Prosperous Lives for All: The Refugee and Migrant Strategy 2016-2019
Working together to enable refugees, asylum seekers and vulnerable migrants to have a decent life and a prosperous future in the Royal Borough of Kingston Upon Thames.
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Introduction

The central aim of this work is to enable refugees, asylum seekers and migrants to be supported to fully participate as equal members of the Kingston community and to achieve the same levels of health and wellbeing that are experienced by the rest of the population.

This strategy seeks to strengthen refugee and migrant communities’ integration and to increase community resilience. It recognises that what is required is a whole life course approach, tackling health inequalities and the wider determinants of health in these communities.

The development of the strategy has promoted the sharing of resources and expertise between several partner organisations and with communities.

Who has been involved in developing the strategy?

The strategy has been put together by Kingston Council working in partnership with Refugee Action Kingston and Kingston Clinical Commissioning Group. Many other organisations have also contributed including Kingston University, Achieving for Children and several community and voluntary sector organisations without whom this work would not have been possible.

A piece of community research was carried out over 2014-15 (Refugee, Asylum Seeker and Migrant Needs Assessment). This has provided the majority of the evidence and information about what is happening in local people’s lives and has helped the
organisations involved in developing this strategy to propose plans to improve things where they need to be improved.

The strategy is divided into 10 chapters covering the following areas:

1. Health and Social Care
2. Housing
3. Community Safety
4. Food and Nutrition
5. Welfare and Debt
6. Information and Advice
7. Mental Health and Social Isolation
8. Employment and Volunteering
9. Learning English and Interpreting Support
10. Relocation and Integration

Each of the chapters includes a section on unaccompanied asylum seeking children.

Who is the strategy for?

This strategy is for refugees, asylum seekers and vulnerable migrants who face disadvantage and adverse experiences due to their circumstances.

Its remit will include refugees and asylum seekers who have to come to the UK to seek refuge from persecution, torture and violence in their home country. It is also for vulnerable migrants or secondary refugees and third country nationals who have come to the UK and to our borough seeking a better life, but may have vulnerabilities or fallen on difficult times since arriving in the UK. People who have been trafficked into the UK and/or the borough are also considered within the remit of this strategy.

Who is the strategy not for?

The strategy is not targeted at migrants who are not disadvantaged i.e. wealthy student migrant populations or business migrant populations who are, in the main, self-sufficient in terms of accessing resources and support that is available to them. Also, the strategy is not about illegal immigrants or criminal migrant gangs unless the migrants are victims of such gangs such as people who have been trafficked.

What was achieved under the previous Refugee and Migrant strategy 2010-15?
Kingston is one of only a few London Boroughs to have had a refugee and migrant strategy. This new strategy builds on the success of the last 5 years which brought about many positive outcomes including:

- Raising over £700,000 of external funding for multi agency programmes of work to improve the lives of refugees, asylum seekers and migrants. Some of these programmes included:
  - English language classes including the theme of health improvement
  - English language classes for young migrants to help them obtain GCSEs
  - A Korean link worker supporting the local Korean community who recruited 23 Korean volunteers. These volunteers helped local vulnerable Koreans to integrate into the community and access services when needed.
  - Development of a Korean Information Pack (by Korean volunteers, for and with Social Workers)
  - Partnership work with Kingston Metropolitan Police which led to the secondment of the current Police Korean Engagement Officer
  - A domestic violence worker focused on supporting vulnerable black and minority ethnic women based in accident and emergency with a focus on reducing A&E admissions
- The development of the Crisis Support and Advocacy project (which is jointly commissioned by RBK and Kingston Clinical Commissioning Group). This project ensures vulnerable refugees and asylum seekers have access to a GP and breaks down barriers in accessing services early on including housing, welfare benefits and prevents issues from escalating e.g. to do with immigration.
- Implementation of Learn English at Home’s Health Education Project to respond to the local needs of non English speakers. The project was initially funded as a pilot through central government Migration Impact Funding, also secured as part of the first strategy’s development.
- The first Time Bank in the borough was established allowing people, mostly refugees, to give time and share professional and non professional skills. Originally the pilot was developed between the Council and Refugee Action Kingston and funded by the local NHS; it has since received 3 years of project funding from the Big Lottery Fund.
- A network of professional working groups from different agencies was developed, working together to respond to issues affecting local communities.

Evidence, demographics and local intelligence

How many refugees, asylum seekers and migrants are there in the Royal Borough of Kingston and where are they from?

It is very difficult to ascertain exactly how many Refugees, asylum seekers and migrants there are in any geographical area due to the lack of systematic data collection and the
fact communities can be transient and move on from a particular area. However, the 2011 Census does show that 27% of the population of Kingston were born outside of the UK and Ireland which is an indication of the high numbers of people who have migrated to the UK. The ONS estimate that 19% of Kingston residents in 2015 were non-British up from 15% in 2005\(^1\). This includes individuals from populations of people from the Middle East, South Korea, EU countries, particularly Poland, and people who identify as being of Tamil ethnic origin.

It is thought that the majority of Tamil people living in the Royal Borough of Kingston come from Sri Lanka and India. There are many Tamil people in the borough who have come as economic migrants and there are also many Tamil refugees, although the exact number is not known.

In addition to South Korean people, there are also known to be North Korean asylum seekers and refugees. A large number of refugees and asylum seekers have also come to the borough from countries including Iran, Iraq, Syria, Afghanistan, Pakistan, Bangladesh and Sri Lanka\(^2\).

At the time of writing in 2016, Refugee Action Kingston are supporting clients from 78 different countries. The largest numbers of Refugee Action Clients in 2016 have come from North Korea (314), Iraq (241), Iran (207), Afghanistan (175) and Sri Lanka (170).

**How many Refugees and Asylum Seekers are there?**

At the time of writing in September 2016, Refugee Action Kingston had 3,276 registered clients\(^3\). There were 1,790 main clients, 489 individuals who are the partner or spouse of a main client and 997 are the children of main clients. Tables 1-3 below provide details of the clients being supported by Refugee Action Kingston.

**Table 1: Total Refugee Action Kingston Clients, September 2016**

<table>
<thead>
<tr>
<th>Client description</th>
<th>Total clients in September 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Clients</td>
<td>1790</td>
</tr>
<tr>
<td>Partners</td>
<td>489</td>
</tr>
<tr>
<td>Children</td>
<td>997</td>
</tr>
</tbody>
</table>


Total Individuals | 3276

Table 2: Refugee Action Kingston’s main clients by gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>No. (main clients only)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>898</td>
<td>50.2%</td>
</tr>
<tr>
<td>Female</td>
<td>892</td>
<td>49.8%</td>
</tr>
</tbody>
</table>

Table 3: Refugee Action Kingston’s main clients by immigration status

<table>
<thead>
<tr>
<th>Immigration status</th>
<th>No. (main clients only)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asylum Seekers</td>
<td>250</td>
<td>14%</td>
</tr>
<tr>
<td>Refugees or former Refugees</td>
<td>888</td>
<td>49.6%</td>
</tr>
<tr>
<td>Failed Asylum Seekers</td>
<td>76</td>
<td>4.2%</td>
</tr>
<tr>
<td>Status under review</td>
<td>576</td>
<td>32.2%</td>
</tr>
</tbody>
</table>

Home Office Immigration statistics indicate that 35 asylum seekers were in receipt of Section 95 support Kingston in quarter 4 of 2015. Section 95 support is offered under the Immigration and Asylum Act 1999 and has two parts: one is for subsistence (£36.95 per week) and the other is for accommodation. No asylum seekers in Kingston were receiving accommodation under Section 95. Refugee Action Kingston report that many asylum seekers they’ve supported in Kingston have not applied for Section 95 support as the criteria is very strict and the asylum seeker would need to be effectively destitute in order to qualify.

