majority of migrant workers in this study who had experienced health care systems in Scotland perceived the medical services in their own countries to be generally of better quality. There was an expectation that they would be able to see a doctor without delay when they needed and that doctors would be more thorough in their examination. Waiting times to access GP services and difficulties accessing dental care are not issues peculiar to migrant workers, but are faced by the population as a whole.

Most A8 nationals preferred to return home for treatment of non-acute medical problems, as well as dental care and visiting the opticians, where these services were cheaper and were perceived to be easily accessible.

Language and communication barriers take on special significance in the context of health. Migrant workers expressed concern about the potential for misdiagnosis and issues of confidentiality. Participants across the project with good levels of English were often asked to accompany their compatriots to the doctors and Accident and Emergency to translate for them. However, in most cases they were unaware of the availability of interpreting/translating services or initiatives taken by NHS Grampian.

Generally the research showed that migrant workers have had limited impact on NHS services, with just a quarter of people involved in this qualitative study having had any contact with health services. It is difficult to predict the medium-term impact. However, if migrant workers were to extend their stays in any numbers, the unsustainability of returning home for health-related treatment would undoubtedly have an impact on services.

Housing
Employers identified accommodation as the largest single need of their migrant workers and around half of the employers in the sample provided some form of assistance, either in terms of direct provision or advice/information. The tendency for those working in the agricultural, construction and hospitality/tourism sectors was to live in tied accommodation. Housing providers across all three local authorities reported an increase in homelessness applications from migrant workers who had lost their jobs and as a consequence their houses.

With regard to non-tied housing (private rented or social housing) the housing experiences of migrant workers are similar to those of the local population, for example being faced with high rents or demand outstripping supply. The majority of migrant workers in the study lived in private rented accommodation, where issues of multiple occupancy and overcrowding were widely reported. There is emerging evidence that migrant workers are accessing local authority
housing in parts of Aberdeenshire and Aberdeen City, particularly in low-demand areas. Some migrant workers expressed concern about being housed in 'undesirable areas' as well as about the poor condition of the houses.

Integration

Migrant workers across all three council areas were not involved in many activities which enabled them to engage with local communities, mainly because of lack of time, poor English, a paucity of things to do and the need to save as much money as possible. Concerns were also expressed about the drink culture they perceived as prevalent across North-East Scotland. Most socialising took place with other migrant workers in their own homes. Although the majority of participants reported no physical or verbal harassment, there were reports of racist stereotyping. Migrant workers were keen to find more ways of integrating with local communities.

Conclusion

Migrant workers are increasingly important to the local economy in Grampian. In commissioning this study public agencies recognised the need to address issues associated with a big increase in numbers of migrant workers. The research shows clearly that public agencies are not well prepared to respond to the numbers that now live in Grampian and that a far more proactive and coordinated approach needs to be adopted to allow migrant workers equal access to the full range of public services.

The way forward

The research has identified key questions which service providers need to address with regard to the following: predicting future trends; resources and strategic planning; access to information and support; promoting inclusion with regard to services; employers; language and communication barriers; issues in relation to specific services (e.g. health); and skills and qualifications issues. These will be explored at a series of meetings of all the organisations involved.
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1 Introduction

This report presents the results of a study of migrant workers in Grampian commissioned by Communities Scotland, Aberdeen City Council, Aberdeenshire Council, Moray Council, Scottish Enterprise Grampian and NHS Grampian. The study covered three local authority areas: Aberdeen City, Aberdeenshire and Moray. The definition of migrant workers adopted for the purposes of the study is 'overseas nationals who are in employment and have been in the UK for five years or less'.

1.1 Background and rationale

There is a broad level of agreement across the UK and indeed Europe on the nature and impact of the changing demographic trends (i.e. ageing and declining population) and the consequences for the labour market in terms of potential skills gaps and/or shortages. Overall evidence from the General Register Office for Scotland (GROS) suggests that for the third year up to 30 June 2005 there was a rise in Scotland's population, and much of this gain is attributed to net in-migration (GROS, 2005). Fleming's (2005) analysis of migration based on the 2001 Census data revealed that Aberdeen City had the second highest proportion of people from abroad in Scotland, Edinburgh having the highest; Stirling came third, and Moray fourth. In addition his analysis revealed that between 1995 and 2005, Aberdeen City experienced a population decrease of 8 per cent, largely due to net out-migration. In contrast, Aberdeenshire experienced an increase of 4.1 per cent, based on more births than deaths and on increased in-migration, and Moray experienced a 0.3 per cent increase (Fleming, 2005, pp. 12–14).

The role of migration in addressing demographic trends and labour market issues has led to widespread calls and proposals for encouraging migrant workers, albeit within a managed framework. These debates and discussions also coincided with an enlarged European Union and an agreement by the UK government (alongside Ireland and Sweden) to accept nationals from what are described as 'Accession 8' (A8) countries to come to the UK to work. Furthermore, in 2004 the Scottish Executive launched the Fresh Talent Initiative to attract skilled people from overseas to come and work in Scotland, and overseas students at Scottish universities and further education colleges are being encouraged to stay in Scotland for two years after graduation (Scottish Executive, 2005a).

Growing literature has highlighted that migration both to the United Kingdom as a whole and to Scotland has increased. However, lack of adequate information on migrant workers and their impact on the labour market and on communities, and, more recently, concerns about the impact of migration on services in particular, have led to a growing number of regional research reports commissioned across Scotland (e.g. SER, 2006; Aitken, 2006; de Lima et al., 2005). It is widely acknowledged that migrant workers are making a positive social and economic contribution to the UK and to Scotland. However, it is also recognised that, if their contribution is to be more effective, it is essential that they have appropriate access to services (for example, accommodation, language, and health services) and are enabled to interact and participate in their local communities (Cooke and Spencer, 2006). Research has consistently highlighted the various support needs that migrant workers have. In addition, more recently, agencies across the UK, including Scotland, have highlighted the difficulties they are experiencing in meeting the demands being made on their services by migrant workers. In this context it is widely recognised that there is a dearth of information on the extent of their needs as well as on the actual extent of the impact on service provision.

1.2 Research aims and objectives

Aims
The research brief stated the aims of the study as to

- identify how and in what ways the public sector agencies might improve their response to migrant workers
- assess the level of service provision they will need to plan for.
In addition, it was agreed that the study would explore issues of health in more depth, with the aim of providing an in-depth understanding of health issues in relation to migrant workers in Grampian, consistent with the provision of an effective health service.

**Objectives**

The main objectives of the study, including the health aspects, were to

- gain a better understanding of the migrant worker population in Grampian, with regard to numbers, employment trends and a range of demographic characteristics
- explore the motivations of migrant workers for coming to Grampian, the routes through which they have arrived in the area, and their views and experiences with regard to accessing employment and labour market opportunities
- develop an enhanced understanding of migrant workers’ access to service provision, their access to information and advice, and their experiences of life and community in general in Grampian
- explore the views of service providers (across the public, private and voluntary sectors) on the impact of migrant workers on their services
- identify the health status of migrant workers
- develop a more in-depth understanding of the needs of migrant workers in relation to health and their access to appropriate services
- develop an understanding of migrant workers’ perceptions of health and well-being
- make relevant recommendations arising out of the research.

1.3 **Structure of the report**

The context having been set in Chapter 1, Chapter 2 summarises the research methodology underpinning the project. Chapter 3 presents an analysis of the existing body of literature on migrant workers, focusing in particular on access to services and the impact of migrant workers on services. Chapter 4 presents an analysis of migrant worker trends, drawing on data from the Department of Work and Pensions for the Grampian area. Chapters 5 to 8 present the findings of the primary research undertaken with employers, migrant workers and service providers, including that on health issues. Chapter 9 identifies the key themes that have emerged from across the research, and Chapter 10 identifies some key questions that the commissioning agencies will require to address in the area of service provision and planning.
2 Methodology

2.1 Research design

The research project was a qualitative study involving a number of strands and perspectives. A combination of secondary and primary data collection methods were used. The chapter summarises the research methodology briefly (further details are provided in Appendix 1).

2.2 Secondary data

The project drew on two key sources of secondary data:
- relevant literature on migrant workers in the UK
- National Insurance Number (NINo) registrations provided by the Department of Work and Pensions (DWP).

The literature review provided an overview of the context and trends in relation to migrants at the UK and Scottish levels. The analysis of NINo registrations highlighted trends in overseas national registrations in Grampian between the tax years 2002/03 and 2005/06.

2.3 Primary data

Primary data collection methods were used to gather information from employers, migrant workers and service providers and were based on qualitative methods.

Employers
Sixty-one employers participated in the study either through a structured telephone interview (58) or a postal survey (3) (see Appendix 2). Their businesses were chosen because they employed migrant workers. They were located across Grampian and operated in a range of industrial sectors. The interviews provided contextual labour market information on migrant workers employed in Grampian and have helped to identify needs and issues arising from employment of migrant workers, how these issues have been addressed, and implications for service provision.

Migrant workers
The research project involved 87 migrant workers in total, and although the study did not set out to focus exclusively on migrant workers from A8 countries, their dominance both in terms of numbers and perceived impact on services has meant that much of the project has concentrated on this group. Seventy-one migrant workers were involved in interviews (40) or in one of four focus groups (involving 31 people) which explored their experience of accessing employment and local services (see Appendix 3). These have provided a good understanding of how migrant workers have accessed employment and of their experiences both at work and in accessing local services, as well as their suggestions for improvements.

Twenty-five migrant workers participated in interviews specifically focusing on health issues and access to health services (nine of the twenty-five had also taken part in the first set of interviews on employment and local services). These interviews looked at the health status of participants, their health needs and perceptions of health and well-being, and their experiences of accessing services (see Appendix 4).

Overall, three focus groups and sixteen interviews were conducted through interpreters. Sampling was opportunistic and involved 'snowballing' where initial contact led to other contacts. Despite some challenges in accessing migrant workers, the sample achieved reflects the trends documented in Scotland and across the UK with regard to nationalities that are dominant and to age, gender, sectors of employment and job roles.

Service providers
A wide range of service providers, from the public, voluntary and private sectors were involved in the study. Forty-six service provider representatives from across Grampian participated
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through either interviews or focus groups (see Appendix 5). Twelve representatives from key services were interviewed (covering education, language services, housing, health, employment and police) and a further thirty-four representatives were involved in focus groups. These interviews have helped to provide an understanding of the impact that migrant workers are having on services and the range of challenges faced by providers in improving responsiveness to migrant workers.
3 Literature review

Introduction

This literature review draws on studies undertaken in the UK and, where relevant, in an international context, focusing on migration for employment purposes. In general, it was found that labour market research on migrant workers is relatively extensive, whilst less work has been undertaken on the extent of support needs of migrant workers and the extent of their impact on service providers. The paucity of data is widely acknowledged to be the main reason for the gaps in information (Gilpin et al., 2006; Dustmann et al., 2003).

Although the main aim of this literature review is to focus on service issues, the review starts by providing an overview of the labour market context and then goes on to discuss the following:

- conditions of employment and experiences at work
- migration drivers
- health issues concerning migrant workers
- services – access and impact
- retention and promoting integration
- key findings.

3.1 Migrant workers and the labour market

It is widely acknowledged that migration to the UK has increased, driven to a large extent by economic factors. The UK is perceived as an attractive destination owing to the current strength of its labour market. Further contributory factors are economic globalisation, European Union (EU) policies on economic integration and labour mobility, and increased political instability in many parts of the world (Glover et al., 2001, p. viii).

The importance of migrant workers

Migrant workers are considered to be a valuable resource for UK businesses and are reported as contributing to economic growth by filling labour shortages and skills gaps (BBC, 2006a). Studies have reported up to 75 per cent of employers experiencing skills shortages (SER, 2006; Wheeler, 2004; see also Anderson et al., 2006; Birks, 2006; McIlwaine, 2006; Melvin, 2006; McKay and Winkelman-Gleed, 2005). Labour market shortages are attributed to the apparent unwillingness of British workers to take up jobs which are physically demanding, involve long hours of work, and/or are low-paid and seen as low-status (Anderson et al., 2006).

Most businesses appear to have benefited from the use of migrant workers, and research has consistently demonstrated that employers emphasise 'work ethic' and reliability, contrasting foreign nationals favourably with UK nationals. Furthermore, workers entering through government immigration programmes are seen as easier to retain by employers (Anderson et al., 2006; SER, 2006; CIPD, 2005; de Lima et al., 2005).

The industries employing migrant workers

Migrant workers in general have been identified as working in a wide variety of industrial sectors, and in positions ranging from professional through skilled trades to low-skilled or unskilled work. However, there does appear to be a concentration of Accession 8 (A8) migrants (see Chapter 1, note 1), in particular, in certain industries and/or occupations. In general, the impact of more recent migrant workers has been noted as particularly significant in the low-skilled sectors; in other industries where the problem is of skills (rather than labour) shortages, migrant workers are seen as a necessary short-term measure (Insider, 2006).

At the professional level, migrant workers account for a significant proportion of the total UK workforce in the health and education sectors, at 26.8 per cent and 9.2 per cent respectively (Somerville, 2006a). At the opposite end of the skills spectrum, in the UK in general and in Scotland in particular, food processing, hospitality, and agriculture appear to predominate (Gilpin et al., 2006; Home Office, 2006a; SER, 2006; bSolutions, 2005; de Lima et al., 2005; McKay and Winkelman-Gleed, 2005). Concentration into widely different industrial sectors
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results in polarisation of both skill levels and incomes (Somerville, 2003). Coupled with the multitude of different means of entry to the labour market, this means that migrant workers comprise a heterogeneous group, and it is widely accepted that their experiences differ ‘at least as much from one another as they do from the general population’ (Glover et al., 2001, p. 10).

The Workers Registration Scheme (WRS) records labour market information about nationals from the A8 states. An analysis of 2004–2006 data shows that, for the 32,135 registered workers in Scotland, hospitality, agriculture, and food/fish/meat processing, accounted for 60 per cent of A8 employment, in contrast to 15 per cent employed in administration, business and management services (Home Office, 2006a, p. 22).

Polish nationals made up the largest proportions across all occupational groups (Home Office, 2006a). Accession state nationals make up 7 per cent of the workforce in agriculture, considerably more than in other sectors (Gilpin et al., 2006). The increasing incidence of migrant workers employed in agriculture correlates with evidence of large-scale migration to rural areas across the UK (Robinson and Reeve, 2006; CAB, 2005a); following accession, 40 per cent of WRS registrations in the UK are thought to have been in rural areas (TUC, 2004). This marks a departure from traditional urban-centric migration in which the availability of employment opportunities and the attraction of established migrant or minority ethnic communities were likely to have been significant factors (Robinson, 2002). The recent trend towards migration to rural areas may leave new migrants lacking the benefits of a supportive community (Robinson and Reeve, 2006).

The economic impact of migrant workers

The effect of migrant workers on the national economy, although highly debated, is generally thought to be positive. For example, a net contribution of £2.5 billion to the economy has been attributed to migrant workers in a single year (Gott and Johnston, 2002), and over a five-year period it has been found that migrant workers consistently contributed more towards the economy than the UK average. A significant factor is that migrant workers are more likely to be involved in the labour market due to their demographic profile (Sriskandarajah et al., 2005).

At a local level it has been more difficult to determine the economic impact of migrant workers. Most UK studies suggest that the employment of migrant workers has had no significant adverse local economic effect on either employment rates or wage levels (Gilpin et al., 2006; Dustmann and Glitz, 2005; Portes and French, 2005). However, in a recent study in Tayside, although there was an increase in the numbers of migrant workers employed in the study area which corresponded with a fall in the unemployment rate, at a time when Scottish unemployment generally rose, there was also a drop in wage levels, while average Scottish wage levels had risen in the same period (SER, 2006).

In contrast to these findings, another study found an increase in migrant workers linked to a rise in both wage levels and employment rates (Dustmann et al., 2003). The Tayside study suggested that migrant workers often provide a complementary, rather than competitive, source of labour, and were able to work alongside local workers rather than displacing them (SER, 2006). This is consistent with an earlier study of migration in Europe in which the employment of migrant workers was reported to have assisted the revitalisation of industries such as agriculture and fishing (Zincone, 2000).

3.2 Conditions of employment and experiences at work

It is widely acknowledged that large numbers of migrant workers are employed in positions which do not utilise their skills, experience and qualifications (Anderson et al., 2006; SER, 2006; de Lima et al., 2005). For example, 60 per cent of migrant workers who participated in a study in Tayside held university-level qualifications, and a further 16 per cent held either a skilled trade or professional qualification (SER, 2006). Similarly, in an ongoing study of more than 600 migrant workers in low-waged employment in England, the majority were found to have post-school qualifications (Anderson et al., 2006).

The wages earned by migrant workers appear to vary considerably: a study of the income levels of migrant workers in the UK found that on average they were 15 per cent higher than the UK
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average. However, this figure did not reflect the fact that a small number of migrant workers were earning very high incomes while most earned much less (Sriskandarajah et al., 2005). In addition, since 2004 significant numbers of A8 nationals have taken up low-waged employment in the UK, and data based on the WRS reveals that more than 80 per cent of A8 nationals were earning less than £6 per hour (Gilpin et al., 2006). The prevalence of low wages and longer working hours is also confirmed by a range of studies across England and Scotland (Anderson et al., 2006; UNISON, 2006; CAB, 2005a, 2005b; TUC, 2004). However, it is possible that migrant workers often 'trade off' low-skilled employment for a variety of reasons, including earning money to survive, learning English or 'just having a good time' (Findings, 2006).

Within the workplace, harassment, discrimination, and/or exploitation have been reported widely, affecting pay (e.g. underpayment and wrongful deductions), holidays, and working conditions (e.g. non-compliance with working time rules). Instances include dismissal following requests for information about employment rights, taking leave, and pregnancy (Anderson et al., 2006; Somerville, 2006a; Bell et al., 2004).

In addition, government policies in relation to immigration are likely to have a direct impact on migrant workers' employment opportunities; they have been described as a 'charter for the exploitation of migrant workers', as employers are given a position of influence and may use this to deny migrant workers knowledge of their rights (UNISON, 2006, p. 14). The Sectors Based Scheme (SBS), the Seasonal Agricultural Workers Scheme (SAWS), and the Working Holidaymaker Scheme, for example, are restrictive and often prevent migrant workers from advancing to more suitable or better-paid employment (Anderson et al., 2006; Somerville, 2006a). However, there is growing evidence that some companies are taking their corporate social responsibilities seriously in relation to their workforce, including migrant workers (COMPAS, 2006).

3.3 Migration drivers

Although the emphasis in much of the literature tends to be on the economic drivers of migration, it is widely acknowledged that a decision to migrate is complex, involving both 'push' and 'pull' factors, and is iterative rather than a one-off event. A wide range of factors is likely to come into play in making a decision to migrate – for example, laws and policies in the source and destination countries, information flows, 'chain migration effects' (at the level of a village or family), transport and capital constraints, and the potential benefits/desirability of living in the destination country in contrast to the 'home' country (Glover et al., 2001).

Migration for employment to the UK over the period 1999–2003 accounted for around 15 per cent of immigration; in contrast, family reunification accounted for 46 per cent over the same period (Home Office, 2004).

Economic factors which may be relevant to migration decisions include 'wage differential' between sending and receiving countries (Hatton and Williamson, 2003; SER, 2006), the attraction (in the UK) of the National Minimum Wage (Chess Partnership, 2004), or simply finding a 'local labour market that provides the best economic prospects' (Dustmann and Glitz, 2005, p. 19). The strength of the local economy can be more important than the generosity of welfare benefits, and evidence suggests that so-called 'benefit tourism' is largely a myth (Somerville, 2006a; Fix et al., 2001). The latter is supported by low numbers applying for 'tax-funded income-related benefits and housing support' (Home Office, 2006a, p. 2). Furthermore, certain locations or industries may experience high concentrations of migrant workers following active recruitment by businesses (Birks, 2006; McIlwaine, 2006; Bell et al., 2004; Hardill and MacDonald, 2000).

Amongst the EU accession states, a close relationship between the GDP per head of each accession state and the proportion of that state's population who have registered to work in the UK under the WRS can be observed. According to Gilpin et al. (2006, pp. 14–16), the majority (58 per cent) of applicants to the WRS in the UK are Polish and they make up the largest proportion in every occupational group, followed by Lithuanians (14 per cent) and Slovaks (11 per cent); the predominance of Polish applicants is attributed to Poland's large population and its weak labour market. Over time, it is expected that economic development of the migrants'
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source country will diminish the wage differential and that this will lead to a reduction in out-migration from that country (Hatton and Williamson, 2003).

It is widely acknowledged that there are a number of other reasons for migration, and although these may not be primarily employment-related, nevertheless they may involve employment. For example, students represent a significant strand of the overall numbers migrating to the UK, and are entitled to take up part-time employment whilst studying. In recent years the government at UK level as well as in Scotland has introduced a number of measures to make it easier for students to work in the UK following completion of their studies, for example, the Science and Engineering Graduates Scheme and, in Scotland, the Fresh Talent: Working in Scotland scheme discussed further in Chapter 4 (Scottish Executive, 2005a).

In addition, employment in another country is often seen as a necessary step in career progression, for example amongst nurses from Commonwealth countries (Hardill and MacDonald, 2000). For younger migrant workers, for example those in the hospitality industry, the opportunity to experience life in another country and the idea of migration being an 'adventure' are also important factors (SER, 2006; Sunday Herald, 2004). In such instances an English-speaking destination is considered to be attractive, with half of those sampled in one survey citing this as their main reason for choosing the UK (Chess Partnership, 2004).

3.4 Migrant workers: health issues

As with other issues concerning migrant workers, there is a dearth of information on the health of migrant workers in the UK (Aitken, 2006). However, in many instances the issues (e.g. language barriers, unfamiliarity with the health service, and health status in countries of origin) affecting migrant workers are recognised to be similar to all migrant groups (Kelly et al., 2005).

Migrants’ general health
It has been reported that migrants arrive in the UK with relatively good health, which tends to deteriorate over time (Kelly et al., 2005). Research in the US has also found that in the course of integration migrant workers’ health often declines to match that of the host country. Many of the health issues faced by migrants can also be viewed as symptoms of poverty, or of belonging to a deprived or excluded group, and the decline in health can be attributed to a number of factors such as poor access to services, work-related issues, poor accommodation, and dietary changes (BMA, 2002; Fix et al., 2001). These are discussed further below.

The quality of health care available to migrants in their countries of origin has also been called into question, and in some instances it has been suggested that it may be poorer than that available in the UK (Aitken, 2006; ILO, 2004; BMA, 2002). It is important to remember, however, that many migrants will have experienced ‘a quicker and more comprehensive [health care] service than is provided in the UK’ (BMA, 2002, p. 6).

Infectious diseases: HIV/AIDS, tuberculosis, and hepatitis
It is clear from reports in the media and elsewhere that infectious diseases such as HIV/AIDS, tuberculosis and hepatitis are of concern to many (e.g. Amory, 2003; BMA, 2002). A higher incidence of infectious diseases amongst migrants has indeed been reported, albeit alongside concerns that the media portrayal of the issue can cause discrimination (ILO, 2004). The focus on infectious diseases in the media in particular reflects the negative reporting on immigration issues generally, and the treatment of all overseas nationals as the same irrespective of the route through which they may have entered the UK.

One method that has been used to calculate the expected incidence of such diseases amongst migrants to the UK is to identify the number of migrants arriving and the incidence rates in their countries of origin (MigrationWatch, 2003). This method, however, fails to take account of any differential in incidence rates amongst the population in the country of origin. With migrants often over-representing a specific age group, social class, or gender, it is important to treat figures calculated in this manner with caution.

From 1999 to 2003, the NHS in Glasgow recorded a rise in HIV cases amongst heterosexual African migrants, from 23 to 74 new cases per year. Identifying those migrants at risk is seen as
a priority issue (Scotsman, 2003). Over the same period HIV cases in Scotland have risen towards a 20-year high of 259 cases in 2003 (BNN, 2004). Whilst southern-African-type HIV has been found within the general population (Scotsman, 2003), it appears that overseas travel is more likely to cause this than infections spreading from recent migrants to the UK (BNN, 2004). A similar pattern is present in the spread of Hepatitis B, with infections amongst recent migrants not tending to spread to the general population (Department of Health, 2005).

The prospect of ‘health screening’ for those arriving in the UK raises important ethical, medical, and legal issues, and has become a high-profile political issue based on the increased levels of tuberculosis and HIV perceived to be associated with migration (Aitken, 2006; Tempest, 2003). Whilst there is currently provision to test asylum seekers for tuberculosis, this is rarely undertaken, due to a lack of resources (BMA, 2002). However, in a pilot scheme, which tested over 5,000 asylum seekers for tuberculosis, no incidences of the disease were detected; the extent to which this would apply to recent migrants is difficult to assess given the lack of research (Meikle, 2003).

The benefits of a screening policy are debated, with some citing the existence of such programmes in other countries including Canada and Australia (MigrationWatch, 2003). Others, however, question the effectiveness of these programmes, and suggest that screening would serve to drive diseases ‘underground’ and thereby increase the risk of infections going untreated (Coker, 2003). Furthermore, it is likely that the introduction of such a programme would support a negative perception of migrant workers because they would be identified as a health risk (Aitken, 2006). HIV is treated as a disability in the UK, under the Disability Discrimination Act, potentially posing legal barriers to the application of a screening programme (ILO, 2004).

**Mental health issues**

Although the mental well-being of migrant workers has been raised as a cause for concern in some literature, there is a lack of substantial evidence concerning the prevalence, causes and impact of mental health problems among them (Twomey, 2006; Aitken, 2006; NHS Tayside, 2005). In some instances mental health problems may be caused by isolation, and this appears to be particularly the case in relation to workers in rural areas (Aitken, 2006; NHS Tayside, 2005) and for women (WECHC, 2004). The extent to which migrant workers feel welcomed by the communities in which they live and work has a bearing on issues of mental well-being and isolation, and evidence suggests that isolation occurs where community integration has failed (BMA, 2002). McKay and Winkelman-Gleed (2005, p. 139) found that the respondents in their study had mixed experiences, and that the critical factors resulting in feelings of isolation included separation from family members, lack of pre-existing communities of the same ethnic origin as the migrants, perception of the host community as being ‘cold’, and a lack of mutual (host and migrant) understanding of cultural traditions and norms.

A recent UNISON discussion paper noted that violent attacks on migrants and women in particular are widely reported throughout Europe. Women were more likely to be working in ‘casual’ jobs with little or no financial or physical security, were more vulnerable to physical attacks and to being coerced into prostitution, and were more likely to be working in ‘inhumane’ conditions with potential negative consequences on their health (UNISON, 2006).

It has also been noted that the migration process itself, involving separation from family and friends, lengthy travel, and uncertainty over procedures, can be a source of stress (Kelly et al., 2005). However, given the diversity of migrant workers, the different routes through which they enter the UK and circumstances when they arrive as well as their different motivations for migration, it is important to be cautious about making generalisations or assumptions across groups.

**Work-related health problems**

Employment conditions have been cited as having a negative impact upon the health of migrant workers. Long hours, low pay, restrictive contracts, and refusal by employers to honour entitlements including holiday and sickness pay (Aitken, 2006; CAB, 2005a) may contribute towards stress; however, given fears of dismissal, migrant workers may not always display signs of stress or admit to being unwell. Aitken (2006) suggests that it is important for clinicians to be aware of these issues and to be able to recognise coping strategies that might be
exhibited by migrant workers, especially given different cultural norms and behaviours associated with issues of stress and mental health. In addition, factors such as discrimination or under-employment can also lead to stress (Kelly et al., 2005).

It has been found that 'occupational accident rates are about twice as high for migrant workers as for native workers in Europe' (ILO, 2004, p. 64). The working conditions of agricultural workers, whose work may involve chemicals and/or machinery, have been noted as of particular concern (Aitken, 2006; WECHC, 2004). McKay and Winkelman-Gleed (2005) suggest that a combination of the types of work migrant workers engage in (e.g. construction and agriculture), their conditions of work (e.g. extremes of temperature), and their age (younger people being more likely to take risks) may make migrant workers more vulnerable to high accident rates and work-related health problems.

In addition, Aitken (2006, p. 14) identified the following as being especially relevant: mechanical injuries, environmental and infectious diseases, pesticide exposure, and social and psychological problems. Health and safety issues at work can be adversely affected by poor levels of English language; this could potentially pose a problem in industries in which only basic English language skills are required by employers, including food processing in the North-East of Scotland (bSolutions, 2005).

Further problems may arise where migrant workers are reluctant to take time off work unless they are physically too sick to be able to work. This is often due to fear of non-payment or dismissal, as well as threats of homelessness (McKay and Winkelman-Gleed, 2005; ILO, 2004). Such fears may be well-founded, with migrant workers reporting discrimination and poor treatment by employers when health issues have arisen (Bell at al., 2004).

3.5 Services – access and impact

This section considers the limited literature which exists on the extent to which migrant workers are accessing services and on their current and future impact on services. It covers language and communication, access to information and advice, accommodation, and banking, as these are the issues that have been emphasised the most by research and by migrant workers. This is followed by an overview of access to health services and to other specific services (the police, social work and so on) about which information is scarcer.

Context

While there is a growing understanding of the complex factors surrounding labour market issues and migrant workers, there is less in-depth information about the extent to which migrant workers are accessing services and especially the extent of their current and future impact on service providers. It is increasingly acknowledged that the changing nature of migration itself presents challenges to service providers. Assessing impact of services and planning appropriate provision is complicated by a wide range of factors including fluctuating numbers of migrant workers, diversity and changes in the nationalities encountered, concentration in relation to different industries and geographies, impact of globalisation processes over which nations have little control, and changing government policies on immigration (CAB, 2005b; Homeless Link, 2006; Glover et al., 2001).

The Tayside study reported that the demand for services from migrant workers had increased for 90 per cent of the 31 organisations contacted in a 12-month period; of these, three-quarters of the organisations had reported devoting approximately 5 per cent of their resources to supporting migrant workers (SER, 2006, p. 43). A recent study involving a survey of clients seen by 43 London frontline homeless agencies in one week reported that 15 per cent of the clients (4,356 people seen in total) who used their services were A8 nationals, varying from 5 per cent of clients seen in some organisations to 50 per cent in others. Although all A8 nationalities were represented, the majority (68 per cent) of the clients were Polish. Accommodation, employment, language difficulties and lack of knowledge of the UK system were issues that presented the most difficulties for A8 nationals (Homeless Link, 2006, pp. 4–5).

The majority of recent UK research on migrant workers has consistently emphasised the impact of A8 nationals on service provision (Aitken, 2006; de Lima et al., 2005; McKay and Winkelman-
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Gleed, 2005). However, there is a dearth of information on the actual extent of such impact and/or support needs. The difficulty in assessing impact is due to a combination of factors including lack of data on migrant workers, limited monitoring systems in place amongst agencies providing services, lack of clarity on the rights and responsibilities that different categories of migrant workers have and who is responsible for what in this context, and 'limited coordination, shared learning or incentive from the national level' (Cooke and Spencer, 2006, p. 23).

In addition to the general context, specific issues have been raised in relation to rural areas. Difficulties in accessing services and impact on services are exacerbated given the current evidence that A8 nationals are migrating to rural areas and towns which may not have experienced significant migration before. Consequently, migrants often lack the support of an established migrant community, and service providers in these areas may not have experience of dealing more generally with diverse groups (in terms of race, faith, and language) including migrants (Robinson and Reeve, 2006).

The Citizens Advice Bureau in England reported that whilst some rural bureaux were not experiencing difficulties associated with migrant workers, in other locations more than a quarter of all clients were migrant workers. Problem areas included a weak infrastructure in general for obtaining and giving appropriate advice, especially if migrant workers had problems which were outside the expertise of a particular bureau, and specialist assistance had to be sought with consequent costs and delays involved (CAB, 2005b).

Language and communication
The so-called 'language barrier' is the most consistently cited problem facing migrant workers and service providers (Robinson and Reeve, 2006; SER, 2006; Aitken, 2006; McKay and Winkelman-Gleed, 2005). Language difficulties have been reported to be particularly acute amongst those working in low-skilled occupations, including food processing; in one study in the North-East of Scotland, 71 per cent of employers stated that they required only 'basic' English language abilities in their workforce (bSolutions, 2005). This has tended to lead to a situation in which migrant workers arrive in the UK to work but have very poor English language skills, as has been confirmed by subsequent studies (SER, 2006; de Lima et al., 2005). There is also some evidence that the regional dialects of the North-East of Scotland present particular difficulties even for those with better English language skills (bSolutions, 2005).

Language and communication difficulties are consistently identified as a major barrier to accessing services in general, including health services, as well as making it difficult to interact effectively with co-workers and employers (CAS, 2006; Robinson and Reeve, 2006; Aitken, 2006; McKay and Winkelman-Gleed, 2005). These difficulties have implications for the workers’ understanding of procedures such as registering with health practitioners, obtaining a National Insurance Number, and seeking advice on their employment rights (CAS, 2006; CAB, 2005a; TUC, 2004). In one instance where an employer attempted to introduce sexual health education, language was cited as one of the barriers to success (NHS Tayside, 2005).

Furthermore, in the context of health, being unable to communicate effectively can have serious consequences; for example, describing symptoms may be difficult (BMA, 2002) and may in some instances lead to misdiagnosis (McKay and Winkelman-Gleed, 2005). In addition, language difficulties may be a barrier not only to treatment, but also to receiving the financial support to which an individual may be entitled: the complex health costs reclaim forms are only available in English or Welsh (BMA, 2002). The situation is exacerbated when migrant workers may speak languages not usually encountered by health service providers (Twomey, 2006).

A lack of translation and interpretation facilities has been consistently cited as a problem in accessing public services in general; in one study 89 per cent of respondents had never been offered an interpreter, and in some cases respondents were asked to bring a friend or family member (Bell et al., 2004). The use of friends or relatives as interpreters has been reported in a wide range of contexts; however, when this occurs in relation to health/mental health issues it is a serious breach of a patient’s right to confidentiality (Aitken, 2006; BMA, 2002).
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Evidence across the UK, including Scotland, suggests that despite trades unions, employers and local authorities providing English for Speakers of Other Languages (ESOL) classes, the language needs of migrant workers are still not being met (Cooke and Spencer, 2006; SER, 2006; Mcllwaine, 2006; Labour Research, 2004). In the Tayside study, less than a quarter of migrant workers sampled had accessed ESOL classes, whilst almost double that number would have benefited from ESOL provision but had not accessed any provision (SER, 2006). The long and/or antisocial working hours plus irregular shift patterns often experienced by migrant workers as well as the inflexible nature of provision often lead to difficulties in accessing ESOL provision (de Lima et al., 2005). Furthermore, learning English may not be a priority for some migrant workers, particularly if they do not have long-term expectations of staying in Scotland (de Lima et al., 2005).

It is widely acknowledged that ESOL provision in Scotland lacks coordination, pending the implementation of the Scottish Executive’s ‘Adult ESOL Strategy for Scotland’ (Somerville, 2006b). The pressure on ESOL provision has also raised issues around capacity to deliver such provision due to lack of qualified English as an Additional Language (EAL) staff in schools and in community-based provision; this is exacerbated by the unpredictability of demand for services (Aitken, 2006).

Advice and information
Underpinning much of the discussion on access to services is the lack of access to appropriate information and advice on entitlements and rights, and more generally in relation to living in the UK.

Benefits and entitlements
Having a National Insurance (NI) Number is a priority for migrant workers and ‘legitimises their position in the labour market [and] enables them to access a range of state benefits and entitlements’ (CAB, 2005a, p. 11). Evidence suggests that migrant workers face a number of difficulties with regard to NI registration, including lack of awareness and knowledge of the need to register or the procedures for registering, lack of information/misinformation by employers and employment agencies, ‘protracted procedures’, and delays in processing applications (CAB, 2005a).

