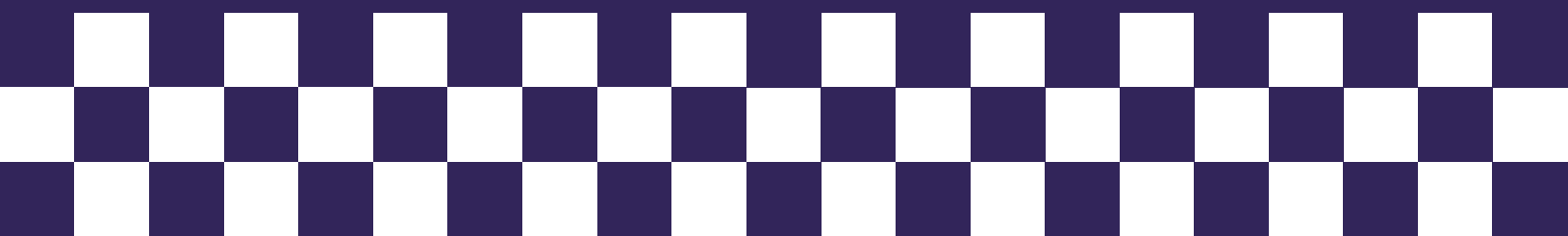


# HOPE AND UNITY NOT HATE

MIGRANT HEALTH AND WELLBEING IN COVENTRY



20  
24

**DIRECTOR OF  
PUBLIC HEALTH**  
INDEPENDENT  
ANNUAL REPORT



Dedicated to Dudley Walton  
and James Williams for their  
valued guidance and wisdom.



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Coventry Moves, Coventry UK City of  
Culture 2021/22 Coventry City Council



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# FOREWORD

**Councillor  
Kamran Caan**

Cabinet Member for  
Public Health  
and Sport



## Welcome to the Director of Public Health's Report on Migration and Health in Coventry 2024.

Our city, shaped by people from different backgrounds and cultures, proudly upholds its status as an International City of Peace and Reconciliation - a commitment deeply rooted and demonstrated since before the Second World War. As Coventry grows more multi-cultural, it is essential we understand the contributions that our migrant populations make alongside their health and wellbeing needs.

The COVID-19 pandemic revealed stark health inequities amongst migrant groups, with language barriers, economic vulnerability, and sociocultural factors leaving some groups disproportionately impacted. As we 'build back fairer' an equitable approach rooted in migrant perspectives is critical.

The report marks a decade since Coventry City Councils Migration Team and Coventry Migration Network, were founded amidst the 2014 Syrian civil war and refugee crisis. Our experiences, show that challenges and opportunities evolve continually, creating new needs and strengths. The report explores

the landscape of migrant health and wellbeing, examining key social determinants such as access to health and social care, discrimination, stigma and education. It also highlights community-driven solutions like social support networks, empowerment through representation and culturally competent services, which benefit the whole city.

My sincere thanks to our partners and Coventry's migrant communities for sharing your insights to inform this work.

I am confident these findings will help Coventry become an even healthier and more inclusive home for all.

# INTRODUCTION

## My annual report for 2024 focuses on the city's cultural diversity and the health inequalities facing our vibrant migrant populations.

In Coventry, diversity isn't just a buzzword - it's our strength.

Much like other cosmopolitan cities across the UK, Coventry serves as a melting pot where migrants from all walks of life enrich and strengthen our communities. History, art and music fill our streets particularly through pioneering Two Tone bands like The Specials and The Selecter. This rich culture heritage earned Coventry its prestigious UK City of Culture status for 2021-2022.

Coventry's commitment runs deeper than celebration. In the last decade alone, Coventry has welcomed more than 1,000 refugees, continuing our city's proud tradition of peace and reconciliation. Our experience over time has shown that by promoting fairness and embracing change, we help everyone in our city reach their potential and contribute to Coventry's success.

This report shines a light on the systemic obstacles facing our newly arrived and settled migrant residents. It examines the concerning divides that can negatively influence healthy life expectancy compared to non-migrant residents. Issues such as language barriers,

lack of healthcare, unstable housing, mental strains and discrimination compromise the health of too many. Whilst we have experienced economic growth, migration-linked to poverty persists, perpetuating disadvantages including the disproportionate impact of the rise in cost-of-living.

Culture and communities are crucial assets as we navigate challenges together, developing inclusive approaches to support health, wellbeing and resilience. Our collaborations with community champions exemplify this ethos, demonstrating the power of grassroots public health initiatives. This type of approach took centre stage during our public health response to Covid, leveraging cultural and community touchpoints to allow key messaging to reach wider audiences.

Overall migration to Coventry is on an upward trend, meaning that the demographics of our city will continue to evolve. By upholding the "Marmot Principles", proactively confronting systemic barriers and promoting preventive strategies we can tap into the inherent strengths that our diversity brings.

**Allison Duggal**

Director of Public  
Health and  
Wellbeing



I hope you are inspired by the initiatives and commitment to building a healthier, more inclusive Coventry.

*Acknowledgements: I am grateful to the public health team for all their assistance with this report. In particular, I would like to thank the following:  
Peter Barnett, Tom Evans, Tim Healey, Navjot Johal, Inderjit Kaur, Holly Little, Lily Makurah, Nia Morgan, Rayyan Nasser, Mitali Vithal, Olga Yilmaz.*

# EXECUTIVE SUMMARY

*“The experience of migration is a key determinant of health and well-being” (World Health Organization).*

This year’s report explores integration, health inequalities and the challenges of achieving good health and wellbeing faced by migrant communities in Coventry. It identifies approaches to promote health equity and improve the appropriateness of essential care for diverse migrant populations. The report also recognises the strengths of migrant communities and the opportunities to leverage community assets.

Diverse groups have made the journey to Coventry and established a new life. We are hopeful that the path to integration for future new arrivals can be informed by the lessons we have learned and shaped by the insights of migrants with lived experience of Coventry life.

## Chapter 1: Why People Migrate

Migration is a complex phenomenon driven by various factors operating at different levels. This chapter explores the reasons behind human movement, focusing on the different motivations that bring people to Coventry. Recognising the economic, social, and political forces shaping migration patterns is important to appreciating the influences on personal and community decisions.





## Chapter 2: Refuge, Protection and Opportunity

Coventry has a long and rich history of welcoming people from around the globe, both as a place of refuge and a destination for those seeking opportunities. This chapter delves into the history of migration to Coventry highlighting the different groups of newcomers who have contributed to our city’s economy and culture.

RECOMMENDATIONS	
	Explore and expand opportunities for the co-production of local statutory sector strategies and frameworks with migrant groups as part of fostering community ownership and trust in services.
	Engage community partners in the next phase of the Coventry City Council “Our Coventry” integration programme for newly arrived migrants to deepen activities that address social determinants of health through early, preventative action within communities.

## Chapter 3: Understanding Migrant Communities and Groups

Appreciating the interactions between **identity**, **migration experiences**, and the impact of **social determinants** is crucial to addressing health disparities among Coventry’s migrant communities. These factors shape health outcomes and inform effective strategies to improve health equity and wellbeing.



RECOMMENDATIONS	
	Build research partnerships between Coventry City Council’s Migration team, the Voluntary Sector and the Coventry Health Determinants Research Collaboration to understand migrant health challenges and asset-based solutions.
	Improve cultural competence across local services by the NHS and local authority working in collaboration to develop culturally sensitive policies and interventions (including information and engagement) that better respects diverse traditions and beliefs.
	Invest in robust translation and interpretation services to ensure that all residents can effectively engage with health programmes (prevention, treatment and care). Measurements of appropriateness to include consistency of arrangements for migrants where English is not a first language and choice.
	Schedule a series of asset based deeper dives into sub-groups of migrants with the aim of learning from their experiences to close equalities gaps (e.g. young people, women, older people).





Chapter 4: Health Inequalities and Vulnerability





A person’s decision to migrate and their health outcomes are shaped by many of the same factors (i.e. their economic and social situation, political and living environment, and demographic background). Research and lived experiences of migrants in Coventry helps reveal why some migrant groups experience better health outcomes than others.

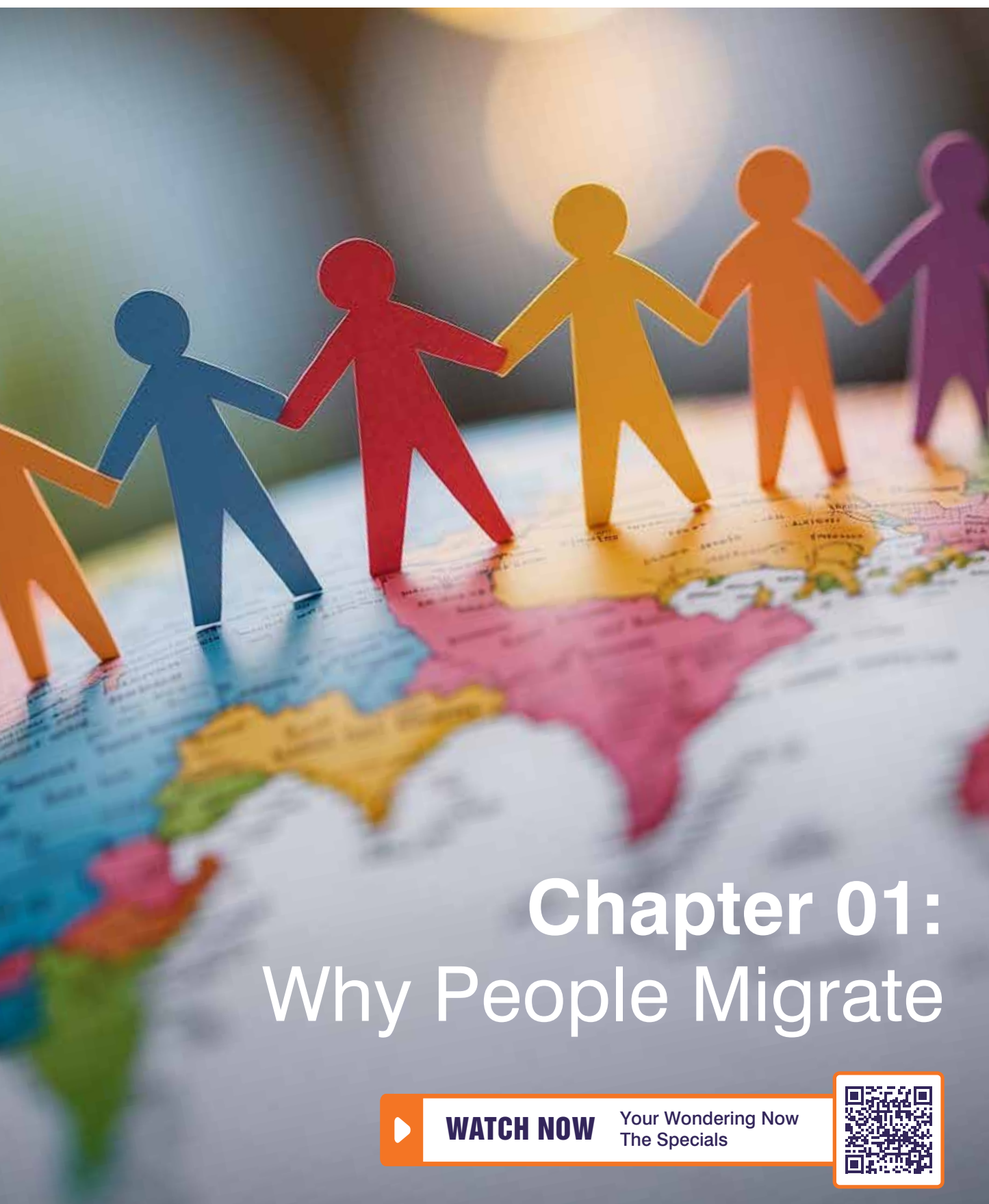
RECOMMENDATIONS	
	<b>Build on the Wellbeing Monitor community engagement project</b> (focused on Black African Communities) to establish sustainable models of building health literacy and service delivery that supports prevention, earlier diagnosis and treatment.
	<b>Build on local specialist support and advocacy for survivors of modern slavery</b> through targeted training for professionals in Coventry on exploitation indicators and rights to care.
	<b>Strengthen partnership working to reduce infant mortality including delivery of joined up early years and parenting support involving</b> the NHS, voluntary sector and local authority.
	<b>Strengthen partnership working to deliver improvements in maternity care</b> including building on the specialist refugee and asylum seekers midwife to improve access, quality and cultural competency.



Chapter 5: Migrant Community Health Patterns/Trends in Coventry

Coventry’s evolving demographic makeup has brought distinct health patterns and challenges for the city’s migrant communities. Factors like health behaviours, socioeconomic deprivation, and cultural differences contribute to disparities in issues ranging from cardiovascular disease to mental health. By developing inclusive strategies to support the wellbeing of Coventry’s migrant residents we can tackle the root causes driving poorer outcomes.