How many unaccompanied asylum seeking children are there in the borough?

As at September 2016, there are 22 Unaccompanied Asylum Seeking Children (UASC) in the borough, supported by the organisation Achieving for Children. In addition, 50 individuals, who are aged 18 and over, are now known as ‘care leavers’.

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Where do refugees and asylum seekers live?

A mapping exercise on Refugee Action Kingston clients’ postcodes was carried out in 2014 which illustrated that refugees and asylum seekers are more likely to reside in areas with higher Index of Multiple Deprivations scores than lower.\(^5\) This means they are likely to be living in poorer areas of the borough than the majority of the population are.

What languages are spoken?

The most commonly spoken languages in the borough (excluding English) are Tamil, Korean, Polish and Arabic. The 2011 census revealed 5,866 households (9.2% of the population) have no members who speak English as a main language\(^6\); 16% of Kingston residents didn’t speak English as a main language\(^7\).

The top 10 languages spoken other than English are listed below:

<table>
<thead>
<tr>
<th>Main Language Spoken</th>
<th>Number of residents over 3 years of age</th>
<th>Percentage of borough residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tamil</td>
<td>2,630</td>
<td>1.7%</td>
</tr>
<tr>
<td>Korean</td>
<td>2,610</td>
<td>1.7%</td>
</tr>
<tr>
<td>Polish</td>
<td>1,920</td>
<td>1.3%</td>
</tr>
<tr>
<td>Arabic</td>
<td>1,520</td>
<td>1.0%</td>
</tr>
<tr>
<td>German</td>
<td>1,080</td>
<td>0.7%</td>
</tr>
<tr>
<td>Urdu</td>
<td>1,040</td>
<td>0.7%</td>
</tr>
<tr>
<td>Spanish</td>
<td>890</td>
<td>0.6%</td>
</tr>
</tbody>
</table>


\(^7\) ONS, Census 2011. Main language - WD204EW. Available from: [https://www.nomisweb.co.uk/query/asv2htm.aspx](https://www.nomisweb.co.uk/query/asv2htm.aspx)
Refugee Action Kingston’s clients’ most frequently spoken languages (at time of writing September 2016) are Korean (people from North Korea), Arabic (people from Iraq and Syria), Tamil (people from Sri Lanka) and Farsi (people from Iran and Afghanistan).

The languages most frequently requested from the Kingston Interpreting Service were:

<table>
<thead>
<tr>
<th>Language</th>
<th>No. of assignments Oct 2015 - Oct 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Korean</td>
<td>944</td>
</tr>
<tr>
<td>Polish</td>
<td>393</td>
</tr>
<tr>
<td>Tamil</td>
<td>324</td>
</tr>
<tr>
<td>Arabic</td>
<td>323</td>
</tr>
<tr>
<td>Farsi</td>
<td>307</td>
</tr>
<tr>
<td>Mandarin</td>
<td>254</td>
</tr>
</tbody>
</table>

What do refugee, asylum seeking and vulnerable migrant communities say about their lives living in the Royal Borough of Kingston?

A piece of local community research⁸ was carried out over 2014-15 with local refugees, asylum seekers and migrants and the organisations in the borough who support them. This research used many accessible methodologies such as photo diaries, 1:1 interviews and held focus groups in different community languages to gain as much of the community’s voice as possible.

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This research provided the majority of the qualitative evidence and information about what is happening in local people’s lives and has helped the professionals involved in this strategy to document evidence and propose plans to improve things where they need to be improved.

What was significant about the responses given, was that people enjoy living in the Royal Borough of Kingston. In the main, they feel safe, believe it has a friendly population, and that it is a good environment to live in with a good range of facilities.

However, the evidence shows that community members experienced disadvantage and inequalities. Eight key themes emerged from the qualitative data analysis as particularly important to participants. These were: language and communication; benefits and debt; mental health; social isolation; employment; housing and homelessness; health and access to health; and food and nutrition.

In addition to the evidence provided by community members themselves, professionals were also interviewed as part of the research and a large conference event was held with over 100 people in attendance. With intelligence gathered from these, additional themes also emerged that may not be possible to gather from communities directly such as community safety issues including domestic violence, female genital mutilation, trafficking and discrimination. Also, issues such as integration and resettlement are of concern to professionals and organisations, as people can be marginalised if they are not supported to integrate fully or access the right support and services early on when they come to the borough.

Therefore, this strategy attempts to deal with all 10 themes identified and each chapter contains further in-depth evidence to inform proposed actions to take forward over the next 5 years.

Chapter One: Health and Social Care
Our Vision for Change:
The Royal Borough of Kingston (RBK), the Kingston Clinical Commissioning Group (KCCG) and our partners are committed to meeting the health and social care needs of Refugees, asylum seekers and migrants (RASM) and to commissioning relevant support services to reduce inequalities in health.

Therefore, there is a need for a joined up approach to tackle barriers faced by RASM and facilitate their entitlement to equal access to services.

This strategy aims to address these challenges by:

- Developing clear guidelines for primary and secondary care staff about eligibility and access to health services. Create a widespread understanding within primary care that refugees, asylum seekers and migrants are currently entitled to register for free NHS primary care.
- Promoting support services including interpreting services, advocacy and counselling available for non-English speakers to all stakeholders.
- Working in partnership to develop and buy services (joint commissioning) that will focus on reducing barriers, health inequalities and the costs associated with potential inappropriate use of services (i.e. due to not knowing what health services to use when) for all affected groups including refugees, asylum seekers and migrants.
- Promoting Kingston Interpreting Services and English language opportunities to all stakeholders.
- Developing targeted health improvement initiatives between organisations and with communities to help prevent vulnerable groups from being further disadvantaged.

Introduction

Refugees, asylum seekers and migrants’ healthy life expectancy and life expectancy is worse than the general population. It is clear that actions to improve health should go beyond simply tackling the difference in life expectancy to include actions that focus on the inequality in the years lived in good health between these groups and the more advantaged groups in Kingston.

Refugees, asylum seekers and migrants face barriers to accessing health services due to confusion over whether they are entitled to primary and secondary care services. They often have a lack of awareness or knowledge of support services (such as interpreting). This is further exacerbated by a lack of English skills and related communications issues with service providers. Many of the support services available in the community are targeted for some but not all refugee and migrant groups. Service providers are also unaware that these groups can access interpreting and other services to facilitate access and quality provision for their vulnerable clients.

Current Issues
The current research evidence for health of migrants and particularly recent migrants, is limited because much of the research and administrative evidence on inequalities in health outcomes and access to care (which feeds into health policy and practice), is based on ethnicity, and many Black, Asian and Minority Ethnic (BAME) individuals are born in the UK. Health data is not based on country of origin, date of arrival, nationality, language or immigration status. This provides a challenge in effectively meeting the health needs of refugees and migrants.  

