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Migrants' Pathways and Journeys in Aberdeen
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1. Introduction

Aberdeen City has a growing number of newcomers from ethnic minorities. Currently, more than one in six of residents were born outside the UK.¹ This creates challenges for policymakers and stakeholders in working directly with newcomers. In a time of cuts and tighter budgets, it is necessary to identify what the process and integration in the local community looks like and where are the key points of contact for ethnic minorities. This approach assists in provision of targeted information for newcomers. It is important to point out that each person/family may have own individual and unique pathway. However, in this study attempts to categorise people's experiences into a number of groups and subgroups were undertaken.

2. Research methods

The data were collected through 2016. It included: an extensive literature review on integration and relationship between health and housing, and integration (see Bibliography); the quantifiable survey on first steps of ethnic minorities in Aberdeen and where people searched for information; in-depth interviews with members of ethnic minorities in Aberdeen; a survey with users of homelessness services in Aberdeen, and a focus group held with Housing & Homelessness Service Providers in the City. The homelessness work has been conducted with the support of Shelter Scotland, the Minority Ethnic Housing Project and Aberdeen Cyrenians, who asked their service users if they could answer questions regarding their experiences. More information on participants of the initial survey and in-depth interviews is available in Appendix 1.

In-depth interviews and a stakeholder focus group were recorded and transcribed or intensive notes were taken. Later, all data were analysed by themes in the CATMA 5 (Computer Aided Textual Markup & Analysis).

3. Findings

As mentioned earlier each journey can be a unique experience. However, all individuals have one thing in common: they moved into Aberdeen, although their reasons for arrival may differ. Therefore, four reasons for coming to Aberdeen have been identified: skilled work, work, family and student. These groups can have both positive and troubled pathways. Members of positive pathways have good outcomes in terms of integration, while recognising that these people may face challenges and difficulties and there may be processes & services that can be improved to support integration in these areas. On the other hand, the members of troubled pathways are in a vulnerable position. There can be the almost unlimited number of

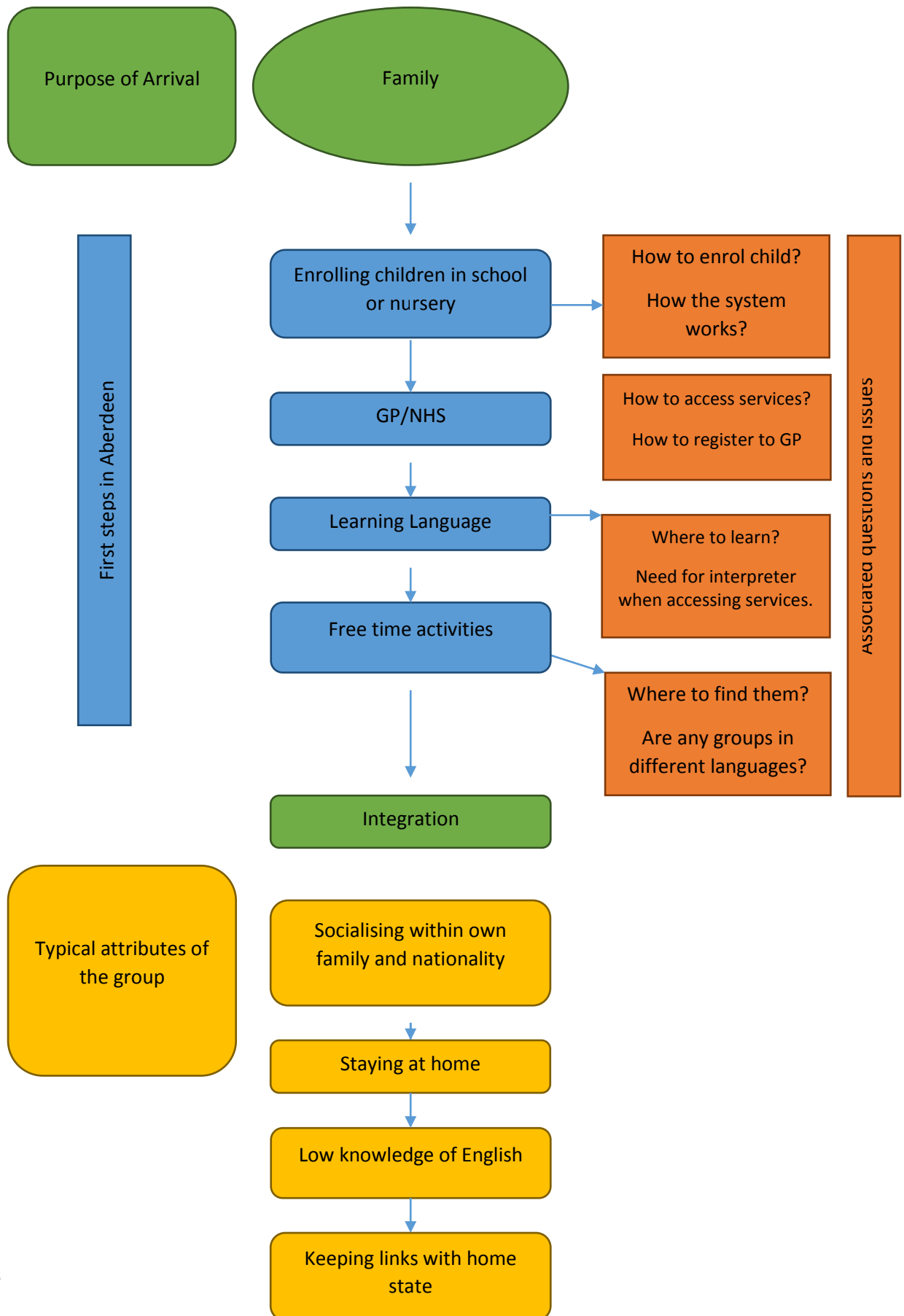
¹ UK population by country of birth and nationality: 2015. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/bulletins/ukpopulationbycountryofbirthandnationality/august2016/pdf>