In addition, information related to access to and eligibility for benefits and entitlements in areas such as health care, employment and housing are complex and dependent on the scheme under which a migrant has entered the UK. Difficulties that migrant workers experience in this context include understanding their entitlements and eligibility for benefits, accessing appropriate advice and support, delays in processing claims and refusal to acknowledge their rights as employees. This situation is exacerbated by the fact that in many instances, services in general, including health service practitioners, are also unaware of migrants’ entitlement to their services (Aitken, 2006; McKay and Winkelman-Gleed, 2005; BMA, 2002). Although in some instances trades unions and employers have provided advice on issues such as health care and housing (Mcllwaine, 2006; Equality Commission for Northern Ireland, 2004), migrant workers are vulnerable to being destitute and not receiving the care they need (CAS, 2006; Homeless Link, 2006; CAB, 2005a).

Service provision
The difficulties in accessing appropriate advice and information about services, in a range of relevant languages, is a common theme across the majority of studies undertaken on migrant workers (CAS, 2006; Aitken, 2006; CAB, 2005a; de Lima et al., 2005). Studies across the UK have found the existence of ‘well established communities’ an important source of advice and information for new arrivals (de Lima et al., 2005; McKay and Winkelman-Gleed, 2005). However, those who do not have existing networks are likely to be at a disadvantage, making it vital to develop outreach strategies and information provision in other languages, as well as ensuring that relevant agencies are adequately resourced and equipped (see Cooke and Spencer, 2006, for a summary of initiatives being undertaken across the UK).

Immigration advice and support
The current UK immigration system is highly complex; there are more than 50 means of entry to the UK and more than 22 ‘managed migration’ programmes under which migrants may seek
employment in the UK (Somerville, 2006a; Home Office, 2005b). Although the government intends to replace these routes with a 'points based system' which may go some way to reducing the level of complexity, it has been argued that the use of a 'tiered' system in effect allows continuation of current thinking rather than the establishment of a definition of what constitutes an 'economic migrant' (Home Office, 2006b; Somerville, 2006a). It has also been suggested that the new system would be less flexible than existing schemes such as the Sectors Based Scheme in allowing migrant workers to be employed in specific sectors (Vaz, 2006).

Given the current complexity, difficulties faced by migrant workers include accessing accurate information and advice, navigating through processes and procedures, and problems in getting visas/permits changed (CAB, 2005a). Employers have also expressed concerns over the complexity of the immigration system and difficulties in understanding their legal duties, as well as the entitlements of different categories of migrants (Melvin, 2006; Anderson et al., 2006). Whilst some employers have welcomed the Workers Registration Scheme (WRS) as adding 'legitimacy' to the employment relationship, a recent study involving over 500 businesses found that many were willing to 'bend the rules' or ignore WRS procedures, and found the system unnecessary and too bureaucratic (Anderson et al., 2006; de Lima et al., 2005).

Accommodation

Across the UK, accessing accommodation is widely reported as a problem for migrant workers, and employers have identified this as a potential barrier to successful recruitment (Homeless Link, 2006; Somerville, 2006a; SER, 2006; Aitken, 2006; Netto et al., 2005; Chess Partnership, 2004). In Edinburgh, hostels for the homeless reported that there were significant numbers of migrant workers who have been unable to secure accommodation and who in some cases had underestimated the costs of living in Scotland (Scotsman, 2006). Homeless Link (2006) reported that a small but significant proportion of migrants were ending up destitute and homeless in London.

The CAB report (2005a) on migrant workers identified three housing options potentially available to migrant workers: tied housing, rented private or social housing, and owner occupation. The latter is more likely to occur amongst professional migrant workers, who are reported to experience difficulties in accessing loans from banks and building societies, due to their reluctance to provide loans to customers on time-limited work permits (CAB, 2005a; McKay and Winkelman-Gleed, 2005).

In many cases housing is provided by the employer or recruitment agency, or they may act as facilitators to housing access, a situation that was reported to be prevalent in Grampian (Netto et al., 2005). In such circumstances housing is tied to the employment contract, which makes migrant workers vulnerable to abuse and homelessness should they complain about their work conditions, have to take time out due to ill health, or decide to leave their employment (McKay and Winkelman-Gleed, 2005). In addition, tied accommodation is consistently reported to be problematic for a variety of reasons: it may be of poor quality; it is subject to overcrowding, as accommodation may be designed for single people rather than families and landlords may wish to maximise income; rents are often well above the usual levels of the private rented sector; and there is a prevalence of tenure insecurity due to lack of tenancy agreements (CAB, 2005a; de Lima et al., 2005; McKay and Winkelman-Gleed, 2005).

With regard to non-tied accommodation, in certain aspects the housing experiences of migrant workers are similar to those of the local population, for example being faced with high rents or demand outstripping supply (CAB, 2005a; Netto et al., 2005). Evidence in relation to accommodation in the private rental market suggests experiences similar to those with tied accommodation: overcrowding with multiple occupancies, high rents for poor quality or sub-standard accommodation, and insecurity of tenancies (CAB, 2005a; de Lima et al., 2005; McKay and Winkelman-Gleed, 2005). With regard to social rented housing, migrant workers are often unaware of their eligibility for social rented housing, and their eligibility may be dependent on their immigration status (CAS, 2006; CAB, 2005a; Netto et al., 2005). In addition, the situation can be exacerbated when public sector staff are unaware of migrant workers’ entitlements (Homeless Link, 2006).
Despite concerns about the potential impact of housing conditions on the health of migrant workers, there is a lack of research on the prevalence of illnesses attributable to housing conditions amongst this group (Kelly et al., 2005; NHS Tayside, 2005; ILO, 2004; Zincone, 2000). The two main health concerns highlighted include damp housing, which is known to cause an increased risk of skin problems and respiratory conditions such as asthma, and the increased likelihood of diseases spreading in overcrowded conditions (NHS Tayside, 2005; BMA, 2002). It has been suggested that migrant workers experience the effects of ‘a “vicious circle” of poor housing, unsatisfactory working conditions, and the potential for diseases to proliferate’ (ILO, 2004, p. 66).

The impact of migrant workers on housing markets has also been noted by a number of writers. Difficulties can arise in sheer lack of housing supply, or the housing that is available being too small, too far from the place of work, or in poor condition (bSolutions, 2005; Boswell, 2003; Robinson and Reeve, 2006). The ‘clustering’ often exhibited by new migrants, or the concentration of migrant workers resulting from active recruitment by industry, can lead to a sudden increase in demand for housing in a particular area (Robinson and Reeve, 2006; SER, 2006). It has also been reported that the arrival of migrants can lead to community tensions, especially where there is a lack of adequate housing supply (Homeless Link, 2006). In addition, migrant workers may be housed in areas where it might be more difficult to house local populations due to the perceived undesirability of specific neighbourhoods (Bell et al., 2004) and planning restrictions can also exacerbate difficulties in the housing situation (de Lima et al., 2005; McKay and Winkelman-Gleed, 2005).

Banking
Opening bank accounts can be very problematic; being forced to deal in cash places migrant workers in a vulnerable position, whilst employers of migrant workers have noted that to pay wages in cash is ‘the first step towards illegality’ (de Lima et al., 2005, p. 39; see also McKay and Winkelman-Gleed, 2005). Fundamental to this issue is providing identification documents generally sought by banks, such as utility bills. Legislation for the prevention of money laundering requires ‘satisfactory evidence of [the applicant’s] identity’ (Money Laundering Regulations 2003, paragraph 5). Problems arise for migrant workers who are on short-term contracts or in multiple-occupancy accommodation and are unable to provide utility bills from a UK address (de Lima et al., 2005).

Dealing in cash can be particularly problematic in the context of remittances. Many migrant workers are working to support family at home; for example Polish workers in Germany have been reported as sending home up to 80 per cent of their earnings (Vertovec, 2004). Migrant workers who are paid in cash face costly fees from banks to have money sent abroad or, in some instances, risk losing savings through theft when carrying cash home or sending cash by post (de Lima et al., 2005; McKay and Winkelman-Gleed, 2005).

Access to and experiences of health services
Migrant workers’ experiences of accessing health services appear to be mixed. In a study of migrant workers in Northern Ireland, it was found that 85 per cent of respondents had registered with a GP. Whilst academics and health workers had very high registration rates, factory workers were considerably less likely to be registered, at 73 per cent, and for respondents with poor English skills the figure drops to 68 per cent. However, these figures may be artifically high because respondents tended to have relatively good English language skills and many were contacted through support organisations (Bell et al., 2004, pp. 89–90). A study of migrant workers in the North-East of Scotland found that 56 per cent of respondents had registered with a doctor (bSolutions, 2005), and McKay and Winkelman-Gleed (2005) reported that migrant workers in their study of the East of England faced problems in registering with their local GPs due to surgery lists being full. Accession may also have had an impact on health service providers in rural Scotland: since May 2004 ‘some rural NHS boards have reported that they are dealing with 800 to 1000 new migrant workers each month’ (Watt and McGaughey, 2006, p. 17).

There is evidence to suggest that due to the predominance of younger people in the migrant workforce there is less of a tendency to register with a GP (McKay and Winkelman-Gleed, 2005; de Lima et al., 2005). Furthermore, it has been suggested that seasonal migrant workers are less likely to be able to access health services due to the itinerant and short-term nature of their
work (Twomey, 2006). In some instances migrant workers have been found to access health services only in an emergency (WECHC, 2004).

Policies on health care eligibility may also have a direct bearing on the uptake of health services, and it can be argued that ‘increasing conditionality has undermined migrant access to services’ (Somerville, 2006a p. 44). Evidence from a study in the US has shown that where eligibility for welfare benefits is restricted, migrant workers have become less likely to use health services (Fix et al., 2001). In addition, as previously discussed, research consistently suggests that migrant workers are often not aware of their entitlements to services and may lack knowledge of how services such as health operate in the UK.

Cultural factors have also been identified as one of the most important barriers to migrants successfully accessing health care (Aitken, 2006; BMA, 2002). For some migrants, there may be considerable differences in medical practice between the UK and their home country, with regard to issues such as types of medications prescribed, food, and death rituals (WECHC, 2004). In addition, attitudes to mental health issues may vary between cultures and treatment methods such as counselling may be unknown. Against this background, mental health problems can be more difficult to diagnose and treat.

For those who have accessed health services, their experiences have been mixed (SER, 2006). For example, McKay and Winkelman-Gleed (2005) reported that most respondents in their study of the East of England had commented favourably on the health services (GP and hospital) they had accessed. However, the availability of interpretation and translation facilities were significant factors in evaluating the services positively. In contrast, there were also examples of misdiagnosis with fatal consequences, and long delays and waits. However, it has been suggested by the researchers that these experiences were more likely to be related to ‘overstretched services' rather than to their status as migrant workers.

Other services

**Police services**
A study in the Scottish Borders highlighted a number of car-related offences which may indicate a lack of knowledge and understanding of the legal requirements of driving in the UK. In addition, it was suggested that migrant workers may also be the victims of crimes that go unreported. Issues highlighted as requiring to be addressed included: promoting an understanding of legal differences between countries; understanding the role of the police in different cultures; the need for coordination and multi-agency approaches; and provision of information on existing laws, crimes and offences (Aitken, 2006).

**Education of migrant workers' children**
Lack of resources for English as an Additional Language (EAL) provision and problems with attendance have been highlighted as issues in relation to the education of migrant workers' children (Watt and McGaughey, 2006; Aitken, 2006; de Lima et al., 2005). A study in Moray found that while information about the education system was generally easily obtained, there was strong demand for face-to-face interpretation services to be made available (Stewart, 2005). The quality of the school system in the UK has been identified as a retention factor which may motivate some migrant workers to stay permanently in some instances (Bell et al., 2004).

**Social work**
Aitken (2006) reported that the Social Work Department in the Scottish Borders had come into contact with migrant workers when they were in crisis. In addition, there were referrals from other services, such as those concerned with homelessness, and from the police, who had been involved in cases of domestic violence and on occasion child protection issues. It would appear that social work departments were not approached by migrant workers for assistance due to a combination of factors including a general lack of awareness of the service (this is also applicable to non-migrant workers), and also because migrant workers were not aware of their entitlement to the service.
3.6 Retention and promoting integration

The literature identifies a number of factors which are influential in the retention of migrant workers. These include: the services available in an area; investment by employers to ensure that migrant workers have a smooth transition to working and living in the UK; migration status, lower costs of living and a perceived better quality of life; and geographical location, particularly in areas other than the South-East of England (Anderson et al., 2006; SER, 2006; Birks, 2006; McIlwaine, 2006; Bell et al., 2004; Chess Partnership, 2004).

In addition it is widely accepted that integration must be seen as a two-way process that involves adjustments by both migrant workers and the host communities, and that initiatives should be aimed at all groups (Rudiger and Spencer, 2003, p. 41). Problems with integration have been highlighted where migrants are perceived to compete with local workers for employment and resources such as housing (Homeless Link, 2006; McKay and Winkelman-Gleed, 2005). In addition the lack of a coordinated approach across government departments, local authorities and sectors (public, private and voluntary) to the issues raised by migrant workers has been identified as a major barrier to strategic and effective action (Homeless Link, 2006; Cooke and Spencer, 2006).

It is increasingly recognised at the UK and Scottish levels by government as well as employers that isolating migrant workers as the focus for initiatives is not a strategic way forward. It is widely acknowledged that migrant workers, asylum seekers and refugees, and other immigrants to the UK all face common challenges across the UK. Joan Ryan (MP, Under Secretary of State for nationality, citizenship and immigration, 2006) in her speech at a Compas Conference in July 2006 argued strongly for 'a more holistic integration strategy' for those with permission to live and work 'regardless of how someone comes to the UK' (Ryan, 2006).

3.7 Key findings

- Decisions to migrate are complex and involve a combination of factors in the sending and receiving countries. Employment-driven migration is one of many factors in the decision-making process.

- Employers are positive about EU enlargement, which has enabled them to recruit labour in jobs which UK workers are not willing to take up. Migrant workers, and A8 nationals in particular, are favoured for their positive work ethic, reliability, and flexibility.

- Although migrant workers are working in a range of industrial sectors, within Scotland A8 nationals comprise a significant proportion of the migrant workforce, and are concentrated in three sectors: hospitality, food processing, and agriculture.

- The qualification levels of large numbers of migrant workers tend to exceed the level required by the job they are employed in. The majority tend to work long hours, are on low wages and are often not aware of their entitlements.

- Whilst there is growing evidence that migrant workers and A8 nationals in particular are impacting on services and have a range of support needs, there is a dearth of information on the extent of this impact.

- Language and communication, access to advice and information, housing and banking are the four most frequently cited issues identified in the context of accessing services. There is a dearth of information about services such as the police, health, education and social work.

- Poor working practices and living conditions, coupled with barriers to accessing services in general (see below), may lead to a decline in physical and mental health following migration. Social isolation associated with migratory processes and different cultural norms and practices are perceived to be relevant factors that may have negative consequences on the health of migrant workers. However, research is limited,
and the health status of migrants prior to arrival and whilst in the UK is not fully understood and merits further research.

- Although some studies have highlighted work-related health risks associated with the conditions and nature of employment, poor health and safety training and communication problems, the extent of the problem is difficult to assess given the lack of extensive research.

- Despite negative media reporting there is a dearth of research on the prevalence and spread of infectious diseases in relation to migrant workers.

- From the perspective of migrant workers access to services in general is affected by a complex combination of factors including legal status and migration routes, communication difficulties, and lack of awareness of entitlements/obligation and access to appropriate advice and support.

- Significant factors in addressing the needs of migrant workers from service providers’ perspectives include: the diverse and changing nature of the migrant worker population; poor understanding of entitlements to services; communication barriers; lack of infrastructure due to limited overseas migration previously or local ethnicity, faith and linguistic diversities; and limited resources and pressures to provide services in areas already experiencing high pressure, for example housing.

- It is increasingly recognised that inclusive policies are needed, rather than language-specific policies or ones related to ethnicity or nationality. Integration requires all key stakeholders – employers, migrant workers, statutory agencies, civil society organisations and the local communities in general – to play their part in the process of adaptation and accommodation.

This chapter presents the trends in the migrant worker population in Grampian between 2002 and 2006, drawing on National Insurance Number (NINo) registrations by overseas nationals provided by the Department of Work and Pensions (DWP). The findings are structured around the following headings:

- policy context within which data gathering on migrant workers takes place
- trends in relation to migrant workers at UK and Scottish levels
- trends in NINo registrations by overseas nationals in Grampian, 2002–2006
- future trends
- key findings.

4.1 Policy context

Changing policy context: UK
The difficulties in obtaining robust data on the numbers of migrant workers in the UK has been widely reported as a major challenge in assessing the size and trends of the migrant worker population, as well as in establishing an evidence base for developing appropriate policies (Anderson et al., 2006; Aitken, 2006; de Lima et al., 2005; Gilpin et al., 2006; SER, 2006). Migration into the UK for employment and for education is a complex process and includes immigration programmes that are not explicitly about ‘labour immigration’. In 2004 it was estimated that for nationals from outwith the European Economic Area (EEA), there existed between 50 and 80 ways of entering the UK (Anderson et al., 2006; Home Office, 2005a, 2005b). The difficultly in identifying migrant population size and trends is further complicated by the presence of undocumented workers.

In addition, the government has introduced new migration policies to manage labour migration, including the Highly Skilled Migrants Programme (2002) and the Sector Based Scheme (2003). Furthermore, from 1 May 2004 ten countries joined the European Union (EU): eight Central and Eastern European countries (the A8; see Chapter 1, note 1) plus Cyprus and Malta. The latter two already had free access to the EU labour market. From 1 May 2004 the UK, Ireland and Sweden granted the A8 countries free access to their labour markets. A8 nationals are required to register on the Workers Registration Scheme (WRS) if they are employed in the UK for a month or more (Gilpin et al., 2006).

Against this complex background, the government has committed itself to developing a ‘firm-but-fair’ approach to managing the migration system (Anderson et al., 2006). Although it is difficult to assess how these changes in policy are likely to impact on the numbers and nationalities of migrants coming into the UK, it is important to take into consideration the evolving policies in this area.

Policy context: Scotland
In addition to the UK policy context on issues related to immigration/migration, the Scottish Executive has negotiated specific arrangements with the Home Office to address Scotland’s demographic trends. In this context it has identified a multifaceted approach, including the Fresh Talent Initiative and the establishment of the Relocation Advisory Service, which are likely to have an impact on the numbers of overseas nationals arriving in Scotland. The Relocation Advisory Service, which is based in Glasgow, has been operational since October 2004. It aims to offer a face-to-face, phone and web-based service to people who are considering living and working in Scotland as well as advice on a wide range of issues including visas, work permits, employment, education, accommodation, and cultural opportunities (Scottish Executive, 2005a).

The Relocation Advisory Service is reported to have provided in-depth advice in response to more than 8,700 enquiries, and its website has received more than a quarter of a million hits over an 18-month period. This has been underpinned by targeted marketing efforts in Poland, China, India and the USA (Fresh Talent Initiative, 2006).

The Fresh Talent: Working in Scotland scheme was launched in 2005 by the Scottish Executive and is intended to address Scotland’s demographic and skills deficits by attracting young, highly
skilled people to live and work in Scotland. The scheme entitles nationals of countries outwith the EEA who have graduated from a Scottish university to remain in Scotland for up to two years without the need for a work permit. In the parliamentary debate on Fresh Talent in January 2006, it was reported that there were 1,500 successful applications to the scheme from 75 different countries during the first seven months following its launch (Fresh Talent Initiative, 2006). Although data on the geographical spread of the applications has not been made available, the website 'Scotland is the Place' (http://www.scotlandistheplace.com) does provide case studies of successful applicants from across Scotland. In addition to students, the Scottish Executive has identified a number of other target groups; for example, those looking for employment, entrepreneurs looking to start up businesses, businesses which would like to recruit migrants, and Scots who may wish to return to Scotland to live and work. The Scottish Executive is undertaking a wide range of activities within this context (for more details, see Scottish Executive 2005b).

However, the success or otherwise of the Fresh Talent initiative has been contested: for example the Commission for Racial Equality (CRE, 2005) questioned the ability of Scotland's businesses and services to cope with increased migration, as well as the readiness of Scottish society to accept new migrants. Furthermore, it is argued that there is already an existing pool of highly skilled labour in the asylum seekers and refugees who are in Scotland, and that this resource should be utilised before seeking to promote further immigration.

Trends in overseas migrant workers are likely to be affected by ongoing policies at both UK and Scottish levels. For example, recent government discussions suggest that restrictions will be placed on the entry of Bulgarians and Romanians (discussed later in this chapter); and the Scottish Executive intends to introduce a Code of Practice for international recruitment of health care professionals in NHS Scotland, in line with UK policy. This will, amongst other things, prohibit active recruitment from developing countries (Scottish Executive, 2005b). Specific policy changes in Scotland have not been accompanied by more effective data gathering, and the issue of lack of data on overseas workers was also acknowledged in the parliamentary debate on Fresh Talent:

'Aside from the Scottish Agricultural Wages Board, we are not aware of any body in Scotland that would monitor the employment of foreign labour through agencies. Employment Agencies and Employment Businesses regulation is a reserved matter and The Employment Agency Standards Inspectorate within DTI is responsible for the monitoring of such bodies.' (Scottish Executive, 2005b)

4.2 Overview of trends – migrant workers

The numbers of overseas nationals seeking to work in the UK from both within and outside the European Union since the mid 1990s has increased significantly (Salt, 2005). In spring 2004, prior to EU enlargement, there were estimated to be 2.8 million foreign nationals living in the UK, of whom 1.44 million were in employment, accounting for 5.4 per cent of the workforce (CRE, 2006, p. 10; see also Anderson et al., 2006).

The Office of National Statistics recently estimated that the number of A8 citizens migrating into the UK for a period of at least a year had increased by over 50 per cent, from 52,000 in 2004 to 80,000 in 2005. However, this increase can be explained by the fact that 2005 was the first full calendar year following the date of accession in May 2004 for which migration by A8 citizens could be estimated (ONS, 2006, p.4). Furthermore, it also stated that

'Long-term outflows of A8 citizens also increased notably for the first time in 2005 but trends in migration outflows will not become clear until future years. Almost 80 per cent of this outflow occurred in the second half of 2005.' (ONS, 2006)

International Passenger Survey (IPS)² estimates showed that approximately 60 per cent of A8 citizens who had come to the UK for at least one year were more likely to come for work-related reasons – that is, they had come for business reasons or had a definite job to go to – than other migrant groups (ONS, 2006, p. 4).
The UK Government's acceptance of A8 nationals in 2004 is part of its strategy for managing migration to fill vacancies in skilled and 'low-wage occupations'. Although recent estimates of the number of A8 nationals who have entered the UK have suggested a figure as high as 600,000 (Grice et al., 2006), how many of these are still in the UK remains unclear. Evidence based on the Workers Registration Scheme (WRS) between May 2004 and December 2005 suggests that approximately 345,000 workers from these new member states registered for employment, although up to 30 per cent of these may have already been in the UK before the 1st of May (Anderson et al., 2006, p. 7). However, it is also recognised that significant numbers of A8 nationals may not be registering on the WRS for various reasons: they may be exempt; they may be unaware of registration; or they may not find registration worth their while (Ruhs, 2006). In addition, it is important to be aware that the figures based on registering on the Scheme do not reflect the 'stock' of migrant workers from A8 countries, as the data does not record how long workers stay or whether they have left the country (Anderson et al., 2006; Gilpin et al., 2006).

Data sources consistently show that applications from Poles formed the majority (58 per cent) of WRS applications, followed by Lithuanians (14 per cent) and Slovaks (11 per cent). The predominance of Polish workers is related to the fact that it is the largest accession state with a population of over 40 million, as well as having one of the weakest labour markets in the EU (Gilpin et al., 2006, p. 14).

Prior to accession, the predominant tendency was for A8 nationals to be concentrated in London and the South-East of England. Whilst London continues to be important in terms of concentration of A8 nationals, other parts of England and Scotland are now also attracting high concentrations (Gilpin et al., 2006). Recent studies within Scotland have also confirmed the trend of an overall rise in numbers, and the growth of A8 nationals has become a very significant component of migration (SER, 2006; de Lima et al., 2005).

### 4.3 NINo registrations as a data source

It is widely acknowledged that the UK lacks a robust system for accounting for overseas nationals. This is exacerbated by the complex routes through which people from overseas can come to live, work and study in the UK. However, evolving government policies in relation to managing migration are likely to have an impact on trends.

Given the challenges that exist in obtaining data on overseas migrant workers, National Insurance Number (NINo) registrations are a useful indicator of migrant worker population trends and size at the regional and local authority levels. However, it is widely acknowledged that the number of NINo registrations should not be viewed as an exact indication of the number of migrant workers and should not be conflated with the 'stock' of migrant workers (i.e. number resident) in an area, due to the following limitations:

- no record can be made of migrant workers leaving the country
- migrant workers could register in a different location/local authority from where they actually end up working
- some migrant workers may be working without obtaining a NINo
- a NINo may be obtained by an overseas national for a purpose other than work, e.g. to access benefit entitlement
- certain categories of non-EU full-time students may apply for a NINo as they may be permitted to work for a specific number of hours per week.

### 4.4 Trends in NINo registrations by overseas nationals in Grampian, 2002–2006

The data used in this study was provided by the Department for Work and Pensions (DWP) and covers the tax years 2002/3 and 2003/4 (i.e. two years prior to EU enlargement), 2004/5 (entry 1st May 2004), and 2005/6 (the most recent data currently available), to develop an understanding of trends over time.
The numbers provided by the DWP had been rounded at source, to the nearest ten in all years except for 2004/5 in which rounding had been to the nearest five. In some instances the sum of certain numbers does not match exactly the given total; this is a consequence of the rounding used by the DWP.

Table 1 and Figure 1 show the numbers of NINo registrations made by overseas nationals over the study period in Grampian and across the three local authority areas, covering tax years 2002 to 2006.

- At the UK level, NINo registrations made by overseas nationals increased by 90 per cent from 349,240 registrations in 2002/3 to 662,390 in 2005/6.
- In Scotland, registrations increased by 185 per cent over the same period, with the Scottish proportion of UK overseas nationals’ NINo registrations increasing from 4.2 per cent (14,520) in 2002/3 to 6.2 per cent (41,370) in 2005/6. This increase occurred principally in 2004/5 (an almost 50 per cent increase on 2003/4), and 2005/6 (a 73 per cent increase on 2004/5).
- The pattern of overseas nationals’ NINo registrations was similar in Grampian: numbers increased from by 223 per cent from 1,850 in 2002/3 to 5,980 in 2005/6 (from 12.7 per cent to 14.5 per cent of NINo registrations by overseas nationals in Scotland).

The following trends were evident across the three local authority areas (see Table 1 and Figure 1):

- Within Grampian, over 77 per cent of the 1,850 NINo registrations by overseas nationals took place in Aberdeen City in 2002/3; these represented 9.8 per cent of Scottish registrations. In 2005/6, Aberdeen City registrations had increased to 3,860, principally in years 2004/5 and 2005/6. However, the Aberdeen City proportion of Scottish registrations had fallen slightly to 9.3 per cent in 2005/6, and to 64.5 per cent of Grampian registrations in the same year.
- In Aberdeenshire, there were 330 NINo registrations by overseas nationals in 2002/3, representing 2.3 per cent of Scottish registrations, and 17.8 per cent of Grampian registrations. In 2005/6 this had risen to 1,590 registrations, which made up 26.6 per cent of the Grampian total, and 3.8 per cent of the Scottish total.
- In Moray, there were 90 NINo registrations by overseas nationals in 2002/2003, representing 0.6 per cent of the Scottish total, and 4.9 per cent of the Grampian total. In 2005/6 this had risen to 530, and made up 8.9 per cent of the Grampian total, and 1.3 per cent of Scottish registrations in that year.

Table 1: Total NINo registrations by overseas nationals

<table>
<thead>
<tr>
<th></th>
<th>UK</th>
<th>Scotland</th>
<th>Grampian</th>
<th>Ab.City</th>
<th>Ab.shire</th>
<th>Moray</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002/3</td>
<td>349240</td>
<td>14520</td>
<td>1850</td>
<td>1430</td>
<td>330</td>
<td>90</td>
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<tr>
<td>2003/4</td>
<td>370750</td>
<td>15500</td>
<td>2120</td>
<td>1530</td>
<td>420</td>
<td>170</td>
</tr>
<tr>
<td>2004/5</td>
<td>439730</td>
<td>22850</td>
<td>3450</td>
<td>2220</td>
<td>920</td>
<td>310</td>
</tr>
<tr>
<td>2005/6</td>
<td>662390</td>
<td>41370</td>
<td>5980</td>
<td>3860</td>
<td>1590</td>
<td>530</td>
</tr>
<tr>
<td></td>
<td>1822110</td>
<td>94240</td>
<td>13400</td>
<td>9040</td>
<td>3260</td>
<td>1100</td>
</tr>
</tbody>
</table>

Note: DWP NINo data was rounded at source, to the nearest ten for 2002/3, 2003/4 and 2005/6, and to the nearest five for 2004/2005
Figure 1: Grampian and local authority overseas nationals’ NINo registrations, by study year

<table>
<thead>
<tr>
<th>Year</th>
<th>Moray</th>
<th>Aberdeenshire</th>
<th>Aberdeen City</th>
<th>Grampian</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002/3</td>
<td>90</td>
<td>330</td>
<td>1430</td>
<td>1850</td>
</tr>
<tr>
<td>2003/4</td>
<td>170</td>
<td>420</td>
<td>1530</td>
<td>2120</td>
</tr>
<tr>
<td>2004/5</td>
<td>310</td>
<td>920</td>
<td>2220</td>
<td>3450</td>
</tr>
<tr>
<td>2005/6</td>
<td>530</td>
<td>1590</td>
<td>3860</td>
<td>5980</td>
</tr>
</tbody>
</table>

Origins of migrant workers

**Origins of NINo registrations by geographical area in Grampian**

Trends in NINo registrations in Grampian over the study period by geographical area of origin can be identified as follows (see Figure 2):

- NINo registrations by nationals of European countries (Other Europe, Other EU, and Accession 8) made up the largest group in each study year, increasing from 640 in 2002/3 (35 per cent of the Grampian total) to 3,910 in 2005/6 (65 per cent of the Grampian total).
- Whilst in 2005/6 there was a 46 per cent increase in ‘Other’ EU NINo registrations compared to 2002/3, registrations by A8 nationals increased dramatically from a very low level (20) in 2002/3, to 1,120 in 2004/5, and 3,010 in 2005/6, and made up 50 per cent of Grampian NINo registrations (15.5 per cent of Scottish A8 NINo registrations).
- NINo registrations by ‘Other’ European nationals (for example nationals of Norway, Switzerland, Bulgaria, Romania and Ukraine) rose to 140 in 2004/5, before falling back to 80 in 2005/6; it is possible that these nationals have been displaced by A8 nationals because of changes to the Sector Based and Seasonal Agricultural Workers schemes.
- NINo registrations by Asian nationals also rose significantly over the study period, doubling from 520 in 2002/3 to 1,110 in 2005/6; in both cases these represented 14 per cent of the Scottish total. NINo registrations by African nationals also rose from 280 in 2002/3 (17 per cent of the Scottish total), to 500 in 2005/6 (22 per cent of the Scottish total).
A study of migrant workers in Grampian

Figure 2: Overseas nationals' NINo registrations in Grampian, by geographical area of origin

<table>
<thead>
<tr>
<th>Geographical Area</th>
<th>2002/3</th>
<th>2003/4</th>
<th>2004/5</th>
<th>2005/6</th>
</tr>
</thead>
<tbody>
<tr>
<td>N.&amp;S.America</td>
<td>190</td>
<td>190</td>
<td>250</td>
<td>240</td>
</tr>
<tr>
<td>Australasia</td>
<td>140</td>
<td>120</td>
<td>100</td>
<td>180</td>
</tr>
<tr>
<td>Africa</td>
<td>280</td>
<td>250</td>
<td>350</td>
<td>500</td>
</tr>
<tr>
<td>Asia</td>
<td>520</td>
<td>660</td>
<td>790</td>
<td>1110</td>
</tr>
<tr>
<td>Other Europe</td>
<td>60</td>
<td>100</td>
<td>140</td>
<td>80</td>
</tr>
<tr>
<td>Other EU</td>
<td>560</td>
<td>690</td>
<td>680</td>
<td>820</td>
</tr>
<tr>
<td>Accession 8</td>
<td>20</td>
<td>70</td>
<td>1120</td>
<td>3010</td>
</tr>
</tbody>
</table>

Origins of NINo registrations by geographical area in the three local authorities

Figure 3 and Table 2 show overseas nationals' NINo registrations by local authority area. Most pronounced are the increases in registrations by A8 nationals since 2004, in each of the three local authorities, but particularly in Aberdeen city and Aberdeenshire. The data suggests the following trends:

- In Aberdeen City, the number of A8 NINo registrations rose from 3 per cent (40) of NINo registrations in 2003/4, to 23 per cent (500) in 2004/5, and 38 per cent (1,470; 24.6 per cent of Grampian total, 3.6 per cent of Scottish total) in 2005/6.
- In Aberdeenshire, A8 NINo registrations also rose dramatically from 7 per cent (30) of the Aberdeenshire total in 2003/4, to 55 per cent (510) in 2004/5, and 78 per cent (1250) in 2005/6, where they constituted 20.9 per cent of the Grampian total (3 per cent of the Scottish total).
- Unprecedented, but at a much lower level, was the rise in A8 NINo registrations in Moray from zero in 2003/4, to 110 in 2004/5, and 290 in 2005/6 (35.5 per cent of the Moray total in 2004/5, and 54.7 per cent of the Moray total in 2005/6).

NINo registration trends in relation to areas other than the A8 countries can be summarised as follows:

- The number of registrations by nationals of 'Other EU' states (i.e. the fifteen member states which comprised the EU prior to May 2004) also increased over the study period in Aberdeen city, especially in 2005/6. Over the same period, numbers in Aberdeenshire were more variable, appearing to decrease to 90 in 2005/6, whilst in Moray numbers increased to 120 in both 2004/5 and 2005/6, and represented 23 per cent of registrations.
- In Aberdeen City, registrations by nationals of 'Other European' states (i.e. those outwith the EU) were maintained at a low level (circa 50) over the study period, but decreased in Aberdeenshire and in Moray in 2005/6.
• NIINO registrations by nationals of Asian states rose from 480 (33.5 per cent) in Aberdeen City in 2002/3, to 1,010 (26.1 per cent) in 2005/6, but remained at a low level in Aberdeenshire (5 per cent in 2005/6) and Moray (4 per cent in 2005/6).
• The level of NIINO registrations by nationals of African states in Aberdeen City also rose over the study period, from 230 (16.1 per cent) in 2002/3, to 450 (11.7 per cent) in 2005/6. However, in contrast, Aberdeenshire and Moray experienced consistently low levels of NIINO registrations from those from Africa.

