Study	Aims	Methods	Results
Ayrshire and Arran			
McKenzie, M. 2007, *Identifying unmet needs and barriers to full access to health care of the Black and Minority Ethnic population in Ayrshire; an interpretative phenomenological analysis*, NHS Ayrshire and Arran, Ayr.	Identify unmet need	Qualitative, Interpretative Phenomenological Analysis (IPA), 20 1:1 interviews	Covered migrant workers from Europe and elsewhere as well as BME groups more generally. It gives useful qualitative insights into the experiences of migrants, their cultural difficulties in accessing sexual health services, understanding of breast cancer self examination, gaps in knowledge about symptomatology of diabetes and risk of heart disease. Negative attitudes to GPs reduced uptake of services, and fear of stigma in tandem with a belief that the NHS lacked confidentiality also resulted in reluctance to use service. LEP (Lack English Proficiency) also.
Borders			
Anon 2009, *New Entrants Local Enhanced Service NHS Borders*, NHS Borders.	Implement one aspect from study below	Service initiative – payment to GPs new two part patient screening	None yet
Anon 2007, *Multiple and Complex Needs Project: Improving Primary Health Care Team Services for Homeless people, New Entrants and Migrant Workers, Travellers, People with Learning Disabilities*, NHS Borders.	Service improvement for the named groups	Standards-based action plan around training Primary care staff on needs of the four groups and adjusting primary care systems to meet the needs, implementing needs assessment on arrival	Progress is reported under each area. Migrant workers – have a named Public Health Nurse in each town to act as a liaison for the migrant workers outreach service. Training of primary care staff was delivered , met a large demand
Aitken, A. 2005, *Needs Assessment of migrant workers in the Scottish*	HNA to support delivery of	Combined quantitative and qualitative, snowballing and	Recommends a welcome pack and interpretation and translation and English training services, so was

Study	Aims	Methods	Results
Borders.	migrant health services (identify barriers and ways to overcome them), health information needs, differences in information needs from indigenous population, identify examples of effective dissemination of health information. Also ways to encourage partnership working in service planning, identify staff training needs.	action research. Adapted a methodology described by Bhopal – a step by step guide to epidemiological needs assessment for ethnic minority groups (Bhopal 2007)	probably part of the evidence base for the later multiple and complex needs initiative (above). Also recommends, (selected because with special relevance for health): • Education of all staff, and migrant workers, in cultural similarities and differences • Ensure Houses of Multiple Occupancy comply with the legislation. • Address specific health issues e.g. through health screening in the workplace, meeting health and safety requirements and health education. • Address meeting need through the new GP contract to provide incentives in those parts of the Borders where it is known that there are significant numbers of migrant workers are living and/or working. • Provide information for GPs and primary health care teams on health of people from non-UK countries and appropriate screening.
Dumfries and Galloway			
McFarlane, L. 2005, *Getting it right. Minority health and well being: Needs Assessment in Dumfries and*	Minority ethnic health needs	Convenience sampling, snowball sampling, 17 1:1 interviews, 16	Language ,lack of knowledge barriers to service access. a Perception of stigma about mental health

Study	Aims	Methods	Results
Galloway, NHS Dumfries and Galloway.	assessment, in response to 'Fair for all' 2001	focus groups The 85 ethnic minority participants did include 8 Polish people, 3 Lithuanian and one Bulgarian. 32 Chinese people were included.	issues discouraged ethnic minorities from using mental health services. Racism across a number of settings
Fife			
Narborough, S. 2007, *Migrant Worker Awareness Events Summer 2007 Evaluation Report*, Glenrothes & North East Fife Community Health Partnership, NHS Fife, Glenrothes.	Service access initiative	NHS improving health team (IHT) provided health advice and materials at workplace events for migrant workers	Key themes identifies as a priority by the IHT were – • Accessing GP, Dentist and emergency health care services and NHS 24 • Sexual health issues, including accessing contraceptives and CASH/GUM clinics • Other community based support mechanisms, e.g. Citizens Advice Bureau
Ballingall, A. 2007, *Migrant Workers in Fife*, Fife Council, Glenrothes.	Survey to gather information about migrant workers living and working in Fife. It will help providers of services to gain a better understanding of	Face to face interviews, 904 respondents, interviewers were from Fife Polish Association at places of work, shopping centres, churches, and other social gatherings across Fife. A problem noted was that the target population size was unknown, therefore it was not possible to assess	• (56% not registered with a GP in Fife, 91% not registered with a dentist, 84% had not used a hospital). • Their access to services: 90% had not used housing or medical/health advice services, and 4% had used childcare advice related services (23% private nurseries and 23% health visitors.