incidents. Thus, this report focuses on homelessness. In the first subsection, the positive pathways will be presented Secondly, the homelessness pathway as an example of the troubled pathway will be analysed. Finally, different types of migrants networks and where people search for information shall be analysed.

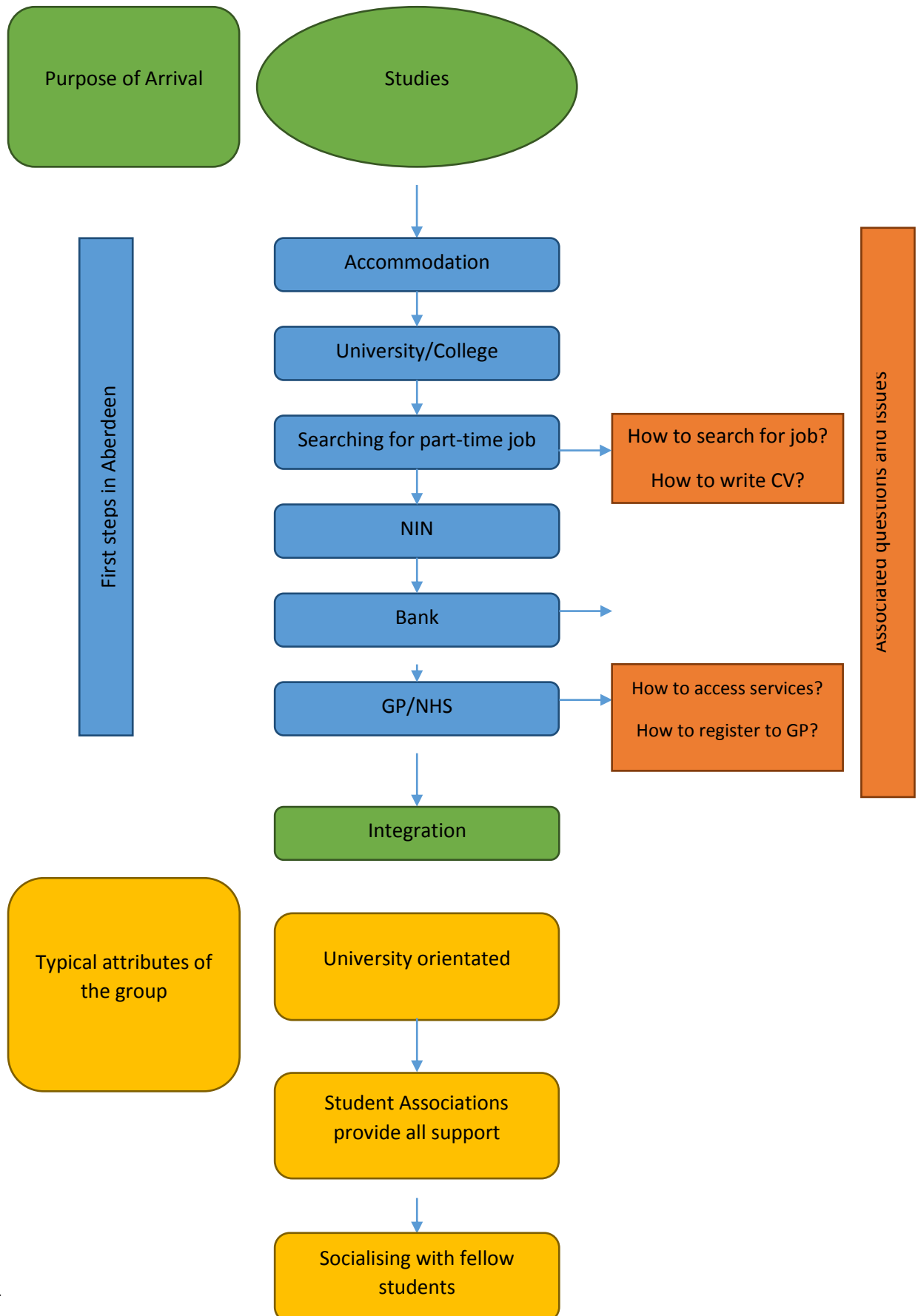
a. Positive Pathways

Each pathway is presented in a separate flow chart. On the top of each flowchart, the reader can see the purpose of arrival. Then arrows guide the reader through the first steps upon newcomers' arrivals. Sometimes, these steps may be rearranged in a different order based on the person's needs or priorities. Some people may have two or more pull factors bringing them to Aberdeen, such as work and family, so they may have more than one associated issue. These steps eventually lead to "integration" at the bottom of the flowchart. We use "integration" here to mean that a person feels settled, has found the information and accessed the services required, though may still have various things they want to achieve, e.g. find better housing, a better job etc. At the end of pathways, there is the section on typical attributes of groups. This part generalises members of the group: their language skills, how they spend their spare time and with whom.

