# Brighton and Hove LINk Report on the Polish Community in Brighton and Hove

**Agreed June 22nd 2011**

*"I'm so pleased someone is trying to help us."*
Polish resident

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## Acknowledgements

Polish community centre
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*"Health is a vital part of any culture and it can be difficult for people from different backgrounds to integrate and adapt their health practices and needs when they arrive in another country."*
University of East London (UEL) Dr Marta Rabikowska,
Senior Lecturer in Media and Advertising

## Aims

1) to engage with the Polish community (as a seldom heard from community) to find out their experiences of health and adult social care which will be fed back to commissioners and providers to improve services

2) raise awareness and improve understanding of the health services available

3) raise awareness among the Polish community of the LINk

## Background Research

### Estimating the population size of the Polish population in Brighton and Hove

According to the 2001 Census the population of Brighton and Hove is 256,300. According to a report in the Argus newspaper in 2006, there were more than 1,500 Polish people living in Brighton and Hove. It is estimated that the main age range of Polish people to the UK is 18-35 years.

The main movement from Poland to the UK:

- 150,000 people settled in Britain after the Second World War
- 1980s - birth of the Solidarity movement
- 2004-2008, 451,433, Poland joined the European Union in 2004

It is very difficult to estimate the size of the Eastern European community living in Brighton & Hove both because of the lack of available official data at the local level and the out of date figures of the last Brighton and Hove census carried out in 2001, which in turn do not correspond to the changes in international migration to and from UK experienced since 2004 after the accession of new countries to the European Union (EU). Furthermore, the 2011 census figures have not been released yet.

According to Home Office statistics, 204,895 Poles had registered to work in the UK and pay tax. In addition, it is important to note that as a November 2010 report from the Office for National Statistics (ONS) explains, there is no single source that exists for the purpose of measuring migration. Instead surveys and administrative sources are used by the ONS both separately and in combination to provide the best available estimates (Gillingham, ONS: 2010: 4). For more information on population size etc please see *Additional Information* at the end of this report.

According to Prof Krystyna Iglicka (2011) the fertility rate in 2009 for England and Wales for women born in the UK was 1.84, while for women born outside the UK, but living here 2.48. Polish women in Britain since 2008 (after women from Pakistan) have the highest number of children born in this country (more than women from India and Bangladesh). It has to be noted here that in 2005 Polish women were on 9th position, while prior to 2005 the number of births to Polish mothers had more distance places in this ranking. In addition, according to estimates by Iglicka, after 2004 the population of Polish children in the UK (at the age of 0-14 years) reaches 130 000. However, Poland has one of the lowest fertility rate in the European Union. In 2008, fertility rate in this country reached only 1.31. Iglicka argues that, the high fertility rate of Polish women in the UK is not the outcome of culture differences but the fact that in the UK more Polish nationals are living in the UK than is being showed by official statistics. As well as transformation from large labour migration into an underestimated long-term

migration, with a strong desire to settle in the UK, they have children because there are better living conditions for families than in Poland.

**Employment**

The most common areas of employment for the Polish community in Brighton and Hove is likely to be:

- Health care services
- Catering and hospitality
- Cleaning
- Care services

It is also probable like most new migrants Polish residents have more than one job.

## About the Polish Health System

Poland is the largest country in Central and East Europe with a population of 38.2 million. Poland joined the European Union in 2004. The health system in Poland is funded by public and private health contributions, although social health insurance contributions are the main public source of health care financing. Health insurance contributions are compulsory.

There is a rigid divide between and inpatient and outpatient specialised care, the latter being mostly based on private medical practices in urban areas or independent health care institutions in other areas. There has been a decrease in infant mortality and more resources put into health promotion and illness prevention. There are 2.3 doctors (most are specialists rather than primary care doctors) per 1,000 of the population and there is also a trend towards healthcare professionals choosing to work overseas. Unofficial payments to doctors is also common.

According to the WHO Regional Office for Europe Health for All database, June 2005 Poland has 4.7 beds per 1,000 of the population, the UK has 2.4.

There is a lack of beds in nursing homes and hospices to and community services and residential care is not sufficient to meet demand so many are are cared for in hospitals.