Study	Aims	Methods	Results
	these workers' needs and aspirations, and to consider the policy implications for service planning and delivery.	representativeness of the sample. As the interviewers were Polish speaking they tended to recruit Polish speaking respondents. This sample may not reflect views of migrant workers not reached through the teams networks or employers.	
Glasgow			
Glasgow City Council (Blake Stevenson) 2007, *A8 Nationals in Glasgow*. (also a version for East Renfrewshire)	To quantify the flow of A8 nationals into the city and to establish the impact of the migration on the local population, businesses, and on the migrants themselves.	Desk based research – media monitoring, WRS stats, NINo stats, school enrolment stats, Other from service providers and stakeholders. Methods Interviews with representatives of 17 service providers –for these workers : numbers and trends in accessing services, housing and employment, issues in accessing services, long term intentions. Survey of A8 nationals at community and social venues, door to door, employers premises. 262 responses (target	The Glasgow study found 35% were aware of health services, 32% had used them, 2% had not been able to find or use a health service, and 18% wanted more information. 35% were aware of childcare services and 11% wanted more information, 35% were aware of health and safety at work, and 12% wanted more information. A dedicated website was the second most current source and most useful new source of information. Further the Glasgow study found 58% not registered with a GP, perhaps because the majority were between 16 and 34 years old, were reluctant to register with a GP and did not know what services were available. Specific health concerns from Glasgow – pregnant women who did not attend antenatal care, ensuring

Study	Aims	Methods	Results
		was 300) Paper based surveys were distributed to employers who distributed them to employees, and to further education colleges, and universities (who distributed further to staff and students) and to face to face interviewees (who distributed them to friend and family). An on-line survey was advertised through posting on forums on Glasgow specific websites. Interviews with 15 employers in relevant sectors. Covered numbers, demogrphics, skills/qualifications, area of employment, advantages and disadvantages, trends and long term intentions. Focus groups with A8 nationals at schools colleges, universities and clubs, covered reasons for coming to Glasgow, long term intentions, experiences of accessing services, understanding of rights and responsibilities. Financial	good access to sexual health services (block booked clinic with interpreter available. Immunisation – eg for TB still prevalent in the Roma Child health – malnutrition/dehydration, overcrowding in properties, inappropriate clothing for the weather, children needing medical services but not registered with GPs. Community safety issues were noted, especially with Roma in Govanhill.

Study	Aims	Methods	Results
		incentives were deployed for focus group. Participating organisations advertised and arranged for attendance at focus groups.	
Wilson, M. 2007, *Barriers to Integration. Issues Facing A8 Communities in Scotland*, West of Scotland Racial Equality Council, Glasgow.	The barriers to integration for A8 migrants	Focus group, anonymous questionnaires (only 28% (56/200) return rate) (It must be noted that the questionnaire was distributed only in two localities frequented by people from A8 communities, (Sikorski club and a Roman Catholic church which held Polish masses.)	The barriers to integration for A8 migrants were discussed in a piece of research carried out by the West of Scotland Racial Equality Council in 2007 . The main barriers identified by questionnaire were language (see also , lack of information provision on goods and services in different languages, the attitude of the media, and the attitude of Scottish people (this latter related particularly to harassment by young people). As well as better access to learning English, suggestions from a focus group of four Polish and Estonian migrants were a better understanding of Eastern European culture and A8 community dynamics (eg respect for older people) more awareness in the A8 migrants about racial discrimination (they were reluctant to perceive themselves as racially discriminated against) and more consideration of the needs of A8 clientele by service providers. The questionnaire asked about problems in various areas. The area giving rise to most responses of ever having had a problem were benefits (19% of responses (15/77) and the least was Education (3% of responses (2/77)). Health

