GoWell

Migration and health in Glasgow and its relevance to GoWell

February 2012

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GoWell is a collaborative partnership between the Glasgow Centre for Population Health, the University of Glasgow and the MRC/CSO Social and Public Health Sciences Unit, sponsored by the Scottish Government, Glasgow Housing Association, NHS Health Scotland and NHS Greater Glasgow and Clyde.

Contents

Key messages

- Glasgow is the most ethnically diverse city in Scotland with a long history of population change and movement. Many communities (including some GoWell areas) in the city are becoming much more ethnically diverse as a result of migration, particularly immigration.
- Current Scottish Government policy seeks to attract immigrants in order to address pressing demographic and economic issues.
- Local government policy aims to attract residents to Glasgow, and encourage them to stay in the city to address loss of population, fuel economic growth, and to bring new life to failing neighbourhoods.
- Recent increases in the population of Glasgow appear to be due to immigration from overseas rather than from other areas in Scotland or through natural change.
- There is evidence that migrants from different cultures can exert a positive influence on health-related behaviours in their new resident communities and many immigrant populations are seen as a resource to help build a stable population and economic growth. However, evidence also suggests that subsequent integration into mainstream society and culture of a host country can have negative impacts on migrants' own health. This complexity needs to be taken into account and supportive policies and practices put into place accordingly.
- Recent analysis of widening health inequalities in Glasgow between 1991 and 2001 suggests that factors other than migration are the cause of the increasing health gap. However, other studies have shown that selective migration can influence area based health measures and inequalities between places.
- The impact of migration on inequalities in health remains debatable. Nonetheless, in seeking to explain any narrowing of inequalities between places over time, were they to occur, we would need to consider the influence of city-wide migration allied to economic rejuvenation, as well as the effects of any targeted area regeneration efforts.

Introduction

GoWell is a long-term study of the health and wellbeing impacts of housing investment and regeneration upon individuals, households and communities in Glasgow. GoWell comprises a number of different research and learning components including repeat cross-sectional surveys, longitudinal studies, qualitative research and 'ecological monitoring'. Ecological monitoring aims to provide an added dimension to the main study by tracking wider changes in the city and surrounding area that could also influence the health of Glasgow's population and placing these changes within their historical and policy context.

Glasgow is an ethnically diverse city with a long history of population change and movement. Participants in a number of GoWell's 15 study areas come from migrant asylum seeker/refugee populations. Other participants have moved out of GoWell study areas to elsewhere in Glasgow or have moved into a study area since the study commenced. There is clear evidence that migration affects health although how this occurs and its impact on health inequalities is a complex and contested area. This report has been produced by the GoWell ecological team in order to explore evidence and issues around migration in Glasgow and to discuss the relevance of migration for GoWell.

Aim

This report has been written to inform and enhance GoWell research findings. It draws together a number of areas of interest in relation to migration and its impact on health and wellbeing. These areas include: a short historical commentary; a synthesis of current fiscal/policy influences; evidence on impacts of migration on population health; and data analysis of migration patterns in Glasgow.

Objectives

1 To provide a short commentary on the history of migration in Glasgow over the late 20th and early 21st Century.

2 To explore and synthesise relevant UK and Scottish migration-based strategies, policies and legislation.

3 To summarise the known evidence on the impact of migration on population health and inequalities.

4 To discuss the results of research on the impact of selective migration on socioeconomic and health inequalities in Glasgow between 1991 and 2001.

5 To assess the relevance of each of these objectives to the GoWell research and learning programme.

Definitions

For the purposes of this report and in line with agreed definitions, the movement of people across territorial boundaries is referred to as *inmigration (movement into an area)* and outmigration (movement out of an area). When international boundaries are crossed, the terms immigration (movement to a country) and emigration (movement from a country) are used. A migrant is defined as a person who has established a (semi-) permanent new residence in a 'place' other than that where they habitually lived[1].

In addition, two types of migration are commonly referred to in the literature:

a) **Internal migration** – a change of residence within national boundaries, such as between cities or local authority areas. An internal migrant is someone who moves to a different administrative area within a national boundary area. Someone changing addresses within the same neighbourhood, town or city can also be known as a 'mover'.

b) **International migration** – a change of residence over national boundaries involving immigration or emigration as defined above. An international migrant is someone who moves to a different country. International migrants have been classified in a number of different ways. People who have been forced to leave their own country because of conflict, persecution or for environmental reasons such as drought or famine can be referred to as 'forced' rather than 'voluntary' migrants. There is also a distinction between people who move for political reasons and those who move for economic reasons. The former are often described as 'refugees' as they have been obliged to leave because of political persecution or conflict. The latter are usually described as economic migrants – those who move to find work or better job opportunities and working conditions[2].

Another common distinction is between 'legal' and 'illegal' migrants. It has been suggested that a more accurate and less pejorative term for 'illegal' migrants is 'irregular'[1,2]. In contrast to legal migrants, irregular migrants are described as those who moved without legal permission of a receiver nation either without documents, with forged documents or who stay after their visa or work permit has expired[2]. Asylum seekers are those who have applied to the immigration authorities of the receiving country for protection and are waiting a decision regarding their status[1]. Successful applicants are granted refugee status and become refugees with a right to remain in their host country. According to United Nations High Commissioner, the term refugee refers to any person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his/her nationality and is unable or, owing to such fear, is unwilling to avail him/herself of the protection of that country[3].

It is important to note that there are significant uncertainties regarding the numbers of migrants entering and leaving the UK. Most published statistics on emigration are based on the International Passenger Survey (IPS) which is a relatively small sample survey conducted at sea and at airports[4]. In relation to immigration, it is likely that official figures underestimate numbers of immigrants. In addition, these statistics do not include irregular migrants.