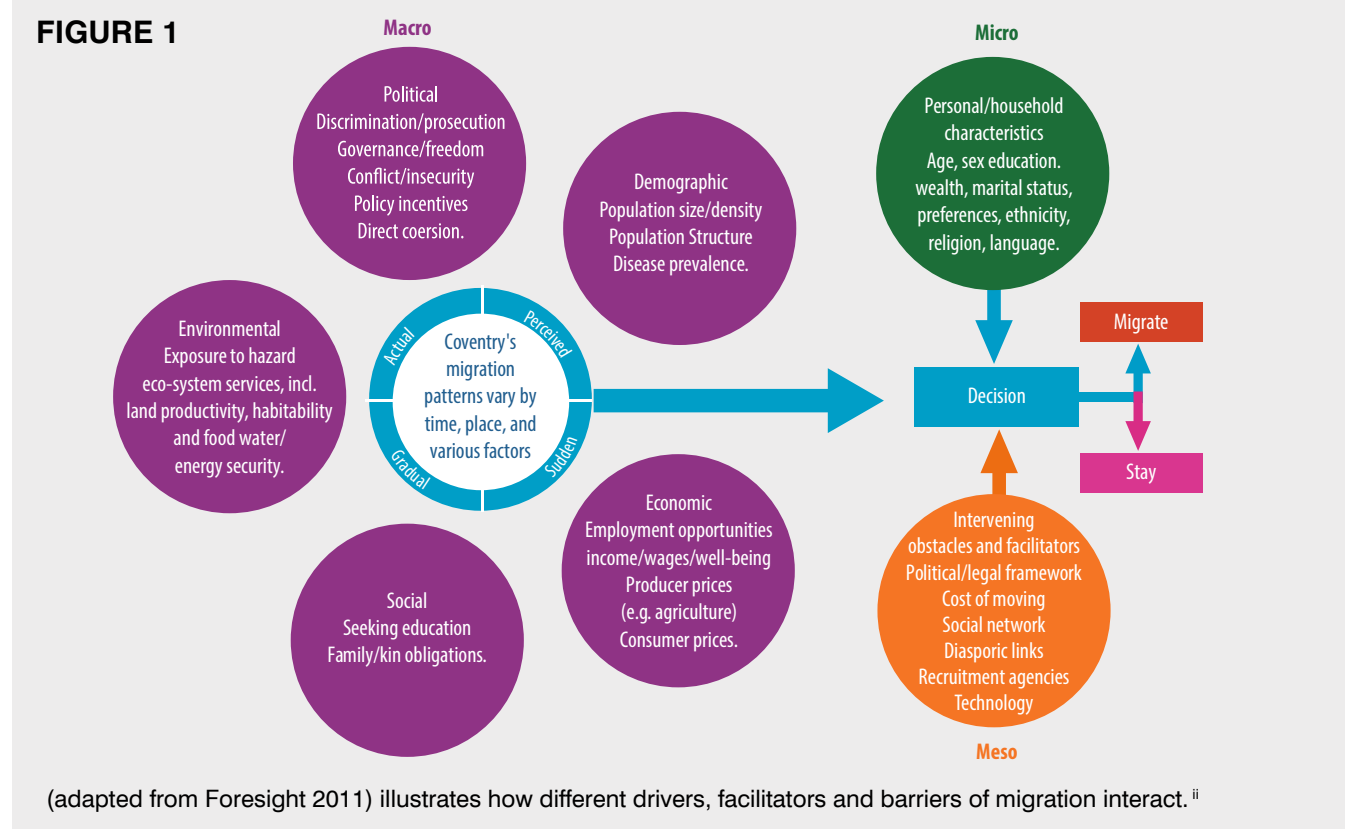
RECOMMENDATIONS	
	<b>Enhance outreach and support</b> including building on existing community champions networks, deepening links with trusted leaders and regular mapping of community assets.
	<b>Develop the Coventry and Warwickshire Partnership NHS Trust (CWPT) young people’s mental health pilot</b> to incorporate approaches that are trauma-informed, age appropriate and relevant to young people newly arrived in Coventry.
	<b>Build on local tailored health protection campaigns</b> to maximise: a. Uptake of vaccination to align with UK immunisations schedule b. Engagement in age or other appropriate screening c. Awareness of infectious disease.
	<b>Leverage innovative technologies to enhance health literacy and service delivery</b> for refugees and asylum seekers, starting with the NHS funded Virtual Reality Project (hosted by George Elliot NHS Trust in partnership with Coventry University, and Coventry City Council).



## TYPES/DRIVERS OF MIGRATION

People arrive in Coventry for a range of reasons, the broad context for migration is set by five primary macro-level factors: economic; demographic; social; political; and environmental factors.

FIGURE 1



Micro-level factors (e.g. age, gender, and income), determine how these macro-level drivers influence individual or household migration decisions. For instance, younger migrants may be drawn to Coventry's educational institutions, while families might consider the availability of housing and health services.

Sitting between micro and macro, there are meso-level factors that play a role in facilitating or impeding migration. This includes migration policies (local and national) and the cost-benefits of moving (human, financial, physical, and psychological).

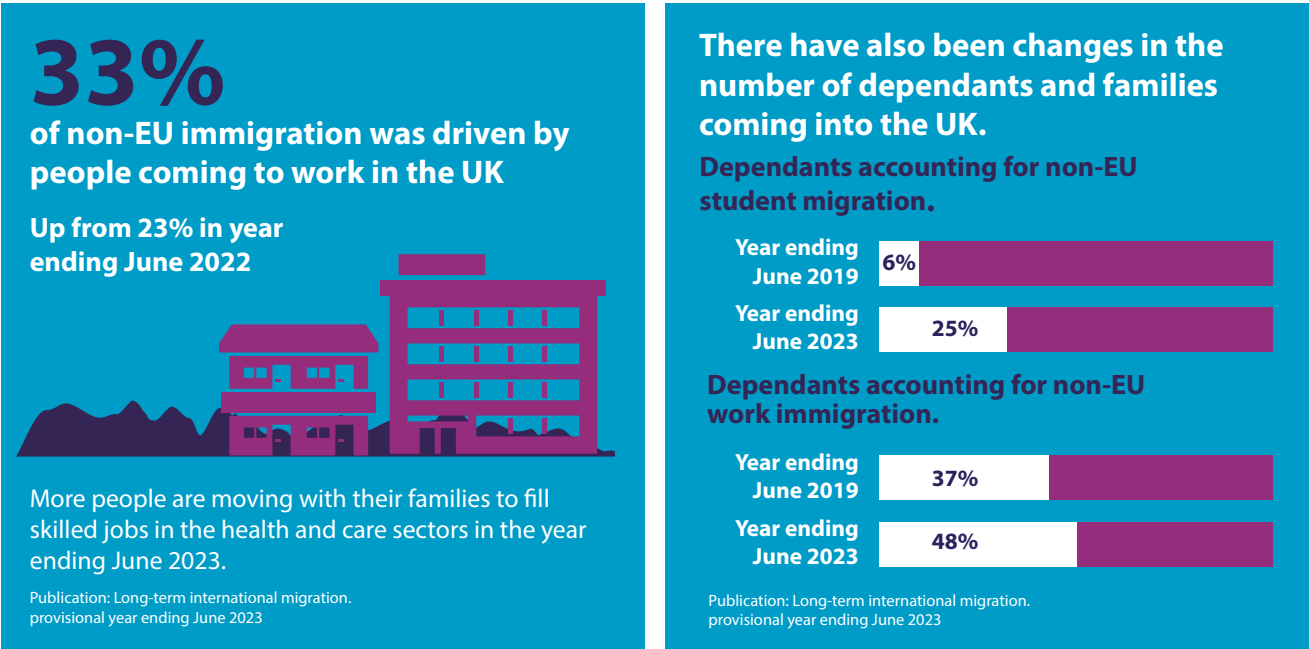
The interaction between these three sets of drivers influences how many people migrate to Coventry from overseas and:

- from which countries of origin or communities
- to which destinations within the city
- the modes of entry
- the type of reception they receive
- the level of diversity of the migrant population

Understanding these dynamics helps tailor public health and social interventions to better meet the needs of migrant populations. Coventry has taken this into account to inform local policies and support services (e.g. language classes and employment assistance programmes) to help the resettlement and integration process for migrants.



Why are people coming to the UK?







## Chapter 02: Refuge, Protection and Opportunity



**LISTEN NOW**

Footsteps to Freedom Coventry City Council Refugee Week Podcasts



## MIGRATION AND COVENTRY'S RENEWAL

Successive waves of migrants have brought unique perspectives and strengths to life in Coventry. We are a city with a long history of opening our doors to newcomers, this tradition has contributed to Coventry's economic prosperity.

As an illustration, in the 19th and 20th century, Coventry became a haven for skilled Jewish migrants fleeing Germany. Drawn to our city's growing watchmaking and motor industries, they sought refuge from anti-Semitic persecution and economic hardship in their homeland<sup>vi</sup>. They brought with them specialised expertise in precision engineering and craftsmanship which helped establish Coventry as a prominent centre for watchmaking and automotive vehicles. This bolstered our city's economic prosperity, an impact that extended far beyond their immediate needs for safety.

Coventry's established diaspora communities are rooted in the migration patterns generated as the city recovered from the ravages of the Second World War. In the immediate aftermath of the War, Coventry embraced displaced Europeans from Poland and Ukraine as they rebuilt their lives. Migrants from Commonwealth countries, particularly the Caribbean, were invited to come to the UK to help stimulate and rebuild economic growth, powering manufacturing and automotive industries, in turn creating more local and regional jobs. Skilled migrants from these countries continue to have very high participation rates in our workforce. This is very notable in the public sector where skilled staff from overseas have critically underpinned services and helped fill labour shortages in the NHS<sup>ix</sup>, social care and transport.



*Philip Cohen, a notable Jewish Watchmaker in 19th century Coventry.  
Image courtesy of Coventry Archives<sup>vii</sup>*

*Seigfried Bettmann a bicycle, motorcycle, car manufacturer and initiator of the Triumph Motorcycle Company<sup>viii</sup>.  
(Triumph became one of the most famous motorcycle trade-names in the world).*



Migrants have played a vital role in shaping Coventry's cultural identity and diversity. From pre- and post-war immigration to those seeking refuge, each wave of arrivals has contributed to the city's rich and evolving tapestry. Their traditions, perspectives, and

creativity have enhanced Coventry's social fabric, influencing its cuisine, arts, and broader cultural landscape. The city's cultural diversity inherently enhances public health by fostering social inclusion, reducing isolation, and strengthening community resilience.

## Spotlight:

### May Parsons – COVID Vaccine Pioneer<sup>x</sup>



On December 8th 2020 matron May Parsons, a Filipino-British nurse with nearly two decades of NHS service, administered the world's first COVID-19 vaccine outside clinical trials. This landmark event took place in Coventry and demonstrated the crucial contributions of migrant healthcare workers to the UK's health system. Recognising the disproportionate impact of COVID-19 on Black and ethnic minority communities Parsons emphasised the resilience of healthcare workers, stating,

“Obviously in the Filipino community and BAME communities we've had the highest deaths, but we are still here, we haven't stopped working.” Parsons further highlighted the challenges faced by these staff, including the fear of transmitting the virus to loved ones, while expressing hope for greater appreciation of their sacrifices. “I'm hoping that people value the sacrifices we make and the risks we take to keep their families looked after.”

## Migration as Part of Economic Growth

A pattern of people moving into Coventry from across the UK, Europe, Asia, the Caribbean and Africa continued through the 20th century. Catalysed by Coventry's emergence as a global leader in engineering and manufacturing excellence, skilled workers continue to replenish Coventry's businesses economy and academic environment. Migrants have brought fresh talent, expertise and an entrepreneurial spirit that have contributed to Coventry's economy seeing strong growth in recent years.

Coventry is being recognised as a national centre for a number of expanding business sectors accompanied by jobs and other economic opportunities in key sectors (e.g. advanced manufacturing and engineering; energy and low carbon; business, professional & financial services; digital, creative, and gaming). Alongside this our two universities (Coventry and Warwick) act as an international academic hub, generating a talent and innovation pipeline across many industries (e.g. creative, technology and healthcare).

## Migrants Shaping Coventry's Future.

Coventry's transformation has been shaped by leaders who arrived as newcomers and rose to positions of influence. Their journeys demonstrate how migrants can not only integrate into their new communities but actively shape policies, initiatives and innovation to benefit all residents.



### Councillor Bea Christopher,

Coventry's first Black female

councillor. Born in London to Nigerian parents, she relocated to Coventry ten years ago and has since become a prominent advocate for women, young people, and migrant communities.

Her focus is on leading on issues such as mental health, employment support, and community cohesion, she ensures that migrants are seen as valuable contributors to the city's social and economic growth.



### Kumar Bhattacharyya, a migrant from India, left a lasting mark on Coventry's transport sector. As a

professor and founder of the Warwick Manufacturing Group (WMG), he championed innovation in manufacturing and mobility. Through WMG, he revitalised Coventry's automotive industry, encouraging the adoption of advanced manufacturing techniques and attracting new investment.



### Councillor Seyi Agboola,

The first Coventry councillor from a black African background

arrived in Coventry from Nigeria as an international student in 2007. Councillor Agboola brings a unique perspective to his role and has risen to become a key figure in local government. He now serves as the Deputy Cabinet Member for Housing and Communities, a portfolio that includes overseeing the Inclusive Cities initiative.

In his role, Agboola is particularly focused on involving newly arrived communities in civic and cultural engagement. He sees the skills and experiences of migrants as valuable assets contributing to Coventry's growth and prosperity. His work aims to ensure that all newcomers receive support in understanding life in the UK, with a particular emphasis on employment and language assistance.

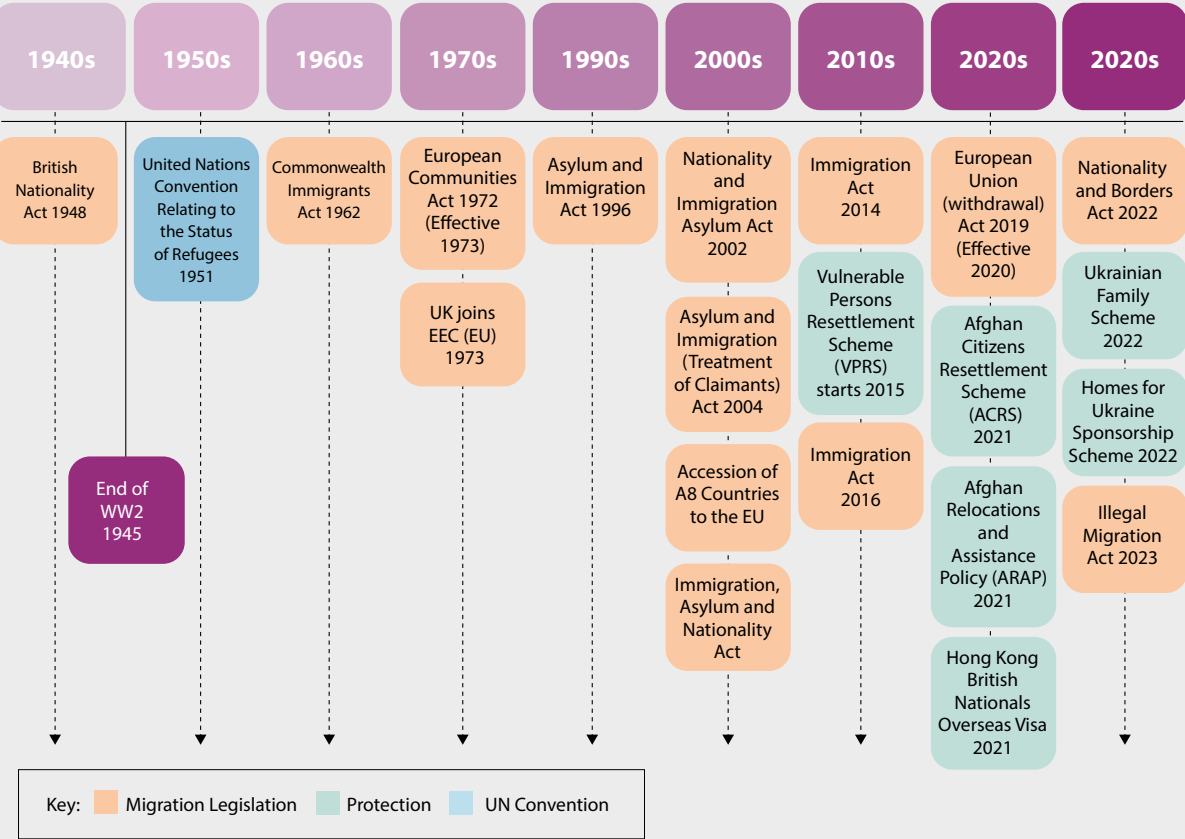




Routes to Refuge and Protection

The legal framework covering immigration has significantly changed since the 1940's. The options for legal routes to the UK have decreased over time with restrictions linked to income, professional status and/or understanding of English language and culture.