Study	Aims	Methods	Results
			problems were 6% of responses (5/77). Individuals could name more than one problem area. Also relevant to health was that nearly half of the respondents felt excluded from society. They appeared to feel Scottish people thought too much about A8 migrants as coming from a 'worse life and a worse country'.
Poole, L. & Adamson, K. 2008, *Report on the Situation of the Roma Community in Govanhill,Glasgow*, University of the West Of Scotland.	Needs assessment	Semi-structured interviews with key front line service providers. The support workers preferred not to be tape recorded. Both researchers took detailed notes instead. It was not possible to interview Slovak Roma owing to language barriers and insufficient trust with researchers	Roma and others may not attend prenatal classes. Roma can come from Bulgaria, Romania, and Slovakia. The findings of this report add something to the detail about cultural differences in expectations of health services. Roma turn up at the GPs when they need a doctor, but are not aware of a need to register in advance. If registered they tend to miss appointments made for a later time (p9). Language barriers are important, unavailability of interpreters can lead to wasted appointments and discourage patients from using the system. At first appointment, registration and patients histories take a long time. Outreach work by health care professionals to patients homes to improve immunisation levels meets communication difficulties also. C. 50% registered with a GP by mid 2007 (with effort from professionals receptionist and support workers. Other issues include school attendance (lower cultural value on formal education plus need to

Study	Aims	Methods	Results
			supplement male breadwinners earnings). Segregated schooling in Slovakia makes it difficult for them to adjust to different norms at school. Roma cannot access job centre plus. Cost of WRS (£90) is a disincentive to registration. Entitlement to in work benefits arises only after in work for a year, which few manage. High levels of overcrowding in HMOs run by private landlords prepared to turn a blind eye. Social housing stock inappropriate for family sizes of Roma.)
Grampian			
Firth, N. 2009, *NHS Grampian Language Line Telephone Interpreting Service ; Usage Monitoring Report, January to December 2008*, NHS Grampian.	Needs assessment	One way of monitoring need is through usage levels of interpreting services.	NHS Grampian has used this data to show an increase in 2008 (27,406 minutes) from 2007 (21,298 minutes). That is a 29% increase. Demand for the Polish language increased by 33%
Firth, N. 2007, "The new migrant communities in Grampian".	Presentation based on de Lima report below		Local ethnic communities = 46,108, 8.68% of population of Grampian in March 2007.. New residents of Grampian : 1,200 per month from May 2006 were migrant workers and their families.
De Lima, P., Chaudrey, M., Welton, R., & Arshad, R. 2007, *A Study of Migrant Workers in Grampian.*, Communities Scotland report 89.	• identify how and in what ways the public sector agencies might improve their response to	(Also summarised in two précis papers 100 and 104)	The 87 migrant workers in Grampian found they regarded their home healthcare quality as better and preferred to return home for routine treatment. Most did not see themselves staying in the UK for the long term. There was special concern for health consultations

Study	Aims	Methods	Results
	migrant workers • assess the level of service provision they will need to plan for • provide an understanding of health issues in relation to migrant workers in Grampian, consistent with the provision of an effective health service.		among the Communities Scotland Grampian sample (n=87) because of a worry of misdiagnosis. Participation in integrating community activities was limited by lack of time and money, no activities available, and language barriers
Love, J., Vertigans, S., Domaskz, E., Zdeb, K., & Sutton, P. 2007, *Health and Ethnicity in Aberdeenshire: A study of Polish In-Migrants. A report for the Scottish Council.*	Health needs of Polish migrants, service response, service engagement with Polish migrants to capture views and to plan change.	Two focus groups of young men (n=12 and 13) to understand and identify health beliefs and attitudes, then followed by a large survey of c.100 Polish people, (mean age 29 years) both paper and on-line asking about health, use of services and experience of services (ease of access).	One third (38%) assessed their health as less than good (25% in SHS 2003 for gen pop) Bronchitis most common disease reported. Psychological wellbeing suffered. 59% registered with a GP 35% F and 13%M had consulted GP in past 2 wks (Gen pop 20% women, 16% men) 18% used A&E – low compared to Scotland(SHS 2003 36%) 135 F and 9% M used hosp (in 1 night +) in past year – slightly less than Scottish overall. Use of health related services – mainly for dental

Study	Aims	Methods	Results
			appts and smear tests, - was16 % of those surveyed. Access more difficult to dentist service, sexual health service, substance misuse service. Barriers waiting lists, opening hours, costs (dental) Service improvement Needs – language services, quicker access
Logan, S. & van Teijlingen, E. 2008, *An assessment of the fertility control health needs of women from a8/Eastern European countries requesting abortion in Aberdeen/Aberdeenshire*, NHS Grampian, Aberdeen.	Health needs assessment	Semi-structured questionnaire administered to ten English and non-English speaking Eastern European women requesting abortion. The questionnaire was critically reviewed by a multidisciplinary group including service providers and clients and revised to include further questions.	Of 10 women requesting abortion 6 were first time pregnancies many in Moray don't routinely register with a GP as they are resident for only 3 months increased female migration in last 10 years Unskilled occupations can limit access to health services. Arrived with contraceptives but ran out. There was little pre morbid knowledge about the Long Acting Reversible Contraceptive (LARC) methods. Low pre-morbid registration (4/10, and low knowledge of location of sexual health service (3/10) Missed opportunities to provide advice in primary care. Needed information in their own language. Covered by an occupational health service? Policy – as a8 more likely to request abortion, should prioritise collection of ethnicity data. The local Equality and Diversity team and the Racial Equality Council should liaise with both