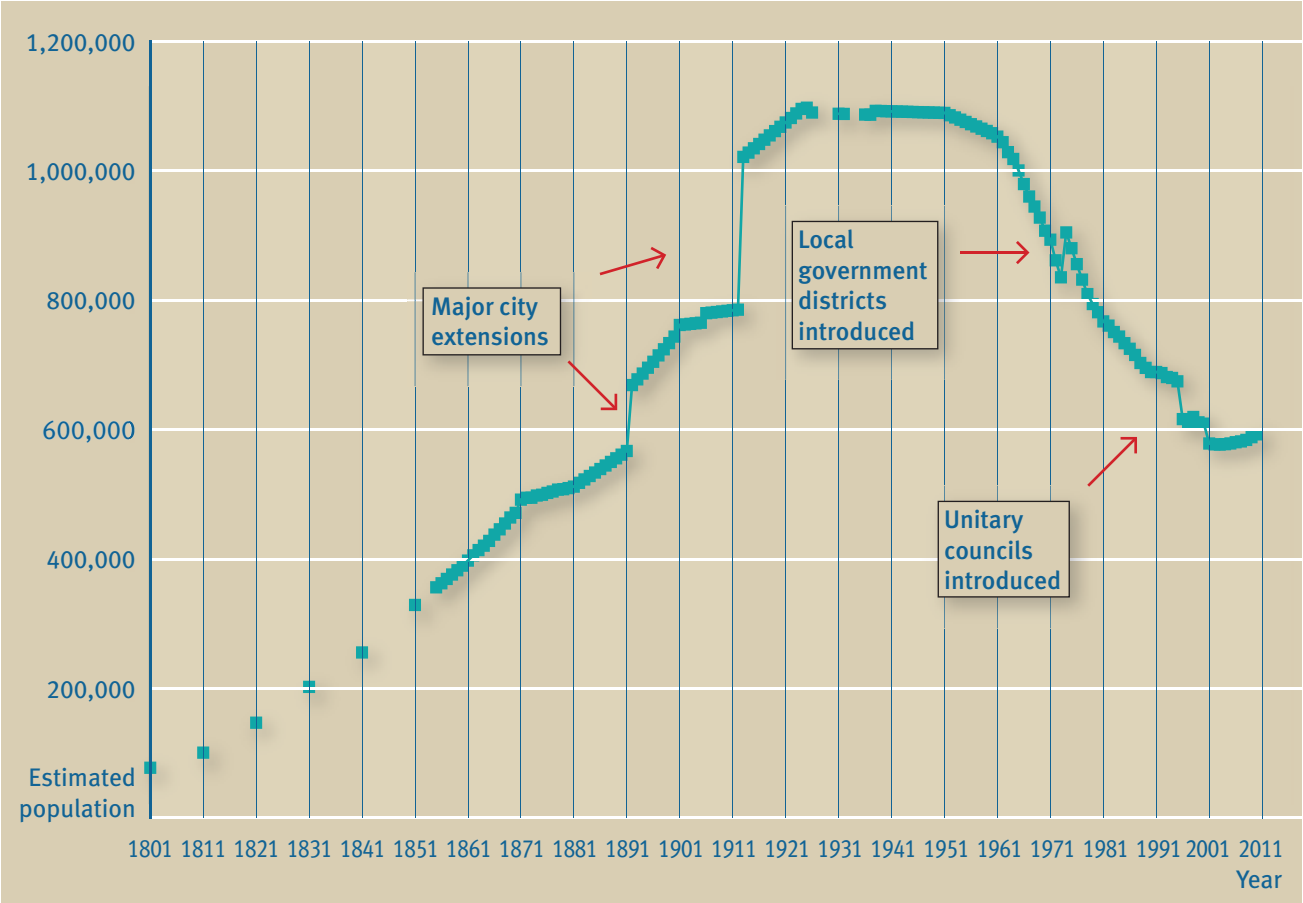
The history of migration in Glasgow

Other reports have described in detail population change in Glasgow during the 20th Century and projections for the early 21st Century[5]. As can be seen in Figure 1, rapid industrialisation in the late 19th Century led to a surge in population which peaked at over a million by 1925. From the mid 20th Century, Glasgow's population declined sharply. Outmigration followed the development of new towns around the city and was associated with a search for employment as job opportunities in the city fell as a result of the loss of heavy industry in the 1980s and 1990s[6], and contributed to a higher level of economic inactivity in the city than the rest of Scotland.

A historical commentary regarding demography and migration in Glasgow during the 20th Century has been provided in an earlier GoWell report, 'Will Glasgow Flourish?'[7]. This describes waves of migration of people from a number of different countries. Some immigrant groups congregated, at least initially, in specific areas of the city subsequently moving and establishing themselves in other areas of the city.

Figure 1: Glasgow's population 1801-2010

Source: Reports of Medical Officer of Health, Glasgow (1898,1925,1926,1972); Registrar General of Scotland's Annual Reports (1973-2010)



Recent population change/migration patterns in Glasgow

The two main mechanisms that result in population change within a given area are population movement and natural change (whether there are more births than deaths or vice versa). During the latter half of the 20th Century, natural change accompanied by population movement led to annual reductions in the population of Glasgow[8]. Following this decline, since 2001, there has been a small annual rise in population. In 2009, the population of the city (as defined by the City Council boundaries) stood at just over 588,000. Glasgow City Council data have shown that this rise has been largely driven by immigration from outside Scotland as the city has continued to lose population to other West of Scotland local authorities (around 2,500 people per year)[8].

Table 1 shows the contribution of international and internal migration to Glasgow city. Net migration into the city is displayed as a positive number; net migration out of the city is displayed as a negative number. As can be seen from the table, net inmigration from the rest of Scotland and the UK is outweighed by net outmigration to elsewhere in the Glasgow and Clyde Valley area. Immigration from overseas and the arrival of asylum seekers therefore accounts for the overall rise in Glasgow's population.

The demographic composition of the city has also been changing since the end of the 20th Century. There has been movement of children and families out of Glasgow accompanied by movement of young adults (aged 25 – 44 years) into the city[9]. Glasgow City Council projections predict that this pattern will continue[8]. Employment patterns, which impact on population change, have also changed. Since the end of the 20th Century there has been a dramatic reduction in manufacturing, from 34% of all jobs in 1971 to 6% in 2004, matched by a threefold increase in the finance and business sector. Furthermore, by 2005, almost half of Glasgow's jobs were occupied by people living outside the city boundary in comparison to one quarter in 1981 – contributing to a deskilling and loss of economic activity of the city population[9] (local government reorganisation in 1996 and associated boundary changes will also have influenced this issue[10]).

Table 1: Net migration into /out of Glasgow City (2007-2009) [8]

	2007/8	2008/9
Rest of Glasgow and Clyde Valley area	-2,889	-2,473
Rest of Scotland	710	952
Rest of UK	879	23
Asylum seekers	1,000	1,300
Rest of overseas	2,111	3,777
Total net migration into Glasgow City	**1,811**	**3,579**

At a neighbourhood level, Glasgow City Council data show that some areas of Glasgow have experienced increases in population while other areas have lost population[8]. A number of these neighbourhoods encompass GoWell study areas (shown on the map opposite).

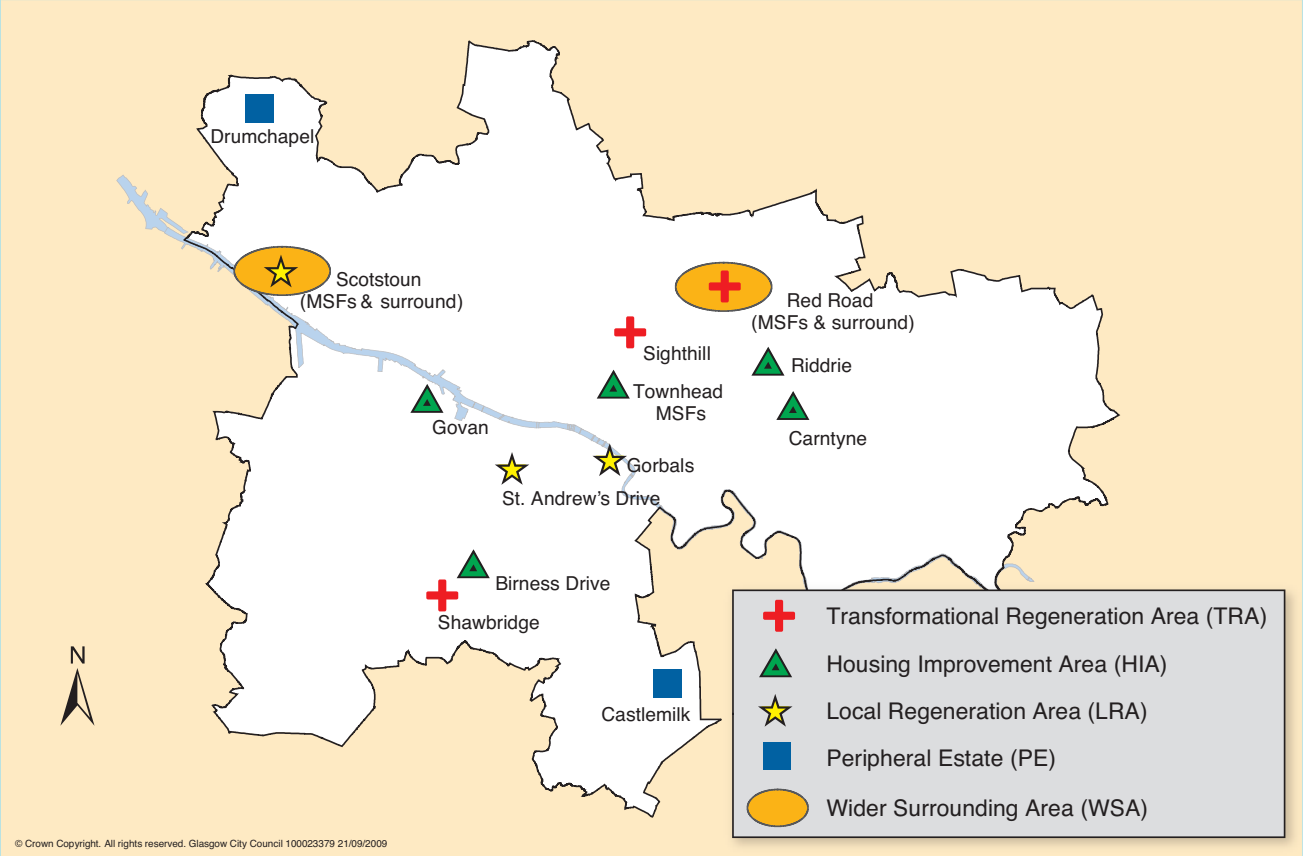
Population increases at the neighbourhood level range from around 1% to 4% with the greatest increases seen in areas in the south of the city such as Nitshill/ Darnley (4% increase) and the city centre (3% increase). Population losses have been small - from a 1% decrease in Tollcross to 1.7% in Parkhead/Dalmarnock.