## Health Profile

The main causes of death in Poland are cardiovascular disease (50%) cancer (24%), injuries and poisoning (10% for men and 4% for women). Dental care is largely provided by private dentists. Poland has a high level of immunisation against measles.

| Indicator | Source | Poland | UK |
|---|---|---|---|
| Women at first childbirth years old | United Nations Development Programme | 24.5 | 29.1 |
| Smoking prevalence, males > % of adults | World Development Indicators database | 40% | 27% |
| Heart disease deaths per 100,000 people | World Health Organisation, WHO | 80.9 | 122 |
| Suicide rate - Males per 100,000 people () | Annual figures: WHO databank | 24.7 | 11 |
| Digestive disease deaths per 100,000 people | World Health Organisation, WHO | 26.7 | 22.1 |
| Average life expectancy years | World Health Organisation, WHO | 75 | 78.9 |

## Services Offered Specifically for Polish Community in Brighton and Hove

- **NHS Brighton and Hove (PCT)** commission spoken language interpreters for all NHS appointments where one is requested/required and written translations in Polish are available on request.

- Anti-natal classes in Polish

- According to Sussex Community NHS Trust there were 994 requests for verbal interpretation last calendar year in Brighton and Hove. Polish was in the top five 70 (7% of the total). The majority of requests for interpreters for the Polish community were in connection with health visiting.

- **Sussex Partnership NHS Foundation Trust** all their published literature carries an access statement in the 9 languages most commonly used by people using our services. One of these is Polish. The statement offers to translate the publication on request.

  The rough sleeper street services team has been delivering a specialist service to A2/A8 nationals. The aim of the service is to reduce rough sleeping, criminal activity and hospital presentations. There is a 1.5 post to assertively engage this group, both workers have 9 languages between them and are Polish and Czech.

## What the LINk did

The LINk:

- held a focus group to which 15 people attended. We invited other healthcare professionals to attend. The Brighton and Hove smoking cessation team and a community midwife also attended. We gave each participant a £5 Asda voucher and served Polish snacks to encourage participation
- attended two other events at the Polish community centre (a Polish GP and a Polish interpreter helped to provide translations)
- funded a lunch for 60 Polish residents
- put up posters in Polish shops and other community venues, English language schools, workplaces etc
- published an article in a local Polish magazine
- added information and resources in Polish to our website: http://www.bhlink.org/your-issues/informacje-w-j-zyku-polskim.phuse
- translated our LINk leaflet into Polish
- collated resources in Polish and these were distributed at community events
- requested the local health service services leaflet in Polish from the Primary Care Trust (PCT)
- promoted during Mass in Polish and Radio Free (in Polish) and newspapers

In total the LINk engaged with 120 of the Polish community in Brighton and Hove.

Resources in Polish collated and distributed by LINk:

- Antibiotics
- Breast Awareness
- Flu Vaccine
- Help with Costs
- Hepatitis C
- Measles, Mumps and Rubella
- The NHS Constitution
- Help to Stop Smoking
- Swine Flu Vaccine
- Tuberculosis
- Tuberculosis for your Baby
- Vaccinations from 3 years +
- Pregnancy and maternity rights for Polish rights

We liaised with Father Tadeusz Bialas, a Polish priest from Mary Magdalen Catholic Church. The Polish language mass has a congregation of 300.

## Findings of the LINk

- difficulty understanding the NHS as very different from Polish system
- lack of knowledge about NHS rights
- not everyone was registered with a GP or knew how to do this
- different expectations of the NHS e.g. in Poland childbirth is more medicalised
- levels of English varied and participants appreciated access to health information in Polish
- some participants felt that GPs were too willing to prescribe paracetamol and felt they weren't listened to
- some participants had more confidence in Accident and Emergency as they felt they were treated more seriously (Leaman 2006 confirms this)
- many were unaware they could access a free interpreter
- some did not know that they could access NHS dentistry and that it would be free if they were on specific benefits
- a lack of awareness about cancer screening
- some reported that they were not given enough information on pregnancy and childbirth from the GP and that they could not understand what was said. Some also felt they could have had better access to a midwife. One participant said she was told they if she bled during the first three months there was nothing that could be done to help. This created anxiety and concern which led to some women to choose to return to Poland to give birth
- no participants had any experience in adult social care
- some weren't aware there was free help and support for giving up smoking, cigarettes are much cheaper in Poland, typically €1 per pack of 20 and some bring in cigarettes from Poland to save money. 61% of Polish men and 47% of women in Ireland are smokers (Independent.ie).

## Other Research

Although the LINk research did not find any evidence that mental health is an issue for the Polish community in the city it is known through other research that mental health and alcoholism are issues for this community. It is also important to note that loneliness and stress can exacerbate drinking and mental health and that these issues can be more prevalent in new migrant communities as they are away from familiar surroundings and family and friends and likely to face discrimination.. According to research by Bristol City Council et al 20% of the people they surveyed said they had experienced racial discrimination. Shockingly, the Polish embassy stated that a fifth of the 250 Poles who died in Britain in 2007 committed suicide (Shields).