Timeline: 1951 UN Refugee Convention, UK Legislation and Protection Pathways



The increased focus on limiting immigration has also made it harder for people to seek safety in the UK (e.g. Nationality Borders Act 2022, Illegal Migration Act 2023). There are several protection pathways for migrants seeking refuge and Coventry stands committed to offering protection and support to new arrivals from different backgrounds and contexts. The tone of post-migration integration policies influence a broad spread of outcomes. Policies that are hostile to migrants needs (e.g. access to education) and foster negative discrimination erode both quality of life and health.

As a proud City of Sanctuary, Coventry has made active efforts to build a local environment that facilitates integration, starting from day one in the city. The Council's Migration Team (established in 2014) collaborates with local voluntary and community organisations to provide crucial services that support those seeking sanctuary. Global crises have a direct impact on the patterns of migration and urgency to respond.

The timeline (below) illustrates key moments since the inception of the team indicating conditions that people have left behind and challenges that they have overcome to reach Coventry.

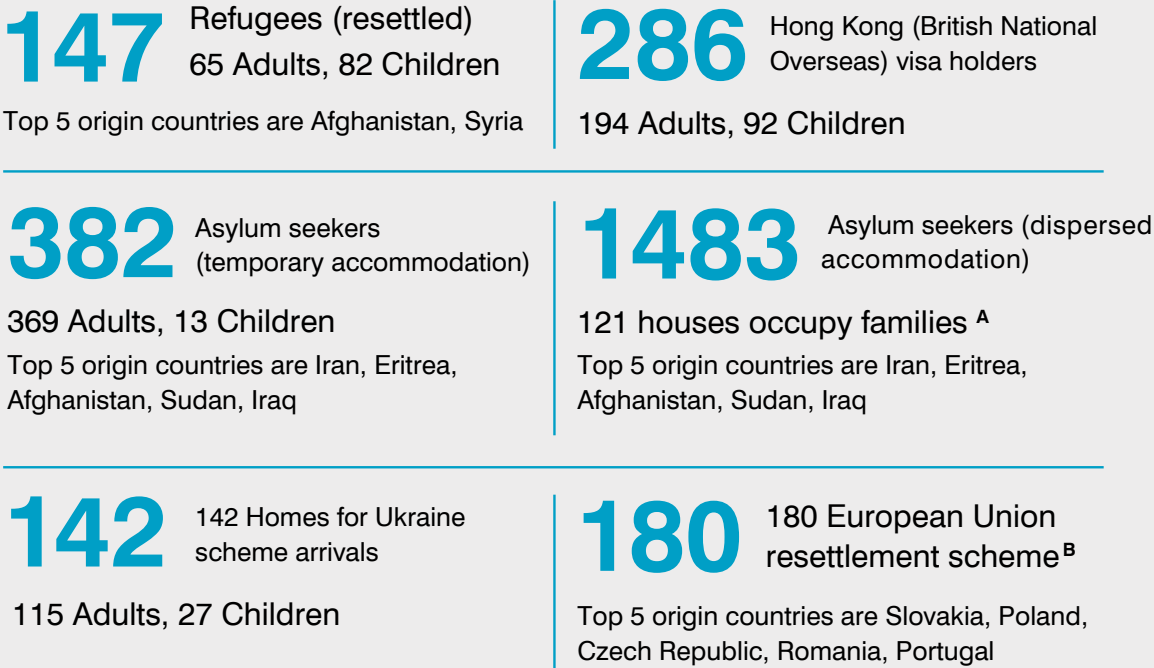
Timeline of conflicts and humanitarian support programmes:



National policy governs the rights and entitlements of migrants, with significant variations between individuals/communities

depending on the reason for arrival and/or immigration status (e.g. asylum seekers are excluded from working).

In the last year (April 2023 – March 2024) the Migration team welcomed and supported:



A Details of the number of children within families not available  
B Details of number of children within this scheme not available



Coventry's Diverse Migrant Profile

Coventry's population has steadily increased, growing from 301,300 in 2002 to 355,600 in 2022<sup>xi</sup>. These figures include an increase in net international migration, from 1,900 in 2002 to 17,500 in 2022. During 2022, 17,135 of the international arrivals registered for National Insurance Numbers with most applicants coming from India, Nigeria, and other Asian countries<sup>xii</sup>.

In addition to this, during the 2021/22 academic year Coventry University and the University of Warwick attracted a total student population of 67,015<sup>xiii</sup>. More than a third of these were from overseas, including 19,645 non-EU students and 4,525 EU students<sup>xiv</sup>.

Coventry's population is shaped by migration patterns and integration trends.

The 2021 Census reveals that 7,123 residents (2.1%) had migrated from other countries in the year leading up to the census compared to 37,500 (10.9%) arriving from elsewhere in the UK<sup>xv</sup>.

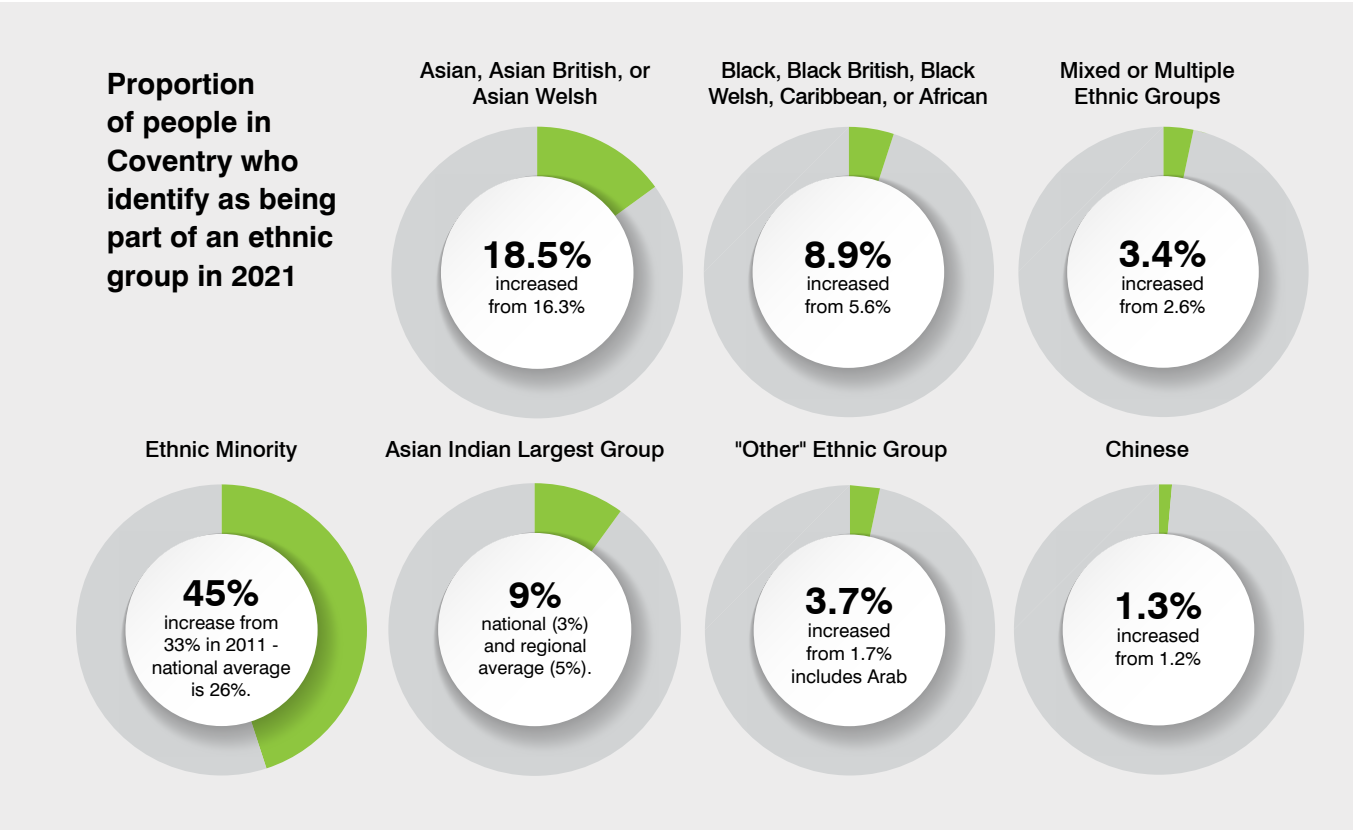
The palette of countries of origin for Coventry's migrant population is dynamic. The top countries of birth are <sup>xvi</sup> :

- |   |   |  |
|---|---|--|
|  1. India     |  10. Sri Lanka                                    |  18. Iraq  |
|  2. Poland   |  11. Zimbabwe                                    |  19. Iran   |
|  3. Romania  |  12. Kenya                                       |  20. Jamaica  |
|  4. Pakistan |  13. Bangladesh*                                 |  21. Lithuania  |
|  5. Ireland  |  14. Afghanistan*                                |  22. Hong Kong (Special Administrative Region of China) |
|  6. Nigeria  |  15. Somalia*                                    |  |
|  7. China    |  16. Germany                                     |  |
|  8. Ghana    |  17. Portugal (including Madeira and the Azores) |  |
|  9. Italy    |   |  |

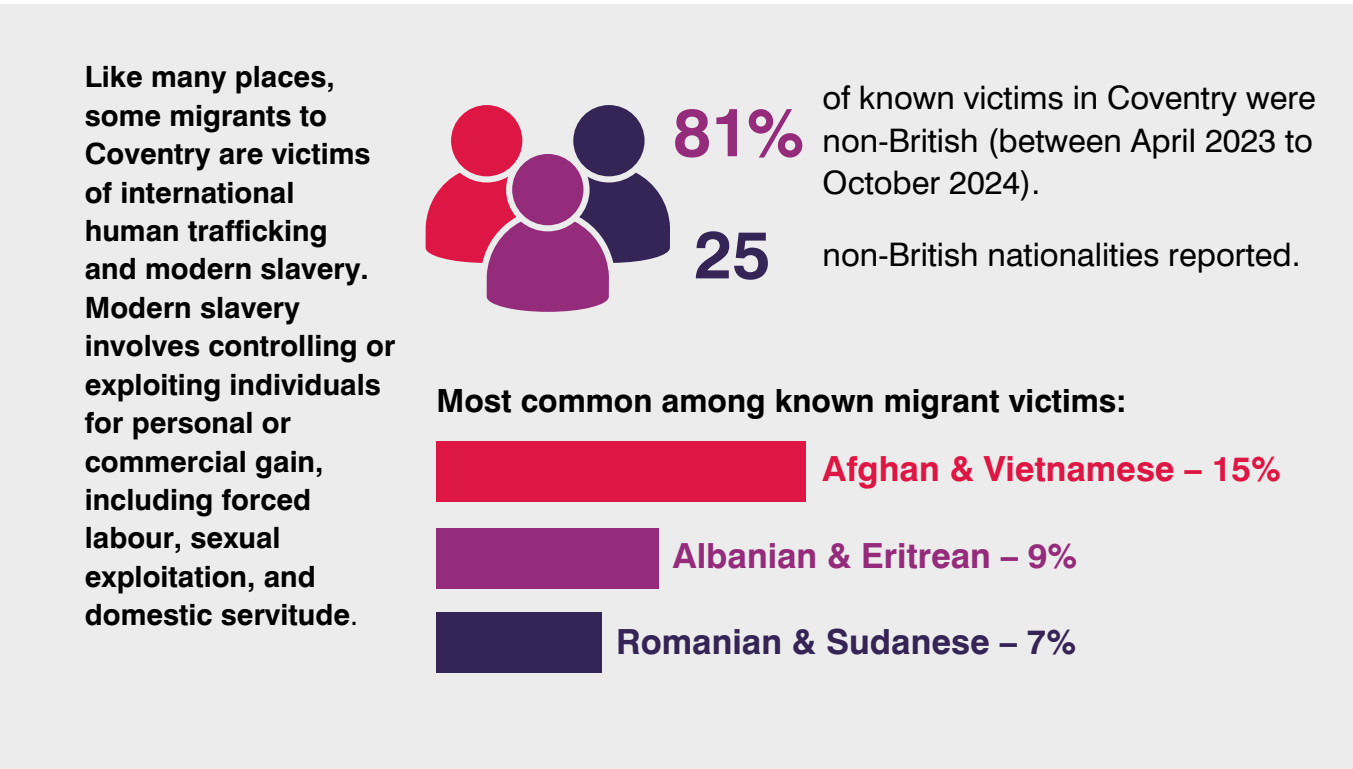
\* Countries identified by UN as one of the least developed countries in the world <sup>xvii</sup>



