

# Joint Refugee and Migrant Strategy

All Different, All Equal

2010 - 2015  
(Edition 2 – 2012 - 2015)



## **JOINT FOREWORD FROM THE EDITORS:**

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This strategy has been developed in response to a number of public and voluntary sector organisations' commitment to improve the lives of refugees, asylum seekers and migrants living in the Royal Borough of Kingston area.

It is a Joint 5 year Strategy and has been put together by a number of strategic leads from different public and voluntary sector organisations. The strategy has been developed in acknowledgement of the stark health inequalities that people from refugee, asylum-seeking and migrant communities experience.

Contributing leads include those who have an influence both on service provision and on the community activities that impact on people's lives. Strategic leads and partners who have committed and contributed to this strategy include the Head of Community Care Services, the Joint Director of Public Health for NHS Kingston and the Royal Borough of Kingston, the Director of Refugee Action Kingston, an Inspector from the Met Police in Kingston and a number of strategic managers who have influence over services provided by housing, education, Jobcentre Plus and other relevant voluntary and public services.

From research undertaken locally it has been possible to make this strategy relevant for local people and to respond to their identified needs and experiences. Targeted research into the needs of both refugees/asylum seekers and of migrants has and will continue to inform this strategy and the actions planned within it.

Based on local research and knowledge, this strategy is therefore unique to Kingston, the people who live here and the service providers who work here. It will provide guidance and action plans to change, influence and improve the lives of those in need.

It is a live document with action plans and a strong commitment from those who have contributed to it. It is an Action focused document that aims to bring together key partners and draws on local, regional and national intelligence. It is our intention to facilitate an ongoing review and re-assessment of the Action Plans contained here to ensure continued relevance to our mission of reducing the multiple inequalities experienced by refugees, asylum seekers and migrants.

We have recognised that over the course of five years, the situation has changed radically in terms of the political, social and economic issues facing refugees and migrants. We have pledged to work together to enable the vision outlined within this strategy to be realised and actions to be implemented. Therefore, this second edition reflects the new roles and responsibilities, changes in organisational structures, service needs and review of action plans.

By facilitating the continued relevance of this Joint 5 year Strategy we believe it will make a positive difference to local people’s lives. In recognising that we are all different but should all be treated equally in our ability to live, work and contribute to the community we live in, this strategy shall improve the lives of refugees, asylum seekers and migrants and thus also the lives of the wider community here in Kingston.

<b>Revision History</b>				
<b>Edition</b>	<b>Date</b>	<b>Summary of Changes</b>	<b>Author</b>	<b>Authority to change given by (Board/Person)</b>
2 <sup>nd</sup>	May 2012	Update on chapter authors, roles and responsibilities Discrimination chapter renamed to Community Safety Update on Employment and Volunteering chapter	Martha Earley	

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## INTRODUCTION

This strategy is about the needs of refugees, asylum seekers and migrants living in the Royal Borough of Kingston. These groups have been chosen and identified to focus on specifically due to well evidenced research conducted both within the borough and on a wider basis. This targeted research has proven that they experience higher inequalities in their experiences of wider determinants of health compared to the general population.

## REFUGEE NEEDS ASSESSMENT

Due to the stark inequalities in health that are known to impact on refugees and asylum seekers nationally, a needs assessment was commissioned and carried out over 2008 with refugees and asylum seekers living locally in the Royal Borough of Kingston. This needs assessment consisted of a literature review into the needs of refugees and asylum seekers and research conducted face-to-face with local residents from the refugees and asylum seeker population. The research engaged with refugees and asylum seekers through community/voluntary organisations and groups. The independent researcher also carried out 1:1 interviews and focus groups with over 80 refugees and asylum seekers. A new system was also designed in order for the main refugee and asylum service provider, Refugee Action Kingston, to collect information on existing and new refugees and asylum seekers in order to understand the needs of over 750 households registered with them.

From this needs assessment, six dominant themes emerged that were then used as discussion and focus points at a large Stakeholder Conference held in March 2009. The Conference brought together over 100 people from various agencies and disciplines, all concerned with learning about the needs identified and how stakeholders could respond to them. Action plans were formulated together at the conference. The major action resulting from the conference was a call for a Joint Refugee and Migrant Strategy to be developed across agencies to bring together strategic thinking and develop clear action plans for planning and delivering change.

The six themes from the Refugee Needs Assessment are used again here to form this strategy's chapters. Strategic leads from each theme have developed the chapter and its accompanying action plan, working with other partners on a consultative basis. Chapter leads came together in June 2009 to decide on their chapter's vision and content, and to agree action plans. Steering groups for each chapter and action plan were formed and led by the chapter author.

In addition to the Refugee Needs Assessment, a second piece of research has been commissioned into the needs of BME Migrants in the borough of Kingston. The findings from the BME Needs Assessment 2009-10 shall be made available

to key partners in July 2010 and shall be fed into the ongoing work planned for the Joint Refugee and Migrant Strategy 2010-2015.

This strategy is and will continue to be a live document. Therefore, amendments to the action plans will be updated on an annual basis alongside new roles and responsibilities. New action plans and possibly chapters, responding to newly identified and evidence based needs, will be added throughout the life of the strategy.

## **MULTIPLE DISADVANTAGES EXPERIENCED BY REFUGEES, ASYLUM SEEKERS AND MIGRANTS**

We recognise that refugees and migrants can experience disadvantage on different issues, not only due to their immigration status. Disadvantage and discrimination can be experienced as a result of a person's age, gender, disability, sexual orientation, religion or belief, race or socio-economic status. Integrated into this strategy are ways by which we plan to address the disadvantages a refugee, asylum seeker or migrant could experience.

This strategy aims to address the needs of **all** refugees, asylum seekers or migrants, including those who experience multiple disadvantages as detailed above.

## **WHO DO WE MEAN – MIGRANTS?**

The terms 'refugee' and 'asylum seeker' are legal terms indicating a person's immigration status – see below – and although used interchangeably in popular and media discourse, are rigidly defined on a legislative basis. However, the term 'migrant' is a much wider one and deserves clarification here.

Within this strategy, we use the term 'migrant' to refer to individuals who originate from outside the UK and have come to the UK to settle. We do not attempt to put a time limit on when an individual may no longer consider themselves to be a migrant as this is subjective. However this strategy refers to migrants who experience social and health inequalities as a result of factors such as low income, poor housing or language barriers. We can therefore indicate that this strategy refers to migrants who can objectively be considered vulnerable for one of or a range of factors.

There is not a separate chapter for children and young people under 18 years old. We recognise however that a child's needs are paramount and must always be taken into consideration as a priority over and above other concerns. The Children Acts of 1989 and 2004 enshrine the rights of children and young people. Asylum seeking, refugee and migrant children may experience issues related to the asylum or migration process that can be caused by their position within a vulnerable family. Unaccompanied asylum seeking children are looked after by the Unaccompanied Asylum Seeking Children's Team, with the Royal Borough of Kingston seen as their corporate parent. We anticipate that the issues in this strategy affect all refugees, asylum seekers and migrants, including those under 18, and thus have not addressed their needs separately. The working document for children and young people in the Royal Borough of Kingston is the Children and Young Peoples Plan (see chapter 8 for link). Please also refer to 'Working Together to Safeguard Children', DCSF.

While the title of this strategy refers only to refugees and migrants, asylum seekers are also included throughout this strategy within the shortened term, *refugees and migrants*.

## DEFINITIONS

**Refugees** – A refugee is someone whose asylum application has been successful and who is allowed to stay in the country having proved they would face persecution back home.

**Asylum Seeker** – An asylum seeker is a person who has left their country of origin and formally applied for asylum in another country, but whose application has not yet been decided.

**'Failed' Asylum Seeker** – A person whose asylum application has failed and who has no other protection claim awaiting decision. Some refused asylum seekers voluntarily return home, others are forcibly returned and for some it is not safe or practical to return until conditions in their country have changed.

**Migrant** – someone who has moved from one place to another. In this strategy the term *migrant* will refer to *vulnerable migrants* - people who are likely to have additional needs and experience poorer outcomes if these needs are not met.



## VISION AND AIMS OF THIS STRATEGY

Refugees, asylum seekers and migrants are supported to fully participate as equal members of the community and experience health and wellbeing equal to the rest of the population.

### THIS STRATEGY AIMS TO:

1. Improve the health and wellbeing of refugees, asylum seekers and migrants.
2. Reduce health and social inequalities that impact on refugees, asylum seekers and migrants.
3. Propose the implementation of detailed action plans specifically to meet the needs of refugees and migrants, incorporating current strategic plans where appropriate.
4. Promote integration and facilitate it as a two way process between the host and the refugee/migrant communities.
5. Improve access to services and improve service delivery.
6. Continuously engage with the refugee/migrant community and assess current need.



## MONITORING AND EVALUATION

In order to facilitate effective monitoring and evaluation for this strategy, we shall establish a Joint Refugee and Migrant Strategy steering group. This will be formed of a range of public and voluntary sector organisations and agencies who have come forward to represent the interests of refugees and migrants.

Steering group members shall consist of both organisations who have been involved in writing and developing this strategy in addition to those who have come forward to register their interest since the process began. We shall aim for a Steering Group of no more than 15 organisations or agencies, of whom 5 should be refugee or migrant organisations or agencies from the borough of Kingston.

Steering group members shall be nominated by the contributing editors to this strategy and all stakeholders will be given a one month period of opportunity to comment on the nominated members.

The steering group shall meet on a 6 monthly basis to review and assess the implementation of agreed actions. Where significant change has occurred that has impacts on the relevance of agreed actions, new actions shall be debated and agreed by the Joint Refugee and Migrant Strategy steering group. On an annual basis, the steering group will invite the wider group of stakeholders to attend a larger event and assess progress. Membership of the Steering Group will be assessed on an annual basis.

In addition, we shall ensure that all stakeholders who are interested in remaining up-to-date with the strategy's progress are able to access an online forum where updates and discussions can be posted.

We recognise that there may be occasions where service providers or community members wish to report that an action within this strategy has not been implemented.

If you would like to make a comment, compliment or complain about a service, please follow the usual procedures for the organisation concerned.

If you have a comment or a query regarding the implementation of actions within this strategy, please contact the Senior Community Development Coordinator for marginalised groups in the Equalities and Community Engagement Team.

Email: [ECET.admin@rbk.kingston.gov.uk](mailto:ECET.admin@rbk.kingston.gov.uk)

## CHAPTER ONE - IMPROVING THE HEALTH OF REFUGEES, ASYLUM SEEKERS AND MIGRANTS

Chapter Lead: Martha Earley, Public Health Manager for Inequalities

Contributing members on the steering group:

Dr Jonathan Hildebrand, Joint Director of Public Health, Russell Styles, Associate Director of Public Health and Susan Fitzgerald, Mental Health Commissioning Manager.

### INTRODUCTION TO HEALTH

This chapter identifies the main health needs of refugees and asylum seekers and aims to eliminate barriers to access that have been identified as being experienced by this group.

The chapter also aims to provide clarity over the commitment to meet the needs of refugees, asylum seekers and migrants of the main health providing organisations including NHS Kingston, Kingston Hospital Trust and Royal Borough Kingston.

This chapter briefly highlights the health needs identified in the Refugee Needs Assessment that was carried out over 2008. However, the executive summary of the needs assessment is available under supporting documents. It also provides the vision for change and priorities for action. There is an additional chapter covering entitlements and access for refugees, asylum seekers and migrants so this is not covered in this Health Chapter. Instead health access is covered in that later chapter titled “Entitlements and Access”.

### BACKGROUND TO THE HEALTH NEEDS OF REFUGEES AND ASYLUM SEEKERS

The needs assessment carried out in 2008 highlighted that many local refugees and asylum seekers experienced problems and barriers to accessing primary care services such as a GP. This was usually to do with lack of understanding of how the system worked, the specific paper work required and language barriers. In many cases the person was entitled to care but service providers were not aware of this. Those who were registered also experienced problems and were often not happy with their GP, particularly when they had a GP who shared their language. The majority were not aware that they could access interpreting services and that they did not have to take a family member to interpret for them or only see a GP who shared their language.

*“I came here when I was 6 months pregnant, when I went to GP to register, they said I needed passport or travel documents. Up to 6 months I had not had an*

*ultrasound, (I) had low blood pressure and would pass out frequently. If (I) went to A and E, they would send me away after my blood pressure normalised. It takes one month and a half to get travel documents, but they [the GP] refused to see me. Eventually, I was having so many problems passing out, going to A and E that I had to call someone from a higher level and get things sorted” [North Korean patient];*

Many users within the needs assessment sample (43%) have registered with certain local GPs because they speak their language. The majority of people (66%) who were registered with GPs who spoke their own language stated that they were not happy with the service from their GP. In the main, these were Tamil and Korean users. Further work needs to be carried out to find out why these specific groups are unhappy with their GPs and what their experiences were.

Many users expressed an acute need for advocates to enable access to primary care and in particular to get access to a GP. Many were not aware that they had a right to use interpreters when using health care services. NHS Kingston commissions part of the Kingston Interpreting Service and we are committed to ensuring all patients receive communication support when it's required. A separate chapter in this strategy deals with the need and provision for interpreting that NHS Kingston supports.

## OUR VISION FOR CHANGE

NHS Kingston and Royal Borough Kingston (Kingston Council) are committed to meeting the health needs of refugees, asylum seekers and migrants and to commission relevant support services that help reduce the inequalities in health they experience, eliminate barriers that they face in accessing health care and facilitate equal access to services they are entitled to.

There is sometimes confusion over who is and is not entitled to services, lack of awareness or knowledge of support services (such as interpreting) both by service providers and by service users. There is also a need for a joined up approach to tackle some of the problems faced by refugees, asylum seekers and migrants that have been highlighted.

NHS Kingston aims to address some of these challenges by:

1. Commissioning services that support refugees and migrants
2. Developing clear guidelines for primary care staff about eligibility and access

3. Creating an ethos within primary care provision of “register patients first, then investigate eligibility”. By reducing barriers to primary care health care, we shall reduce costs caused to the NHS by the inappropriate use of acute care such as Accident and Emergency.
4. Work with other healthcare providers in order to ensure that equal access guidelines are clear and to promote the needs of these communities
5. Continue to promote Public Health initiatives targeting the specific needs of refugees and migrants through joint partnership working.

In this way we can do our best to ensure that some of the barriers to access such as the experience described above do not happen again and do not put vulnerable patients at risk of not being treated when they are entitled to be.

## OUR PRIORITIES FOR ACTION

An action plan is available at the back of this strategy that details NHS Kingston’s actions, the Equalities and Community Engagement Team’s Actions and some of Kingston Hospital Trust’s actions in relation to improving the lives of refugees, asylum seekers and migrants. These action plans are live and will continue to be updated and amended as appropriate. They include:

1. (a) Commission services that support refugees, asylum seekers and migrants to access services such as advocacy and interpreting services.  
  
(b) Ensure commissioners are aware of barriers faced and that these are addressed in commissioning plans or contracts with providers.
2. Develop clear guidelines about NHS Kingston’s and/or Clinical Commissioning group’s criteria for patients registering with a GP who do not have immediate access to documents i.e. those who are homeless or new arrivals seeking asylum, or those whose documents are currently held by the Home Office.
3. Create an ethos of ‘register first, investigate eligibility later’ by working with service providers to demonstrate the discriminatory impact of refusing to register.
4. Raise the community’s and service provider’s awareness of entitlements to care and of the support services available to refugees, asylum seekers and migrants.

5. Facilitate joint initiatives on issues such as mental health, physical activity and other known health issues by partnership working between the Equalities and Community Engagement Team and voluntary and community sector organisations.
6. Strive to work particularly with Kingston Hospital Trust and South West London St. George's Trust to reduce barriers to health services for refugees and migrants.

The Entitlements and Access Chapter also provides further information on entitlements to accessing health services. Please note that health services entitlements are liable to frequent legislative changes and should also be verified as current before being referred to – see the Department of Health website for the most recent version.

**Our full action plan in relation to improving health is available at the end of this document.**

## CHAPTER TWO - IMPROVING HOUSING FOR REFUGEES, ASYLUM SEEKERS AND MIGRANTS

Chapter Lead: Simon Oelman, Head of Housing Management, Royal Borough Kingston

Contributing members on the steering group:

Susan McAuley, Housing, Royal Borough Kingston; Anita Harris, Supporting People, RBK

### INTRODUCTION TO HOUSING

This chapter identifies the main housing needs of refugees and migrants and aims to eliminate barriers to access that have been identified as being experienced by these groups.

The chapter also aims to provide clarity over the commitment to meeting the needs of refugees, asylum seekers and migrants in accessing housing or housing information and supporting organisations. This will include Royal Borough Kingston, Kingston Churches Action on Homelessness, Refugee Action Kingston and the Kingston and Richmond Law Centre.

This chapter briefly highlights the housing needs identified in the Refugee Needs Assessment that was carried out over 2007/8. However, the executive summary is available under the supporting documents. It also provides the vision for change and priorities for action.

### INCLUSION/EXCLUSION CRITERIA

Asylum seekers are not entitled to council housing tenancy or housing benefit. Their housing is **not** paid for by the local authority. The vast majority of asylum seekers who are given government housing (which is paid for by the UK Border Agency) are dispersed away from London and the south east of England. Therefore, in relation to council housing, this chapter will refer only to refugees and migrants, though asylum seekers will be included in concerns surrounding private tenancies.

### BACKGROUND TO THE HOUSING NEEDS OF REFUGEES, ASYLUM SEEKERS AND MIGRANTS

The Refugee Needs Assessment 2007/8 highlighted four main areas of concern for refugees and asylum seekers in the Borough

1. Access to housing both in the private and public sectors
2. Access to good quality advice and information

3. Getting repairs carried out to their homes
4. Overcrowding

All of these factors are recognised as having a significant effect on the health of individuals as was highlighted in the Joint Annual Health Report published in 2009, 'Health Begins at Home.'

In order to deal with all of these it is first necessary to have improved customer profiling and therefore that there is improved recording of ethnicity, language, health and family needs at all contact points and that this information is adequately shared between relevant referral agencies where a family is either signposted to another agency or makes multiple approaches for help.

The following quotes from the needs assessment highlight key concerns of refugees and asylum seekers:

*"I have 5 children in a one bedroom flat and my child has a serious health condition."*

*"On one occasion, there was an overflow with the boiler and the landlord after several calls did not come and fix it. In the end out of desperation, we called the police to sort it out. We have had to pay for many repairs out of our pocket."*

*"I have a problem with water coming through the roof into my house-I have brought things to fix it. When they [the council] came they saw that I was sorting it out and then they said oh it's ok you have fixed it. Whenever I have a problem, the Council come, they see everything, but do not come to fix it. I have not complained as I feel it is better to stay like this. I just do my own repairs now."*

## OUR VISION FOR CHANGE

All three cases demonstrate that refugees in the Borough have inadequate access to proper information and advice in relation to their housing needs as each of these cases could have been resolved given sufficient information or knowing where it can be accessed. In the case of private landlords, they highlight the need to ensure that refugees are able to access housing owned and managed by responsible landlords.