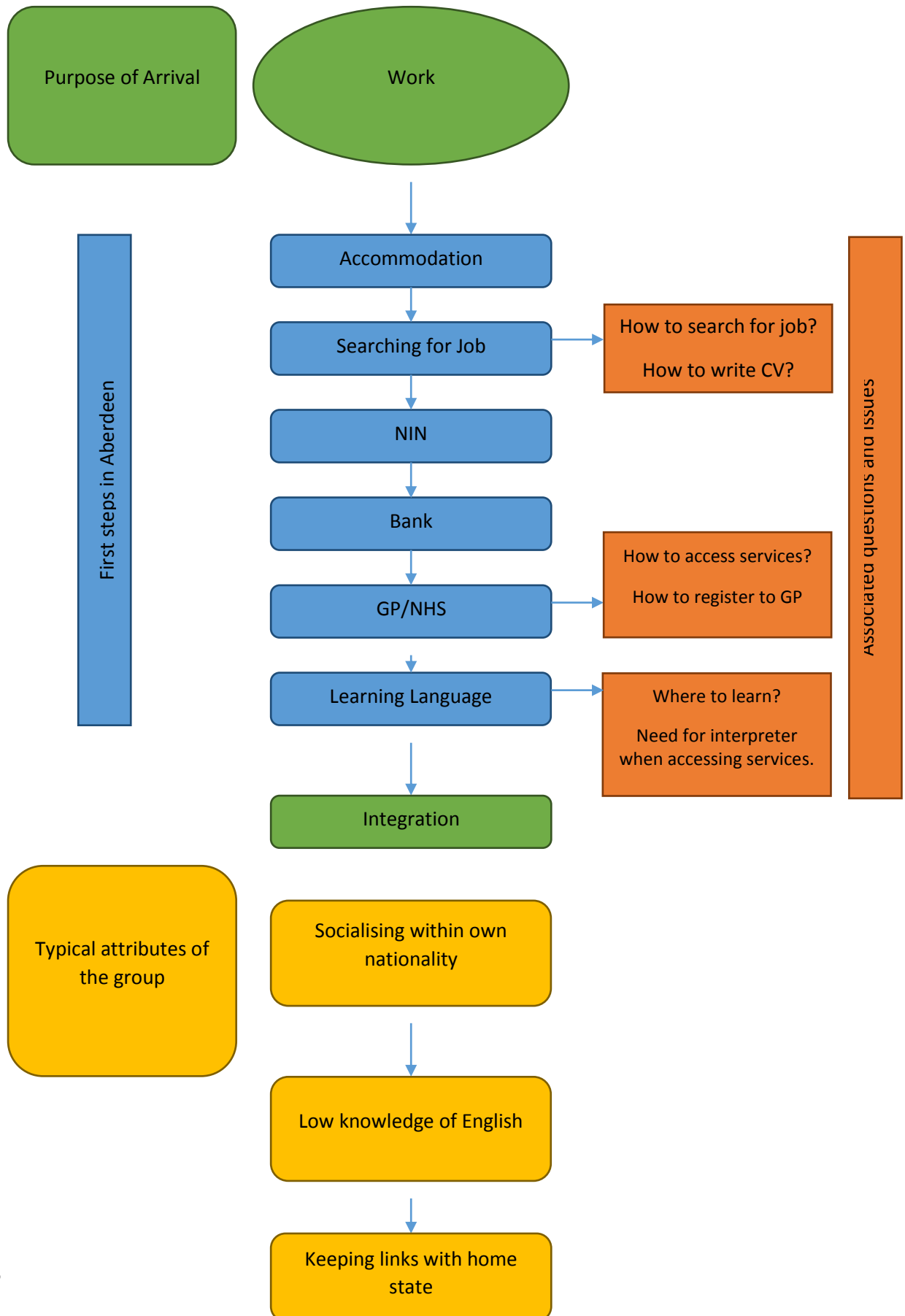
1. Family Pathway



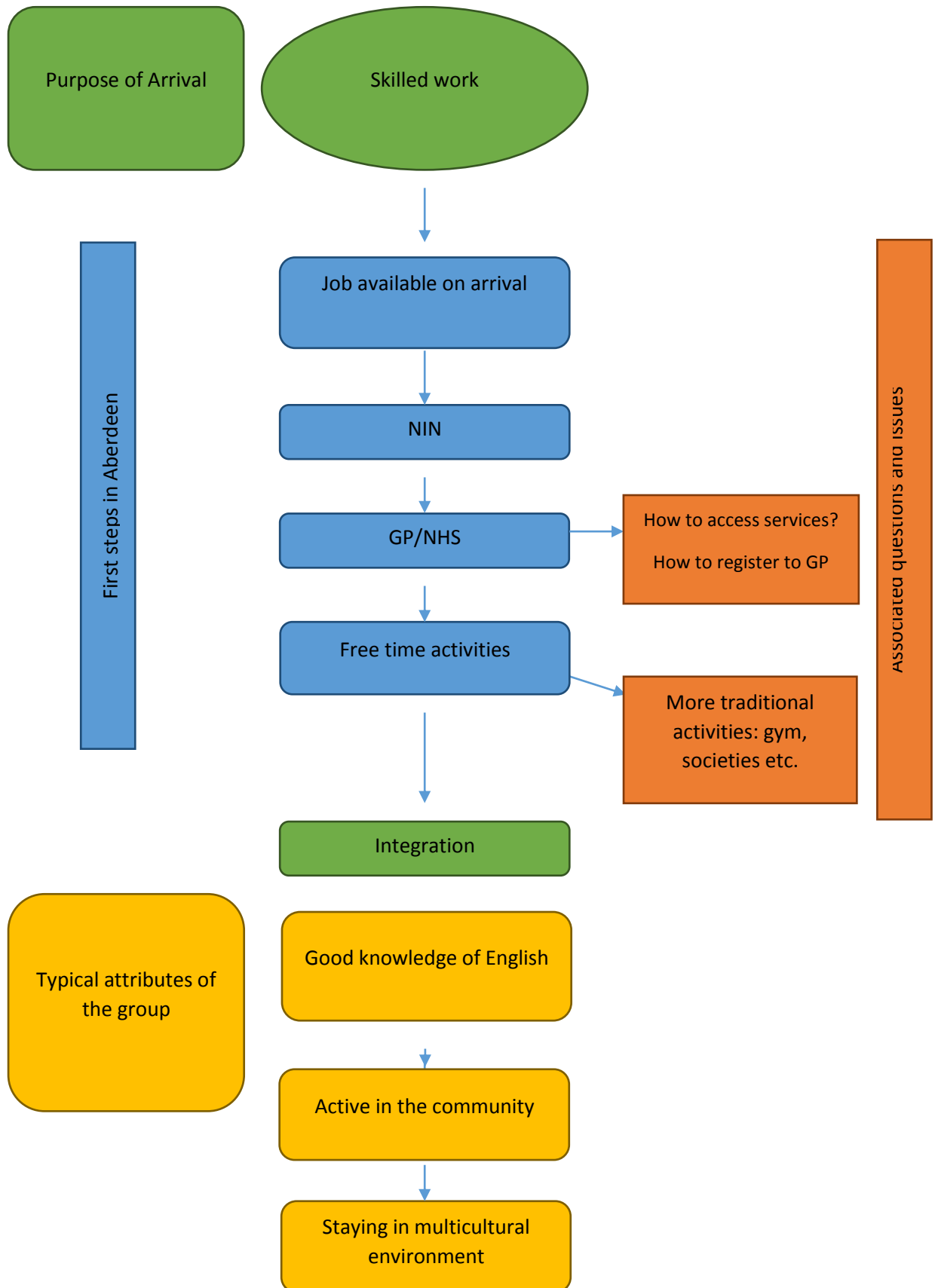
2. Student Pathway



3. Work Pathway



4. Skilled Work Pathway



b. Troubled Pathway: Homelessness Pathway

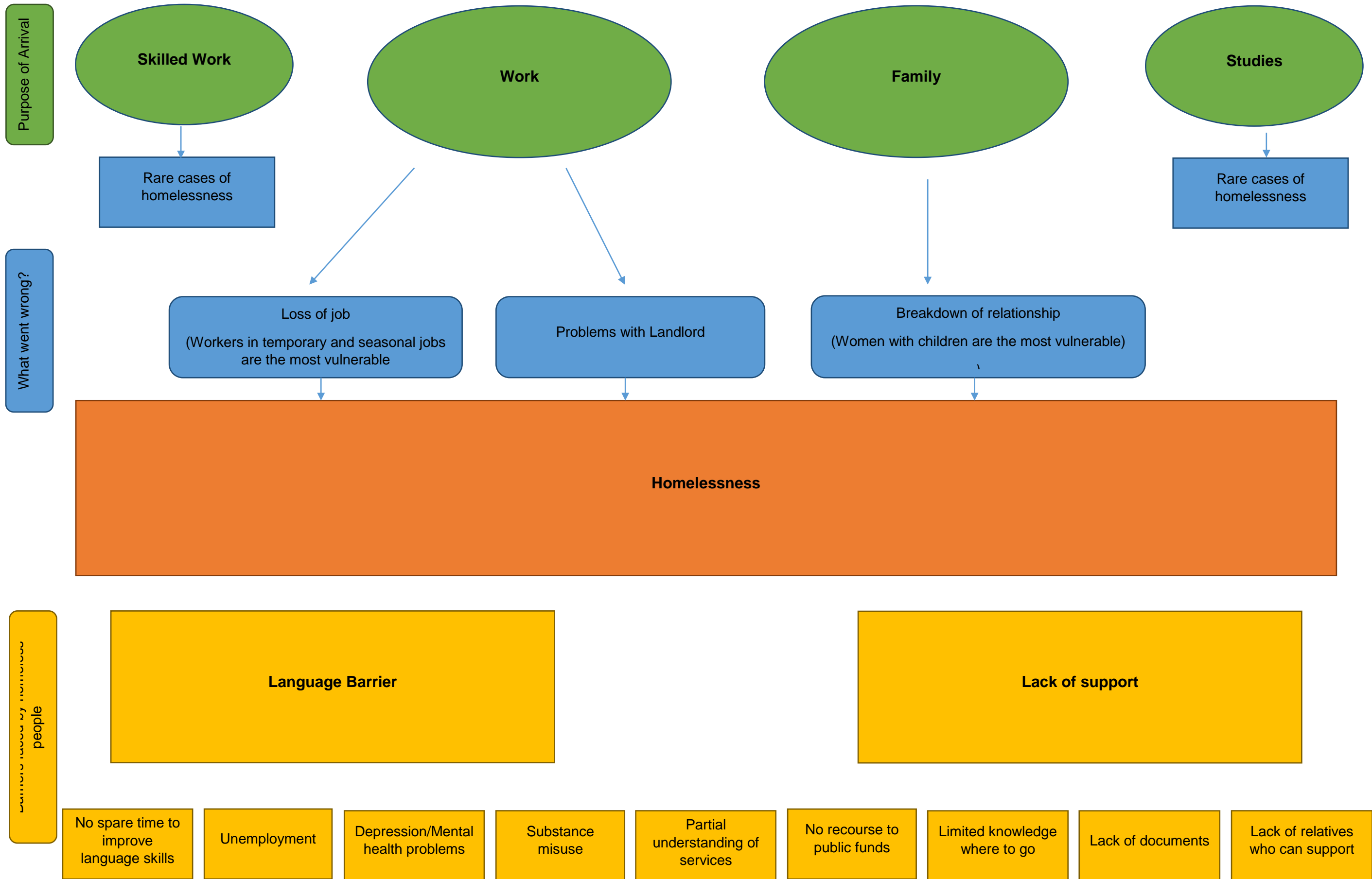
It was not possible to look into all types of troubled pathways. Thus as this project relates directly to health, a literature review of the relationship between health and housing was undertaken. It found out that there is extensive evidence that housing influences health. Some of the examples include that mould, damp, excess cold or heat could become health hazards, and overcrowding deepens respiratory problems. Furthermore, there is a number of studies which show that improvement of housing conditions, such as warmth interventions provide higher chances of recovery from sickness. Lastly, there is evidence that poor housing can lead to an increased risk of anxiety and depression. The severity of the situation is even higher when looked at homelessness. 78% of homeless people living in temporary accommodation experience health problems. Ethnic minorities in Scotland are especially in a vulnerable situation. Firstly, they have higher chances of living in overcrowded accommodations. Secondly, as the table below shows the number of homelessness applications among some ethnic minority groups in Scotland have been steadily growing.