Figure 3: Overseas nationals' NIINO registrations by local authority and geographical area

Table 2: Overseas nationals' NIINO registrations by local authority and geographical area

<table>
<thead>
<tr>
<th></th>
<th>Aberdeen City</th>
<th>Aberdeenshire</th>
<th>Moray</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accession Eight</td>
<td>10</td>
<td>40</td>
<td>500</td>
</tr>
<tr>
<td>Other EU</td>
<td>390</td>
<td>450</td>
<td>440</td>
</tr>
<tr>
<td>Other Europe</td>
<td>50</td>
<td>40</td>
<td>50</td>
</tr>
<tr>
<td>Asia</td>
<td>480</td>
<td>550</td>
<td>680</td>
</tr>
<tr>
<td>Africa</td>
<td>230</td>
<td>210</td>
<td>300</td>
</tr>
<tr>
<td>Australasia</td>
<td>90</td>
<td>80</td>
<td>60</td>
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<tr>
<td>N. &amp; S. America</td>
<td>150</td>
<td>140</td>
<td>170</td>
</tr>
</tbody>
</table>

Registrations by nationality
Over the study period, at least 84 different nationalities registered for a NIINO in Grampian (due to the effects of rounding, some nationalities with 4 or less registrations may not have been
A study of migrant workers in Grampian

recorded). Figure 4 and Table 3 show the number of NINo registrations from the countries (23 in number) with the most significant level of NINo registrations in Grampian, including the 19 nationalities that recorded a total of more than 200 registrations over the study period. Data for both the Scottish level and the study area local authorities can be found in Appendix 6, Tables 2–2c.

At the Grampian level, in 2005/6, 28.8 per cent (1,720) of NINo registrations were made by Polish nationals, slightly lower than the Scottish level of 35.4 per cent (14,640). Of these, 54.7 per cent (940) registered in Aberdeen city, 30.2 per cent (520) in Aberdeenshire, and 15.1 per cent (260) in Moray. At the local authority level, Poles represented 24.4 per cent of overseas nationals’ NINo registrations in 2005/6 in Aberdeen City, 32.7% in Aberdeenshire, and 49.1% in Moray.

NINo registrations by nationals of other A8 countries were also significant, particularly those by Lithuanians (520: 8.7 per cent of the Grampian total) and Latvians (390: 6.5 per cent). Seventy-one per cent of all Lithuanians in Grampian, and 64 per cent of Latvians, registered in Aberdeenshire, with the remainder registering in Aberdeen City. Issues of nationality and ethnicity are complex; observations from agencies such as NHS Grampian based on Language Line usage suggest that there may be ethnic Russians crossing into Lithuania and taking out Lithuanian citizenship. This enables them to then legally access the economic opportunities of the EEA.

NINo registrations in Grampian by the nationals of two Asian countries were also significant in 2005/6. NINo registrations by Indian nationals rose from 180 in 2002/3 to 480 (8 per cent of the Grampian total) in 2005/6. Of these, 470 (98 per cent) registered in Aberdeen City. Indian nationals’ NINo registrations in Aberdeen City in 2005/6 (470) represented 50.5 per cent of the Scottish total for that year. One hundred Malaysian nationals (31 per cent of the Scottish total) registered for a NINo in Aberdeen city in 2005/6.

The number of Grampian NINo registrations by nationals of the People’s Republic of China rose from 80 in 2002/3 to 210 (3.5 per cent of the Grampian total) in 2005/6. Of these, 90 per cent (190) were in Aberdeen City, representing 46.3 per cent of the Scottish total for that year.

The number of NINo registrations in Grampian by Nigerian nationals was also significant. These increased progressively from 90 in 2002/3 to 260 (4.3 per cent of the Grampian total) in 2005/6. Over the four study years, all but 20 of these Nigerians registered for a NINo in Aberdeen City. The 260 Nigerians who registered for a NINo in the City of Aberdeen in 2005/6 represented 78.8 per cent of the Scottish total for that year.

With regard to NINo registrations from nationals outwith Europe, it is interesting to note that Robert Gordon’s University reported enrolments of

- over 200 Indian students (www.rgu.ac.uk/international/prospective/page.cfm?pge=31066)
- more than 100 Chinese students (www.rgu.ac.uk/international/prospective/page.cfm?pge=31070)
- more than 100 Malaysian students (www.rgu.ac.uk/international/prospective/page.cfm?pge=30171)
- 179 Nigerian students (www.rgu.ac.uk/international/prospective/page.cfm?pge=31056).

Furthermore, a large employer in Aberdeen city who was contacted in the course of the employer interviews conducted for this study (see Chapter 5) reported that the majority of their migrant workers were students from outwith Europe; the same employer had found that Eastern European nationals were unsuitable for employment owing to communication difficulties. It is therefore highly likely that the trends in NINo registrations by Indian, Chinese, Malaysian and Nigerian nationals in Aberdeen City represent overseas students rather than individuals whose primary purpose in entering the UK was for employment; overseas students in the UK are eligible to work for 20 hours or less per week and in order to do so would need to obtain a NINo.
A study of migrant workers in Grampian

In Moray, apart from registrations by Polish nationals, only those by Portuguese nationals were significant between 2003/4 (50) and 2005/6 (70). In 2005/6, they represented 13.2 per cent of Moray overseas nationals' NINo registrations.

Figure 4: NINo registrations in Grampian by selected nationalities, 2005/6

Table 3: NINo registrations in Grampian by selected nationalities, all study years
Nationals from Byelorussia, Bulgaria, Romania, Russia, and Ukraine have also been noted as working as migrants in the study area over the study period. Tables 3–3d in Appendix 6 show NINo registrations by nationals from these countries at the Scottish, Grampian and local authority levels. It is, first of all, interesting to note that the number of NINo registrations by nationals of these countries has been small; either these migrant workers have not been registering for NINos, or their numbers have been less than perceived. In Aberdeen City a few Byelorussians and Bulgarians registered for a NINo in 2003/4, but none did so during the subsequent years.

A small number of Romanians, Russians, and Ukrainians registered for NINos throughout the study period. In Aberdeenshire, no NINo registrations by Byelorussians were recorded and none were recorded by Romanians until 2005/6. A small number of NINo registrations were recorded by Bulgarians, Russians and Ukrainians between 2003/4 and 2005/6, although no NINOs were registered by Ukrainians in 2005/6. Only Bulgarians (10) registered for NINOs in Moray.

Gender analysis
Figure 5 shows the male/female ratio for NINo registrations by overseas nationals in Grampian. Over the study period there were a consistently higher number of registrations by males, averaging 56 per cent of the total. There was little difference between years. The gender balance tended to be more equal in Aberdeenshire and Moray, where the average was around 53 per cent males; by contrast Aberdeen City had an average of 57 per cent male registrations.

Figure 5: Male/female ratios of NINo registrations by overseas nationals in Grampian, all study years

<table>
<thead>
<tr>
<th>Year</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/03</td>
<td>840</td>
<td>1060</td>
</tr>
<tr>
<td>03/04</td>
<td>1050</td>
<td>1190</td>
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<tr>
<td>04/5</td>
<td>1615</td>
<td>1970</td>
</tr>
<tr>
<td>05/6</td>
<td>2550</td>
<td>3430</td>
</tr>
</tbody>
</table>

See table 1 for note on rounding. See Appendix 6 for data at local authority level

Age analysis
Figure 6 shows the age distribution of overseas nationals who registered for NINOs in Grampian over the study period. In each of the four years studied, the 18–44 age group accounted for more than 90 per cent of all registrations, with little variation. The next largest group was 45–59, with around 6 to 7 per cent in each year. The under-18 age group in each year accounted for less than 1 per cent of registrations. There is no discernable trend in these figures over the study period. In both Aberdeenshire and Moray slightly higher numbers are found in the 44–59 age group, at an average of 11 per cent and 16 per cent respectively; however, the total numbers involved are relatively low.
Benefits claimed by NINO registered overseas nationals

Table 4 in Appendix 6 shows the numbers of NINO registered overseas nationals who received welfare benefits over the study period. Between 2002/3 and 2003/4, 3 to 4 per cent of NINO registered overseas nationals were in receipt of Job Seekers Allowance. This percentage fell to 1.7 per cent (60) in 2004/5 and 0.8 per cent (50) in 2005/6. Incapacity benefit and Income Support were received by ten overseas nationals in 2003/4, with a further ten receiving Incapacity Benefit in 2004/5. The small numbers of overseas nationals claiming benefits is in line with trends identified at the UK level (Home Office, 2006a).

4.5 Future trends

Whilst some agencies in Grampian (e.g. NHS Grampian, 2006a) have recently started to identify current trends and have made attempts to predict likely trends, it has not been possible to assess the robustness of their data sources. However, it is important to note that although migration experts have emphasised that migration is here to stay and is a permanent feature of UK society, they have also expressed widespread concerns about the data that is available and its lack of robustness (Sriskandarajah, 2005).

It is widely acknowledged that ‘making predictions about future migration flows is known to be a highly hazardous exercise’ (Ruhs, 2006). Predicting trends is problematic due to a number of factors, including the following:

- changing UK government legislation and policy
- changing labour market trends and difficulties in predicting skills and labour shortages
- review of policies in relation to A8 nationals and Romania and Bulgaria by EU countries which were not part of the initial arrangements of allowing A8 nations free access to employment – for example, the impact of Spain, Finland, Greece and Portugal opening their labour markets to A8 nationals in June 2006 (and of the fact that the remaining EU countries will need to do so by 2011 at the latest) on the UK labour market is not yet known
- narrowing differentials in wages and standard of living between A8 countries and the UK would reduce the incentive to come to the UK (this, for example, was a view expressed by some Czech Republic migrant workers involved in this study)
- global events/crises giving rise to large-scale movements of population.

A further factor involves the entry to the EU of Bulgaria and Romania in 2007. The UK government has recently announced that Bulgarian and Romanian nationals will not have unrestricted access to the UK labour market. However, it is difficult to predict what the trends are likely to be, as it has been suggested that the favoured destination of Bulgarians and
Romanians tends to be Italy and Spain, where 50 per cent of the 2.5 million people who have left Romania already live (Chrisafis, 2006).

The extent to which the pattern of migration amongst the current A8 nationals is likely to continue is highly debated. For example, on the one hand it is reported that Polish migrants who came to Britain and Ireland in 2004 are returning to start new lives in Poland based on their earnings overseas. With EU support for infrastructure, and companies such as Gillette, Indesit, and Dell moving jobs to Poland to take advantage of the low wages and a willing workforce, the Polish economy is reported to be undergoing an economic recovery (Taylor, 2006). Employer demand for migrant labour is also considered to be a key determining factor in relation to A8 migration into the UK in the short to medium term, and consequently, as the Polish economy grows, there is likely to be less incentive to come to countries such as the UK (Ruhs, 2006). On the other hand, migration experts such as Ruhs (2006) have also argued that it is possible that the present A8 migration into the UK may continue due to, for example, the expectation that networks built by current A8 nationals may help to maintain migration flows, given that number of migrants already in a country is considered a good predictor of future migration flows, and also due to the motivation to learn English.

In the context of the factors identified in this discussion, predicting migration flows and specific trends with regard to numbers and nationality is not possible and could be highly misleading.

4.6 Key findings

It is widely acknowledged that the UK lacks a robust system for accounting for overseas nationals. This is exacerbated by the complex routes through which people from overseas can come to live, work and study in the UK. However, evolving government policies in relation to managing migration are likely to have an impact on trends.

- NI.No registrations by overseas nationals in the UK in 2005/6 were 90 per cent higher than in 2002/3: the comparable increase was 185 per cent in Scotland, and 223 per cent in the Grampian area. In 2005/6, 14.5 per cent of overseas nationals’ NI.No registrations in Scotland occurred in Grampian: of these, 64.5 per cent were registered in the City of Aberdeen, 26.7 per cent in Aberdeenshire, and 8.9 per cent in Moray.
- In 2005/6, 50 per cent of Grampian NI.No registrations were made by A8 nationals, and these accounted for 38 per cent of NI.No registrations in Aberdeen City in that year; comparable figures were 78 per cent for Aberdeenshire and 55 per cent for Moray.
- Of these, NI.No registrations by Poles represented over 24 per cent of total overseas NI.No registrations in Aberdeen City, nearly 33 per cent of the Aberdeenshire number, and over 49 per cent of Moray NI.No registrations in 2005/6.
- NI.No registrations by Lithuanians and Latvians were also significant in Aberdeenshire, but less so in Aberdeen City.
- NI.No registrations in Grampian by Chinese, Indian and Malaysian nationals in 2005/6 accounted for half or more of the Scottish total. The majority of these were in Aberdeen City.
- Few Byelorussians, Bulgarians, Romanians, Russians or Ukrainians registered for a NI.No.
- The age and gender balance of overseas nationals has remained consistent over the study period, with 56 per cent being males, and over 90 per cent of individuals being in the 18–45 age group. A slightly higher proportion of registrations by males was evident in Aberdeen City.
- Whilst employer demand for migrant labour is considered to be a determining factor in relation to A8 migration into the UK in the short to medium term, it is considered to be 'highly hazardous' and misleading to make predictions with regard to future migration flows.
5 Migrant workers: Employers' views

Introduction

This chapter presents the analysis of telephone interviews undertaken with 61 employers from a range of industrial sectors across the three local authority areas of Aberdeen City, Aberdeenshire, and Moray, and focuses on:

- profile of migrant workers employed by businesses involved in the study
- methods used in recruiting migrant workers
- issues arising from employment of migrant workers
- access to services – assisting migrant workers
- key findings.

5.1 Profile of migrant workers

Numbers of migrant workers employed by businesses in the study

The sample of employers in this study was not random or comprehensive, but was selected to reflect a range of industrial sectors where it was expected that migrant workers would be employed. Consequently the following profile does not reflect a comprehensive picture of the profile of migrant workers employed in Grampian region.

Migrant workers accounted for 17.7 per cent (1,573) of the total workforce (8,885) reported as being employed by the Grampian businesses which participated in the study (see Table 4). The proportion of migrant workers within these businesses varied widely, ranging from 1.4 per cent to 100 per cent of the workforce; five businesses employed one migrant worker only whilst one employed 15 staff who were all migrant workers. The greatest number of migrant workers employed by an individual business was 300. However, it should be noted that in some cases these numbers were estimates on the part of the employer and should be taken as indicative only.

Industrial sectors employing migrant workers

Table 4: Migrant workers as a proportion of the workforce by area and industry (survey sample)

<table>
<thead>
<tr>
<th>Industry</th>
<th>Grampian</th>
<th>Aberdeen</th>
<th>Aberdeenshire</th>
<th>Moray</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Industries</td>
<td>18% (1573)</td>
<td>11% (444)</td>
<td>18% (676)</td>
<td>23% (453)</td>
</tr>
<tr>
<td>Tourism/Hospitality</td>
<td>23% (236)</td>
<td>21% (163)</td>
<td>28% (67)</td>
<td>24% (6)</td>
</tr>
<tr>
<td>Construction</td>
<td>6.4% (81)</td>
<td>6.0% (38)</td>
<td>4.5% (19)</td>
<td>11% (24)</td>
</tr>
<tr>
<td>Food Processing</td>
<td>31% (924)</td>
<td>41% (123)</td>
<td>34% (501)</td>
<td>25% (300)</td>
</tr>
<tr>
<td>Nursing &amp; Care</td>
<td>7.6% (99)</td>
<td>7.9% (34)</td>
<td>7.5% (65)</td>
<td>-</td>
</tr>
<tr>
<td>Agriculture</td>
<td>80% (82)</td>
<td>-</td>
<td>-</td>
<td>80% (82)</td>
</tr>
<tr>
<td>Oil &amp; Engineering</td>
<td>3.4% (28)</td>
<td>5.6% (7)</td>
<td>3.0% (21)</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>8.9% (123)</td>
<td>7.8% (79)</td>
<td>20% (3)</td>
<td>12% (41)</td>
</tr>
</tbody>
</table>

Drawing on the information provided by employers involved in the study, Figure 7 shows the proportions of migrant workers to all workers across the industrial sectors, and Figure 8 represents the number of migrant workers identified by industrial sector. In the context of this study, food processing was the main sector employing the greatest overall number of migrant workers. Following agriculture, it was the sector with the second highest proportion of migrant workers employed, with nearly a third of employees in this industry being migrant workers. One food processing business had a workforce composed entirely of migrant workers. The predominance of migrant workers in food processing, agriculture, and tourism/hospitality resonates with research and data sources across the UK as discussed in chapters 3 and 4 (see also Gilpin et al., 2006).
A study of migrant workers in Grampian

Figure 7: Migrant workers as a proportion of workforce, by industry (survey sample)

Figure 8: Numbers of migrant workers identified by industry sector (survey sample)

Nationalities employed
Figure 9 shows the principal nationalities reported to be employed by the businesses in the study. In total, 42 different nationalities of migrant workers were found to be employed; in addition there were two instances of workers referred to as 'African' and 'East European'. The predominance of Polish workers (47 per cent) was very strong, reflecting UK and Scottish trends (see Chapters 3 and 4).
A study of migrant workers in Grampian

Figure 9: Numbers of selected nationalities of migrant workers identified in the sample

When the information on migrant workers provided by employers is further broken down by local authority areas, Poles were consistently the largest group at more than 40 per cent in each area (Table 5), although some differences were evident with regard to the geographical distribution of other nationalities. For example, there appeared to be more Portuguese migrant workers in Aberdeenshire and Moray, and Hungarian, African, Chinese and Indian workers in Aberdeen, reflecting the trend in NINo registrations. However, the numbers involved are relatively small and it is possible that the distribution reflects the sample of employers involved in the study; hence caution should be exercised in drawing firm conclusions about the distribution of migrant workers in Grampian in general.

Table 5: Migrant workers identified in the sample of employers, selected nationalities, by local authority area

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Grampian</th>
<th>Aberdeen City</th>
<th>Aberdeenshire</th>
<th>Moray</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Polish</td>
<td>737</td>
<td>46.85%</td>
<td>176</td>
<td>39.64%</td>
</tr>
<tr>
<td>Lithuanian</td>
<td>210</td>
<td>13.35%</td>
<td>43</td>
<td>9.68%</td>
</tr>
<tr>
<td>Portuguese</td>
<td>116</td>
<td>7.37%</td>
<td>1</td>
<td>0.23%</td>
</tr>
<tr>
<td>Latvian</td>
<td>111</td>
<td>7.06%</td>
<td>54</td>
<td>12.18%</td>
</tr>
<tr>
<td>Indian</td>
<td>50</td>
<td>3.18%</td>
<td>40</td>
<td>9.01%</td>
</tr>
<tr>
<td>Czech</td>
<td>45</td>
<td>2.86%</td>
<td>11</td>
<td>2.48%</td>
</tr>
<tr>
<td>Bulgarian</td>
<td>39</td>
<td>2.48%</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Filipino</td>
<td>32</td>
<td>2.03%</td>
<td>9</td>
<td>2.03%</td>
</tr>
<tr>
<td>Hungarian</td>
<td>26</td>
<td>1.65%</td>
<td>25</td>
<td>5.63%</td>
</tr>
<tr>
<td>'African'</td>
<td>25</td>
<td>1.59%</td>
<td>25</td>
<td>5.63%</td>
</tr>
<tr>
<td>Chinese</td>
<td>21</td>
<td>1.34%</td>
<td>20</td>
<td>4.50%</td>
</tr>
<tr>
<td>Spanish</td>
<td>20</td>
<td>1.27%</td>
<td>1</td>
<td>0.23%</td>
</tr>
</tbody>
</table>

Reflecting trends across the UK (see Chapter 3), Poles were also the largest group in each industry; however, it was difficult to detect specific trends with regard to other nationalities due to the small numbers involved.

Gender

The gender balance of the total workforce reported by businesses involved in the study was 56 per cent female to 44 per cent male, with the migrant workforce at 48 per cent female and 52 per cent male. Figure 10 shows the ratio of male to female workers by industry, and it can be seen that in each industry, migrant workers are more likely to be male than is expected for that industry.
Of the 1,573 migrant workers identified as being employed by the businesses in the study, approximately 1,350 were working in positions identified as 'semi-skilled', 'low-skilled', or 'unskilled'. None of the 61 businesses reported having any migrant workers working in positions described as 'senior/managerial'. Only one migrant worker was identified as having a 'clerical/administrative' position, one business reported employing migrant workers in 'professional' roles, and two businesses reported employing a small number (four) of migrant workers in 'technical' positions. With the exception of one employer in the food processing industry, none of the employers had reported instances of migrant workers being promoted to better positions.

In the food processing industry, of the 924 migrant workers identified, all but three were in the semi-skilled or unskilled category. In tourism and hospitality, there was a somewhat wider spread of skills levels apparent with a small number of migrant workers having 'skilled trades' positions. Similarly, in the nursing and care home sector migrant workers were classified as either semi-skilled or skilled trades. In total there were around 130 migrant workers identified as being in skilled trades positions, most of these being in the construction industry.

The evidence from the interviews shows that, by comparison with their local co-workers, migrant workers were more likely be in full-time rather than part-time employment, and were more likely to be male, reflecting the trends identified in other studies (e.g. SER, 2006).

5.2 Recruitment of migrant workers

Methods of recruitment
Businesses reported using a wide range of recruitment methods, with many using more than one method (see Table 6).
Table 6: Methods of recruitment of migrant workers

<table>
<thead>
<tr>
<th>Recruitment method</th>
<th>Number of businesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Migrant workers applied directly</td>
<td>26</td>
</tr>
<tr>
<td>Private agency</td>
<td>26</td>
</tr>
<tr>
<td>Word of mouth</td>
<td>21</td>
</tr>
<tr>
<td>Local press</td>
<td>9</td>
</tr>
<tr>
<td>Jobcentre Plus</td>
<td>8</td>
</tr>
<tr>
<td>Recruited by head office</td>
<td>6</td>
</tr>
<tr>
<td>Recruited directly from overseas</td>
<td>5</td>
</tr>
<tr>
<td>Company's website</td>
<td>3</td>
</tr>
<tr>
<td>Recruitment websites</td>
<td>2</td>
</tr>
<tr>
<td>European Employment Services (EURES)</td>
<td>1</td>
</tr>
</tbody>
</table>

There appeared to be a trend away from relying on agencies and towards direct recruitment and word of mouth. The increased reliance on local press advertisements, word of mouth, direct applications and Jobcentre Plus suggests that there is a local pool of migrant labour emerging. Indeed, fourteen employers said that they had not actively sought migrant workers and that they simply employed the best person who applied for the job.

It is possible that as the employment of migrant workers has become more commonplace, businesses and migrant workers have opted out of using agencies, which have often charged significant levels of fees. Some employers saw agencies as a last resort having failed to recruit through, for example, local Jobcentre Plus offices.

Employers reported both positive and negative experiences with regard to the use of agencies in employing migrant workers. For example, on the one hand, employers expressed anxieties about assessing the 'legitimacy' of some migrant workers who approached them directly; consequently there was a preference for using agencies:

'We got some migrant workers through word of mouth but we doubted the legitimacy of some of them, so we prefer to use agencies.' (Food processing, Aberdeenshire).

On the other hand, there were also concerns expressed about the fact that some migrant workers might not be getting the same pay as the rest of the employees due to agencies making deductions:

'The migrant workers are employed by an agency. We are negotiating to take them on directly ... at present they don't get equal pay because the agency takes a cut.' (Engineering worker, Aberdeen City).

Reasons for recruiting migrant labour

Of the main reasons cited for recruiting migrant workers, a lack of local labour was mentioned by the majority of employers (31); a lack of a suitably skilled local workforce (15) and a better work ethic (15) were other frequently cited reasons. Secondary reasons for employing migrant workers included, *inter alia*, better productivity (8) and lower staff turnover (4), with others citing the nature of the business as 'dirty, hard work' and as 'unattractive to local people', being able to pay minimum wages, as well as the location of businesses making it difficult to recruit local labour:

'We are situated out in the country – there is no bus route. Local people will only work for us if they have their own transport, but migrant workers don't mind the inconvenience of being out of town.' (Nursing/care worker, Aberdeenshire).

In some sectors, such as construction and engineering in particular, the employment of migrant workers was seen as a temporary solution to a perceived skills 'gap'. For example, in the construction industry, it was reported that there were more local applicants for apprenticeships than places. In this context, the employment of migrant workers was perceived as a pragmatic short-term solution until the industry had trained up sufficient apprentices to plug the skills gap. This can be contrasted with sectors such as food processing and agriculture where migrant
workers may be perceived to be a more permanent solution to labour shortages due to the nature and conditions of the work involved and difficulties in recruiting local labour for this type of work.

**Benefits of using migrant labour**
The majority of employers expressed considerable enthusiasm about the migrant workers in their employment; only one described migrant workers as being complacent. Typical comments focused on migrant workers as being hard-working, reliable and committed, and as being responsible for keeping them in business:

'The Poles are so hard-working they put the British workers to shame. It's so sad that they are qualified nurses who have to hide their training and skills to work as carers. The care sector could not manage without them.' (nursing/care worker, Aberdeenshire).

An issue that emerged from the interviews with employers was a concern that employing migrant workers may be construed in some ways as a 'failure' and was perceived negatively at a local level. Although several employers reported that they would prefer to employ local labour, they expressed regret that they had been forced to employ migrant workers (for reasons already identified above). Issues such as sending remittances home and not contributing much to the local economy were cited as potential reasons as to why there might be negative perceptions with regard to the employment of migrant workers:

'The economy of the North-East of Scotland has definitely been helped by migrant workers. However, they send most of their money home so do not spend it here.' ('other', Aberdeen City).

**5.3 Issues arising from the employment of migrant workers**

A majority of employers (41) stated that they had encountered some sort of difficulty in employing migrant workers, and the most frequently cited issue was language and communication difficulties (discussed in more detail below). An employer involved in the study reported attempts to address the language issue by including attainment of reasonable English levels as part of the employment contract and by introducing ESOL classes.

Although job training was cited as a requirement by 24 employers, the majority indicated that migrant workers did not have particular job training needs distinct from those of other staff. Sixteen employers reported that they provided induction or orientation programmes which were in most cases the same as those given to all employees.

In addition, five employers reported having difficulties in assessing migrant workers' skills and qualifications, with two stating that they had recruited migrant workers who had not matched the required skills or qualification levels.

There were also difficulties identified in relation to getting across to migrant workers the importance of adhering to legislation such as tenancy agreements and working hours. In this context employers expressed concerns about the pressures that they felt they were often under from migrant workers to ignore legislation. For example, employers were concerned that migrant workers did not understand that they could not just bring over their friends to fill a flat and that there was legislation governing multiple occupancy. They also reported that migrant workers wanted to work as many hours as they could and that they felt under great pressure to increase their working hours and ignore the working hours directive.

Six employers reported that they were aware of some problems with regard to the relationship between migrant workers and the local community and/or co-workers. The problems appeared to centre around four issues: resentment in the local communities that employers were employing migrant workers rather than locals; two incidents where individuals were the subject of attacks/harassment outside the workplace; some migrant workers 'fuelled' by drink having displayed aggressive and noisy behaviour towards youth locally; and a tendency for nationality groups to stick together within the workplace.
5.4 Access to services – assisting migrant workers

Responding to the needs of migrant workers
The vast majority of employers (51) stated that they had provided some form of assistance to migrant workers which went beyond what they would normally do for their workforce. The most frequently cited issues they had assisted with were accommodation, language and communication, and banking (discussed in more detail below), resonating with research evidence reviewed in Chapter 3 and the findings which have emerged in relation to migrant workers and service providers (Chapters 6 and 8). In addition, a small minority of employers also reported providing assistance with regard to the following: the immigration, tax, or National Insurance systems, transport, and provision for social or leisure activities.

In a number of instances it was also stated that the local employees were helpful in providing assistance; in one case this took the form of a ‘buddy’ system. In other cases the existing migrant workers were assisting the new arrivals, and one employer specifically referred to the ‘Polish community’ as a source of assistance for new Polish arrivals. The prevalence of existing networks in encouraging migration is an issue also widely supported by research (see Chapter 4) and was also confirmed by both migrant workers and service providers in this study (see Chapters 6 and 8). Given the predominance of Polish workers in general, this is perhaps not surprising. However, for nationalities that are present in significantly smaller numbers, support through a migrant ‘community’ may not be a viable option.

Accommodation
Of the needs identified, housing was the largest single issue, with 34 employers citing this. Many employers expressed concerns about the sheer lack of housing and a strong possibility that this may lead to rough sleeping and homelessness. In addition, employers suggested that multiple occupancy was not seen as an issue that gave cause for concern amongst migrant workers, as they preferred to save as much money as they could by sharing accommodation.

In 31 instances, employers or the agencies through which workers were recruited and employed reported that they provided some form of assistance with housing. The proportion of businesses providing assistance with accommodation was similar across each local authority area. Every respondent in the construction sector provided assistance in this area, as did all but two of those in the hospitality/tourism sector. This reflects the practice of migrant workers being hired for specific contracts of known duration in the case of construction where accommodation may be provided either by employers or by the agencies who are responsible for their employment, and availability of live-in accommodation in the case of hospitality/tourism. Approximately half of the businesses in the food processing sector also reported that they assisted with accommodation, whilst in other industry sectors assistance with accommodation was much less common. Not all employers stated the precise nature of support provided, but of those who did, five stated that they provided live-in accommodation; four owned or leased properties to migrant workers; four assisted in finding accommodation; and one each ‘pointed MW in the right direction’, ‘provided references for housing’, ‘helped in obtaining mortgages’, and ‘obtained accommodation, through the Catholic Church and “Sea-Trust” which leases a house’. Employers in some cases provided more than one means of support.

Communication and language
The inability of migrant workers to communicate in English was the second most frequently cited difficulty identified, with 31 employers reporting that they had encountered problems in verbal communication, and eight in relation to written communication. Four employers reported that language/communication difficulties created problems in relation to communicating about health and safety issues. However, two businesses reported that they had provided translated signage in the workplace to help overcome some of the language barriers. In addition it was also acknowledged that local accents or dialects could exacerbate language problems, an issue raised previously in the context of another study undertaken in the North-East of Scotland (bSolutions, 2005).

English language tuition, for the purposes of enabling migrant workers to do their jobs, was seen as a need by fifteen employers, and fourteen reported that they had provided some form
of assistance, often involving more than one type. Nine employers stated that they had liaised with local authorities or education institutions either on or off site to provide ESOL classes; the other types of assistance were cited by only one or two employers each and included simply informing migrant workers of ESOL classes (2), being flexible with hours (1), employing translators (1), and arranging for another member of staff to tutor migrant workers (1). In addition, one of the employers had also provided ESOL free of charge for an initial 12 weeks, after which the migrant workers had to pay half the fees, and one reported providing classes but had stopped due to lack of attendance – this could suggest that a sustained programme of ESOL classes may be difficult to implement.

Overall, employers identified a number of issues in relation to the provision of ESOL. Potential barriers included lack of flexibility in programming of local authority provision (for example, classes that start in September may not suit the hospitality/tourism sector); lack of incentives to learn and communicate in English, especially amongst the Polish community because of the size of the community; and long hours of work, which may militate against individuals making a commitment to attend classes. Organising language classes on site was identified as the main facilitating factor in enabling migrant workers to attend language classes.

When employers were asked what level of English language was required of their migrant workers, responses varied across the industrial sectors. Of the nine food processing employers who answered this question, seven stated that only 'basic' spoken English was required, and that there was no requirement for written English; the remaining two companies required only 'fair' spoken and 'basic' written English. Companies in the construction sector generally required 'fair' to 'good' English skills, whilst in the hospitality/tourism sector the required skills ranged from 'fluential' to 'fair' verbal English and 'good' to 'no' written English; this may reflect the range of positions available in that industry, for example, front and back of house. The nursing/care sector had the highest requirements for English language skills, with most requiring 'good' or 'fluential' spoken and 'good' to 'fair' written English.

Given the high numbers of migrant workers who have been recruited by businesses in the food processing industry, it is likely that migrant workers with very basic English language abilities may be present in Grampian in significant numbers. Furthermore, provision of ESOL classes for migrant workers poses challenges to employers, service providers, and migrant workers themselves, due in part to the issues identified above as well as the difficulties in scheduling sufficient time for classes, as has been identified in previous studies (de Lima et al., 2005).

The 'language barrier' has consistently been identified as a key challenge in effective service provision for migrant workers (see Chapters 6 to 8); therefore, it is clear that the presence of large numbers of migrant workers who have only basic English language skills could potentially lead to problems in providing services that meet their needs.

**Banking**

Banking (for example, opening bank accounts and obtaining debit/credit cards) was the third most frequently cited problem thought to be facing migrant workers, with 29 employers citing this as a difficulty. Although one employer in the agricultural sector reported that the seasonal migrant workers he employed preferred to be paid in cash, 27 employers provided some form of assistance in dealing with banks; often this involved writing letters confirming migrant workers' employment or address. Employers' experiences varied between banks, and certain high street banks were consistently named as being particularly problematic; in contrast, one other bank had apparently been welcoming towards migrant workers. This resonates with the findings that have emerged from both the migrant workers and service providers.

**Other service-related issues**

**Form-filling**

Twenty-four employers provided some form of support with regard to the tax, immigration, and/or National Insurance systems. In one instance an employer reported assisting with arranging for workers to be registered on the Workers Registration Scheme (WRS) and paid the fee up front, deducting it from the migrant workers' wages, and in another case an employer
A study of migrant workers in Grampian

reported that they had helped in arranging visas and/or work permits for spouses who wished to join migrant workers already in the UK.

**Health issues**
Seven employers reported that they had provided assistance with health issues and access to health services. The two main types of assistance provided included accompanying migrant workers to Accident and Emergency (A & E) departments in the case of work-related accidents and/or other health issues, and assisting with information about sourcing and registering with a General Practitioner (GP) practice.

**Transport**
Ten employers stated that their migrant workers required assistance with transport to enable them to do their jobs; most of these businesses were in the construction sector and one was in the agricultural sector. There were at least three instances of migrant workers working and living in different local authority areas. However, it is likely that migrant workers do not have specific transport needs distinct from other staff.

**Mechanisms for supporting migrant workers**
Thirty-six employers reported that they did not work with any other organisation to provide assistance to their migrant workers. Of those who did work with other organisations, the most frequently cited organisations with which they collaborated were educational institutions, including local colleges, generally in the context of ESOL provision. Four employers, all in the Aberdeenshire area, had also reported working with voluntary groups which in some cases had provided ESOL support. Four employers (two in Aberdeen City and two in Aberdeenshire) had worked with their respective local authority. None of the employers had reported working with health services or providers of information, welfare, and advice, such as Citizens Advice Bureaux (CABx).

Whilst no employers had worked with the police, one had sourced a translator to enable a police interview to be conducted after a migrant worker was involved in a road accident. The same employer had also provided assistance in reporting the theft of a migrant worker’s car. The employer had indicated that some migrant workers had ‘a different attitude’ towards the police and that they could be apprehensive. This attitude was attributed to experience of the police in the migrant workers’ home countries and issues also highlighted by service providers (see Chapter 8).

Several employers were keen to emphasise that they did not view migrant workers as being any different from their other staff and there was a view that labelling people as ‘migrant workers’ was not helpful and led to ‘scapegoating’ of particular groups.

### 5.5 Key findings

- For the businesses involved in this study, migrant workers were an important part of the workforce in certain key industries, for example food processing, hospitality, and agriculture.

- The prevalence of unskilled or semi-skilled employment was strong in the sample. Approximately 85 per cent of the migrant workers identified in the sample were in such positions, with the remainder being predominately in skilled trades positions, mainly in the construction sector.

- The nationalities of migrant workers identified by employers in the study were predominantly A8, with a predominance of Polish workers across all local authority areas and industrial sectors in the study.

- Recruitment methods have changed from being predominantly agency-based towards other methods, including word of mouth, local advertising, use of Jobcentre Plus, and migrant workers directly approaching businesses.
• There appears to be a local pool of migrant workers forming, marking a change from the active recruitment identified in previous studies.

• Local labour shortages, and to a lesser extent local skills shortages, remain the principal reasons given by employers for recruitment of migrant workers.

• The reliance on migrant workers varied between industrial sectors in the sample; within the construction sector, and to some extent in engineering, migrant workers were seen as a temporary measure to address a lack of young apprentices in certain trades. However, in other industries in which employment tends to be unskilled or semi-skilled, migrant workers appeared to be perceived as a more permanent feature.