In dealing with the main issues raised, Royal Borough Kingston Housing will seek to work with other partner agencies and private sector providers in a number of ways.



## OUR PRIORITIES FOR ACTION

1. We need to ensure that good advice is available to refugees and asylum seekers in relation to their housing needs including welfare benefit entitlement. This means not only that the Royal Borough of Kingston (Kingston Council) is to address the needs of these groups when it is directly approached but also that other agencies are also able to signpost people to the Council for advice. This needs to include those groups where refugees and asylum seekers have day to day contact such as faith and community groups.
2. Ensure that good record keeping is in place across Council departments and ensure that information can be shared between them and joint support given. For example, the same family may have contact with children's services and education as well as housing. The Council's new Customer Relations Management system, which is linked to the overall One Council programme, will enable improved communications and information sharing to take place.
3. Establish a landlord accreditation scheme so that the best private landlords can be identified and allowing refugees and asylum seekers to be referred to them. This needs to be linked to increasing an understanding of the role of the private sector in the provision of housing and that the Council will not be able to meet everyone's housing needs.
4. Improve monitoring arrangements to ensure that there is equal access to public housing in terms of quality and need.
5. Recognise that an increasing number of refugees, asylum seekers and migrants are in private tenancies<sup>1</sup>, and ensure they can access advice and support on loans/debt, welfare benefits, support schemes, education/employment/training etc.
6. In parallel, guard against initiatives aimed at low-income groups becoming restricted to council housing areas, to enable those in private tenancies to benefit from them.
7. Support the provision of quality immigration advice within the borough of Kingston in recognition of the vital role it has to play in assisting individuals and the housing sector to understand their own eligibility.
8. Ensure that there is an understanding of the rights and responsibilities that go with a tenancy. This will include both repairing obligations of the

landlord and tenant (the landlord whether the Council or private is not responsible for all repairs) and on overcrowding. In this respect it is important that refugees and asylum seekers understand that if they are in private accommodation they are responsible for finding a new property that fits their needs themselves. In public housing it is important that they understand how to bid under the Council's choice based lettings system, that there is a shortage of public housing and therefore a move to larger property is likely to take some time. This could be done through Private and Public Housing Information sessions targeted at refugees, asylum seekers, and migrants, to inform them of their rights, responsibilities and key access information.

9. Investigate the impact of increased use of private sector rented accommodation on long-term use of Housing Benefit. High rental prices are hugely common in the borough of Kingston and are paid for at flat rates by Housing Benefit for those on low incomes. If a person is on a low income or welfare benefits, and is in private sector rental accommodation, when they move into employment they can lose entitlement to Housing Benefit when working more than 16 hours per week. This could impact on their ability to move into employment even if they are keen to do so as it would be financially unbeneficial. Accommodation outside of known social housing areas may also have an impact on people's ability to access services, opportunities and employment.

These actions will take time to deliver and longer to have a large scale impact on refugees and asylum seekers in relation to their housing. It will therefore be important to work with them and the other groups they work with to monitor their effectiveness and to identify other need as they arise.

**Our full action plan in relation to improving housing is available at the end of this document.**

## CHAPTER THREE – COMMUNITY SAFETY FOR REFUGEES, ASYLUM SEEKERS AND MIGRANTS

Chapter Lead: Chief Inspector Bill Heasman

Contributing members on the steering group:

Julia Metcalfe, Victim Support

Jon Birch - Inspector, Partnership and Performance, Specialist Crime Directorate Unit (SCD9)

*“I do get racism because of the way I speak and the way I dress as I am the only person from Pakistan in my school” [Pakistani User, Refugee Needs Assessment 2007/8]*

*“In the end anti-black, anti female and all forms of discrimination are equivalent to the same thing – anti humanism” Shirley Chisholm (First Black American female politician elected to Congress)*

Reducing Discrimination, Supporting Victims of Crime and promoting Equality of opportunity for Refugees, Asylum Seekers and Migrants

Like all British residents, people who are refugees and migrants are protected on the basis of all the characteristics included in the Equality Act 2010. Asylum seekers, refugees and migrants can be affected by all forms of inequality. Each individual has a sex, an age, a sexual orientation, and a race or ethnicity. They may have a religion or strong beliefs and they may have a disability. Refugees and migrants are likely to experience discrimination based on race (including colour, nationality, ethnic and national origins). But refugee populations also have high levels of physical and mental disabilities, including elevated levels of mental illness often related to earlier traumas or as a result of war. It is important to remember that refugees may have sought refuge in this country to escape persecution in their own country because of their sex, race/ethnicity, sexual orientation or religion or belief. Having fled persecution on those grounds, they often face new forms of discrimination in the UK for the same reasons and are unaware that they are protected under British law from such discrimination.<sup>(1)</sup>

Therefore the approach to tackling overall discrimination and other related issues is based on Sir Michael Marmot’s ‘Proportionate Universalism’ approach (Fair Society, Healthy Lives The Marmot Review 2010). Support and services will be targeted where there is most identified need,

<sup>(1)</sup> Refugees and Migrants and the Equalities Act 2010 briefing – Refugees in effective and active partnership)

but that will have an impact on and benefit the whole community. This chapter identifies the main discriminatory experiences that refugees and asylum seekers have identified and aims to eliminate experiences that have been identified as being experienced by these groups.

The chapter also aims to provide clarity over the commitment about addressing the discrimination faced by Black and minority ethnic communities by addressing this issue across the various agencies including the Police, Royal Borough Kingston, Victim Support, Refugee Action Kingston and the Education services.

## **BACKGROUND TO THE IDENTIFIED EXPERIENCES OF DISCRIMINATION FACED BY REFUGEES AND ASYLUM SEEKERS**

This chapter deals with the overarching theme of discrimination that can affect the life of an individual in a variety of ways. When discrimination is experienced it will always have a negative impact on the person and sometimes this can be for the duration of a lifetime. This is because it can affect the individual's sense of safety, health, well being and self esteem.

Arriving in a new country will already have its own challenges and experiences both good and bad. The experiences are often determined by the level of understanding and speaking the language. Many individuals from migrant communities may not be able to communicate effectively because they cannot speak English. If this is the case they may not even understand that they are being discriminated against or abused and may therefore be unknowingly victims of disadvantage.

We have a number of laws that enable people who live in the United Kingdom to be protected against discrimination because of their gender, race, disability, age, sexual orientation and religion or beliefs. We also need to recognise that individuals may suffer from multiple forms of discrimination, which can include socio-economic disadvantage and others.

As a service provider we must ensure that our services are delivered in a fair, equitable and transparent manner for the benefit of all the residents who are entitled to the services we provide. We will aim to ensure that refugees, asylum seekers and migrants do not experience discrimination as a result of their immigration status.

## ASSISTING SURVIVORS OF CRIME

### DOMESTIC VIOLENCE

Domestic violence is any threatening behaviour, violence or abuse between adults who are or have been in a relationship, or between family members. It can affect anybody, regardless of their gender or sexuality.

The violence can be psychological, physical, sexual or emotional. It can include honour based violence, female genital mutilation, and forced marriage.

Whatever form it takes, domestic violence is rarely a one-off incident. Usually it's a pattern of abusive and controlling behaviour through which an abuser seeks power over their family member or partner.

Domestic violence occurs across all of society, regardless of age, gender, race, sexuality, wealth or geography. Women are more likely than men to be victims of domestic violence, and children are also affected - they can be traumatised by what they have seen, and there is a strong connection between domestic violence and child abuse.

### HATE CRIME

A hate crime is any criminal offence committed against a person or property that is motivated by an offender's hatred of someone because of their: race, colour, ethnic origin, nationality or national origins, religion, gender, identity, sexual orientation, disability.

Hate crime can take many forms including: physical attacks – such as physical assault, damage to property, offensive graffiti, neighbour disputes and arson, threat of attack – including offensive letters, abusive or obscene telephone calls, groups hanging around to intimidate and unfounded, malicious complaints verbal abuse or insults - offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes, and bullying at school or in the workplace.

### TRAFFICKING

Trafficking is defined by the United Nations as “the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.”

The current situation in London is that since 1st April 2010, all four streams of human trafficking, including forced sexual exploitation, forced labour, domestic servitude and organ donation, are being dealt with by a new Specialist Crime Directorate unit, SCD9 Human Exploitation and Organised Crime. As part of that process they will be carrying out a continual programme of intelligence gathering around the off-street sex market in London, which will include Kingston at some stage.

There are a range of premises openly advertised at any time. The Specialist Crime Directorate unit are intelligence-led and deliberately avoid the practice of issuing updates on the local position in any given borough, because it inevitably fluctuates, but would always act on an intelligence-led basis to deal with any issues that arise. Were they to receive any intelligence around children (under 18) in brothels, or any intelligence that suggested that someone might be in premises against their will, they would expect either the local Safer Neighbourhoods Team or one of the response teams from the borough to make an immediate visit to remove the risk. (Any Safer Neighbourhoods Team that needs advice can find it on the SCD9 intranet site.)

The interest of the Specialist Crime Directorate Unit (SCD9) is around the identification of trafficked victims, and around improving awareness within local communities. In due course SCD9 will be offering training and support to local police officers across the MPS, but the most important thing is that front-line staff from a range of partners are given some awareness of the fact that victims could walk into any public premises in the borough and need to be recognised and assisted.

The Specialist Crime Directorate Unit's work is entirely victim centred and as soon as a victim comes forward would ensure that suitable supervised accommodation is put in place. There are a number of providers who can do this. By following this path and referring the victim through the National Referral Mechanism (NRM) to the UK Human Trafficking Centre (UKHTC), the victim is assured of a 45 day reflection period, during which she can start to come to terms with what has happened. The next task involves sensitive debriefing to see if enough intelligence can be obtained to support an investigation.

## **TRAFFICKING OF CHILDREN**

If it is suspected that a child is the victim of trafficking, the police and children's social care should be informed. The department for Children, Schools and Families and the Home Office published joint guidance on *Safeguarding children who may have been trafficked*. This contains a comprehensive strategy to improve the identification and safeguarding of child victims of trafficking. Early identification is the key to protecting these vulnerable children.

(This document can be found on the website of the Department for Children, Schools and Families –

[www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/safeguarding](http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/safeguarding)

Please note that this is correct at the time of going to print, although the site may be affected by changes made by the new government that came into place in May 2010)

## OUR VISION FOR CHANGE

The Royal Borough of Kingston already has the framework in place to further reduce discrimination through a number of strategies such as The Kingston Plan, Children and Young Peoples Plan, Closing the Gap, The Local Area Agreement, Social Care Strategy and Safer Kingston Partnership Plan which all contribute to making Kingston the best place to live, study, work and carry out business in. We need to ensure that we provide an inclusive service to the community with the aim of to facilitating a cohesive community and encouraging engagement

The needs assessment has highlighted some areas of concern through the forums and interviews that were carried out. We are aware that we need to make sure that we listen to the views of residents and support them to have fulfilled lives.

The Royal Borough of Kingston and its partners will address some of these challenges by:

1. Ensuring all staff working in direct contact with the community are aware of their obligations and are discharging their duties in accordance with their respective equality procedures and duties
2. Better communication with and support for voluntary sector and community groups specifically working with refugee and migrant communities.
3. Improving ongoing promotion of existing specialist services to support survivors of crime (including Domestic Violence, Hate Crime and Trafficking) from hard to reach groups and to continue to ensure that commissioners are aware of the specific needs of these communities.
4. Ensure that known support routes are enabled for victims of trafficking by service providers.

The Royal Borough of Kingston and its partners are committed to ongoing change. Our aim for this strategy is that our vision and actions will work towards eliminating discrimination in all its forms and provide equality of opportunity and good relations between different people in the community.

## OUR PRIORITIES FOR ACTION

The strategies mentioned in Our Vision for Change already include objectives designed to reduce discrimination and promote equality. The overarching “Kingston Plan” which has ten objectives and “destination Kingston” link all Royal Borough Kingston policies with outcomes. The Children and Young Peoples Plan is another overarching strategic document designed to improve outcomes for all children and young people as a response to “Every Child Matters”.

The Refugee Strategy will feed into the overall success of these key plans and will work towards achieving the national indicators which form the New Performance Framework for Local Authorities.

### **Our key priorities for action are:**

1. Produce or promote guidance and information for staff and managers working with the community. Work with individual teams to improve their understanding of the needs of refugee, asylum seeker and migrant communities to enable the provision of services to be non-discriminatory.
2. Facilitate engagement, knowledge, and sharing between the public and voluntary/community sectors. This will assist these groups to develop appropriate services that support refugees, asylum seekers and migrants.
3. By providing specific services for refugees, asylum seekers and migrants, we shall provide a platform for individuals to become involved with and benefit from civil society, services and opportunities that are non-specific on a long term basis. This will promote better community engagement and work towards a cohesive society.
4. Ensure that there is a system in place to deal with victims of trafficking for when the need arises.

Further specific actions have been included at the back of this strategy detailing activity that will work towards reducing discrimination and towards greater inclusion.

## SUPPORTING DOCUMENTS

Royal Borough of Kingston council’s Equality Scheme

Royal Borough of Kingston council’s Community Cohesion strategy

Royal Borough of Kingston council’s Children and Young People’s Plan

NHS Kingston’s Single Equality Scheme 2009-2012

Health begins at Home: Joint Annual Public Health Report for Kingston, 2008

**Our full action plan in relation to reducing Discrimination is available at the end of this document.**



## CHAPTER FOUR - COMMUNICATION AND LEARNING ENGLISH

Chapter Leads: Katherine Fisher, Deputy Principal Kingston Adult Education; and Barbara Morton, Kingston Interpreting Service Co-ordinator

Contributing members on the steering group: Elizabeth Jarratt, ESOL Coordinator Kingston Adult Education; and Nighat Taimuri, Senior Community Development Co-ordinator for Marginalised Groups

### INTRODUCTION TO COMMUNICATION AND LEARNING ENGLISH

This chapter identifies the main experiences refugees and asylum seekers have identified about communicating either in their own language through friends and family, through interpreters or through trying to learn English. It aims to address barriers to accessing interpreting services in essential public sector services and barriers to accessing English classes that promote refugees' and migrants' participation and integration in community life.

The chapter also aims to provide clarity over the commitment about meeting the communication and language needs of refugees, asylum seekers and migrants by the various statutory agencies involved in this Joint Strategy.

This chapter briefly highlights the main experiences and issues identified in the Refugee Needs Assessment that was carried out over 2007/8. However, the executive summary is available under the supporting documents. It also provides the vision for change and priorities for action.

A key aim of this strategy is to ensure that those facing language barriers are given adequate support to access interpreting services and English language classes. Refugees, asylum seekers and migrants want to lead independent lives and be able to communicate fluently in English, but require linguistic assistance in establishing themselves. Those with special needs or limited previous education may also struggle to learn English quickly, and need longer term support. Therefore it is imperative to enable both services to be provided side-by-side, feeding into each other and ensuring service users have choice. Thus this chapter is split into two, firstly dealing with English language classes and then with interpreting services.

### BACKGROUND TO THE IDENTIFIED EXPERIENCES OF COMMUNICATION BARRIERS FACED BY REFUGEES AND ASYLUM SEEKERS

One of the major challenges for many immigrants in a host country is the language barrier. Without the means to communicate effectively, entry into the

social, cultural and economic life of the host country is severely restricted. In the Royal Borough of Kingston consultation work with BME community representatives in 2006-07, language learning was identified as a key priority. Additionally, with regard to health access, English language learning was the 3rd recommendation in the Joint Annual Public Health Report in 2006 and 2007 in its scrutiny of links between Ethnicity and Health.

The Refugee Needs Assessment carried out in 2007/8 and the subsequent multiagency stakeholder consultation also identified learning English as a great need amongst refugees and asylum seekers and a need that would prevent them from leading a full life in the community.

#### Identified Barriers to Access to Learning English in Kingston

- Range of provision available in relation to need
- Shrinking provision for lower levels due to central government legislative changes to ESOL programmes made in September 2007
- Lack of recruitment of suitably trained and qualified English as a second or other language (ESOL) teaching staff
- Lack of centralised strategic planning of ESOL provision across the Borough
- Lack of child care provision for ESOL learners
- Unwanted pressure on some learners to take national qualifications
- Introduction of fees for many ESOL classes
- Some reluctance to participate in 'institutional' classes and difficulty in adjusting to educational demands, particularly for those with limited previous education
- Greatly differentiated needs amongst learners in relation to the 4 language skills (reading, listening, writing and speaking)

### **CURRENT PROVISION**

Within the Borough of Kingston, the two main providers of ESOL courses are Kingston Adult Education (KAE) and Kingston College (with approximately one hundred 16-19 year old ESOL students and more than three hundred and fifty ESOL learners over the age of 19).

ESOL classes are also provided by Hillcroft College (a residential college for adult women), LEAH (Learn English at Home) Refugee Action Kingston with some other, isolated provision within voluntary and community groups. There has

been a rise in the number of learners from European Accession States, although at KAE these learners are encouraged to attend English as a Foreign Language classes (EFL), which are more suited to their needs, and which are charged for at a significantly higher rate. At KAE and Kingston College the vast majority of ESOL provision is mapped to The National Curriculum for ESOL for Adults which lead to National qualifications. There is also a small programme of Family Language programmes targeting parents and children in some Schools and Children's Centres in Kingston. Some crèche provision is available locally, but lack of child care remains a barrier for many learners.

## **OUR VISION FOR CHANGE TO IMPROVE ENGLISH LEARNING OPPORTUNITIES**

Our vision for change is to have a strategic approach to addressing the needs of ESOL learners. We wish to work across the different partners to ensure that we can:

1. Pool our resources together
2. Ensure that barriers to accessing classes are reduced
3. Increase the quantity and quality of ESOL classes available for lower level learners

By doing this our vision is that more refugees and migrants will be able to speak, read and write in English, will have more life chances as a result and thus better equipped to take part in community life.