There is some anxiety and shame surrounding preventative examinations such as mammograms and other cancer screenings. According to: "Lung cancer is prevalent in the Polish population and reflects high smoking rates. Cancer is not freely discussed in Poland and take-up rates of cancer screening services are

low." Project manager North of Tyne Healthy Communities Collaborative – Cancer, Leslie Davie.

**Mental Health**

The East European Advice Centre found that:

- 21% said that there was someone in their close family who had an alcohol problem.
- Of these, 14% felt that there was no help easily available to them and another 14% knew of potential help that they could get, but did not know how to access it.
- Only 11% said that they were aware of help available for alcoholics and their families in their mother tongue.
- 20% said that they would be too embarrassed to speak to their friends or family if they or someone close to them was suffering from alcoholism.
- 29% admitted that they are unclear about the exact drinking laws in the UK, including the official limit for driving.

**Health related Information**

Research (Manning) also suggests that immigrant populations obtain much information on health from the media, the Internet, and their friends and relatives. Recent research (Garcia-Retamero et al 2011) examined the levels polish immigrants to the UK have difficulties in understanding treatment risk reduction in both their native and non-native language. It found that they had trouble understanding in either language the way the risks were communicated, which is due to a failure to translate cross culturally not linguistically. They advocated for the use of images, having found that they greatly increased understanding.

## Conclusion

The LINk engaged with approximately 120 Polish residents which provided an opportunity to raise awareness of the LINk. We also distributed health information in Polish which was well received which we hope will help provide a greater understanding of the services and support available. We feel confident that the people we approached are now more aware of smoking cessation services and the free interpretation service available for NHS patients.

The LINk did not come across any residents who accessed social care although this is likely to be because the newer Polish residents are younger and not in need of these services.

The LINk would like to see more work done to promote smoking cessation among the Polish community e.g. the smoking cessation leaflet in Polish more widely available and perhaps a drop-in session in Polish for smokers.

As male suicide in Poland (see page 8) is more than double that of the UK and with the increased likelihood of social isolation, poverty and racism compounding the issue it is important that the community are aware of the mental health services available and are encouraged to access these.

## Recommendations

1) Information on Brighton and Hove City Council website and NHS Trusts websites produced in Polish, see good practice example: http://mylifemychoices.wigan.gov.uk/health-information-in-polish.aspx)

2) DVD or other information format with information for the Polish community on emergency services, see good practice example: http://www.swast.nhs.uk/news/24-7/swamb24712.pdf

3) Accident and Emergency Department at Royal Sussex County Hospital (and other relevant organisations) has multiple copies use the Emergency Multilingual phrasebook: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4073459.pdf

4) Information in Polish on smoking cessation is promoted widely due to higher prevalence within Polish community e.g. drop-in session for Polish community

5) Information on mental health in Polish widely available and information in Polish is proactively distributed to the community.

6) Information on cancer screening event could be a useful way of raising awareness among the Polish community. Ensuring information is available in Polish on cancer screening is available. Good practice example: http://www.chroniclelive.co.uk/lifestyle/2010/06/14/reaching-out-to-the-community-72703-26648310/

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World Development Indicators database

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Rocio Garcia-Retamero PhD and Mandeep K. Dhami PhD, 2011
Pictures speak louder than numbers: on communicating medical risks to immigrants with limited non-native language proficiency

## Additional Information

Official data at the national level proceeds from six main sources: the *International Passenger Survey* (IPS); the *Long-Term International Migration* (LTIM) index; the *Worker Registration Scheme* (WRS) launched in 2004 for the EU Accession countries; the National Insurance Number (NINo) allocations to overseas nationals; the *Labour Force Survey*; the *Annual Population Survey*; and the *Higher Education Statistics Agency* (HESA). For a thorough analysis on the strengths and limitations of these data sets please consult Emma Gillingham's report (Gillingham, ONS 2010: 4-9).

Most of the statistical data for Eastern Europeans often refer to the A8 and the A2 countries. A8 is used to indicate the eight accession countries of 2004 (Poland, Czech Republic, Latvia, Hungary, Lithuania, Estonia, Slovakia and Slovenia), and A2 for those countries which accessed the EU in 2007: Bulgaria and Romania. Some reports refer to A12 (the twelve EU Accession countries), grouping A8 and A2 country nationals together with Cyprus and Malta.

The information presented here is a brief outline drawn from the ONS' latest *Migration Statistics Quarterly Report* (MSQR), dating November 2010[1], and the Emma Gillingham's report, *Understanding A8 migration to the UK since Accession*, also from ONS and dating November 2010[2]. Both reports combine and analyse the aforementioned data sets to provide the best possible estimates on international migration in the UK. Overall, the figures presented by the report provide an idea of the total size of EU-Accession country nationals, and especially A8 citizens, within the UK. However, they do not offer a breakdown by nationality and/or place of settlement within the UK, albeit some charts and descriptions on international migration movements within the various regions in the UK (see pages 22 and 23 of the MSQR November 2010 for instance). Therefore, all the figures mentioned here is at national level only.