Ethnicity in Glasgow

Glasgow has a more ethnically diverse population than other Scottish cities although there is evidence that there are also concentrations of new migrants in other cities such as Edinburgh and Aberdeen as well as in some rural areas[11]. The proportion of the population in Glasgow from an ethnic minority and classified as 'Other White' (people from new member states in the European Union/Accession (A8) countries*) rose from around 7% of the total population in 2001 to 11% by 2008. There was also a relatively large increase in the number of people of Pakistani origin in Glasgow (from 15,330 in 2001 to 20,587 by 2008), representing a 34% increase over this period[8]. During the same period, there were nearly 3,000 migrants from Africa (from a 2001 baseline of 1,257).

* A8 countries comprise: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia.

Figure 2: Map of GoWell study areas



The study areas

The 15 GoWell study areas are grouped into five categories which correspond to five broad types of regeneration activity taking place in the city. These are:

- **Transformational Regeneration Areas (TRAs)**: Large scale, multi-faceted neighbourhood redesign which may include demolitions, new homes, physical renewal, and community initiatives (Red Road, Sighthill, and Shawbridge).
- **Local Regeneration Areas (LRAs)**: Similar to transformational regeneration but targeting smaller pockets of disadvantage (Gorbals Riverside, Scotstoun multi-storey flats and St Andrews Drive).
- **Wider Surrounding Areas (WSAs)**: Neighbourhoods surrounding TRAs and LRAs that may be affected by the transformation of those areas as well as by improvements in their own housing stock (wider Red Road and wider Scotstoun).
- **Housing Improvement Areas (HIAs)**: Neighbourhoods containing many homes that receive housing improvement investment (Townhead multi-storey flats, Riddrie, Govan, Birness Drive and Carntyne).
- **Periph eral Estates (PEs)**: These include many social rented homes managed by other local housing organisations besides GHA. A large number of new builds are planned for these areas, partly to attract home owners (Castlemilk and Drumchapel).

In contrast, there has been a small (3.5%) reduction in people classified as being from the British Isles coming to the city. Table 2, created by Glasgow City Council to inform planning policy in Glasgow, shows a breakdown of population estimates by ethnicity for 2001 and 2008 using two definitions: a traditional classification of ethnicity and a more recent one that encompasses 'Other White' and 'Black and Minority Ethnic (BME)'. These estimates were calculated from the 2001 Census and by utilising administrative data sources in conjunction with Mosaic Origins, a software package which infers a person's ethnic origin from their full name[8].

Collation of school enrolment data between 2005/6 and 2010/11 by Glasgow City Council Education Services supports the evidence that Glasgow's population has been boosted by immigration from the EU Accession (A8) countries[12]. The highest numbers of newly enrolled foreign national children in Glasgow schools and nurseries have been Polish – nearly 1,000 Polish children have been enrolled during this period. School enrolment of Slovakian children ranks second highest during the same period at just over 700, with numbers of Pakistani children ranking third highest at 530.

Asylum seekers and refugees

In May 1999, Glasgow became one of the first cities outside London to accommodate migrants seeking asylum in the UK receiving 320 Kosovan refugees fleeing from the Bosnian war. The majority of this group were housed in the Red Road multi-storey flats in the north of Glasgow[13]. Following the success of this programme, in April 2000, Glasgow City Council entered into a contract with the National Asylum Support Service (NASS), to provide accommodation for asylum seeker families and single people. On their arrival in Glasgow, asylum seekers were provided with residential tenancies in social housing which had traditionally been difficult to let. This was a deliberate policy decision by Glasgow City

Table 2: Population estimates by ethnicity 2001 and 2008 in Glasgow City[8]

Ethnic Group	Population (2001)	Population (2008)	% Change
Total Population	577,869	584,240	1.1
White Scottish British Irish	536,015	517,355	-3.5
Total BME (new definition)	41,854	66,885	59.8
Other White	10,344	19,739	90.8
Total BME (2001 definition)	31,510	47,146	49.6
Indian	4,173	6,804	63.0
Pakistani	15,330	20,587	34.3
Bangladeshi	237	709	199.2
Other South Asian	2,020	2,938	45.4
Chinese	3,876	4,571	17.9
Caribbean	302	302	0.0
African	1,257	3,963	215.3
Black Scottish or Other Black	233	233	0.0
Any Mixed Background	2,046	2,041	-0.2
Other Ethnic Group	2,036	4,998	145.5

Council in order to avoid any impact on housing waiting lists for Glaswegian tenants. This issue is discussed more fully in the section on 'recent migration policy' below.

This policy led to concentrations of asylum seekers in neighbourhoods with a high proportion of socially rented, multi-storey flats in the north, west and south of the city. In the 2005 update of Glasgow's Housing Strategy, the main concentrations of migrants were to be found in Sighthill, Red Road, Pollokshaws, Knightswood, Gorbals and Ibrox, a number of which are GoWell study areas[13]. Glasgow was the only Scottish local authority to accept asylum seekers through this programme. At that time, the Home Office paid an agreed price for accommodation and provided financial support in the form of vouchers. Following the council housing stock transfer in Glasgow in 2003, Glasgow Housing Association (GHA) became one of the main providers of accommodation for asylum seekers alongside the YMCA (now YPeople) and more recently the Angel Group.

As part of Home Office restructuring, NASS ceased to exist as a directorate in 2006 and all asylum support issues are now dealt with by the United Kingdom Border Agency (UKBA). At the beginning of May 2011, the UKBA terminated its contract with Glasgow City Council to provide accommodation for asylum seekers following a drop in numbers of asylum seekers coming to Glasgow and proposals to change the level of financial remuneration. Responsibility for housing asylum seekers in Glasgow currently rests with two organisations: YPeople and the Angel Group – as a result it is probable that incoming asylum seekers will be housed in more scattered locations across the city. However, current contractual arrangements for the provision of accommodation and related support services for asylum seekers have now come to an end and UKBA awarded the contract for Scotland and Northern Ireland to SERCO Civil Government (SERCO) in December 2011. The contract will transfer to SERCO in February 2012.