The Migration Observatory\(^9\) reports that there are poorer health outcomes overall for non-UK born individuals residing in the UK compared to the UK population but these vary according to migration histories and experience in the country. However, the Equalities Act 2010 requires all health care providers to design and implement services that meet the needs of different groups in society and reduce inequalities to access and outcomes in health between the general population and other protected groups.

**Issues affecting different groups**

There are variations between different migrant categories. Research on asylum seekers has been focused on the physical and mental impact of conflict and war; trauma associated with migration and settlement processes, including isolation, loss of social status, poverty, and insecure legal immigration status. Studies carried out in the UK and reviews of studies across European countries also point to higher rates of depression and anxiety particularly among asylum seekers and refugees compared to the national population and/or other migrant categories. \(^11\)

**Social determinants of health**

The Migration Observatory highlights that the social determinants of health are a key issue for RASM. There is evidence that the highest rates of TB among migrants occur among people who are recent arrivals in the UK, possibly reflecting prevalence rates in countries of origin, but less than half are diagnosed within five years of arrival). \(^12\) While reactivation of latent Tuberculosis has been identified as a significant factor, this also highlights the possible importance of other contributory factors, such as low income and poor living conditions in the UK, especially documented among recent migrants – for

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example, poor nutrition, substandard and overcrowded housing in areas of deprivation where many newly-arrived migrants live\textsuperscript{13}.

Access to health care

Access to and use of health care among migrants in the UK (particularly for new migrants) is limited by inadequate information, unfamiliarity with health care systems, insufficient support in interpreting and translating for people with limited English skills. There is also confusion around entitlement to some types of services particularly among migrants with insecure immigration status, as well as among service providers and cultural insensitivity of some front line health care providers\textsuperscript{14}. Some of these barriers, such as information, language and transport appear to cut across length of residence, affecting longer established migrants as well.\textsuperscript{15}

A 2012 King’s Fund study\textsuperscript{16} found that patient satisfaction with access to general practice consistently showed a strong association with clinical quality. Evidence suggests that patients’ experience of GP services, particularly when related to ease of access, affects uptake and interaction with primary care. This affects the way in which patients choose to access health care because patients that are not satisfied with their GP practice are more likely to:

- Resort to using urgent and emergency care services for primary care needs; or
- Only seek help when they become acutely ill, increasing the risk of emergency admissions. Analyses of GP patient survey data have found a correlation between the ability of patients to access their GP quickly and overall satisfaction with their GP surgery.
- There is also an inverse correlation between these variables and how frequently a patient is likely to use A&E services

NHS England’s Urgent and Emergency Care Review\textsuperscript{17} reported:

\textsuperscript{15} Ibid
• Patients living with high levels of deprivation are more likely to use A&E Services.

• People within lower socio-economic groups are likely to have less control over their lives and their health behaviour, and consequently are more likely to have long-term health conditions.

This indicates that the groups most in need of support for self-care and self-management are least likely to receive it. These groups are characterised by multi-morbidity and the greatest mix of mental and physical health problems, but GP resources are scarcest in areas where deprivation is prevalent. GP practices in these areas are therefore under increased pressure because they typically have to deal with more complex patients, a shortage of time and increased practitioner stress.18

In its Five Year Forward View19, NHS England reports that England is too diverse for a one size fits all model, suggesting scope for providing targeted and bespoke services. Additionally it advocates engagement with communities in new ways such as involving them in decisions around health and care services.

Elke.”I am already a British citizen because I passed the test and everything, but I don’t have a passport because it costs too much £906. So I have travel documents instead but the passport is accepted wherever you go and now things are changing. I sometimes give people my travel documents and they look at me suspiciously because they don’t understand it’ (Eritrean man)

Entitlement and Immigration status

The Immigration Act 2014 now requires all individuals to be able to prove entitlement through producing evidence of their immigration status. Understanding entitlement requires hospital staff to have a very good level of knowledge about different types of immigration status and documentation.

Migrants face barriers to health services for many reasons including:

• overstaying the term of their Visa

• being refused asylum

• having been trafficked into the UK

• escaping domestic violence.

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18 Ibid.

According to current rules governing access to health care these people whose circumstances fall into these categories are not entitled to some services, for instance free hospital care, except for emergency care or treatment for HIV. Further, in accordance with a re-definition of ‘ordinary residence’ as part of the 2014 Immigration Act, all new ‘temporary’ entrants to the UK including workers on the points-based-system and their dependants, family members joining British citizens or permanent residents, and international students will need to pay an additional charge as part of their entry visa fee, to access NHS services. Additionally, there is also expected to be more restrictions of the limited rights of some undocumented migrants - including UK-born children of undocumented parents - to some services. This includes services such as free access to Accident and Emergency hospital services, that have so far been granted on humanitarian and public health protection grounds. Such conditionality and restrictions mean that there is currently a stratification of rights to health care in the UK. Research findings also suggest concern among both non-statutory and statutory agencies, about the negative impact of a lack of, or confusion around, entitlement on health outcomes among vulnerable migrant groups.

Although there may be questions around whether local authorities are legally obliged to assist asylum seekers, a number of local authorities in the region are offering services to asylum seekers irrespective of status; for example, Islington Council states that it does because race is a protected characteristic under the Equality Act. Tower Hamlets have produced a No Recourse to Public Funds (NRPF) factsheet outlining their commitment to helping the most vulnerable members of the community and ensuring they receive the advice and support they need. The booklet states that if you have no recourse to public funds, the law in this country does not give you the right to financial or other forms of support from government agencies, except in cases where your human rights under the Human Rights Act may be violated. The Human Rights Act (HRA) protects you against the worst forms of hardship and abuse and the Council is obliged to act if it believes your human rights are under threat. Healthcare and education do not count as public funds so asylum seekers should have access to these services. However, their immigration status may affect whether they are eligible for free secondary healthcare.

The Faculty of Public Health’s briefing paper on the ‘health needs of asylum seekers’ states that entitlements to health is complex and dependent on their stage of the
asylum process. Rules on entitlement are also subject to review and up to date advice should therefore be sought\textsuperscript{26} (see also footnote).

However, there are some core principles that apply for Kingston to adhere to:

- Necessary or urgent medical treatment should never be denied to any person, regardless of whether or not they are resident in the UK, or are able to pay in advance;
- For life-threatening conditions and for the purpose of preventing any conditions from becoming life-threatening the appropriate treatment is normally given regardless of ability to pay;
- Maternity services should always be classed as ‘immediately necessary treatment’;
- Charging issues (if applicable - see also footnote) should be sorted post-treatment. Individual NHS trusts have the discretion to pursue or let go any debts accrued for treatment costs.

NHS England have produced the Patient Registration Standard Operating Principles for Primary Medical Care (General Practice)\textsuperscript{27}. One of the reasons for producing this document is to ‘reduce the risk of exacerbating health inequalities for specific sections of the community’. The document explains that there is no regulatory requirement to prove identity, address, immigration status or to provide an NHS number in order to register as a patient.

Any practice that requests documentation regarding a patient’s identity or immigration status must apply the same process for all patients requesting registration. As there is no requirement under the regulations to produce identity or residence information, the patient MUST be registered on application unless the practice has reasonable grounds to decline. Registration and appointments should not be withheld because a patient does not have the necessary proof of residence or personal identification. Inability by a patient to provide identification or proof of address would not be considered reasonable grounds to refuse to register a patient.