## **OUR PRIORITIES FOR ACTION TO IMPROVE ENGLISH LEARNING OPPORTUNITIES**

1. Ensure there is centralised strategic planning of ESOL provision across the Borough
  - 1b) Improve referral procedures between ESOL providers to facilitate learner's progress
2. Improve and increase the range of provision available in relation to need
  - 2b) Identify suitable child care provision for all ESOL providers to make use of
  - 2c) Provide ESOL provision that does not put pressure on learners to take national qualifications

- 2d) Provide ESOL that is inexpensive and financially accessible to those on a low income
- 3. Increase the quantity and quality of provision of ESOL available to lower levels
  - 3b) Recruit suitably trained and qualified ESOL teaching staff
  - 3c) Provide classes in community settings, improve knowledge information systems of community classes where all institutions can refer people
  - 3d) Work together to train volunteers to teach ESOL in community settings within voluntary and community groups

**Our full action plan in relation to improving ESOL provision is available at the end of this document.**

## **REDUCING BARRIERS TO PROVISION OF INTERPRETING SERVICES**

The main theme emerging from the refugees and asylum seekers living in Kingston who took part in the needs assessment was difficulty in accessing interpreting services. This was due to the fact that they were not told there was an interpreting service, or, upon requesting interpreters, were told that money was not available to pay for the service. 53% of the refugees and asylum seekers consulted stated that language and communication had been their biggest challenge and barrier to settling and accessing services.

In Kingston, there is already an efficient and cost effective interpreting and translation service, Kingston Interpreting Service (KIS), which is available to all public sector and voluntary sector agencies. Despite this provision, the needs assessment stated that *“many providers appear to be under-using Interpreting support services and not be making this provision accessible to refugees and asylum seekers”*.

KIS was launched in 2004 as a partnership arrangement between Kingston Council, NHS Kingston and Kingston Hospital Trust as a non profit making service. The service has always managed to maintain the cost of using an interpreter below any other local authority or independent interpreting agency because it is subsidised by the local authority and NHS Kingston. KIS has a charging policy which takes into account the type of agency making the request and voluntary organisations receive a significant reduction.

The main principle of KIS is to promote the use of interpreters and to provide an efficient, cost effective service to all agencies in Kingston. Throughout the past 5 years demand on the service has increased considerably. Requests for

interpreting provision have almost trebled between 2004/5 (1875 requests) to 2009-10 (estimated 3400 requests).

The local authority and NHS Kingston have over the last 5 years identified budgets for their own services to use for interpreting. Other agencies have also realised that they need to make some provision for interpreting and have adjusted their budgets accordingly. With the current financial climate facing local authorities and health trusts it is not feasible for them to meet the budgetary needs of other agencies. It is therefore crucial that all agencies committed to facilitating equality of access for refugees, asylum seekers and migrants consider how they can meet the cost of interpreting provision.

## OUR VISION FOR CHANGE

The vision for increasing access to interpreting provision in the borough of Kingston is to:

- 1) Increase the promotion of KIS to both refugees/migrants and also to service providers
- 2) Ensure that service providers know about and have made financial provisions to accommodate use of the service.
- 3) Investigate new models for overcoming communication barriers that KIS could expand to provide, including Bilingual Advocacy, Social Enterprise, specific Language Days at Royal Borough of Kingston's Information and Advice centre, or Cost-free Interpreting Provision for small/under-resourced voluntary sector organisations.

It is a key acknowledgement of this strategy that service providers must take responsibility for offering and providing interpreting services to service users. KIS has identified the need to empower non English speaking service users and has developed 'A Users Rights to Interpreting card' which it is aimed will be distributed through relevant agencies.

More work is required to ensure that the service user is not burdened with the task of advocating for the need for interpreting services, which given the language barrier faced, may not always achieve a result that is in the service user's interest.

Within the Refugee Needs Assessment, some participants felt that it would be beneficial to have an identified officer, from their own community, to liaise with the council on their behalf. This would induce confidence and offer better access to services within the council. A Bilingual Advocacy project, that trained

community representatives fluent in both English and a community language to advocate for and empower refugees and migrants, may be the answer to this need.

Service providers need to understand in greater detail the language barriers facing refugees, asylum seekers and migrants to accessing services and English courses. KIS will work with the Equalities and Community Engagement team to spread good practice to service providers regarding the use of interpreters. The team will focus particularly on the detrimental consequences of services allowing friends or family members, particularly children, to act as unofficial interpreters.

There is a need to identify which services do not currently make use of interpreting services, and potential reasons for that. In order for agencies to understand which parts of their organisation are not using interpreters a quarterly report specifying usage will be sent to senior officers. In this way agencies can monitor which services are under-using KIS and why.

## **OUR PRIORITIES FOR ACTION**

1 a) Publicise KIS on all agency websites with clear instructions on how to access interpreters. Publicise the different methods that service providers can use, e.g. face-to-face, phone-based, etc.

1 b) Re-launch Multi Lingual Helpline, a service for the top 5 languages identified in the borough, as this currently under-used.

1c) ECE Team to deliver 'Users Rights to Interpreting cards' to community groups through outreach work.

1d) Work with Equalities and Community Engagement Team to deliver information about KIS and promote it to services providers.

1e) Flyers will be distributed to different locations in the borough, including community groups.

2a) Awareness raising sessions will be provided for staff in statutory agencies outlining guidance on accessing interpretation and translation resources, legal consequences and how to work with interpreters.

2b) Produce quarterly statistics on usage for relevant agencies, and ensure that this is shared transparently.

2c) Ensure that KIS is incorporated into Integrated Face to Face Information and Advice Service in the Royal Borough of Kingston's Guildhall 2, facilitating access to interpreting provision for front line staff.

3a) Access to free interpreting for 2 months per year will be offered as part of KIS's ongoing training programme for interpreters to voluntary sector agencies in the borough. We shall identify voluntary organisations with more limited budgets in Kingston who will benefit from this access.

3b) Investigate the possibility of Language Days for the top 5 languages being held at the Royal Borough of Kingston's Guildhall 2, where speakers of specific languages would be able to access non-urgent assistance from council departments on a specific day of the week. This could maximise interpreting resources and share costs between departments.

3c) Work with Kingston Adult Education to promote free or low cost ESOL courses to interpreting service users.

3d) Investigate the potential for members of the public to use the service by paying a contributing fee for non-urgent/optional services, and the operational models for KIS that this would incur.

**Our full action plan in relation to improving interpreting is available at the end of this document.**

## **CHAPTER FIVE: JOBS, EMPLOYMENT AND VOLUNTARY OPPORTUNITIES**

Chapter Lead: Heather Knight, Bright Futures Coordinator, Refugee Action Kingston

Contributing members on the steering group: Ian Curry, Kingston and Richmond Borough Partnership manager, Jobcentre Plus (from April 2010)

Maria Jarvis, Director Kingston Volunteer Centre,

### **INTRODUCTION TO JOBS AND EMPLOYMENT**

This chapter identifies the main experiences refugees, asylum seekers and migrants have identified about barriers they experience in gaining employment and volunteering opportunities. It aims to eliminate barriers to accessing employment and volunteering opportunities and support participation and integration in community life.

The chapter also aims to provide clarity over the commitment about meeting the employment and volunteering needs of refugees, asylum seekers and migrants by the various statutory agencies involved in this Joint Strategy.

This chapter briefly highlights the main experiences and issues identified in the Refugee Needs Assessment that was carried out over 2007/8. However, the executive summary is available under the supporting documents. It also provides the vision for change and priorities for action.

### **BACKGROUND TO THE IDENTIFIED EXPERIENCES OF JOBS AND EMPLOYMENT FACED BY REFUGEES AND MIGRANTS**

A job can be vital in allowing a person to have the responsibility to look after their family, escape from destitution, gain independence and pay something back to the country that has offered them protection. However refugees, asylum seekers and migrants face multiple barriers when seeking to gain employment or voluntary work.

The Refugee Needs Assessment highlighted the fact that nationally, refugees are underrepresented in the labour market, and that those who work illegally often work long hours for little pay. It also showed that in Kingston, one third of refugees and asylum seekers described finding jobs and work as a key challenge. This difficulty in finding employment was not exclusive to low skilled workers, as many people with qualifications from abroad had difficulty ensuring that these were recognised in the United Kingdom.



*“I graduated in Germany and was a Professor at the University in Iraq, but cannot find any work here” [Iraqi user]*

Difficulties obtaining Department for Work and Pensions benefits through the Local Pensions Service and Jobcentre Plus were highlighted as a key issue, with the lack of face to face contact proving to be a significant challenge, especially for people who don't speak English well. At the conference held to launch the needs assessment in March 2009, one refugee spoke out and told how she had experienced great frustration trying to get her message across over the telephone to Jobcentre Plus, without making the progress she expected.

Furthermore, individuals often lack knowledge of the UK job market, and the process of job applications. Many foreign qualifications are not recognised in the UK, and language remains a key barrier.

This chapter has a focus on Jobcentre Plus, but we acknowledge that there are key advice and support agencies such as Kingston Adult Education, the organisations involved in Kingston Advisors Forum, Refugee Action Kingston, and Kingston Volunteer Centre working to assist refugees, asylum seekers and migrants in developing the skills and language skills necessary for long term, fulfilling employment. Please see partnership plans for more details.

## **VOLUNTEERING**

Volunteering amongst refugees and migrants has many benefits to offer both the individual and the community. It can enable an individual to use their skills, and to develop new ones, and can be an opportunity to build up a CV and get work references. Just as importantly it can increase someone's self esteem and confidence, and provide an opportunity to meet new people and engage with their local community. Refugees, asylum seekers and migrants often face barriers in accessing the right information because of language barriers and a lack of understanding of concept of volunteering in this country. An individual's length of stay in the UK can also be problematic when Criminal Record checks are required, and those on low incomes can find the cost of travel a barrier to volunteer involvement. Moreover many volunteer involving organisations are not aware of the benefits of having a diverse volunteer team and the skills they bring with them.

## **INCLUSION/EXCLUSION CRITERIA**

The majority of asylum seekers are not permitted to work while their application is being considered. Therefore with regards to accessing employment, this chapter will be referring to refugees and migrants only. With regards to voluntary opportunities, asylum seekers will also be included.

## BACKGROUND: JOBCENTRE PLUS

Jobcentre Plus is organised into two business areas, the delivery of benefits and assisting jobseekers into employment. Jobcentres are unable to deal with benefit queries as all benefits are administered from the Makerfield Benefit Delivery Centre near Wigan. All contact with the public regarding a benefit is via the telephone or in writing. Only jobseekers or people in groups encouraged to seek employment such as those receiving Employment Support Allowance are seen in person at Kingston Jobcentre and are allocated a personal adviser to discuss ways to assist them back into employment.

To claim a benefit or register as a jobseeker, the customer must first disclose certain information which identifies which benefits are appropriate and what happens next. This can be done through a freephone telephone interview with an adviser or on line. Following the telephone interview, a visit to the jobcentre may be required to provide further information or produce documentation. Jobseekers are automatically offered a Work Focused Interview to discuss their work prospects and agree with their adviser the actions they will take to find employment.

Within the current economic downturn Jobcentre Plus is facing an increasing demand for all services connected to work and benefits. There are increasing numbers of clients losing their jobs and the register of those claiming Jobseekers Allowance in Kingston doubled during 2009. The percentage of unemployment in the Borough is currently 2.1%.

To enable a response to this economic demand, Jobcentre staffing across South London has been increasing since the latter part of 2008, with significant numbers of new staff being appointed at Kingston Jobcentre. The staff here has almost doubled and this has created a steep and significant learning curve for the office as a whole, with twice the number of clients they had a year ago and new staff learning the role. All clients who seek work will have individual and specific needs and some will fall into groups such as Lone Parents, Carers, Employment Support Allowance/Incapacity Benefit, Disabled and the Bereaved - plus other Income related benefits. There is currently a wide range of provision available to help clients back into work and for some specific groups there are other programmes such as the New Deal for Lone Parents. Ensuring that all clients receive the correct advice and services will take a joined up approach from Key Partners within the Borough within a robust communication strategy and identification protocols.

New Services to support those who are unemployed are announced on a regular basis through central Government. The Borough has also implemented a number of initiatives to support these agendas. Taking steps to detail all forms of support and provision together under one umbrella to form a Borough

snapshot is a helpful starting point. Jobcentre Plus already has laid down procedures to ensure that vulnerable customers including refugees and migrants receive full and immediate access to services. This will help to provide a tailor made individual response. Jobcentre Plus regularly reviews its methods of local operation in response to client need, for example - hours of opening.

## OUR VISION FOR CHANGE

1. For migrants and refugees, we aim to identify and monitor the types of issues being raised on a timely basis by creating Borough communication meetings at least once every 6 months. This provides a forum to discuss issues identified, action taken and to look at whether the issues raised were resolved, even where this involved signposting to another organisation.
2. Alongside a range of organisations within the Borough, we aim to ensure that relevant information is promoted fully within the community, to ensure that processes and procedures are visible and that the correct information is given in terms of the full range of services. Information would include: Job Centre processes; eligibility for employment and volunteering; ESOL provision, specialist advice for refugees and migrants; Direct Gov website.
3. Ordering leaflets in different formats, to promote the accessibility of this information and distributing these in public areas e.g. Libraries, Community Centre's and others to ensure maximum reach.
4. Promoting the use of the Direct Gov website to advice/support organisations The Direct Gov site includes sections on employment, understanding your work status, and migrant workers, and has basic employment rights guidance in foreign languages. In the section 'Living in the UK' there is guidance on who can work and volunteer. For refugee and migrant individuals with appropriate language skills, promote the Direct Gov website and library IT courses.
5. Where interpreting is necessary, this needs to be identified by the client/their representative at the earliest opportunity to allow for a period of notice to engage with interpreting agencies. Explore a referral mechanism for advice/support agencies to be able to advise Jobcentre plus of a client's interpreting need. Ensure that clients with low levels of English are registered on Jobcentre Plus English courses quickly and efficiently.
6. Understanding what provision there is currently will be key in assessing current and future demand, which will in turn inform future planning. There will be updated mapping on ESOL provision, relevant volunteering opportunities, specialist employment and voluntary advice, and current Job Centre opportunities. For clients who have basic or low levels of skills/non English speakers within the Royal Borough of Kingston, this will

be particularly important, as they are likely to need the most intensive help and support to find their way into training and work.

7. With the support of Borough Partners, we will aim to identify any barriers to accessing provision and see what can be done to address these.
8. Detailing Jobcentre Plus and Kingston Volunteer Centre successes with this client group and promoting these will be essential both within these organisations and across the Borough. This will create the positive environment needed for change and enhancement of services. This will also promote a 'can do' belief culture within the community. The vision will help ensure that clients receive an individually tailored service, providing the right level of support and guidance on a timely basis
9. Finally, we aim to ensure that all key agencies that support these client groups are kept fully aware of all new training and employment initiatives and programmes within the Borough. This will include sharing information about employment recruitments locally.

## OUR KEY PRIORITIES FOR ACTION:

Following our vision, our priorities are:

1. Build on the Refugee Needs Assessment work conducted in 2008 by sharing with Jobcentre Plus colleagues and other employment support services as well as Kingston Volunteer Centre.
2. Conducting an audit of Jobcentre Plus's and Kingston Volunteer Centre's clients needs through organisations such as Refugee Action Kingston, to identify key issues and inform planning and services.
3. Conducting a mapping exercise within the Borough to see what is currently available for training, English learning, volunteering (including roles where high levels of English are not required) and employment; identify gaps, local need and potential barriers to access.
4. Plan the running of an Employment Forum or other event aimed specifically at refugee and migrant workers, engaging a range of other key partners including Jobcentre Plus, Kingston Volunteer Centre, training providers and others to promote services and answer queries. To be held in key Borough locations and advertised intensively.
5. To investigate specifically - ESOL provision, availability within the Borough set against demand and waiting times.
6. Maintain contact between Refugee Action Kingston, Kingston Volunteer Centre and a Specific Point of Contact at Kingston Jobcentre - and continue ongoing liaison on specific issues raised.
8. To develop referral pathways with advice/support agencies to ensure that those with low level of English are fully supported to receive

interpreters and thus be given assistance to access learning/training opportunities by Jobcentre Plus (particularly those that are compulsory).

9. To ensure migrants, refugees and asylum seekers are aware of all advice and information options for employment and volunteering. To conduct and update a mapping exercise for specialist support available.
10. Ensure correct use of Government websites by advice/support agencies (and individuals where the skills/Internet access exist) such as Direct Gov to ascertain correct procedures and order leaflets in correct formats - for wider circulation.
11. Ask support agencies to lead in the identification of success stories and promote these accordingly.
12. Continue to promote volunteering as an enabler on the route way through to training and employment. Work with partner agencies to ensure that refugees, asylum seekers and migrants understand and are able to volunteer in the local community, working with both individuals and volunteer-receiving organisations.
13. To ensure clear guidelines are available on the eligibility of migrants, refugees and asylum seekers for employment and volunteering. To be used for employers and potential employers or voluntary organisations.

**Our full action plan in relation to improving jobs and employment is available at the end of this document.**

## CHAPTER SIX: INFORMATION AND ADVICE

Chapter Lead: Nuwa Seronjogi, Director, Refugee Action Kingston  
Contributing member on the steering group: Pippa Mackee, Citizens Advice Bureau

### INTRODUCTION TO INFORMATION AND ADVICE

This chapter identifies the main experiences refugees, asylum seekers and migrants have identified about their need for information and advice. It aims to eliminate barriers to accessing good quality and timely information and advice services in essential public and voluntary sector services to support participation and integration in community life.

The chapter also aims to provide clarity over the commitment about meeting the information and advice needs of refugees, asylum seekers and migrants by the various statutory agencies involved in this Joint Strategy. This chapter briefly highlights the main experiences and issues identified in the Refugee Needs Assessment that was carried out over 2007/8. However, the executive summary is available under the supporting documents. It also provides the vision for change and priorities for action.

The Refugee Needs Assessment conducted in 2008 drew the following conclusions that relate to Information and Advice:

1. Refugees, asylum seekers and migrants are very dependent on advice, information and signposting services. Thus, services in Kingston which specifically cater for refugees and asylum seekers should be developed and resourced;
2. Refugees, asylum seekers and migrants rarely complain and feedback to service providers what their needs and issues. Thus, it is unlikely that providers can appropriately and effectively meet their needs without proactive consultation and publicising rights to complain and feedback;
3. Local agencies supporting refugees, asylum seekers and migrants are often misused by mainstream service providers and need to be used more appropriately;

4. Many refugees and asylum seekers have complex and multi-faceted needs which require local holistic services and advocacy type support which assures continuity of service provision<sup>1</sup>;
5. Finally, there is a lack of clear multi-agency strategies and joint working to address needs and gaps in services for refugees and asylum seekers.

## INCLUSION/EXCLUSION CRITERIA

This chapter will explore issues relating to Advice and Information for refugees, asylum seekers and migrants pertinent to the borough of Kingston. It will focus on service provision, strategy and Business Planning of local agencies and organisations. This is in recognition of the fact that refugees, asylum seekers and migrants require local, accessible services as they face financial, linguistic and logistical barriers to travelling outside of the area, or telephone based services or Internet based services.