• On the whole, employers expressed satisfaction with migrant workers, in particular with regard to their productivity and work ethic.

• Accommodation, communication and banking were identified as problematic for migrant workers by more than half of the employers.

• As many of the businesses employing migrant workers only require basic English language skills it is likely that there are significant numbers of migrant workers who have poor English language skills present in Grampian. This may make provision of services challenging due to the ‘language barrier’.

• Eighty-four per cent of employers provided support for their migrant workers in some way, the most common areas concerned being housing, English language and communication, banking, and understanding the taxation, immigration, and/or National Insurance systems. More than two-thirds of these employers had not worked with any other organisations to provide this assistance.
6 Views and experiences of migrant workers

Introduction

This chapter describes the findings that have emerged from interviews and focus groups conducted with 71 migrant workers, mainly from East European backgrounds, across Grampian, and is structured around the following headings:

- profile of migrant workers involved in the study
- reasons for coming to Scotland
- accessing employment
- views and experiences at work
- access to information
- access to services
- views and experiences of community and social life
- future intentions
- areas for action
- key findings.

6.1 Profile of migrant workers involved in the study

Nationality

The majority of migrant workers who participated in this study were from Eastern Europe and more particularly from the Accession 8 states (see Appendix 7, Tables 1 and 2). There was a predominance of Polish migrant workers, reflecting the large presence of Polish people in all three local authority areas (see also Chapters 3 and 4). The other nationalities represented included Austrian, Bangladeshi, Bulgarian, Chilean, Chinese, Czech, Estonian, Latvian, Lithuanian, Portuguese, Romanian and Slovakian.

Demographic profile

Thirty-three women and 38 men were involved in the study. The majority were between the ages of 20 and 45 years. Most (40) were single; 22 were married, five were divorced and four were cohabiting; 13 had dependants aged 16 years or under.

Employment sectors and types of jobs

The migrant workers who took part in this study worked in a range of sectors including food processing (e.g. fish, meat and baked products), agriculture, the oil industry, transport, hospitality and tourism, social and health care, information technology, arts, leisure, and construction. With the exception of a small number (10) working as customer assistants, engineers, carpenters and in low-level management positions, the participants were employed in semi-skilled and unskilled work.

Qualifications

The majority of the migrant workers (36) were educated up to Certificate/Diploma (the equivalent of Higher National Certificate/Diploma Level in Scotland) or degree level (BA/BSC), some having also done postgraduate study (Masters level), in a variety of subjects including accountancy, engineering, computer engineering/software and design, nursing, systems engineering, law, and sports science. In addition, five participants were in the midst of degree-level study. Twenty-six migrant workers had been qualified at least to the equivalent of school Highers/A-levels, and four participants reported that they had no formal qualifications.

The majority of participants consistently reported that they have not been able to use their qualifications in Scotland and cited two reasons. The first was the lack of recognition of their overseas qualifications and the absence of a system to assess qualifications obtained overseas for Scottish equivalency:

_It is depressing to be in this situation. I have a degree in systems engineering and this qualification is needed in Scotland but they will not take me because I have a degree from another country._ (female, Estonian, food processing)
In addition, some participants reported that the cost of translating qualifications/award certificates was a barrier to sorting out recognition issues:

*In Portugal I was working in the IT sector, I have skills [to be able to do the job]...I need money to get my valid certificate translated into English.* (male, Portuguese, fish processing)

Secondly, lack of confidence as a consequence of poor levels of English was cited as a barrier to undertaking employment commensurate with their qualifications, especially where employers required a reasonable level of English. This was also cited as an issue by employers in this study. However, those who were trained in specific jobs such as fork lifting or carpentry/joinery felt that they had been able to transfer their skills to the jobs they were currently undertaking with ease, and that language did not represent a significant barrier.

### 6.2 Reasons for migrating

**Employment**

With the exception of one participant whose primary reason for migration was marriage, all the participants emphasised that their primary reason for migrating was employment:

*Money is the main reason, the situation in Poland is not so good…many people can't get jobs. There are so many adverts in the local newspapers that Scotland needs us, so I think to myself I can come here and earn more money.* (female, Polish, food processing)

Although the majority of migrant workers in the study were well-qualified and/or trained in their respective professions, they reported lack of jobs and poor wages in their home countries as the main drivers for migration and for accepting employment for which they were clearly overqualified. Even low-skilled jobs in Scotland were considered to be better paid than skilled jobs in their home countries.

The majority of participants from across the different nationality groups reported that they had specifically chosen to come to work in Scotland. This was often following visits to friends in Scotland or based on advice/recommendation from family/friends who were already here, or on web searches. Participants suggested that having family and friends in Scotland provided a sense of security and useful contacts with regard to, for example, assisting with finding accommodation, looking for employment and information on how to access services:

*It was good because my friends kept me [in their house] for the first few months and told me how to look for a job. I think it would have been more difficult for me without their support.* (female, Lithuanian, food processing)

Having established networks has been identified by research undertaken across the UK (see Chapter 3) as an important facilitating factor in encouraging migration to specific areas. This is also identified as important in the research on employers, and resonates with the idea of a local labour market of migrant workers emerging (see Chapter 5).

However, not all the migrant workers ended up working in Grampian out of choice. A small minority (2) reported that they had to go wherever they had the best opportunity to obtain work and found themselves in the Grampian area having applied for jobs extensively in different countries, across Europe and globally (e.g. New Zealand). There were also a number (approximately 12) who came through agencies (for example, in construction, IT, food processing, and social/health care); these workers had little choice with regard to location and the majority were prepared to go wherever there was work and often had little idea of where they were being sent until they arrived. A few (4) migrant workers reported coming from elsewhere in the UK in the hope of finding better employment.

*I was in [city X] before and I was working in [place X] and they only paid me £3.50 for the hour, and my living condition was not so good. Then a friend told me that there are many jobs in Scotland so then I came here.* (male, Polish, hospitality and tourism)
There was also a trend for students from A8 countries to take a gap of anything up to three years during their studies to work as migrant workers to fund their studies, whilst at the same time experiencing life in a different culture. However, countries such as Slovakia were beginning to tighten the rules for taking gap years, which may impact on this trend. It is also important to note that all of the seasonal workers in the agricultural sector involved in the study were A8 students, many of whom came here year after year and saw it as a good way to fund their studies.

In addition to economic factors, a move to Scotland was also associated with an expectation of a better quality of life. Those with children expressed the view that one of the driving factors behind migration was to ensure a better future and quality of life for their children.

Learning English
Improving English was cited as another reason for coming to Scotland. While for some this was a consequence of being in Scotland, for others learning/improving English was an influence on the conscious decision they made to come to Scotland. Most participants in this study also felt that being in an English-speaking country was a good opportunity to learn the language; this accords with previous research on drivers of migration, as discussed in Chapter 3.

Other reasons
A sense of adventure, exploration and gaining different experiences were also cited, particularly by younger participants, as reasons for being in Scotland:

*I want to live life on my own and get some work experience internationally…it's exciting to be living and working abroad.* (female, Lithuanian, food processing)

Cultural similarities between themselves and Scottish people were also cited by participants as a reason for being in Scotland, as it was felt that this made it easier to integrate and adapt to life in a new country. This was frequently mentioned by those from a Polish background in particular, reflecting well-documented links between Scotland and Poland (see http://www.fettes.com/scotsatwar/AZ/poles&scotland.htm).

6.3 Accessing employment

Employment route
In contrast to previous research (SER, 2006; de Lima et al., 2005), the majority of participants (approximately 57) reported that they had secured employment independently, for example by responding to advertisements placed by companies within their home countries, through well-known websites, or by approaching companies directly. Most reported successfully gaining employment from as little as a week to one month after arrival.

A small minority (6 participants) reported that they found jobs through Jobcentre Plus, and it was felt that there was a better-organised infrastructure in the UK in terms of access to Jobcentre Plus, newspapers and dedicated websites for job searching, compared to their home countries. However, about half of these participants also reported negative experiences in relation to Jobcentre Plus. The main complaints were in relation to securing appointments and the length of time taken to secure employment; in addition, the language barrier was perceived to exacerbate difficulties in accessing the service effectively. As a consequence some participants felt it was easier to go directly to an employer. Furthermore, fellow migrant workers shared information about which companies would be prepared to hire workers with little or no English and this ‘grapevine’ was perceived as a useful means of accessing employment:

*We [referring to migrant workers in general] know about factory X and factory Y that they want to employ migrant workers and they don’t really care if they have good English because the job is so simple. So [people] come here knowing that they will easily get a job.* (male, Polish, food processing)

Others reported using websites such as www.gumtree.com, which was said to be a secure site, to seek a range of employment opportunities across the world. Using secure sites was
considered preferable by all, but especially by young females, who felt that going through recruitment agencies created a degree of vulnerability and a potential for exploitation.

Eight migrant workers did not feel they had any choice but to secure work through recruitment agencies as this offered a more certain way of securing a job quickly. However, concerns were expressed about unscrupulous recruitment agencies, due either to a previous experience, or to hearing about experiences of friends and families:

*Everyone knows of the people who are involved in bogus recruitment agencies. People are left at borders of other countries. They make false promises; it happens everywhere, especially Mediterranean countries.* (female, Latvian, food processing)

Consequently, many individuals expressed a preference for accessing jobs independently or through connections rather than through agencies. Just eight of the 71 participants came to Scotland through a recruitment agency, and the majority reported mainly negative experiences:

*My husband paid money to a recruitment agency in [country X] that sent him to London. The agency in London had no jobs for him. His English is not so good he came on a bogus contract. He paid the agency the equivalent of £700. We never pursued with litigation because the police in [country X] is not very good at pursuing such cases. My experience is not isolated, it is very common.* (female, Lithuanian, food processing)

Coming via recruitment agencies usually involved making a lump sum payment to an agency to arrange flights, jobs, visas and accommodation on arrival. Terms and conditions of employment were normally agreed before arriving in Scotland. However, the majority of participants who had come through this route reported that there was a mismatch between what they had been led to expect and the conditions they ended up working in. The main issues raised were: agencies hiring people on bogus contracts; being over-charged for housing; living in overcrowded houses; ending up in jobs that did not utilise their qualifications and experience; not receiving the salary/payment rate that they had been led to believe they would be receiving; working longer hours than expected; and not being paid timeously. These issues were the cause of much insecurity and instability and the loss of a job had consequent implications, for example being homeless after living in tied accommodation:

*I was promised six months' work, but only after seven weeks they asked me leave. I was without money, and a place to stay. It was really stressful until I got another job at [place X] through the job centre. I know this has happened to many people.* (female, Romanian, food processing)

Participants who had been recruited through student summer placement schemes to work in the agricultural sector reported positive experiences, and in the majority of cases not only returned to the same employer for two to three years subsequently but also recruited their friends and/or other family members. Such return visits were arranged directly with the employers and appeared to be a common trend especially amongst the small-scale family-run seasonal agricultural enterprises.

**Experiences in relation to accessing employment**

The majority of participants indicated that it was relatively easy to gain employment in Scotland: direct advertising and increasingly recruitment by companies in their countries made it easier to secure a job. In addition, migrant workers appeared willing to accept just about any job. Consequently, securing employment relatively quickly was not difficult, especially in the sectors (e.g. food processing, hospitality and seasonal agriculture) they were working in, where employers reported difficulties in recruiting local labour due to the nature and conditions of work (see also Chapter 5).

However, competition for jobs as the numbers of migrant workers have increased was cited as an area of concern. Participants reported that certain markets, for example within the fishing industry, have become saturated with workers. In another case, there was seen to be pressure on the available jobs due to workers being made redundant following closure of a meat processing factory. In addition, there were mixed views among a small number
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(4) of Polish participants about the possibility of Bulgarians and Romanians being given access to the UK labour market, especially with regard to the potential impact on other migrants.

Lack of English was identified as one of the main barriers to accessing appropriate employment. The majority of participants felt that those with good English could more easily engage with services like Jobcentre Plus to access relevant jobs. In contrast, migrant workers with poor levels of English were reported to take longer and/or experience difficulties in accessing jobs commensurate with their experience and/or qualifications:

It took a long time, but I am lucky that I got a job for which I am qualified. I think I was looking at the right time. Also I think my English is good, it is more difficult [referring to securing a job for which they are qualified] for those people who have bad English. (female, Austrian, arts)

Six participants reported that they had moved from one job to another at least once, some several times. Although they reported that it was relatively easy to move from one factory job to another, they felt that it was more difficult to secure jobs which had better conditions or pay even when they thought their level of English was reasonable. In addition visible minority migrant workers felt that it may be more difficult for them to access jobs as a result of direct or indirect racial discrimination, and it was suggested that some of the added issues and inequalities that arise for visible minority migrant workers should be taken into account:

Chinese people find it very difficult to get a job, they are working only in restaurants and as cleaners… there are no jobs in [company X] for me, despite the fact that I have good English I don’t get jobs. I already have a degree. (female, Chinese, service – cleaning)

6.4 Views and experiences at work

Context

The experiences of migrant workers in relation to their employment were fairly similar. Very few expressed negative experiences; however, at least two factors need to be borne in mind in reading this section. Firstly, many of the participants may have been cautious about divulging details in relation to their employers, particularly if the experiences were not favourable. Secondly, participants constantly compared their present conditions of work to those in their own countries, which were considered to be much worse in relation to pay in particular, even amongst those who had professional qualifications. In general, and in line with evidence from other research (see Chapter 3), the majority were prepared to 'trade off' poor conditions of employment with earning as much as possible as they saw themselves as being in Scotland on a temporary basis:

I earn at least three times more in one week than I do in my country. I don’t mind doing this job [referring to current employment] because I know it is only for a short time and I am making enough money. (male, Polish, plastics company)

Contracts

The majority of participants were in full-time work but on short-term contracts, often also described as seasonal contracts by some companies. Contracts ranged from six weeks (summer agricultural work) to just under a year, with a very small minority on one-year or permanent contracts. It would appear that the practice of employing workers on contracts which were just under a year with a gap in employment before being re-employed on a similar contract again was not uncommon across the sectors. Whilst in some sectors, such as agriculture, hospitality and tourism, fish processing, and information technology (particularly call centres), short-term contracts may be considered typical given the nature of the jobs in these sectors, it is difficult to assess whether this is the case in sectors such as construction and transport. The minority who were on part-time contracts tended to hold more than one job. In addition, in some companies (in, for example, food processing and construction), the majority of the migrant workers were employed through a third party – for example a local employment agency – which meant that the employer had no responsibility for personnel or other staff-related matters.
**Working hours**
While most respondents reported working long and at times irregular hours, conditions (e.g., hours, shift patterns and possibilities of overtime) varied across industries and businesses. For example, in agriculture, hours worked were dependent on the season, whereas in sectors such as construction, migrant workers were employed on a four months on, two months off basis which appeared to be specific to migrant workers in the context of this study.

The number of hours worked as full-time ranged from 30 to 75 hours per week. Those working part-time reported working up to 80 hours on some occasions. Despite voicing concerns about working long hours in jobs for which they are overqualified, participants felt ‘it is all worth it’ for the income. In some cases workers reported that they preferred to get as many hours of work as they could to earn as much as possible so that they could return home. The views expressed by migrant workers in relation to hours of working are consistent with the findings that emerged from the interviews with some employers who reported being under pressure from migrant workers to provide extra hours of work.

**Pay**
With very few exceptions, the workers indicated that they were paid around the basic minimum wage, or slightly above, once again reflecting UK-wide trends (CAS, 2006; CAB, 2005a). Although the majority of participants cited being paid between £5.05 and £5.60 per hour across most sectors, the actual amounts received varied and depended on whether accommodation was provided by the employer/employment agency. Where the latter prevailed deductions were usually made from pay. Those working in skilled jobs (such as joinery, engineering, and low-level management positions) reported slightly higher wages of around £6.90 to £9.50 per hour. In general, the lower wages were concentrated mainly in the fish and food processing sectors.

**Training**
Overall, the majority of participants stated that they had received some basic training in health and safety and food hygiene, as well as other job-related training, for example on handling machinery at work. However, there were also a number (11) of participants working in the food processing industry who described the health and safety training as being very basic to ‘non-existent’. With the exception of the employees of two companies, who reported that their employers had offered training in Polish, all participants reported training being provided only in English. The companies cited as providing training in Polish had also produced videos and other resources in Polish, due to the high number of Polish workers employed.

It was common practice for employers to rely on migrant workers with better English and who had been in the country longer to assist them with disseminating information to their compatriots on health and safety issues, and also in other areas: for example, translating information/work notices, taking them to Accident and Emergency (A & E), and providing information on cultural issues:

*I help with health and safety, giving them information about Scotland and going to the doctor … I help a lot of guys…they ask me to go with them to the doctor or to the bank.* (male, Latvian, construction)

**Employment rights**
The majority of participants had little knowledge or awareness of their rights/entitlements in relation to working hours, pay and other statutory rights. Whilst most reported that they were aware that their contracts contained information on holidays and entitlements, many of the participants were unaware or unsure of what their entitlements should be and did not know where to seek such information.

The small minority (6) who were aware of their contracts and entitlements also mentioned organisations such as the Citizens Advice Bureau, Grampian Racial Equality Council (GREC) and Jobcentre Plus, and the internet, as places they had gone to seek advice/assistance.

**Relationship with employers**
In general, the majority of participants reported having a good relationship with their employers, who were often the first port of call when the workers required assistance. This was reflected in
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the agricultural sector, where migrant workers (predominantly students in this study) tend to work for short periods of time (e.g. the fruit-picking season). In this context examples were given of an employer providing participants with a lot of in-house support: internet access, sports facilities, banking their earnings until they required them, and lifts to the local supermarket for shopping. Many of the migrant workers in the agricultural sector in particular were returnees to Scotland, and this was attributed to the positive relationship with the employers.

Overall, employers were reported to have assisted migrant workers in a variety of ways: for example, accessing accommodation, opening bank accounts, and giving information about accessing health services and other general information relevant to living in Grampian. Positive experiences were also expressed in relation to negotiating holidays, days off to attend doctors’ appointments, and sick leave:

*They are very helpful and really good. They helped me with a lot of things...once I had to go to the doctor and they said it was OK. I don't know if I am lucky but they are very supportive.* (female, Chilean, leisure)

However, nine participants mentioned that they had difficulties in getting holidays in blocks i.e. two weeks at a time or more. This was seen as a problem that affected migrant workers in particular, as the majority tended to return home for holidays and anything less than two weeks was not perceived to be cost-effective. There were also concerns about not having enough time to spend with their families.

In two cases, participants reported negative experiences: having to take an employer to the employment tribunal for not paying wages for the hours worked, and issues around health and safety not being taken seriously (these are discussed further in Chapter 7). There was also a strong feeling that some employers may be taking advantage of migrant workers:

*Some time ago people from our countries use to work illegally and it was easy to abuse and insult them and they stayed quiet out of fear of being recognised. But now it is different, they are working legally, but I think some employers still have this image.* (female, Latvian, food processing)

**Relationship with co-workers**

Although the majority of participants reported having good relations with their co-workers, Scottish as well as other nationalities, there were mixed views expressed: some felt that most Scottish people were ‘very friendly’, ‘nice’ and ‘helpful’, whilst others felt there was an underlying sense of being seen as ‘foreign’ and treated differently:

*It's true everyone is very nice, but sometimes I think they talk to me like I am foreign because my accent is different. I think there is not that much integration.* (male, Polish, IT)

Two participants felt that employers treated Scottish workers more favourably as compared to migrant workers:

*You see a Scottish person taking a long 10-minute break and the manager won't say anything. But if one of the migrant worker takes some extra minutes it becomes a big problem.* (male, Lithuanian, food processing)

Perceptions of differences in treatment have been raised previously by other studies (e.g. de Lima et al., 2005).

Although there were no issues raised in relation to tensions between different nationalities, there was a perception that migrant workers from one nationality group tended to ‘stick together’ (an issue also raised by some employers – see Chapter 5) and that ‘integration’ tended to be superficial. However, sharing different cultural experiences and learning each other’s languages were often identified as mutual ways of interacting and socialising at work.
Improving experiences at work
Participants felt that having more secure contracts and better conditions (e.g. higher pay) would be the first step towards ensuring that employment experiences were more positive. Those working in factories stated that having health and safety notices in other languages was critical, and participants who had assisted other workers with poorer English felt that employers should employ qualified interpreters. In addition, those not from EU accession states (e.g. workers from Bulgaria and Romania) reported that it was more difficult for them to change jobs and to bring their families over, and were very eager for their countries to join the EU.

6.5 Access to information
The main barrier consistently highlighted in relation to accessing information on services was language. In addition it was felt that there was a particular gap in accessing information about legal rights, and there was a lack of awareness of entitlements and rights in relation to accessing public services and funds. With the exception of three participants who stated that they were fully aware of their rights and that they were content with the information they had received, the respondents appeared to piece together information on rights and responsibilities from information obtained ad hoc from friends and employers.

Although a small number of participants (7) reported that they were aware of services such as opticians and translation/interpretation services, they were not always certain how to access these. In some cases information about specific services was not reaching the target audience; for example, in Moray at least half of the participants were unaware of the ‘Happy to Translate’ initiative.

The main sources of information identified by migrant workers in this study reflects research findings across the UK (see Chapter 3): friends, family and co-workers were consistently identified as the main sources of information and support about services. Although it was generally felt that it was natural for a newly arrived person to draw on family or friendship networks in learning about living in a new place, some (12) participants expressed concerns that there might be a danger of inaccurate or incomplete information being disseminated through such networks. Apart from family and friendship networks, means of accessing information mentioned included the local library, the internet, Jobcentre Plus, ESOL classes, and employers.

There were mixed views about where responsibility should lie for accessing relevant information. Some (12) felt that it was important for those who had newly arrived to make an effort to enquire about things they needed rather than relying on others; others felt that employers should take more responsibility for ensuring that migrant workers receive the correct information.

The awareness of ‘Welcome’ packs was mixed; while a number of participants across the Grampian area (8) cited these as a source of useful information, there were others from the same workplace or area who were unaware of this resource. While there were many positive comments about the usefulness of the pack content, participants from one focus group (in Moray) were critical of the quality of information and translation. Polish participants from this focus group stated that the quality of Polish translation was very poor and that the individual who had translated the information lacked depth of understanding of the area:

*The booklet is a poor translation of Polish...the information he [the translator] produced it could be done in two weeks. I have only used it twice to get some addresses and I use the map sometimes.* (male, Polish, shipbuilding)

Despite the critical comments in relation to the Moray ‘Welcome’ pack, most participants were at pains to point out that they appreciated the initiative taken by the council and that the pack contained useful information about organisations/agencies and contact details. However, what was disappointing from their point of view was that it did not identify which of the organisations/agencies provided language facilities such as the availability of interpreters/translations, which created difficulties for individuals who did not speak English.
6.6 Access to services

Although all participants reported that they had accessed some form of service (public, private and voluntary sector) since their arrival in Scotland, the services accessed were fairly limited. Housing, libraries, banks and ESOL classes were the services mentioned most. Services such as the Citizens Advice Bureaux (CABx), police, transport, dentists and health services (discussed in more detail in Chapter 7) were less frequently accessed.

Accommodation

Context
The majority of participants (46) were living in private rented accommodation; 10 were in council accommodation and 15 in tied accommodation provided by employers or recruitment agencies. Suitable accommodation was reported to become increasingly hard to secure across the local authority areas. Those who had been living in Grampian for at least two years felt that the situation had become exacerbated since 2005 with the increase in numbers of migrant workers in some areas, reflecting the trends identified by employers (Chapter 5) and service providers (Chapter 8). With the exception of those in tied housing, the majority of participants accessed information and sourced accommodation through word of mouth and by responding to local advertisements.

Private accommodation
Most participants reported that they accessed private accommodation through a combination of word of mouth, friends, colleagues at work, employers and responding to newspaper advertisements. The rents paid varied from approximately £300 to £550 per month excluding council tax and utility bills for three to four people sharing a two-to-four-bedroom house or flat. Although those in privately rented accommodation were reconciled to the fact that there was no other choice but to pay the going rate, most felt that in general the rents being charged were high for the quality of accommodation. A small minority of participants did feel that whilst single people could learn to manage and cope with poor and overcrowded accommodation, it was not easy for families with young children.

Given the high rents being paid, a small number (4) were keen to explore the potential for buying property; however, they had been informed by banks that they would be unable to access a mortgage unless they had been living in the UK for at least three years.

Council housing
It would appear that migrant workers tended to find out about council housing primarily by word of mouth. The majority were aware of an acute shortage in council housing and long waiting lists. Of those (10) in council accommodation, there were at least two instances where migrant workers felt that they were being treated differently from the Scottish population by the council:

A Scottish friend and his girlfriend applied for a flat three months ago, because his girlfriend did not want to stay with her family any more and within three months they got a flat. But I have been waiting for one and a half years – this is not fair. (male, Polish, shipbuilding)

In general, there was a mixed response from those living in council accommodation. Whilst a small minority (2) were content with their living conditions, others did not share the same sentiment and expressed concerns about being housed in ‘undesirable areas’ as well as the poor condition of the houses:

The council is living in the nineteenth century – they consider people from abroad as second-class citizens. The houses that are offered are not liveable. Just because they say the electrics are fine doesn’t mean the house is. (male, Portuguese, food processing)

Furthermore, participants complained about being asked frequently by other migrant workers, and in some instances by housing service providers, to assist other migrant workers with making sense of tenancy agreements. Although most were happy to help, it was felt that there
was a need for trained interpreters, especially in the context of providing information which involved legal agreements.

**Tied housing**

In the context of this project, the tendency was for those working in the agricultural sector (seasonal work), employees in the construction sector and those working in the hospitality and tourism industry to live in tied accommodation. Migrant workers in the agricultural sector were housed in caravans on site and were charged £3 per night inclusive. The caravans contained all essential amenities (i.e. fridge, cooker, microwave, bathroom and TV), and participants expressed satisfaction with their living arrangements as it was seen as a short-term arrangement.

With three exceptions, migrant workers in the construction sector who were involved in this study were accommodated in houses provided by an employment agency and lived with four (in a three-bedroom house) to eleven (in a six-bedroom house) men. In most cases, the participants were prepared to put up with the accommodation as it was seen to be cheap and it suited their work patterns as they worked four months on, two months off. The majority of participants, however, were vague and/or not fully aware of how much was being deducted from their wages to pay for accommodation.

The main issues of concern raised by those who were living or had previously lived in accommodation provided by agencies were: over-charging on rent; living in overcrowded houses; the short-term nature of accommodation; and the difficulties created by accommodation being tied to employment and their vulnerability to being homeless.

**English for Speakers of Other Languages (ESOL) classes**

Migrant workers found out about ESOL classes – through adverts in the local library and through their employers. Overall there was a variable commitment amongst migrant workers towards improving their English through attendance at classes. Twenty-eight migrant workers reported that were currently attending ESOL classes. In the main, participants were attending classes provided by local authorities, with the majority attending classes in Moray and Aberdeenshire.

Those participants who had attended felt that there was a need for an increase in the numbers of classes provided and an increase in the provision of different levels of classes (beginners, intermediate, advanced), as well as improving content of teaching material. However, irregular working patterns, long distances to travel for classes, cost of travel, lack of time and a lack of adequate provision were all identified as potential barriers. Those who had accessed ESOL classes through employers felt that such provision was the ideal, as it was easier for them to attend classes and it also provided an appropriate context for learning the language.

Where employers provided 'on-site' English language classes, this was highly valued. Three employers, in Aberdeen City, Aberdeenshire and Moray, in collaboration with local authorities, had been cited as providing a limited number of classes generally over a short period – for example between one and two hours per week over a ten to twelve -week period – within the workplace. Participants in Moray cited an example of English language provision where a local employer had collaborated with Moray Council which had funded classes for two hours per week for ten weeks. This was seen as excellent by all those who attended the classes and the teacher was highly praised as it was seen to be highly relevant, with an emphasis on conversational English, and was contextualised for everyday use. Very often, the same workers who attended workplace classes indicated they had neither the time, inclination nor energy to attend ESOL classes provided elsewhere.

It is important to acknowledge that while most recognised that being able to speak English would aid communication and interaction generally, many did not prioritise learning English as an activity. For example, in one focus group, two differing opinions emerged in relation to accessing English classes. While some felt that it was an individual's responsibility to find out about classes and essentially to help themselves learn English, in contrast others suggested that there was enough support from within their community which meant that they did not need
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to use English. This dependency on co-workers and friends and family led to a lack of interest in learning English:

**People don’t want to learn English, they are always with their own community. We need to make changes…I think we are creating our own barriers. English classes are there if you want to learn … it's all about individual motivation and self-esteem. (male, Polish, hospitality and tourism)**

This view also resonates with the concerns expressed by service providers discussed in Chapter 8 in relation to the size of the Polish community and the lack of incentive to learn English, but may also be related to the fact that most participants did not see themselves as staying in the UK in the long term.

For those who were motivated to learn English it was felt that more effort should be made by local authorities and ESOL providers to advertise classes in places accessible to migrant workers. In addition, they suggested that the provision should be more flexible to enable migrant workers to attend, an issue also raised by employers (see Chapter 5). They also suggested that alongside English classes it would be useful to have classes which help migrant workers enhance their qualifications, as well as providing extra support for those trained in a profession to go directly into employment which used their professional skills and training.

**Banking**

With a few (8) exceptions, participants highlighted problems in relation to opening bank accounts. The concerns centred around the necessity of having a bank account in order to secure employment in the first place and in order to be paid, as well as for sending remittances home. The majority of participants felt that most banks were discriminating against migrant workers, and there was a perception that banks were treating migrant workers suspiciously as they were seen as ‘foreign’ and ‘unreliable’.

With the exception of one bank which was identified as helpful (having, for example, translated documents into Polish, reflecting the largest group of migrant workers in the area), high street banks were frequently mentioned as being problematic. Specific issues raised included long and complicated paperwork, time taken to process opening of accounts, difficulties in obtaining debit and/or credit cards and, at times, lack of experience amongst bank staff in dealing with issues of transferring remittances to overseas accounts. Difficulties in obtaining debit/credit cards meant that many migrant workers had to deal in cash in day-to-day transactions and had to make regular journeys to the bank in order to withdraw money, and also meant that they had difficulties with regard to purchasing goods and services on line – for example, purchasing airline tickets on line, and consequently benefiting from cheap air fares. Problems were also highlighted in relation to transferring money from accounts from other European countries to existing accounts in local banks and vice versa and the transaction costs involved.

Migrant workers often sought assistance from employers to help with opening bank accounts. However, employers were not only called on to assist with opening bank accounts, but also in helping migrant workers to make on-line purchases, such as air tickets to go home. In addition, participants reported that friends and families were often used as interpreters and translators, a situation that they found unsatisfactory.

**Access to the internet**

The internet was a crucial resource on which the majority of migrant workers relied, particularly for accessing information, and most importantly for keeping in contact with friends and families at home. Although the local library continued to be the main access point, at least half of the participants, especially those living in tied and privately rented accommodation, reported having access to internet and broadband facilities at home.

Participants who used libraries reported that opening times can be restrictive for migrant workers whose work patterns were irregular. It was suggested that library times should be extended to allow for increased access and there should be more computers to meet demands for internet use.
Education – schools
Migrant workers with school age children involved in this study were mainly concerned with the primary and secondary school sectors. With the exception of a small minority (3) who said they would like to have assistance with trying to understand the Scottish school system, the majority of parents from both Portuguese and Polish backgrounds said that they understood the education system and that for the most part the system was similar to the education system in their own countries.

Most participants with school age children suggested that there was a need for better language support at school for their children. Whilst recognising the pressure on resources, parents had mixed experiences of the English as an Additional Language (EAL) services in schools. Whilst all parents reported that their children had been assessed for EAL support and were very satisfied with the process, there was some confusion as to the basis on which decisions about providing English support were made. The majority of participants did not understand what the EAL service was about, the purpose of assessment and how decisions were made about the nature and level of support offered. The parents who raised these issues were in the main those with very poor to non-existent English language communication skills. They were unlikely to be able to support their children’s English language acquisition skills, but they themselves had expressed an interest in accessing English language (ESOL) classes targeted at parents with children.

In addition, three respondents felt that, despite their children having learned English previously, extra support was required for the children to understand technical/scientific terms. There were also concerns that without EAL support their children might be socially isolated as they would be unable to communicate with their peers.

Other service-related issues
With the exception of the services specifically highlighted above, there seemed to be a general lack of interest in finding out about other services, including health, social work, police, and emergency services. The majority of participants had little experience of accessing these services and saw little need to know about them unless a need arose.

With the exception of ESOL provision and council housing, there appeared to be a feeling of reluctance to engage with local authorities for services. This was sometimes explained by participants having had fractured relations with local government structures in their home countries, as well as different expectations of what the ‘State’ might be expected to provide. For East European participants in particular, strong state involvement in the provision of services might seem reminiscent of ‘Soviet’ style governance and society.

Four participants expressed concern about a lack of knowledge of services supporting victims of abuse, mainly domestic abuse. Two participants highlighted problems of domestic abuse among migrant worker communities, an issue also highlighted by service providers (see Chapter 8). Participants reported that women were not aware of what to do or where to go for assistance. In addition, it was suggested that the taboo associated with domestic abuse amongst many migrant groups combined with the lack of information about support services probably meant that many migrant women are not accessing relevant support. The situation is exacerbated for those whose English language skills are poor.

6.7 Views and experiences of community and social life
Views of Scotland and local communities
In general, Scotland was viewed as a nice and friendly place to live in. Some of the positive aspects of life in Scotland were highlighted as friendly local people, beautiful scenery and living close to the beach. Whilst bad weather was referred to frequently as a negative aspect of life in Scotland, many stated that due to their stay being prompted by economic reasons, they did not pay too much attention to the social aspects of life in Scotland.

Relations with local communities were described as ‘OK’ and ‘nice’. Although in general it was felt that the Scottish people were ‘very friendly’ and easy to speak to, it was felt that the language barrier and antisocial working hours were barriers to interaction. There was also a
perception that that niceties were on the surface and a small minority felt that they were viewed as 'foreigners' and 'outsiders' by local communities.

**Social activities**
The most frequently mentioned activities which migrant workers reported that they took part in outside work were going to the library to use the internet and attending ESOL classes, and most of their socialising took place with other migrant workers, often within their homes. However, going out with friends, shopping, going to the beach, and attending church were also mentioned. Polish participants reported attending Mass conducted in Polish (once in three weeks or once a month) in all three local authority areas and the majority saw this as an opportunity to socialise with other Polish people. A small minority (mainly in the construction and agricultural sectors) mentioned taking part in activities organised by their employers such as barbecues, Highland games, and white water rafting. For a small minority (4) with access to cars, travelling to other parts of Scotland and taking part in outdoor activities such as skiing as a way of making the most of their stay were prioritised over, for example, attending English language classes.

It appeared that migrant workers across all three areas were not involved in many social activities which enabled them to engage with local communities for four main reasons: lack of time/irregular working hours, poor communication skills, paucity of things to do, and the need to save as much money as possible. The free time available was used to catch up with sleep as well as to do essential things such as going to the bank, shopping and communicating with family and friends at home. The majority felt that it was too costly to go out socialising and were keen to save as much as of their earnings as possible.

Cultural differences/norms with regard to socialising were also consistently highlighted by all but a few participants across all three local authority areas:

*Parties are better in Slovakia…people don’t just sit around and eat and drink but play music and dance…we like to dance a lot. People in Scotland are a bit conservative.* (male, Slovakian, agriculture)

In addition, participants from rural areas (Aberdeenshire and Moray) felt that there was a general lack of social activities to take part in locally apart from going to the pub, and the majority (including those in Aberdeen city) expressed concerns about the 'drink culture' that prevailed. The latter was frequently cited as a negative factor in relation to socialising across all three local authority areas. For many it acted as a deterrent to going out, both because of the costs involved and because of 'drunken' behaviour. In addition, in common with the resident local communities in rural areas of Moray and Aberdeenshire, having to travel long distances to engage in leisure activities such as the cinema or bowling was off-putting and was perceived as costly financially, as well as being time-consuming given the long and irregular hours of work.