Table 1

Homelessness Applications	2013-14	2014-15	2015-16
White: Scottish	29,571	28,322	27,120
White: Other British	1,998	1,972	1,960
White: Irish	155	129	112
White: Other	1,388	1,147	962
White: Polish	499	615	636
African	417	360	430
Caribbean or Black	132	172	148
Asian, Asian Scottish or Asian British	524	444	389
Mixed or multiple ethnic groups	89	95	64
Other ethnic group	879	1,391	1,459
Not known or Refused	1,172	1,302	1,382
Ethnicity of all main applicants, Source: Homelessness in Scotland			

As the research progressed and the homelessness pathway was investigated it became obvious that homelessness is like an iceberg. Only the top of it is visible, but all associated issues are hidden under water. In order to melt the top one must deal the same time with all ice not only what is visible at first sight. Consequently, the homelessness pathway is not as clear as the positive one. The flowchart below starts with the reason of arrival (based on the positive pathways). In contrast to positive pathways, these new arrivals have some incidents in their lives which lead to them becoming homeless or threatened with homelessness. At the end, there is a number of associated issues (ice hidden under the water) which is related to homelessness. These blocks can be caused by, or cause, homelessness. Moreover, if a person already has mental health problems, the situation can get worse. What is important to point out is that there are two main blocks which make ethnic minorities especially vulnerable when homeless: the language barrier and the lack of support. The language barrier stops people from learning what their rights are, and make it more difficult to get a job. The lack of support may refer to having no recourse to public funds, a partial understanding of services,

or little/no knowledge where to turn to for assistance. Often, participants were signposted to a relevant service but it was too late to take appropriate steps to improve their situation. The Minority Ethnic Housing Project report gives an example of a case where a client had recourse to public funds, but because of limited English proficiency did not understand rules and missed deadlines. What is more, the language barrier exaggerates difficulties when the welfare or support paperwork is overwhelming applicants. It is important to point out that there are even multiple experiences of homelessness for ethnic minority communities, and the different pathways will likely differ depending on things such as whether people have a right to recourse to public funds, can do sofa surfing or are rough sleepers etc. Thus, there is no one solution to the problem of homelessness but rather a number of actions should be taken aimed at making earlier interventions before people get to crisis situations.



c. Migrants' Networks

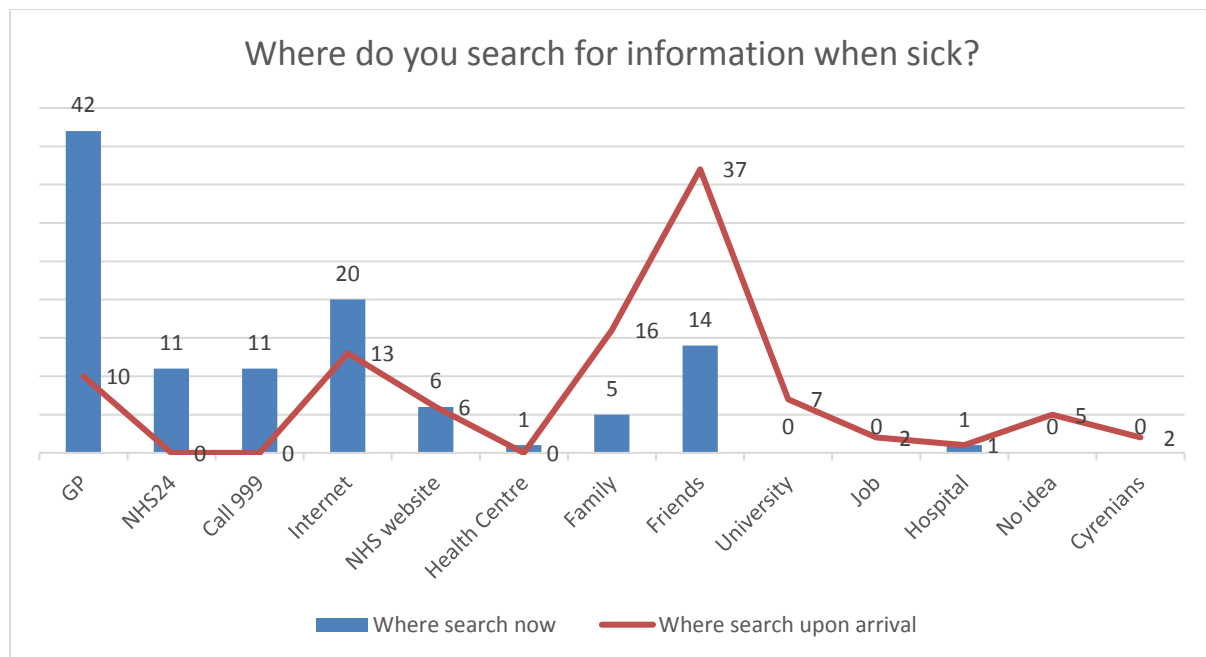
In order to understand how to provide information to newcomers and ethnic minorities, it is necessary to comprehend how and where people search for information. This subsection discusses what the initial migrant networks are and how they change over the period of time, with a specific focus on health.

The first theme was where people search for information. It comes as not a big surprise that the main source of information for newcomers is word of mouth within their own ethnic or language community. Word of mouth is still more popular than the Internet. Participants tend to ask their friends, families or even local restaurants with their national food who to turn to. The challenging situation appeared when participants said that their friends or family were not aware of any organisations who could help them. In these cases, participants said that they usually failed to acquire help on time and learnt accidentally about the right service later when the support was not any longer required. It shows the need to not only target newcomers in Aberdeen, but long-time residents as well, as they are the first contact for many people.