Study	Aims	Methods	Results
			employers/higher learning institutes and a8/Eastern Europeans to highlight the health and "business" gains from effective fertility control. Empowering factors (inc. drop in appointments) and barriers (inc. not aware contraception was free, not allowed time off work to get it) identified
Highland			
De Lima, P., Jentsch, B., & Whelton, R. 2005, *Migrant Workers in the Highlands and Islands*, UHI Policyweb, National Centre for Migration Studies.	To understand role of migrant workers in the labour market and support needs of employers and migrant workers might be met	Mixed methods, qualitative and quantitative. Included a range of stakeholders, employers, migrant workers, service providers, national organisations. Main methods, - Literature review, Analysis of secondary data, Interviews with 53 employers, 25 migrant workers, 9 service providers, four representatives of national bodies, Focus groups with Employers (1 group, six participants), Migrant workers, (2 groups 5 and 6 participants) Representatives from public and voluntary sectors (1 group of 11)	Inferior employment conditions – short term contracts, low payirregular work patterns, long hours, lack of training opportunities. Lack of information and advice, limited opportunities for social interaction. Need to clarify housing rights of migrant workers.
Sharp, C. & Bitel, M. 2008, *Migrants in the Highlands: the implications for*	Evidence to support	Individual and group interviews with 40 migrant workers, and a	Accommodation – reporting health and safety barrier was fear of losing tenancy. Language issues

Study	Aims	Methods	Results
action by the Highland Wellbeing Alliance and other partner agencies, Highland Wellbeing Alliance, Citizens Advice Bureau, WEA Scotland, Inverness.	development of new services for migrants	dialogue day to share the recent research evidence about the needs of migrant workers and involve the participants in making their own recommendations for future action	for health and safety at work (notices)
Lanarkshire			
Sim, S., Barclay, A., & Anderson, I. 2007, *Achieving a Better Understanding of 'A8' Migrant Labour Needs in Lanarkshire*, Dept of Applied Social Science, University of Stirling, Stirling.	Establish the current issues and future implications of migrant workers either living in or working in Lanarkshire, for public service delivery.	'The research involved carrying out two questionnaire surveys (of migrant workers themselves and of local employers) and a series of workplace-based and community-based focus groups involving migrant workers and their families. There was also a series of consultations with a range of local organisations.' (from executive summary)	Issues identified included migrant workers be inappropriately (often over) qualified for the jobs they held, they wanted to mix rather than to create a 'little Poland'. 'In the longer term, it was often the arrival of families which had prompted an increase in the use of services such as healthcare and this was also an indication that the aspirations of such families were changing from an intention to return to Eastern Europe to an intention to stay and settle in Scotland.' There was an issue for women's health in that non-working wives were less likely to speak English and communicate needs on cervical or breast screening or concerning pregnancy to GPs. In some parts of Scotland GPs were unsure of migrant workers rights to treatment. Some migrant workers were unsure how to access services an attended A&E inappropriately when a GP would have been more appropriate.

Study	Aims	Methods	Results
			Health issues in relation to women employed in the sex industry were mentioned but not corroborated.
Lothian			
Gorman, D. 2008, "A Central/Eastern Europe Patient DVD".	Presentation by Gorman, this time around a DVD information initiative for migrant workers in Scotland	Talk. Gives a good qualitative insight into how cultural differences and understandings interact with access issues as seen through the eyes of migrants themselves	Highlights that 'easy travel allows participation in two different systems, many people have care abroad & in Scotland' and from an A&E study also reported by Bray et al 'over 50% who travelled to Poland visited their doctor for treatment & tests, also telephone advice given and even medication sent'. Language difficulties affected care during childbirth with delays for translation for informed consent to epidurals for example. Inappropriate use of A&E by the A8 population was higher than expected, this obtained even in those registered with GPs suggesting "dissatisfaction with GP care and lack of direct access to specialists may be important issues for the A8 population that are likely to influence ED attendance." Cultural awareness training about other healthcare systems is recommended by Bray et al. Access to health care in central Europe is 'fairly immediate' with 'direct access to specialists and tests', and GP services less developed than in the UK. Thus there was some frustration with waiting times in the UK. Maternal health care differed "In Poland surgical dilatation is