**Harassment and racist stereotyping**
Although the majority of participants reported no physical or verbal harassment, there were reports of racist stereotyping from participants across Grampian. Migrant workers from Eastern Europe were frequently referred to as 'Russians', which was perceived as being used in a derogatory sense implying several stereotypes such as being linked to the 'mafia' and 'prostitution'.

There were also differences in experiences depending on geographical location. Participants living in council accommodation in areas of Aberdeenshire in particular reported that vandalism and broken windows were a 'normal' part of life in the area they lived in. Participants from Fraserburgh reported incidents of physical as well as verbal harassment and also expressed dissatisfaction with the way the police had handled their cases.

*There was a Latvian girl attacked by some druggies, they took her chain. The bar owner did nothing and he didn’t call the police…The police can’t find interpreters to investigate problems …I don’t think they are there to protect us.* (female, Latvian, food processing)
6.8 Future intentions: staying or leaving Scotland

The majority of those involved in the study (approximately 60 participants) were unsure of their future intentions with regard to remaining in Grampian or indeed the UK. They all expressed a wish to return to their country as they reported that they had only ever intended to stay in Scotland until they maximised their earnings, before returning home to be reunited with their families. They reported that the length of time they were likely to remain in the UK would depend on a variety of factors, including employment prospects in the UK and family/relationship ties back home. A small minority (6) reported that they did not like living in Scotland and felt that the quality of life was much better in their home country (e.g. better housing and social life).

A small minority (3) had an interest in quality of life issues such as the 'environment' and walking and expressed an interest in exploring the possibilities of longer-term work in Scotland, but were noncommittal in terms of their longer-term intentions with regard to living in the UK. Those most likely to express an interest in staying in the UK in the longer term emphasised the prospects of better-paid work and felt that they could have a better quality of life for themselves and their children by staying in the UK.

All participants, however, including the small minority who reported negative experiences, said that they would recommend Scotland to others as a place to stay and work. The main reasons for not recommending Scotland to others were bad weather and the lack of social life and supportive communities.

6.9 Areas for action

A significant number of participants welcomed research studies such as this one as they valued being asked about their opinion. It was felt that central government and local authorities should take an interest in migrant workers’ issues and offer solutions not on the basis of being ‘foreigners’, but as people who are part of the community and who pay taxes.

Migrant workers who contributed to this study identified broadly three areas where action was required to improve their quality of life in Scotland: language and communication issues, information and advice, and accessing services.

Language and communication issues
- There is a need for more ESOL classes, with a specific focus on classes tailored to meet the needs of varying levels as well as provision of classes for professionals to equip them with the level of English they require to work successfully in their profession.
- Service providers in the Grampian area should provide suitably qualified interpreters to support migrant workers accessing key services such as housing and health.
- More translated information is needed in a range of languages, particularly in areas like banking, health and safety notices, and leaflets.

Information and advice
- There is a need for a central point for information and advice on all services and provision which can be easily accessed by migrant workers in their languages. Such a central point could also provide up-to-date and accurate information about employment and other statutory rights. It was suggested that this would ideally be in the form of a drop-in centre where social networks could perhaps be enabled to develop.
- There should be better use of Jobcentre Plus, libraries and other focal points used regularly by migrant workers as information dissemination points.
- There is a need for access to accurate and up-to-date information about what to expect prior to arriving in Scotland.
- Migrant workers should be provided with information about how to access suitable and affordable housing.
- Improved information is needed on how to access services that provide support in relation to harassment and abuse, e.g. domestic abuse.
Accessing services

- Care should be taken by local authorities in particular not to place migrant workers in housing that is rejected by locals or into areas that expose individuals to racism, racial harassment and/or abuse.
- Banks and financial services should adopt best practice on providing an effective service for migrant workers.
- Better access to community centres and community events is needed for migrant workers, and especially for those people whose first language is not English.
- Grampian service providers, together with employers, should consider improving access to the internet for migrant workers and local communities.
- There is a need for more inter-cultural dialogue between local and migrant communities to increase understanding as well aiding 'integration'.

6.10 Key findings

- The primary reason given by migrant workers in this study for being in Scotland was economic – better wages compared to what they would earn in their home countries.
- The majority of migrant workers reported that they came to Scotland directly through friend and family connections and the internet, and were accessing employment through these routes.
- The majority of migrant workers were working full-time but on temporary contracts in mainly semi-skilled and unskilled jobs, earning the minimum wage or slightly above. Most were working in jobs for which they appeared overqualified.
- Employers were cited as one of the first ports of call for providing information and support, with regard to banking and accommodation in particular.
- With one or two exceptions little training other than some basic health and safety training was offered by employers. Where training was provided it tended to be provided in English, though a small minority of companies offered it in Polish.
- Migrant workers were reported to be providing interpretation for workers, friends and family with poor English not just in the employment context but also in relation to other issues, for example accessing accommodation and dealing with the Inland Revenue.
- The main barriers to accessing information and services were language and communication difficulties.
- The main means of accessing information and assistance with navigating through systems and procedures (e.g. form-filling) were friends, family, libraries, the internet, employers and Jobcentre Plus.
- The main services accessed and used by all migrant workers were libraries (mainly for internet services), banks, and, to some extent, accommodation services and ESOL classes. Most had little or no knowledge about other services and did not necessarily see any reason to find out about them.
- Migrant workers reported a lack of quality and affordable housing across the three local authority areas.
- Parents with school age children were generally very positive about how their children have settled into local schools. However, some parents were unclear about why EAL provision was not being provided for their children despite their having been assessed.
- The majority of migrant workers tended to engage in social activities which involved other migrant workers and reported limited opportunities for socialising with local communities due to language difficulties, different cultural norms/expectations, the
predominance of the ‘drink culture’ across Grampian, lack of time, and the need to save their earnings.

- Although most migrant workers commented favourably on the local resident populations and Scottish people in general, migrant workers living in Fraserburgh reported incidents of physical harassment, whilst migrant workers across the region reported that they had encountered racist stereotyping.

- Migrant workers were not always sure of their future intentions and the majority expressed a desire to return home. However, their decisions to stay or leave were very much bound with earning a good living, aspirations to improve the quality of their lives and other personal factors, such as family/relationship ties in their home country.
7 Migrant workers and health

Introduction
This chapter presents the findings with regard to issues related to health and access to health care. It reports the findings that have emerged from interviews conducted with 25 migrant workers (nine of whom were also involved in the employment and services focus group) specifically on health issues, as well as interviews and focus groups conducted with 71 migrant workers on employment and services issues. The overall aim of the health interviews was to gain an in-depth understanding of health issues in relation to migrant workers in Grampian, consistent with the provision of an effective health service.

The chapter is structured around five sections. In the first three sections, the findings of the health interviews (25) are discussed:
- profile of participants
- experiences of health and health care prior to arriving in Scotland
- experiences of health since arriving in Scotland.

The fourth and fifth sections focus on health issues raised by all migrant workers (87) across the whole study:
- experiences of accessing health care in Scotland
- workplace-related health issues.

Whilst caution has to be exercised in interpreting the findings emerging from this chapter, at the same time it is important to recognise that these findings resonate very strongly with other research evidence on this topic (see Chapter 3).

7.1 Profile of participants
The majority of the 25 participants in the health interviews were from an Eastern European background and in the main were Polish. Other nationalities represented included Latvian, Filipino, Portuguese and Slovakian. Sixteen men and nine women participated; all were aged between 18 and 45 years. Seven were married, of whom three had dependents; five were cohabiting, one was divorced, one was separated, and the rest were single. The participants reflected similar patterns in terms of industry, job roles and qualification levels to those who participated in the employment and services interviews and focus groups (see Appendix 7, Table 3).

7.2 Experiences of health care services and health prior to arriving in Scotland

Health care systems in migrant workers’ home countries
Participants were asked about their experiences with the health care system in their home countries in order to compare similarities and/or differences in perceptions and experiences of health care systems in their home countries and the UK. What follows is a report of the views of 25 participants based on their experiences, perceptions and expectations of health care services in their home countries.

Participants from Eastern Europe (e.g. Poland, Latvia and Slovakia) perceived their health care system as being very similar to that in Scotland. For example, health care was described as being free and provided through a state insurance system, although prescription medicines might have to be bought, depending on income levels. The health care system in the Philippines, on the other hand, was reported as being private, and everything from visiting a doctor for examinations to purchasing medication had cost implications. However, the costs were reported to be much lower than in the UK with regard to, for example, dental care and purchasing medication and the quality (e.g. thoroughness of examination) was perceived as much better. The trend of returning to their home countries for treatments (in most cases non-acute) such as dental treatments and visiting opticians was prevalent amongst the majority of
participants including Eastern Europeans, as these services were considered cheaper and more easily accessible (for example, less waiting time and in a language they could communicate in) than in Scotland.

Polish participants reported that while health care was free and for the most part easily accessed in Poland, access and treatment was much quicker if doctors were given money, or in other words a ‘bribe’. In their view, the system in Poland was inherently ‘corrupt’, and inequalities existed on the basis of those who could afford to pay inevitably receiving a better quality of service. A small minority of the Polish participants felt that in Poland for those who could afford to pay it was probably better to register with a private service as they were guaranteed a better level of health care.

The Eastern Europeans who had experienced health care systems (both GP practice and Accident and Emergency (A & E) services) in Scotland perceived the medical services (e.g. doctors and the A & E services) in their home country to be generally of better quality, but as having to work with poor technology in a financially deprived system. With regard to quality issues based on what they would expect in their home countries, specific references were made to doctors being more thorough in examining patients, to patients being treated with medication based on what was perceived to be a more thorough diagnosis, and to patients being treated timeously without having to wait for two to three days to get an appointment to see a doctor when ill. These issues are discussed further below.

Latvian participants reported that the health care systems in Latvia had undergone a change with the introduction of privately owned health services. The majority perceived the changes negatively and suggested that these changes had created a number of problems, including confusion with regard to availability and entitlement to medical care in Latvia:

*Due to the fact that there is a new system it has made problems with the harmony between state-owned and privately owned service…there is a lot of confusion and difficulty.* (female, Latvian, food processing)

Participants suggested that the increase in privatisation had led to a tendency amongst medical services to behave like businesses, where issues of finance were thought to be more important than the needs of the patient or the provision of effective health care, and increasingly the quality of care was seen to be dependent on affordability:

*They are trying to copy and brutally introduce things from Western Europeans. Family doctors don’t work any more; they are confused about what they are supposed to do. They don’t want to refer patients to specialists because they will lose money.* (male, Latvian, engineering)

The Latvian participants, just like their Polish peers, felt that corruption was rife and that many doctors were taking advantage of the system in order to maximise their income. For example, participants felt that doctors in their countries had developed close associations with certain pharmaceutical companies and prescribed drugs only from these companies in order to make a profit. However, it was acknowledged that poor wages and working conditions in the Latvian public health services may provide an explanation as to why many doctors were being forced to find alternative routes to making money. In addition, it was reported that the state had imposed a limit on resources for public health services, which meant that doctors could only treat a certain number of patients free, after which patients were charged for health care.

Participants in general were aware that the phenomenon of increasing privatisation of health care services was not exclusive to Latvia or Poland but was being replicated across Eastern Europe, in the transition from communist regimes to economies based on liberal market economics.

Overall it would appear that the participants from A8 countries, in particular, perceived the systems of health care in their home countries and in the UK as similar, in that access to health care was predominantly funded through a national insurance system. However, at the same time it was evident that they also noted changes in the systems of health care in their countries, including the increasing ‘rationing’ of services being funded from taxation, and they emphasised
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the ability to pay as potentially buying ‘better’ health care. Despite the changing environment of health care, based on their experiences and expectations in their home countries they still perceived the health care they received in their countries as somehow ‘better’ than what they had experienced in the UK, an issue which is discussed further below.

Health status of participants
With two exceptions, the 25 participants reported that they were in good or excellent health before arriving in Scotland. Although this is probably explained by the fact that most of the participants were young, nevertheless all the older participants also reported that they had been in good health. The majority of participants reported that although they had been registered with doctors in their home countries they rarely had need to access health services. Twelve participants suggested that those people with health problems stay in their home countries and do not choose to come to Scotland because they are aware that most of the jobs require a person to be physically fit and healthy.

Of the two participants who reported health problems prior to their arrival in Scotland, one individual had suffered from thyroid cancer which had been successfully treated in her home country; she is now on lifetime medication. The other individual said that he suffered from hay fever but felt that it was a condition suffered by many others and did not have any specific implications for his health in general.

7.3 Health since arriving in Scotland

Screening for infectious diseases
Of the 25, only two participants reported that they had been screened for infectious disease. One had been screened at the airport and the other through work, for diseases such as tuberculosis and HIV. Six participants reported that they had filled out medical forms before commencing work and had undergone a physical examination, which they understood was important in the context of working with food in particular. Those who had received a physical examination had found the process to be efficient and professional.

New health issues
None of the participants reported that they had developed any new health-related problems as a consequence of migrating to Scotland, except for those who reported work-related health issues (discussed in the section on work-related health issues below). The majority of participants said that they had good social networks within their communities for support. Furthermore, given that their lives were very busy and that they worked long and irregular hours, the majority tended to focus on their work obligations with little time to do anything else. Frequent visits home as well as regular contact (e.g. through the internet and telephone) with their families and friends at home ensured that they did not feel alone or depressed.

Healthy living
All participants said that they bought fresh food and prepared meals themselves. Fast food was perceived as unhealthy and a waste of money. A small number perceived the quality of food in Scotland to be poorer than in their home countries, remarking particularly on the prevalence of processed foods. Nevertheless, participants said that they made the effort to seek out healthy and fresh food, and did not indicate that there were major difficulties in sourcing and eating healthy foods.

Those living in rural areas said they had access to organic foods bought from local farms. Polish participants in particular reported that Polish foods were becoming more easily available in some of the local supermarkets. In Aberdeen city it was reported that a small Polish supermarket had opened which provided a range of Polish foods and was actively used by the Polish participants. In addition, the supermarket also provided a notice board with information on everything from useful contacts to employment, housing opportunities, social meetings and religious activities.

Five participants reported that they had experienced minor changes in their health due to a change in diet; this was mainly associated with issues related to weight gains/losses and was
not considered serious. Despite the fact that many of the participants were living in multiple-occupancy situations, none reported poor health due to bad housing.

7.4 Access to and experiences of health care in Grampian

Context
As previously indicated, caution will have to be exercised in interpreting this and the following sections in this chapter, which present the perceptions and experiences of all 87 migrant workers in relation to accessing health care services. However, at the same time, as previously highlighted, the findings that have emerged from this study are supported by other studies (see Chapter 3). It is important to be aware that different norms or experiences based on different cultural backgrounds as well as experience of different models of health care underpin migrant workers' views on health care received in Grampian. In recounting their experiences and perceptions of health care received in Grampian they were implicitly and at times explicitly comparing their experiences in Scotland with those in their home countries, making it difficult at times to separate out 'perceptions' from 'facts'. In addition, it is also important to acknowledge that a number of issues raised (for example, waiting times, and difficulties in accessing dental care) are not peculiar to migrant workers, but are faced by the population as a whole.

Apart from different cultural norms/expectations and models of health care, language and communication barriers (also identified in relation to other services: see Chapter 6) appeared to take on a special significance for migrant workers, particularly in the context of health. For example, individuals expressed concerns about the potential for misdiagnosis due to the inability to communicate their symptoms accurately; issues of confidentiality also came to the fore.

Accessing primary care

Information and accessing services
There was a mixed response from all 87 participants in relation to accessing health services in Grampian. Overall, participants did not specifically identify difficulties in accessing information about health care and GP registration. Family/friends and employers were the main sources of information about health services. In addition, approximately half of the participants also mentioned using the internet and 'Welcome' packs. Although the majority of participants reported that they were aware of GP and Accident and Emergency (A & E) services, only 21 of the 87 participants reported actually using these services.

Approximately half of the 87 participants reported that they had registered with a doctor. In general, most participants did not perceive registering with a GP as a priority. There was a tendency for those on seasonal/short-term contracts not to register with GPs. No difficulties were reported in locating a GP practice; employers, friends, family and colleagues at work were relied on to locate the most appropriate practice.

Language and communication barriers and cultural expectations
Although none of the 87 participants identified cultural and/or religious issues as having an impact on their use of health services, as with other services (see Chapter 6) the majority consistently identified language and communication barriers. While a minority of the 21 who had reported utilising GP services expressed satisfaction with the service they had received, in contrast, the majority perceived language and communication difficulties as the main barriers to receiving effective care and attention. For example, one participant described how her friend who had decided to return to her country to be seen by a doctor because she perceived communication difficulties as making it problematic to access what she considered to be appropriate health care. In another instance, a woman who had been unable to communicate in English suggested that her own experience of going to her GP had undermined her confidence with regard to communicating her illness, and she felt anxious that she was unable to approach the doctor about her child's history of allergies. These examples resonate with the findings of studies such as that undertaken by McKay and Winkelman-Gleed (2005) in the English context, where the extent to which health care services addressed language barriers was identified as a
critical factor in whether migrant workers evaluated their experiences of health care services positively or negatively.

Participants across the project with good levels of English mentioned that they were often asked to assist with making appointments and accompanied their compatriots, friends and family with poor or no English to the doctor for appointments and examinations, as well as to A & E. In the majority of cases they appeared to be unaware of the availability of interpreting/translated services and/or the initiatives being taken by NHS Grampian to address the issue; and there was a perception across all participants that not enough effort was being made to ensure that interpreters were available for people whose first language was not English, as reflected in this comment:

*If you don't speak the same language there are problems with filling forms and talking to the doctors...surgeries don't have interpreters...I think they [referring to doctors' surgeries] think it is too much work to get an interpreter so they ask us to bring our friends.* (female, Lithuanian, food processing)

Seven participants perceived that their condition and/or those of people they knew had been misdiagnosed either due to miscommunication or to the doctor not having taken enough care to diagnose the condition properly. The majority of migrant workers in this project perceived their inability to communicate their conditions and symptoms to health practitioners (due to poor or no grasp of the English language) as the main factor in leading to what was described as 'wrong' or 'inappropriate' treatment.

In the case of perceptions of 'appropriate' care their experiences in Grampian were frequently contrasted with what were perceived to be more systematic procedures (i.e. 'proper' and 'appropriate' examinations, usually meaning a physical examination) being undertaken before medicine was prescribed in their home countries. For example, one participant perceived her visit to a GP, due to the sudden onset of a pain in her elbow, as unhelpful, because she reported that she had been prescribed an over-the-counter painkiller by the GP based on asking her what she thought her problem was, rather than on what she considered to be a 'proper' medical examination. The perception of GPs in particular not taking time to physically examine the patient and consequently making a diagnosis and/or prescribing medication without what was perceived as a 'proper examination' was highlighted on a number of occasions. For example, a participant who reported that he had suffered for two months from a chest infection which he attributed to his work environment had expected to have had a chest X-ray before being prescribed medication. He contrasted this with what he perceived would have happened in his own country, where, he believed, he would have been offered an X-ray before a diagnosis was made or medication prescribed. In describing their experiences of receiving medical care in the UK, migrant workers were constantly comparing their experiences with what they would have expected to receive if they were in their home country, reflecting different cultural norms and practices concerning patient–doctor relationships and models of health care.

In general, across all 87 participants it would appear that poor communication and the lack of trained interpreters providing confidential, professional and supportive services were perceived to be the main barriers in accessing appropriate health care and that these affected their perceptions of the service received, reflecting research findings elsewhere (McKay and Winkelman-Gleed, 2005). In addition, perceptions of health care received were affected by different cultural expectations concerning health care based on experiences in their home countries.

**Other issues in relation to health care**

As highlighted previously, in line with the experiences of the general population, the small minority (three of the 21) who had accessed GP services because of an illness (e.g. sudden onset of fever) perceived the length of time (e.g., two to three days) it took to get an appointment to see the doctor as too long. There appeared to be an expectation based on their experience in their home country that they should be able to see a doctor without delay when they needed to. However, while the issue in relation to appointment systems affects the population as a whole, it may be exacerbated for migrant workers due to a lack of awareness and/or understanding of how systems, such as a GP appointment system, actually work, and
because of their expectations and experiences based on health care systems in their own countries.

**Accident and Emergency services**
The small number (five of 87) of migrant workers who had used the Accident and Emergency (A & E) services reported negative experiences mainly related to response time (the length of time taken to deal with their situation), not understanding the procedures/system, and the lack of availability of interpreters. In the main, migrant workers who reported having gone directly to A & E had done so for the following main reasons: they were not registered with a doctor; they were unable to secure an appointment with a GP when they thought they required one; their employer directed them to the service. In a small number of instances participants went to A & E due to accidents when playing sports (for example, football).

Whilst a number of the experiences highlighted may not be specific to being a migrant worker, it is highly possible that a lack of understanding and/or awareness of how the system works, different cultural expectations, and poor communication skills impacted on the perceptions of the services they received. For example, participants reported that a lack of access to their medical records resulted in delays or lack of treatment. An example was cited when an individual reported that despite being in pain she was unable to receive treatment until the doctor had received her previous medical records. Another participant reported that she was refused treatment at an A & E department because she was not registered with a GP. She sought help and advice from a local agency as this was the only agency she was aware of where she could seek support. She eventually registered with a GP; however, by this time her symptoms had subsided.

**Other health services**
The majority of participants were unaware of NHS 24 and the service it offers. The small minority (three) who were aware of it reported that they knew about the service from posters (in English) that they had seen in the hospital and/or GP surgeries. With the exception of one participant – who had accessed it on behalf of his friend who was suffering from a toothache and perceived his experience to be not very positive due to the length of time it took to get an appointment (an issue also experienced by the general population) – none had reported any experience of using NHS 24. However, once participants were informed about the service the majority said they would use it if the need arose, but at the same time had some reservations about how useful it would be for those with poor English: they felt that it might be more effective to speak to someone face to face.

With the exception of a small minority (three), there was little awareness or knowledge of other services provided by the NHS. For example, three participants mentioned a desire to use opticians but either did not know how to access the service or were anxious about how expensive the provision would be.

Eight participants mentioned that they or someone they knew had suffered from dental problems, but none of the participants reported being registered with a dentist. However, the small minority who had experienced accessing dental services (usually in an emergency situation) reported difficulties similar to those experienced by the general population in sourcing dentists, the costs of dental care and securing an appointment. In general, going to a dentist was perceived to be too expensive in contrast to their home countries. Consequently many participants preferred to see a dentist when they returned home.

In addition, two participants reported accessing a local family planning clinic which they reported they found useful and helpful; they also appreciated the free provision of contraception. A participant whose father had suffered two strokes also described the medical care received at the hospital as very good; however, the issue of lack of interpreters came up again, and the reliance on family members (especially the children) to provide interpretation and translation was considered a heavy responsibility.
7.5 Work-related health issues

Job role and health
Although in general participants indicated that most migrant workers would be prepared to accept any reasonably paid work regardless of risks to their health, the issue of potential health risks was always on their minds, and mixed views were expressed by participants about accepting jobs where they had to work with dangerous substances or machinery. Furthermore, those not working in the fish processing industry said they would avoid working in the industry because they would be required to work in cold conditions which was perceived as having health risks:

There are big problems for people who work in fish factories…it is wet, creates many problems with the joints and breathing…smaller factories have less problems. (male, Polish, food processing)

Approximately 12 of the 87 participants reported that either they or someone they knew had suffered from workplace accidents and/or workplace-related health problems. In addition, as mentioned earlier in this chapter, all those who reported that they had noticed a change in their health related it directly to the nature of their job. For example, some participants cited problems that had developed as a result of doing repetitive work, mainly in the context of food processing work – for example, problems with elbows and shoulders.

Those working in fish processing factories were aware that there was always a potential risk to health as a result of working in very cold and damp conditions. One participant (mentioned above) associated his chest infection with his working conditions. In addition, there were a number of complaints of joint pains which were attributed to working in cold conditions. Another participant (also mentioned previously) attributed the deterioration in his father's health to the nature of his work, which he described as 'slave stuff' – the work was reported to be heavy, arduous and in damp conditions. He reported that his father continued to work in the same job because he felt there was no other choice and his primary motivation was to improve the quality of life for his children:

His [referring to his father] life is finished. He is only working for us [referring to his family] to have a better life. (male, Portuguese, service – care)

Workplace accidents
As discussed in Chapter 6, all 87 participants reported that they had received some form of work-related health and safety training. However, in most cases the training received was considered to be fairly minimal, and the majority reported that the training was delivered in English.

A number of work-related accidents were mentioned. For example, a participant working in the construction industry reported that while he was working, floor panels fell on his back. While he did not see this as a work-related accident, it nevertheless demonstrates the potential risks in working in some industries:

I was working and these panels crashed on my bac …I took two days off work, but because my back was still sore I went to the hospital [taken by the supervisor] and I was not happy because I had to wait a long time. (male, Slovakian, construction)

With the exception of one or two cases, those who reported injuries whilst at work were either treated at work, or taken to the hospital by their supervisor. Most participants recognised that there were always potential risks with their jobs, especially working with heavy machinery, hazardous materials and cold/damp conditions. In most cases (and especially those involved in the health interviews) participants were prepared to leave themselves in the care of their employers.

In one focus group, six participants who were working for the same employer or who had family working there reported serious health and safety concerns and minimal health and safety training. A participant working in the food processing industry recounted her experience of a
serious work accident involving chemicals, concerning which she had received little or nor
support from the employer (and this was confirmed by other participants). However, through
informal support from a Polish person who was a long-term resident in the area she had
managed to access assistance from the local Citizens Advice Bureau. The participant was in
this case employed through an employment agency, a common practice for this particular
employer. Following the accident neither the employer nor the employment agency were
reported to accept responsibility for the incident. In addition the participant reported that she
was being put under considerable pressure from the employment agency to return to work
before she had fully recovered and there were also financial pressures (for example, not being
eligible for sick pay) to get back to work despite the fact that she did not feel well enough to
return to work. Other participants working with the same company described the company's
health and safety record as very poor, with virtually no training, and highlighted a sequence of
health and safety incidents and breaches that had occurred over a period of weeks, affecting
migrant workers as well as local employees, about which little had been done.

7.6 Key findings

Overall, it is important to bear in mind that when migrant workers involved in this project were
discussing issues and experiences related to health and health care, they were frequently
comparing their experiences in the UK with what they would expect in their home countries. The
prevalence of different cultural norms and expectations as well as different models of healthcare
may have impacted on their perceptions and assessment of health care services in the UK. In
addition, for the small numbers that had accessed specific health services, language and
communication difficulties were cited as the main barrier to receiving an appropriate service.

The majority of the 25 participants involved in the health interviews:

- Reported that they had good health on arrival to the UK and reported no new significant
  health issues while they were in the UK. Any noticeable new health issues were mainly
  attributed to the nature of their jobs
- Reported that the health services in their home countries were generally very similar to
  the system in the UK; this was especially true of those from East European countries.
  They also reported that the ability to pay improved the quality and speed of treatment
- Appreciated the need for screening for employment purposes. The very small minority
  who had undergone screening found the approach to be efficient and professional
- Did not attribute deteriorating health to dietary changes or living conditions. The majority
  reported that they had managed to ensure healthy living by buying fresh food, which
  they prepared themselves. They were also increasingly sourcing, for example, Polish
  foods, in some local supermarkets, as well as through a specific Polish supermarket in
  Aberdeen, which also provided wider opportunities for information and networking.

The following key issues related to health have emerged from the majority of the 87 migrant
workers involved across the project:

- The majority of workers reported that they had received information about health
  services through family, friends and employers, with smaller numbers mentioning
  'Welcome' packs. However, the majority did not perceive accessing health services as a
  priority unless they had a specific reason to do so.
- Although approximately half of the participants across the project said that they had
  registered with a GP, about a quarter of all participants reported actual experiences of
  accessing health care services. These were mainly primary care services and A & E.
- There was a perception amongst A8 nationals in particular that doctors in their home
  countries examined patients much more thoroughly and that the quality of diagnosis
  and subsequent care was much better as a result.
- Poor communication between migrant workers and health workers/GPs/A & E was
  believed to have led to ineffective and on some occasions inappropriate medical care.
- Concerns were expressed about confidentiality issues, given the common practice of
  services relying on friends and/or family to assist with translation/interpretation.
• Lack of access to patient medical records, and the fact that these records were not available in English, were perceived as potential causes of delays in providing relevant health care.
• The majority of participants confirmed that they had received health and safety training/information at work. However, in most cases this was reported as being very basic and in English, which could be seen as a risk when many migrant workers either do not speak English or understand and speak English only at a low level.
• A minority of participants across the project reported that they had experienced work-related accidents. With the exception of one case, all indicated that they had been treated on site or had been taken to A & E by their employers.
• Although a small minority said they knew about NHS 24, as they had read posters in GP surgeries, the majority were unaware of the service and what it offered.
• participants who had attempted to access services such as dental care and opticians expressed difficulties in sourcing services, and concerns about waiting times and cost. Most expressed a preference for being treated in their home country on grounds of accessibility and cost.
8 Views and experiences of service providers

Introduction

This chapter summarises the views and experiences of 46 service providers from across the Grampian region, covering three local authorities and key sectors (e.g. housing, health, employment, police and language) as well as a wide range of other services (see Appendix 8). The chapter discusses

- trends in relation to migrant workers
- impact on services – emerging issues
- issues specific to types of providers
- responding to migrant workers’ needs.

8.1 Trends in relation to migrant workers

Numbers and profile of migrant workers

All service providers noted that the marked increase in migrant workers since 2005 in particular was reflected in their increased contact and interaction with migrant workers as they accessed services. The NHS Grampian Monitoring Report (2006a, p. 5) and Aberdeen City’s (2006) analysis of migrant workers in the City and Shire also claimed substantial increases in East Europeans since May 2004. Migrant workers were reported to be mainly Eastern European, predominantly Polish followed by Lithuanian and Latvian, reflecting trends across the UK and discussed in more detail in Chapter 4. Other nationalities mentioned include Portuguese, Russian, Romanian, and Bulgarian, with some service providers reporting a noticeable increase in workers from the Philippines, South America and South Africa.

However, with the exception of English as an Additional Language (EAL) services and NHS monitoring of Language Line usage (both discussed later in this chapter) none of the service providers appeared to have established systems for monitoring service use in relation to migrant workers. Consequently, much of the information on trends that service providers reported has tended to be based on mainly experiential evidence.

Changing employment routes and employment issues

Although service providers acknowledged that there were some migrant workers still being recruited through recruitment agencies, it was noted that this may be a diminishing trend, especially amongst Polish migrant workers who came here in 2004 and were providing a connection for other Poles. It was acknowledged, however, that recruitment agencies may continue to have a role with regard to other A8 nationals and migrants from outwith the EU. One of the main concerns expressed with regard to recruitment agencies was what appeared to be a lack of effort on preparing migrant workers adequately for coming to Scotland. This in turn was reported as having an impact on service providers, for example, with regard to services they were expected to deliver and the issues (e.g. bogus contracts, deductions from wages, poor wages and living conditions) they were having to deal with.

However, evidence of changes in the ways in which migrant workers were accessing and/or being recruited into employment was cited. For example, in line with the findings from the employers and migrant workers who participated in this study, service providers reported a marked increase in A8 nationals choosing to come directly in search of employment, especially if they had friends or family already in Scotland.

Workers have realised that it is easier to get on a plane and find work and they are passing this information on to family and friends. (participant, Aberdeen City Council)

In addition, several large employers were cited as actively recruiting workers by going overseas.

Service providers also expressed concerns that the majority of skilled workers were not being employed in jobs commensurate with their qualifications and that employers generally did not appear to recognise overseas qualifications. Frustration was expressed at the lack of utilisation
of migrant workers' skills despite reported skills gaps/shortages in Scotland – engineers and dentists were frequently mentioned in this context. Participants expressed a need for a system whereby overseas qualifications, training and experience can be assessed for the UK equivalent swiftly and without lengthy bureaucracy. Some qualifications, particularly in the medical field, have such procedures in place, but this process needs to be extended to other professional areas.3

8.2 Impact on services – emerging issues

Having set the context, this section goes on to consider a wide range of issues that service providers have identified as impacting on their services.

Context
Service providers expressed concerns that the increased demand from migrant workers has not been met with a commensurate rise in resources for service provision. The need for funding for interpretation and translation services was raised as the most pressing issue facing service providers. Funding and staffing constraints were identified as major barriers, creating challenges for developing better communication and outreach facilities in meeting the needs of migrant workers. Participants indicated that given already overstretched budgets, the Scottish Executive had a particular responsibility to assist local authorities with the increase in demand on services, especially in the context of their proactive stance in trying to attract 'Fresh Talent' and migrant workers to come to Scotland. One of the participants in the research (from Housing Services) said:

[that the Scottish Executive] are very keen to call people here but there is nothing, no support for them when they get here.

Issues of government responsibility in relation to migration, briefly discussed in Chapter 3, have been raised across the UK (see Cooke and Spencer, 2006), and this is reflected in the statement made by Sandy Bruce-Lockhart, Chairman of the Local Government Association (2006) in England:

This [lack of accurate figures on migrant numbers] could pose severe problems in the future as services get cut, or council tax has to rise disproportionately for the growing migrant population' (BBC, 2006b).

This statement reflects widespread concerns reported in the media about the impact of migrant workers on services provision, in relation to housing and language issues in particular (for example, Mather, 2006; MacKenzie, 2006; Ramage, 2006). However, as Sriskandarajah (2006) points out, while it is important to acknowledge that local authorities do have a point when they complain that 'central government funding formulas' are not responsive enough to the arrival of new immigrants, it is also important to recognise that immigrants are key to the delivery of public services, especially in areas such as health and education.

Outreach/making contact with migrant workers
The majority reported that migrant workers learned about services primarily through word of mouth (e.g. friends, family and colleagues). However, there were some examples of services, such as housing associations, local authority housing services and recruitment agencies, marketing their services to migrant workers. In addition, local authorities have also produced 'Welcome Packs' and 'Living and Working in...' booklets in various languages.

It was difficult to assess the extent to which materials targeted at migrant workers were effective in reaching them. Service providers felt that the lack of figureheads/leaders in migrant worker communities was a barrier to communication, as community leaders often provided routes for getting information into communities. Consequently, whilst there was a recognition that other approaches were required to connect with migrant workers – for example, working through agencies that have informal links with migrant worker communities – this was perceived as time-consuming.
Access to information and advice about services
Participants indicated that appropriate information was crucial as migrant workers did not always realise that service provision in Scotland might be different from that in their home country. For example, there appeared to be a common assumption and/or expectation about the availability of free childcare in the UK, as was the case in some of the migrant workers’ home countries.

Service providers lacked systematic and coordinated communication routes with migrant workers and relied on word of mouth. They were, however, concerned about the type, range, nature and accuracy of information reaching migrant workers. In addition, the lack of an outreach strategy on the part of service providers has meant that individual migrant workers had to be proactive in accessing information. This has resulted in a tendency towards those who are more fluent in English or who are already aware of services being most likely to access information services, leaving those who are potentially in most need without access to information.

In addition, service providers felt that the quality of information migrant workers received depended on the route through which they came to Scotland, whether through recruitment agencies or independently. Concerns were raised about the role of economic development organisations abroad and about the kind of information they were or were not providing to migrant workers. It was assumed that those coming with recruitment agencies may well have access to basic information prior to arrival; however, as discussed in Chapter 6, this was not always supported by the experience of migrant workers. This route to employment is also becoming increasingly important.