Migration from Accession 8 countries

Since the expansion of the European Union (EU) in 2004, Accession 8 (A8) nationals have been able to move relatively freely and work throughout the EU. This EU expansion has contributed to population change in Glasgow with immigration of 25,000 A8 nationals between 2001 and 2008.

In 2006, East Renfrewshire, Renfrewshire and Glasgow City Councils commissioned research to explore numbers, experiences and needs of A8 nationals living in these areas to inform future planning and delivery of services[14]. Results indicated that, at the time of the research, the A8 population in Glasgow was predominantly Polish, with a significant community of Slovakians (primarily Slovak Romas), and small numbers from the remaining A8 countries. The majority of A8 nationals were aged between 16 and 34 years with a predominance of men. The population was dispersed across the city with small clusters, for example in Govanhill. Most were housed in private rented accommodation. Half of the A8 population had been living in Glasgow for less than 12 months, and most others had moved to Glasgow since accession in 2004. Research findings indicated that when A8 nationals first arrived, they tended to take unskilled jobs. They did not tend to use or engage with public services to any significant degree, but there was evidence of added pressure on language support services in schools and interpretation services[14].

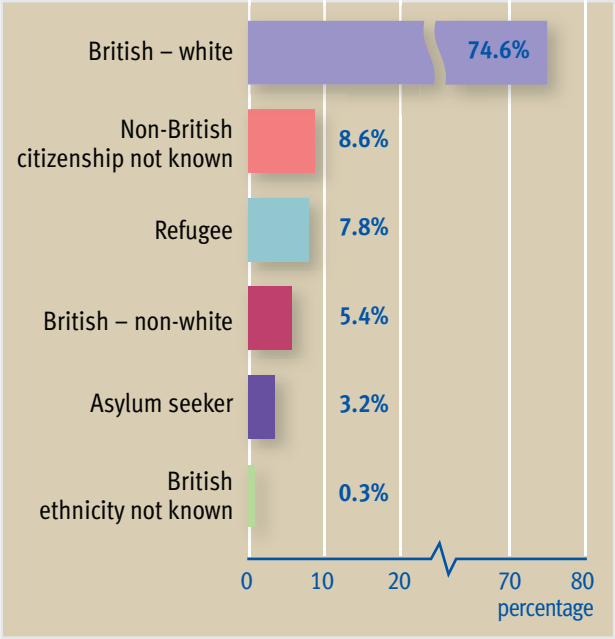
More recent school enrolment data, previously presented, provide further evidence of the continuing presence of Polish and Slovakian children in Glasgow schools[12]. In response to the expanding population of pupils on school rolls who have English as an additional language (EAL), Glasgow City Council has developed a city wide EAL service[15].

Furthermore, in relation to housing, as a major housing provider in Glasgow, GHA commissioned qualitative research in 2008 to explore the impact of migrant workers (particularly from A8 countries) on the social rented housing sector[16]. GHA tenants from A8 countries said that they were attracted by GHA tenancies due to the affordability of the rents when compared to the private rented sector and due to the security provided by the concierge service in multi-storey flats (MSFs). Most of them had been made aware of the potential availability of GHA tenancies by a friend or family member rather than through any official route. Tenants interviewed appeared to be relatively satisfied with their accommodation on the whole; but expressed some dissatisfaction regarding property condition and neighbourhood issues.

Ethnicity in the GoWell areas

The 15 GoWell study areas have diverse and differing resident populations. GoWell survey data show that in 2008, 25% of respondents were of citizenship other than British (Figure 3). The largest ethnic groups were African and Asian (other than Indian) origin, with much smaller numbers from White or Chinese ethnic groups (data not shown)[17].

Figure 3: Ethnicity and citizenship status: GoWell 2008 survey



In 2008, all six GoWell Regeneration Areas had significant numbers of asylum seekers, refugees and other residents who were non-British citizens. The other nine study areas had smaller numbers present. Within the Transformational Regeneration Areas (TRAs), 39% of residents were non-British citizens, as were 28% of residents in Local Regeneration Areas (LRAs). Within these groups, there were more asylum seekers than refugees. The GoWell areas did not include sizeable British-born black and minority ethnic communities. Figure 4 (opposite) illustrates the ethnicity and citizenships of GoWell respondents in 2008 by study area[17].

There is evidence that the arrival of asylum seekers and refugees in a small number of the GoWell areas generated racial tension and unease within the local Scottish population. Local views echoed those expressed by some newspapers that asylum seekers and refugees were given too much, too easily, over and above the needs of local people[18]. Qualitative research conducted with local Scottish residents reported that many of them felt that asylum seekers and refugees had had a negative effect upon their area and that there was a clash of cultures. However, despite these negative views, local residents also expressed interest in mixing with asylum seekers and refugees in their areas and to learning from each other. There was evidence of social integration taking place and improving community relations[19].

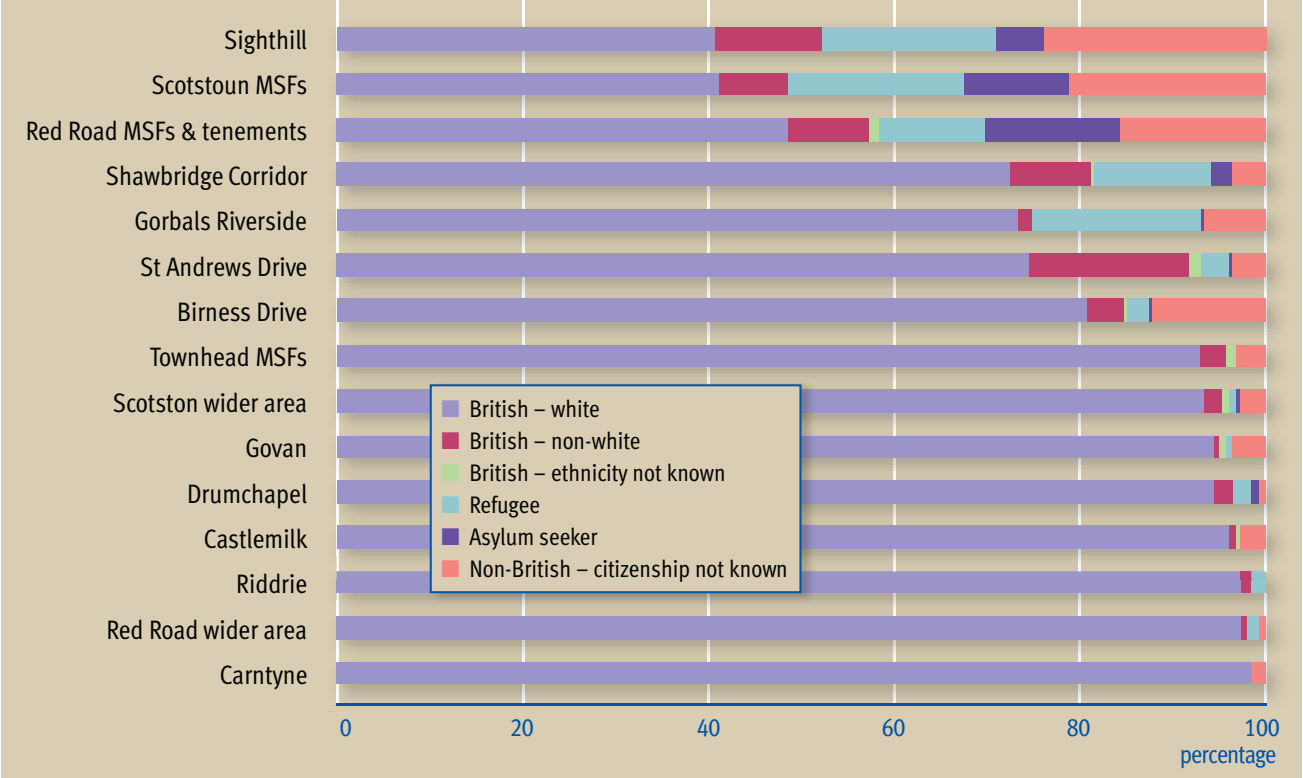
GoWell survey data provided a number of insights regarding migrants' views of their communities[18,19]:

- Most migrants in GoWell areas considered their communities to be socially harmonious, where people of different backgrounds got along well together, although this sense of harmony did not seem to extend to feelings of inclusion. Migrants knew fewer people in their local area than indigenous Scottish residents which may help explain the fact that migrants also reported feeling unsafe in their local areas.
- Asylum seekers and refugees reported having access to more forms of social contact and support (practical, financial and emotional) than other migrants which may have been due to the availability of specialist services for this group.
- All migrant groups recognised the value of local schools, voluntary groups and churches as an important source of support and in encouraging integration.

Survey data also show that migrants in the GoWell study areas appeared to be younger and healthier than the residents of the communities into which they moved[19]:

- Very few migrants in GoWell study areas were over 65 years of age
- Migrants were far more likely to report their health as 'good' or 'excellent' and were low users of GP services compared to the local indigenous population
- They were also less likely to report evidence of stress, anxiety or depression.

Figure 4: Ethnicity and citizenship status by study area: GoWell 2008 survey



Our evidence indicates that migrants in the GoWell study areas appear to be a relatively healthy group, both in terms of physical and mental health. This group may therefore present a potentially rich resource for communities who lack healthy populations. However, it should also be noted when considering evidence from self-reported health status, that responses by individuals can be influenced by cultural factors[20], environment, socioeconomic status, expectations of an acceptable answer and comparison of one group with another[21]. The impact of these effects should be taken into account when interpreting findings.

Recent migration policy

Migration policy is reserved to the UK Government, and it has been argued that this is currently driven by the needs of the South East of England, where it is claimed that public services have been overwhelmed by migration in recent years. Current UK policy appears to be to reduce net migration into the UK[22]. The UK seeks to limit migration by capping the number of non-EU economic migrants who can enter the country, addressing irregular immigration and areas of the system which are considered to be being abused (student visas and marriage visas), and streamlining the asylum system[22].

In contrast to the UK position, in Scotland, the current policy is to attract immigrants[23]. At the time of writing this report, the Scottish Government's stated purpose was "creating a more successful country, with opportunities for all to flourish through increasing sustainable economic growth"[23]. One of the targets of the Scottish 2007 Economic Strategy was to increase the population and supply of potential workers. Population growth was seen as a key part of the strategy to stimulate economic growth. This was to be achieved by making the country more attractive to talent and to business, and so attracting inmigration/immigration and reducing outmigration/emigration.

This policy reflects earlier Scottish Executive concerns about a falling working age population and rising retired population, which in 2004 had given rise to a 'fresh talent' strategy[24]. This strategy planned to attract immigrants from elsewhere in the UK, encourage expatriate Scots to return to Scotland and to encourage students from elsewhere to remain in Scotland when they finished their studies.

The dispersal of asylum seekers away from London and the South East to other regions of the UK was introduced under the 1999 Immigration and Asylum Act[25]. As has already been discussed, the dispersal process was overseen by the then newly established National Asylum Support Service (NASS), which provided support and accommodation to adult asylum seekers via contracts with various councils around the country. Glasgow's bid to house asylum seekers appears to have been driven jointly by the availability of social rented housing and a desire to attract new citizens to the city with the aspiration being that those asylum seekers who were granted leave to remain would settle in the city.

At the start of the first NASS contract in 2000, Glasgow stipulated a preference for families. It also took measures to encourage asylum seekers to stay in the city if they were granted right to remain – for instance GHA simplified the housing allocation system to allow them to stay on in the accommodation in which they had been living.

In a toolkit published in 2010, a COSLA strategic migration partnership proposed that inward migration could address the demographic challenges in Scotland and encourage economic growth[26]. The toolkit emphasised that communities need to be welcoming places where migrants can access the services they require allowing them to build their lives in Scotland.

In Glasgow, regeneration is set within wider concerns of the impact of outmigration and population loss, and a desire to attract and retain economically active residents. A 2005 Glasgow City Council housing strategy report showed that: young adults were migrating to the city from more distant parts of Scotland; older people of working age were migrating from Glasgow to adjoining areas; and those of retirement age and older were migrating from Glasgow to further afield[13]. There were higher than average levels of economic inactivity in those members of the working age population who did remain in the city. Thus, there was a recognition of the importance of attracting economically active residents to the area as well as retaining existing residents[27]. The updated statement of strategic vision in the consultation draft of Glasgow's Housing Strategy 2009[28] begins "Our vision is that people will want to stay in and come to Glasgow…" and this sentiment is echoed in a number of other strategic documents[29,30].

Regeneration policy in Scotland[31] and local plans and strategies addressing urban regeneration[32-34] set out twin aims of retaining current residents and attracting new ones, particularly those with talents to contribute to economic activity. This is considered important both to fuel economic growth and to arrest and turn round decline of some neighbourhoods in the city[31]. For the resident population living in areas of deprivation, there are national and local policies which aim to enhance the

physical and social environment/infrastructure to help equip those who are currently economically inactive to become economically active.

The methods of doing this include:

- improving the attractiveness of housing and tenure choice within neighbourhoods – to attract new residents and to retain residents as they move up the housing ladder;
- improving the attractiveness of neighbourhoods in terms of physical structure, transport links, services and amenities;
- improving the attractiveness of areas to new businesses;
- focussing on people as well as places – both social and economic regeneration;
- improving the perceived safety of the neighbourhood – addressing antisocial behaviour; and dealing with environmental incivilities, providing security in the form of the concierge service;
- providing training, volunteering, and employment opportunities for local residents.

In summary, at a local level, the current policy has been to attract residents to Glasgow and encourage them to stay in the city to address the city's loss of population, fuel economic growth, and to bring new life to failing neighbourhoods. Policies aim to make the city more attractive to residents and have included upgrading housing and neighbourhood facilities, providing appropriate housing and tenure choices within the city, bringing employment opportunities into the city, and making the city more socially attractive. In addition, there are a number of strategies aiming to enable those residents of working age who are experiencing worklessness to enter employment and so experience the benefits of planned economic growth.

Research evidence regarding migration and health

'Selective' migration

The research literature discussing migration and health often refers to the impact of 'selective' migration, because migrants tend to differ from the general population in a number of ways and the decision to migrate is influenced by a number of factors. These include: age and stage in the life course; gender; marital status; ethnicity; tenure; and other socioeconomic characteristics. For instance, research has shown that migrants are likely to be better educated and more affluent than non-migrants[35-40].

Migration is often selective in terms of health status. This can vary according to age, for example older migrants tend to be less healthy than non-migrants, as they seek to move for reasons of access to healthcare or family/social support[41]. In terms of migration and distance, those moving short distances are likely to be less healthy than those moving longer distances[42]. However, in general, migrants tend to be of above average health compared to non-migrants[43].