\textsuperscript{26}In April 2008 Mr Justice Mitting ruled that asylum seekers whose claims had failed should, in general, be classed as ‘ordinarily resident’ in the UK and thus entitled to free NHS treatment. At the time of going to press, no decision had yet been reached by government on whether or not to appeal this ruling. Guidance issued by the Department of Health (England) has advised that, until a final decision is reached (pending any appeal) Justice Mitting’s ruling must be followed by all NHS Trusts, primary care trusts etc. For the latest situation or further advice please contact the Department of Health www.dh.gov.uk (taken from Faculty of Public Health, Briefing Statement)

If you’re a non-UK and non-EEA national and have come to the UK from abroad you may want to claim benefits. The right to claim benefits depends on what terms you’ve been allowed to enter the UK.

**Local picture:**

The RASM Needs Assessment photo-diaries provided real insight into participants’ interior worlds, and from this emerged important knowledge about health issues (mental health issues are covered in the [Mental Health and Social Isolation chapter](#)).

The RASM Needs Assessment 2015 reported high levels of health problems amongst adult refugees, asylum seekers and migrants. For example, 30% of photo diary participants and 55% of focus group participants identified having a current physical health problem that had an impact on their quality of life. These included diabetes, high blood pressure, heart disease and respiratory problems. Some of these participants also experienced a combination of the above health problems.

Accessing healthcare was one of the key issues that emerged in this research. It was noted that struggling to access healthcare sometimes forced asylum seekers, refugees and vulnerable migrants to use emergency provision at Kingston hospital. This is not unique to Kingston, and has been highlighted in research into asylum seekers in Scotland and other parts of England.

Other factors that contributed to poor health reported by participants were:

- Poor language skills
- Trauma from the journey between the country of origin and Britain
- Loss of family and friends and other social support
- Coping with the realities of Britain, including poverty and pressure of recent welfare reform
- Social isolation; having a negative impact on physical and mental health
- Diet (this is covered in the [Food and Nutrition chapter](#))

Other health related issues reported by professionals were:

- More sexual health and family planning services are required/ awareness raising for minority groups

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On going specialist gynaecological support for victims of FGM are required

More preventative work such as healthy cooking classes

Take up of Health Checks to be targeted for these population groups

**Unaccompanied asylum seeking children (UASC):**

The physical health of UASC is paramount, particularly the need to address any immediate health needs when they become looked after children and are placed in accommodation.

All young people receive an initial medical assessment with a designated Kingston based Looked After Children doctor within 20 days of coming into care and then annually thereafter until they turn 18. Young people are registered with a local GP, dentist and optician within seven days. The Leaving Care/UASC Team will fund face-to-face interpreters for appointments if healthcare professionals do not offer this service.

When UASC are registered with a local GP, an immunisation programme and TB screening is requested as a precaution to ensure that all immunisations are up-to-date and that young people do not have traits of TB. Through this screening process, young people have been diagnosed with TB of the spine and bone, as well as Pulmonary TB.

The Leaving Care/UASC Team pays for local gym membership for all looked after children open to the Leaving Care/UASC Team. After 18 years old, if the young person has a history of mental health issues, the Leaving Care/UASC Team will continue to pay for a gym membership to promote their emotional wellbeing. Furthermore, all young people regardless of age, are offered the Active Kingston Card, giving them access to Kingston leisure centres at a discount of up to 70% until case closure.

Throughout the years, some female UASC have sought asylum for being at risk of female genital mutilation (FGM). The Leaving Care/UASC Team with the support of the Looked After Children nurse will make a referral to Guy’s and St Thomas' Hospital Women’s Health Services for assessments of females who have suffered from FGM and may require surgery or counselling.

More Looked After Children and care leavers are becoming young parents. However, none of the UASC or former UASC that are currently parents have their children involved with safeguarding. Although referrals were made for some, they did not meet the threshold for intervention. The UASC/ former UASC tend to have good parental capacity, are in stable relationships (some married) and are in education, including higher education.

**What has been achieved to date**

The Crisis and Advocacy Project
This project has been crucial in preventing the exacerbation of health and social issues amongst refugees and asylum seekers, whether they are new to the borough or settled and experiencing crisis. Since 2009 the project worker advocated and facilitated clients’ access to health and social services and advised them of their rights and entitlements such as to be registered with a GP, to be supported if they are carers, to have an interpreter present when talking to a doctor at the hospital. The refugees and asylum seekers were also informed on how to use services appropriately and how to look after their health and wellbeing. There is no other specialist service provider in the borough, making this project pivotal in preventing the deterioration of refugees’ and asylum seekers’ health and wellbeing. From 2014 to 2015 RAK assisted 1647 refugees of which 199 were new clients.

The Health Education Project

The project was designed to promote health and wellbeing messages with embedded ESOL (English Speakers of Other Languages) for learners who are considered a disadvantaged group under the Health and Wellbeing Strategy. The project was initially funded by the Migration Impact Fund from 2010 and was recommissioned by RBK until 2015 to address the demand and additional needs of the beneficiaries. The project reached over 310 beneficiaries.

The project:

- Increased awareness, knowledge and confidence of participants who do not have English as a first language, thus enabling them to access and use health services more effectively and appropriately;
- Reduced isolation by encouraging participants to leave their homes and be involved in the wider community through learning new skills in a group setting and meeting other people;
- Improved awareness and knowledge of ESOL tutors on health and wellbeing topics so they can integrate and embed health messages in their teaching.

Since 2010 the project has delivered:

- Over 77 health and wellbeing courses
- 20 tutor development sessions for over 70 tutors and
- 10 stepping stones courses

Get the Right Treatment:

The project aimed to tackle inappropriate usage of urgent care services within the South West Cluster. The demographic groups that were identified as the highest users of urgent
care services were (i) young people aged 17-24 (ii) parents with children aged under 18 and (iii) BME communities and newly arrived migrant communities

Evidence from previous work showed that specific demographic communities were not aware of other services and different types of NHS services available within community settings confused them. The project involved developing a network of local health guides to engage with target communities.

Health guides reported that people preferred going to A&E as it was well equipped, comfortable and provided easy access to various tests. In some of the areas doctors at A&E could speak another language and it made access easier for various communities. They revealed a lack of confidence in other services and a need to understand them better. The project reached more than 3240 people by delivering 405 outreach sessions in the South West region of London leading to a marked increase in knowledge of health care services.

**What is known to help**

The Marmot review\(^{29}\) indicated some improvements, but highlighted persistent and diverse inequalities in health similar to those described in previous studies in 1980 (the Black report) and 1998 (the Acheson report)\(^{30}\). While overall life expectancy had increased, the gap between the top and bottom of society persisted. In some cases the gap had widened. It is against this backdrop that the role of general practice in addressing health inequalities must be considered.

An inquiry into the quality of General Practice with specific references to tackling health inequalities at GP surgeries highlighted the role general practices can play in having a positive impact.\(^{31}\) GP surgeries are positioned to tackle health inequalities at a number of levels: (i) through clinical care (ii) wider patient advocacy (iii) community engagement and (iv) influencing wider political agenda.

The challenge is the tension for clinicians between the care of individuals versus wider population health goals, which are often used in addressing health inequalities. Policy-makers advocate community engagement to tackle the wider social determinants of health, but it is not clear that this is something that the majority of general practitioners (GPs) are equipped or motivated to do. The evidence base on how best to tackle health inequalities is in its infancy.\(^{32}\)

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30 Ibid.