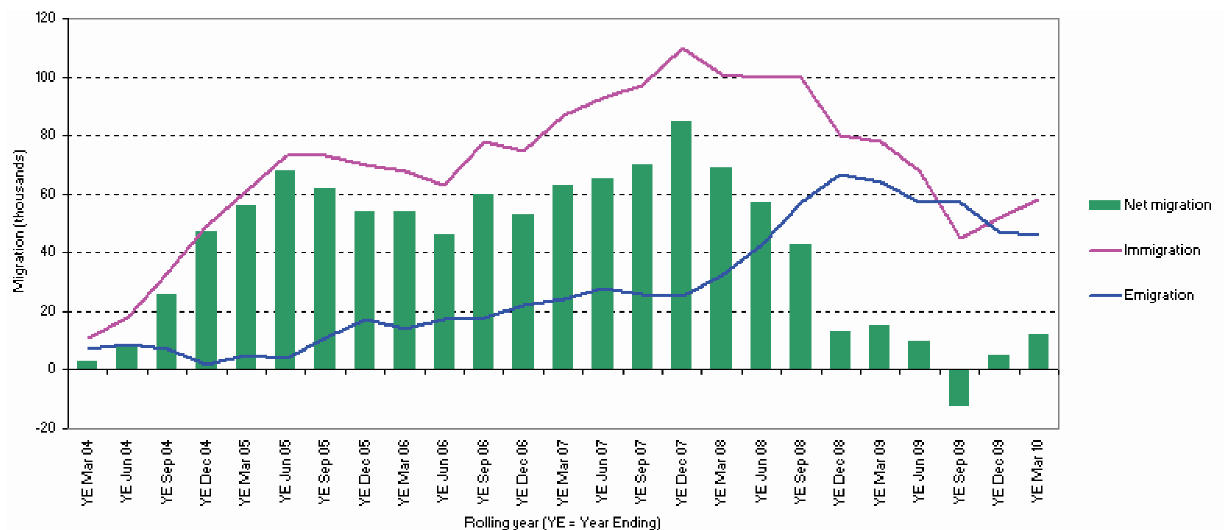
***IPS estimates on long-term migration to the UK, 2004-2010***

According to the IPS estimates shown in the MSQR (see Figure 1 below), long-term[3] international migration from A8 citizens rose dramatically from 10,000 in March 2004, to over 70,000 in June 2005, and reached its peak in September 2007 with nearly 110,000. From 2007 thereafter immigration numbers have declined with the latest figure for March 2010 at 58,000. Emigration numbers present a slow, but steady, increase between 2004 and 2008, with a peak of over 60,000 in December 2004. From December 2008 onwards, the numbers of those

[1] The report is available at: <http://www.statistics.gov.uk/pdfdir/mig1110.pdf>
[2] The report is available at: <http://www.statistics.gov.uk/CCI/article.asp?ID=2556>
[3] The IPS defines long-term migration according to the UN definition, which means that a long-term migrant is someone who changes their country of residence for at least a year, so that the country of destination effectively becomes the country of usual residence (Emma Gillingham, ONS, November 2010: page 6).

A8 citizens leaving the UK have decreased. The estimated number of A8 citizen emigrants for March 2010 was of 46,000 compared to the 64,000 in March 2009.