Area effects of selective migration

Migration can occur for a number of reasons. The characteristics of the destination location is an obvious cause[44], and where possible, migrants will seek to move from less attractive (deprived) to more attractive (non-deprived) environments[45-47]. This can result in decreases in population size in deprived areas, and corresponding increases in more affluent areas[48]. As migrants tend to be healthier and better educated, illness and mortality rates can fall in places where population size is increasing, and rise in places experiencing population loss[43,49-51]. One recent UK study showed that small area measures of morbidity varied not only in terms of levels of deprivation (i.e. poorer health associated with higher deprivation), but also in terms of population mobility: illness rates were lower in areas with low population turnover compared to equally deprived areas which had higher turnover[52]. However, another study suggested that population retention is a key contributory factor in 'resilient' communities (i.e. communities that appear

to fare better than their socioeconomic profile might otherwise suggest)[53].

These studies all provide evidence that selective migration can influence area based health measures and inequalities between places (spatial inequalities). Nonetheless, there appears to be conflicting evidence over the scale at which this operates, and the extent of its impact. In terms of scale, it has been argued by some that the effects of migration on the health of areas are only felt at a small area level (e.g. neighbourhood or electoral ward), and not in relation to migration to and from larger areas[54]. However, there is also evidence that the influence of migration can be significant at the level of whole cities[47].

The impact of migration on population health and inequalities

As well as disputed area effects of selective migration, there is mixed evidence regarding the impact of migration on population health and inequalities. One study attributed all inequalities in mortality between British districts to migration[55]. The accuracy of this finding has, however, been questioned by others[56]. Another study suggested that 50% of the widening socioeconomic gap in mortality that took place in England and Wales in the 1990s was attributable to the effects of selective migration[57], while further research in England and Wales highlighted the changes in mortality brought about by the flow of healthy migrants from deprived to less deprived areas between 1971 and 1991 (mortality rose in the former, and fell in the latter)[46]. Other studies have contradicted these findings: for example, the widening mortality gap witnessed in Scotland between 1981 and 2001 could not be explained simply in terms of population change[58], while another showed deprivation to be more important than population change in explaining changing mortality rates in Scotland over the same 20 year period[59].

Furthermore, and perhaps specifically relevant to GoWell, recent analysis of Glasgow's poor health and high mortality compared to other parts of Scotland suggested that migration had not made a significant contribution to this situation[59]. Similarly, research commissioned by the Glasgow Centre for Population Health to examine the extent to which widening health inequalities within Glasgow could be explained in terms of selective migration concluded that: "in the case of Greater Glasgow, selective migration is not the sole or most important explanation for the widening gap"[60].

Despite the conflicting evidence over scale and impact, there appears to be sufficient evidence to suggest that migration can potentially influence spatial measurements of health, and so it requires serious consideration in any pertinent studies of population health[47]. A recent study of migration and health in Northern Ireland showed little impact of migration; however, the authors argued strongly against viewing migration effects as unimportant. Rather, that: "varying population movements, operating at different times and locations, require that the effects of migration be considered in all studies which examine changes in the spatial distribution of health"[48]. This observation is particularly pertinent to GoWell.

There is also some evidence that migration can have a positive influence on health-related behaviours in communities through migrants from different cultures bringing different cultural norms into their new communities. An example of this is breastfeeding behaviours. A cohort study conducted in America in 2005 found that immigrants from other countries initiated breastfeeding more often than their American-born counterparts[61]. Likewise, other research has found that foreign born pregnant women were more likely to state that they intended to exclusively breastfeed than US born women[62]. Data analysis exploring health and wellbeing in GoWell and social housing areas in Glasgow, conducted in 2008, found that GoWell areas contained a higher proportion of breastfeeding mothers than other similarly deprived areas (although there was marked variation between areas). The two GoWell study areas, Sighthill and Red Road, with the highest rate of breastfeeding mothers all had large populations of asylum seekers[63]. Research is currently underway to explore potential explanations for recent increases in breastfeeding rates in other selected neighbourhoods in NHS Greater Glasgow and Clyde between 1997 and 2008. The influence of migration is one of several potential explanations for this identified trend.

It has also been proposed that acculturation may be a potential influence on migrants' health. Acculturation

was first defined in 1936 by anthropological researchers as "those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original cultural patterns of either or both groups"[64]. There are a number of studies that have linked acculturation to health status, particularly in countries such as the USA, where epidemiological evidence has shown a better overall health profile for Latino immigrants than their US-born counterparts[65]. However, evidence also shows that the health status of immigrants can begin to deteriorate with time, leading to a view that integration into the 'culture' of mainstream society negatively impacts on the health status of immigrants[66].

A number of issues need to be taken into account in considering acculturation. Reasons for migration may affect how and in what ways acculturation occurs. Political asylum has involved an involuntary choice and may be accompanied by other stressful circumstances. In contrast to earlier GoWell findings, it has been reported by other authors that refugees are often poorer, less educated, experience more psychiatric illness and use health services less than other migrant groups such as economic migrants[67].

Selective migration and inequalities in Glasgow

It is important that the potential effects of migration are considered in assessing any measured changes in health-related outcomes in the GoWell areas over the ten year research period. This is particularly true given the levels of population change that will be seen in some of the study areas (e.g. in the TRAs) over the course of the project.

More generally, the results of a number of studies into migration and health have particular significance for GoWell. For example, a previously discussed study in Northern Ireland[48] found that migration did not substantially influence the distribution of health in the country between 2000 and 2005. In discussing possible reasons for this, the authors suggest that urban regeneration initiatives had resulted in a "resurgence in the fortunes of… cities, with a reversal of the earlier population loss, rejuvenation of desolate urban areas and a gentrification of previously deprived areas". They also suggest that a continuation of this process and these trends might result in a narrowing of inequalities between places. If a narrowing of inequalities in Glasgow were to emerge over the course of the GoWell research period, the extent to which this was due to the effects of housing and social regeneration, rather than population change and gentrification, would have to be carefully considered and analysed.

Interestingly, the same study from Northern Ireland also suggested that a more 'direct' reason for a lack of impact on the distribution of health by migration was because those leaving both deprived and affluent areas of Northern Ireland ('outmigrants') were replaced by 'inmigrants' with a similar health status[48]. This is similar to the results of the recent study on the impact of migration on health inequalities in Glasgow, discussed earlier in this report[60]. This study found that between 1991 and 2001, the most deprived areas of Greater Glasgow experienced high losses of population amongst those aged 15 to 64 years (principally to other areas in Greater Glasgow). However, the research also showed that this population movement included those in both low and high socioeconomic groups, and those who were both unhealthy and healthy (the latter defined as

having, or not having, a limiting illness according to the 1991 census). As a result, the overall socioeconomic and, crucially, health profiles of the affected areas in Greater Glasgow were not changed to a significant degree by the effects of migration. This is important, because it means that the widening health gap seen in Glasgow between 1991 and 2001 has been caused by factors other than migration. Indeed, this study was able to confirm this further by comparing the sample's mortality rates in the two periods and across deprivation groupings in Greater Glasgow. Once the effects of migration had been removed, the mortality gap between deprived and non-deprived areas had still widened over time.

The research described above[60] studied the effects of migration across large sections (fifths) of the Greater Glasgow population. Although the GoWell study areas are relatively deprived, the extent to which the results of the study can be applied to the study areas is debatable. The socioeconomic and health characteristics of 'in' and 'out' migrants in, for example, the Gorbals, St Andrews Drive or Carntyne areas are unknown, and may well vary considerably. In general terms, however, the research suggests that the current impact of selective migration and population change in Glasgow may be less strong than that shown in studies elsewhere[55-57].