32 Ibid.
The Royal College of General Practitioners (RCGP) guide Addressing Health Inequalities recommends that:

- All staff in the practice should be aware of local services (including voluntary organisations) that they can refer to, and argues that patient notes should reflect their wider social circumstances.

- Nurse practitioners and community pharmacists may have a role to play, by increasing access to health care and freeing up GP time.

The Marmot review has recommended that the greatest emphasis be placed on reducing health inequalities during the early years. GPs are well positioned to ensure that their patients are aware of any local initiatives to tackle this and, for example, that the nutritional needs of pregnant mothers are met.

- With regard to addressing the wider social determinants of health, greater use of ‘social prescribing’ might be one approach – for example, referring patients to health trainers or community health champions. The Marmot review accepts that there is limited data about such interventions, but cites it as an approach that ‘facilitates greater participation of patients and citizens and support in developing health literacy and improving health and well being’.

Some population groups have been identified as experiencing disproportionately low or inadequate health literacy. These are more disadvantaged socioeconomic groups such as:

- Migrants and people from ethnic minorities
- Older people and people with long-term health conditions
- Disabled people (including those who have long-term physical, mental, intellectual or sensory impairment)

People from disadvantaged socioeconomic backgrounds are also less likely to seek information or help for their health problems, including using the internet and less likely to receive patient-centred care.

An adequate level of literacy is necessary for people to navigate an often complex health system, which involves:

- Communicating with health professionals – voicing their own health needs and clarifying information

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35 Ibid.
Finding, understanding and using the health materials (in a variety of formats) that they need to stay healthy.

Getting the services and support they need.

Applying health-related knowledge to healthcare and decision-making, so that they are able to make healthy choices and have more control over the things that make them healthy.

Disadvantaged socioeconomic groups.

Health literacy is important because the population groups most at risk of low health literacy are also known to have the poorest health outcomes.  

The Marmot Review laid out six areas in which action is required to create the social conditions needed to reduce avoidable and unfair inequalities in health including (i) giving every child the best start in life; (ii) education (iii) lifelong learning; (iv) employment (v) working conditions; and (vi) a social determinants approach to disease prevention. As health literacy is associated with the social determinants of health, efforts to improve health literacy which support action on the key social conditions are likely to have more impact.

Community-based peer-support programmes are likely to promote health literacy and health equity where peer-support workers have things in common with participants, allow participants to engage in discussions about topics wider than health and encourage participants to be involved in social networks where problems, concerns and tips can be shared. Such community peer-support programmes have the opportunity to reduce health inequalities because they aim to change perceptions of social status by workers nurturing a common bond with vulnerable or disadvantaged people.

What is available now:

Refugee Action Kingston (RAK) continues to provide a holistic service, working to prevent health and social issues amongst refugees and asylum seekers from emerging or getting worse, whether they are new to the borough or settled and experiencing crisis. The project worker advocates and facilitates clients’ access to health and social services and advises them of their rights and entitlements such as being registered with a GP, being supported if they are carers and having an interpreter present when talking to a doctor at the hospital. The refugees and asylum seekers are also informed about how to use services appropriately and how to look after their health and wellbeing.

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Local ‘Voice’

‘I took my mum to Putney bridge and it was a horrible, rainy day. When we were halfway across she got very ill and I didn’t know what to do, if I could call an ambulance or a doctor? I didn’t know. That’s why I took a picture of this bridge. It’s specifically for refugees because that day I felt very sorry for myself and every other person because they don’t know their rights or what to do or where to start.’ (Iraqi man)

The CCG also highlighted the tension between providing the tools for people to access health care (i.e. interpreting) and the system grinding to a halt because of the demands placed upon it. As the majority of the health care was provided within the community, it was difficult to provide interpreters to those who needed it. The Council’s Refugee and Migrant Conference (2014) feedback reported that more engagement with the CCG was needed as well as staff training on entitlements and improved communication with GPs.

The Kingston Clinical Commissioning Group (KCCG) also noted that that they needed to develop their awareness around the experiences of refugees, asylum seekers and migrants locally to ensure that any commissioned service met their needs.

One of the issues highlighted by front line workers was the slow pace of change in this area. This could be attributed to lack of representation from the refugees and migrants on patient boards and other local strategic boards. Having these groups visible in these settings may raise the profile of refugee and migrant health issues. Although 70% of photo diary participants and 65% of the adult focus group were registered with the GP, and there appeared to be no immediate difficulties around registration (through the Crisis and Advocacy Service) there were still access issues in particular:

- Asylum seekers reporting difficulties around primary care. This was also raised by front line workers and stakeholders
- Quality of treatment and service provided by GPs to their patients
- Communicating with GPs and/or accessing an interpreter and bad practice around using interpreters
- Short length of appointments and anxiety about getting appointments
- Understanding referrals/follow up system within the health service
- Cultural competency of health care staff
- Staff understanding entitlement to primary and secondary health care not always comprehensive.
Not being able to access primary care because of lack of understanding of entitlements is a public health issue. The lack of understanding of the system and communication difficulties make them particularly vulnerable to falling through the gaps, which could have serious consequences.

The data within the assessment showed that not understanding the system and facing barriers to primary care led to refugees and migrants presenting at Accident and Emergency for treatment. The Conference feedback relayed similar issues around staff training on entitlements and involving partnership working with KCCG.

Other health needs were highlighted:

- More sexual health and family planning services are required for these communities.
- Ongoing specialist gynaecological support is required for victims of female genital mutilation.
- More preventative work such as healthy cooking classes and health checks is required.
- There is a lack of representation from the refugees and migrants on patient boards and other local strategic boards. Having these groups visible in these settings may raise the profile of refugee and migrant health issues.

**Case Study on Health**

<table>
<thead>
<tr>
<th>Client description</th>
<th>Asylum seekers, couple aged 35-56, Korean</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What was the client’s situation before RAK’s intervention?</strong></td>
<td>Destitute asylum seekers approached Refugee Action Kingston (RAK) with very limited English. They moved to Kingston and needed to register with a GP.</td>
</tr>
<tr>
<td><strong>How did you help?</strong></td>
<td>Despite BMA (British Medical Association) guidance for GP practices on overseas visitors and access to primary care (which clearly states that ‘anyone, regardless of nationality and residential status, including tourists or those from abroad visiting friends or family in England may register and consult with a GP’) the RAK Advocate still had to write letters and gather other proof of address documents to ensure clients could register with a local GP.</td>
</tr>
<tr>
<td><strong>How have things changed as a result of RAK’s intervention?</strong></td>
<td>The RAK Advocate accompanied the clients to a local surgery to register. The first visit was unsuccessful, as the main receptionist in charge of registrations was not</td>
</tr>
</tbody>
</table>
During the second visit, the receptionist requested further proof of address, but when challenged by the RAK Advocate to show the relevant GP policy preventing access, the practice agreed to register both clients.

<table>
<thead>
<tr>
<th>What were the barriers you faced when supporting the client?</th>
<th>Language barrier – the GP receptionists do not know how to deal with clients who cannot speak any English. They require training on legislation about registering overseas clients.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal comments from those involved.</td>
<td>The clients said: ‘Without you, my wife and I would have ended up at Kingston Hospital or would have been paying a doctor at China Town.’</td>
</tr>
</tbody>
</table>

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**Chapter Two: Housing**
**Introduction:**

There are a number of long-standing factors that mean that housing is likely to remain a considerable issue for refugees, asylum seekers and migrants and therefore, partnership work through the strategy is continually needed.