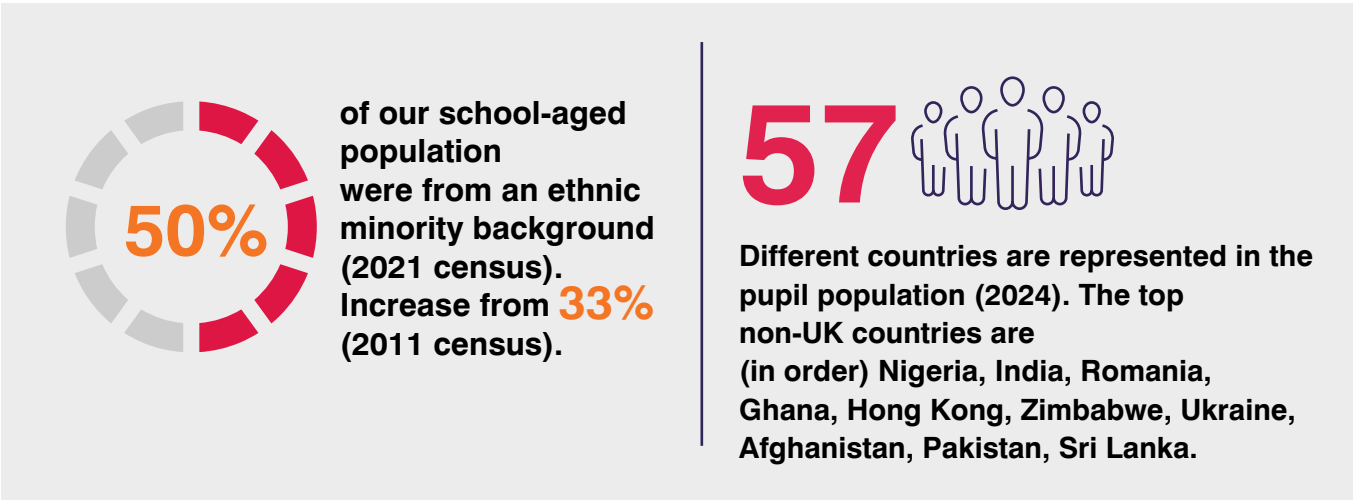
Changing Ethnic Demographics



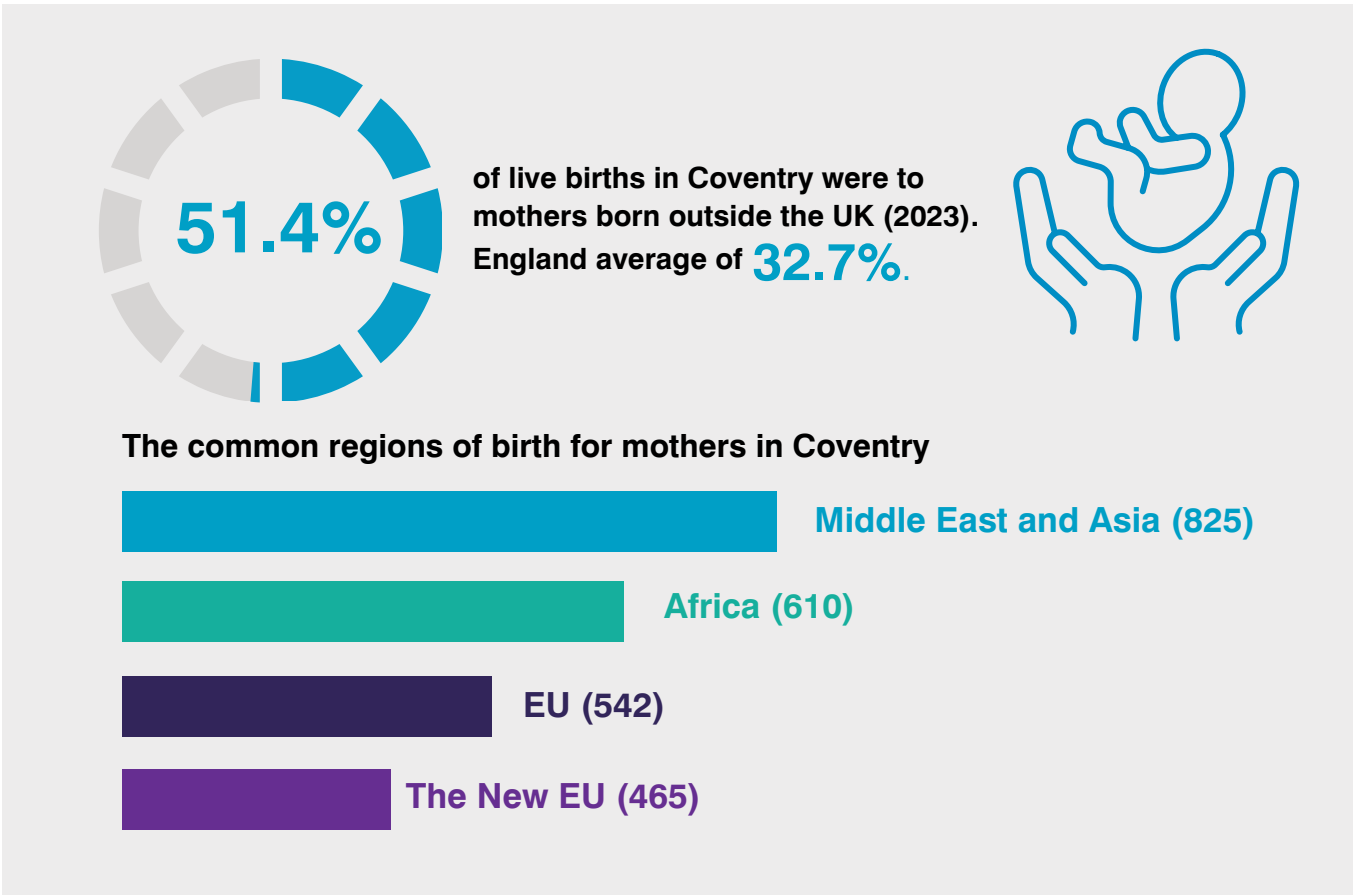
Victims of human trafficking and modern slavery



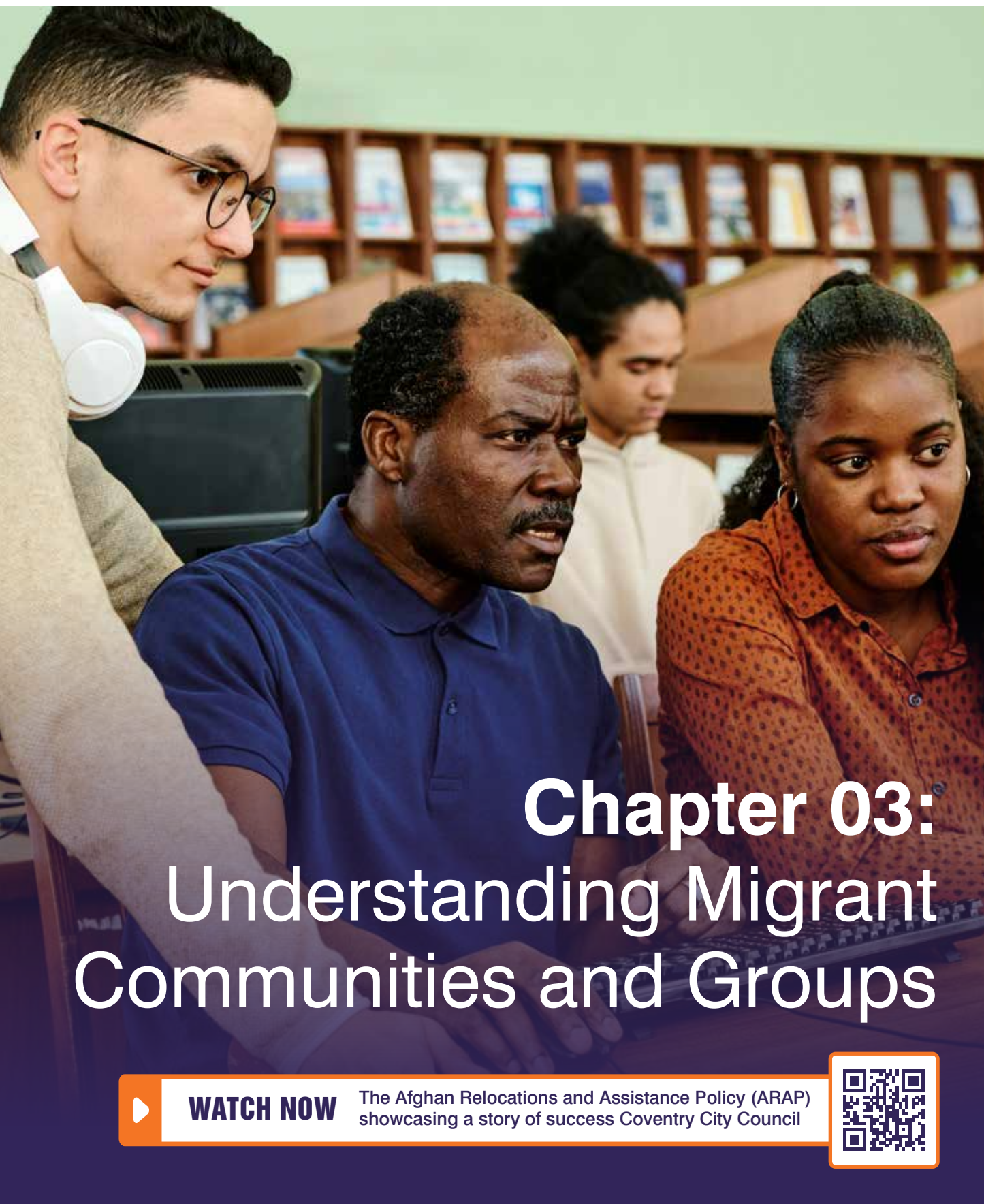
Ethnic and Cultural Diversity in Schools



Birth Trends







# Chapter 03: Understanding Migrant Communities and Groups

**WATCH NOW** The Afghan Relocations and Assistance Policy (ARAP) showcasing a story of success Coventry City Council



## LOCAL FACTORS SHAPING MIGRANT HEALTH

### Social Determinants of Health

The key factors that influence migrant health and outcomes – from a Coventry migrant perspective.



#### Housing and Living Conditions:

- Overcrowded or substandard housing can increase risks of communicable diseases and mental health issues, impacting overall life quality. Stable housing promotes mental well-being.



#### Employment and Income:

- Employment affects access to essentials like healthy food and healthcare. Job insecurity or exploitation can elevate stress and mental health challenges.



#### Education and Language Proficiency:

- Educational access and language skills influence healthcare access and provider communication. Limited literacy impedes understanding of health information.

#### Intercultural Reasoning Cultural Beliefs and Practices:

- Health beliefs among migrants may differ from UK norms, influencing healthcare interactions. Stigma around conditions like mental illness can prevent care-seeking.

#### Cultural Competency within the Provider-Patient Relationship:

- Culturally sensitive healthcare builds trust, while training providers in cultural competence improves patient experiences and health outcomes.



#### Mental Health Psychological Stressors:

- Trauma from war, displacement, or exploitation often has lasting mental health impacts. Adapting to a new environment can further stress mental health.

#### Social Isolation and Support Networks:

- Social isolation due to limited support networks impacts well-being, while community networks enhance emotional resilience and mental health.

#### Discrimination and Racism:

- Systemic and interpersonal discrimination can create chronic stress, mental health vulnerabilities, and healthcare access barriers. Experiences of racism may reduce migrants' willingness to seek medical care and lead to unequal healthcare treatment.



#### Accessibility of Healthcare, Eligibility and Entitlements:

- Language difficulties and limited knowledge of healthcare systems can delay medical care. Uncertainties about eligibility hinder timely access to services.
- Limited income or lack of insurance may restrict access to appropriate treatment.

#### Digital Inclusion:

- Limited access to the internet or digital devices can restrict migrants' ability to access healthcare, employment, education and social connections.
- Low digital literacy and limited access to technology prevents individuals navigating online services, booking appointments and/or understanding health information. Targeted digital literacy and device distribution programmes can improve access and engagement.





Neighbourhoods, Housing and Living conditions

Health and wellbeing in Coventry is below average, with residents in more deprived areas experiencing shorter lives and more of their lives in poor health compared to those in less deprived areas<sup>xxi</sup>.

Residents in high deprivation areas face complex and interconnected challenges that impact their health and well-being. These issues are shaped by multiple social determinants requiring targeted support to improve outcomes.

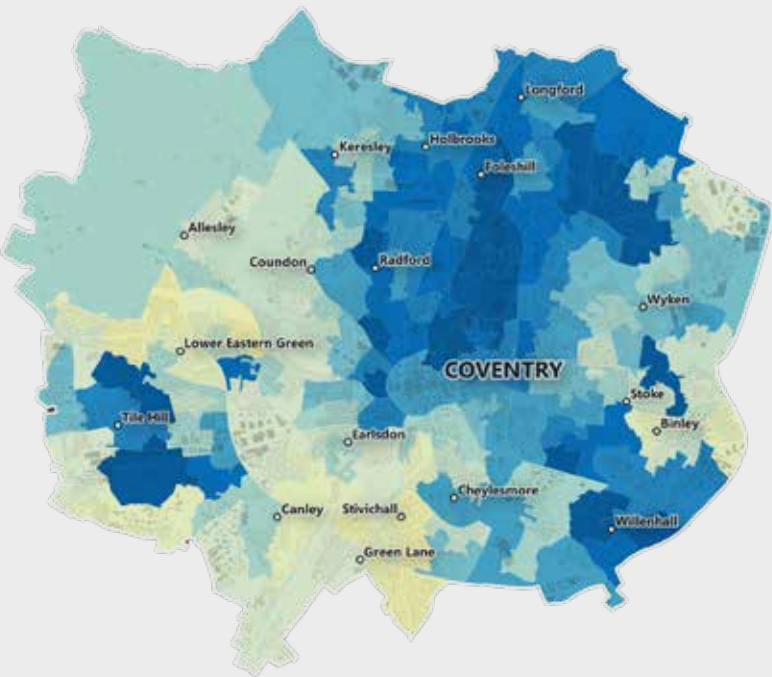
Deprivation in Coventry

Coventry’s Indices of **Multiple Deprivation (IMD)** highlights stark disparities across the city, with specific wards facing some of the highest levels of deprivation in England. Wards such as

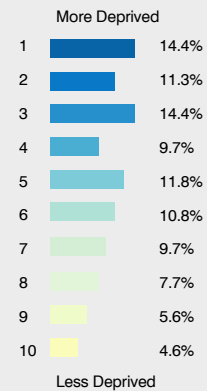
**Foleshill, St Michael’s, Longford, Willenhall and Henley** experience the most significant socio-economic challenges, impacting health, housing, education, and employment.