Discussion

This report has explored and discussed migration in relation to a number of areas of interest to inform and contextualise GoWell findings. The review has discussed the impact of past and present migration on Glasgow's population, the influence of Scottish and UK policy and the effect of migration on health and health inequalities in Glasgow. Several themes have emerged.

Recent increases in Glasgow's population have been attributed to immigration from overseas and the arrival of asylum seekers rather than from inmigration from other areas in Scotland. Across Glasgow and the UK as a whole, migration and immigration are creating specific communities which are more ethnically diverse than previously and likely to become more so in the future. This increasing population diversity needs to be accommodated in the planning and delivery of regeneration policies and programmes.

Our review also emphasises the positive influence that migrants from different cultures can have on the health-related behaviours in their new resident communities. Published research and our own GoWell findings suggest that, in general, migrants have better overall health than the Scottish population. However, health is affected by a range of issues including physical, social, economic and environmental changes – GoWell aims to monitor and explore all of these factors.

The policy review has highlighted differences between the aims of UK and Scottish policy in relation to immigration. Migration has brought highly visible changes to many of Britain's towns and cities. The economic potential and prospects for population diversity that immigration brings has been embraced by the Scottish Government who look to attract and increase the number of immigrants settling in Scotland in order to address pressing demographic and economic needs. The UK Government, on the other hand, has limited entry into the UK by capping the number of non-EU economic migrants who can enter the country in order to address the needs of the South of England. Under the current arrangements, Scotland can only address this by becoming a more attractive place to settle for those people who are granted entry to the UK.

Despite much investigation, research evidence regarding the impact of migration on inequalities in health is mixed. This lack of consensus may be due to limitations in available data. Furthermore, health is affected by a range of issues some of which are less measurable, including community composition and wellbeing, the presence or absence of racism, economic factors etc.

Conclusion

Increasing racial diversity and immigration has become a more visible feature of our communities in Glasgow – this is viewed positively by national and local government who see immigrants as a resource that can help establish and maintain a healthy, economically active population.

The impact of migration on inequalities in health remains debatable. Research in Scotland is inconclusive but it is clear that migration needs to be taken into account in considering health-related outcomes and differences between geographical areas and income groups.

There are significant numbers of asylum seekers, refugees and residents of non-British citizenship in many of the GoWell regeneration areas. Population change is expected to occur in other study areas. Therefore, monitoring the effects of migration both in the study areas and across Glasgow as a whole will be a crucial in enabling a full understanding of the determinants of any changes seen in the course of the GoWell study.

References

1 Urquia ML, Gagnon AJ. Glossary: migration and health. *Journal of Epidemiology and Community Health* 2011, 65:467-472.

2 Koser K. *International Migration. A Very Short Introduction*. Oxford University Press, Oxford: 2007.

3 United Nations High Commissioner for Refugees. *Convention and Protocol Relating to the Status of Refugees*. United Nations High Commissioner for Refugees, Geneva: 2007.

4 The Migration Observatory. *Top Ten Problems in the Evidence Base for Public Debate and Policy-Making on Immigration in the UK*. http://www.migrationobservatory.ox.ac.uk/top-ten/overview

5 Hanlon P, Walsh D, Whyte B. *Let Glasgow Flourish*. Glasgow Centre for Population Health, Glasgow: 2006.

6 Glasgow City Council. *Glasgow City Plan Part One: Development Strategy*. Glasgow City Council, Glasgow: 2003.

7 Crawford F, Beck S, Hanlon P. *Will Glasgow Flourish? Learning from the past, analysing the present and planning for the future*. GoWell, Glasgow: 2007.

8 Glasgow City Council. *People and Households in Glasgow. Current Estimates and Projected Changes 2008-2028. Demographic Change in Glasgow City and Neighbourhoods. Briefing Paper by Director of Development and Regeneration*. Glasgow City Council, Glasgow: 2011.

9 Arnott J. *Socioeconomic change in the Glasgow conurbation. What are the implications for health?* Glasgow Centre for Population Health, Glasgow: 2007.

10 Local Government etc. (Scotland) Act 1994. TSO, London: 1994.

11 ScotPHO. *Dimensions of Diversity. Population Differences and Health Improvement Opportunities*. NHS Health Scotland, Glasgow: 2010.

12 Glasgow City Council Education Services. Unpublished school roll data. Glasgow City Council, Glasgow: 2011.

13 Glasgow City Council. *Local Housing Strategy Update 2005: Housing issues and background - update*. Glasgow City Council, Glasgow: 2005.

14 Blake Stevenson. *A8 Nationals in Glasgow*. Blake Stevenson, Edinburgh: 2007.

15 Glasgow City Council Education and Social Work Services. *Supporting Learners with English as an Additional Language in Glasgow*. Glasgow City Council, Glasgow: 2008. http://www.glasgow.gov.uk/NR/rdonlyres/B7D0E90C-CED3-423E-8B38-3A0780350501/0/PolicySupportingLearnerswithEnglishasAdditionalLanguageinGlasgowAugust2009.pdf

16 Glasgow Housing Association. *Housing migrant workers: the impact on GHA*. Glasgow Housing Association, Glasgow: 2008.

17 GoWell. Unpublished data from waves 1 and 2 of survey. GoWell. Glasgow: 2011.

18 Kearns A, Whitley E. *Health, Wellbeing and Social Inclusion of Migrants in North Glasgow*. GoWell, Glasgow: 2010.

19 GoWell. *Briefing Paper 3: Asylum seekers and refugees in Glasgow's Regeneration Areas, 2006-7*. GoWell, Glasgow: 2009.

20 O'Reilly D, Rosato M. Dissonances in self-reported health and mortality across denominational groups in Northern Ireland. *Social Science & Medicine* 2010, 71:1011-1017.

21 Mitchell R. Commentary: The decline of death – how do we measure and interpret changes in self-reported health across cultures and time. *International Journal of Epidemiology* 2005, 34:306-308.

22 Speech by David Cameron, reported on the BBC website in April 2011– http://www.bbc.co.uk/news/uk-politics-13083781

23 Scottish Government. *The Government Economic Strategy*. Scottish Government, Edinburgh: 2011.

24 Scottish Executive. *New Scots: attracting fresh talent to meet the challenge of growth*. Scottish Executive, Edinburgh: 2004.

25 Great Britain. *Immigration and Asylum Act 1999*. The Stationery Office, London: 1999.

26 COSLA Strategic Migration Partnership. *Policy Toolkit. Version 1.0,* Edinburgh: 2010. http://www.migrationscotland.org.uk/sites/smp/files/documents/cosla_migration_policy_toolkit.pdf

27 Glasgow and Clyde Valley Structure Plan Joint Committee. *Glasgow and the Clyde Valley Joint Structure Plan 2006. The twenty year development vision operative from 29 April 2008*. Glasgow and Clyde Valley Structure Plan Joint Committee, Glasgow: 2006.