A barrier to accessing accurate information and advice highlighted across the UK (see Chapter 3), and identified by service providers in the study, was the lack of staff knowledge about legislation, and the rights and entitlements which different categories of migrants may have. This lack of knowledge not only may impact on the accuracy of advice offered but could also inadvertently lead to unfair treatment of some migrant workers. An example highlighted in terms of such impact was in relation to certain categories of migrant workers not being able to access public funds for their wives and dependents.

Some participants suggested that colleague apathy was also a barrier in meeting the needs of migrant workers. It was felt that ‘brutal’ honesty was required with some colleagues and services to ensure that migrant worker issues were taken more seriously so that these services can take steps to mainstream migrant worker needs and to rectify any gaps in provision.

The library and the job centre were identified as the two focal points where migrant workers were most likely to seek information. Furthermore, frontline staff such as ESOL tutors and job centre workers reported that they were routinely asked by migrant workers to assist beyond the service they were providing: for example, they were asked about issues such as tax credits and Home Office registration. A participant from the job centre reported that she has started to research and collate information on frequently asked questions (FAQs). Others indicated similar experiences but indicated that they were often just not in a position of being able to assist. Participants felt that service providers and agencies most likely to work with migrant workers would find it useful to have a FAQs leaflet which could be accessed by both migrant workers and staff. However, they seemed unaware that the Scottish Executive website ‘Scotland is the Place’ (http://www.scotlandistheplace.co.uk/), developed as part of the strategy for encouraging migration, provides relevant information and FAQs for those intending to work and stay in Scotland. This is a useful resource for local service providers.

Key issues of concern to service providers
Service provider knowledge of the needs of migrants varied. While a minority of service providers reported being aware of a range of issues, they still felt that they did not fully understand the scale of difficulties which migrant workers were experiencing, reflecting similar experiences noted in the recent Homeless Link (2006) study discussed in Chapter 3. For example, some stated that there would be an enormous difference between migrant workers with good verbal and written English and those without. Participants identified the following
needs most frequently expressed by migrant workers, once again reinforcing the evidence across the UK discussed in Chapter 3:

- language and communication issues
- accommodation
- lack of access to banking
- lack of access to information about employment rights and entitlement
- lack of knowledge of the Scottish legal system
- lack of social activities
- harassment
- domestic abuse.

Language and communication issues

Language and communication issues have been consistently identified as major barriers to accessing services across the study – by service providers, migrant workers and employers – and indeed more widely by research across the UK (see chapter 3). The ability to communicate and provide appropriate, relevant and accurate information to migrant workers was a primary concern of the overwhelming majority of service providers. Three aspects of language and communication issues were highlighted in particular and are discussed in this section: interpretation and translation; English for Speakers of Other Languages (ESOL) provision and English as an Additional Language (EAL).

**Interpretation and translation**

Barriers to providing services:

Service providers identified two main barriers to providing interpreting and translating services:

- An acute shortage of qualified local interpreters and translated information, and in particular a shortage of Lithuanian and Latvian interpreters/translators, was reported by many service providers. Several service providers stated that Russian interpreters were often used to interpret for migrant workers from Lithuania and Latvia. Though these migrant workers could in the main speak/understand Russian, it was felt that it was far more desirable for reasons of empathy and accuracy to have interpreters/translators of their own languages. Service providers were concerned that by accepting a 'making do with what is available' approach they ran the risk of the services being seen as being insensitive or, even worse, giving offence, given the history of Eastern European countries. However, service providers recognised that although this was far from ideal, they had very little choice.

- Financial constraints were also cited by many participants as a barrier to developing an appropriate infrastructure for translation and interpreting facilities. While participants realised that funding is limited, many were unclear about how such funding was allocated, the level of funding available, or how it was earmarked or allocated for use for different service areas. For example, Aberdeen City Council reported that they had dedicated funds for interpreting and translation which service sections and organisations could tap into; however, some services within this authority were unaware of this.

Strategies adopted by service providers:

In the absence of adequate interpretation and translation infrastructures, participants identified a range of strategies employed to plug the gaps.

- All three of the participating local authorities reported that they have dedicated resources to producing 'Welcome'/information booklets in various languages including Polish, Lithuanian and Russian and which are available on their website (see for example, Moray Council: http://www.moraycommunity.org.uk/; and Aberdeen Council: http://www.aberdeencity.gov.uk/ACCI/web/site/CommunityAdvice/SL/cma_Languages_Home.asp). In addition, some services (for example housing; see above) reported having information about their particular services in booklet format in different languages. However, how widely this information is being disseminated and whether it reaches its intended audience remained an issue. One participant felt that what might be required is for each service to reconsider what are essential documents for
translating: for example, within housing, tenancy agreements might be prioritised for translation.

- Participants generally felt that migrant workers relied on friends/colleagues whose English was considered to be better to assist them in filling out forms. Service providers recognised that working through friends often took a lot of time, and there were concerns over confidentiality. This was a particular issue within the health services where migrant workers were not only assisting each other in filling out forms, but also attending appointments and interpreting on behalf of the patient.

- The CAB in Moray reported that they are in the process of developing an informal network of migrant workers who provide interpreting/translating services for free. Given budgetary constraints coupled with a lack of qualified interpreting personnel, the information network was seen as both a pragmatic and positive response to the situation they are in. They also suggested that migrant workers should be encouraged to offer such services free, across all services, in recognition that it is in their best interest. No problems were highlighted by the service as a result of using this approach.

- Other providers mentioned that an effective way of addressing language/communication issues within services is to employ more multilingual staff. Two participants – a recruitment agency and a private housing service – indicated that this was already happening within their services and was proving to be helpful.

Experience of using Language Line:

Language Line (http://www.helplines.org.uk/language_line.htm) is a 24-hour telephone interpreting service, which provides access to qualified interpreters in over 100 languages. NHS Grampian have invested in Language Line and have developed a strategy for rollout of the service throughout Grampian. NHS Grampian reported that before it introduces Language Line into an area, it first carries out a full technical assessment of the equipment required, and training is provided for staff, before the Access Kit produced by NHS Grampian is issued. Language Line has been rolled out to over 180 locations within NHS Grampian and by March 2007, all 250 locations in NHS Grampian will have access to Language Line.

In addition to Language Line, NHS Grampian also reported that they have been actively recruiting additional face-to-face interpreters for the less common Eastern European languages. Efforts have also been made to recruit face-to-face interpreters who live in Aberdeenshire and Moray (NHS Grampian, 2006b). However, there have been mixed experiences in using this service throughout Grampian. Some public agencies have been very positive, others less so.

Language Line was cited by several services as a useful resource. For example, health providers in Grampian have relied on Language Line as a swift way of accessing qualified interpreters and found this to be particularly useful outwith city locations where most qualified face-to-face interpreters reside. NHS Grampian's monitoring report on Language Line usage between January and July 2006 recorded 297 calls. It was reported that there were requests for interpretation in 25 different languages with Polish, Russian and Lithuanian having the highest numbers of requests (NHS Grampian, 2006b). The report also indicated that to date, feedback from staff and patients has been positive with many finding that the service works, is easy to use, and takes the 'guesswork' out of providing health care to non-English-speaking patients. NHS Grampian has also begun work to pilot 'mobile' Language Line Access Kits for use by health visitors and district nurses in patients' homes, where often there is no land line available.

However, there were differing opinions among other service providers as to Language Line's effectiveness. While some felt it was the easiest way of getting immediate interpretation and would use it if the funding permitted, others did not share this view. The latter felt that Language Line was not user-friendly or accurate. This concern was expressed in particular in relation to interpretation which requires a high level of accuracy such as in the context of prosecutions, where familiarity with legal jargon is needed as well as a high degree of accuracy.

In one case the interpreter was from Canada, the conversations are not recorded and there is no way of knowing whether the interpretation is accurate and no way of citing the individual to give evidence. Prosecutions collapse for this reason. (participant, Grampian Police)
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The Jobcentre Plus in Moray reported using an interpreting service similar to Language Line – 'The Big Word'. The service operates by clients phoning a number and speaking to someone directly; face-to-face interviews and interpretations can also be arranged, depending on the nationality of the client. It was felt, having used Language Line, that The Big Word provided a better quality of service.

English for Speakers of Other Languages (ESOL)

Service providers and local authority representatives across all three local authority areas reported a huge demand for ESOL classes and it was suggested that at present there were not enough classes or spaces to meet demands. Some participants suggested that the Scottish Executive should boost funding for the provision of ESOL to ensure a better match of supply and demand.

Those familiar with ESOL provision indicated that in addition to local authorities, private companies in the area were starting to provide English classes. However, the quality and costs of such provision were not known. In addition, ESOL was sometimes provided by employers at workplaces. At least one employer is known to have integrated English classes into their recruitment process overseas.

Service providers felt that lack of financial resources was the main barrier to developing and delivering effective provision. Literacy budgets in most councils were reported to be severely overstretched, creating a concern that ESOL classes could be reduced just when an increase was desperately required. A shortage of ESOL teachers was also reported.

Key barriers for migrant workers in taking up ESOL classes were widely thought to be:

- distance to travel to classes
- long working hours
- varying shift patterns
- lack of information about appropriate classes.

It was generally agreed that people should not be expected to travel too far for basic community learning and that there was a need for better part-time and accessible provision. Some participants also suggested that 'integration classes' should be introduced alongside ESOL classes to assist the settling-in process. In Aberdeenshire and Moray, ESOL providers reported that social groups have been set up on a weekly basis, to allow time not only to socialise, but also to offer extra help with issues such as filling out forms and understanding letters, as there was not enough time during class to offer this service. There was also concern raised about how to attract the workers who were not learning English.

Apart from ESOL provision, several issues related to learning and teaching were also identified. For example, teaching English to a multi-level class was considered to be difficult. It was felt that the number of classes needed to be increased to enable teaching content to better cater for learning English at different levels. One participant said that 'once a week classes is not more than paying lip service to the concept'. However, it was recognised that it was not always possible to provide more because of the lack of resources.

Some participants suggested that teaching materials needed to be adapted to include a wider variety of topics relevant to the needs of migrant workers. One participant mentioned that students were asking for topics with a focus on citizenship and tax responsibilities to be included in the teaching material.

Families/English as an Additional Language (EAL) support for children of migrant workers

Service providers from all sectors, but particularly those from all three local authorities, suggested that increasingly migrant workers are being joined by their families. This is substantiated by figures collated in September 2006 by authority English as an Additional Language (EAL) providers (see Appendix 9) and the following comment made by a head of one of the local authority EAL services:
A study of migrant workers in Grampian

Totally stowed out with new arrivals – migrant workers from accession states. Half of my 500 approx referrals since April 2005 (yes 2005) have arrived between April and September 2006. This is absolutely unprecedented. Dramatic since August 2006 with more than 220 new arrivals in the first 2 weeks of term. (head of a local authority EAL service)

Another local authority head of EAL services reported that they had received 37 new referrals in August/September 2006, of which the majority were Polish, but also including Czechs, Latvians and Portuguese. The third local authority reported that the number of pupils requiring support had more than doubled, and that there had been 282 new referrals to the service since August 2005. Of these 100 were new since the start of the term in August 2006. Almost all of these were reported as being children of migrant workers, mainly from Poland, Lithuania and Latvia.

Given the substantial rise in demand for services, there was concern that migrant workers' children attending local schools may not be able to access an adequate level of EAL support, since provision has not been reassessed to cope with additional demands in any of the three authorities. It was reported that there was insufficient staff development offered to ordinary classroom teachers to acquire confidence and strategies for working with pupils who do not have any spoken or written English or for working with a range of linguistic diversities within classrooms. One participant feared that, because of the pressure on EAL services, older children were possibly receiving less language support than required to prepare them for examinations, while it was thought that it may be easier for younger children to pick up English and interact better with the rest of the children.

In addition, where there are cases of migrant workers with children who have disabilities, deciding the most appropriate response or course of action can be adversely affected by the language barrier. Language Line tends to be used as a first port of call; however, as already noted earlier in this chapter, this is not always a satisfactory mechanism for all services, especially when individuals are distressed or anxious and where a face-to-face response would be more appropriate.

Accommodation
In general, the consensus was that migrant workers were living in poor conditions, and many were thought to accept this situation, as there were limited or no other options with regard to accessing good accommodation. Shortage of accommodation in general was an issue raised by the majority of services across all three local authority areas, and has been consistently highlighted by research evidence as a major area of concern (CAS, 2006; Homeless Link, 2006). Participants reported that the most common queries were about how to access and apply for council housing and whether migrant workers satisfy the homelessness criteria, resonating with what other services, including housing providers, are experiencing across the UK (Homeless Link, 2006).

Service providers thought that the majority of migrant workers were living in private accommodation, due to an acute shortage of council housing. However, there was emerging evidence that migrant workers were accessing local authority housing in parts of Aberdeenshire and in Aberdeen City, particularly in low-demand areas. It would seem that the allocation of housing to migrant workers – predominantly Polish and Portuguese– has been seen as a significant factor in stabilising ‘the local housing system over time’ (Glass et al., forthcoming).

It was also suggested that some migrant workers may be living in agency-provided accommodation or staying with friends who have been here for some time. Service providers also reported an increase in applications for housing from migrant workers who appear to be arriving in Scotland without having organised any long-term housing provision. In addition, a private housing provider also reported that migrant workers, especially Polish and Lithuanian ones, were applying for housing prior to arriving in Scotland.

Overall, the main issues for migrant workers highlighted with regard to housing correspond to what other studies have found (see Chapter 3): shortage of housing in general, expensive private accommodation, overcrowding, and multiple occupancies. General shortage of affordable housing and the high price of private sector provision are as much a concern for the
local population as they are for migrant workers, though overcrowding and multiple occupancies are more specifically issues relating to migrant workers.

**Private sector housing provision**

Multiple occupancy, leading to overcrowding, was raised as an issue more specific to migrant workers. Despite the council role in ensuring the quality of multiple-occupancy housing – generally let out by private landlords – by checking that this type of accommodation meets health and safety requirements and that the terms of multiple occupancies are not being breached, many participants in this study thought that migrant workers were experiencing high levels of overcrowding. However, it is worth noting that employers who participated in the study suggested that migrant workers sometimes chose to live in multiple-occupancy households to save money.

In addition, migrant workers whose tenancy is tied to their employment may be vulnerable to homelessness as a result of losing their job. Housing providers across all three local authorities reported an increase in homeless applications from migrant workers who had lost their jobs and consequently their houses.

The bureaucracy involved in accessing local authority housing and the length of the application process were also identified as potential problems in migrant workers accessing accommodation. In general, participants felt that if a worker needed housing urgently, councils were not able to respond to this. By contrast, it was felt that the private sector was better equipped in dealing with urgent cases.

**Public sector provision**

Housing providers indicated that accessing affordable rented housing is already difficult and that resources are being further stretched by a large influx of migrant workers. However, as migrant workers are considered to be more desperate and will tolerate poorer standards, some participants noted that migrant workers are more likely to accept property that locals may be less likely to accept. This is borne out by emerging evidence (Glass et al., forthcoming) which confirms the allocation of housing in low-demand areas of Aberdeenshire and Aberdeen city to migrant workers, and migrant workers in the study have raised some concerns about this (see Chapter 6).

Aberdeen City Council housing services reported that the main mechanism for informing migrant workers about council housing was through leaflets via economic development initiatives abroad and also locally. Some brand marketing had also taken place where specific products, such as ‘Good Apple Homes’, were marketed; in this context information was being translated into the most commonly required spoken community languages such as Polish. Translated leaflets were also available for other specific services such as quick entry application schemes for housing (e.g. ‘Access Aberdeen’). This had resulted in a recent increase in lettings to migrant workers, particularly in low-demand areas. A similar pattern is seen in Fraserburgh (see Glass et al., forthcoming). Some participants were worried that Aberdeen City Council’s regeneration plans would result in an overall reduction in the supply of affordable rented property, which would place more pressure on limited accommodation outside of the city.

All housing providers expressed concern that they had difficulties knowing who is eligible for housing or can have recourse to housing assistance due to changing immigration rules. The situation is exacerbated by the differences in residency status and entitlements for migrant workers. The presence of illegal immigrants claiming to be migrant workers adds further complications.

Local authorities also experienced communication difficulties in relaying relevant information to migrant workers due to language barriers. For example, tenancy agreements are often complex and difficult to understand unless there are accurate and trained interpreters to assist. One private housing provider operating Grampian-wide had translated key documents into relevant languages; however, lack of funding militated against this practice being more widespread. In addition, some participants reported that housing-related services have translated general leaflets on housing services and homelessness into some relevant languages such as Polish and Lithuanian.
Service providers cited Grampian Racial Equality Council (GREC) and Multi-ethnic Aberdeen Limited (MeAL) as being organisations on which they rely for language support, as well as avenues through which to advertise about housing services. Once again, participants suggested that there needed to be more central support from the Scottish Executive with the injection of more funds to councils to improve the situation:

[The local authorities] are overwhelmed...I hear horror stories of fifteen, twenty people living in small flats, swapping beds as shifts end...the Executive is not pumping enough money, this is secondary discrimination, migrant workers are being treated differently. (participant, Grampian Police)

Banking

Many participants reported that migrant workers were being faced with problems in opening bank accounts. Service providers, particularly ESOL providers, as well as employers were reported as assisting migrant workers in filling in forms and/or accompanying them to the bank to help with setting up of accounts and applying for bank cards. Several local branches of well-known high street banks were reported as being difficult to deal with, though one bank was consistently identified as being excellent. This bank had translated key documents into Polish to cater for the rising numbers of Polish workers applying for bank accounts. This was consistent with the experience of most migrant workers involved in the study. Banks were perceived as behaving over-cautiously in relation to migrant workers, and it was felt important that banks should become more aware of migrant workers' needs, especially in the context that employment and securing housing are all interlinked with having a bank account.

Lack of access to information about employment rights and entitlement

Service providers also reported that migrant workers were being exploited. Specific issues cited included being paid below the minimum wage, lack of transparency in deductions being made from wages, for example in relation to tied accommodation, and working more than the contracted hours without being compensated. These issues are consistent with the findings that have emerged across Scotland and the UK (CAS, 2006; CAB, 2005a, 2005b), and have recently led to the establishment of the Migrant Rights Network (see http://www.ein.org.uk/resources/full.shtml?x=212196).

Agencies such as the CABx reported that they were increasingly being approached by migrant workers with a number of issues: lack of awareness of their statutory rights such as sick leave/pay and holidays, and concerns about unreasonable deductions being made from their pay. While it was acknowledged that some of the issues raised by migrant workers may not be different from those faced by the local communities, differences in residential status made it much more complicated to resolve issues or to offer accurate advice.

Lack of knowledge of the Scottish legal system

It was suggested that a better understanding of legislation would be helpful in avoiding difficult issues, and service providers thought it would be beneficial if workers were informed about rights and responsibilities in relation to the law prior to coming to the UK. In particular, police representatives raised issues relating to driving offences such as drink driving, driving without a licence and driving without insurance; similar issues were also raised in the context of the Scottish Borders study (Aitken, 2006). A marked increase in road traffic incidents involving migrant workers was also reported. This added pressure on police resources, especially as interpreters were often required, and it was not always possible to access interpreters given that there was a shortage in the area. The police service are now trying to ensure that road traffic safety information is effectively reaching migrant workers to increase knowledge and awareness.

Social activities

While it was acknowledged that the some communities, such as the Poles, have strong networks of support within their community – this was confirmed more recently by the establishment of a Polish Association in Aberdeen (Duffell, 2006) – other migrant worker communities (e.g. Latvians, Lithuanians and so on) may not have the same networks. Where possible, providers have tried to plug such gaps. For example, ‘The Meeting Place’ in Banff and
Fraserburgh, provided by the local authority in Aberdeenshire to enable migrant workers to get together for a few hours a week, was reported to offer a space where individuals could meet to socialise and support fellow nationals. While one service provider felt that such initiatives may encourage insularity, the majority felt that providing social spaces, particularly for migrant workers who do not have strong networks, can be a positive way of enabling individuals to overcome their social isolation and network with others who may be in a similar situation to them.

Although it was acknowledged that the majority of migrant workers do not have much spare time to socialise, two main challenges were identified with regard to migrant workers socialising with local Scottish people. One was related to the poor levels of English amongst migrant workers which made social interaction difficult; and the second was related to a perceived lack of social activities in areas such as Moray and Aberdeenshire other than those that focused on going to a pub and/or drinking. The latter was also consistently highlighted by the migrant workers in the study (see Chapter 6).

Harassment
In general, service providers felt that migrant workers do not face high levels of verbal or physical harassment. However, there is uncertainty about the extent to which this was true as it was recognised that many may not report incidents. Visible minority migrant workers were considered to be more likely to experience physical harassment. Where harassment took place, it tended to be verbal. One participant related anecdotal information about racist groups clashing with migrant workers and terms such as 'Russians' used in a derogatory manner to refer to all Eastern European workers. The participant felt that migrant workers become more visible if they are committing crimes, and that if this occurs it gives racist individuals and groups an excuse to then target these communities.

Domestic abuse
Participants, particularly those from the voluntary sector, indicated that although they were aware that problems due to domestic issues existed, the lack of inroads into the communities made it difficult to give proactive support or advice. Inability to afford professionally trained interpreters and translators – vital in relation to this particular issue for reasons of confidentiality and accuracy – acted as a further barrier to access.

There was a consensus that migrant workers required to be fully informed about their rights and about benefits/resources and funding available to them. Several service providers – for example representatives from Aberdeenshire Council, as well as Aberdeen City Council – had observed a rise, albeit small, in the number of migrant women affected by domestic violence, some of whom were being referred by the police to social work and entering refuges in a crisis situation. Participants also reported that services are ill-equipped to deal with such cases, particularly on linguistic and cultural grounds. While Language Line was used, it was felt that it would be more effective to have face-to-face interpretation, as well as translated leaflets, given the sensitivity of issues such as domestic abuse and violence. It was highlighted that Grampian Police were in the process of translating leaflets, and the two local authorities reported that they have been consulting Grampian Racial Equality Council on how to be culturally sensitive.

Those who were most knowledgeable about gender and domestic violence issues stated that overall they felt that the majority of services were not designed or equipped to work with migrant worker women in a manner that was culturally sensitive, particularly on stressful issues like domestic abuse or violence. There was a general agreement among service providers that there was also a need to raise awareness among migrant workers about services available to women. There was a call for social work in particular to take a lead in planning provision in the area of domestic abuse in a manner that was culturally sensitive and appropriate for migrant women or women accompanying migrant workers.

As many wives/partners of migrant male workers are not allowed to access public funds, two participants mentioned helping women who are in a crisis situation by raising funds through other means, for example through personal/informal networks. Several participants also suggested that they had anecdotal knowledge of women being forced into prostitution and the
existence of brothels particularly in Peterhead and Fraserburgh. It was felt that this situation is probably a result of living in poor conditions, poverty and a failure of services to be effective.

8.3 Issues specific to types of providers

Local authorities
Council services were feeling overwhelmed with the changing landscape of migrant worker communities. The transient, complex and ever changing profile of migrant workers created difficulties in being able to tailor services effectively to meet needs, particularly at local levels.

Migrant workers appeared to be accessing councils primarily for housing and English classes. In Aberdeen City it was reported that employers have been working with the council to identify suitable property for letting purposes. In addition, some participants reported that they were approached by migrant workers to assist with childcare.

Participants indicated that it was difficult to assess how many languages translations should be provided in, and thought that it would be impossible in any case to include every language. Currently the approach is to prioritise the top ten most commonly spoken languages which have been identified and used within migrant worker communities. Aberdeen City Council was reported to be in the process of collating in-depth information on ethnicities residing in their area other than the ones provided by the 2001 Census; this has recently been published (Aberdeen City Council, 2006).

Grampian Racial Equality Council (GREC) was acknowledged by all three local authorities as an invaluable resource in providing support to migrant workers, through the provision of interpreters and translators as well as by acting as a consultation body. Other organisations mentioned were Multi-ethnic Aberdeen Limited (MeAL) and the Aberdeen International Centre.

Aberdeen City Council has included migrant workers under their Race Equality Scheme with actions identified specifically targeting migrant workers. A ‘migrant working group’ comprising key agencies has also been set up and is in the process of gathering information and data to obtain a better picture. They have also employed a Polish researcher to gather information, and migrant workers were represented on the Ethnic Minority Forum established in Aberdeen City Council. A translation and language service has been established to support other services that come into contact with migrant workers, and it was reported that services can apply for funding for translating and interpreting services. The Council's website included some material in different languages, and an 'i-kiosk' was also available to access in different languages; the latter was considered to be especially useful for those who may feel reluctant to go to offices.

Similar initiatives were also reported in the other local authority areas. In Moray, initiatives have included 'Moray Information Packs' being made available on the Moray Community Planning Website, a series of leaflets on education being translated into Polish, a Polish researcher being employed to assess ESOL requirements, and a Polish development worker being recruited for a short period to work with the Polish community and assist with the production of a 'Welcome' pack tailored to their needs.

In Aberdeenshire, there have been ongoing activities related to developing a better understanding of migrant workers and the contribution they are making to local communities; there have also been information events targeted at migrant workers, and initiatives such as providing social spaces (e.g. The Meeting Place, discussed above).

Health
The cost of interpreting and translation was identified by participants as a key barrier to aiding better communication within health services, and it was reported that financial resources for translating all the documents that may be relevant were inadequate. However, this contrasts with the views of those operating at the strategic level who reported that the NHS Grampian budget for translation and interpretation is open-ended.

Health providers also expressed concern that it took time to organise interpreters for appointments, and that in general it takes more time for an appointment when everything needs
to be interpreted. Language Line was the main mechanism used; however, it was acknowledged that more training was required to develop staff capacity to use the service effectively, particularly where interpreters are not familiar with medical terms. Concern was also raised about the effectiveness of the use of 'faceless' services such as Language Line in conjunction with another 'faceless' provider such as NHS 24. However, it is also important to acknowledge that where minority ethnic communities are small, an interpreter may know everyone else in a community group. This may make interpretation involving sensitive clinical problems difficult and potentially embarrassing for both interpreter and patient. In these circumstances, the anonymity of Language Line may be viewed as a positive advantage.

Overall, it was felt that there is a lack of training of health staff to work appropriately with migrant workers. One participant highlighted that some approaches can be changed in order to address the language issue. For example, explaining things through pictures rather than words may be a possible option.

Despite NHS Grampian having a strategy in place to address interpretation and translation issues and having recruited face-to-face interpreters for 35 languages, with plans under way to recruit more (see NHS Grampian, 2006c), in Moray participants reported that the NHS did not appear to have a consistent policy with regard to interpreting/ translating services. One participant felt that the NHS was not doing enough with existing resources to address the issue of filling the language gap. It was felt that there was an ad hoc approach within the NHS, and services were dealing with situations as they arose and relying too much on agencies like Language Line to deliver a service. The potential to offer female interpreters for female patients was also highlighted as an issue that required to be addressed.

While NHS Grampian in its Race Equality Scheme 2005–2008 outlines a strategy for addressing the needs of minority ethnic communities, there appeared to be a lack of an awareness of this on the ground. Service providers who participated in the study reported a lack of an overall outreach strategy for providing advice and information about accessing health services. It was suggested that currently it was primarily up to the individual migrant worker to find out about the NHS and health services and it was suggested that there should be coverage of health and related issues in the 'Welcome' packs.

Many workers do not register with a local general practitioner (GP) until they fall ill. There was some uncertainty about how migrant workers are directed to GP surgeries and there was no information on whether migrant workers registered with the nearest GP or whether it is the GP of choice. In addition, GP registration is tied to citizenship status, and concerns were raised about those migrant workers who may not be receiving any medical attention.

Service providers in health also reported that many more migrant workers were using maternity services. Due to language issues, it can be difficult to explain certain procedures. Booking time with midwives becomes an issue when interpreters need to be involved, as appointment slots for such consultations need to be longer. Having smear tests was also mentioned as problematic, as the patient can become distressed if they do not fully understand the reason for the test due to language barriers. In addition it was also reported that some migrant workers were approaching services with alcohol-related problems and issues related to sexual health; similar trends were cited as emerging in the Homeless Link study (2006) in London. Given the sensitive nature of these issues it becomes an imperative to ensure that interpreters/translations are available, preferably at a face-to-face and more personalised level.

Despite NHS Grampian having an equality and diversity training programme for staff, emphasising that only if it is unavoidable should people be allowed to interpret for members of their own family, participants raised concerns about confidentiality issues in relation to using family members for interpreting and translation. It was reported that it was not uncommon for patients to be accompanied by another migrant worker to help with interpreting. Other issues highlighted with regard to GP surgeries included the fact that migrant workers very often do not comprehend the way the system works in the UK. For example, many were reported to arrive at a surgery without appointments and to expect to wait until they were seen by a doctor; this also resonates with the findings arising from the interviews and focus groups with migrant workers.
It was reported that doctors were often asked to provide employers with a medical certificate for employees to be able to work. However, there were concerns about ease of access to patients’ records. Whilst it was technically possible to request records from the country of origin, ensuring the accuracy of records was considered problematic, especially where translation is involved. It was suggested that translation costs might limit the extent of such translations and consequently the patient medical history may not be complete or wholly accurate.

**Emergency services**

The biggest concern raised by representatives from emergency services was ensuring the safety of migrant workers in crisis situations, which can be exacerbated due to language barriers. At least three examples of proactive initiatives being taken in this context were cited. Fire and Rescue Services have learnt basic words in the most common languages of migrant workers in the area such as Polish, so that they can direct people to safety in Polish. Safety cards concerning road traffic have also been produced in various languages. One emergency service reported that they are receiving comprehensive information about how to make their services more accessible via their Diversity Manager. Every vehicle now has a thirty-language booklet on board. This model has been adopted from London-based practice. Road traffic safety was highlighted as a major issue and the police were working with a major oil company in North-East Scotland which employs migrant workers. The police are visiting the workplaces of migrant workers, with a view to getting across the message about driving safely. It was felt that similar initiatives are needed with essential services reaching out to migrant workers rather than waiting for migrant workers to make contact with those services. It was recognised by service providers that the difficulty with this approach is knowing how and where to access migrant workers.

**Jobcentre Plus**

Participants from this sector indicated that migrant workers are using their services on a daily basis, mainly to apply for National Insurance Numbers as well as looking for jobs. The majority use the job centre through word of mouth. Other service providers cited the job centre as one of the services most frequently used by migrant workers. It was suggested by several participants that documents such as the 'Welcome' booklets could be distributed via the job centre. This would ensure, at least partly, that a wider spectrum of migrant workers would be receiving information.

In Moray, the job centre maintains personnel contact with a local employer, the majority of whose employees are migrant workers. Interviews are conducted by this employer in the job centre once a week. At least half of all the employer's job vacancies are targeted towards migrant workers, the other half being offered to local employees.

Currently all information is in English; however, there is provision for the use of interpreters when the need arises. Language Line is used when workers phone Employers Direct, a service where employers can advertise their vacancies.

While the majority of queries to staff are job-related, many migrant workers also ask about other issues related to accommodation, bringing families over, the Workers Registration Scheme and so on. Apart from referring clients to social work or the Citizens Advice Bureaux (CABx), staff often help migrant workers source information and answer questions on a range of other issues.

Job centre providers identified two main issues in relation to migrant workers. Firstly, it is very time-costly dealing with clients who have poor English as it takes twice as long for an appointment. Secondly, the policy to reduce footfall – i.e. reducing the number of clients physically coming to job centres, by working with clients through call centres – was felt to be a negative move for migrant workers. This view was endorsed by several participants. It was felt that the change in service delivery to telephone-based communication was problematic enough for local people, and the barriers to accessing their service would be exacerbated for migrant workers who have poor levels of English.

**Police**

Migrant workers were reported to be coming in direct contact with the police for a number of reasons: complaints about crime; as witnesses to crime; as perpetrators of crime; and to
register with the police depending on the country they were migrating from. In addition, the police reported that they were dealing with a lot of road traffic incidents involving migrant workers. In some cases migrant workers were being referred through other agencies such as the CABx, social work and so on.

It was felt that migrant workers are not aware of police services and that many more initiatives are needed to reach out to the migrant workers. The police have contributed to the 'Welcome' booklets in all local authorities, which have also been given to employers to distribute to migrant workers. They were also making contact with local voluntary groups to disseminate information to migrant communities. In Aberdeenshire, it was reported that community police officers have spoken to employers to find out about migrant workers so they are able to contact them directly. In other areas, the police are making efforts to get in touch with migrant workers through informal networks, although finding such networks was considered to be time-consuming.

Acute lack of translation/interpreting services was mentioned as the key reason why the police are unable to fully meet the needs of migrant workers:

Translations exist, but they are not in relevant languages for this part of Scotland…I get the feeling the Executive have washed their hands of it on the basis that they have already put funding into translating; the problem is it's not relevant here. (participant, Grampian Police)

In addition, migrant workers were reported to add pressures to the work of the police due to different cultural norms and behaviours prevalent in their home countries – for example, more relaxed attitudes to driving without licence or insurance, and settling disputes violently. It was reported that migrant workers need to be made aware of the law and its boundaries and what is and what is not transferable as codes of behaviour and practice between countries especially where this pertains to the law. It was felt that a significant majority of migrant workers, especially those from Eastern European countries, want minimal contact with authorities, as a result of negative or fearful perception of 'authorities' in their home countries.

8.4 Responding to migrant workers' needs

Participants suggested a need for central government (the Scottish Executive) to be more strategic by working in partnership with local service providers such as councils to ensure that support for migrant workers is provided in a systematic and equitable manner. Five key areas were identified where central government funding and strategic planning was needed:

- production of information sheets about the rights and types of migrant workers for service providers and employees to enable staff to be better informed
- coordinating a framework between a range of services both here in Scotland and in the various countries of origin to provide workers intending to live and work in Scotland with basic information about their rights and responsibilities and information about key service areas which workers are most likely to come in contact with or need
- provision of better interpreting and translation facilities
- provision of resources to increase ESOL classes including the range and nature of classes e.g. part-time, classes for different levels of learners, classes with supported material and flexible times to suit different shift patterns of migrant workers
- assisting the voluntary sector and other civil society groups work to develop support networks for migrant workers and communities.

8.5 Key findings

All participants identified that the level of demand for service provision had risen in 2005–2006, particularly in relation to A8 nationals; however, the extent of the rise was unclear (with the exception of EAL provision in schools) due to lack of monitoring data.

- The impact on EAL services in authorities was reported to be unprecedented and participants identified a pressing need for increased resource provision to EAL services and for classroom teachers to be trained to support these children in schools more effectively.
Financial constraints were consistently raised by all services across all local authorities as playing a key role in militating against better provision or responses.

Language and communication difficulties were identified by all agencies as a major barrier to accessing and providing services. All participants identified a pressing need for more interpreting and translation services, especially with regard to dealing with legal matters and sensitive or crisis situations (e.g. health emergency services and crime-related matters) and addressing health issues where patient confidentiality is important. In addition, it was widely acknowledged that ESOL provision (e.g. type, nature and timing) needs to be reassessed to fit migrant worker working patterns, and strategies to attract more qualified ESOL teachers to Grampian need to be in place.

In addition to the financial implications of the use of translation and interpretation facilities, participants reported that these also impacted adversely on the workload of staff across all agencies, as twice the length of time had to be allowed for any appointments. This was particularly evident in relation to health services, job centres and housing services.

Ensuring that migrant workers had access to appropriate and relevant information on public services was identified as problematic. Most migrant workers relied on word of mouth. Whilst some service providers had translated leaflets, this practice was patchy at best.

All service providers were uncertain about the rights and entitlements of different categories of migrant workers, particularly around access to health care and council housing.