Study	Aims	Methods	Results
			routine. It is carried out always - no matter whether necessary or not." (quote from Polish worker reported by Gorman)
Gorman, D. New European Migrants and the NHS: Learning from each other. Manual for Trainers. 2009. Edinburgh. NHS Lothian. Ref Type: Video Recording	Training initiative, video based,	Problem and situation-based training for health professionals	Variety of scenarios
Gorman, D. 2007, "International Workers in Scotland".	Presentation	Talk.	Generally, these are young people away from home, affected by alcohol, tobacco, diet, motoring law, social mores, accommodation issues, stress – domestic and at work as overqualified or have unrelated qualifications for their job. Health issues are: translation and interpretation (duplication here too), GP registration not understood, sexual health (STIs, contraception) pre-natal and maternal health unused to NHS system – Roma and others may not attend prenatal classes . Initial levels of breastfeeding are higher in A8 women than in the UK. In Scotland pregnant mothers are given fewer scans (Polish may fly back to Poland to get extra scans), seeing a midwife rather than a gynaecologist is unexpected (Ibid). Emergency care, unsure where to go, mental health mediated by alcohol misuse and linked to higher suicide levels in young men, and Dental care.
Bray, J., Gorman, D., Dundas, K., &	To determine	Case note audit	.Language difficulties affected care during

Study	Aims	Methods	Results
Sim, J. Obstetric care of New European migrants in Scotland: an audit of antenatal care, obstetric outcomes and communication. In Press . 2009.	whether the obstetric care needs of the A8 population were being met		childbirth with delays for translation for informed consent to epidurals for example.. Maternal health care differed "In Poland surgical dilatation is routine. It is carried out always - no matter whether necessary or not."
Bray, J., Gorman, D., Threlfall, B., & Sim, J. Attendance at a Scottish Emergency Department by New European migrants – is concern about 'inappropriate' attendance justified? In Press . 2009.	Service use audit assessed the frequency and appropriateness of attendances by new European migrants	Case note audit and questionnaire survey	Bray et al state 'over 50% who travelled to Poland visited their doctor for treatment & tests, also telephone advice given and even medication sent'. Inappropriate use of A&E by the A8 population was higher than expected, this obtained even in those registered with GPs suggesting "dissatisfaction with GP care and lack of direct access to specialists may be important issues for the A8 population that are likely to influence ED attendance." Cultural awareness training about other healthcare systems is recommended by Bray et al.
Weishaar, H. 2007, *Global citizens. A qualitative study on stress, coping and adaptation among Polish migrant workers in Edinburgh (for MSc in Public Health research),* University of Edinburgh.	Identify causes and protective factors around migrant workers stress.	The selection of the eight interviewees and two focus groups used snowball sampling, including friends of the author, which may limit theoretical generalisability of this work.	Although translation may help workers overcome initial problems, overcoming language barriers by learning the host country language is a better long term solution The mobility of the migrant population makes provision of appropriate services a challenge. For Weishaar although some initiatives tailored to migrants are needed, "most policies can benefit the migrant as well as the community or workforce as a whole" (p59) Weishaar suggests health services should target migrants for health promotion, prevention and health care for psychological,

Study	Aims	Methods	Results
			physical and social factors. One mechanism for this is to increase cultural sensitivity and awareness of health problems deriving from migration, among clinical staff where there is a high proportion of migrants. She calls for a system which allows international exchange of patient information. Workplace health promotion is an obvious avenue for migrant workers, stress screening is one avenue, and trade unions help could assist. Female Poles had more acculturative problems – feeling homesick, stronger bonds to home country. Social support as a buffer against stress and as facilitating adjustment Vulnerability and exploitation – from moving from a country with worse conditions and so having lower expectation of employment conditions Migrants may not only end up lower in the work hierarchy than their home qualifications would warrant, but also have the stress of adjusting to a new culture and the longer term 'permanent temporariness' of their situation, a feature of the 'migrant condition' Following Lazarus stress theory, the person in a new environment is seen as going through an appraisal stage, a coping stage and then adapting psychologically, socio-culturally and physically. Stressors can include language difficulties, family