The second theme was what could have been done differently upon their first steps in Aberdeen. Participants spoke about the need to be aware where to access speakers in their native language. It could be a local charity or less official group of people who may be able to provide guidance. Moreover, participants stated that they often receive plenty of leaflets, but often they do not bother to read them unless it is needed. However, when there is an emergency such leaflets usually cannot be found. Consequently, there were recommendations made by some participants to create a little poster with a link to a website or app where most popular leaflets and booklets are available so members of the public can easily access them.

Longer residence influences people's point of contact. The table 2 presents where people search for health-related information in the first three months after their arrival and later compares where they search now. It clearly shows the shift of reliance on word of mouth to more traditional points of contacts, such as GP. There is a little or no growth of interest in NHS website, Healthpoint or pharmacy. These changes are happening despite ongoing NHS campaigns such as Know Who To Turn To Campaign but are rather influenced by word of mouth within their ethnic groups.

Table 2



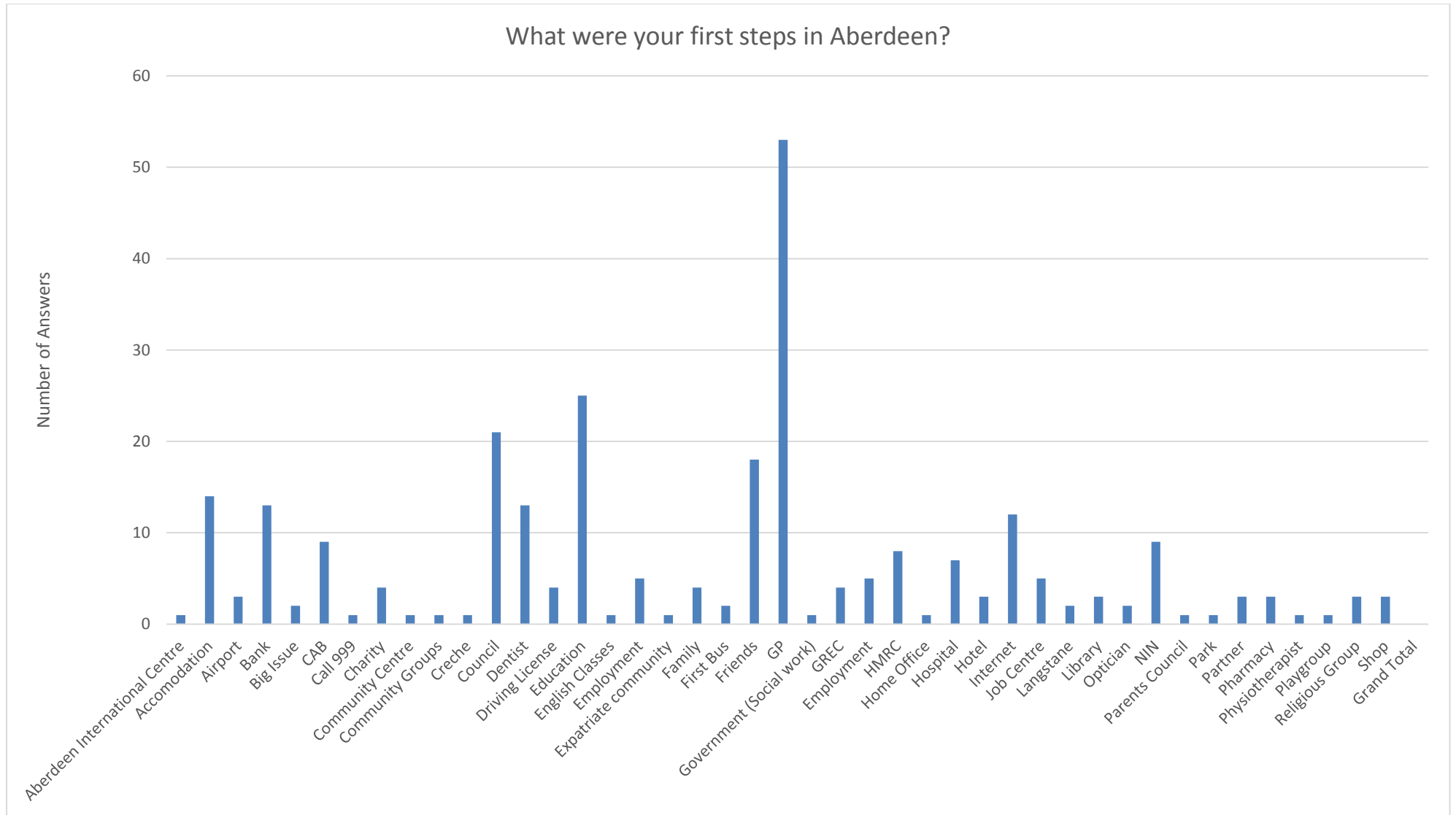
In the Table 3 participants were asked to name up to five different organisations or places they came upon their arrival.