With frequent changes to legislation concerning housing and immigration, it is difficult to assess what the ongoing challenges and barriers for refugees, asylum seekers and migrants will be in 2021. Additionally, the impact is unknown in relation to welfare reform and changes to state support for these groups on the horizon.

Refugees, asylum seekers and migrants are likely to experience varying levels of difficulty in accessing social housing services when they first enter the country. The key challenge is around the eligibility criteria requiring applicants to demonstrate a local connection to Kingston before they are legally entitled to support with housing.

Despite advice and support from the Local Authority, these groups find it very difficult to understand the landscape, legal framework and intricacies of the housing market and of renting or buying a property and are more susceptible to having problems unscrupulous landlords in the private rented sector. In most cases, difficulty in communicating in English can render these groups even more vulnerable (see chapter 9: Learning English and Interpreting Support).

**Current Issues**
Refugees, asylum seekers and migrants, like British nationals, are entitled to information and advice from the local authority. This means that if they are threatened with homelessness, they will receive the same level of advice as British nationals. However, eligibility for state support and access to social housing for migrants is prescriptive, with a number of criteria that must be met before they are deemed eligible for assistance.

Where foreign nationals are deemed eligible for assistance, they are treated in the same way and have the same rights as British nationals and will be provided with the same support and assistance. It should be noted that asylum seekers’ accommodation is provided via the UK Border Agency, rather than the local authority.

There are a number of long-standing factors that mean that housing remains a considerable issue for RASM: these groups are likely to experience varying levels of difficulty in accessing social housing services when they first enter the country, primarily due to the requirement that applicants demonstrate a local connection to Kingston before they are legally entitled to support with housing.

Access to funds for rental and mortgage deposits will also be difficult for new migrants to the country, as they are less likely to have substantial savings or be able to produce the documentation that may be needed.

National statistics show RASM are often affected by housing issues: 1 in 10 homeless households contain an adult who has been an asylum seeker at some point. At least 75% of new arrivals in the UK in the last 5 years currently live in the private rented sector (PRS). This group are likely to be very vulnerable and susceptible to unscrupulous landlords. To counteract this the local authority must focus on improving conditions in the PRS, and aim to reduce exploitation of tenants by these landlords – this is done through regulations and compliance monitoring. A high proportion of these groups are more likely than British citizens to be living in accommodation which is tied to their employment – this means:

- Their landlords can give them far less notice to evict them, reducing the opportunity for the Council to intervene and prevent these applicants from becoming homeless (either through the household being able to remain in their own home or through the assistance to obtain alternative accommodation) before they have to leave their current accommodation.

- When faced with losing or changing jobs they are likely to also lose their home, destabilising family life

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38 Ibid. p.10.
• If the work is in a sector known for seasonality – e.g. hospitality it makes settling and sustaining family life more difficult

• These groups are also likely to have less of an understanding about their employment rights and may not know where or how to access such information – this could mean that they may find themselves in jobs where the employer makes no commitment to the provision of work via ‘zero hour’ contracts and thus they in turn are unable to sustain a tenancy with ease.

Legislation may also have an impact such as the Right to Rent checks, which have been mandatory since February 2016. This forces landlords to check prospective tenants’ immigration status and ensure that they have a right to live in the country. Landlords found to have rented properties to illegal immigrants may be fined up to £3,000. This may have the negative impact of deterring private landlords from letting properties to non-British nationals as they may be concerned about the potential risk of receiving a fine, particularly in the case of landlords with a strong rental portfolio. If or where unable to find affordable rent in the PRS, these groups are likely to approach the Council for support – at a time when resources are under exceeding financial pressure.

Universal Credit started to be rolled out in Kingston in November 2015; the first people to be placed onto Universal Credit were new benefit claimants. New migrants to the country are likely to be classed ‘new claimants’. This raises the issue of whether those affected will have the necessary skills to negotiate the process of claiming Universal Credit and then paying rent. The most immediate issue may be the fact that claims will have to be made online.

Under this new system, rent and other monies will be paid direct to the claimant. If claimants do not have a good understanding of money management, this has the potential to increase the risk of rent arrears accruing at an early stage, and the tenancy being placed at risk. The obvious implication for the household is that they may find it difficult to sustain their tenancy if rent is not paid regularly and on time.

Local picture:

22.5% of accepted homeless applications to RBK in 2014/15 were from non-British nationals (4% from refugees; 10% from non-EU nationals and 8.5% from EU nationals). It is estimated that 19% of Kingston residents are non-British. This suggests non-british Kingston residents are more likely than British ones to be homeless. The majority of

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40 Under current housing benefit rules, the housing benefit could be paid directly to the landlord, whereas Universal Credit will be paid to the claimant. However, it remains that there will be some exceptions to this if the claimant is particularly vulnerable or if they fall into more than 8 weeks’ worth of arrears.

rough sleepers in London (56.7%) are from outside the UK. In 2013/14 Refugee Action Kingston (RAK) reported 1,645 families were on its register and receiving active support.

**Unaccompanied Asylum Seeking Children (UASC)**

In relation to unaccompanied children, the Council holds a duty to provide them with accommodation as a corporate parent. This responsibility to act as a corporate parent will normally fall to Achieving for Children (AfC) rather than the Housing service. Unless in some certain circumstances where the young person is over 16 and chooses to apply for housing via the Housing service rather than AfC. As these children approach the leaving care age there is likely to be a need for AfC and Housing to work together to ensure these young adults understand how to manage money and the importance of sustaining their tenancy. This may require some additional support and monitoring on the part of stakeholders, especially housing operations who are more likely to have day-to-day contact with this group. Improvements to this are outlined in AfC’s Looked After Children Strategy 2014-2015.

After the initial health and risk assessment is completed, the social worker is better able to determine what type of accommodation a unaccompanied asylum seeking child should be placed in. However, all LAC under 16 year olds and all unaccompanied asylum seeking females are placed with foster carers until 18 years old. The Home Office pays a grant to local authorities of £95 a day for under 16 year old UASC. Male UASC aged 16-17 are placed with a specialist UASC semi independent care provider, if deemed appropriate. If they are very vulnerable, they will be placed in foster care. The care provider has vast experience in working with UASC and meeting their needs, including religious, educational and social integration. The Home Office pays £71 for 16 and 17 year olds.

Post-18 accommodation is mainly determined by a young person’s immigration status and/or their independent living skills and the majority will remain in the same placements. If an unaccompanied asylum seeking child was placed in foster care, they have the option of remaining in that placement up to age 21 as a staying put arrangement. If a young person has status (such as refugee status) and is independent, a leaving care quota nomination can be progressed, placing the young person on band B of Kingston’s Housing Register. However, if a young person has high to medium level needs and is somewhat independent, they will remain in their current placement for a further period. The Home Office pays a grant of £150 a week if the local authority has more than 25 former UASC.

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If a young person at 21 years is not in education, the Leaving Care/UASC Team will unfortunately close their case, even if the former unaccompanied asylum seeking child’s appeal rights are exhausted. If the young person consents, a referral can be made to The Refugee Council or Refugee Action Kingston for further support to complete a Section 4 application for financial assistance and accommodation to avoid being destitute. The young person is also asked to consider assisted voluntary return back to their country of origin to avoid being destitute in the UK.