Study	Aims	Methods	Results
			conflicts, loss of social support, guilt and regret about migration, and are more intense for those with a higher degree of cultural difference from the new country, which includes those holding more traditional values, and bad working conditions are also a stress factor Some migrants do not experience deterioration in health. Coping can be by accessing social support at home and in the host country, and knowing the language and favouring integration and assimilation, and participating in activities and having plans for the future are protective factors. Her interview findings confirmed the Lazarus model, that success of adaptation depends on learnt mastery techniques and suitability to specific situations rather than on the amount of conflict, and there are differences between individuals, situations, and the success of adaptation in individual situations. In Weishaar's study many participants reported themselves healthy, and attributed this to character traits, attitude and successful coping strategies
Weishaar, H. B. 2008, "Consequences of international migration: a qualitative study on stress among Polish migrant workers in Scotland", *Public Health*, vol. 122, no. 11, pp. 1250-1256.	Paper reporting material from study report above		

Study	Aims	Methods	Results
Orchard, P., Szymanski, A., & Vlahova, N. A. 2007, *A Community Profile of EU8 Migrants in Edinburgh and an Evaluation of their Access to Key Services*, Scottish Government Social Research, Edinburgh.	• Community profile: survey of EU8 nationals • Case study of a frontline homelessness service, the Cowgate Centre • Survey of agencies working with EU8 nationals	Methods The report states an action research approach was taken, but does not reference this approach. It is a low quality piece of work which cannot achieve its (unstated) aim of profiling the community, but it does cover a group about whom little is known Statistical sources were WRS and NINo. It is stated that those migrant workers without either of these are not counted. (A recent newspaper report stated there were up to 725,000 illegal migrants in the UK.	Accommodation – high rents, overcrowding Service access Most respondents regarded themselves as healthy and more than half of the respondents (39) said that they knew how to access NHS services. o Only six respondents reported that they needed assistance with issues such as welfare needs, mental health support or learning difficulties; and only one of these had actually contacted a service for support. o Respondents indicated that to improve accessibility to services, there should be more information in EU8 languages and multilingual staff available at key services. A small proportion of EU8 service users at the Cowgate Centre have acute mental health problems and addictions. Meeting their needs is complicated by communication problems and cultural differences. *Survey of agencies: findings* the majority of EU8 migrants presenting to services are male • Respondents reported that EU8 nationals most frequently seek assistance from housing and accommodation services; followed by employment; welfare benefits; health; and language support • The level of knowledge amongst EU8 migrants about their entitlements to assistance from housing, homelessness, health and social care services was found to be poor • Language was considered the main barrier in providing

Study	Aims	Methods	Results
			services to EU8 migrants, • Staff would benefit from training in: working with interpreters; entitlements to health and welfare benefits; the Worker Registration Scheme; and cultural awareness *Qualitative interviews: findings* • Female EU8 migrants are accessing domestic abuse services, but very limited support can be offered if a woman has no recourse to public funds • Female EU8 migrants who are fleeing domestic abuse can have more complex issues than indigenous clients, because the sense of isolation from family, friends and familiar culture is increased • Female EU8 migrants with children can be left in a vulnerable situation if their relationship breaks down: in several cases, women have been left destitute because they have not worked or registered on the WRS
Cichowska, A., Brown, C., Devine, M., Fischbacher, C., Mueller, G., Mateos, P., & Wild, S. "Classifying Eastern European ethnicity in routine population data in Scotland - Testing a new approach using people's names".	To test classifying country by surname	Statistical packages, census data	That has been found to have good sensitivity and specificity for European migrants, particularly Polish (98-99%). The false positive rate was 15.4%, false negative rate: 0.2%, but because it uses routine census data the method is most limited by that factor for recent migrants.
Easton, F. 2006, *Eastern European Attendances at A&E. Departmental Survey*.	Audit appropriateness of A&E attendance	Took Eastern European sounding names from A&E attendance register for past year.	Gave 224 attendances 127 appropriate and 97 inappropriate. 15% registered with a GP
Orkney			