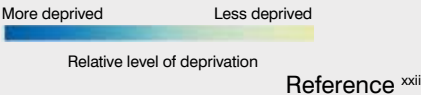
Index of Multiple Deprivation 2019 Coventry



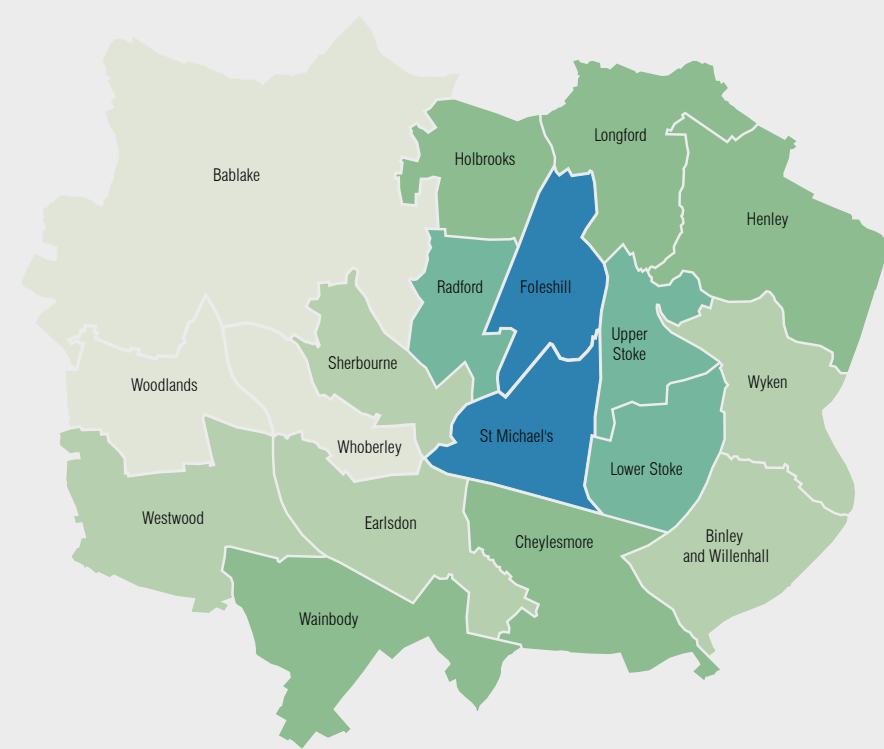
Local authority profile  
% of LSOAs in each national deprivation decile



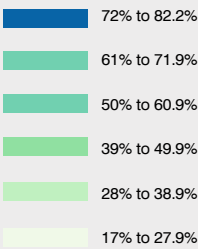
**What this map shows**  
This is a map of Index of Multiple Deprivation (IMD) 2019 data for **Coventry**. The colours on the map indicate the deprivation decile of each Lower Layer Super Output Area (LSOA) for England as a whole, and the coloured bars above indicate the proportion of LSOAs in each national deprivation decile. The most deprived areas (decile 1) are shown in blue. It is important to keep in mind that the data relate to small areas and do not tell us how deprived, or wealthy, individual people are. LSOAs have an average population of just under 1,700 (as of 2017).



Coventry Ethnic Group Population Density Map (Ward Level)<sup>xxiii</sup>



Census 2021 - ethnic minority population  
% of total population of ward who are from ethnic minority groups



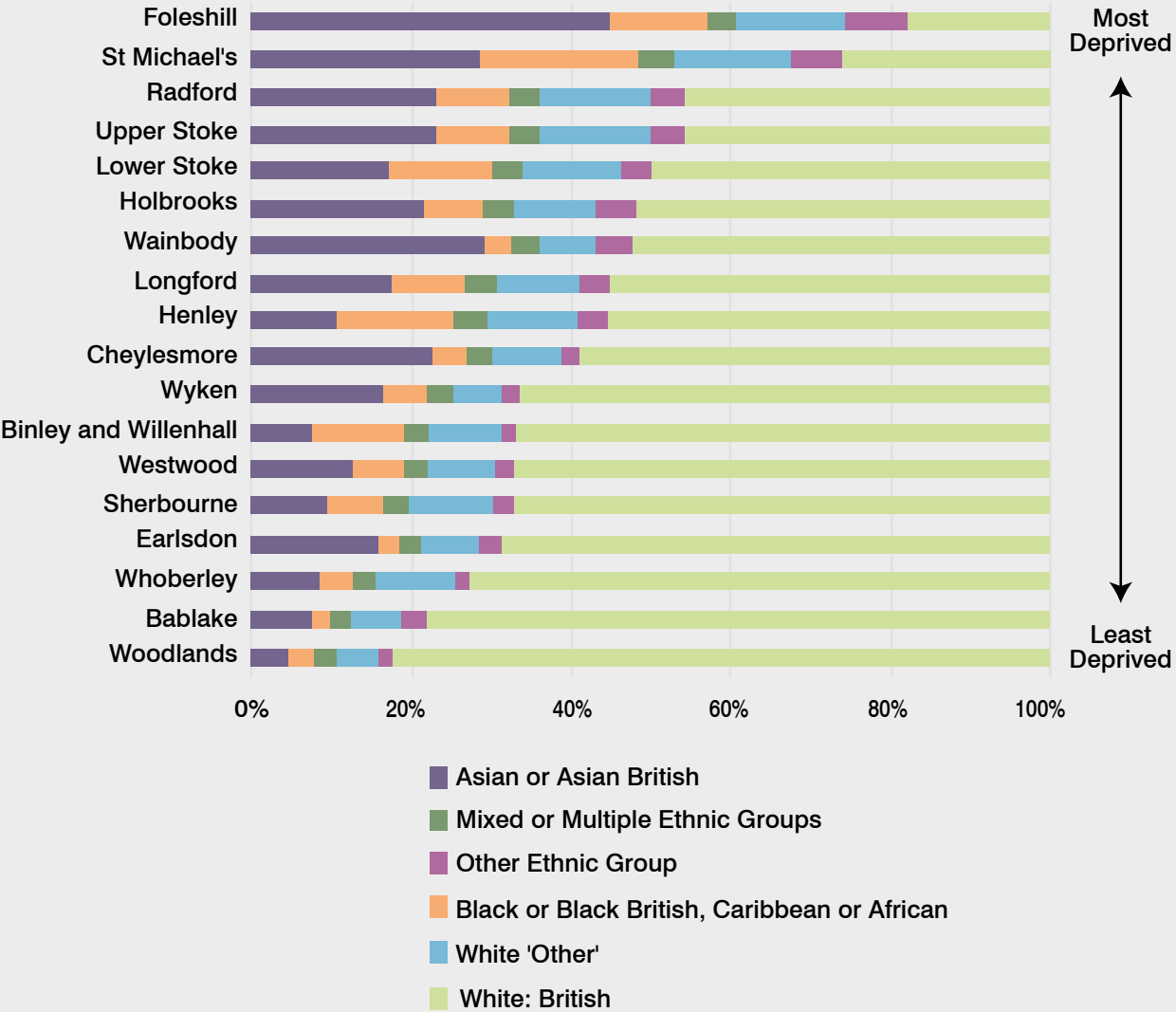
There is a significant variation in ethnic composition across Coventry’s 18 wards representing a wide range of backgrounds. Different ethnicities are more prevalent in

certain wards, with Foleshill having the highest proportion of ethnic minority residents at 82%, followed by St. Michael’s at 74%. Both wards are among the most deprived in Coventry.

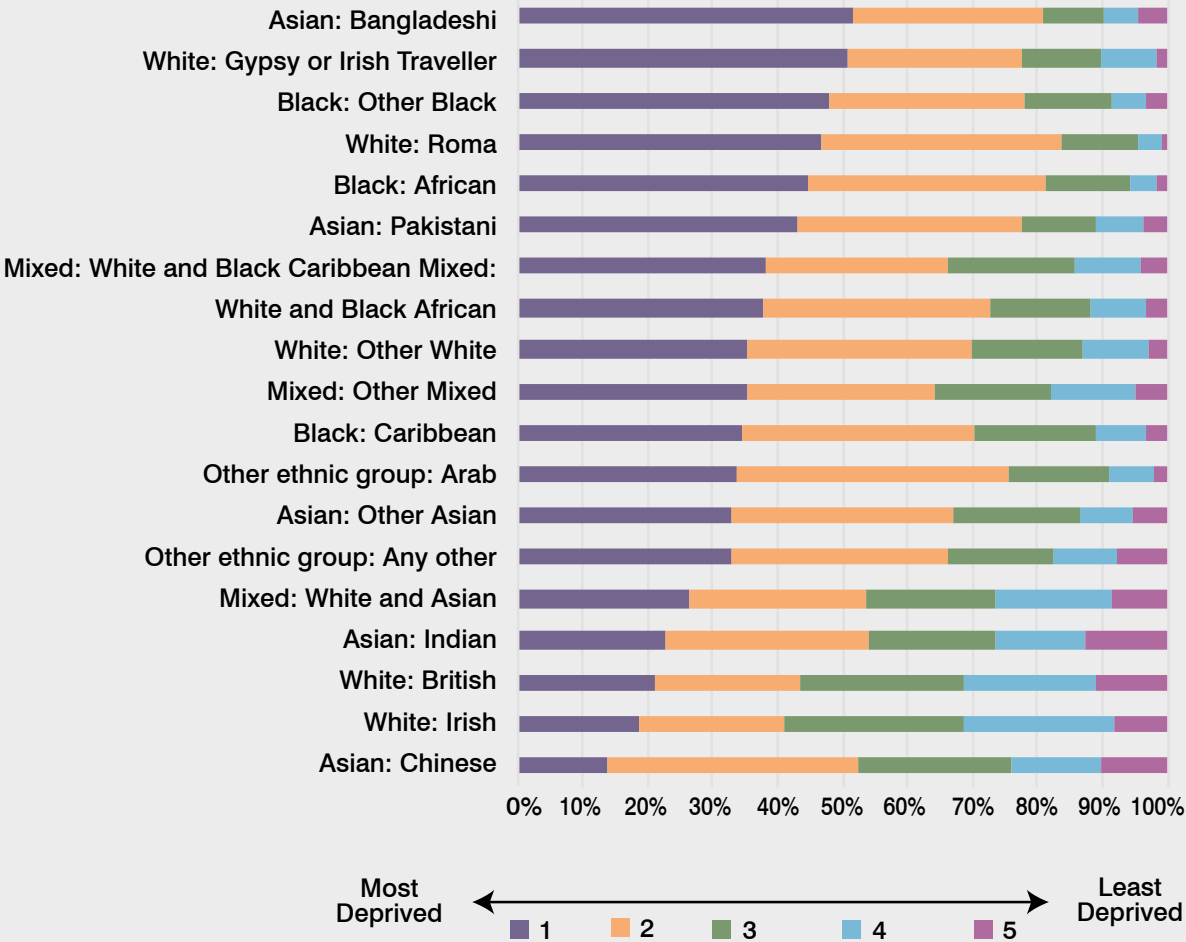
Deprivation in Coventry is strongly linked to ethnicity, with Bangladeshi, Gypsy or Irish Traveller, and Black communities facing the greatest disparities. These groups are concentrated in deprived wards like Foleshill and St. Michael's, where poor health outcomes, economic inactivity, and inadequate housing intersect.

Limited access to quality healthcare, higher disease burdens, and lower educational attainment further increase inequalities, reducing life expectancy and workforce participation.

Percentage of ethnic groups in each ward (areas are ranked in order of IMD level starting from most deprived to least)



Percentage of ethnic groups living in deprived neighbourhoods (IMD Quintiles)

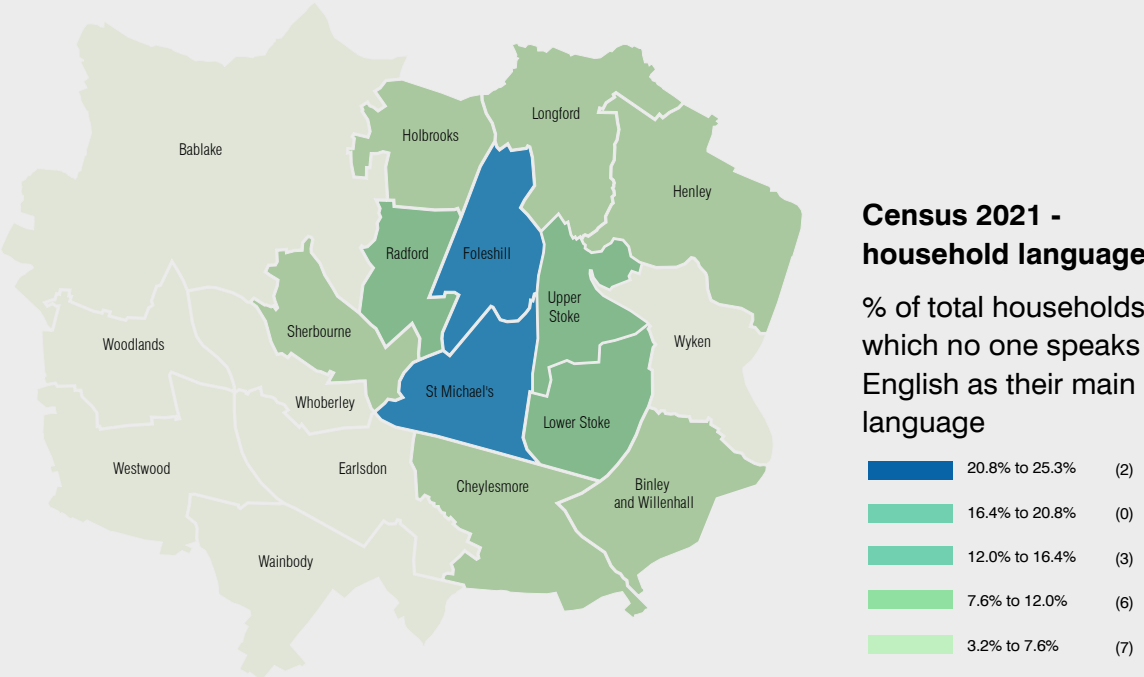


Languages in Coventry

Over 100 languages are spoken in Coventry. Whilst English is the main language for most (82.5%):

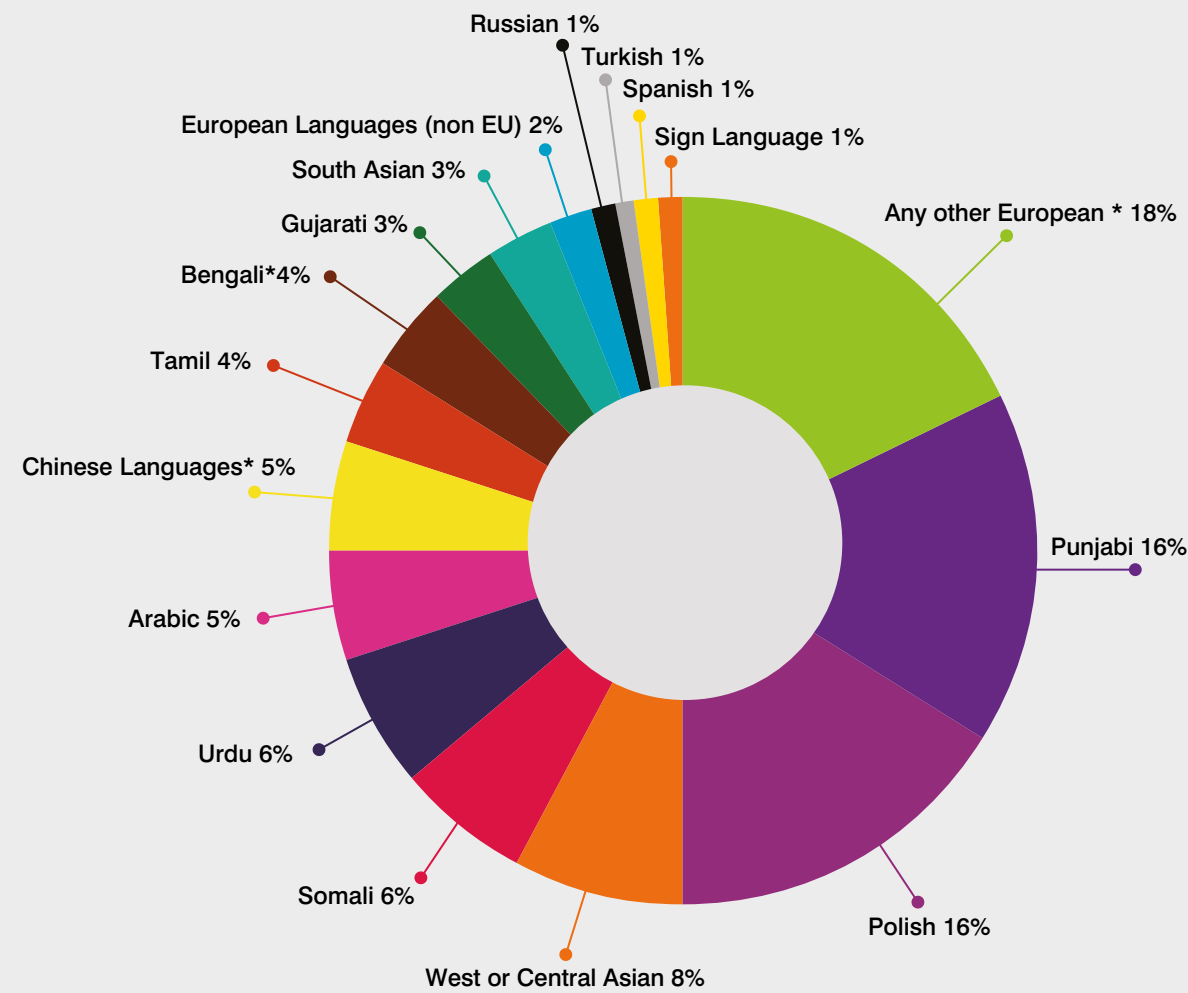
16.9% of Coventry residents who do not speak English as their main language also report not speaking it well. 2.6% of residents cannot speak English at all. This issue is particularly pronounced in Foleshill West where over a quarter of households have no residents who speak English as their main language<sup>xxiv</sup>.