Whilst recognising the importance of regional or national strategies or service provision, it is beyond the scope of this strategy to incorporate them beyond how they already inform local strategy. As this is currently being achieved in other pieces of work occurring locally, we shall instead focus on how best to incorporate local initiatives and strategies.

### **Information and Advice for refugees, asylum seekers and migrants in the borough of Kingston**

Information and advice provision is crucial in order to ensure that refugees, asylum seekers and migrants understand the range of services and entitlements available, and are able to access them. On a long term basis, this will prevent social marginalisation and perpetuated impoverishment. This can be achieved through the mapping of strategies, service provision and business planning within the local borough.

## OUR VISION FOR CHANGE

Our vision is to ensure that Information and Advice services in the area for refugees, asylum seekers and migrants are:

1. Accessible and deliver Equality of Opportunity
2. Face to face (as they are unlikely to access services by telephone, websites or leaflets)
3. Open Door – initial contact can be made by walking through a door of an agency

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<sup>1</sup> Such as that offered by The Unaccompanied Asylum Seeker's Team, The Kingston Somali Association and Refugee Action Kingston which users cited as positive examples of good local practice.

4. Flexible, offering both Drop-in and Appointments, or telephone/email when required
5. Free and operated by the third sector
6. Able to overcome language barriers quickly (through interpretation or multi-lingual staff)
7. Operated to recognised quality standards for advice services
8. Responsive to a wide range of needs, including immigration, housing, welfare benefits, education and employment, utilities, children's education and welfare, health and health prevention, social activities, support services.
9. Aiming to prevent as well as crisis-manage problems
10. Address barriers to IT access. A coordinated approach is needed to secure the resources to address this
  
11. Have significant referral access to immigration advice and solicitors within the borough, operating on legal aid or at low cost

There are a number of organisations in the borough of Kingston that provide Information and Advice services, including both official and non-official agencies. The challenge we face is to ensure that these services can adapt sufficiently to enable refugees, asylum seekers and migrants to access them. Refugees, asylum seekers and migrants require both specialist and mainstream support organisations; and it is necessary for refugees, asylum seekers and migrants -specific strategy to recognise the range of existing services and investigate improved collaborative working.

## **OUR KEY PRIORITIES FOR ACTION:**

We will seek to develop meaningful mechanisms to achieve actual change for refugees, asylum seekers and migrants through:

1. A comprehensive mapping of services/organisations/community groups which refugees, asylum seekers and migrants use for a range of issues. This will include groups that are not directly or officially delivering information and advice, but support refugees, asylum seekers and migrants in other ways and are therefore approached for support and advice. This could include, for example, the Extended Schools network or Refugee Community Organisations (RCOs).
2. Referral systems are key, and this strategy will aim to identify systems for identifying and making appropriate referrals or signposting. We will aim to work on a strategic level, with those responsible for agencies' future Business Planning, but also on a ground level, with front line staff.



3. We shall work to ensure that refugee/migrant community organisations not equipped to provide legal advice are fully informed and trained of this issue, and of the potential liability incurred. Small community organisations will be trained on the referral mechanisms currently being developed by Kingston Advisor's Forum.

## **REDUCING BARRIERS**

1. Despite the number of information and advice organisations and agencies in the borough of Kingston, refugees, asylum seekers and migrants face significant barriers to accessing these organisations. It is our aim to help organisations reduce barriers, through the promotion of interpretation; open door/face-to-face services, and raising awareness and skills development amongst front line staff.
2. One of the key barriers to accessing services relates to understanding and identifying immigration documents and related eligibility: this strategy will seek to overcome this through web-based and hard copy information for agencies to use. We shall also work towards a bilingual advocacy service that will enable vulnerable refugees, asylum seekers and migrants to access services to which they face barriers.
3. There is a paucity of free/low cost, quality immigration advice in the borough of Kingston. We shall ensure that services providing access to OISC regulated immigration advice or immigration solicitors at low cost or for free are supported by public and voluntary sector agencies in recognition of their important preventative impact.
4. Work with the council's Customer First project so that needs of refugees, asylum seekers and migrants are addressed.

### **Other Information and Advice Strategies in the borough of Kingston**

The Royal Borough of Kingston is currently operating an Information and Advice Project that aims to bring together on a web-based Information hub a range of Information for use by adult Health and Social Care clients. Although refugees, asylum seekers and migrants do not fall into this category except in individual cases, the Information Hub could provide a model or tool for agencies working with refugees, asylum seekers and migrants to use that will achieve improved knowledge systems. This project will be re-launched as Kingston-i in mid-late 2010 and we hope to ensure continued engagement with it.

The Kingston Advisors Forum is currently developing an Advice Strategy for the borough of Kingston. This strategy incorporates the needs of a wide range of

client groups, but includes some consideration of the needs of refugees, asylum seekers and migrants.

We will aim to link in with both projects in order to prevent duplication of work and ensure that the needs of refugees, asylum seekers and migrants are fully incorporated.

One Council – Customer First has provided a new opportunity for information and advice needs of all Kingston residents to be met. It is a new and vital service which allows members of the community to ask for help face to face. The development of this service will be of great significance.

Working closely with the Customer First programme to train and develop staff knowledge and skills on refugee, asylum seeker and migrant issues will ensure that they have equality of access and that their needs are met promptly, appropriately and efficiently.

**Our full action plan in relation to improving information and advice services is available at the end of this document.**

## CHAPTER SEVEN: ENTITLEMENTS, ACCESS AND ELIGIBILITY

Chapter Lead: Nighat Taimuri, Community Development Coordinator for marginalised groups.

### HEALTH

**Refugees and asylum seekers** are eligible to primary and secondary care (including hospital treatment).

**Migrants** may or may not be entitled to free NHS healthcare depending on their immigration status.

**'Failed'** asylum seekers are eligible for primary care but not for secondary care.

**Urgent and immediately necessary treatment should always be given.**

Asylum seekers are often from very different cultures, may not understand the principles behind the UK health system, may not speak English, and may have complex healthcare requirements.

Please see Supporting Documents (Appendix 5) for the Department of Health guidance chart on current entitlement to NHS treatment.

Broadly speaking, in order to access NHS healthcare, migrants will often have to demonstrate that they are in the UK legally, voluntarily and for a settled purpose.

### JOBS AND EMPLOYMENT

The majority of asylum seekers are not permitted to work while their application is being considered. Therefore with regards to accessing employment, the Jobs and Employment chapter refers to refugees and migrants only. Asylum seekers are entitled to volunteer. However voluntary activity should not amount either to employment or to job substitution. Asylum seekers should not be expected to be out of pocket as a result of volunteering, and while reimbursement may be made for meal or travel costs it should not be made as a flat rate allowance.

## HOUSING

Asylum seekers are not entitled to council housing tenancy or housing benefit. Their housing is not paid for by the local authority. The vast majority of asylum seekers who are given government housing (paid for by the Home Office) are dispersed away from London and south east England.

It should also be noted that depending on changes in accession to the EU there will always be people who don't fit into eligibility criteria. For up to date information please visit the Home Office website [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk).

## ACCESS TO LEGAL AID

Those involved in writing the chapter agree that they will do what they can to support and lobby regarding legal aid where possible. It is important to highlight the reductions in legal aid that have been made, and the impact that a reduction in this crucial impact can have on the lives of refugees, asylum seekers and migrants.

## NO RECOURSE TO PUBLIC FUNDS

No recourse to public funds (NRPF) refers to people who are subject to immigration control; who have no entitlement to welfare benefits; who have no entitlement to Home Office support for asylum seekers or public housing and who normally do not have the right to work.

If an adult is aged 18 or over, is destitute, is from abroad and with no recourse to public funds and presents themselves to a statutory authority requesting support with accommodation/subsistence, it is good practice for them to receive a humane and customer focused response.

The authority should seek a solution to the destitution faced by the person presenting whilst keeping to its legal duties.

Migrants with no recourse to public funds are often isolated and living in impoverished circumstances, dependent on their original visa sponsor for income. Due to eligibility criteria for services they are unable to access a wide range of support services or opportunities. Thus, for example, services and opportunities offered to those on welfare benefits will exclude migrants with no recourse to public funds who are ineligible for benefits.

Agencies and departments should be clear of the criteria of eligibility for their services, and ensure that in the case of individuals with no recourse to public funds expectations are not raised when they cannot be met. Agencies should also have a written policy for what to do with individuals in exceptional circumstances, for example, those who are no longer able to rely on their original visa sponsor for financial support.

Agencies need to be aware of the growing number of migrants who have no recourse to public funds but still require services and with the right support could make valuable contributions to society. This strategy will aim to support service providers particularly around learning, training, employment and advice to consider the needs of those with no recourse to public funds.

The Royal Borough of Kingston's procedure for assisting people with no recourse to public funds is currently being updated to reflect recent legal changes (the Slough Judgement and the Hillingdon Judgement).

**It should be highlighted that the term *No Recourse to Public Funds* does not refer to use of the health service.**

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## APPENDIX 1 – PARTNERSHIP ACTION PLANS

Quick win – within six months.

Medium term – within one year.

Long term – within five years.

### ACTION PLAN 1: IMPROVING HEALTH

#### Issues to work on:

1. Barriers to accessing Primary Care due to status or documentation or language barriers
2. Patients registering with a GP who speaks their language are frequently unhappy with the service they receive.
3. Patients not understanding how the healthcare system works

#### Chapter lead Martha Earley

Issue 1: Reducing Barriers to accessing Primary Care due to status or documentation or language barriers				
Action	Quick Win	Medium Term	Long Term	Responsible
<p><b>1.1)</b> NHS Kingston will commission training for Equal Access to Primary Care (GPs, dental, pharmacy and optical) on eligibility from October 2009. This will be multi-agency (Refugee Action Kingston; Customer Care and PALS, Kingston Interpreting Service). There will be a rolling programme of learning, delivered by those trained within the Equal Access to Primary Care group.</p>	<p>Training delivered to primary care providers by Equal Access to Primary Care Group</p>	<p>Sessions delivered to primary care providers</p>	<p>On-going primary care providers training</p>	<p>Equalities and Community Engagement Team and Equal Access to Primary Care Group</p> <p>Russell Styles (Assistant Director Public Health)</p>

<p><b>1.2)</b> NHS Kingston will commission development support that assists refugees, asylum seekers and migrants.</p>	<p>Already in place.</p>			<p>Dr Jonathan Hildebrand, (Director of Public Health NHS Kingston and Royal Borough Kingston),</p>
<p><b>1.3)</b> NHS Kingston will draft a leaflet for refugees, asylum seekers and migrants detailing how to access services. This leaflet will be reviewed every 6 months to keep up-to-date.</p>	<p>Leaflet developed. Implementation of distribution in progress</p>			<p>Phil Murwill (Community Development Worker for Refugees, Asylum Seekers, Gypsies and Travellers) Nathalie Wilson from June 2012</p>
<p><b>1.4)</b> NHS Kingston will encourage all contracted primary care service providers to commit to the principle of ‘register first investigate later.’ Reducing barriers to accessing primary care will reduce costs for the NHS through facilitating appropriate use of health services and reducing use of more costly acute services.</p>	<p>Facilitated through Equal Access to Primary Care, GP newsletters, Practice Manager Forums and other communications.</p>	<p>Ongoing programme</p>		<p>Kenny Gibson (Head of Primary Care), Public Health Manager for Inequalities</p>
<p><b>1.5)</b> NHS Kingston will propose a GP enhanced service to work in partnership with Refugee Action</p>	<p>Proposal in progress</p>			<p>Public Health Manager for Inequalities</p>



<p>Kingston located near to multi-occupancy locations. Refugee Action Kingston and GPs will have a single point of contact. We will need to have joint learning with GP staff, Refugee Action Kingston, and interpreters to share and learn together.</p>				
<p><b>1.6)</b> NHS Kingston will commit to promoting the legal rights to primary care treatment for failed asylum seekers, informing all service providers of this commitment.</p>	<p>In progress</p>			<p>Equal Access to Primary Care Group</p>
<p><b>1.7)</b> NHS Kingston will consider how to improve access to preventative services via Refugee Action Kingston (RAK) and other community groups.</p>	<p>RAK has received a commission from NHSK to implement a preventative service from 2009-12.</p> <p>NHSK is developing communication with migrant and refugee communities through</p>	<p>Ensure RAK and other community groups (including newspapers ) are supported to monitor and evaluate outcomes effectively</p>	<p>On-going – ensure outcomes demonstrate all service’s achievements and enable services to become sustainable .</p>	<p>Russell Styles (Assistant Director Public Health), Equalities and Community Engagement Team , Nuwa Serunjogi (Director, Refugee Action Kingston).</p>

	community newspapers			
<b>1.8)</b> Facilitate an ongoing analysis of the mental health needs of refugees and migrants	Use information from BME Needs Assessment on mental health needs in addition to information from community groups/service providers	Facilitate an ongoing programme of mental health awareness raising for refugee and migrant groups		Equalities and Community Engagement Team
<b>1.9)</b> NHS Kingston will consider the commissioning of counselling therapies for asylum seekers and refugees within the IAPT programme (Improving Access to Psychological Therapies).	In progress  Facilitate partnership project between refugee and migrant organisations in the borough			Public Health Manager for Inequalities  Equalities and Community Engagement Team
<b>1.10)</b> NHS Kingston will continue to support the evolution of Kingston Health Watch as a route of community engagement.	Ongoing			Alison McMilan, (Customer Care and PALS lead, NHS Kingston)
<b>1.11)</b> The Equalities and Community Engagement Team	Already being implemented.	Continued implementation, working	Ongoing implementation, review,	Equalities and Community Engagement Team

to work with voluntary and community sector organisations to deliver Public Health-supported health and wellbeing events and initiatives for refugees and migrants.		with voluntary and community groups to review and constantly improve	improvement.	
<b>1.12)</b> Investigate the possibility of setting up a bilingual advocacy programme.	Set up a steering group to investigate resources required.	Steering group to investigate possible models for service delivery.		NHS Kingston,  Kingston Interpreting Service,  Equalities and Community Engagement Team
<b>1.13)</b> Engage Kingston Hospital Trust and South West London St George's Mental Health Trust in joined up initiatives to reduce barriers to healthcare for refugees and migrants	Investigate key barriers, facilitate improved primary care access.			NHS Kingston,  Equalities and Community Engagement Team

Issue 2: Patients sometimes unhappy with having to be looked after by a GP who speaks their own language				
Action	Quick Win	Medium Term	Long Term	Responsible
<b>2.1)</b> Promote the appropriate use of interpreters amongst providers and avoid promoting the use of same language GPs.	In progress			Equalities and Community Engagement Team

Issue 3: Patients did not understand how the health service worked				
Action	Quick Win	Medium Term	Long Term	Responsible
<b>3.1)</b> Promote understanding of how the health service works through the ESOL for health programme, thus facilitating more appropriate use of health services.	In progress and being implemented	Ongoing		Learn English at Home, Kingston Adult Education, Refugee Action Kingston, and other ESOL providers, Equalities and Community Engagement Team's Health events

## ACTION PLAN 2: IMPROVING HOUSING

### Issues to work on:

1. Private landlords and the council – not carrying out/paying for repairs
2. Poor quality of housing, and information about the process.
3. Overcrowding
4. Low quality of service from estate agents

**Chapter Lead:** Simon Oelman

1. Private landlords and the council – not carrying out/paying for repairs				
Action	Quick Win	Medium Term	Long Term	Responsible
<b>1.1)</b> Corporate responsibility to understand who our community are. The Customer Relations Management system must identify key characteristics about each household.	The Customer Relations Management is coming into place.			Simon Oelman (Head of Housing Management)
<b>1.2)</b> Support offered to refugees and migrants regarding housing and accessing services through improved partnerships between the community/ voluntary sector and RBK Housing.	Community organisations have a named contact in RBK Housing who they can refer to.	Hold Private and Social Housing Information events so that community groups can find out about their rights and responsibilities.	Can potentially be addressed via bi-lingual advocacy scheme to ensure it meets the communication needs of all communities.	Kingston Interpreting Service, Equalities and Community Engagement Team

<b>1.3)</b> For housing clients a customer profile is being undertaken of each household (and individuals) by visit to each home.	Need to establish where the diverse communities are – accepting that many will be council clients/tenants.	Community and faith based contact		Housing Services, Simon Oelman (Head of Housing Management)
<b>1.4)</b> Info sharing is critical between partners to avoid questioning/consultation overload of customers.	CRM system may alleviate this.	Take services (info and access) to communities as those “clusters” are identified.	On-going	Housing Services, Equalities and Community Engagement Team

2. Poor quality of housing, and information about the process.				
Action	Quick Win	Medium Term	Long Term	Responsible
<b>2.1)</b> Apply a “ranking” to our own stock (&possibly RSL stock) and monitor new lettings against new lets re quality of home.		RBK Housing to lead this.		Simon Oelman (Head of Housing Management)
<b>2.2)</b> Ensure a greater understanding of the role of the private sector in housing provision by establishing a property shop.		RBK Housing to lead this.		Simon Oelman (Head of Housing Management)
<b>2.3)</b> Accrediting private landlords.	Developing own model within Housing			Simon Oelman (Head of Housing Management)

<b>2.4)</b> Develop more joined up working between local community agencies and the new 'Information and Advice Centre' for housing ensuring a Customer First approach to central delivery of services and ease of accessibility.	In progress. Customer First Standard being delivered as First stage process of 'One Council.'	Deliver sessions on needs of refugees and migrants to Information and Advice centre staff; promote knowledge of centre amongst community groups to refer to.		Equalities and Community Engagement Team to facilitate.
<b>2.5)</b> Investigate the possibility of holding a public and private sector housing information day for refugees and migrants.		Private and Social Housing Information Day will aim to clarify rights and responsibilities to refugee and migrant groups.		Equalities and Community Engagement Team to coordinate in collaboration with the Housing Department and other relevant partners.
<b>2.6)</b> Investigate the possibility of setting up a bilingual advocacy programme.	Set up a steering group to investigate resources required.	Steering group to investigate possible models for service delivery.		NHS Kingston, Kingston Interpreting Service, Equalities and Community Engagement Team

### 3. Overcrowding

<b>3.1)</b> Communication of message about 'intentional' overcrowding	Message to be communicated by RBK Housing.	To be incorporated into Private and Social Housing Information Events to		Simon Oelman (Head of Housing Management)
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		ensure rights and responsibilities are understood.		
<b>3.2)</b> Communication of Local Housing Allowance and the access to larger private sector homes (including council run Breathing Space and rent deposit scheme for those eligible).		To be incorporated into Private and Social Housing Information Events to ensure options are understood.		Simon Oelman (Head of Housing Management)
<b>3.3)</b> Ensure greater understanding of the housing strategic issue of lack of opportunity to private new homes in the borough – monitoring schemes, understanding homes are available in other parts of the country.	RBK Housing to lead.			Part of housing strategy – Simon Oelman (Head of Housing Management)

4. New issues emerging for those in private rental sector accommodation.				
<b>4.1)</b> Communication with Estate Agents	RBK Housing to lead			Simon Oelman (Head of Housing Management)
<b>4.2)</b> Property Shop		RBK Housing to investigate		Simon Oelman (Head of Housing Management)



				Management)
<b>4.3)</b> Monitor impact of long term use of Housing Benefit on employability		To be revisited annually through communication with refugees, migrants and community groups		Simon Oelman (Head of Housing Management)  Equalities and Community Engagement Team
<b>4.4)</b> Whole private sector relationship	Not restricting access to those in council housing for services and opportunities.			Simon Oelman (Head of Housing Management)

## ACTION PLAN 3: COMMUNITY SAFETY

### Issues to work on:

1. General discrimination/ hate crime
2. Bullying of young people
3. Lack of social opportunities for youngsters

**Chapter Lead:** Bill Heasman, Chief Inspector

Issue 1: General discrimination				
Action	Quick Win	Medium Term	Long Term	Responsible
<b>1.1)</b> Guidance Leaflets (Know your rights & responsibilities).		Produce good guidance.	Ongoing with review and updates.	Equality leads within Equalities Standards Steering Group (ESSG) (Use information already in existence Refugee Council. NACAB etc)
<b>1.2)</b> Improve commissioners' understanding of hate crime and discrimination and facilitate the prioritisation of discrimination support services within commissioning		Work with commissioners to create new understanding a range of hate crime and discrimination. This work needs to feed into higher levels. Francis Arokiasamy to facilitate.	Report on work conducted by Victim Support into hate crime and discrimination.	Public Health Manager for Inequalities
<b>1.3)</b> Poster Competition to be organised with schools and other groups.			Produce and launch at Refugee Week 2011	Unaccompanied Asylum Seeking Children's Team manager.