Study	Aims	Methods	Results
AB Associates Ltd 2007, *Employer Study into the Impact of Migrant Workers in Orkney*, Orkney Islands Council and HIE Orkney Economic Development Services, Kirkwall.	An employer study into the impact of migrant workers in Orkney	Used 31 face to face interviews with employers of a total of 91 migrant workers in 21 of these companies. The migrant workers were disproportionately Polish and male, most frequently occupied semi and unskilled positions, and tended to be working full-time and/or seasonally.	There was no information on health needs from this study.
Tayside			
General Registrar Office Scotland, 2009, *Tayside Area Migration Report*, GROS, Edinburgh.	To count in and out and net migration in Tayside	Variety of data sources.	Found increasing net in-migration, especially from EU.
Anon 2006, *The Tayside migrant labour population: scale, impacts and experiences. A report to Communities Scotland*.	To assist public sector agencies in Tayside understand better the characteristics, impacts and experiences of the migrant labour population	Official statistics and previous studies as a context. Postal survey of employers 1652 businesses gave 700 responses (42%) In depth follow up employers survey 47 responses Migrant worker survey 112 responses Postal/email survey to a range of support orgs across Tayside Yielded qualitative and	46% of migrant workers who might have benefitted from English language support had not received any assistance

Study	Aims	Methods	Results
		quantitative results. 28% had accessed healthcare in Scotland, and 61% described Scottish Health Services as good, 26% as average and 13% as poor.	
Hamilton, L. 2009, *The wider health needs of European & International (migrant) workers in Tayside. Inequality, Isolation & Integration (Forthcoming)*, Directorate of Public Health, NHS Tayside, Dundee.	Health needs analysis	Literature review	Identifies isolation as the core health issue, with other determinants of health also involved. **Circumstances** • Housing - overcrowding,homelessness • School - language barriers • Work - vulnerable to exploitation • Ethnic & cultural tensions - histories • Trafficking - lack of consent **Lifestyle** • Alcohol – road safety • Sexual health - cultural sensitivities • Mental health – abuse, stigma • Smoking - cessation • Domestic violence - heightened vulnerability Cultural competence from services and facilitation of integration also important
General Registrar Office Scotland, 2009, *Tayside Area Migration Report*, GROS, Edinburgh.	To count in and out and net migration in Tayside	Variety of data sources.	Found increasing net in-migration, especially from EU.
Scotland			

Study	Aims	Methods	Results
Crowley, H. 2008, *Continental Drift. Understanding advice and information needs for A8 migrant workers in Scotland based on the evidence of Citizens Advice Bureau clients across Scotland*, Citizens Advice Scotland, Edinburgh.	Migrants needs in Scotland carried out by Citizens' Advice Bureaux in 2008.	"a client profile survey of 251 A8 clients who accessed the 13 (of71) bureaux that self selected to participate in the research. Advisers from these 13 bureaux from both rural and urban areas of Scotland completed a questionnaire that sought both quantitative and qualitative responses. A third element of the research was ten structured interviews involving clients from across these bureaux, and this qualitative data was complemented by anonymised case studies which further supplemented the evidence."	The majority of A8 Citizens' Advice Bureaux clients in Scotland in 2008 were married or living as a couple . Their main issues did not include health, and health enquiries were a lower proportion of A8 enquiries (0.7% than of all enquiries (1.4%) Their health enquiries included enquiries about access to health care.
Fischbacher, C. M., Steiner, M., Bhopal, R., Chalmers, J., Jamieson, J., Knowles, D., & Povey, C. 2007, "Variations in all cause and cardiovascular mortality by country of birth in Scotland, 1997-2003.[erratum appears in Scott Med J. 2008 May;53(2):66]", *Scottish Medical Journal*, vol. 52, no. 4, pp. 5-10.	Major differences in mortality by country of birth have been demonstrated in England and Wales, but similar published data for Scotland are lacking. We aimed to examine	Calculated standardised mortality ratios by country of birth for Scottish residents aged 25 years and over between January 1997 and March 2003	Comparisons with England and Wales showed high all-cause, coronary heart disease (CHD) and stroke mortality among Scottish residents born in Scotland, Northern Ireland, the Republic of Ireland, India and Hong Kong. However, most country of birth groups had similar or lower mortality than the Scottish born. These are the first data on mortality by country of birth in Scotland and they demonstrate major variations. Comparisons within the Scottish population might be interpreted as reassuring, since they do not show the excesses in