**Figure 1: IPS long-term international migration estimates of A8 citizens, UK, 2004-2010**



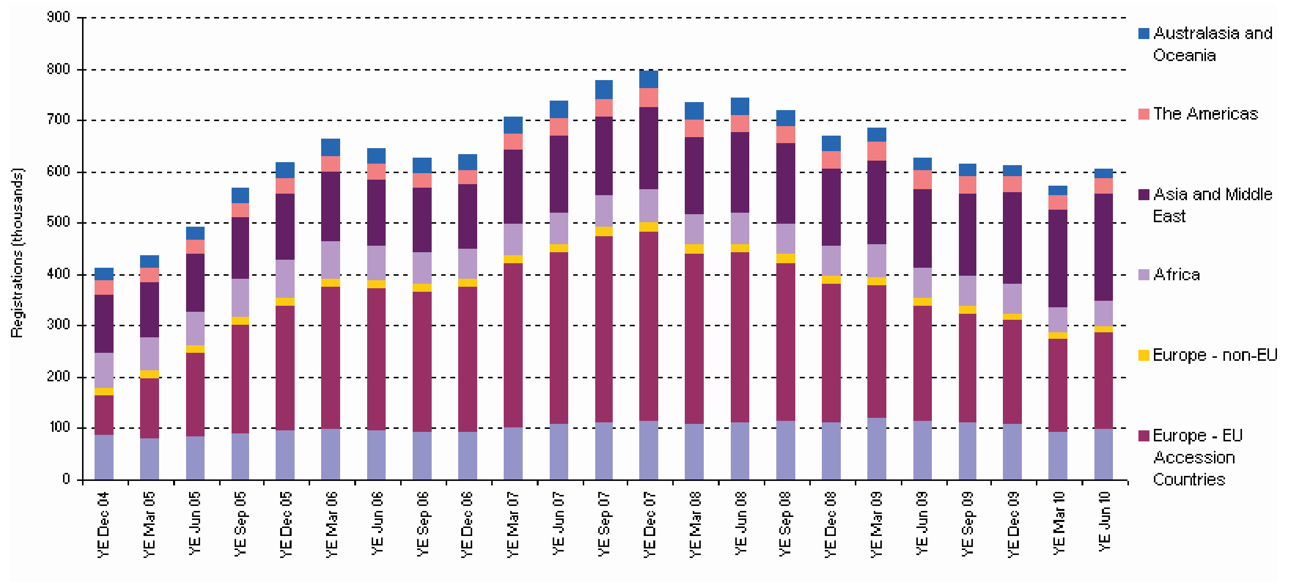

*Source: Figure 1.4 Migration Statistics Quarterly Report: November 2010, page 9*

The same trend is perceived for net migration when immigration figures are calibrated against emigration numbers between 2004 and 2010; going from under 5,000 A8 country nationals in March 2004 to over 60,000 in June 2005, and over 80,000 in December 2007. From 2007 on, net migration decreases. The latest estimate for March 2010 shows a net migration of just over 10,000.

***National Insurance Number (NINo) allocations to overseas nationals and A8 citizens.***

Figure 2 below shows the number of National Insurance Numbers (NINo) allocations to overseas nationals. With regards to those NINos allocated to EU Accession countries there is an increase from over 150,000 allocations in December 2004 to over 370,000 in March 2006 and over 470,000 in December 2007. As in Figure 1 for net migration, NINo allocation numbers decrease after 2007 to fewer than 300,000 in June 2010.

**Figure 2: National Insurance number allocations to adult overseas nationals by world area of origin, UK, 2004–2010**

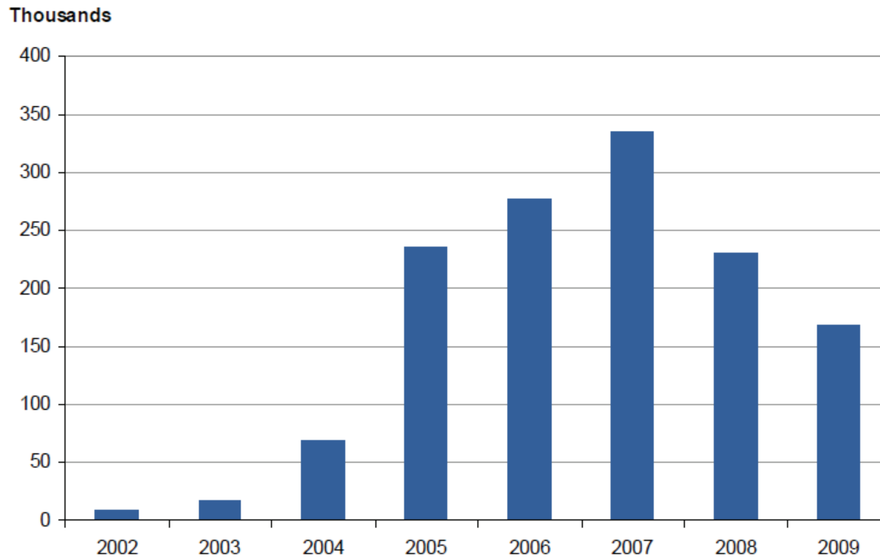



*Source: Figure 2.3, Migration Statistics Quarterly Report, November 2010, page 14.*
*Note: EU Accession countries include A8, A2, Cyprus and Malta.*

As shown in Figure 2, after a steady increase the proportion of NINOs allocated to Accession nationals as per total of NINo allocations to overseas nationals is in decline. While in December 2007 EU-Accession nationals accounted for 46 per cent of all NINOs allocations to adult overseas nationals, this figure has now dropped to 31 per cent.