Issue 2: Crime				
Action	Quick Win	Medium Term	Long Term	Responsible
<b>2.1)</b> Develop guidance /information to contact police.	Promote neighbourhood policing Community Safety Unit.	Ongoing	Ongoing with review and updates.	Julian Hagley (Inspector, Kingston SNT North, Met Police)
<b>2.2)</b> Promote Victim Support's BME Outreach Worker for Domestic Violence and Hate Crime to refugee/migrant communities, and to other service providers/ support organisations.	Leaflets produced	Service promoted to refugee/migrant communities  Service promoted to service providers such as A&E, Extended Schools, voluntary sector etc.	Ensure that service is well monitored and evaluated to ensure continuation funding can be secured.	Julia Metcalfe (Domestic Violence Coordinator Victim Support Kingston)

Issue 3: Bullying of young people				
Action	Quick Win	Medium Term	Long Term	Responsible
<b>3.1)</b> Anti Bullying Information.	Already in Children and Young People's Plan.	Facilitate dissemination of Anti Bullying Information to voluntary and community sectors.		Simon Oelman (Head of Housing Management), Julian Hagley (Inspector, Kingston SNT North, Met Police) Nuwa Serunjogi (Director, Refugee

				Action Kingston) Equalities and Community Engagement Team, Marion Todd, Safer Kingston Partnership
<b>3.2)</b> Anti social behaviour information.	Policy exists within housing & Police.	Facilitate dissemination of Anti Social Behaviour Information to voluntary and community sectors.		Simon Oelman (Head of Housing Management), Julian Hagley (Inspector, Kingston SNT North, Met Police) Nuwa Serunjogi (Director, Refugee Action Kingston) Equalities and Community Engagement Team, Marion Todd, Safer Kingston Partnership
<b>3.3)</b> Improve contact between voluntary sector and support agencies with anti-bullying	FA to provide key contacts at Extended Schools	Hold a strategic meeting to inform support agencies of key measures and actions to be		Public Health Manager for Inequalities

systems leads.		taken.		
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Issue 4: Lack of social opportunities for youngsters				
Action	Quick Win	Medium Term	Long Term	Responsible
<b>4.1)</b> Ensure appropriate information is made available to the community, the voluntary sector and community groups of social activities i.e. youth groups, clubs, summer schemes etc.	Publish activities that individuals can participate in and assist support agencies to promote to communities.	Ongoing and review.		Helen Terry, Integrated Youth Support Services. Unaccompanied Asylum Seeking Children's Team manager, Nuwa Serunjogi (Director, Refugee Action Kingston).
<b>4.2)</b> Increase partnership working between voluntary sector and Extended Schools services.	Strategic meeting to be set up.	Partnership working facilitated to improve social and educational opportunities for refugee and migrant young people.		Equalities and community Engagement Team
<b>4.3)</b> Work with Learning and Children's Services to increase commissioning priorities for refugee and migrant young people's services/ opportunities.		Improve understanding of issues facing refugee and migrant young people through training and information.		Public Health Manager for Inequalities

Issue 5: Trafficking				
Action	Quick Win	Medium Term	Long Term	Responsible
Investigate the system for dealing with trafficking victims in Kingston; raise awareness amongst service providers and groups of system to ensure victims emerging in future are well supported	Assess current information on systems from different service providers and potential gaps	Promote information on system and monitoring for signs of trafficking within the community to service providers and community groups		Julian Hagley (Inspector, Kingston SNT North, Met Police) , Nathalie Wilson (Community Development Worker, marginalised groups)

## ACTION PLAN 4: IMPROVING COMMUNICATION, ESOL AND EDUCATION

### Issues to work on:

1. Paucity of ESOL provision, ESOL classes inaccessible
2. Use of Interpreters
3. Communication at schools/with parents

**Chapter Leads:** Barbara Morton and Katherine Fisher with feedback from ESOL providers.

1. Paucity of ESOL provision, ESOL classes inaccessible				
Action	Quick Win	Medium Term	Long Term	Responsible
<b>1.1)</b> Accessibility of English classes. Report on all ESOL provisions in Kingston identifying the “gaps”.	Report disseminated.	More coherent planning of ESOL provision across the Borough, jointly with partners. Clear pathways and progression routes identified for learners from Pre-Entry to Level 2.	Borough wide planning based on annual audit and demographic updates.	Nihat Taimuri (Senior Community Development Coordinator)
<b>1.2)</b> Set up Strategic ESOL Steering group from both public and voluntary sector already providing ESOL.	Steering group set up.	Monitoring and review of provision. Quality improvement of teaching and learning.	Model provision of good practice in place. All relevant agencies well informed of ESOL provision available.	Equalities and Community Engagement Team
<b>1.3)</b> Work within Strategic ESOL group to	Priorities proposed by group	Action on priorities implemented.		Equalities and Community Engagement Team

identify provider's main priorities for improving ESOL provision				Strategic ESOL group
<b>1.4)</b> Funding options.	Audit of funding streams to ensure that there is no duplication of provision.	Identify potential consortium bids and then submit for funding.	Obtain funding.	To be identified within the ESOL Strategic Steering Group.
<b>1.5)</b> Distribute ESOL provisions mapping report to GPs for their services.		To be included as an 'At a Glance' in Equal Access packs including website address for updated information		Equal Access to Primary Care Group
<b>1.6)</b> Investigate joint projects to train and resource volunteers to teach ESOL at a low level within community settings for the voluntary and community groups	Revise current training provision and identify gaps for both formal and informal ESOL volunteers training	Identify and apply for funding to increase provision of ESOL training.		Equalities and Community Engagement Team  Strategic ESOL group
<b>1.7)</b> Facilitate understanding of ESOL classes provided free of charge by Jobcentre Plus for job				Equalities and Community Engagement Team, Ian Curry (Jobcentre Plus, Borough Partnership



seekers.				Manager for Kingston & Richmond)
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2. Use of Interpreters				
Action	Quick Win	Medium Term	Long Term	Responsible
<b>2.1)</b> To continue to distribute 'language cards' to ALL refugees and migrants.	More cards to be printed	Ongoing		Equalities and Community Engagement Team, Equal Access to Primary Care Group, Elizabeth Jarratt (ESOL Coordinator, Kingston Adult Education), Barbara Morton (Kingston Interpreting Services Co-ordinator).
<b>2.2)</b> FAQ sheet on interpreting going out to all GPs.	In place and on-going			Equalities and Community Engagement Team, Equal Access to Primary Care Group.
<b>2.3)</b> Promote multilingual helpline to GPs.	In place and on-going			Equalities and Community Engagement Team, Equal Access to Primary Care Group.
<b>2.4)</b> Send	Meet with	More work		Nathalie

information pack out to all schools in the borough.	Extended Schools team and get buy in for work	required in relation to migrants		Wilson, Community Development Worker for marginalised groups
<b>2.5)</b> Promote interpreting course with Kingston Adult and Kingston College.	In progress			Barbara Morton (Kingston Interpreting Services Co-ordinator)
<b>2.6)</b> Investigate the possibility of setting up a bilingual advocacy programme.	Set up a steering group to investigate resources required.	Steering group to investigate possible models for service delivery.		NHS Kingston, Kingston Interpreting Service, Equalities and Community Engagement Team
<b>2.7)</b> Review KIS along with key stakeholders and identify new models of interpreting provision that KIS could expand to deliver	Key stakeholders meeting held on March 1 <sup>st</sup> 2010.	Review series of options and models for KIS to expand to deliver including social enterprise, specific Language Days at RBK's Information and Advice centre and also free-of-charge volunteer interpreters for small voluntary sector organisations.		Barbara Morton (Kingston Interpreting Services Co-ordinator)  Equalities and Community Engagement Team

3. Communication at schools/with parents				
Action	Quick Win	Medium Term	Long Term	Responsible
<b>3.1)</b> Promote use of 'plain English' with schools.	Investigate how best this promotion can be achieved	Implement promotion		Equalities & Community Engagement Team Nicola Hickman (EAL Coordinator)
<b>3.2)</b> ESOL tutors to support school staff by delivering sessions at staff meetings on how to simplify correspondence sent out to parents.	Family Language courses set up for parents at targeted Schools through Kingston Adult Education Family Learning programme.	Extended Schools involved in planning of ESOL provision for parents with ring-fenced funding from Clusters.	Schools have clear policy for disseminating English language learning provision opportunities for parents which are disseminated as a matter of routine.	Hickman (EAL Coordinator) Learn English at Home.
<b>3.3)</b> Investigate opportunities to simplify letters going to parents.	Set up assistance from an ESOL expert for teachers and schools			Equalities & Community Engagement Team & EAL Coordinator

## ACTION PLAN 5: IMPROVING VOLUNTARY OPPORTUNITIES AND EMPLOYMENT

### Issues to work on:

1. Access to Jobcentre Plus services
2. Difficulty in finding jobs and work
3. Qualifications from abroad are not recognised in the UK

**Chapter Lead:** Ian Curry.

1. Access to Jobcentre Plus services				
Action	Quick Win	Medium Term	Long Term	Responsible
<b>1.1)</b> The Jobcentre will link up with other groups to ensure that there is a better flow of communication and encourage closer working in partnership.	Jobcentre to attend CDW and other stakeholder meetings.	Community Information and Advice Session held in May 2010 – link in with ongoing work on Community Information and Advice		Maria Jarvis (Manager, Kingston Volunteer Centre)
	Liaison between Refugee Action Kingston/other refugee and migrant organisations and Jobcentre Plus to be set up.			Ian Curry (Jobcentre Plus, Borough Partnership Manager for Kingston & Richmond)  Nathalie Wilson (Community Development Worker for marginalised groups coordinate with Ian Curry (Jobcentre Plus, Borough Partnership

				Manager for Kingston & Richmond)
<b>1.2)</b> Make refugees/migrant organisations aware of formal Jobcentre complaints system should any issues arise		Formal complaints system communicated to refugee and migrant organisations		Nathalie Wilson (Community Development Worker for marginalised groups)
<b>1.3)</b> Set up and maintain 6 monthly meetings between Jobcentre Plus's Borough Partnership manager and refugee/migrant organisations		6 monthly meetings held		Nathalie Wilson (Community Development Worker for marginalised groups) Ian Curry (Jobcentre Plus, Borough Partnership Manager for Kingston & Richmond), Nuwa Serunjogi (Director, Refugee Action Kingston)

2. Difficulty in finding jobs and work				
Action	Quick Win	Medium Term	Long Term	Responsible
<b>2.1)</b> Organise an	Research	Get buy in	Hold event	Nathalie

<p>employment day with advice on jobs, interviews and volunteering.</p>	<p>similar events for models of good practice.</p>	<p>from the Jobcentre and other relevant partners.</p>		<p>Wilson (Community Development Worker for marginalised groups Ian Curry (Jobcentre Plus, Borough Partnership Manager for Kingston &amp; Richmond), Maria Jarvis (Manager, Kingston Volunteer Centre), Heather Knight, (Bright Futures Coordinator, Refugee Action Kingston)</p>
<p><b>2.2)</b> Mapping of volunteer/employment provision in both public and voluntary sector throughout the borough and its suitability for refugees and migrants.</p>				<p>Nathalie Wilson (Community Development Worker for marginalised groups Maria Jarvis (Manager, Kingston Volunteer Centre), Ian Curry (Jobcentre Plus, Borough Partnership Manager for Kingston &amp; Richmond),</p>

				Heather Knight, (Bright Futures Coordinator, Refugee Action Kingston)
<b>2.4)</b> Clarify who is eligible to work and volunteer – guide for employers and potential employees using available recent information on internet and transferring to written leaflet.	Use available information on Direct Gov and transfer to easy-to-use and Plain English leaflet for use by community organisations			Nathalie Wilson (Community Development Worker for marginalised groups)
<b>2.5)</b> Raise awareness amongst refugees and migrants of childcare options.				(JCP will raise with lone parents looking for employment and parents who are Jobseekers) Ian Curry (Jobcentre Plus, Borough Partnership Manager for Kingston & Richmond)
<b>2.6)</b> Plan and fundraise for a joint partnership project to assist refugees and migrants to volunteer in the local community.	Develop partnership ethos by inviting organisations to collaborate in project proposal	Develop project proposal and identify potential providers/funding sources		Nathalie Wilson (Community Development Worker for marginalised groups)  Refugee and migrant

				<p>organisations – including Refugee Action Kingston, Learn English at home Local voluntary sector organisations – including Kingston Volunteer Centre</p>
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3. Qualifications from abroad are not recognised in the UK.				
Action	Quick Win	Medium Term	Long Term	Responsible
<b>3.1)</b> To develop careers advice provided by existing services to work better for refugees, asylum seekers and migrants.				Equalities and Community Engagement Team along with main advice providers.
<b>3.2)</b> Have a positive news story of Asylum Seekers/Refugees volunteering/working.	In progress			Nathalie Wilson (Community Development Worker for marginalised groups and Heather Knight, (Bright Futures Coordinator, Refugee Action Kingston) to coordinate.
<b>3.3)</b> Investigate	Approach SLLC			Nathalie



the possibility of using qualifications conversion software held by the South West London Learning Consortium	to enquire and explain mutual benefits			Wilson (Community Development Worker for marginalised groups)
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## ACTION PLAN 6: IMPROVING INFORMATION AND ADVICE

### Issues to work on:

1. Expansion of Refugee Action Kingston's services
2. Lack of community advocates/representatives
3. Lack of understanding of how systems work in the UK

**Chapter Lead: Nuwa Serunjogi** (Director, Refugee Action Kingston)

Issue 1: Expansion of Refugee Action Kingston's services				
Action	Quick Win	Medium Term	Long Term	Responsible
<b>1.1)</b> Refugee Action Kingston considers expanding to include migrants. Demonstrate need and capacity building support to Refugee Action Kingston management committee.			A long term measure that Refugee Action Kingston would need to consider carefully.	Nuwa Serunjogi (Director, Refugee Action Kingston)
<b>1.2)</b> Increasing basic level ESOL at Learning Centre and demonstrating progress. Finance and capacity issues to be addressed.	In progress – Bright Futures Project	Increasing basic level ESOL at Learning Centre – increased capacity.		Nuwa Serunjogi (Director, Refugee Action Kingston), Heather Knight, (Bright Futures Coordinator, Refugee Action Kingston)
<b>1.3)</b> Immigration advice – support the continuation and increase of competent immigration advice available on a	Raise awareness of importance of immigration advice for	ECET to facilitate SWLLC's contact with partner agencies		Nathalie Wilson (Community Development Worker for marginalised groups)

Legal aid basis at South West London Law Centres in Kingston.	long term outcomes for refugees and migrants amongst statutory and voluntary providers			Nuwa Serunjogi (Director, Refugee Action Kingston),
<b>1.4)</b> Continued support profile raising of Refugee Crisis Support project (advice and advocacy) based at Refugee Action Kingston.	Use evidence from 2009-10 to demonstrate outcomes achieved for refugees in Kingston.			Nuwa Serunjogi (Director, Refugee Action Kingston), Russell Styles, Associate Director of Public Health NHS Kingston

Issue 2: Lack of community advocates/ representatives				
<b>2.1)</b> Interpretation available to voluntary sector; or Language Line.	KIS to ask trainee interpreters to commit to voluntary work (50 hours).	Royal Borough Kingston to explore a pot of funding (based on NHS Kingston model) to be shared by voluntary sector agencies for interpreting.		Nuwa Serunjogi (Director, Refugee Action Kingston), Barbara Morton (Kingston Interpreting Services Co-ordinator) Nathalie Wilson (Community Development Worker for marginalised groups  Public Health

				Manager for Inequalities Nihat Taimuri (Senior Community Development Coordinator)
<b>2.2)</b> Community advocates available, both multi lingual or not. Investigate the possibility of setting up a bilingual advocacy programme.	Investigate funding  Link in with Transforming social care project	Explore links with Community Care Information & Advice Project re. Advocacy.  Influence commissioning priorities regarding the need for Bilingual Advocacy or Advocacy.	Provision of multi lingual advocacy service established within KIS.	Russell Styles (Associate Director of Public Health NHS Kingston), Barbara Morton (Kingston Interpreting Service Coordinator), Equalities and Community Engagement Team
<b>2.3)</b> Programme of training advocates re professional boundaries, limits of service etc and very good structured supervision. Paid role.			Rigorously monitored training and supervision procedures for advocates.	Public Health Manager for Inequalities
<b>2.4)</b> Joining up with broad advocacy agencies and working together.	Engage Kingston Advocacy Group with project idea.		Bring together advocacy agencies and also non-advocacy agencies to look at	Nathalie Wilson (Community Development Worker for marginalised groups Nuwa Serunjogi

			strategy.	(Director, Refugee Action Kingston),
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Issue 3: Lack of understanding of how systems work in the UK				
Action	Quick Win	Medium Term	Long Term	Responsible
<b>3.1)</b> ESOL for Life Management course – form filling skills etc, how the health system works, debt and personal finance management.	Citizenship course covers some of this	Find funding for it! Does this course already exist?		Strategic ESOL Group
<b>3.2)</b> Advocates demonstrating and training 1-1 to prevent long term dependency. Time limited support.			Strategy that is interwoven into fabric of multi lingual advocacy service.	Commissioners, Barbara Morton (Kingston Interpreting Services Co-ordinator)
<b>3.3)</b> Find or develop resources in common languages; or pictorial information, or make a video with common languages, to explain how UK systems work.	Investigate what resources already exist, and what will need to be developed			Strategic ESOL group, Nighat Taimuri (Senior Community Development Coordinator)
<b>3.4)</b> Feed into Advice Strategy under development.	Make contact with Advice Strategy and Kingston Advisors Forum (Community Information	Explore common access issues among advice providers.		Equalities and Community Engagement Team

	and Advice event on May 19th)			
<b>3.5)</b> Refugees, asylum seekers and migrants support needs to be considered in developing the Community Care Information & Advice Service.		Relevant information and advice held on central database (website).	Assess how well this information is being accessed and address any barriers.	Equalities and Community Engagement Team
<b>3.6)</b> Involve refugee, asylum seekers and migrant community organisations in training on advice systems and referral methods into them	Community Information and Advice Awareness raising session May 19 <sup>th</sup> .			Equalities and Community Engagement Team, Kingston Advisors Forum, (Business Development Manager, Pension Disability and Carers Service), Ian Curry (Jobcentre Plus, Borough Partnership Manager for Kingston & Richmond) South West London Law Centres, Kingston Citizens Advice Bureau, Age Concern Kingston, Refugee

				Action Kingston, RBK Voluntary Sector Unit
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## APPENDIX 2 - EXECUTIVE SUMMARY OF REFUGEE NEEDS ASSESSMENT PROJECT (2008)

### Aims

This one year project aimed to:

- ▶ Map local data and information
- ▶ Analyse how refugees and asylum seekers come to move to the borough and what influences their settlement
- ▶ Set up a needs assessment framework with Refugee Action Kingston [RAK]
- ▶ Identify key issues for refugees and asylum seekers
- ▶ Develop an action plan which could be taken forward locally

### Methodology

This project used a process of simultaneously-integrated action research, integrating actions and learning as we went along. Pivotal to such a process is engaging key stakeholders and enabling them to take ownership of any actions. Our initial literature review identified key topics for our focus groups and issues to investigate locally. We contacted and talked to a range of local service providers and key people collating “information intelligence” to find out local data sources on refugees and asylum seekers.