Although some of the issues facing migrant workers were similar to ones facing local people in general (e.g. shortage of affordable housing, accessing health services), some were more associated with being a migrant worker, for example difficulties opening bank accounts, accessing information on local service provision, living in multiple-occupancy housing and experiencing overcrowding, and understanding legal issues and customs and cultural nuances.

Service providers cited a number of emerging trends which included: increased enquiries about applying for and accessing council houses and about homelessness criteria; applications for accommodation being made prior to arrival in Scotland; increasing using of maternity services; and instances of domestic abuse.

The move to delivering some of the Jobcentre Plus services through telephone-based communication is likely to create barriers to accessing their services, especially for those who have poor levels of English.

Despite the constraints and barriers identified, service providers identified a number of strategies being adopted in relation to migrant workers, including the production of information in 'Welcome' packs, placing translated material onto council websites, provision of spaces for migrant workers to meet and socialise, and mapping the numbers and location of migrant workers using bilingual researchers.
9 Conclusions

The aim of this chapter is to draw together the key issues which have emerged with regard to the impact of migrant workers on service provision. The chapter is structured around the following headings:

- trends: migrant workers in Grampian
- employment – views and experiences
- services – migrant workers’ experiences
- impact on services – service providers
- future trends.

While it is important to recognise the limitations of the study in terms of sample size and characteristics in relation to migrant workers and employers, the findings that have emerged are consistent across the different participants who were involved in the project, as well as resonating strongly with research evidence which has emerged from other studies on this topic across the UK.

9.1 Trends: migrant workers in Grampian

Numbers and future trends

Evidence provided in this report suggests that a consequence of the expansion of the European Union and the entry of Accession 8 nationals into the UK labour market in 2004 has led to a substantial increase in NINo registrations and a presence of migrant workers across all three local authority areas in Grampian. Although Aberdeen City has the largest number and the most diverse population of overseas nationals registering for NINos, increases in registrations in rural areas of Aberdeenshire and Moray reflect both UK and Scotland-wide trends. Polish nationals are the single largest group among the A8 nationals, with a smaller presence of Lithuanians and Latvians. Increased migration with regard to A8 nationals in particular was consistently commented on by both service providers and employers.

NINo registrations by nationals from outwith Europe (e.g. India, China, Nigeria and Malaysia) were most evident in Aberdeen City, suggesting a possible link with the presence of two major universities and the tendency amongst overseas students to take up part-time employment. In addition, evidence from NINo registrations suggests that the overwhelming majority fall into the 18–44 age group, with a fairly even gender balance. It is difficult to predict future migration trends, due to a number of factors identified in Chapter 4.

The lack of reliable data on the numbers of migrant workers actually resident in the UK and at regional levels has been consistently acknowledged by researchers and policy makers (see Chapters 3 and 4). Whilst it is recognised that accurate information on migrant workers is important, it is also widely accepted that the issue cannot be reduced to numbers. Rather, there is a need to focus on developing policies and strategies which ensure the effective inclusion of migrant workers in ways that benefit regional economies by taking advantage of the flexibility of migrant labour as well as the skills the workers bring (Sriskandarajah, 2006; McKay and Winkelman-Gleed, 2005).

Dependents

Data provided by English as an Additional Language (EAL) providers in Grampian, as well as anecdotal evidence from other service providers, has suggested that there is a growing tendency amongst A8 nationals to bring their families. Whilst the extent of this trend is difficult to verify, evidence from the Department of Work and Pensions in the UK context revealed that the majority of migrant workers (82 per cent) were young, 93 per cent said they had no dependents living with them in the UK, and only 3 per cent had dependents under the age of 17 (Home Office, 2006a, pp. 1–2). Among those who participated in this study there were 13 migrant workers who had young dependants aged 16 years and under living with them in the Grampian area. Nevertheless, it is important to recognise that for areas which have not had previous
experience of substantial migration even small numbers can have a disproportionate impact on services, especially in the absence of appropriate infrastructure.

Labour market
Evidence from participants (employers, migrant workers and service providers) across the project confirmed that there is a growing local labour pool of migrant workers predominantly from A8 countries, as well as a continued inflow of A8 nationals as networks are established in the region and act as significant ‘pull factors’ for further migration of specific nationalities. In addition most employers consistently identified local shortages of labour and of skills – particularly in sectors where the conditions (e.g. seasonal work, long hours and low pay) are such that they have difficulties in recruiting local labour. Evidence from this research and elsewhere suggests that A8 nationals continue to migrate to areas where there is work and that the demand for labour will continue to be one of the main drivers for in-migration (Ruhs, 2006).

Health issues
Although a small number of participants attributed some health problems to the nature of their jobs, none attributed any health issues to the process of migration. The key issue that emerged in relation to both access to and experiences of the health services (primary care and A & E) centred around language/communication barriers: the potential for misdiagnosis in some cases, and issues of patient confidentiality within the context of friends or family members providing interpretation/translation.

9.2 Employment – views and experiences

Access and trends
The primary reason given by migrant workers for being in Grampian and the UK in general was related to employment and the prospect of earning better wages. Evidence from employers and migrant workers involved in the study suggests that word of mouth, family and friends, websites, and to a lesser extent Jobcentre Plus were the main routes into employment. Migrant workers were responding to local labour market shortages and were employed in a range of sectors including agriculture, construction, food processing, hospitality and tourism, information technology, leisure and art, and social care and health. However, industries such as construction and engineering perceived the employment of migrant labour as a short-term solution to plug a skills gap as the industry invested in apprenticeships to fill the labour skill shortage in the longer term.

Nature of employment
With very few exceptions, the workers were employed in semi-skilled and unskilled jobs, earning the minimum wage, working irregular and at times long hours, and undertaking work well below their qualification levels. Poor levels of English as well as difficulties in getting their qualifications recognised were perceived as barriers to improving their employment position.

Most were in full-time work, but on short-term contracts; whilst the latter may be the norm for the sectors and jobs that they were undertaking (e.g. agriculture, hospitality and tourism, and fish processing), the extent to which this could be said of industries such as construction and other food processing businesses (e.g. confectionery) is less clear. In addition, the practice of employing migrant workers through employment agencies was prevalent amongst some of the larger employers, and in one case virtually the total workforce was migrant workers.

In general it would appear that migrant workers were prepared to trade earning considerably more than they would be earning in their own countries with low-skilled work; in turn, employers valued the positive work ethic of the migrant workers. Although some industries (for example, food processing and hospitality) had very low English language requirements and provided little or no incentive for migrant workers to learn and/or improve their English communication skills, a number of employers identified poor communications skills and assessing overseas qualifications as key difficulties in employing migrant workers.

Evidence from migrant workers and employers confirmed that there was little if any job training specifically targeted at migrant workers. The majority of migrant workers reported that they had in most cases received very basic health and safety training. With the exception of a very small
minority, companies provided such training in English even in situations where employees were unable to communicate in English. The predominant tendency in these situations was to rely on migrant workers who had some English communication skills to communicate with their co-workers.

Supporting migrant workers
Employers were often one of the very first ports of call after family and friends, and they often assisted migrant workers beyond what they would normally do for their workforce. The majority of employers cited providing support to migrant workers in the following three areas: accessing accommodation, facilitating access to ESOL provision, and assisting with opening bank accounts. In a smaller number of cases employers assisted migrant workers with accessing health care, with form-filling, and with transport.

9.3 Services – migrant workers' experiences

Access to services
Overall, migrant workers had very limited experience of accessing a wide range of services, and consequently had little to say about the range of services they may be entitled to. The services that all migrant workers were most likely to come into contact with were: accommodation, libraries (mainly for internet services), banks, and Jobcentre Plus (mainly for National Insurance registration purposes). Other services accessed to a limited extent included ESOL through their employers or local authority provision in the community, Citizens Advice Bureaux, and health services. Accessing support for issues such as domestic abuse and harassment were also raised as requiring to be addressed.

Experiences shared with the general population
Migrant workers identified a range of issues which were similar to those experienced by other members of the communities they were located in, both in terms of accessing specific services and their experiences of these:

- lack of access to good quality affordable housing, especially in areas of high housing pressure
- long waiting lists for council housing
- long waiting times with regard to getting an appointment to see a GP
- difficulties in accessing health services such as dentists, and costs involved
- needing to travel long distances and having less opportunities for leisure activities, especially in some rural areas.

Barriers to accessing services – migrant workers
However, there were some issues in relation to accessing and using services which were specific to being a migrant worker. Apart from a lack of awareness of their entitlements and responsibilities, understanding how they might navigate through systems and procedures in a new country and issues arising out of their work patterns (for example making appointments to fit in with their shift patterns), the biggest barrier to accessing services which consistently emerged centred around language and communication issues.

The lack of interpretation and translation facilities was highlighted as a major barrier. However, even where these facilities (e.g. Language Line in NHS Grampian) were available, the majority were either unaware of them, or did not know what their entitlement to the service was. While most migrant workers acknowledged the importance of being able to communicate effectively in English, the commitment to attending classes varied and to some extent depended on a combination of factors: the length of stay, their reasons for migration and the potential for fitting it in within their employment schedule. Those who had attended ESOL classes were generally positive about the provision accessed through employers in the workplace, but less so in relation to the provision in the community. With regard to the latter the key issues raised included: not enough provision, mixed-level classes which do not take into account the different stages/levels that individuals are at, and inflexibility of provision in terms of location and times.

In addition, the involvement of migrant workers in activities outwith work seemed limited for three main reasons: lack of time/irregular working hours, poor communication skills, and the desire to save as much money as possible. In addition, cultural differences/norms with regard to
socialising and the perception of a strong drink culture were cited as off-putting across all three local authority areas.

**Views on services accessed**
In addition to accommodation and banking being the two most frequently cited services mentioned by all migrant workers, the project also focused on health issues/services, and their experiences in relation to these three are briefly highlighted.

**Accommodation**
The majority of migrant workers in the study were living in private accommodation, often in multiple-occupancy situations, and in general accommodation was considered to be overpriced for the quality. Those in council accommodation expressed concern about the location of accommodation (perceived as undesirable neighbourhoods) in particular. In addition, communication and language issues impacted on the ability of migrant workers to make sense of documents such as tenancy agreements. With regard to tied accommodation, the main issues were high rent, especially given the overcrowded conditions that they were expected to live in, and the difficulties created by accommodation being tied to employment and their vulnerability to being homeless.

**Banking**
There were two main problems identified with regard to banking services. The first centred around difficulties in providing appropriate documentation to open a bank account; this appeared to be exacerbated by inability to communicate in English and by the inflexibility of most high street banks. The second related to lack of access to credit and sometimes debit cards, resulting in having to carry large sums of money as well as being unable to access on-line shopping (e.g. for air tickets) which is often cheaper.

**Health services**
The majority of migrant workers did not prioritise health services and registering with a GP unless there was a specific reason to do so.

Although none of the migrant workers reported any specific health problems arising from the migration process, a small minority attributed health issues to their conditions of work. Whilst approximately half of the migrant workers across the project reported being registered with a GP, a smaller number (a quarter) reported actual experiences of accessing health care services. These were mainly primary care services and A & E. Although there was a perception amongst those who had accessed services (e.g. GPs and A & E) in Grampian that the quality of attention received was not quite as good as they would have experienced in their home country (e.g. thoroughness of examination was frequently mentioned), it was also widely acknowledged that the ability to pay for health was increasingly a critical factor in health care in Eastern Europe. Language and communication difficulties and the lack of translation/interpretation facilities were perceived as having a particular significance in a health context due to anxieties about potential misdiagnosis of illnesses, and many returned home to receive health care.

**9.4 Impact on services – service providers’ experiences**

**Rising numbers – limited resources**
The majority of service providers across all three local authority areas reported an increase in migrant workers accessing their services, especially since 2005. However, with the exception of EAL service providers and NHS Grampian (monitoring of Language Line usage since January 2005), none were in a position to indicate the precise extent of the impact. EAL service providers across all three local authority areas, drawing on data gathered as part of their monitoring systems, reported an unprecedented increase in the numbers of migrant workers’ children requiring EAL support. Eastern Europeans (mainly A8) and the Polish in particular, as well as the Portuguese, were cited by service providers as nationalities they came into contact most frequently.

**Cross cutting issues – factors affecting service provision**
Overall, the recent approach towards addressing the needs of migrant workers has tended to be ad hoc, reactive, and dependent on the personal knowledge, goodwill and commitment of
individual staff on the ground. There appears to be a lack of coordination at the strategic level on this issue across local authority departments, sectors/agencies (private, public and voluntary), and the three local authorities. The consequence is much duplication of effort and a potential waste of resources in a context where everyone reported lack of resources as a major barrier to developing proactive services.

There were five recurrent issues which service providers identified as emerging and impacting on their services as a consequence of the arrival of migrant workers, especially from A8 countries:

- lack of resources
- accessing migrant workers
- language and communication barriers
- workload and issues of time
- understanding rights and entitlements.

Lack of resources
Service providers expressed concerns that the increased demand from migrant workers has not been met with a commensurate rise in resources for service provision from the Scottish Executive. Lack of finances to cover the services (e.g. interpretation and translation, ESOL, increased outreach work) required by migrant workers was raised as the single most problematic issue which militated against being responsive to their needs.

Accessing migrant workers
Although a number of service providers reported using the services of organisations such as GREC, MeAL and the Women's International Centre to access migrant workers and some local authorities (e.g. Aberdeenshire) provided a space for migrant workers to meet, this was seen as a challenge. In addition, knowledge of existing networks, such as those established by some members of the Polish community around churches, appeared to be patchy. In general, a combination of lack of established networks and of 'community leaders' and the nature of work patterns (long hours and irregular hours/shift working) were cited as challenging and time-consuming when it came to accessing migrant workers and developing relationships with them.

Language and communication barriers
Language and communication problems were highlighted as the main barrier to providing effective services; the practice of using friends and family to help with translation and interpretation was wide spread and was consistently highlighted by all participants. Although service providers (as well as employers, as discussed above) across all three areas have taken steps towards addressing this barrier in a number of ways – for example, provision of ESOL classes, translating key documents into the main languages spoken by migrant communities, use of Language Line, and 'Welcome' packs – the impact is recognised to be limited due to a number of factors: the lack of clear routes into the migrant worker communities making it difficult to ensure that information gets to them; variable (in terms of both quality and quantity) ESOL provision; shortage of ESOL staff; the lack of commitment and/or incentive on the part of some migrant workers to learn English; and lack of a coordinated and consistent infrastructure for translation/interpretation.

Workload and issues of time
In addition, providing services to migrant workers was also reported to have an impact on staff workloads and services in general, some of which were already stretched (e.g. housing, ESOL and EAL). Services cited issues such as making contact with migrant workers and developing links with migrant workers as both challenging (see above) and time-consuming. In addition lack of staff (for ESOL) and of experience in dealing with issues raised by migrant workers were highlighted as creating extra pressures. This was often exacerbated by communication and language barriers, resulting in extra time being required for dealing with issues – for example in relation to health issues or accessing Jobcentre Plus services – which was not resourced and had to be absorbed within existing workloads.

Understanding rights and entitlements
Most service providers struggled to understand the complexity involved with regard to service entitlements and rights due to a combination of growth in number and diversity of migrant
workers and changing immigration rules and associated entitlements/rights. If they are unclear about the rights and entitlements of migrant workers they are unlikely to be in a position to provide migrant workers with accurate information. By way of addressing this issue some service providers have developed FAQs and ‘Welcome’ packs to assist migrant workers. However, given the limited resources that all service providers reported they were having to work with, there was much duplication of effort amongst the public sector agencies in particular and a lack of emphasis on using the wide range of resources and information that already exist – for example from the Scottish Executive as well as other agencies/institutions (see Appendix 10 for further information).

Service-specific issues

In addition to the cross-cutting issues already identified, service providers identified the following specific issues they had to address in relation to their services:

- The most significant issues for migrant workers in relation to accommodation cited were: overcrowding and multiple occupancies; increased enquiries about applying for and accessing council houses and about homeless criteria; and applications for accommodation being made prior to arrival in Scotland.
- The move to delivering some of the Jobcentre Plus services through the medium of the telephone has the potential for creating barriers to accessing and using these services, especially for those who have poor levels of English.

9.5 Future trends

The extent to which and over what timescale the current trends (in terms of nationalities) are likely to continue is difficult to predict for various reasons, including changing government policies on managing labour migration, changing labour market demands, and the existence of migrant worker networks. The study confirmed the importance of established networks in attracting further migration; this was most evident in relation to the Poles and to some extent the Portuguese. However, networks in themselves will not drive migration if the demand for labour is not there. Consequently, understanding and predicting labour demand will be critical in any future predictions of migration to Grampian. Evidence from employers suggests that the pool from which migrant labour, especially in the semi-skilled and unskilled sectors, is likely to be drawn may change as employers seek cheaper labour: as the present A8 nationals become more confident and aware of their rights, they will no longer be willing to earn just the minimum wage and will expect to move up the ladder. This is reflected in a growing trend, especially amongst the Poles, to join trades unions across the UK, including Scotland; for example, the Transport and General Workers' Union in Glasgow has established a Polish branch (Campbell, 2006).

Although most (80 per cent) of the migrant workers stated that they were unsure of their future intentions with regard to staying in the Grampian area and/or the UK, they all expressed a strong desire to return home when they felt that they had earned enough money to have a better quality of life. Whether they stayed or left was dependent on a range of factors including family issues as well as obtaining work that would use their qualifications. For the small minority who expressed a desire to live in Scotland, aspirations about a ‘better quality of life’ and a preference for the natural environment (e.g. access to mountains/the scenery) were important considerations. In general it would appear ‘quality of life’ issues – for example, possibilities of obtaining work commensurate with their qualifications and good quality housing – may encourage some migrant workers to remain in the region, but the extent of this trend is difficult to predict at this stage.
10 Planning services for migrant workers – key themes and questions

This chapter identifies the main themes that have emerged in the course of this research project and identifies some key questions that service providers require to address in planning to meet the needs of what might be a constantly changing migrant population.

10.1 Migrant workers – predicting trends

The research has highlighted a number of challenges in identifying the present 'stock' of migrant workers in the region and predicting future trends. Although there is a commitment from government agencies to improve statistics on migration at the UK and Scottish levels, it is unlikely that the issue of actual numbers present at local authority levels will be addressed in the foreseeable future. In the meantime there is a need to build on the work being undertaken in Grampian by agencies such as NHS Grampian and Aberdeen City Council in developing a better understanding of trends and numbers. In this context local authorities in collaboration with other key strategic agencies in the area require to address the following questions:

- How and in what ways can the framework for data gathering and monitoring provided by the Race Relations Amendment Act (2000) be adapted to monitor the number and profile of migrant workers and their impact on services?
- How can agencies (including the voluntary sector) in each local authority area collaborate to develop a coordinated approach to data gathering and monitoring of services with a view to assessing service demand levels? Is it appropriate for the local authority to take the lead in this context? How will this information be shared and used?
- How can agencies work with employers to develop a picture of trends concerning migrant workers in the present and future?
- How might public sector agencies further work with employers to enhance their understanding of the evolving pool of migrant labour in the region?
- Given the overseas student population in Aberdeen city, how might the city local authority work with the universities and colleges to identify the overseas student population and develop an understanding of their participation in the local labour market with a view to developing a more accurate picture of migrant labour trends and of the needs of migrant workers in the city?
- To what extent do agencies see migrant workers as being an important part of their population and regional development strategies?

10.2 Resources and strategic planning

Lack of adequate resources and coordination was consistently identified across services as a barrier to developing effective provision.

At a Scotland-wide level:

Is there a role for a national framework (similar to the one which exists for asylum seekers and refugees) to be developed to address the needs of migrant labour? How might this be promoted?

- How might local authorities, public agencies, and the private and voluntary sectors in Grampian collaborate with those across Scotland to influence Scottish Executive allocation of resources for supporting migrant workers?
- How can the use of current mechanisms (COSLA, STUC, etc.) be maximised to take forward the issues raised by this and other research across Scotland?
• How might the skills that migrant workers possess be better matched to the needs of the Scottish and local economies to ensure a healthy labour supply?

At Grampian level:
• How can a coordinated approach to the issue of migrant labour be developed within and across the three local authorities in particular, as well as other public agencies such as NHS Grampian and Communities Scotland? Where and with whom should the responsibilities for this lie?
• How might existing structures (e.g. Community Planning Partnerships, Community Safety Partnerships and other similar initiatives) be used to address the specific needs of migrant workers?
• What is the best way to promote inter-agency work (involving private and voluntary sectors) across Grampian to benefit from economies of scale and avoid duplication? Which specific service areas might benefit from economies of scale?
• How and in what ways can local authorities provide leadership in this context?

10.3 Access to information and support

Lack of knowledge and awareness of entitlements and rights, given the complexity and changing context of immigration rules, is an issue that affects both migrant workers and service providers. In addition there are also information needs related to living and working in a new country or region, as well as issues related to managing expectations based on their experiences and expectations in their home countries. In response to this, local authorities, in collaboration with other agencies, have produced a range of resources including 'Welcome' packs and FAQs. However, there appears to be much duplication of effort and lack of effective use of existing resources, and the evidence provided by migrant workers in this study suggests that the information is not always reaching the intended audiences.

How can an effective information and communication strategy addressing the needs of migrant workers in particular be developed and implemented within the context of organisations' current race relations strategies? How might issues of cultural/legal differences be incorporated into such a strategy? Who would provide leadership? How would roles and responsibilities be agreed? What would be the most appropriate geographical unit for such a strategy? How would all the stakeholders, including migrant workers, be involved to ensure that the strategy is effective?

• What would be the key components of an information and communication strategy? How could existing sources of information (particularly on entitlements and rights, as well as initiatives taken by specific employers, for example in the transport industry, translating road signs into Polish) be maximised and enhanced with locally relevant information in developing an information and communication strategy?
• How can the expertise and experience that exists within the voluntary sector – for example, CABx and GREC – be better supported and resourced to support both service providers and migrant workers in addressing their needs for information and advice?
• How will information be disseminated to migrant workers? In what languages? Can existing locations/organisations (e.g. workplaces/employers, Jobcentre Plus, libraries, and places of worship) be better utilised for disseminating information?
• How will frontline staff in services be trained and supported to ensure that the information and communication strategy is effective?
• How will the effectiveness of the strategy be evaluated?

10.4 Promoting inclusion – services

Across the project, employers, migrant workers and service providers raised similar concerns about service provision, with language and communication being accorded high priority. From the perspective of migrant workers, accessing appropriate accommodation, language/communication issues and banking were recurrent themes.
• What steps are public sector bodies taking to ensure that the needs of migrant workers are clearly incorporated and addressed in the context of complying with their public sector duty to promote good race relations?

• What are public sector bodies doing to ensure that employers are complying with their responsibilities and obligations including equal opportunities legislation? To what extent are equality considerations built into the procurement process and how is this monitored and evaluated?

• What steps are being taken to ensure that all services take into account the needs of migrant workers?

• What measures will they have to put in place to monitor and evaluate compliance?

• How and in what ways can agencies help to build the capacity of migrant workers to develop social networks which may provide a mechanism and a voice in influencing issues that affect their lives? What opportunities are there to involve and build on the work that is already being undertaken in this area by faith groups and by agencies such as GREC?

• What steps will be taken to ensure that inclusion strategies address the needs of all communities and contribute to social cohesion?

10.5 Employers

At least half of the employers in the study reported providing support for migrant workers beyond what they would normally provide for their workforce.

• How can the role that employers already play in supporting migrant workers be built upon and enhanced?

10.6 Language and communication barriers

The main issues that emerged in this context included EAL/ESOL provision and facilities for interpretation and translation.

EAL/ESOL

• How can the EAL service be supported to provide a more effective service?
• How can a more strategic and coordinated approach to ESOL provision, involving local authorities, colleges and employers, be developed to enable clear progression?
• What levels of ESOL provision is it reasonable to fund from public sources?
• Should employers and migrant workers be expected to make a financial contribution to ESOL classes?
• At what level (beginners, intermediate and so on) could charges for classes be levied?
• How can ESOL provision be made more responsive (in terms of location/timing as well as relevance of the content) to the needs of migrant workers?
• What strategies require to be in place to monitor and evaluate provision?
• What strategies need to be developed to recruit suitably qualified ESOL practitioners?

Interpretation and translation facilities

A recent BBC news item (BBC, 2006c) reported that more than £100m of public money is spent on translation services in the UK and suggested that there was a view that the provision of translation and interpretation may act as a disincentive to learning English. The issue is likely to be the subject of much debate in the coming months as the UK government responds to this issue. In the context of this study, despite the rolling out of interpretation and translation facilities by agencies such as the NHS and an emphasis in staff training provided on not relying on family and friends unless unavoidable, the practice of using family and friends to provide interpretation/translation across all services and amongst employers was widespread. This was of particular concern to migrants in relation to accessing services such as health; it was also of concern to service providers in relation to issues such as policing and emergency services. With
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the exception of NHS Grampian, the lack of a systematic and coordinated policy on interpretation and translation combined with variable practices between and within organisations has the potential to confuse migrant workers about what they can expect.

- How is patient confidentiality in the health context and in other sensitive areas to be maintained while family and friends are relied on to provide interpretation and translation?
- How can NHS staff be encouraged to become more familiar and comfortable with using the interpretation and translation facilities being rolled out by NHS Grampian?
- Is there a need to clearly articulate where accessing informal interpreting services may be appropriate and where it is not?
- How can services develop a coordinated framework (within and between organisations) to deliver interpretation/translation services? How might this framework address the issue of ensuring that the ways (e.g. face-to-face, Language Line and so on) in which interpretation services are delivered is appropriate to the specific circumstances?
- What measures require to be taken to ensure that migrant workers are aware of what they can expect?
- What measures require to be in place to ensure that staff in service provider organisations are skilled up to work with interpreters in delivering their services?

10.7 Issues in relation to specific services

Accommodation/housing
The issues that were specific to migrant workers were issues related to multiple occupancy and overcrowding; also, to some extent concerns were expressed about being located in "low housing demand" areas by those in council housing.

- How might agencies work with local employers to develop a more effective approach to housing and accommodation issues in local areas?
- How might Communities Scotland, the three local authorities and housing associations work with the Scottish Executive to get greater clarity on housing eligibility issues?
- How might the key public sector agencies responsible for housing and housing associations work with other agencies across Scotland and the Scottish Executive to review/strengthen the enforcement of penalties related to overcharging for accommodation and multiple occupancies? What would the impact of such enforcement be – would it lead, for example, to an increase in the number of people who are homeless?
- What is the best way to ensure that migrant workers understand their roles and responsibilities in this context?
- Given the state of information about migrant workers, how can their needs be accommodated within current strategies concerning housing and homelessness?

Although housing migrant workers in 'low housing demand areas' may help in stabilising the housing market in some areas, it also raises some issues.

- What is the likely impact of this strategy on social cohesion, especially in communities which may be described as disadvantaged?
- To what extent is the strategy of housing migrant workers in these areas likely to encourage them to stay and contribute to the economic development of the region?

Banking/financial services

- How can more employers be encouraged to assist their migrant workers with setting up bank accounts?
- How can public agencies encourage banks/financial institutions in their area to be more proactive in supporting migrant workers in accessing their services (for example, with provision of translated information)?
- Is there a role for Credit Unions or other different forms of finance?
- Should migrant workers' needs be included in initiatives taken on financial inclusion/literacy?
Health services
While organisations such as NHS Grampian have been piloting the use of Language Line, and from a service provider perspective it is being seen as a success, from the point of view of migrant workers Language Line is not always seen to be as effective as a face-to-face service, especially in a health context. In addition migrant workers also had specific perceptions about 'quality of treatment' in the UK in comparison to what they had experienced in their home countries.

- How can the perception gaps between service providers and migrant workers be closed?
- Could migrant workers be involved in present mechanisms in place to provide patient feedback where these perception gaps might be explored and addressed?
- Who has the primary responsibility for ensuring that migrant workers understand the importance of registering with a GP despite their belief that they will not need the service?
- Would it be helpful to provide specific types of health-related information, for example on signs and symptoms of 'self-limiting' illness and ways of dealing with these?

Jobcentre Plus
- Given the planned changes (use of telephone to deliver services) to Jobcentre Plus services, how will the needs of those with poor levels of English be effectively addressed?

10.8 Skills and qualifications issues
The employment of migrant workers in jobs for which they were overqualified was consistently highlighted and the need to get recognition for overseas qualifications was consistently raised by migrant workers and service providers.

- How can existing resources and services/agencies (for example, Careers Scotland, the Construction Industry Training Board and so on) be used to address this issue with the possibility of developing a signposting system?
- How might relevant agencies in Grampian collaborate with agencies working at a Scottish level to address overseas qualification issues?
Appendix 1 Methodology

Research design

The research project was a qualitative study, involving a number of strands and perspectives related to the aims and objectives of the study. A combination of secondary and primary data collection methods were employed and are described in the sections that follow.

Secondary data

The literature review and the information on migrant worker trends were the two strands where secondary data sources were utilised.

Literature review

The aims of the literature review were to help inform the foci of the project as well as providing an important mechanism for assessing the findings that emerged from this research. An extensive literature review was undertaken, drawing from a wide range of academic and non-academic sources, focusing specifically on migration from overseas for employment purposes. The following sources were considered to be most relevant for the purposes of this study:

- Centre for Economic Inclusion
- Commission for Racial Equality
- Home Office
- information guides developed at national and regional/local levels
- Institute for Public Policy Research
- International Labour Organisation
- literature reviews undertaken in a number of locally commissioned studies in Scotland (e.g. SER, 2006; Aitken, 2006; de Lima et al., 2005) and that by McKay and Winkelmann-Gleed in their 2005 study of migrant workers in the East of England
- media sources, newspapers and radio
- research commissioned by public bodies at local/regional levels
- the Centre for Economic Policy Research (CEPR)
- the Joseph Rowntree Foundation
- the Office of National Statistics
- the Centre on Migration, Policy and Society (COMPAS) based at Oxford University
- the Scottish Executive and Scottish Parliamentary reports
- the Sussex Centre for Migration Research, University of Sussex
- the UK Parliament
- third sector websites and reports, e.g. Citizens Advice and Trades Unions

Migrant worker population in Grampian

The main aims of this strand were to:

- provide an overview of policy context and trends in relation to migrants at the UK and Scottish levels
- highlight the trends in migrant worker population in Grampian, drawing on National Insurance Number (NINo) registrations provided by the Department of Work and Pensions (DWP).

Trends in relation to migrant workers in Grampian were based on NINo registrations for the three local authority areas: Aberdeen City, Aberdeenshire and Moray. This data was obtained from the Department of Work and Pensions (DWP), which was then subjected to analysis using Excel. The period covered the tax years 2002/3 and 2003/4 (i.e. two years prior to EU enlargement), 2004/5 (as of 1st May 2004), and 2005/6 to develop an understanding of trends over time. In addition, this strand has also drawn upon a number of policy documents and reports at the UK and Scottish levels to help put the data in context.
Primary data

Primary data collection methods were employed in relation to employers, migrant workers and service providers and were based on qualitative methods. A combination of structured telephone interviews with employers, semi-structured face-to-face/telephone interviews, focus groups and E-questionnaires (in a small number of cases) with migrant workers, and semi-structured interviews and focus groups with service providers were used to elicit information relevant to the project.

Across all three groups the sampling methods employed was purposive but carefully crafted. In addition sampling was also opportunistic, especially with regard to migrant workers in particular, given the lack of accurate information on resident migrant worker populations, and in relation to employers due to their general reluctance to get involved in research. The research process was undertaken in accordance with the British Sociological Association code of practice (http://www.britsoc.co.uk), the code of practice developed by the Scottish Association of Black Researchers (SABRE) (http://www.sabreuk.org), ethics procedures approved by NHS Grampian Ethics Committee and the NHS Research Development Department and the UHI – Millennium Institute Equal Opportunities Policy. Participants were guaranteed anonymity and confidentiality and consent to use quotes was obtained.

The data obtained from the primary sources across all three groups – employers, migrant workers and service providers – was collated and subjected to qualitative analysis based on the agreed aims and objectives of the project. Interview/focus group notes and tapes/transcripts were analysed for emerging themes and issues bearing in mind the aims of the research. These were then used to undertake an in-depth analysis of the data.

Employers

Sampling
To achieve the agreed target of 50 employers, two hundred employers were contacted from a range of industrial sectors across Grampian, initially by letter explaining the purpose and importance of the project and requesting them to consider taking part in a telephone interview. This was followed by a telephone call to arrange a suitable interview time.

The list of employers was a purposive sample of those who were considered to be employing migrant workers in Grampian. The contact list was compiled based on a combination of suggestions made by the Project Advisory Group of employers known to be employing migrant workers and the knowledge of the team drawing on the available labour market information on migrant workers. Where there were considered to be gaps in sectors or geography the list was augmented by a random selection of employers based on web searches to plug gaps.

Participants in the study
Sixty-one businesses participated in the study. They were located across the three local authority areas of Aberdeen City, Aberdeenshire and Moray, and were operating across a range of industrial sectors. The tendency for sectors employing mainly semi-skilled and unskilled workers to be over-represented in the sample may be due to two reasons: an employer who may have been employing migrant workers in skilled and/or professional jobs was unable to provide the information required for the project; and 13 companies, a number of whom may have been employing skilled and professional migrant workers, reported that it was not company policy to get involved in research.

Telephone interviews
Structured telephone interviews (see Appendix 2) were conducted with 58 employers; a further three employers preferred to complete postal surveys. The main aims of the interview were to:

- provide contextual labour market information on migrant workers employed in the Grampian area
- identify needs and issues arising from employment of migrant workers
- identify mechanisms that have been used to address these needs, with a view to identifying any implications for service provision.
Migrant workers
There were two strands in which migrant workers were involved in the study: a more general strand with a focus on their experiences of accessing employment and services, and a health-focused strand.

Sampling
The size of the research sample agreed for the strand focusing on employment and services were 30 interviews and three focus groups comprising between six and eight participants across the three local authority areas. The target for the health strand was 20 interviews. In sampling the migrant workers, the objective was to interview migrant workers from a wide variety of backgrounds and to, as far as possible, maintain a balance in relation to age, gender, nationality, geographical location, employment sector, job roles and NINo registrations. While the research has tried to reflect the diversity that exists amongst migrant workers as far as possible, sampling was opportunistic and to a degree relied on 'snowballing' where initial contact lead to other contacts. Whilst there are disadvantages in using these methods (e.g. difficulty of achieving a perfectly balanced sample and tendency towards homogeneity), it is widely acknowledged that opportunity sampling and 'snowballing' are highly effective in a context where information on population size is unavailable and respondent groups are disparate, dispersed and not easily accessible.

Early service provider interviews indicated difficulties in accessing migrant workers in the Grampian area, particularly outwith Aberdeen City; this was mainly due to the lack of identifiable migrant worker community groups or organisations. On the advice of Project Advisory Group members and agencies on the ground in contact with migrant workers, information sheets explaining the purpose of the research and inviting migrant workers to participate in interviews and focus groups were translated into six languages: Polish, Lithuanian, Portuguese, Russian, Chinese and Ukrainian. The sheets were distributed extensively across service provider agencies and through public outlets such as libraries as well as through employers. Throughout the duration of the research the sheets were distributed on request as new contacts emerged. The information sheet was adapted for the health interviews and was translated on request into Polish and Portuguese.

A wide variety of routes across Grampian were used to assist with obtaining a balanced sample and to encourage migrant workers to participate in the interviews and focus groups. These included voluntary organisations which were likely to be working with migrant workers, local authority services including community learning and development, library services, English for Speakers of Other Languages (ESOL) and interpretation services, NHS Grampian, employers and local colleges. In addition, contacts given by members of the Project Advisory Group of individuals likely to be in contact with migrant workers were also utilised.