If we look at the number of NINOs allocated to overseas nationals from A8 countries (Figure 3, below), it is possible to perceive the same trend of overall increase in 2004-2007 and rapid decrease thereafter.

**Figure 3. NINo allocations to overseas nationals from A8 countries by calendar year of registration, 2002-2009**




*Source: Gillingham's report, ONS November 2010, page 12*

The allocation of NINo to A8 migrants was at a level of 17,000 before accession. In 2004, the number of NINo allocations was over 60,000 and it peaked in 2007 with 335,000. Again, between 2007 and 2009 figures fall with less than 230,000 allocations in 2008 and 168,000 in 2009.

The allocation of NINos is very important and useful to indicate the number of those A8 country nationals who intend to work legally and claim benefits in the UK and therefore allows for an analysis of their impact on both the labour market and the social services.

Nevertheless, these figures are constrained in two main ways. First, they do not provide any indication on the number of immigrants leaving the UK and/or actually resident in the UK. This means that it may count NINo allocations for individuals who have already left the country. Furthermore, there may be a delay between A8 country nationals' entry to the UK and their actual registration for a NINo. According to the ONS report, however, over half of those entering the UK register within the first 6 months of arrival, and around three-quarters of them do it within a year of arrival (Ellingham, ONS 2010: 7-8). Second, the number of people who have been allocated NINos is not the same as the number of those who are working in the UK. This may be because they leave the country or become unemployed.

Nevertheless, NINo allocation numbers can be combined with IPS data which measures the inflows of A8 citizens by main reason for migration. According to the IPS estimates (see Emma Gillingham, ONS, November 2010: Table 2, page 11) between 2004 and 2007 the main reason for A8 citizens migration to the UK was work related. While the numbers of those coming to work was of 37,000 in 2004, this had come to 82,000 by 2007.These figures must be taken with care since the IPS 'work related reasons' category includes those coming with a

definite job, or job offer, and those looking for work, and therefore not necessarily getting a job. Nevertheless, overall IPS estimates clearly reflect the trends shown by the NINo allocations; rapid increase after Accession and decline in numbers in the last years. While those coming for work related reasons amounted 82,000 in 2007, that figure had been reduced to 48,000 in 2008, and almost half, 43,000, the following year (see *Ibid*).

***Worker Registration Scheme* (WRS)**

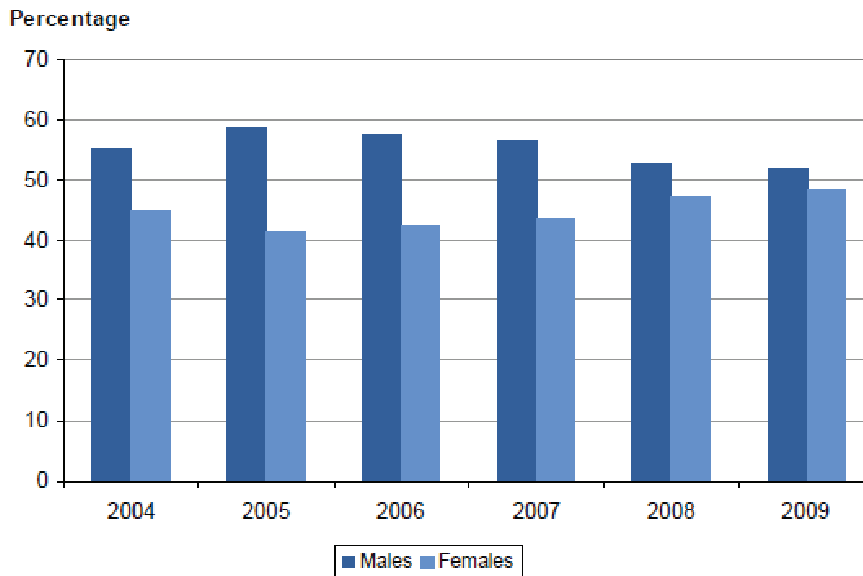
This scheme was launched in before the A8 countries became officially part of the EU in order to measure the potential impact of immigration on the labour market, employment benefits and social services of the UK. The scheme ended on April 30, 2011, meaning that nationals from the A8 countries will now have the same rights to live and work in the UK as the rest of EU nationals. The complete data and analysis proceeding from the WRS can be obtained from the *Accession Monitoring Reports Archive* at the UK Border Agency's website, available at: <*webarchive*.nationalarchives.gov.uk/20090804164037/http://www.ukba.homeoffice.gov.uk/sitecontent/documents/aboutus/reports/accession_monitoring_report/

The WRS is a useful source of information as it covers the majority of A8 migrants planning to work legally and claim benefits for at least a month, therefore covering both short and long-term migrants. It is based on place of work rather than place of residence, which according to the Home Office is more accurate (Emma Gillingham, ONS, November 2010: page 8). The main flaw of this data set is that there is no obligation to de-register, which means that WRS can only be used to analyse the inflow of A8 immigrants (*Ibid*).