We were aware that not all refugees and asylum seekers used the services of Refugee Action Kingston and so undertook 10 focus groups and interviews with a range of organisations [Refugee Action Kingston; Somali Group; The Kingston Iraqi Group and The Unaccompanied Asylum Seekers’ Team]. Focus groups and interviews were conducted in 8 languages [Arabic, Pashto, Punjabi, Tamil, Korean, Dari, Farsi and English] to identify key issues for refugees and asylum seekers.

Another strand of our work involved working with Refugee Action Kingston [RAK] to develop their ‘needs assessment framework’. Through this process RAK developed a triage system of initially interviewing clients to find a detailed range of health, social care, employment, immigration and housing needs. The client would then be referred to the Advice and Information Worker or other services depending on the needs they have identified and the urgency of them. This system has become embedded in the organisation now and a database has been developed to facilitate information collation and extraction.

The Joint Stakeholder Conference on March 17<sup>th</sup>, 2009, to feedback learning from the project and develop a local action plan which can be taken forward by key stakeholders is integral to the process of simultaneously-integrated action research employed throughout the project. **The Conference Action Plan and Recommendations developed today will shape how this project will be taken forward locally. These will be available in April 2009 as part of a summary report for the project.**



## Key Findings from Quantitative Work

Information on numbers of refugees and asylum seekers in Kingston is collected by:

- ▶ **Refugee Action Kingston and other community organisations**

A lot of information is also available informally through community networks, but this is not systematically recorded in Kingston.

- ▶ **School returns data**

This data identifies country of origin and languages spoken at home. The Kingston Refugee Education Team have been able to identify, via manual sifting of schools returns, potential numbers of children who are refugees and asylum seekers through their knowledge of pupils they are supporting.

- ▶ **Unaccompanied Asylum Seekers' Team**

This team is located in Social Services in the Royal Borough of Kingston [RBK] and receive referrals from a London rota of the 33 boroughs where children are allocated on a rota basis. They also receive direct referrals from the Refugee Council. Children are provided with a key worker who coordinates their health, social care and educational needs.

- ▶ **Home Office Control of Immigration Statistics**

The Office for National Statistics collects data on new asylum applicants and publicises these each quarter in the Home Office Control of Immigration Statistics.

- ▶ **Home Office NASS notification of dispersal letters**

The new National Asylum Support Service [NASS], administered by the Home Office is now responsible for providing support for all destitute asylum seekers until the Home Office determines their asylum application<sup>2</sup>. Kingston Primary Care Trust receives confidential faxed information about asylum seekers who have been accommodated in Kingston.

## Other Sources of Information

- ▶ **Census Data and Population Projections**

The census data is almost redundant now and a more useful and accurate source of current population numbers and ethnic population projections is published by Greater London Authority [GLA]. This shows that the population of Kingston is expected to grow by 10% in the period 2006–2026. The number of white people is expected to decline by 1.9% in the period 2006–2026. As many refugees and asylum seekers come from minority ethnic communities, growth in this population may also indicate a growth in the numbers of refugees and asylum seekers.

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<sup>2</sup> Asylum seekers can be provided with both support and accommodation [on a no choice basis], or if they have accommodation already, support alone.

## ► Department of Work and Pensions [DWP] Statistics on NI Registrations of non-UK Nationals

National Insurance Number [NINo] registrations of overseas nationals show the number of migrants who register for a NINo [inflow], but there are no outflow figures, which means **'stock' figures cannot be calculated.**<sup>3</sup>

The Office of National Statistics [ONS] estimates, based on the International Passenger Survey, give an indication of the proportion of foreign nationals who enter and leave the UK. They show **that between 2001 and 2004 for every two people that entered London from abroad, one departed.**

## ► Language Needs Indicator [LNI]

The 2001 Census did not ask a question about the English language, however, there is some census data available that can be used as a proxy for possible language needs. The ONS call it a 'Language Needs Indicator' [LNI].<sup>4</sup> This is based on the principle of whether a person was born in a country where English is not the first language. As it is only an indicator, the ONS imply that numbers will be an over-count of the actual number of people who do not use English as their first language. It also highlights people who might speak another language other than English.

**The LNI has data limitations** as it is known to be an over-statement of those who do not have English as a first language. The 2001 Census records some **2.4 million people** as having possible language needs in London, representing around one-third of all Londoners. The Labour Force Survey [LFS] by contrast shows that 18% of people aged 16 and over have a first language that is not English. Although the LFS data is assumed to be a slight under-count, this is still a big variation from the census figures. As the person representing the household for census data collection is an adult [the household reference person], analysts suggest the LNI is a far better measure for the adult population than for dependent children.<sup>5</sup>

## What does this data tell us?

**Recorded Numbers of refugees and asylum seekers are low.** In Kingston, recorded information shows that:

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<sup>3</sup> In 2005–2006 London migrant worker **NINo registrations were seven per cent of the total London employed population aged 16 to 64.** This is four times higher than the ratio in the rest of England and Wales, giving an indication of the influence of migrant workers on the London workforce.

<sup>4</sup> A person is included in the LNI figures if they are:

- Either born outside the UK and whose household reference person [HRP] was born outside the Irish Republic; the USA or the 'Old Commonwealth' [Australia, New Zealand, Canada]
- Or were born inside the UK and whose household reference person was born outside the UK; the Irish Republic; the USA or the 'Old Commonwealth'. This ONS definition only counts UK, Ireland, USA, Australia, New Zealand and Canada as English speaking countries.

<sup>5</sup> This does not take account of children who grow up in households where English is not the first language, yet when they grow into adults English becomes their first language, for which there is no data available.

- ▶ RAK are currently supporting **764 households**. Of these clients, 131 have registered since April 2008, and 633 before April 2008. The main countries of origin are North Korea, Afghanistan, Iraq and Sri Lanka.

This figure is likely to be a gross under-estimate as not all refugees and asylum seekers use RAK services. Primarily, this data also only represents one person in the household and not dependents, so the figure may be 5–7 times higher. A sizable number also use services, but are not receptive to relaying personal details for a number of reasons. Sometimes a suitable interpreter is not available at the time of interview. Refugees may also experience the offer of coming back at a later date as ‘rejection’ and therefore do not return. Some new users also experience this data gathering exercise as an immigration interview if they have just come into the country.

- ▶ There are **81 unaccompanied children** from 22 countries, most children coming from Iran.
- ▶ There are **25 asylum seekers** being supported with subsistence and in dispersal accommodation, for 2008 [Home Office].
- ▶ There are **potentially 144 pupils** within schools in Kingston who may be refugees and asylum seekers. The main countries of origin are Afghanistan, Sri Lanka, Iraq and Korea.

#### **Few mainstream services record data on refugee status**

- ▶ The Unaccompanied Asylum Seeker’s Team and The Kingston Supporting People Team were the only two services which identified that they recorded refugees and asylum seeker status. The Kingston Supporting People Team will only record refugee status if people have identified their primary need for a Supporting People service as ‘refugee status’. Usually people entering Supporting People services give refugee status as a secondary need in relation to their vulnerability. In 2006–2007, there were 4 people listed as refugees using this service and in 2007–2008, there were 2 people.

#### **Other Proxy Indicators suggest higher numbers of Refugees and Asylum Seekers**

- ▶ For example, in Kingston, there are:

3,040 non UK nationals, working and living in RBK during 2006–2007 [DWP, 2007]

Since 2001, 2,600 migrants aged 16–29 have moved into the borough [ONS Vital Statistics]

The total minority ethnic population in Kingston in 2026 is predicted to be 29%, up from 16% in 2001 [Kingston Borough Profile, 2008]

School census of January 2007 showed that 40% of children and young people are from black and minority ethnic groups [Kingston Borough Profile, 2008]

The LNI highlights that out of 147,274 people in RBK, 33,397 [23%] have a LNI [2001 Census, Commissioned Table C0488].

To summarise, it is clear that sources of **quantitative data in Kingston** have limitations and **do not represent the real numbers of refugees and asylum seekers in Kingston**. The most helpful and comprehensive current source of local data to indicate numbers of refugees and asylum seekers is the Refugee Action Kingston database.

## Key Findings from Qualitative Research

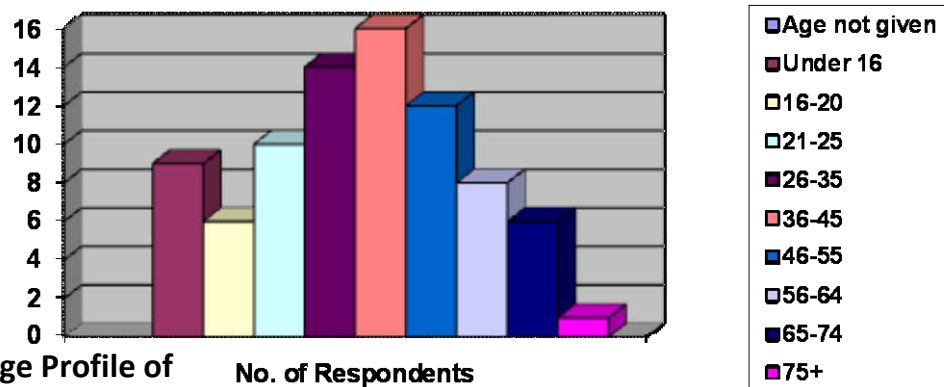
### Profile of Users

We spoke to 82 users in total [54 women and 28 men] during focus groups or 1:1 interviews. The graphs below show that our sample represented a broad cross section of ethnicities, countries of origin, languages spoken, and practising religions. Most people within our sample were looking after home and family.

### Where People Lived

All users [82 in total], except for two individuals<sup>6</sup> stated that they lived in the borough of Kingston.

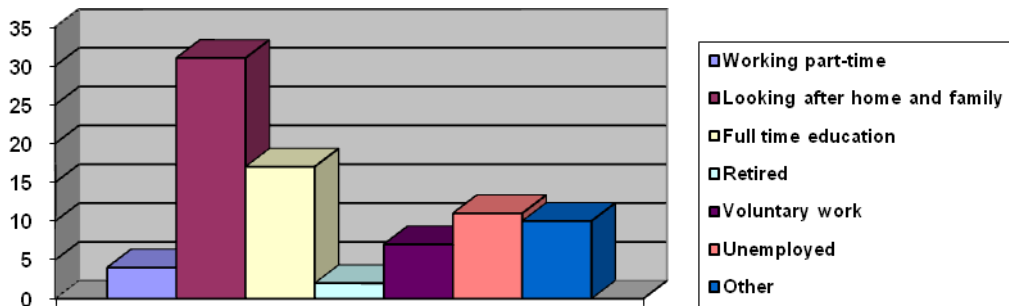
### Age of Respondents



**Table 2** Age Profile of Users

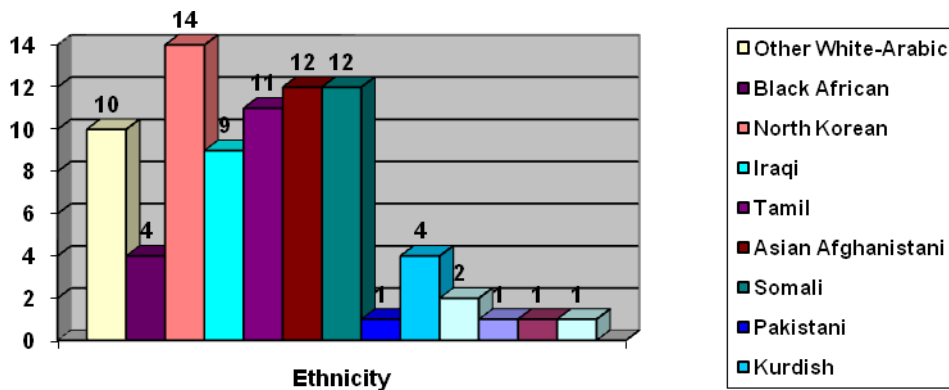
<sup>6</sup> Of the two others, one user lived in Hounslow and one user lived in Richmond.

### What people did



**Table 3 Occupation Profile of Users**

### Ethnicity

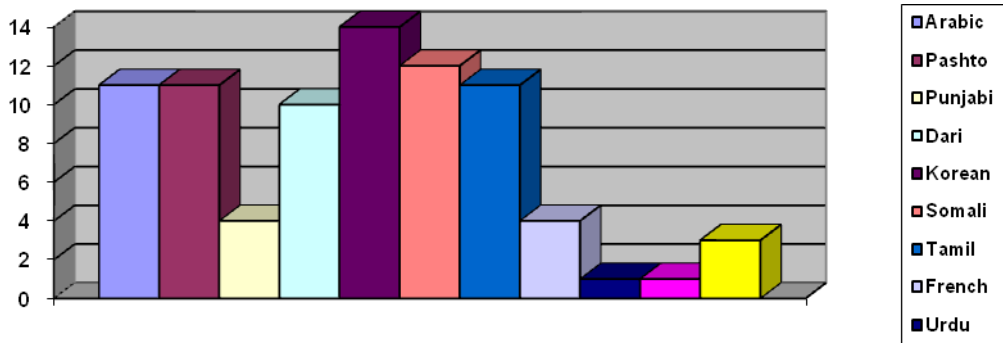


**Table 4 Ethnicity Profile of Users**

The total number of people within all the other ethnic groups was as follows:

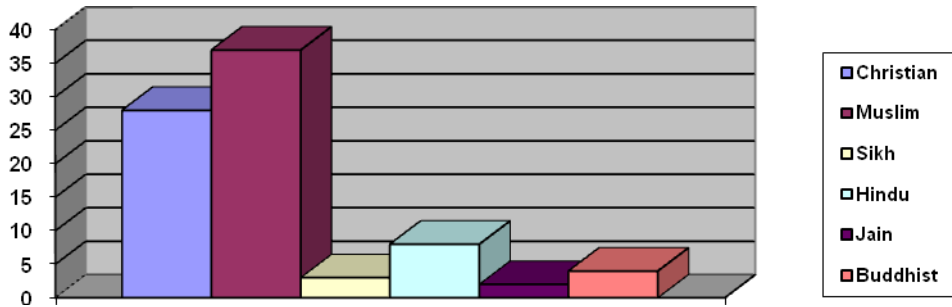
Other White [9 Arabic;1 European]	10
Tamil	11
Somali	12
North Korean	14
Asian Afghanistani	12
Iraqi	9
African	4
Kurdish	4
Pakistani	1
Palestinian	2
Asian	1
Eastern European	1
Sri Lankan	1

### Languages spoken



**Table 5** Language Profile of Users

### Practising Religion



**Table 6** Religious Belief Profile of Users

## **Key Themes from User Focus Groups**

### **Majority of users chose to come to Kingston**

All the people in our sample [95%], except for 4 individuals stated that it was their choice to come to Kingston. Only 4 people were directly dispersed to Kingston: 1 adult and 3 unaccompanied children.

A number of people had travelled great distances from around the UK to come to Kingston. Of the people that revealed where they were originally dispersed, 14 people said that they were dispersed to Scotland first, 4 people came from Cardiff, 6 people came from Newcastle and others came from the West Midlands.

The majority of our sample [65%] stated that they had friends and family living here already, but some had specifically chosen Kingston due to word of mouth information they had picked up about good community and support networks in Kingston. Many people [48%] received help from family members on arrival. Many people [43%], cited that the main reason they moved was that they felt very isolated where they were, some also described the discrimination they had faced:

*I had to make the choice to move, we lived in Scotland, there was lots of discrimination there. I had eggs thrown at me and people threw stones at me when I walked down the street, I was pregnant at the time and I felt I had to move [Korean User]*

### **Language and communication**

Over half of our sample [53%] stated that language and communication had been their biggest challenge and barrier to settling and accessing services. This was particularly poignant for the 14 young people we talked to, who all described this as their biggest obstacle.