Households where no people have English as a main language in Coventry (ONS, 2021)<sup>xxv</sup>

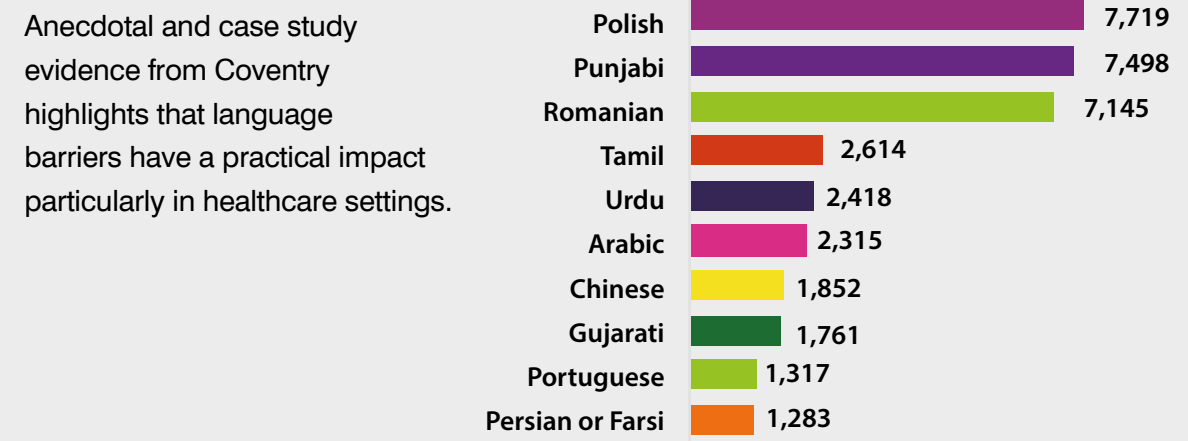


The most recent (2024) Coventry schools data indicates that at least 47 different languages are represented in the pupil population. English remains the top language followed by (in order) Romanian, Cantonese, Arabic, Urdu, Ukrainian, Yoruba, Shona, Pashto / Pakhto, Malayalam, Tamil and Hindi.

A breakdown of the languages spoken in Coventry by residents who cannot speak English well or cannot speak English (aged 3+).



Top 10 most spoken languages after English





# DISCRIMINATION AND RACISM

## Health impact

Experiences of discrimination and racism, whether interpersonal or systemic, can have a profound impact on the mental and physical health of migrant populations. Chronic stress, anxiety, depression, and other mental health problems are often linked to experiences of discrimination. Additionally, racism can manifest in healthcare settings, leading to unequal treatment and poorer health outcomes for ethnic minorities.

*“ They call you call you names and things like that. You know, so sometimes it makes you feel a bit uncomfortable. But at the same time, you’re already in it, so you just gotta carry on....*

## White European migrant' experiences

The experiences of white European migrants, particularly those from countries like Poland, often contrast with those from racial and ethnic minority backgrounds. These migrants may not face the same levels of discrimination and may find it easier to integrate into British society due to shared cultural values and norms, as well as the prevalence of English language education in their home countries.

Ola, from Poland arrived in the UK in 2004, describes her experience as relatively smooth.

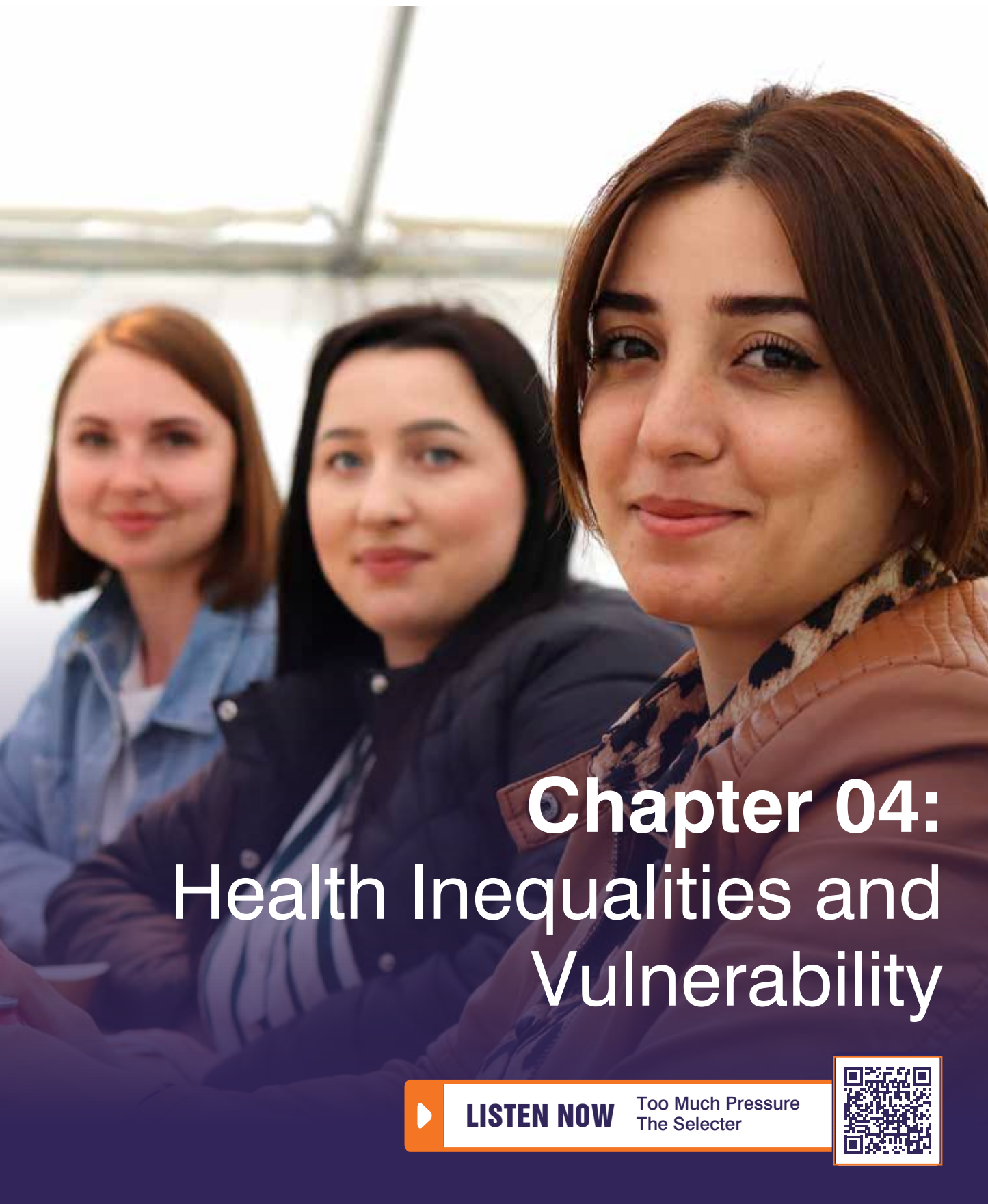
*“Really the British people are very open. They were not like, oh, I don’t help you. I always met such lovely people that helped me. So it was easy, everything was easy.”*

## Discrimination across migrant groups

Research supports the notion that migrants from Eastern European countries, including Poland, generally experience less discrimination and have an easier time integrating into the UK compared to migrants from other regions. A study by the Migration Observatory at the University of Oxford found that Eastern European migrants reported lower levels of discrimination than migrants from other regions, and were more likely to feel they belonged in the UK<sup>xxvi</sup>. This is attributed to factors such as perceived cultural proximity, higher levels of English language proficiency, and the fact that many Eastern European migrants came to the UK through established channels like the EU accession process, which granted them certain rights and protections.

The Homes for Ukraine scheme, launched in March 2022, allowed UK residents to sponsor and host Ukrainian refugees fleeing the war. This initiative demonstrated a significant outpouring of public support with over 100,000 Ukrainians finding homes in the UK through the sponsorship scheme. The approach also highlighted disparities in the reception of different migrant groups. Whilst the migrant experience is varied and complex, migrants from Eastern European countries like Poland and Ukraine may have a more positive experience in the UK compared to migrants from other regions. This is not to say that these migrants do not face any challenges, but rather that their experiences may be shaped by different factors than those of migrants from other backgrounds.





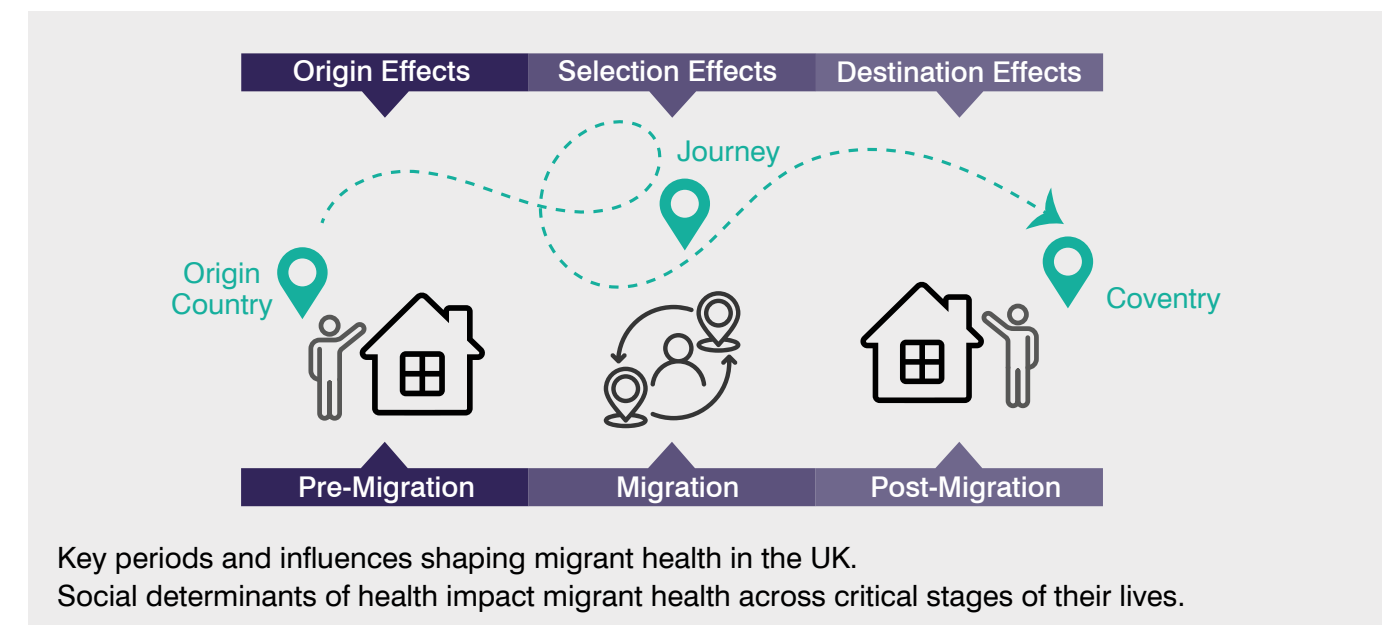
# Chapter 04: Health Inequalities and Vulnerability

**▶ LISTEN NOW** Too Much Pressure  
The Selector



Health and life expectancy are influenced by several factors with four primary elements shaping the health outcomes of migrants<sup>xxvii</sup> :

- Conditions experienced in their country of origin (pre-migration)
- Experiences during migration itself (the journey)
- Living conditions in Coventry following their arrival (post-migration)
- Selection effects of national and local policies that determine who migrates and under what circumstances



On arrival in the UK, migrants are usually healthier and younger than the average person of the same ethnicity in both their country of origin and the UK-born population<sup>coviii xxx</sup>.

Major studies<sup>xxx</sup> have found that many migrants show a mortality advantage when compared to the wider population in their destination country.

No significant mortality advantage was observed for migrant children, young people under 29 years old or those aged 60+ years old.