**What has been achieved to date**

Since the last strategy was produced, there has been a concerted and deliberate effort to work in a more joined-up way when dealing with housing-related issues. We now have a thriving Homelessness and Housing Needs Forum, and a well established consultative committee for the PRS, where issues facing these groups are discussed and ways forward jointly identified.

Kingston benefited from the Croydon Rent in Advance Scheme (CRIAS) - now known as Private Rented Access Service Croydon (PRASC) as it provided refugees and migrants access to deposits.

Since the start of the financial year 2015/16, there has been improved knowledge sharing between RBK and Refugee Action Kingston, partly thanks to mutual attendance and shadowing at each other’s team meetings. This has enabled attendees to raise awareness and share knowledge with their teams afterwards.

**What is known to help**

Making sure that staff are well trained in eligibility for social housing and wider housing support as well as understanding the best practice for communicating with people who do not speak English as their first language is key to ensuring that everyone is able to access Council services. In the same vein, all communications with these groups should be in plain English and, where possible, in the main foreign languages of the area which is served. Communicating to migrants sound knowledge of their rights can help decrease the feelings of helplessness and homelessness presentation.

Rigorous monitoring and policing of housing quality and standards of the PRS can also help with issues concerning poor quality housing and/or potential exploitation by landlords, if tenants are able to defend themselves and insist upon the landlord meeting their responsibilities. It is also important to ensure that those in the rented sector and organisations that support them are aware of the realities of the housing market. For example, there must be an awareness of what equates to a good or poor standard of housing and of how best to approach finding accommodation in a difficult rental market,

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43 The Housing and Migration Network. Housing and migration: A UK guide to issues and solutions. 2012.
where competition for properties are high, deposits are a barrier and the market is fast-moving.

RASM must also know their responsibilities in order to ensure that they are able to sustain a tenancy. It is crucial that those in rented accommodation know that they must pay their rent as well as allowing landlords to act in accordance with the law. It is also important to ensure that those in the rented sector are encouraged to approach either the Council or another organisation for support when they fall into difficulty (for example, if they begin to accrue rent arrears) so that they can be provided with the support or intervention that they require to ensure that they are able to either remain in their home or move to more appropriate accommodation before they reach the eviction stage and are at crisis point.

It is often the case that migrants work longer hours meaning that the Council should have effective communications and information online and other information which is accessible outside of normal business hours.  

Choice Based Lettings (CBL) – where applicants on the housing register bid for social properties for them to move into – can be complex to understand and could also act as a barrier as non-British citizens may struggle to understand how the system works and how they should bid for a property. A successful project in Leicester was to train library staff in how the system works. These members of staff were identified as being the most appropriate form of support, as research showed that the affected groups most often accessed the CBL bidding website via computers in the library. RBK could use this model to identify if a similar project which might benefit bidders in the borough.

Work in other local authorities has shown that these groups can be affected to a greater extent by rent arrears. One effective project has been Barnet Council’s ALMO’s Barnet Homes Building Minority Engagement project, where they realised that Black African tenants were more likely to fall into arrears. A project was launched targeting these communities, to engage and educate about the importance of keeping up with your rent. Barnet Homes soon found that arrears fell considerably amongst this group and levels have remained stable at the lower rate since the project started.

Integration Loans were a crucial and effective means of supporting RASM in securing deposits. The closure of the Refugee and Integration and Employment Service in 2012, due to government cuts, means that refugees are not able to raise rent deposits to secure lettings.

What is available now:

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44 ibid. p.33.
45 ibid. p.27.
The Homelessness and Housing Needs Forum continues to be an important platform to raise issues and concerns affecting refugee and migrants.

The Council now has welfare reform team that provides general support to those referred. This team has was established to ensure that Council staff are fully prepared for the rollout of Universal Credit and the further impacts of welfare reform, and has been training staff on this since its inception - broadening and deepening knowledge of available support for the affected vulnerable. A similar training plan will be in place for further welfare reform expected in April 2017.

**Local Voice**

The main issues that are clear from RASM Needs Assessment completed by Dr Carlie Goldsmith\(^\text{47}\) are:

- A lack of quality, safe accommodation for these groups;
- Difficulties with communication with the local authority due to language barrier;
- Communication with the local authority tends to be via phone: this could be a communication barrier and can be costly for applicants when using pay as you go phones
- RASM often struggle to find money for deposits and struggle to find landlords who are willing to let to them if they are reliant on housing benefit – although this is not exclusive to migrants
- Getting documents together for assessments by local authorities is difficult; many will arrive without the necessary documentation. This ‘burden of proof’ often means that they struggle to access support that they may be legally entitled to.

The RASM Needs Assessment also recommended the following actions:

- Build partnership with local letting agencies to develop options for tenants in receipt of Housing Benefit
- Create an induction pack for new tenants
- Build closer partnership working between the community, the voluntary sector and the local authority

**Case Study on Housing**

| **Client description** | Refugee, male, over 65, North Korea |

<table>
<thead>
<tr>
<th>What was the client’s situation before Intervention?</th>
<th>The client had been homeless and was living in hostel accommodation. He was elderly and disabled following a severe stroke and consequently found the hostel accommodation very difficult. He was desperate to move into more suitable accommodation but this process was taking a considerable amount of time.</th>
</tr>
</thead>
</table>
| How did you help? | Refugee Action Kingston (RAK) staff liaised with Kingston Council housing department about the client’s situation and advocated for him to be put on the waiting list for sheltered accommodation, rather than on the general housing waiting list. RAK staff facilitated this transfer by completing a medical questionnaire and arranging for the client to meet with council housing staff with the support of a Korean interpreter.  

As the waiting list for sheltered accommodation is shorter, the client was made an offer of accommodation within a couple of months of being added to the waiting list.  

The first property the client was offered was a considerable distance from local amenities. The client’s very slow walking pace meant it would have taken him approximately half an hour to get to the nearest bus stop. As the client’s life is centred on the Korean community in New Malden, the client would have faced the choice of either a journey on public transport of well over an hour or being cut off from his community. Although he was very keen to take any opportunity to move out of the hostel, staff supported him to turn down this first offer as unsuitable (having been assured informally by housing staff that another property closer to New Malden was likely to be available imminently). The client was offered a property in New Malden very shortly afterwards.  

Following the offer of the new accommodation, RAK staff helped the client to acquire some essential furniture. RAK staff then helped the client to complete and submit the necessary forms for housing benefit and accompanied the client to the Guildhall with the documents.  

RAK staff explained to the client the importance of notifying all the relevant benefits agencies about his change of address and the client duly attended the following drop-in advice session at which RAK staff notified the various benefits agencies, including the Freedom Pass and Pension Credit. |
<p>| How have things changed as a result of intervention? | The client is now settled in his sheltered accommodation. All the benefits agencies are aware of the client’s new address and all benefits appear to have been transferred without problem. |</p>
<table>
<thead>
<tr>
<th>What were the barriers faced when supporting the client?</th>
<th>The language barriers are significant when trying to help our clients, both in our own office and when they visit other agencies who are trying to help them.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key points for effective practice. How could things be improved?</td>
<td>It is important to be proactive when dealing with benefits agencies in order to have the best possible chance of avoiding a cessation of benefits following a change in circumstances.</td>
</tr>
</tbody>
</table>

**Chapter Three: Community Safety - Being safe in the Royal Borough of Kingston**

**Safer neighbourhood**
**Learn English at Home**

**session in Surbiton**

**Our vision for change**
Our vision is to empower RASM so that they can integrate more effectively, feel safer within their homes and local community, increase the confidence amongst RASM groups to report crime and influence improvements in the borough’s community safety.