Study	Aims	Methods	Results
	variations in mortality by country of birth for Scottish residents.		CHD mortality by country of birth reported in England and Wales. However, the use of England and Wales as a comparison group shows a substantial excess of CHD risk among South Asians in Scotland, comparable to that reported in England and Wales.
Boyle, P., Norman, P., & Rees, P. 2005, "Selective migration, health and deprivation: a longitudinal analysis", *Social Science & Medicine;* vol. 60, pp. 2755-2771.	This research tracks individuals to identify any systematic sorting of people that has contributed to the area-level relationships between health (limiting long-term illness and mortality) and deprivation (Carstairs quintiles).	Using the Office for National Statistics (ONS) England and Wales Longitudinal Study (LS) 1971-1991. Internal migration study, not foreign workers.	Over the 20 year period, the largest absolute flow is by relatively healthy migrants moving away from more deprived areas towards less deprived areas. The effect is to raise ill-health and mortality rates in the origins and lower them in the destinations. This is reinforced by a significant group of people in poor health who move from less to more deprived locations. Overall we found that between 1971 and 1991, inequalities in health increased between the least and most deprived areas, compared with the health-deprivation relationship which would have existed if peoples' locations and deprivation patterns had stayed geographically constant. Migration, rather than changes in the deprivation of the area that non-migrants live in, accounts for the large majority of change.
Boyle, P., Norman, P., & Rees, P. 2002, "Does migration exaggerate the relationship between deprivation and limiting long-term illness? A Scottish analysis",	The aim is to investigate whether the migration patterns of ill	Using individual-level 1991 census data extracted for Scotland.	Specifically, we seek to determine whether individuals who are well are more likely to migrate away from deprived areas and whether ill individuals are more likely to migrate towards deprived areas. If true, this would suggest that the

Study	Aims	Methods	Results
Social Science & Medicine, vol. 55, no. 1, pp. 21-31.	individuals influences the relationship between limiting long-term illness and material deprivation.		apparent relationship between deprivation and limiting long-term illness is exaggerated by the effects of migration. We then examine the issue controlling for individual-level characteristics expected to influence limiting long-term illness and pay special attention to the role of public housing in these relationships
Gruer, L. "A Strategic Research Programme on Ethnicity and Health in Scotland", NHS Health Scotland.	Presentation based on report below	-	-
The Scottish Ethnicity and Health Research Strategy Working Group 2008, *Health in our Multi-ethnic Scotland: Future Research Priorities*, NHS Health Scotland, Glasgow.	Develop a strategy for research on ethnic minorities needs (includes migrants)	Secondary research	Gruer et al corroborate that tracking migrant workers in Scotland accurately is currently not possible, stating that based on NINo data, '40,000 entered Scotland in 2006-07, of whom over 23,000 were from Poland.'. This work calls for better ethnic coding in routine data, without specifically mentioning migrant status, country of origin and date of arrival. Gruer et al also propose better data linkage between Census and NHS health records, citing screening and primary care, They also suggest an ethnically boosted health survey, which could be applied to larger migrant groups, a co-ordinated health research strategy for Scotland – involving international links – the international element could be helpful in comparison studies of migrants with home communities. This would

Study	Aims	Methods	Results
			involve the Scottish Health Survey and a Scottish component for the UK Longitudinal Household Survey. Gruer et al finally recommend regular audit of ethnic health by health boards (including specifically migrants) to monitor the changing mix of services for ethnic minorities, access and service use problems. For Gruer, maternal and child health care and mental health problems are key priorities here.
Morling, J. Migrant Workers and Health in Scotland. 2007.	Review evidence	review	A review covering partially the same material as this table but no other (apart from now outdated official statistics)
Rolfe, H. & Metcalfe, H. 2009, *Recent Migration into Scotland: the Evidence Base*, Scottish Government Social Research, Edinburgh.	Review of all in-migrant issues for scotland	review	Not as much impact on services as thought – why? Information issues.
COSLA			
Council of Scottish Local Authorities (COSLA) 2008, *Analysis of National Insurance Numbers (NINOs) data – A Scottish Perspective*, COSLA.	To look at the patterns of settlement in Scotland generated from NINO registration data.	Desk research	Chart 1 shows a break down of registrations by Local Authority area and each bar is divided to show the proportion of accession to non-accession applicants. There were 52,480 NINO registrations from non-UK nationals in Scotland during 2006/07, out of this total 23,110 registrations are from non-accession compared to 29,370 registrations from accession states. Edinburgh has received substantially the greatest NINO registrations in

Study	Aims	Methods	Results
			Scotland (13,090 NINO registrations in comparison to Glasgow's 9,270 registrations) during 06/07. Relatively high proportion (78%) of Polish registrations.

References

Bhopal, R. 2007, "Defining health and health care needs using quantitative and qualitative data," in *Ethnicity, Race and Health in Multicultural Societies*, Oxford university Press, Oxford, pp. 112-149.