WRS applications, along with NINo allocations, allow for estimates on A8 citizens migration patterns in terms of sex and age patterns[4]. Estimates show that following accession the majority of A8 immigrants coming to work to the UK were males. However, the proportion between males and females has balanced in the last couple of years (see Figure 4)

**Figure 4. Percentage of WRS applications by date of application and sex, May 2004 – December 2009**

[4] Note that for estimates migration by sex and age patterns the ONS November 2010 report draws data from other sources as well such as the *Annual Population Survey* or the IPS, and which are not mentioned here for reasons of space (see Emma Gillingham, ONS, November 2010: pages 15-22).




*Source: Extracted from Emma Gillingham, ONS November 2010: Figure 7, page 17*

As Figure 4 clearly shows, the number of male A8 citizens was clearly larger than that of females; in 2005 around 58% of WRS applications were men by males in compared to 40% that of women. Although the percentage of WRS applications has been overall larger for men, this has seen a considerable decline in favour of an increase in females' applications. While in 2007, the ratio was 55% for men and just over 42% for women, by 2008 men accounted for 53% of applications and women for 47%.

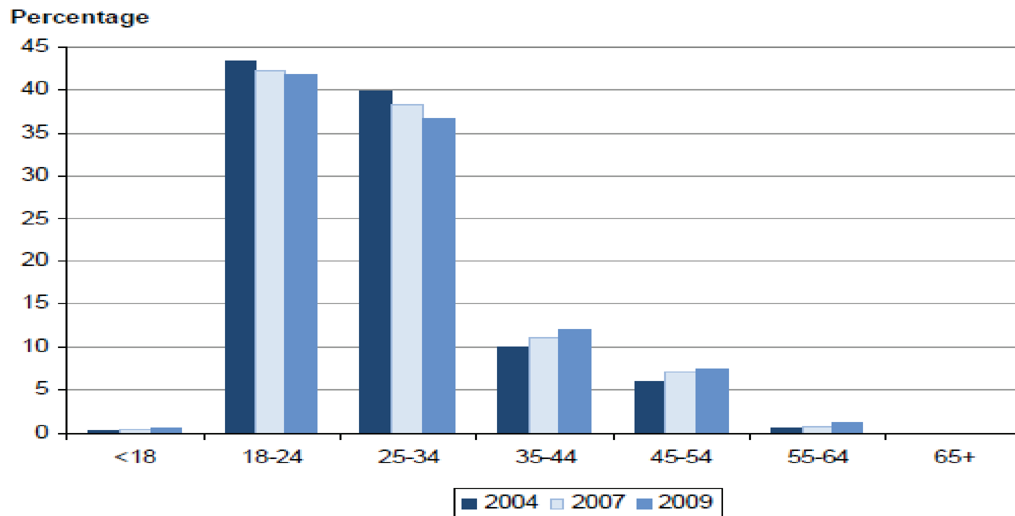
In addition to the increasing numbers of females WRS applications, there has been since Accession an increasing pattern in the number of women of child-bearing age and with it an increase in the number of live births to women born in A8 countries (see Emma Gillingham, ONS, November 2010: Table 5, page 24). Even though the percentage of live birth figures to women born in A8 countries in relation to the total of live births in the UK increased considerably since Accession in 2004, they still constitute a small percentage of total live births. While in 2004 they accounted for 0.5%, by 2009 they had reached 3.7% (*Ibid*).

Most of NINos allocations and WRS applications for the years following Accession show a predominance of young workers between the ages of 18 and 34 years old (see Figures 5 and 6 below). It is clearly visible from the two figures below, that the majority of A8 migrants to the UK are young workers. By 2009, people aged 18-24 years old constituted over 40% of the WRS applications, and those aged 25-34 over 35%.