Although these initial contacts were helpful in publicising information about the project, with the exception of a small minority they did not prove to be very useful in recruiting migrant workers to participate in the project. Consequently, specific arrangements were made with organisations such as Grampian Racial Equality Council (GREC), Highland Interpreting Services and Multi-ethnic Aberdeen limited (MeAL) and participants involved in the service provider focus groups to assist with identifying and arranging interviews/focus groups. In addition an interpreter who had been assisting with providing interpretation services for the study undertook to distribute E-questionnaires to her networks.

Despite all efforts, there were a number of challenges encountered in accessing migrant workers. The scheduling of interviews coincided with the summer period when a number of migrant workers in some areas were on holiday, consequently creating difficulties in accessing workers timeously. However, on the other hand, the summer period did also enable the researchers to involve seasonal workers, for example, in the agricultural sector. Some agencies with access to migrant workers declined to respond; in other cases they declined to provide migrant worker contacts due to research fatigue. Concerns were expressed that this was an area that had been heavily researched and migrant workers had made earlier contributions without seeing any tangible progress. Other providers who had made initial promises to assist failed to progress these promises, and in the case of one public sector organisation the timescale required to put the whole process of recruitment into motion proved to be beyond the
timescale of the project. In addition, some migrant workers found it difficult or were not prepared to commit time to being involved in research due to their work patterns. Finally, there were also migrant workers who did not turn up for focus groups or interviews. Despite a number of challenges in accessing migrant workers the sample does reflect the trends documented in Scotland and across the UK with regard to nationalities that are dominant, age, gender, sectors of employment and job roles.

Interviews and focus groups
With regard to the economic and services strand, a combination of semi-structured face-to-face/telephone interviews, focus groups and a small number of E-questionnaires were used to elicit information from 71 participants (see Appendix 3).

The main aims of the interviews and focus groups were to:
- gain a better understanding of migrant workers and their experiences of accessing employment and experiences in work
- explore what life is like for migrant workers living and working in Grampian, including accessing services, as well as their suggestions for improvements.

Interviews were conducted face-to-face (alone or in pairs or threes) with those workers who felt comfortable with speaking directly to the researcher. Those who did not feel comfortable meeting face-to-face were interviewed over the telephone. Interviews and focus groups were arranged with participants at a time and venue that suited them. With regard to venues a wide variety of places were used, including community centres, homes and workplaces. In all instances there was an option for an interpreter and those who expressed a preference for having the interview in their first language were enabled to do so. Sixteen interviews and three focus groups were conducted with an interpreter.

For those migrant workers who wanted to engage with the research but did not want to speak directly to the researcher, E-questionnaires were used. As requests were only made from migrant workers from a Polish background, the questionnaire was translated into Polish. Five questionnaires were completed through this route.

The health interviews were conducted one to one and in pairs using a topic guide (see Appendix 4). The main aims of the interviews were to:
- identify the health status of migrant workers
- develop a more in-depth understanding of the needs of migrant workers in relation to health and their access to appropriate services
- develop an understanding of migrant workers’ perceptions of health and well-being.

While 25 people participated in the health aspects of the research, nine of these also participated in the employment and services focus group and interviews. In addition all migrant workers (87 in total across the employment and services and health aspects of the project) also raised issues relevant to health and this data is also included in the chapter on health.

Service providers

Sampling
Key service providers identified by the Project Advisory Group – for example, education, employment, housing, health, English for Speakers of Other Languages (ESOL) / English as an Additional Language (EAL) and Police – were targeted across the Grampian region for one-to-one interviews. In addition, to enable a wider range of service provider perspectives to be represented and based on contacts provided by the Project Advisory Group, focus groups were also conducted in Aberdeen City, Moray and Aberdeenshire.

Interviews and focus groups
A combination of semi-structured one-to-one interviews and focus groups were undertaken with service providers (see Appendix 5). The main aims of the interviews and focus groups were to:
- identify the impact that migrant workers were having on services
- identify specific initiatives targeted at migrant workers
• elicit from service providers their plans for and/or barriers to improving responsiveness to migrant workers
Appendix 2  Employers telephone interview schedule

Ask for permission to use comments as anonymous quotes

Yes [ ]  No [ ]

Section One: Business Details
1. Name of business

2. Location of business
   a. Aberdeen
   b. Aberdeenshire
   c. Moray
   d. Cairngorms
      National Park

3. Name of contact

4. Role in company

5. Main business type
   a. SIC code (if known)
   b. agriculture or forestry
   c. aquaculture or fishing
   d. processing of fish or food
   e. construction
   f. tourism/ hospitality
   g. public sector
   h. other – please specify

6. What is the main product/service that you provide?

Section Two: Workforce Details
7. Please enter numbers in the table below

<table>
<thead>
<tr>
<th>All staff</th>
<th>MWs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No</td>
<td></td>
</tr>
<tr>
<td>Full-time</td>
<td></td>
</tr>
<tr>
<td>Part-time</td>
<td></td>
</tr>
<tr>
<td>Temporary</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>New starts in the previous 12 months</td>
<td></td>
</tr>
<tr>
<td>Left in the previous 12 months</td>
<td></td>
</tr>
</tbody>
</table>

8. Which nationalities are your MW? (Please state numbers)
   a. Polish
   b. Ukrainian
   c. Russian
   d. Chinese
   e. Latvian
   f. Lithuanian
   g. Portuguese
   h. others – please specify
A study of migrant workers in Grampian

9. What type of jobs are the MW employed in?

<table>
<thead>
<tr>
<th>Job Type</th>
<th>'all'</th>
<th>'most'</th>
<th>'some'</th>
<th>'few'</th>
<th>Number if offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. senior/managerial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. professional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. technical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. administrative/clerical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. skilled trade</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. semi-skilled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. low- or un-skilled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section Three: Recruitment

10. Over the next 12 months how many new starts do you expect to take on? [ ]

11. How many of these will be MW? [ ]

12. What methods of recruitment have you used? (tick all that apply)

a. Private agencies [ ]
   b. Internet sites [ ]
   c. Word of mouth through other MW [ ]
   d. MW applied directly to us [ ]
   e. Handled by head office [ ]
   f. Business goes overseas to recruit [ ]
   g. Other – please specify [ ]

13. What is the main reason that you have employed MW?

a. Local labour shortage [ ]
   b. Local skills shortage [ ]
   c. Better work ethic [ ]
   d. Better productivity [ ]
   e. Lower staff turn-over [ ]
   f. Will accept minimum wage [ ]
   g. Other – please specify [ ]

14. Have there been any other reasons for employing MW? (tick as many as apply)

a. Local labour shortage [ ]
   b. Local skills shortage [ ]
   c. Better work ethic [ ]
   d. Better productivity [ ]
   e. Lower staff turn-over [ ]
   f. Will accept minimum wage [ ]
   g. Other – please specify [ ]

Section Four: Qualities of MW Employees

15. Have you experienced difficulties associated with employing MW?

a. No [ ]
   b. verbal communication [ ]
   c. written communication [ ]
   d. assessment of skills/qualifications [ ]
   e. atmosphere at work [ ]
   f. atmosphere in the community [ ]
   g. productivity [ ]
   h. health and safety issues [ ]
   i. failing to match skills/qualifications/ language promised by agency or applicant [ ]
   j. lack of understanding about Scotland/ cultural differences – please give details [ ]
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16. What level of verbal English do you feel is necessary for MW to work in your business?
   a. fluent
   b. good
   c. fair
   d. basic
   e. none

17. What level of written English do you feel is necessary for MW to work in your business?
   a. fluent
   b. good
   c. fair
   d. basic
   e. none

Section Five: Support Mechanisms
18. Do your MW need any assistance to enable them to do the job?
   a. No
   b. ESOL
   c. job training
   d. housing
   e. induction/orientation
   f. banking
   g. childcare
   h. immigration/ NINo/ tax system
   i. health/ health system
   j. transport
   k. other – please specify

19. Are you aware of your MW needing any assistance outside of work?
   a. No
   b. ESOL
   c. social/ leisure
   d. housing
   e. induction/orientation
   f. banking
   g. childcare
   h. immigration/ NINo/ tax system
   i. health/ health system
   j. transport
   k. other – please specify
20. Does your business, or the agency if you use one, provide assistance?
   a. No
   b. ESOL
   c. job training
   d. social/leisure
   e. housing
   f. induction/orientation
   g. banking
   h. childcare
   i. immigration/NiNo/tax system
   j. health/health system
   k. transport
   l. other – please specify

21. Does your business work with other organisations to provide support for your MW?
   a. No
   b. education institutions
   c. voluntary sector
   d. health
   e. info/welfare/advice
   f. police
   g. local authority
   h. other – please specify

Section Six: Comments
22. Finally, do you have any other comments?

Thank you for your time.

We expect that our report will be available on the Communities Scotland website in late 2006.

Would you be interested in receiving a précis (a short summary) of the report's findings?
   Yes  No
Appendix 3  Interview topic guide: migrant workers

- Demographics (use proforma at the end of this schedule)
- Where do you live? [Prompt: place/town; type of accommodation]
- How long have you lived here? [this address/area as relevant]
- Have you come directly from your home country or from elsewhere in Scotland/UK
  [Prompt: find out how long the participant has been in the UK/Scotland]
- Where do you work? Who are you employed by?
- Why have you come to Scotland/Grampian? [Prompt: Look for reasons for why this
  part of Scotland over other parts of Scotland or the UK. What are the push/pull factors
  (see Tayside questionnaire) – Economic; Social; Quality of life (how is this
  perceived/expressed?); experience other culture; personal connections?]

2. Qualification/s / Training / Work Experience

Can you tell me what qualifications you have?

Prompts
- Type of qualification/s [vocational/academic and work experience]
- Year gained
- Place gained
- Have you been able to use your qualifications/experience in your job/s here?
- Include question on their perceived proficiency/confidence in spoken, reading, written
  English (excellent, good, average, not bad, poor)

3. Employment

<table>
<thead>
<tr>
<th>3.1 Experiences in securing employment</th>
<th>3.2 Experiences whilst in employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can you tell me about your experiences in relation to trying to find a job here?</td>
<td>What is it like for you in your job?</td>
</tr>
</tbody>
</table>

Prompts [If relevant also ask about the experiences of others they are in contact with]
- How did s/he find the job – advert, recruitment agency, personal contact…? Tease out experiences of people recruited by recruitment agencies and those coming through other means
- Requirement for visa? What type?
- Ease/difficulty in finding employment
- Any assistance provided/required? By whom?
- Facilitating factors/barriers in seeking employment
- Can anything be done to help people find jobs?

Prompts [If relevant also ask about the experiences of others they are in contact with]
- Type of job/job title
- Which sector?
- Where? [Aberdeen, Aberdeenshire, Moray]
- Nature and length of contract [full-time, part-time, shifts?]
- Working conditions (e.g. daily hours of working; working week; holidays; pay)
- Access to training/type/provided by whom? and in what language?
- Relationship with co-workers
- Relationship with employers
- Does means of recruitment (agencies/direct, etc) make a difference to employment experiences and access to rights?
- Access to support / Type of support and provided by whom?
- Types of entitlements at work
- Ease/difficulty in finding out about entitlements; where do they access such information if they require it?
- Ease/difficulty in finding
A study of migrant workers in Grampian

<table>
<thead>
<tr>
<th>accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature and location of accommodation? Condition of accommodation? Cost – views on this?</td>
</tr>
<tr>
<td>Ease/difficulty with opening bank account?</td>
</tr>
<tr>
<td>Can anything be done to improve experiences at work?</td>
</tr>
</tbody>
</table>

### 4. Views and experiences of life in the area where the interviewee lives [for interviewee and family/others]

#### 4.1 Experiences of life in the area where the interviewee lives

*Can you tell me what life is like for you (your family and friends) where you live? (This may already be addressed in the warming up session)*

#### 4.2 Networks/activities outwith work

*Do you (family) take part in any activities outside your work? Can you tell me about the kinds of activities you do?*

#### 4.3 Services

*Have you accessed any services since you have been here? What are these?*

**Prompts** [If relevant also ask about the experiences of others/family]
- Ease of access to community activities/social networks in their local area; types of groups, location, activities, frequency?
- Relationships with local community (local people; businesses; church….)
- Two or three examples of where things are going well and not so well.
- Can anything be done to improve access to community groups/activities/social networks?
- Experiences of harassment? Types (Verbal/physical)? Context (where – at home? street? Work?, etc.? Have they reported these? To whom? What has been the response? If they haven't reported it why not?

**Prompts** [If relevant also ask about the experiences of others/family]
- Local services (health, financial services (including banks), housing, police, fire, transport, leisure, English language classes, adult education classes, other education provision…) accessed
- Experiences in accessing these services? How have they found out about the services?
- Housing experiences: type of accommodation? E.g. private, renting, provided by their employer or provided by the councils? What is the condition of the property they are living in?
- Aware of their rights in relation to accessing public services?
- Once they have accessed services how would they describe their experience of the service/s they have obtained? Any suggestions for improvements?
- Are there other services they haven't accessed that they would like to? What are these (e.g. immigration advice; education; access to GP; bank accounts; access to internet)? What are the barriers?
- How do they find out information about services? What are their experiences of trying to access information and advice about services?
- What services would be most helpful to them?
- How easy/difficult is it to access services?
- Can anything be done to make it easier to access services?
4.4 Suggestions for improving their quality of life in Grampian (or specific area as appropriate)

Can anything be done to make life better for migrant workers in this part of Scotland?

5. Intentions of staying/leaving in the area (as appropriate)

5.1 Do you intend to stay in the area? For how long? Where? [accommodation]

5.2 Do you intend to continue working here? If not, what are your intentions?

5.3 Do you see yourself (family if relevant) settling in the area /Scotland /elsewhere in the UK? What are your main reasons for staying?

If they intend to leave: Where are you intending to go? What are your reasons for leaving?

5.4 Have you recommended the area to other people? Would you recommend the area to other people?

Demographics – Interviewees

For each of the below please state the information or tick one that applies

<table>
<thead>
<tr>
<th>Gender</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Has s/he applied for National Insurance</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Country of origin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language/Languages spoken</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital status</td>
<td>Single</td>
<td>Married</td>
</tr>
<tr>
<td>Widow/Widower</td>
<td>Other: please specify</td>
<td></td>
</tr>
</tbody>
</table>

How many people live in your household?

Please state number of

<table>
<thead>
<tr>
<th>Adults over the age of 18 years:</th>
<th>Children under 16 years:</th>
<th>Children in Education:</th>
</tr>
</thead>
</table>

Closing interview remarks/questions

Would you like to add anything else?

Thank you very much for your time.

Do you have any questions? Is there anything you would like to ask about the study, or how what you have said in the interview will be included?

Thanks again and should you wish to contact me my contact details are in the letter/initial information which you should have received.
### Appendix 4  Health interview topic guide: migrant workers

#### 1. Warm up (Background of Interviewee)
- Demographics (use proforma)
  - *Where do you live?* [Prompt: place/town; type of accommodation]
  - *How long have you lived here?* [this address/area as relevant]
  - *Have you come directly from your home country or from elsewhere in Scotland/UK?*
  - *Where do you work? Who are you employed by?*
  - *Why have you come to Scotland/ the Highlands and Islands?* [Prompt: Economic; Social; Quality of life (how is this perceived/expressed?); experience other culture; personal connection]

#### 2. Health experience prior to arriving in Scotland

NB: note that some Migrant Workers (MWs) might have worked within their health care system prior to coming here – check if anyone is a qualified health care worker e.g. doctor, nurse etc. (other research suggests some are taking jobs way below their qualification levels).

Can you tell me a little about how people access health care in your country of origin? What was the state of your own health prior to arriving in Scotland? Any issues?

**Prompt:**
People might be wary about why you are asking these questions, assure them it is so that you can find out if they feel their health levels have changed since arriving.

#### 3. Health since arriving in Scotland

**3.1 Access to and experience of the health care system in Scotland?**

- a) Do MW know how to access health care and if so how did they get this information? What types of health care services are MWs aware of?  
- b) Is the MW registered with a GP and dentist? Have they been to visit a GP? If yes, what are their experiences of the visit(s)? If they have come with a family group, are all their family members registered with a GP and dentist?
  
  - c) If they are not registered with GP, etc. and have become ill, how did they access medical services (there are anecdotes that they are turning up at Accident and Emergency)
  
  - d) Are they aware of NHS 24? Have they used it? Their experiences?
  
  - e) Language and communication issues – are there any? If needed, were they offered use of interpreters and translators as part of accessing health care? If yes, who made the offer – did they have to request?
  
  - f) Immunisation issues in relation to children?

**3.2 New health issues**

- a) Have any health issues arisen for MWs since arriving in Scotland? If they are prepared to disclose, what is the nature of these health issues?  
  
  - b) How long since arrival before the issues started to occur? [Help interviewee to be precise about nature of health issues e.g. physical health, mental health? Are issues faced mainly due to mental health/cultural issues, e.g. loneliness, lack of access to social activities; employment-related?]
A study of migrant workers in Grampian

c) Has anyone been screened for infectious diseases and what are their feelings about this? If so what types of diseases were they being screened for, do people know, where and how was this done and how did people feel about this?

d) Health living – any dietary issues (e.g. do people know where to source affordable healthy food/foods they are used to), housing/social environmental issues (damp housing, overcrowded, etc. – that might impact on health)? Are there any other issues that MWs might wish to speak about that affect the type of health care they might wish to have e.g. cultural, faith and belief reasons, gender?

4 WORKPLACE-RELATED HEALTH MATTERS

a) How are health and safety issues discussed at your workplace?

b) What type of training have you had in health and safety?

c) Is health and safety information made available in other languages? what languages?

d) Have you or anyone you know experienced workplace accidents? Nature of accident and how this was dealt with e.g. at hospital, internal workplace first aid?

e) Have any MWs had to refrain from certain types of work as a result of a health issue e.g. pregnancy, epilepsy etc.?

f) Are there any other workplace health-related matters you wish to discuss?

Do you have any questions? Is there anything you would like to ask about the study, or how what you have said in the interview will be included?

Thanks again and should you wish to contact me my contact details are in the letter/initial information which you should have received.
# Appendix 5  Service provider topic guide

## 1. The service
Does your organisation come in contact with migrant workers?  
Do migrant workers access your organisation or do you make contact with them?

## 2. Background of migrant workers who use your service?
- How many migrant workers use your service? What is the uptake? What kind of demand is there?  
- Nationality?  
- Trends?  
- What kinds of jobs/sectors?  
- How are they recruited?

## 3. What are some of the specific issues that relate to migrant workers arising from your service?  
- What type of service do you provide for migrant workers?  
- Is your service tailored for migrant workers?  
- Explain the main ways in which service has been tailored?

## 4. What kinds of needs are migrant workers expressing?
- Language  
- Accommodation  
- Other social areas (pubs and night-clubs)  
- Banking  
- Driving  
- Health  
- Working conditions  
- National Insurance number  
- Police  
- Filling gaps or replacing local workers  
- The role of recruitment agencies

## 5. Activities in support of migrant workers
How could your current services be improved for migrant workers?  
Is there enough being done to address needs of migrant workers? What are the gaps?  
Opinion of how needs of migrant workers could be or are being met?  
Any current or planned initiatives you are undertaking to meet needs of migrant workers?

## 6. Past/current/future impact of migrant workers on services
In what ways have the migrant workers impacted on your service/s?  
Over what period?  
What do you anticipate the demands being made by migrant workers of your services is likely to be over the next 12 months, i.e. increase/decrease….  

7. Any other comments
Appendix 6  Additional NINo data for tax years 2002/03 to 2005/06 (including local authority level)

Table 1: NINo registrations by overseas nationals, Scotland

<table>
<thead>
<tr>
<th></th>
<th>2002/3</th>
<th>2003/4</th>
<th>2004/5</th>
<th>2005/6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accession 8</td>
<td>130</td>
<td>390</td>
<td>6760</td>
<td>19440</td>
</tr>
<tr>
<td>Other EU</td>
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<td>4630</td>
<td>4870</td>
<td>3290</td>
</tr>
<tr>
<td>Other Europe</td>
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<td>360</td>
<td>530</td>
<td>190</td>
</tr>
<tr>
<td>Asia</td>
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<td>7850</td>
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<td>5410</td>
</tr>
<tr>
<td>N. &amp; S. America</td>
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<td>1440</td>
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</tr>
<tr>
<td>Total</td>
<td>14520</td>
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Table 2: NINo registrations by selected nationalities, Scotland

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### Table 2b: NINo registrations by selected nationalities, Aberdeenshire

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Table 2c: NINo registrations by selected nationalities, Moray

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Table 3: NINo registrations by selected 'Other European' nationalities, Scotland

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Table 3a: NINo registrations by selected 'Other European' nationalities, Grampian

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Table 3b: NINo registrations by selected 'Other European' nationalities, Aberdeen City

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<td>10</td>
<td>10</td>
<td>10</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

Table 3c: NINo registrations by selected 'Other European' nationalities, Aberdeenshire

<table>
<thead>
<tr>
<th></th>
<th>2002/3</th>
<th>2003/4</th>
<th>2004/5</th>
<th>2005/6</th>
<th>% of 2005/6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belarus</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Bulgaria</td>
<td>0</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>0.3%</td>
</tr>
<tr>
<td>Romania</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>0.2%</td>
</tr>
<tr>
<td>Russian Fed</td>
<td>0</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>0.2%</td>
</tr>
<tr>
<td>Ukraine</td>
<td>0</td>
<td>20</td>
<td>50</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Table 3d: NINo registrations by selected 'Other European' nationalities, Moray

<table>
<thead>
<tr>
<th></th>
<th>2002/3</th>
<th>2003/4</th>
<th>2004/5</th>
<th>2005/6</th>
<th>% of 2005/6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belarus</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>0</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Romania</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Russian Fed</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Ukraine</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Figure 1: NINo registrations by age, all study years, Aberdeen City
A study of migrant workers in Grampian

Figure 1a: NINo registrations by age, all study years, Aberdeenshire

<table>
<thead>
<tr>
<th></th>
<th>02/03</th>
<th>03/04</th>
<th>04/05</th>
<th>05/06</th>
</tr>
</thead>
<tbody>
<tr>
<td>60+</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>45-59</td>
<td>40</td>
<td>30</td>
<td>95</td>
<td>170</td>
</tr>
<tr>
<td>18-44</td>
<td>290</td>
<td>430</td>
<td>905</td>
<td>1400</td>
</tr>
<tr>
<td>&lt;18</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>20</td>
</tr>
</tbody>
</table>

Figure 1b: NINo registrations by age, all study years, Moray

<table>
<thead>
<tr>
<th></th>
<th>02/03</th>
<th>03/04</th>
<th>04/05</th>
<th>05/06</th>
</tr>
</thead>
<tbody>
<tr>
<td>60+</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>45-59</td>
<td>20</td>
<td>10</td>
<td>25</td>
<td>60</td>
</tr>
<tr>
<td>18-44</td>
<td>70</td>
<td>150</td>
<td>300</td>
<td>470</td>
</tr>
<tr>
<td>&lt;18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 4: Benefits uptake by overseas nationals in Grampian

<table>
<thead>
<tr>
<th></th>
<th>2002/3</th>
<th></th>
<th>2003/4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Did not claim</td>
<td>JSA</td>
<td>Total</td>
</tr>
<tr>
<td>Grampian</td>
<td>1850</td>
<td>1790</td>
<td>0</td>
<td>2150</td>
</tr>
<tr>
<td>Aberdeen City</td>
<td>1430</td>
<td>1390</td>
<td>0</td>
<td>1530</td>
</tr>
<tr>
<td>Aberdeenshire</td>
<td>330</td>
<td>320</td>
<td>0</td>
<td>450</td>
</tr>
<tr>
<td>Moray</td>
<td>90</td>
<td>80</td>
<td>0</td>
<td>170</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2004/5</th>
<th></th>
<th>2005/6</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Did not claim</td>
<td>JSA</td>
<td>Total</td>
</tr>
<tr>
<td>Grampian</td>
<td>3460</td>
<td>3380</td>
<td>0</td>
<td>5980</td>
</tr>
<tr>
<td>Aberdeen City</td>
<td>2220</td>
<td>2180</td>
<td>0</td>
<td>3860</td>
</tr>
<tr>
<td>Aberdeenshire</td>
<td>930</td>
<td>910</td>
<td>10</td>
<td>1590</td>
</tr>
<tr>
<td>Moray</td>
<td>310</td>
<td>290</td>
<td>20</td>
<td>530</td>
</tr>
</tbody>
</table>

Note: JSA= Job Seekers Allowance
Appendix 7  Profile of migrant workers (interviews and focus groups)

Table 1: Nationality, gender and marital status by local authority area

<table>
<thead>
<tr>
<th>Local authority</th>
<th>Nationality</th>
<th>Gender</th>
<th>Marital status (i)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen City</td>
<td>Poland Estonia Lithuania Latvia Slovakia Czech Rep Other European</td>
<td>F M 1 2 3 4 5 6</td>
<td>7 17 12 10 2 1 5</td>
</tr>
<tr>
<td>Aberdeen-shire</td>
<td>7 1 4 2 Portuguese</td>
<td>7 7 10 2 2</td>
<td></td>
</tr>
<tr>
<td>Moray (ii)</td>
<td>21 1 4 2 Portuguese 1 Bulgaria 1 Romania 1 Chile</td>
<td>1 9 16 16 12 1 2 4 8</td>
<td></td>
</tr>
</tbody>
</table>

(i) Marital status – 1- Single; 2 - Married; 3 - Divorced; 4 - Separated; 5 - Cohabiting; 6 - have dependants
(ii & iii) In addition a focus group Polish and Portuguese) was organised in Moray with families with dependent children

Table 2: Industrial sector by local authority area

<table>
<thead>
<tr>
<th>Local authority</th>
<th>Agriculture</th>
<th>Construction</th>
<th>Domestic-Cleaning</th>
<th>Food processing (i)</th>
<th>Health &amp; social care</th>
<th>Hospitality &amp; Tourism</th>
<th>Oil</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen City</td>
<td>5 2 2 1 3 3</td>
<td>IT- 1 Interpreting -2 Leisure &amp; arts-1 Transport - 2 Between jobs-1 (ii)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aberdeen-shire</td>
<td>12 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moray (2)</td>
<td>9 18 1</td>
<td>IT- 3 Leisure &amp; Arts-1 Shipbuilding-4 Sawmill-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(i) Food processing encompasses a range: fish, meat, bakery products and agricultural produce
(ii) One individual had just arrived and was expected to start work imminently in a food processing factory

Table 3: Health interviews – profile of migrant workers

<table>
<thead>
<tr>
<th>Local authority</th>
<th>Nationality</th>
<th>Gender</th>
<th>Marital status (i)</th>
<th>Industrial sectors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen city (10)</td>
<td>Poland, Slovakia, Latvia Philippines</td>
<td>1 9 1 5 1 1 2</td>
<td>Food Processing, Engineering, Plastics Factory, Retail</td>
<td></td>
</tr>
<tr>
<td>Aberdeen-shire (8)</td>
<td>Poland, Latvia</td>
<td>4 4 1 2 2 3</td>
<td>Fish processing, Engineering</td>
<td></td>
</tr>
<tr>
<td>Moray (7) (ii)</td>
<td>Poland</td>
<td>4 3 5</td>
<td>Food processing Service /IT Agriculture</td>
<td></td>
</tr>
</tbody>
</table>

(i) Marital status – 1- Single; 2 - Married; 3 - Divorced; 4 - Separated; 5 - Cohabiting; 6 - has dependants
(ii) These participants also took part in the Moray focus group
## Appendix 8 Service Provider Participants

<table>
<thead>
<tr>
<th>Housing</th>
<th>Employment support*</th>
<th>Health</th>
<th>Language and translation services*</th>
<th>Education (i)</th>
<th>Police</th>
<th>Fire and Rescue</th>
<th>Scottish Ambulance Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen City</td>
<td>Strategist, Policy and Planning, Aberdeen City Council</td>
<td>Business Manager, Economic development, ACC Employer Engagement Manager – Job Centre Plus</td>
<td>Service Planning Lead – Aberdeen NHS Collective Nurse Lead – Aberdeen NHS</td>
<td>Principal Officer (Equalities) – Community Planning and Regeneration</td>
<td>Rosemount Community Centre (Adult Education) CLD Manager</td>
<td>Race Relations Officer</td>
<td></td>
</tr>
<tr>
<td>Moray</td>
<td>Housing Officer</td>
<td>Acting Manager</td>
<td>Public Health Coordinator, NHS Grampian Moray</td>
<td>ESOL Tutor, Moray Council</td>
<td>Director, Global languages and community education Community Learning and Development Worker, TMC</td>
<td>Community Liaison Officer</td>
<td></td>
</tr>
<tr>
<td>Grampian Wide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Station Manager Officer</td>
<td>Representative</td>
</tr>
</tbody>
</table>

(i) Contact was also made with English as Additional Language Managers across all three local authority areas and information was received via email
### Other contacts, public, voluntary and private sector

<table>
<thead>
<tr>
<th></th>
<th>Social Work</th>
<th>Arts and Inclusion</th>
<th>Domestic Abuse</th>
<th>Community Planning and Regeneration</th>
<th>Elected members</th>
<th>Voluntary sector</th>
<th>Employers and recruitment agencies</th>
<th>Researchers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aberdeen City</strong></td>
<td>Development Officer, ACC</td>
<td>Co-ordinator, ACC</td>
<td>Domestic Abuse Officer</td>
<td>Principal officer (Community Planning)</td>
<td>X2</td>
<td>Safer community trust co-ordinator</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Duty Social Worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community Placement Team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aberdeen-</td>
<td>Strategic Development Officer, Community Care</td>
<td></td>
<td>Social inclusion officer/ community safety</td>
<td></td>
<td>Manager, Nor-Sea Foods, Aberdeenshire</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moray</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Manager, Citizens Advice Bureau, Moray</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Grampian Wide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Director of customer services, Langstane HA</td>
<td></td>
<td>Freelance Polish researcher</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Business development manager, Langstane</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>New Initiatives Manager, Grampian Housing Association</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A study of migrant workers in Grampian
Appendix 9  English as an additional language information

Survey – new bilingual pupils
In September 2006, the Scottish English as an Additional Language Coordinating Group wrote to all member authorities to seek updated information on the number of new bilingual pupils services were having to cater for. Through this survey it was hoped that accurate data would be obtained in order to provide a clear picture of the number of bilingual pupils across Scotland. Moray, Aberdeenshire and Aberdeen provided returns and the following represents information affecting these three authorities. The three sets of data have been aggregated to ensure local authority anonymity, at the request of one authority.

<table>
<thead>
<tr>
<th>Bilingual pupils</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre Five</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>no records kept</td>
</tr>
<tr>
<td>Primary</td>
<td>150</td>
</tr>
<tr>
<td></td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>362 and rising</td>
</tr>
<tr>
<td>Secondary</td>
<td>78</td>
</tr>
<tr>
<td></td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>123</td>
</tr>
<tr>
<td>Total number</td>
<td>282</td>
</tr>
<tr>
<td></td>
<td>124</td>
</tr>
<tr>
<td></td>
<td>485</td>
</tr>
</tbody>
</table>

Main source countries
Authority 1: Poland, Lithuania, Latvia
Authority 2: Poland, Portugal, Latvia, Czech Rep
Authority 3: mainly Polish (at least 25% of new intake)

Has this increased the number of pupils needing EAL support? Yes

If yes, please indicate by how much
Authority 1: More than doubled since 05/06.
Authority 2: More than 30% since 04/05 session
Authority 3: Well over 50% since the last session

What has the local authority response been?
Authority 1: To build capacity by delivering training.
Authority 2: 06/07 session have provided additional supply teachers (short-term) 1 job to be advertised but not in place
Authority 3: Surprise but supportive of efforts to staff up in terms of teachers and also bilingual assistants

What has the effect on the EAL service been?
Authority 1: Very stretched
Authority 2: Not enough staff in place
Need more trained staff
Overwhelmed with training needs of schools as well as providing support to pupils
Authority 3: Dramatic since August 06 with more than 220 new arrivals in first 2 weeks of term
Appendix 10  Useful resources/contacts for those working with migrant workers

This is not a comprehensive list of resources or contacts but is meant to give an indication of resources and information available which agencies could draw from. The publication by Will Somerville (2006) provides a comprehensive list of contacts/agencies working in this field.


Diverse – Diverse Routes into Higher Education:  http://www.diverseroutes.co.uk/

Homeless Link:  http://www.homeless.org.uk/


The Centre on Migration Policy and Society (COMPAS):  www.compas.ox.ac.uk/

Migrants’ Rights Network (MRN) - Email:  migrantsrights@yahoo.co.uk  Phone:  07845 147 502

National Academic Recognition Information Centre (NARIC):  www.naric.org.uk

Scotland is the Place:  
http://www.scotlandistheplace.co.uk/stitp/sitp_displayHome.jsp?pContentID=63&p_applic=CCC &p_service=Content.show&

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BBC (2006b) 'Council tax "rises for migrants"', BBC News, 8 August,

BBC (2006c) 'Translations "cost £100m"', BBC News, 12 December


BMA (British Medical Association) (2002) 'Asylum seekers: Meeting their healthcare needs'

BNN (British Nursing News) (2004) 'HIV cases in Scotland rise to a 20-year high', 21 January,


bSolutions (2005) An initial survey of migrant labour in the North East of Scotland, Banff and Buchan College of Further Education, Banff


Campbell, D. (2006) 'Poles are bringing solidarity back into fashion in Britain', Guardian, 5 December, p.32


Chess Partnership (2004) 'The Scottish hospitality industry and the recruitment of foreign talent'

Chrisafis, A. (2006) 'Romanians tell Britain: We don't want to come to your country anyway', Guardian, 28 October

CIPD (Chartered Institute of Personnel and Development) (2005) 'New EU migrants help to tackle UK skills shortage'


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Conference 'Integration of migrants: Engaging employers, unions and the voluntary sector', Central London, 4 July 2006


de Lima, P, Jentsch, B, Whelton, R (2005) 'Migrant Workers in the Highlands and Islands' Highlands and Islands Enterprise, Inverness

Department of Health (2005) 'Joint Committee on Vaccination and Immunisation, Hepatitis B Sub-group: Minutes of the meeting held on Monday 31 January 2005'

Duffell, J. (2006) 'We don't need to be poles apart', Press and Journal, 26 October


Fresh Talent Initiative (2006), January available from Philomena de Lima, UHI PolicyWeb at policyweb@uhi.ac.uk


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Somerville, W. (2003) 'Migration to the UK: Phoenix or albatross', Centre for Economic and Social Inclusion


Sriskandarajah, D. (2006) 'Pulling up the drawbridge will damage our economy', Guardian, 23 August


Stewart, E. (2005) School experiences of minority ethnic and multi-lingual families in Moray, Moray Council


Watt, P., McGaughey, F. (eds) (2006) How public authorities provide services to minority ethnic groups, National Consultative Committee on Racism, Belfast

WECHC (West Elgin Community Health Centre) (2004) Livelihoods of Migratory Agricultural Workers in West Elgin, Ontario


Footnotes

1 The 'A8' states acceded to the EU on 1 May 2004. They are the Czech Republic, Estonia, Latvia, Lithuania, Hungary, Poland, Slovakia, and Slovenia.

2 The International Passenger Survey (IPS) is based on a continuous voluntary sample survey conducted by the ONS at the principal air, sea and Channel Tunnel routes between the UK and the rest of the world and is a source of data on migrants entering and leaving the country (see ONS, 2006 for further information).

3 Though medicine was a profession cited in relation to overseas qualifications and equivalencies, there is a range of professional areas where qualifications gained overseas are looked at favourably. See http://www.diverseroutes.co.uk/index.htm.