GP is the most popular answer. It shows that health issues are important for newcomers. The other popular organisations are: Council, Education (including College, University and Schools), Smaller numbers of participants mentioned Accommodation, Dentist, HMRC or application for National Insurance Numbers. Last but not least, it is important to note that some local organisations and charities, which provide support were mentioned: Aberdeen International Centre, Big Issue, CAB, GREC, as well as unspecified religious groups, expatriate community organisations and community centres.

It also suggests which organisations and charities should be approached with the information for newcomers in Aberdeen. It would be important to investigate what kind of information they provide at this stage and how it can be ensured that they are always up to date with new information. These findings could be used to improve the leaflet “Welcome to the North East of Scotland” and identify any new places where the leaflet should be available.

There are no differences between points of contact between members of positive and troubled pathways. However, there is a disparity in the quality of advice. Support from a family member or a friend may not be conclusive enough to signpost to an appropriate service or to fill up papers properly. Another example is when a person lives with friends but has to leave as they are not able to help him out anymore. Consequently, people often turn to the appropriate services when they are in a desperate situation and it is difficult to help them out.

Table 3



4. Recommendations:

- a. There is a need for better links between various partners to tackle associated issues around homeless people. The current development of community health link workers may be an important point of contact to deal with this.
- b. To improve people's employment opportunities through language classes, how to write CVs, how to perform at interviews, so more people are able to find a job and do not have a need for public support.
- c. To develop better mechanisms to share information about services/support with newcomers. To improve and increase the information that is available.
- d. To promote among newcomers housing rules, including homelessness support, housing advice and duties of landlords.
- e. To assist applicants for homelessness support whose English proficiency is limited.
- f. There is a need for more support for people who do not have a recourse to public funds, for example, emergency shelter/sleeping arrangements.

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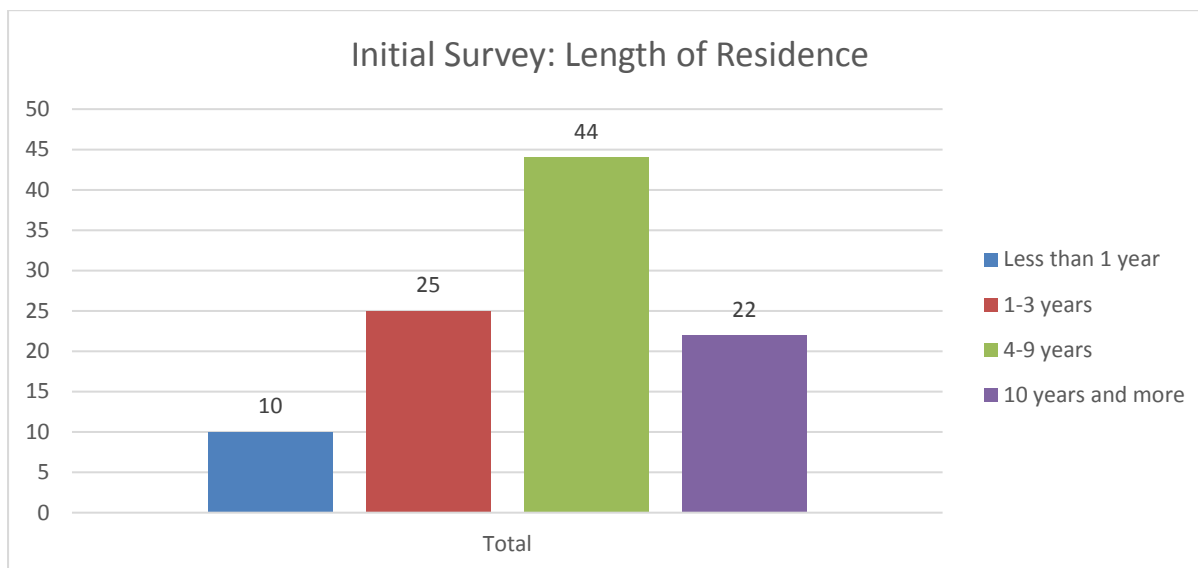
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6. Appendix 1: Participants Characteristics



Participants in in-depth interviews				
Ethnicity	Gender	Age	Student	How long in the UK
Bengali	Female	25-30	Yes	1 and half year
British	Female	30-35		24 years
Arab	Female	30-35		4 years
French	Female	30-35		5 years
Italian	Female	20-25	Yes	3 and half year
Polish	Female	35-40		4 years
Polish (Stakeholder)	Male	30-35		
Polish (Stakeholder)	Female	30-35		
Lithuanian	Female	25-30		3 years
Italian	Male	40-45		8 years
Venezuelan	Male	40-45		3 years