28 Glasgow City Council. *Consultative draft local housing strategy*. Glasgow City Council, Glasgow: 2009.

29 Glasgow Community Planning Partnership. *Our vision for Glasgow*. Community Plan 2005-2010. http://www.glasgowcpp.org.uk/NR/rdonlyres/CD60D1FA-BA5F-4335-9B85-C81BCDA2AC11/0/CommunityPlanhighresolutionversion.pdf

30 Glasgow Economic Forum. *A step change for Glasgow. Glasgow's ten-year economic development strategy*. Glasgow Economic Forum, Glasgow: 2006. http://www.glasgow.gov.uk/NR/rdonlyres/74D2CCA8-9F35-4B44-A3E3-BAC6347A333F/0/EconomicDevelopmentStrategy.pdf

31 Scottish Executive. *People and place: regeneration policy statement*. Scottish Executive, Edinburgh: 2006. http://www.scotland.gov.uk/Publications/2006/06/01145839/0

32 Glasgow Community Planning Partnership. *Glasgow's Single Outcome Agreement*. Glasgow City Council, Glasgow: 2009. http://www.glasgow.gov.uk/NR/rdonlyres/A5D72770-3993-438F-B034-1E9CF547CDEA/0/GlasgowsSOA20091oFinal.pdf

33 Glasgow Housing Association. *Above and beyond. Shaping a new vision for GHA. Regeneration strategy. Draft for consultation.* Glasgow Housing Association, Glasgow: 2010.

34 Glasgow Housing Association. *Wider action: action plan 2006/07*. Glasgow Housing Association, Glasgow: 2006. http://www.gha.org.uk/content/mediaassets/doc/actionplan0607.pdf

35 Champion T, Fotheringham S, Rees P, Boyle P, Stillwell J. *The Determinants of Migration Flows in England: A Review of Existing Data and Evidence*. Department of the Environment, Transport and the Regions: 1998. http://www.geog.leeds.ac.uk/publications/DeterminantsOfMigration/report.pdf

36 Fielding T. Migration and poverty: A longitudinal study of the relationship between migration and social mobility in England and Wales. *IDS Bulletin* 1997, 28:48–57.

37 Leon D. Strachan P. Socioeconomic characteristics of interregional migrants in England and Wales, 1939–71. *Environment and Planning A* 1993, 25(10):1441–1451.

38 Meen G, Gibb K, Goody J, McGrath T, MacKinnon J. *Migration and location*. In Economic segregation in England: Causes, consequences and policy. The Policy Press; 2005.

39 O'Reilly D, Stevenson M. Selective migration from deprived areas in Northern Ireland and the spatial distribution of inequalities: Implications for monitoring health and inequalities in health. *Social Science & Medicine* 2003, 57(8):1455–1462.

40 Richey P. Explanations of migration. *Annual Review of Sociology* 1976, 2:383.

41 Bentham, G. Migration and morbidity: Implications for geographical studies of disease. *Social Science & Medicine* 1988, 26:49-54.

42 Boyle P, Norman P, Rees P. Does migration exaggerate the relationship between deprivation and limiting long-term illness? A Scottish analysis. *Social Science & Medicine* 2002, 55:21–31.

43 Boyle P, Gatrell A, Duke-Williams O. Do area-level population change, deprivation and variations in deprivation affect individual-level self-reported limiting long-term illness? *Social Science & Medicine* 2001, 53:795-799.

44 Walters WH. Assessing the impact of place characteristics on human migration: the importance of migrants' intentions and enabling attributes. *Area* 2000, 32(1):119–123.

45 Molarius A, Janson S. Population change and mortality in men and women. *Journal of Epidemiology and Community Health* 2000, 54:772.

46 Norman P, Boyle P, Rees P. Selective migration, health and deprivation: A longitudinal analysis. *Social Science & Medicine* 2005, 60(12):2755–2771.

47 O'Reilly D, Browne S, Johnson Z, Kelly A. Are cities becoming more unhealthy? An analysis of mortality rates in Belfast and Dublin between 1981 and 1991 to illustrate a methodological difficulty with ecological studies. *Journal of Epidemiology and Community Health* 2001, 55:354–355.

48 Connolly S, O'Reilly D. The contribution of migration to changes in the distribution of health over time: Five-year follow-up study in Northern Ireland. *Social Science & Medicine* 2007, 65:1004–1011.

49 Davey Smith G, Shaw M, Dorling D. Shrinking areas and mortality. *Lancet* 1998, 352:1439–1440.

50 Regidor E, Calle ME, Dominguez V, Navarro P. Inequalities in mortality in shrinking and growing areas. *Journal of Epidemiology and Community Health* 2002, 56:919–921.

51 Exeter DJ, Feng Z, Flowerdew R., Boyle PJ. Shrinking areas and mortality: an artefact of deprivation effects? *Journal of Epidemiology and Community Health* 2005, 59:924–926.

52 Brown D, Leyland AH. Population mobility, deprivation and self-reported limiting long-term illness in small areas across Scotland. *Health & Place* 2009, 15:37-44.

53 Mitchell R, Gibbs J, Tunstall H, Platt SD, Dorling D. Factors which nurture geographical resilience in Britain: a mixed methods study. *Journal of Epidemiology and Community Health* 2009, 63:18-23.

54 Brimblecombe N, Dorling D, Shaw M. Migration and geographical inequalities in health in Britain. *Social Science & Medicine* 2000, 50:861-878.

55 Brimblecombe N, Dorling D, Shaw M. Mortality and migration in Britain: first results from the British Household Panel Survey. *Social Science & Medicine* 1999, 49:981-988.

56 Boyle P. Population geography: Migration and inequalities in mortality and morbidity. *Progress in Human Geography* 2004, 28(6):767–776.

57 Connolly S, O'Reilly D, Rosato M. Has the increasing inequality in health in England and Wales been caused by the selective movement of people between areas? A 12-year mortality study using the Longitudinal Study. *Social Science & Medicine* 2007; 64:2008-2015.

58 Boyle P, Exeter D, Flowerdew R. The role of population change in widening the mortality gap in Scotland. *Area* 2004: 36(2):164-173.

59 Popham F, Boyle P, O'Reilly D, Leyland AH. *Selective internal migration. Does it explain Glasgow's worsening mortality record? Scottish Longitudinal Study (SLS) Research Working Paper Series, Research working paper 5*. Longitudinal Studies Centre Scotland: 2009.

60 Popham F, Boyle P, O'Reilly D, Leyland AH. *Exploring the impact of selective migration on the deprivation-mortality gap within Greater Glasgow*. Glasgow Centre for Population Health, Glasgow: 2010. http://www.gcph.co.uk/publications/177_exploring_the_impact_of_selective_migration

61 Celi AC, Rich-Edwards JW, Richardson MK, Kleinman KP, Gillman MW. Immigration, race/ethnicity, and social and economic factors as predictors of breastfeeding initiation. *Archives of Paediatric and Adolescent Medicine* 2005, 159(3):255-60.

62 Bonuck KA, Freeman K, Trombley M. Country of origin and race/ethnicity: impact on breastfeeding intentions. *Journal of Human Lactation* 2005, 21(3):320-326.

63 Turner SM. *Health and Wellbeing in GoWell and Social Housing Area in Glasgow*. GoWell, Glasgow; 2008.

64 Redfield R, Linton R, Herskovitz MJ. Outline for the study of acculturation. *American Anthropologist* 1936, 38:149–152.

65 Fitzgerald N. Acculturation, socioeconomic status, and health among Hispanics. *NAPA Bulletin* 2010, 34:28-46.

66 Castaneda H. Immigration and health: Conceptual, methodological, and theoretical propositions for applied anthropology. *NAPA Bulletin* 2010, 34:6-27.

67 The Migration Observatory. *Health of Migrants in the UK: What Do We Know?* http://migrationobservatory.ox.ac.uk/briefings/health-migrants-uk-what-do-we-know

Acknowledgements

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Suggested citation:
Crawford F, Beck S, McLean J, Walsh D, Tannahill C. *Migration and health in Glasgow and its relevance to GoWell*. Glasgow: GoWell; 2012.