Many of the adults in our sample described accessing and using services as their biggest challenge. Some were unaware that they could access interpreting support and some had been refused interpreting support:

*I cannot communicate with my GP - I have asked for an interpreter, but they say that they haven't got an interpreter [Afghan User]*

*I was admitted to Tooting hospital for TB straightaway, I went into hospital to give birth and had so many problems I couldn't even express any milk to start off with. I was offered an interpreter after 2 months. Even with an interpreter it was not like talking to someone yourself as you can't articulate things when you want [Tamil User]*

A number of users [38%] described how they made their own arrangements for interpreting:

*I take a family member out to interpret for her when she uses other services. Often, the council services do not offer or provide interpreters [Afghan User]*

*The children cannot always go with me and sometimes I don't want to tell my grandchildren about personal health problems. I find this very difficult [Afghan User]*

For some, the consequences of not being able to access interpreting, or having poor interpreting support, when words are mis-translated sometimes had a life changing impact:

*My husband was a sportsman and his kidney was not working properly [I was pregnant at the time] and the interpreter said that that my husband was HIV positive rather than had kidney failure...and we had a terrible time. When they found his problem, it was too late he needed a kidney transplant [Iraqi User]*

For others, the impact of not being able to access interpreting support results in wasted appointments, wasting resources and inappropriate use of services which may be more costly [in this instance to the NHS]:

*I went to the dentist and they fitted me with some dentures and they did not fit properly, they were too big for me, so I tried for a few weeks and then threw them away. I now manage with no teeth! I did not know that I could go back and get them re-fitted [Somali User]*

*I just go to A&E, because I know that there they will at least try to get an interpreter... [Iranian User]*

## **Housing**

Housing was another big challenge that our sample of users experienced; 58% of individuals described numerous problems and obstacles accessing housing. The group who seemed to experience more housing problems were the Somali group.

For some, their housing needs were health related:

*I have 5 children in a one bedroom flat and my child has a serious health condition [Somali User]*

*I am a diabetic, I take regular insulin injections and the room that I am in has mould growing in it [Somali User]*

For others, their issues were about the type and location of housing and overcrowding:

*My main problem is housing, I have 7 people in a 2 bedroom flat. I have been once to complain they didn't give me an answer. My husband acts as an interpreter, but as he works he doesn't have time to chase up [Iraqi User]*

*I am living with my brother-in-law and there are 7 people crammed into one small one bedroomed house - I have 3 children and have lost my husband [Afghan User]*

A number of problems users described were related to having private landlords who were simply not interested in looking after their tenants and doing any repairs required:



*I am receiving housing benefit and have a private landlord. I have had lots of problems with him - repairs never seem to get done. On one occasion, there was an overflow with the boiler and the landlord after several calls did not come and fix it. In the end out of desperation, we called the police to sort it out. We have had to pay for many repairs out of our pocket [Iraqi User]*

Other people had council houses and faced similar issues of the council simply not being interested in doing any repairs:

*I have a problem with water coming through the roof into my house-I have brought things to fix it. When they [the council] came they saw that I was sorting it out and then they said oh it's ok you have fixed it. Whenever I have a problem, the council come, they see everything, but do not come to fix it. I have not complained as I feel it is better to stay like this. I just do my own repairs now [Tamil User]*

Other users felt that housing could offer more solutions to problems they were facing. One example was about noise disturbance, another issue was about understanding letters sent from housing. Other people simply did not understand how the housing department made decisions about the level of need an individual has. One practice, which was commented upon very strongly among men in the sample, was estate agent practice and the way they treated people on housing benefit as almost *subhuman*. As one man described:

*When I first came, housing was a real difficulty - I got housing benefit, I couldn't get a council house ... I took a list of estate agents who actually do take housing benefit, but in fact I visited about 150 agents. They were very disrespectful. The moment they heard you were on housing benefit they then treated you very poorly and this was a major hurdle. I went back to the housing benefit office and said look that the moment they hear you are on benefit they treat you very badly and I feel as though I am begging...and why should I be put in this situation as though I'm asking a big, big favour [Afghani User]*

### **Understanding how the healthcare system works**

Many users did not really understand how the NHS works:

*Hospital is difficult, in my country doesn't have a GP , so when I feel sick I don't know where to go, whether to go to the hospital or the GP - very different system. When I feel sick, just go to hospital and pay money, here you have to go to the GP first and talk about why you feel sick...so now have to go through someone first who decides whether you are sick enough to go to hospital [ Korean User]*

### **Problems registering with a GP**

Many users described problems registering with GPs in Kingston:

*One problem was that when tried to register with a GP they asked for an Insurance number and couldn't get a NI number as didn't have his documents - even though he had documents to say that his passport was being held by the Home Office.[Afghan User]*

*I came here when I was 6 months pregnant, when I went to GP to register, they said I needed passport or travel documents. Up to 6 months I had not had an ultrasound, had low blood pressure and would pass out frequently. If I went to A and E , they would send me away after my blood pressure normalised. It takes one month and a half to get travel documents, but they [the GP] refused to see me. Eventually, I was having so many problems passing out, going to A and E that I had to call someone from a higher level and get things sorted [Korean User]*

*I brought a letter from a GP in Scotland, the first GP said that I have no permanent address so we will not see you, so went to another GP, they said ok we will see you but only for 4 weeks - within those 4 weeks, you have to have an address, find a house, otherwise we will take you off our books .We had no money so could not provide anything, so we borrowed some money, paid rent, got an address, as needed to see the doctor. When I saw the doctor, he was very nice and got a good service, but this is what they had to do to get to see the doctor [Korean User]*

One young woman who came as an unaccompanied asylum seeker, described difficulties registering with a GP in Kingston even with a Social Worker as an advocate:

*When I changed GPs it was very difficult for them to accept me – they asked me if I had refugee status, proof of address, I already had registered with 2 GPs and they made it very difficult, why this GP say no, I can't understand, then I got my status, then they accepted me, my key worker Lou was with me all the time, even then they would not accept me and register me [African User]*

Many users within our sample [43%] have registered with certain local GPs because they speak their language. The majority of people who [66%] were registered with GPs who spoke their own language stated that they were not happy with the service from their GP. In the main, these were Tamil and Korean users.

### **Experiences of discrimination**

A number of users, particularly those who were practising Muslims described the discrimination they had experienced:

*I went to the housing office and took my bag and then left it and they took it away and searched it as they thought it was suspicious...they thought I was a suicide bomber!! I do feel that they look at you differently because you are a Muslim and you wear the traditional dress [Somali User]*

*I do get racism because of the way I speak and the way I dress as I am the only person from Pakistan in my school [Pakistani User]*

For young people in the sample, the discrimination they faced was mostly in the form of bullying. Young people from all communities had experienced it; it was not specific to any one group:

*In my first school, some people bullied me as when I first came I didn't know how to dress or anything, so kids came up to me and started messing about with me. I couldn't take it anymore, so I started to fight back and then they didn't bother me anymore. I did go to the teachers, but they just give them detention and then they start doing it again...now they are my friends...at first I didn't even understand what they were saying to me...so it was difficult [Palestinian User]*

*The first time I came everything was bad as my friend got into a fight and I spent 4 hours in the jail, I had too many problems the first time. My friend had the knife, he wanted to stab the guy, I didn't want to do it so I was trying to take the knife away but the teacher found me holding the knife and didn't believe what I was saying as I had an 8 inch knife in my hand...now I'm all right [Afghani User]*

*We have come across bullying - we have lots of Korean people [at our school] and they throw paper at you and imitate the way we talk...then sometimes they hit you and run away. My friend told the teacher but the teacher doesn't do anything... I just tell people that I don't want to talk to them anymore [Korean User]*

For a number of young people, this was compounded by the fact that in Kingston, there were not many places for them to socialise and meet others in Kingston.

### **Finding Jobs and work**

About one-third of users [33%] described finding jobs and work as a key challenge. For some with many qualifications from abroad, their difficulty was that they were not recognised in the UK:

*My problem is with work - I am a civil engineering graduate with many years experience - here though what you do abroad it is not counted as experience and age discrimination also happens - I can't do other manual jobs as have back problems [Iraqi User]*

*I graduated in Germany and was a Professor at the University in Iraq, but cannot find any work here [Iraqi User]*

For other people, the job centre mechanism and process was the key obstacle:

*The Job centre - they don't deal with your problem, you get a different person every time - you can't make an appointment you just have to wait there, and it is very confusing. Since we came from Glasgow they have stopped my benefits and all you get is an answer phone - when I call they say*

*oh you don't have this or that – what is your NI number ...we can't find you on the system [Afghani User]*

### **Education and schooling**

About 10 users [12%] described problems they or their children had had with schools. For one person, the issues about language, communication and discrimination were inextricably linked:

*Language was a real difficulty, but education here is very different. At school, other children found it difficult to accept my children, as they couldn't communicate at the beginning either, but also because we are from a different culture. Children found it difficult coming into a foreign and new environment. School tried to help, children were called names, called my son 'Osama bin laden' when his name was actually Adam [pseudonym], not Osama [Iraqi User]*

*[Experience from interpreter] One child I know whose name is Osama said "no no no my name is not Osama, it is 'Uzzama' " - different pronunciation so that cannot be identified with Osama bin laden*

For other parents, not being able to communicate in English prevented them from helping their children in the ways that they would want to:

*When my child has problems at school she cannot speak to the school to sort them out [Tamil User]*

*They are not able to communicate with the teachers or help children with their homework [Somali Women]*

### **Access to ESOL classes**

Many people in the sample [33%] complained about the paucity and rigidity of ESOL provision at Kingston College and the process you need to undergo in order to access this provision:

*In Kingston College they say you have to go full time or not at all - education is important for new arrivals and it needs to be accessible. It is difficult to go full time with 3 children [Korean User]*

*In Kingston College they mixed 2 levels together [1 and 2] and a lot of people in level 2 got fed up and left...about 8 of us gave up going to college as our complaint wasn't listened to. There are problems with the manager of ESOL. I wasn't happy with Kingston College for ESOL. It is really important that I am able to learn English [Tamil User]*

*I am really motivated to learn English on a full time basis, but can't find one I can afford. Fees are £240 for courses at the college [Arabic speaking User]*

*At Kingston College, in order to register, need to confirm that you are receiving job seekers allowance, but this takes time to come through, you have to wait till the beginning of the next term or following term now, and spend lots of time doing nothing [Korean Woman]*

As one user poignantly summarised the situation:

*I have come here to work and be part of a society and one of the basic requirements for being part of a society is to learn the language and I would like some help in doing this and be supported in doing this. More facilities to learn English in Kingston are needed [Iranian User]*

### **Grateful for the help we get**

Many users expressed that they felt that they had no right to services and were very grateful for any help they received:

*As long as you 50% help or benefit from a service, it is worthwhile...it doesn't matter if you don't like the person...we will still go as we need the service [African User]*

It was clear from the sample of users that few complained, even when they knew they had a right to complain as they felt it would affect the treatment they received and would have consequences.

*One person stated that her son had broken his arm at school and the school had not called an ambulance, she didn't say anything as her son still had many years left at the school and would get worse treatment if she said anything [Afghan User]*

A number of users were very aware that often they were not treated as equal to others. For example, one person had experienced medical negligence through a mistake but did not say anything.

### **Experiences of things working well**

Users cited some examples of the ways in which services had been delivered that had been particularly helpful to them. Among the four young people who had come to the country as unaccompanied asylum seekers, they described very positive experiences of finding and using services as a result of the support given to them by the Unaccompanied Asylum Seekers' Team at Kingston Social Services:

*...when I came here I had a case worker and she did everything for me found schools, housing, went to Kingston College to learn English [African User]*

*...the Social Worker Team helped us to find a college, register with GPs etc. They helped with shopping; they came with me first time. Social Worker showed me train, bus everything, hospital, phone card, how to get a pass. I didn't know anyone - came from agent from this country and slept at agent's house one night and then agent went, me cry, and police take. I was in*

*Croydon first for 2 weeks, then Wood Green for 2 weeks, then came to Kingston. Here Social Worker comes to see me every week - my key worker showed me everything, my map [African User]*

About 10 users described positive experiences of healthcare, particularly the support received from Kingston Hospital:

*When I came to Kingston, I went to Kingston Hospital. I have found people there to be so kind, hospital is comfortable, clean. Everyone gives very good service and they don't discriminate against you because you are poor. There is also always an interpreter present at the hospital, and you can make an appointment for one if you need to [Korean User]*

*I went into a coma as had kidney failure and had to have dialysis - I received good care at the hospital [Somali User]*

### **Services that helped**

Users gave examples of a range of services in Kingston that had helped them ranging from the Citizen's Advice Bureau [CAB], Social Services, Kingston Advice Bureau, to the Tamil Welfare Society and the Somali Advice Sessions to Refugee Action Kingston [RAK]:

*Kingston Advice Bureau helped me a lot when I first came and RAK [Indian User]*

*The post natal exercise classes were really good [Tamil User]*

*I found the CAB useful to help fill in my housing benefit form - I had to take a friend along as there is no interpreting was available at the CAB [Tamil User]*

*We used the Tamil Welfare Society to help us with our refugee status [Tamil User]*

RAK was cited by nearly all users. Different examples were given about the type of support they received, some cited the learning centre, 1:1 immigration advice, crèche, counselling support, networking support and the opportunity to meet others in the learning centre was also considered to be very valuable. Many women felt that the availability of the crèche was critical, as they had to take their children wherever they went. Another key factor mentioned about RAK services was that they were free and because of their status [namely, not having a decision on this], many stated that they were not allowed to use other services.

## APPENDIX 3 - 6 MONTH PROGRESS REPORT FROM THE CONFERENCE



September 2009

Dear

### **Refugee Conference – Your Update on Progress**

Last March we held the conference *‘Ordinary People in Extraordinary Circumstances: Bringing About Change for Refugees and Asylum Seekers in the Royal Borough of Kingston’*. Now, six months on, we are keen to let you know what progress has been made since then and what work is planned for the months to come.

#### **Refugee and Migrant Strategy**

- Following the March conference, a multi agency strategic meeting was held in June to discuss the bringing together of a Joint 5 year Refugee and Migrant Strategy for the Royal Borough of Kingston. The meeting involved strategic leads including the Head of Community Care Services, the Director of Public Health in NHS Kingston, the Director of Refugee Action Kingston, an Inspector from the Met Police in Kingston and a number of strategic managers who have influence over services provided by housing, education, the job centre and other relevant public services.
- This strategy is currently being written with input from all relevant public service providers. It is hoped each strategic area will have a chapter and action plan written by them about their commitments to bring about change in response to the needs identified at the last conference. The new



strategy I covers issues of housing, health, discrimination, information and advice, communication including learning English and interpreting services and jobs and employment. It is being pulled together by the Equalities and Community Engagement Team and is due to be published in March 2010.

- The new Strategy and action plans will then be presented at a follow up conference event on the 18th March 2010 along with new evidence of needs we have identified and service developments.

### **Ongoing/new work**

- Service providers continue to work together to ensure that vulnerable people can access health and social care services. (I.e. Refugee Action Kingston, NHS Kingston and Royal Borough Kingston have set up a new Crisis Support Service, paid for by NHS Kingston for the next 3 years and run by Refugee Action Kingston).
- A strategic group has been set up to address the lack of English class provision for Refugees, Asylum seekers and other non-English speakers, and funding for community literacy and English classes has been obtained for a full academic year. The funding came from the Migration Impact Fund which the Equalities and Community Engagement Team applied for to address this evidenced need.
- Training has been set up to address some of the issues discussed at the conference about people's access to GPs and other primary care services.
- A leaflet with guidance regarding eligibility of refugees and asylum seekers to gain access to GPs and other primary care services has been produced and distributed to every GP surgery in the borough. This leaflet aims to clarify different forms of documentation refugees and asylum seekers present as identification to gain access to services.



- Health Promotion Days have continued with Refugee Action Kingston and the Unaccompanied Asylum Seeking Children's Team. These have been evaluated with service users each time and include information and advice talks requested. A dentist check up/ screening has been provided as well as many talks on preventing cancer, smoking cessation, healthy eating and exercise, Tuberculosis awareness, welfare benefits, mental health and counselling services to name a few.

Things for you to look out for:

**December to January:** the Refugee and Migrant Strategy will go out for consultation.

**March 18th:** A follow up event to launch the Refugee and Migrant Strategy that will incorporate the presentation of a Needs Assessment carried out with local people from BME communities in the Royal Borough of Kingston that is currently being carried out.

We will be in touch in December with details of the consultation process for the Strategy, and again in the New Year with further information about the conference to be held in March.

Kind Regards,

Martha Earley

Equalities and Community Engagement Manager

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and

Phil Murwill

Community Development Worker Refugees, Asylum Seekers,  
Gypsies and Travellers

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## APPENDIX 4 - SUPPORTING DOCUMENTS

Further Information on ESOL Provision

Further Information on Entitlements to NHS treatment

### FURTHER INFORMATION ON ESOL PROVISION , PROVIDED BY KATHERINE FISHER, DEPUTY PRINCIPAL, KINGSTON ADULT EDUCATION

#### National Curriculum for ESOL

The National Curriculum has been developed relatively recently as part of a Government initiative to improve the Basic Skills of adults. Basic Skills are defined as Literacy, Numeracy and Language (ESOL). This Basic Skills initiative was triggered by the publication in 1999 of the Moser Report which identified that 20% of the British population was not functionally literate and 40% had very low levels of numeracy. The following year (2000) a further Report on ESOL 'Breaking the Language Barriers' was published as the result of a working group set up to investigate the scale of need for English language provision in the UK. There has been, concurrently, a drive to professionalise the Basic Skills teaching workforce, with those in the classroom being required to gain specialist qualifications in order to drive up the standards of teaching and outcomes for learners.

#### SCALE OF NEED

'Breaking the Language Barriers' identified research undertaken by the Institute of Education and MORI in 1995 for the Basic Skills Agency's report \*\*Lost Opportunities and suggested at that time that around 450,000 people living in the UK whose first language is not English, had little command of the English Language. Estimates, extrapolated from the 1991 Census and Home Office figures, in a 2001 report on \*\*\*English Language as a Barrier to Employment, Training and Education commissioned by DfEE, suggested this figure could easily have been three times this. In 2009, 8 years on, the national figure is undoubtedly greater still. In Kingston there are at least 33,397 people (33% of the population) born in countries where English is not the first language.

\* ESOL = English as a Second or Other Language

\*.\* Lost Opportunities: The Language Skills of Linguistic Minorities in England and Wales. Carr-Hill, Passingham, Wolf and Kent, The Basic Skills Agency, 1996

\*\*\* English Language as a Barrier to Employment, Training and Education. Dr Philida Schellekens, DfEE 2001

Reading, Writing, Listening and Speaking

There are 4 component parts to the development of language skills; reading, writing, listening and speaking. Within the National Curriculum for ESOL, these

4 skills are clearly delineated and are analysed at 5 levels of operations; Entry 1, Entry 2, Entry 3, Level 1 and \*Level 2. At Kingston Adult Education learners are initially assessed in all 4 skills and learners generally have what is known as a 'spiky profile' i.e. they may have listening skills at Level 1, speaking skills at Entry 3, reading skills at Entry 2 and writing skills at Entry 1. Language learning research would indicate that that listening and speaking skills generally develop before reading and writing, although learners from some countries, in particular Korea, may have acquired reading and writing skills which are in advance of their ability to speak fluently.