**Overall**  
**25%** lower risk of death from all causes

**MEN**  
**19%** lower risk of death from all-causes

**WOMEN**  
**19%** lower risk of death from all-causes

**AGE**

**30-39 YRS**  
23% lower risk of death from all-causes

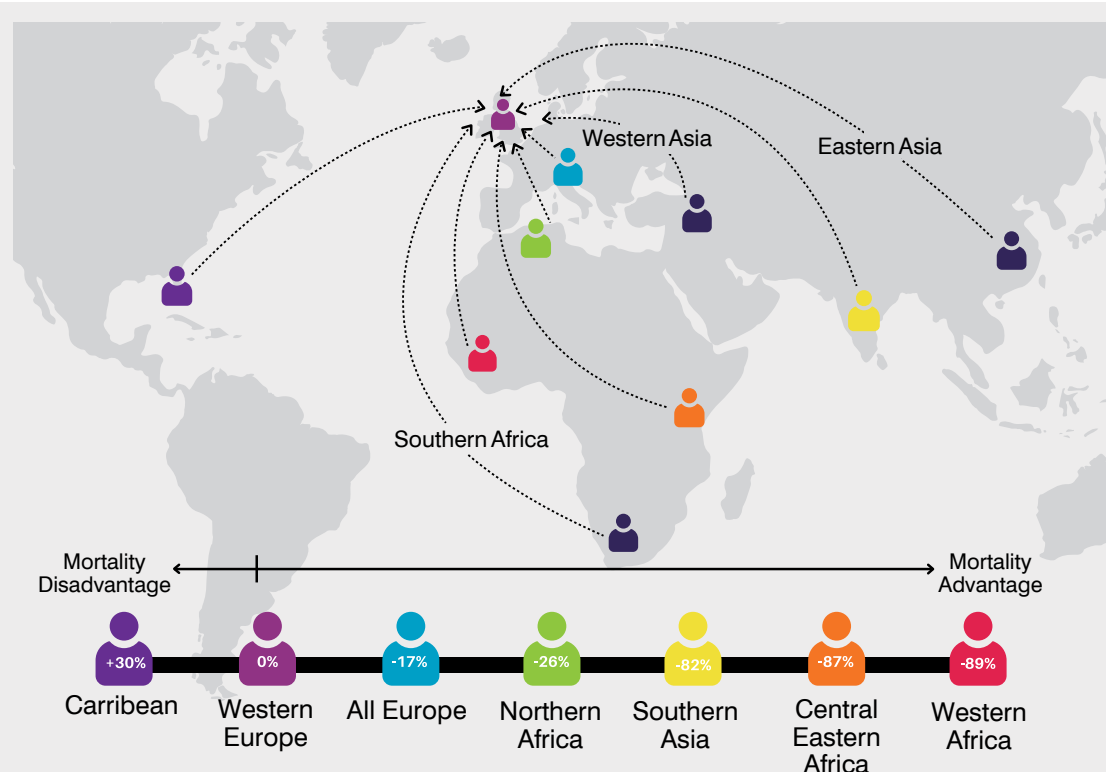
**40-49 YRS**  
26% lower risk of death from all-causes

**50-59 YRS**  
14% lower risk of death from all-causes



- The level of mortality advantage (or disadvantage) amongst people that have moved to the UK varies by region of origin<sup>xxxii</sup>. For example, migrants from low-middle

income regions (except the Caribbean) show over 20% lower death risk from all causes than the UK population.



## Digital Inclusion has emerged as a super determinant of health

Digital technologies have increasingly become a central route to accessing essential local and national information, advice, and services. Wherever access to reliable internet, appropriate devices and/or digital literacy skills is limited, this can create significant barriers to healthcare, employment, education, and social participation. As a result, digital inclusion has emerged as an important element of supporting good health and wellbeing for all.

Migrants who lack digital access or skills can struggle to book appointments, navigate online health resources, and/or access core services provided by the statutory and voluntary sector. This has the effect of generating and/or reinforcing health, social and economic inequalities. The negative impact of digital

exclusion is particularly pronounced among newly arrived migrants, older migrants, and those with limited English proficiency. Targeted interventions to minimise digital exclusion are an important way of reducing inequalities. Tactics adopted in Coventry include #CovConnects which is a city-wide digital inclusion initiative featuring community-based digital literacy and technology access projects. Where appropriate, health related interventions have also developed multilingual online and printable health resources. By promoting and facilitating digital inclusion, policymakers and service providers can help migrants to engage with increasingly digital health and care systems including access to information that is vital to protecting and improving their overall health and well-being.

## Socioeconomic status before and during migration affects the mortality advantage

In low and middle-income countries, individuals with higher socioeconomic status are better able to avoid health risks (e.g. infectious diseases, malnutrition, conflict, violent crime) including better access to private healthcare<sup>v</sup>. This group

are also more likely to meet visa requirements (e.g. language skills, job qualifications). The selection effects of this results in the healthiest and wealthiest migrating, with many returning to countries of origin after work /or study

## Health inequalities for vulnerable groups are often overlooked

Although migrants generally live longer than members of the receiving community, significant ethnic health disparities exist in the UK. Viewing migrants as a single group can obscure the challenges faced by vulnerable groups, who often have complex health needs and encounter additional barriers.

The Coventry & Warwickshire Health Inequalities Strategic Plan (2022-27)<sup>xxxiv</sup> follows the **Core20plus5** framework and identifies newly arrived communities, including refugees, asylum seekers and undocumented migrants, as requiring targeted support to increase health equity.

For example:

- Refugees, prioritised for resettlement to the UK by The United Nations High Commissioner for Refugees due to vulnerability and medical needs, frequently arrive with conditions that limit daily activities<sup>xxxv</sup>.
- Asylum seekers, impacted by difficult journeys and current living conditions, are more likely to experience health issues that affect their work capacity<sup>xxxvi</sup>.

## Vulnerable Groups

Some migrant groups face a higher risk of health issues due to increases susceptibility to harm (e.g. abuse, violence) and limited access to their human rights before, during, and after migration. UK government identifies the following vulnerable groups:

- Asylum seekers and refugees
- Unaccompanied children
- Victims of human trafficking
- Undocumented migrants
- Low paid migrant workers

Migrant women (especially pregnant women and survivors of gender-based violence), LGBTQIA+ individuals, migrants living with disabilities, older migrants, ethnic and religious minorities are at higher risk of vulnerability<sup>xxxiii</sup>.





# HEALTH ADVANTAGES DECLINE OVER TIME

The overall migrant health advantage declines over time as longer residence periods and older age are both associated with poorer health<sup>xxxvii</sup>. Evidence of this was highlighted during the

COVID-19 pandemic when ethnic minority communities and vulnerable migrant groups were at increased risk of infection and over-represented amongst cases and deaths<sup>xxxviii</sup>.





## Health Behaviours associated with ethnicity have both protective and risk effects

Health behaviours (e.g. smoking, drinking alcohol, diet) influence migrant health both pre-migration and in Coventry. Migrants from many regions have more nutritious diets and are less likely to drink alcohol than the Coventry-born population<sup>xxxix</sup>. Most international migrants to Coventry are from ethnic minority groups, within

this the majority are racialised groups.

Mary from Nigeria said,  
“ Doctors used to ask me Mary do you smoke?  
I say smoking, for what? I don’t smoke. I don’t drink. I don’t take alcohol. I take tea.”

## Differences in Health Behaviours amongst ethnic groups in England<sup>xi</sup>

Differences in Health Behaviours	
	<b>Diet:</b> All ethnic minority groups are more likely to eat the recommended 5 portions of fruit and vegetables a day in comparison to the white British and Irish population
	<b>Alcohol Consumption:</b> Ethnic minority groups, including ‘Other’ White men and women, are more likely to be non-drinkers and/or drink less than 14 units of alcohol a week compared to the White British and White Irish population. 15% of white British women and 9% of White British men are non-drinkers. Higher risk drinking (i.e. over 14+ units of alcohol per week) differs by ethnicity. 18% of white British women and 36% of white British men engage in higher risk drinking.
	<b>Tobacco Smoking:</b> Cigarette smoking is less prevalent in Indian, Black African and ‘other’ minority people than the White British population. Irish, other White, Pakistani, Bangladeshi, and Black Caribbean men are all more likely to be current smokers than the White British population.
	<b>Physical Inactivity:</b> Non-white ethnic minority men and women are more likely to be physically inactive (defined as doing less than 30 minutes exercise per week) than the White British population.

 **WATCH NOW** UK Resettlement Scheme (UKRS) showcasing a story of success from a Syrian family Coventry City Council





Health Inequalities Driven by Deprivation

Poorer health outcomes and health inequalities are driven by deprivation in a nuanced way with people living with bad or very bad health for longer. The most-deprived areas of Coventry also have the highest proportions of people that identify as being from an ethnic minority group. Here, males live around 10.7 years less than

males in the least-deprived areas. The difference in life expectancy for females is 7.8 years<sup>xli</sup>. The wards with the lowest life expectancies at birth in Coventry also correspond with the places where most migrant households that speak a main language other than English<sup>xlii</sup>.

Whilst some impacts of deprivation are mitigated for migrants and people from ethnic minority groups due to ‘healthier’ behaviours, significant

inequalities in health outcomes persist in comparison to the White British population.

Increased risk of type 2 diabetes

In 2021/22 7.1% (24, 527 people) of Coventry patients aged 17 years and older were recorded as having Diabetes<sup>xliii</sup>. This has increased from 5.7% (16,514) in 2010/11 and mirrors the national trend. In the UK prevalence of type 2 diabetes is:

- More than twice as common amongst people from Black African, Black Caribbean, South Asian and ‘Other Ethnicity’ groups in comparison to the White British population<sup>xliii</sup>.
- Higher (x1.75) amongst foreign born population than UK born population. The increased prevalence is lowest amongst people who arrived to work or study.
- Higher amongst African Caribbean migrants (10%) in comparison to the UK-born population of the same ethnicity (7%).
- Higher amongst South Asian migrants (14%) in comparison to the UK-born population of the same ethnicity (11%)<sup>xliiv</sup>.

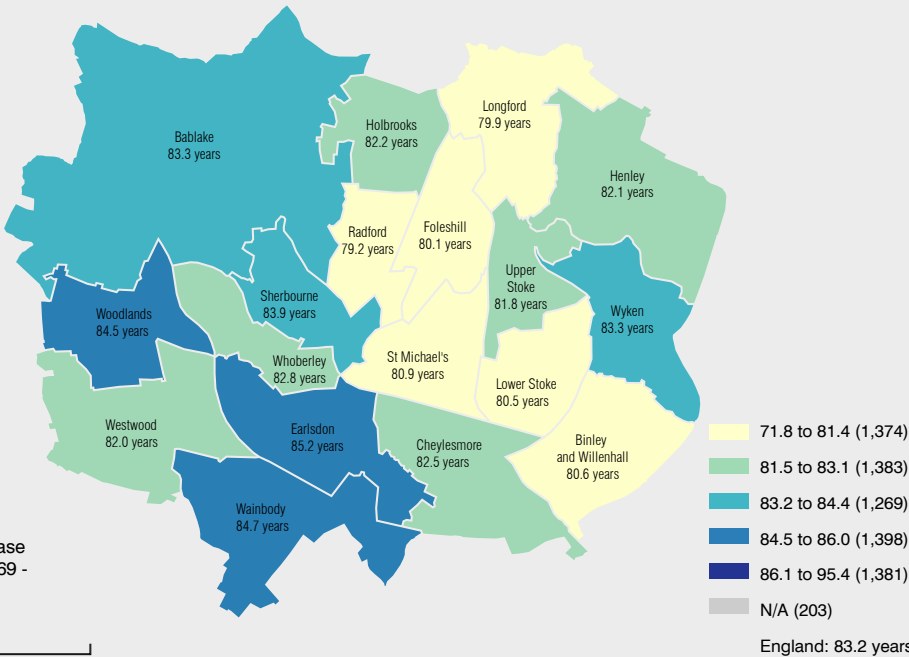
Evidence indicates that the efficacy and appropriateness of diabetes prevention and treatment interventions is influenced by the cultural competency of health professional (e.g. understanding different staple foods and proposing culturally relevant alternatives).

*My grandmother had diabetes in Jamaica.... She would drink condensed milk with a coffee. Everything that you shouldn't do, and I think that's carried on over here with a lot of the older generation they've got diabetes... When you get diagnosed with diabetes and they tell you that you need to cut out X,Y and Z. But they don't tell you what to replace it with necessarily. Culturally...I think there's stuff around that to make [advice] for particular communities and diets. Everybody doesn't have the same diet.'*



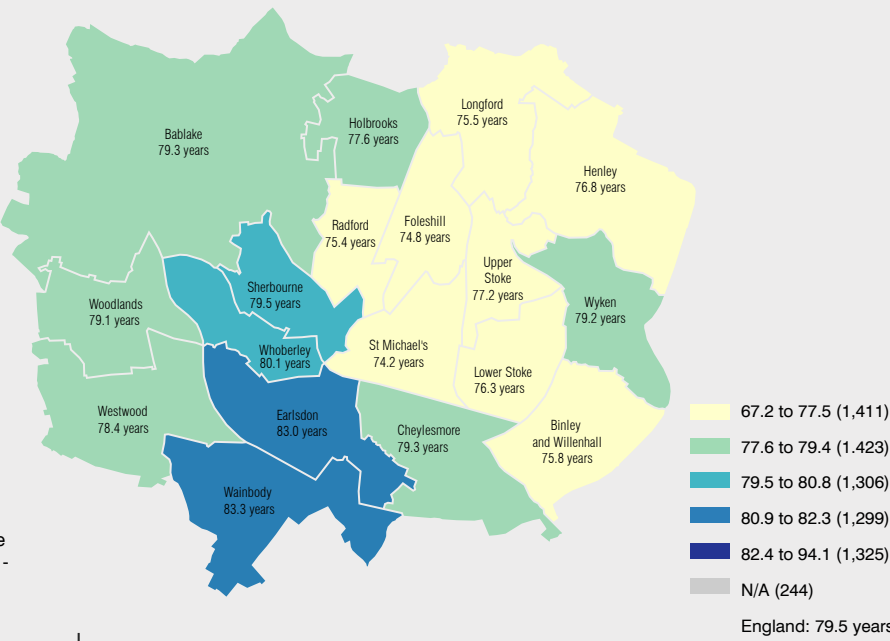
Ward 2021 (Electoral Best Fit) 11 Life expectancy at birth for females, 2016 to 2020 (years)

Source: The Office for Health Improvement and Disparities analysis of ONS death registration data and mid-year population estimates.



Ward 2021 (Electoral Best Fit) Life expectancy at birth for males, 2016 to 2020 (years)

Source: The Office for Health Improvement and Disparities analysis of ONS death registration data and mid-year population estimates.



Poor Mental Health & Limited Support Access

Vulnerable migrant groups are at greater risk of mental health problems than the wider population<sup>xlv</sup>. Pre-migration experiences such as war, conflict and hardship can cause significant stress, added to this migration journeys can be long, dangerous and traumatic. These create major risk factors for poor mental health that are exacerbated when traumatisation is prolonged (e.g. modern slavery<sup>xlvi</sup>). Looking at worldwide prevalence of specific mental health conditions amongst asylum seekers and refugees:

- Depression prevalence around 31.5%<sup>xlvii</sup>. This is significantly higher than the 2021/22 overall levels for the adult population in Coventry adults (11.9%)<sup>xlviii</sup>.
- Post-traumatic stress disorder (PTSD) prevalence of 31.5%. This translates to being three-times more likely to experience PTSD during their lifetime than the overall UK population<sup>xlix</sup>.