However, when we compare the younger age categories with the older age groups a slight change in the age structure is appreciated. While the younger categories declined in numbers between 2004 and 2009, the older group

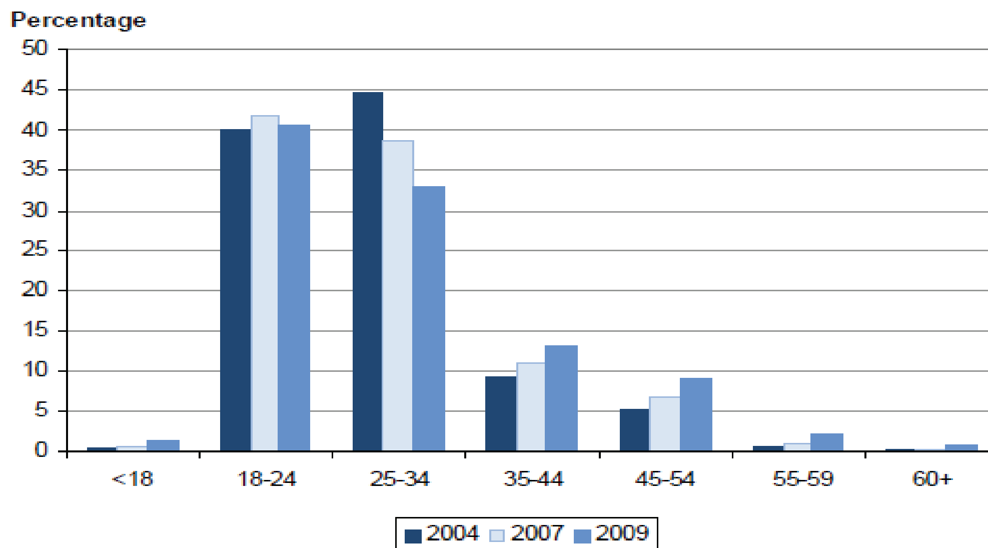
increased. This means that in recent years the age patterns of A8 citizens coming to work in the UK has shifted to older workers.

**Figure 5. Percentage of WRS applications by age and date of application, 2004, 2007 and 2009**




*Source: Extracted from Emma Gillingham, ONS, November 2010: Figure 9, page 20*

**Figure 6. Age distribution of NINo allocations to A8 nationals in 2004, 2007 and 2009 by calendar year of registration**

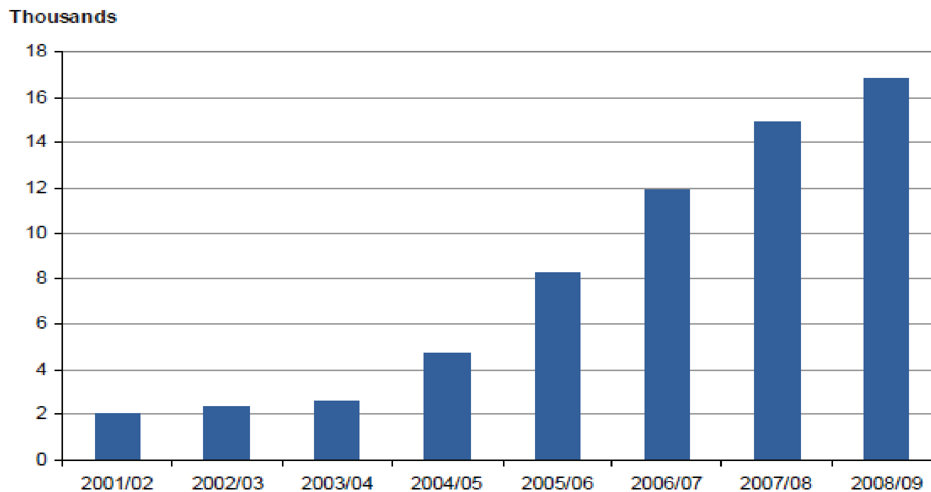



*Source: Extracted from Emma Gillingham, ONS, November 2010: Figure 10, page 21*

***Higher Education Statistics Agency*** **(HESA)**

In contrast to NINo allocations and WRS applications which show a clear decline from 2007 onwards in the numbers of A8 citizens migrating to the UK to work, the number of A8 citizens coming to study at UK universities has increased every year since Accession.

**Figure 7. A8 student numbers in Higher Education institutions in England and Wales, academic years 2001/02 – 2008/09.**




*Source: Emma Gillingham, ONS, November 2010: Figure 3, page 13*

While for the 2004/05 academic year HESA numbers showed a total of over 8,000 A8 students in the UK, by 2007/08 there were nearly 15,000, and close to 17,000 by 2008/09. As the report indicates this constitutes less than 1 per cent of the total student numbers in England and Wales higher education (0.7% 2008/09).

## Circulation of Report

Brighton Sussex University Hospital NHS Trust
Sussex Community NHS Trust
South East Coast Ambulance Service
Health Overview and Scrutiny Committee (HOSC)
Brighton and Hove City Council
Sussex Partnership NHS Foundation Trust
NHS Brighton and Hove
Black Minority Ethnic Community Partnership (BMECP)
Polish Community Centre
GP Consortia Chair
Council of Ethnic Minority Voluntary Sector Organisations