## FUNDING FOR ESOL PROVISION

Government funding for public sector ESOL provision is currently target-driven, with the emphasis on achievement of national qualifications at Level 1 (and above) within adult education and further education providers. Lower level provision (Entry Level 1,2 and 3) has therefore shrunk and learners at these lower levels applying to Kingston Adult Education are frequently being referred on to voluntary and community groups who have waiting lists (in particular LEAH\*\*). Eligibility restrictions also apply to publicly funded ESOL provision which is currently only accessible to those meeting the criteria. Fee charges for publicly funded ESOL provision were introduced in 2006 which almost certainly has contributed to a drop in enrolments at KAE.

Kingston Adult Education	Learner Numbers			Enrolments*		
	2005/2006	2006/2007	2007/2008	2005/2006	2006/2007	2007/2008
<b>ESOL</b>						
<b>FE Provision (exam led)</b>	451	499	422	913	1561	472
<b>ACL provision (no exam)</b>	19	54	0	19	54	0
<b>Total All Provision</b>	452	504	422	932	1615	472

Source: Kingston Adult Education Self Assessment Review 2008-09

\*Some learners enrol for more than one course

## **FURTHER INFORMATION ON ENTITLEMENTS TO NHS TREATMENT**

The following pages of information are Department of Health guidance regarding entitlement to NHS treatment. Up to date guidance can be found on the Department of Health's website:

[www.dh.gov.uk/en/Healthcare/International/Asylumseekersandrefugees](http://www.dh.gov.uk/en/Healthcare/International/Asylumseekersandrefugees)

**TABLE OF ENTITLEMENT TO NHS TREATMENT (Correct at April 2009)**

Status	Primary Care	Secondary Care
Asylum Seekers	A person who has formally applied for asylum is entitled to NHS treatment without charge for as long as their application (including appeals) is under consideration. They will have to pay certain statutory NHS charges (e.g. prescription charges) unless they also qualify for exemption from these (see notes section), they can apply to a general practitioner to register as a patient. Asylum seekers are exempt from charges for NHS hospital treatment.	A Person who has formally applied for asylum is entitled to NHS treatment without charge for as long as their application (including appeals) is under consideration. They will have to pay certain statutory NHS charges (e.g. prescription charges) unless they also qualify for exemption from these (see notes section), and will go on waiting lists. Since asylum seekers are entitled to free NHS treatment, they can apply to a general practitioner to register as patient. Asylum seekers are exempt from charges for NHS hospital treatment.
Asylum Seekers refused but appealing decision.	Access to <b>Primary Care</b> without charge. As for Asylum Seeker.	Access to <b>secondary care</b> without charge As for Asylum Seeker.

<p>Asylum Seeker denied support under Section 55 of the 2002 Act, but still claiming asylum.</p>	<p>Access to <b>Primary Care</b> without charge. As for Asylum Seeker.</p>	<p>Access to <b>secondary care</b> without charge As for Asylum Seeker.</p>
<p><i>Failed asylum seekers – including those getting Border &amp; immigration Agency (BIA) Section 4 support while awaiting departure from the UK.</i></p>	<p>GP practices have the discretion to accept such people as registered NHS Patients.  In cooperation with the Home Office, DH will review access to NHS healthcare by foreign nationals this year. The review will include access to both the primary and secondary care and will look at a range of issues relating to</p>	<p>For secondary care, failed asylum seekers are not eligible for free hospital treatment. However, any course of hospital treatment already underway at the time when the asylum seeker’s claim, including any appeals, is finally rejected should remain free of charge until completion. It will be a matter for clinical judgement as to when a particular course of treatment has been completed. Immediately necessary treatment to save life or prevent a condition from becoming life-threatening should always be given to failed asylum seekers without delay, irrespective of their eligibility for free treatment or ability to pay. However if they are found to be chargeable, the charge will still apply, and recovery should be pursued as far as the trust</p>

	<p>immigration and asylum arrangements, particularly the eligibility of failed asylum seekers and the status of children, whether accompanied or unaccompanied, as well as public issues.</p> <p>Emergencies or treatment which is immediately necessary should continue to be provided free of charge within primary care to anyone, where in the clinical opinion of health care professional required.</p> <p>N.B. The judicial review ruling has had no effect on Primary Care.</p>	<p>considers reasonable. Treatment which is not immediately necessary, but which is urgent and clinician considers cannot wait until the returns home must also be given, even if deposits cannot be secured. In making the decision as to whether the treatment is urgent, it will be necessary for the clinician to know when the patient is likely to return home to assess if this is a medically acceptable wait.</p> <p>Any new courses of treatment, begun after the asylum claim is finally rejected, will be chargeable (unless the treatment itself is exempt under the provisions of the NHS (charges to Overseas Visitors) Regulations 1989, as amended, e.g. TB). Trusts should refer to the document “implementing the Overseas Visitors Hospital Charging Regulations – Guidance for NHS Trust Hospitals in England” for advice on how and when to make the charge in these cases.</p> <p>It is also very that the Trusts read the letter of 2April 2009 from David Flory as it contains important interim advice. See link at: <a href="http://www.dh.gov.uk/enPublicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_097384">http://www.dh.gov.uk/enPublicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_097384</a></p>
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		In cooperation within the Home Office, DH is currently reviewing access to NHS healthcare by foreign nationals. The review includes access to both primary and secondary care and looks at a range of issues relating to immigration and asylum arrangements, particularly the eligibility of failed asylum seekers and status of children, whether accompanied or unaccompanied, as well as public health issues.
Given Refugee Status (Successful asylum seeker or, arriving in the country through a Government initiative, i.e. Refugee Gateway	Access to <b>primary care</b> without charge. As for Asylum Seekers.	Access to <b>Secondary care</b> without charge As for Asylum Seekers.



Scheme).		
Given Discretionary Leave to Remain.	Access to <b>primary care</b> without charge. As for Asylum Seekers.	Access to <b>Secondary care</b> without charge As for Asylum Seekers.
Given Humanitarian Protection.	Access to <b>primary care</b> without charge. As for Asylum Seekers.	Access to <b>Secondary care</b> without charge As for Asylum Seekers.

Certain services are exempt from charges for everyone. This includes treatment provided solely in an Accident and Emergency Department, treatment of certain specified communicable diseases (although prescription charges may be payable unless exempt) and compulsory mental health treatment. Flu immunisations are given to those who are in at risk categories. These categories include anyone over 6 months with respiratory disease (inc asthma), chronic heart disease, renal disease, diabetes and immunosuppression or staying or living in long stay facilities – or who at the GP’s discretion needs to have a flu jab on a clinical need basis.

## HIV/AIDS

In the case of services which relate to HIV/AIDS only the initial test and counselling is free to all. People not eligible for free hospital treatment are required to pay the full costs, including drugs, of any HIV treatment beyond the initial test and counselling. Where a person has been identified as chargeable (not an asylum seeker) for HIV/AIDS treatment a HC2 (certificate for full help with health costs) is not applicable and the full cost of the drugs should be recovered from them. The guidelines in the table above regarding immediately necessary treatment and treatment already under way when an application for asylum is finally rejected, apply equally to HIV/AIDS treatment.

### Notes

#### Secondary Care

It is responsibility of the NHS trust or Primary Care Trust (PCT) providing secondary care to establish if a person is entitled to treatment without charge (although out-patients may have to pay charges for drugs and appliances unless they are exempt). All patients, regardless of their status or nationality are subject to the same basic screening process and should be asked the following question about their residential status as part of the hospital registration procedure:

1. Where have you lived for the last 12 months?
2. Can you show that you have the right to live here?

A person who has not been living in the UK for the last 12 months is usually subject to the NHS (Charges to Overseas Visitors) Regulations and can therefore expect to be asked further questions such as,

1. On what date did you arrive in the UK?
2. What is the basis for your stay in the UK?

Patients who are unable to provide answers to those questions, or whose answers indicate that they may not be eligible for free hospital treatment should be referred to the NHS trust's Overseas Visitors Manager, who will conduct a full interview with the patient to establish whether he/she is chargeable. However, immediately necessary treatment should never be delayed or withheld because of doubts about the patient's chargeable status or his/her ability to pay.

### **Help with Access to Health Services**

If asylum seeker and refugees are having difficulties registering with a GP, they should contact NHS Kingston who will be able to provide a list of practices to which they can apply or allocate them to a GP

PCT's will also be able to provide information on local Community Dental Services and dentists in an area treating patients under the NHS. NHS Direct provides information on local GPs and NHS dentists. You can also find out about services in your area (including PCT contact details) by going to:  
<http://www.nhs.uk/localnhservices/default.asp>

### **Help with Health Costs**

Under the immigration and Asylum Act 1999 and immigration Act 1996, most asylum seekers are not entitled to welfare benefits. However they may qualify for:

1. Free NHS Prescriptions;
2. Free NHS dental treatment;
3. Free NHS wigs and fabric support;
4. Necessary travel costs to and from hospital for NHS treatment;
5. Free NHS sight test;
6. The full value of an NHS optical voucher towards the cost of glasses or contact lenses.

The United Kingdom's Border Agency (UKBA) will issue HC2 certificates to asylum seekers after they claim asylum and when they are being dispersed.

## **ASYLUM SEEKERS NOT SUPPORTED BY UKBA**

Asylum seekers who are not supported by UKBA or those supported by the interim Arrangements and who are not otherwise entitled to free prescriptions, will need to complete form HC1 (claim for help with health costs including prescriptions through the NHS low income Scheme (LIS). Health practitioners who come into contact with asylum seekers should encourage them to apply. Failed asylum seekers can also apply.

Since the interim support arrangements were introduced on 6 December 1999, the Patient Services Division (PDS) (previously the Health Benefits Division) of the Prescription Pricing Authority (who run the LIS for the Department of Health) have made arrangements for claims from asylum seekers to be given priority. They have arranged for a separate postcode to be printed on white envelopes, which asylum seeker can use to send off their HC1 claim form.

HC1s are available from the PSD or in bulk from Department of Health, PO Box 777, London SE1 6XN. Tel: 08701 555 4555 (Department of Health publications order line). Fax: 01623 724 524.

### **HC1 Completion Guidance Notes**

This note contains guidance for case workers and health professionals who help asylum seekers to complete the HC1 form. Asylum seekers who have not received an HC2 certificate from UKBA are eligible to apply for one using an HC1 form under the low-income scheme which is managed by Patient Services at the PPA. Failed asylum seekers are also able to apply for an HC2 certificate using an HC1 form.

Asylum seekers who have received an HC2 certificate should apply directly to UKBA for a new certificate when their old one expires. There is no need to fill in a new HC1 form or to re-apply through Patient Service.

## APPENDIX 5 - GLOSSARY OF TERMS AND GROUPS

### TERMS

**Refugees** – A refugee is someone whose asylum application has been successful and who is allowed back in the country having proved they would face persecution back home.

**Asylum Seeker** – An asylum seeker is a person who has left their country of origin and formally applied for asylum in another country, but whose application has not yet been decided.

**‘Failed’ Asylum Seeker** – A person whose asylum application has failed and who has no other protection claim awaiting decision. Some refused asylum seekers voluntarily return home, others are forcibly returned and for some it is not safe or practical to return until conditions in their country have changed.

**Migrant** – someone who has moved from one place to another. In this strategy the term *migrant* will refer to *vulnerable migrants* - people who are likely to have additional needs and experience poorer outcomes if these needs are not met.

**ESOL** - English for speakers of other languages

**One Council programme** - the approach that has been designed to deliver the Royal Borough of Kingston council’s vision.

### GROUPS OR ORGANISATIONS

**Royal Borough Kingston** – the local authority, or the council.

**Refugee Action Kingston** - a local charity that provides advice and support for refugees and asylum seekers living, working or studying in the Royal Borough of Kingston. Please note it is not connected to the larger national Refugee Action charity.

**Metropolitan Police Kingston** – the borough’s police force.

**Jobcentre Plus** – a government agency that assists people to find employment. Welfare benefits queries related to job seeking are conducted on a telephone based system only.

**Kingston Churches Action on Homelessness** – a registered charity set up by churches in the borough to relieve the distress of homeless and potentially homeless people by the provision of service and resources.

**Kingston and Richmond Law Centre** - part of the much larger South West London Law Centres organisation. It provides advice casework and representation in the areas of immigration, asylum, housing and community care.

**UK Border Agency (UKBA)** - the border control body of the United Kingdom government and part of the Home Office.

**Victim Support** – is an organisation that supports and advocates for victims of crime, including domestic violence and hate crime.

**Equal Access to Primary Care Group** – a multi agency group set up by NHS Kingston to address barriers facing marginalised groups when accessing Primary Care.

**NHS Kingston** - a primary care trust responsible for Kingston's health services.

**Community Care Services** – the local authority's provision of support and care services for adults recognised as eligible due to their high level support needs.

## APPENDIX 7 - THE CONSULTATION PROCESS

During the consultation process for this strategy we attempted to ensure that as many people as possible from relevant communities and service providers had the opportunity to contribute. Of particular importance to us was the need to return to groups who had taken part in the Refugee Needs Assessment (2008), of which the strategy is a direct result.

We met face to face with Refugee Action Kingston clients in an informal setting and with the assistance of interpreters (Korean, Arabic, Kurdish, Farsi, Punjabi, Tamil, Somali). In the region of 35 Refugee Action Kingston clients were consulted, which included a variety of nationalities and ages. Some of these participants had initially been involved in the Refugee Needs Assessment 2008. It was felt that this particular consultation was only moderately successful as the consulter struggled to obtain feedback on the content of the document without prompting clients to focus on the problems they faced instead of providing criticism or comment on the strategy. However the session demonstrated the ongoing relevance of the Refugee Needs Assessment 2008 and re-emphasised key issue regarding mental health/counselling, and how refugees/asylum seekers access information and advice.

Face to face meetings were also conducted with a number of service providing organisations in an attempt to make this process easier for them. These organisations were:

- African Positive Outlook;
- Kingston Iraqi Community;
- Kingston Somali Community Association;
- Kingston Volunteers Centre;
- Milaap Multicultural Centre;
- Refugee Action Kingston;
- Tamil Elders Empowerment Programme;

A wider range of people, predominantly service providers but from both statutory and non-statutory sector organisations of various sizes were emailed and sent hard copies when addresses were known. This included representatives from the following organisations:

- Chikwata Group;
- Hillcroft College;
- Kingston Adult Education;
- Kingston and Richmond Law Centre;
- Kingston Churches Action on Homelessness;
- Kingston Chinese Association;
  
- Kingston Citizens Advice Bureau;
- Kingston College;

- Kingston Hospital Trust (Patient Experience – Diversity Manager; Overseas Officer);
- Kingston Interpreting Service;
- Kingston Libraries;
- Kingston Mosque;
- Kingston Voluntary Action;
- Learn English at Home;
- Met Police Clubs and Vice Unit;
- Met Police Kingston;
- NHS Kingston (Public Health; Primary Care commissioners; Counter Fraud Team);
- North Korean Resident’s Society
- Royal Borough Kingston (Supporting People Services; Information and Advice Project; Youth Services; Community Care Services; Voluntary Sector Partnership Officers; Unaccompanied Asylum Seeking Children’s Team; Pupil Support Service);
- South Korean Resident’s Association;
- Tamil Information Centre;
- Victim Support Kingston;

In addition, authors and contributors to the strategy were given the opportunity to consult on the strategy through meetings and via email. This included the following people during 2009/2010:

- Alan Thorne, RBK
- Anita Harris, RBK
- Anne Hoblyn, Jobcentre Plus
- Barbara Morton, Kingston Interpreting Service
- Caroline Little, RBK
- Dubravka Vidovic, Kingston Adult Education
- Ela Mahsoori, Refugee Action Kingston
- Francis Arokiasamy, RBK
- Ian Curry, Jobcentre Plus
- Jason Carey, RBK
- Julian Hagley, Kingston Police
- Dr Jonathan Hildebrand, NHS Kingston and RBK
- Justine Rego, RBK
- Katherine Fisher, Kingston Adult Education
- Kenny Gibson, NHS Kingston
- Margaritha Haffner, RBK
- Maria Jarvis, Kingston Volunteers Centre
- Martha Earley, RBK
- Phil Murwill, RBK
- Pippa Mackie, Kingston Citizens Advice Bureau



- Rebecca Mear, RBK
- Russell Styles, NHS Kingston
- Simon Oelman, RBK
- Simon Pearce, RBK
- Sue Fitzgerald, NHS Kingston
- Sue Irving, Kingston Citizens Advice Bureau
- Susan McAuley, RBK
- Sylvie Yeo, NHS Kingston

All feedback from consultation was taken into consideration, though the final decision on the content of the strategy was decided by the editorial team. This comprised of Rebecca Mear (Equalities and Community Engagement Team Manager, RBK), Jonathan Hildebrand (Director of Public Health, NHS Kingston and RBK), Simon Pearce (Director of Community Care Services, RBK).

The following are a reflection of the feedback received during the consultation process:

### **The strategy**

*Will you include information on what happens next (once the strategy is launched) – an explanation of how progress is reported?*

### **Information**

*Regarding information and advice – there needs to be drop ins at different venues around the borough. People can't always go to the council to get a form. Face to face is always best as often people approach a service with a particular issue, and there other issues which may be more important only become apparent when they meet with someone face to face.*

*Paper forms are difficult when you can't speak the language well, face to face or by the phone is better.*

*Leaflets are a good way of finding information when people don't know where they should go for something.*

### **Counselling**

*There is a great need for counselling which has not yet been addressed.*

*Mental health services for young people are needed.*

### **Schools**

*There needs to be something included regarding advice around school admissions.*

*Schools could run after school homework clubs for those children whose parents are not able to help with home work due to language barriers/literacy/work commitments.*

*Children are out of school for too long when they first arrive – this isn't mentioned in the strategy.*

### **Immigration advice**

*There is no immigration advice in the borough.*

### **Housing**

*Can you explain the housing bidding system – it's a confusing system, especially for non-English speakers.*

*Housing needs to be appropriate. There needs to be more awareness of refugee issues, including amongst estate agents.*

### **Kingston Hospital**

*Kingston Hospital is hardly mentioned in this strategy.*

### **Domestic Violence**

*Refugees, asylum seekers and migrants need to be made aware of UK law regarding domestic violence so that they are aware that it is illegal and should not be tolerated.*