Modern Slavery Survivors’ Health Challenges

Survivors of modern slavery often experience significant mental and physical health issues. Studies show that 41% are diagnosed with complex PTSD, and many experience abuse-related injuries, malnutrition, and illness. Health services play a vital role in identifying and supporting these individuals, with Coventry’s mental health services and

For those who experience trauma, access to support and integration services is a protective factor that reduces the risk of experiencing longer term mental health problems.

Even (aged 40) from Eritrea, ‘It’s the most difficult time of anyone’s life, that who came through that way. Because [They] would abuse you. They will hit you. They will rape you. Sometimes it’s just... horrible, but there’s no choice. You just need to get over there.’

Khaled (aged 54) from Syria ‘[Here] there is no pressure, no stress... [There]... mind always working always working: What tomorrow? What’s will happen? Especially that you know Middle East... not majorly stable. Here when you put your head on your pillow you know you will go sleep, you don’t need more than 5 minutes.’

hospitals frequently being key contact points. Survivors are vulnerable to receiving poor advice, aggravated by a lack of awareness about their rights and local services. Misunderstanding around their eligibility to register with a GP further limits access to help, support and healthcare.

Loneliness During Cultural Adaptation

A common feature whilst adapting to a new culture, loneliness is a recognised contributor to poor mental wellbeing<sup>i</sup>. For migrants, wellbeing is supported by developing community connections which enables adaption and the creation of a sense of belonging. The psychological stress of adjusting to a new culture can be heightened by direct discrimination and/or racism (e.g. in labour market) in receiving communities that acts as blocker to integration.

Cultural Barriers to Service Access

Cultural stigma surrounding several health issues (e.g. mental health, learning disability, sexual health) can prevent migrants from getting the treatment they need and exacerbate problems.

Tailored interactive promotion, that displays awareness of cultural differences can help change opinions reduce stigma and increase likelihood of seeking help.

Iryna (aged 48) arrived in Coventry aged 36. ‘When I came it was psychologically a bit difficult, because I was very busy in Ukraine, having friends and always on the telephone... Suddenly everything stopped and you’re just starting a new life. I was sitting at home trying to find a job and failed’

‘The social club [Ukrainian Association Coventry] opens every Friday – Saturday and that helped me a lot to adapt here in Coventry... that was very welcoming from them, which is very very important. I think I would struggle without that social club and without my husband’s support’.

‘Here is different and much better because they give a lot of interest in mental health for all the people. If you have some mental health issue, it’s normal here, not what you call... bad, or stigma’. Asma (aged 30) from Syria.



## Lower Protection from Infectious Diseases

Migrants are far more likely to die (56%) from infectious diseases than the overall population in the UK<sup>li</sup>. In most cases, the infections of concern are treatable. The higher risk is linked to: differences in prevalence around the world; variation in vaccination schedules; lower uptake of testing in some communities; and delayed treatment, for example:

- **50% of people given late diagnosis of HIV were from Black African communities<sup>C</sup>:** Coventry has a HIV incidence rate with 2022 data showing that 3.8 people per 1,000 adults<sup>D lii</sup>.in our city live with HIV compared to 2.3 per 1,000 for England<sup>liii</sup>. The risk is highest for people who have previously lived in Sub-Saharan Africa.
- **Members of communities that have newly arrived from a country with high rates of tuberculosis (TB) have an increased risk of active and latent TB:** 2020-22 data shows that<sup>liv</sup> Coventry has a three-year TB incidence rate of 15.6 per 100,000 adults compared to the England rate of 7.6 per 100,000. Non-UK born individuals accounted for 79.1% of new TB diagnoses in England during 2022. Trends in Coventry largely reflect this pattern.
- **Higher risk of TB-HIV Co-infection for some communities<sup>lv</sup>** – The high prevalence of HIV and TB in Sub-Saharan countries means that African migrants are particularly at risk from co-infection from both diseases.
- **95% of people given a new chronic Hepatitis B diagnosis in the UK are migrants<sup>lvi</sup>.** Most acquired the infection in their country of origin, either at birth or in early childhood. The risk of hepatitis is greatest if migrants have at lived or had medical treatment in countries with high rates of Hepatitis B and Hepatitis C viruses. This includes all African, Asian, Caribbean, Eastern and Southern European, and Middle Eastern countries.
- **Coventry and national trends show lower** vaccination coverage amongst some migrant groups (eg. asylum seekers, refugees, people from low-middle income countries). Alongside this, where income is low income and living conditions are overcrowded and/or poorly ventilated, the chances of infections spreading are increased.

## Pregnancy Experiences and Outcomes

National data consistently shows inequalities in adverse health outcomes of mothers and babies with racially minoritised backgrounds. In 2022, 58.2% of livebirths in Coventry were to parents where at least one was born outside of the UK compared to the average of 30.3% across England and Wales<sup>lvii</sup>. Our city has a high level of stillbirths at 5.4 stillbirths per 1,000 births recorded during 2022/23<sup>lviii</sup>. Our infant mortality rate at 5.9 per 1,000 live births is also higher than the England average.

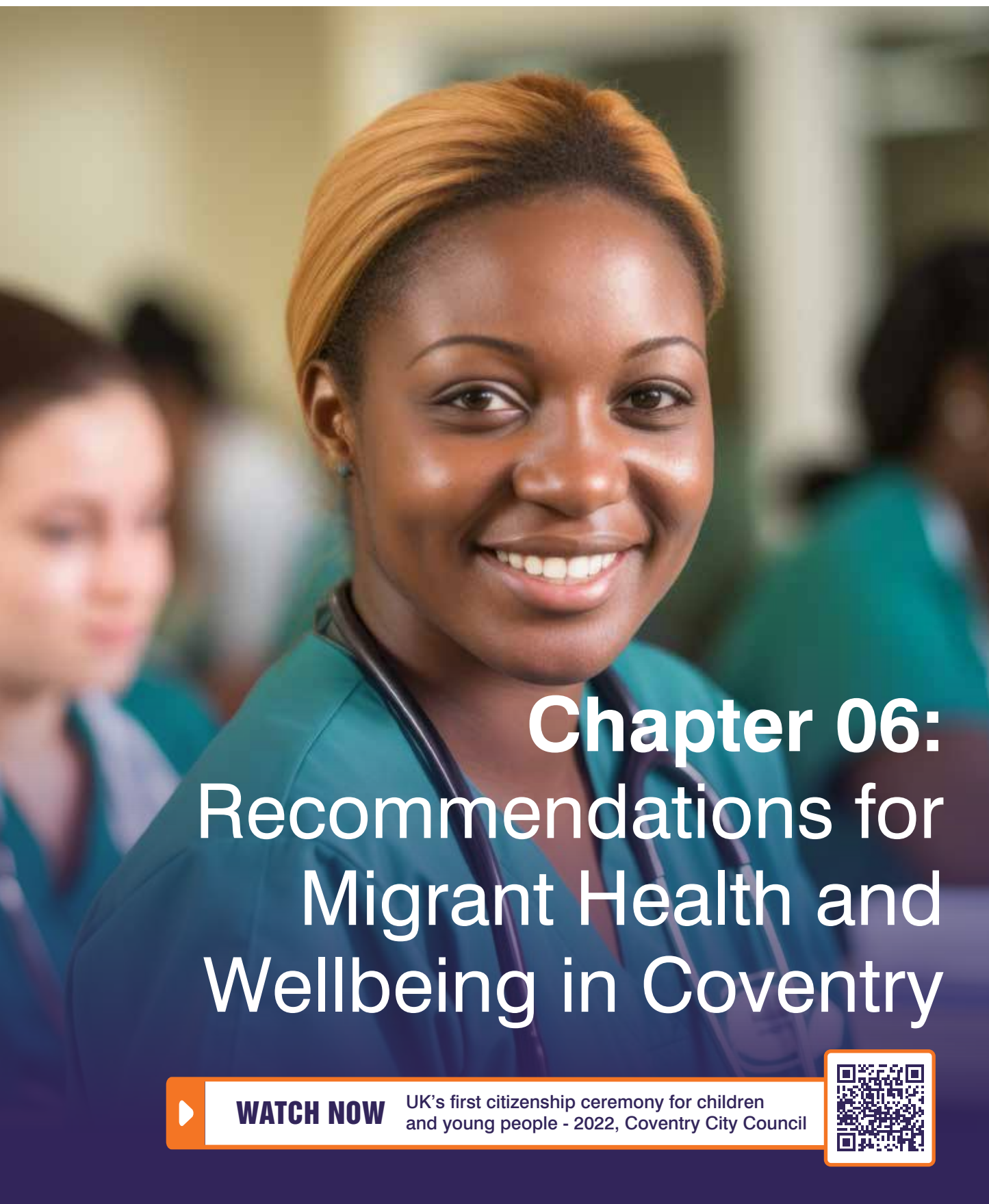
A 2023 Healthwatch Coventry and Carriers of Hope report captured the maternity experiences of asylum seekers and newly arrived women<sup>lix</sup>. This highlighted challenges in navigating the system, accessing care (e.g.

financial barriers), communication problems, poor experiences due to clinician attitudes, and lack of culturally sensitive care. These exacerbated complications associated with trauma, poverty, malnutrition, inadequate housing, and female genital mutilation (FGM) which are also more common amongst this group<sup>lx</sup>. Feedback and experiences in the report included:

*“ We go in for routine appointments, but we don’t see the midwives as people that can help our anxieties”*

*“ Women cannot ask for a woman doctor instead of a man and they just have to take whoever is on duty.”*





# Chapter 06: Recommendations for Migrant Health and Wellbeing in Coventry

**WATCH NOW** UK's first citizenship ceremony for children and young people - 2022, Coventry City Council



## PRIORITISATION OF RECOMMENDATIONS

CONSIDERS THEIR IMPACT, FEASIBILITY, AND  
ALIGNMENT WITH PUBLIC HEALTH PRIORITIES:

### Highest Priority

1. **Engage community partners in the next phase of the Coventry City Council “Our Coventry” integration programme** for newly arrived migrants to deepen activities that address social determinants of health through early, preventative action within communities.
2. **Improve cultural competence across local services** by the NHS and local authority working in collaboration to develop culturally sensitive policies and interventions (including information and engagement) that better respects diverse traditions and beliefs.
3. **Strengthen data collection and enhance the Joint Strategic Needs Assessment (JSNA)** so that the full picture of migrant health needs is captured (including both quantitative and qualitative sources).
4. **Develop the Coventry and Warwickshire Partnership NHS Trust (CWPT) young people’s mental health** pilot to incorporate approaches that are trauma-informed, age appropriate and relevant to young people newly arrived in Coventry.
5. **Enhance outreach and support including building on existing community champions networks**, deepening links with trusted leaders and regular mapping of community assets.

### Medium Priority

6. **Build research partnerships** between Coventry City Council’s Migration team, the Voluntary Sector and the Coventry Health Determinants Research Collaboration to understand migrant health challenges and asset-based solutions.
7. **Leverage innovative technologies** to enhance health literacy and service delivery for refugees and asylum seekers, starting with the NHS funded Virtual Reality Project (hosted by George Elliot NHS Trust in partnership with Coventry University, and Coventry City Council).
8. **Strengthen partnership working to deliver improvements in maternity care** including building on the specialist refugee and asylum seekers midwife to improve access, quality and cultural competency.
9. **Strengthen partnership working to reduce infant mortality including delivery of joined up early years and parenting support** involving the NHS, voluntary sector and local authority.
10. **Invest in robust translation and interpretation services** to ensure that all residents can effectively engage with health programmes (prevention, treatment and care). Measurements of appropriateness to include consistency of arrangements for migrants where English is not a first language and choice.



## Lower Priority (Still Important)

11. **Build on local tailored health protection campaigns to maximise:**
  - uptake of vaccination to align with UK immunisations schedule
  - Engagement in age or other appropriate screening
  - Awareness of infectious disease.
12. **Explore and expand opportunities for the co-production of local statutory sector strategies and frameworks** with migrant groups as part of fostering community ownership and trust in services.
13. **Build on the Wellbeing Monitor community engagement project** (focussed on Black African Communities) to establish sustainable models of building health literacy and service delivery that supports prevention, earlier diagnosis and treatment.
14. **Build on local specialist support and advocacy for survivors of modern slavery** through targeted training for professionals in Coventry on exploitation indicators and rights to care.
15. **Schedule a series of asset based deeper dives** into sub-groups of migrants with the aim of learning from their experiences to close equalities gaps (e.g. young people, women, older people).



# APPENDIX:

## Definitions and Glossary

- **Migration:** Migration is a major life transition that has the potential to impact on the mental health and wellbeing of individuals, both positively and negatively, during the short and long-term.
- **Migrants:** People who have moved to Coventry from another place. This report focuses on those who have journeyed to Coventry from a home in another country rather than relocating from another part of the UK. Some migrants have lived here for a long time and are settled, while others are new arrivals. Some come looking for new opportunities, while others have left difficult situations behind. No matter their background or reason for moving, migrants are a valued part of our community.
- **Integration:** The two-way process of mutual adaptation between migrants and the societies in which they live, whereby migrants are incorporated into the social, economic, cultural and political life of the receiving community. It entails a set of joint responsibilities for migrants and communities and incorporates other related notions such as social inclusion and social cohesion. They bring with them different experiences, skills, and ideas, making our city richer and more interesting.
- **Refugee:** Someone who has a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion; and is outside the country of their nationality; and is unable, or owing to their well-founded fear unwilling, to avail themselves of the protection of that country. In the UK, a person becomes a refugee when government agrees that their application for asylum meets this definition (taken from the Refugee Convention). Refugee status in the UK may also be obtained after being accepted onto one of the dedicated resettlement schemes prior to arrival.
- **Asylum Seeker:** A person who is forced to leave their own country and have formally claimed asylum under the 1951 United Nations Convention on the Status of Refugees, on the grounds that if they returned to their country of origin, they have a well-founded fear of persecution based on race, religion, nationality, political belief, or membership of a particular social group. They remain an asylum seeker whilst their application (or appeal against refusal of their application) is pending. If an application for asylum is successful, they are granted “Refugee” status.
- **The Vulnerable Children’s Resettlement Scheme,** Vulnerable Person’s Resettlement Scheme (both up to 2020/21) or the UK Resettlement Scheme (from 2020/21) refer to specific programmes where the Home Office and United Nations Human Rights Committee identify the most vulnerable refugees for resettlement. The refugee resettlement programme is how we refer to this programme in the Council, where we accept referrals to welcome and resettle these families in our city.



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