This can be achieved through an inclusive and coordinated approach with all stakeholders.

**Introduction**
There are three ways in which refugees and migrants are more likely to be victims of crime than the average Londoner:\(^{48}\)

- As a result of relative socio-economic disadvantage, such as being housed in deprived estates for example.
- As a result of their ethnicity.
- As a result of their immigration status.

The London Enriched Strategy\(^{49}\) highlights barriers between refugee and migrants and the police:

- Experience in country of origin: Refugees’ experience of ‘security’ services as oppressors or accomplices in persecution, before they fled, will often translate into fear and suspicion of police.
- Lack of information and understanding: especially if RASM have arrived recently or are isolated from people speaking the same language, may know almost nothing about services available to them in London, or about their rights.
- Disengagement from the police is often just one aspect of a wider sense of alienation from UK public institutions, extending from the court system to parents’ role in schools.
- Low expectations: RASM believe that they are outsiders and therefore, a degree of harassment and abuse ‘is to be expected’. Furthermore, they believe, if they report it, they will not be taken seriously by the police.
- Enforcement and security measures: Feelings of alienation may be reinforced by UK state measures, which seem actually to be targeting refugee communities for investigation and control. Immigration enforcement is one major area where official action could have this effect. Counterterrorism laws or police security operations could in some cases pose a similar risk, deepening refugees’ sense that state agencies generally regard them with suspicion.

Domestic violence/abuse: Female asylum seekers have been identified as the group most at risk of violence out of all the women’s groups worldwide. Levels of sexual violence amongst asylum seeking and refugee women in the UK are high. They are highly vulnerable to sexual exploitation and prostitution because of financial destitution. They are also exposed to other forms of gender based violence including female genital.


\(^{49}\) Ibid.
mutilation (FGM), forced marriage, forced abortion, honour crimes and domestic violence\textsuperscript{50}.

Research by the Vulnerable Women’s Project\textsuperscript{51} on domestic violence shows that experiences of domestic violence can be exacerbated by several factors:

- Their status as migrants
- Having limited language skills
- Uncertain legal status
- Men’s loss of status
- Changed gender roles

These factors can make domestic violence prevention work less effective for refugees and asylum seeking women so there is a need for alternative strategies to be developed that take such stressors into account.

Parenting practices: These can be different amongst RASM to the accepted norms in the UK. These practices (e.g. smacking) can put children at risk and defined as abusive under the law. There is legislation relating to child rearing and safeguarding procedures. Newly arrived RASMs may not understand the role of statutory agencies and RBK children’s social care services in this regard. Therefore it is important that the RASM community works in partnership with these services to ensure the services are culturally sensitive and competent which leads to improved safeguarding of children and families.

Exploitation and trafficking: The link between displacement and trafficking is not yet widely researched but countries experiencing conflict and human rights abuses are also generally source countries of trafficked women and girls\textsuperscript{52}. There are several studies that report a growing number of refugees and internally displaced persons (IDPs) are at risk of trafficking and UNHCR staff suspect that people have been targeted by traffickers in reception centres and in refugee camps\textsuperscript{53}.

Hate crime: The London Enriched report\textsuperscript{54} also states that there is some evidence that RASMs’ sense of safety in London is diminished by more low level harassment linked to

negative perceptions of them among the host population. One study commissioned by the Mayor of London\(^55\) found that harassment of refugees and asylum seekers was occurring on a daily basis, according to refugee community leaders. This harassment was largely unrecorded and rarely reported to the authorities, and was therefore unrecognised. There was ‘anecdotal’ information to suggest that the incidence is increasing.

**Security and Terrorism:** There is no evidence that RASM are more likely to be involved in terrorist related activity than any other section of UK society. A study by the Refugee Council\(^56\) found that refugees suffer ‘multi-dimensional fears’ of terrorism. This combines a fear and condemnation of terrorism, equal to that of the general public, with a fear of the public’s perception of RASM as terrorists and the repercussions of that perception. In addition RASM fears of terrorism can be heightened by first-hand experiences in their home countries. Many RASM come from places where terrorism is much more frequent than in the UK (Iraq, Afghanistan) and indeed it may have been a factor in their flight from their countries.

The Government's ‘Prevent’ strategy highlights that there is evidence to indicate that support for terrorism is associated with rejection of a cohesive, integrated, multi-faith society and of parliamentary democracy. Therefore ‘Prevent’ depends on a successful integration strategy.

**Local picture:**

The overwhelming view from adult participants in the Refugee and Migrant needs assessment was that despite the many difficulties participants faced, Kingston was a nice place to live with good amenities and a clean environment.

There were some concerns raised by frontline workers about bullying in schools and a rise in Islamophobia. Refugee and migrant women experiencing difficulties accessing domestic violence services was also mentioned, but there wasn’t sufficient data to include this as a key finding. Given the importance of this area, however, this should not be ignored by stakeholders and service providers.

Levels of hate crime give some indication of the levels of exclusion of some groups. Metropolitan Police data shows:

<table>
<thead>
<tr>
<th></th>
<th>July 2013 to June 2014</th>
<th>August 2014 to July 2015</th>
<th>August 2015 to July 2016</th>
</tr>
</thead>
</table>


\(^56\) Refugee Council. Prisoners of Terrorism. 2007.
The term ‘hate crimes’ covers: racist and religious hate crime, homophobic crime, anti-semitic crime and Islamophobic crime. Front line workers also mentioned that there was a chronic lack of community mental health provision and often a poor response by services to mental health issues caused by trauma such as torture and sexual violence. Specialist services, such as those provided by Freedom from Torture had long waiting lists.

The Local Safeguarding Children’s Board (LSCB) briefing suggests that local female genital mutilation (FGM) prevalence estimates are at an early stage of development and there are a number of limitations relating to the methodology used.

2015 data estimates that 83 girls born between 2005 and 2013 (aged 2 – 11 years of age in 2015) were born to Kingston mothers that have undergone FGM. This is an average of 9 births per year. In addition it is estimated that 323 women in Kingston have been subjected to FGM. Safer Kingston is working to tackle FGM as part of its Violence Against Women and Girls Strategy.

Unaccompanied Asylum Seeking Children

The expectation is that foster carers and care providers support LAC and care leavers to be safe in the community. Examples of this include ensuring the young person can travel independently and that they have a mobile phone with credit. Furthermore, carers are expected to adhere to the Missing From Care Protocol to ensure that swift and robust action is taken to locate the missing LAC and a return interview is arranged promptly.

What has been achieved to date

- The Equalities and Community Engagement Team (ECET) secured £75,000 from the Migration Impact Fund for work to address race crime and domestic violence with migrant communities in partnership with Victim Support Kingston. Training was delivered by the BME Project Worker and the Domestic Violence (DV) manager for Kingston. This benefited 74 frontline A&E staff members, and included 55 A&E staff (87% of the 63 A&E staff in total) and 19 junior doctors and registrars. The A&E staff responded particularly well with regards to DV with 25 referrals being made in the first three months of 2011, this compares with 0 from the same period in 2010. A total of 191 referrals or signposts have been made to other agencies and services for people in the BME community who have been victims of crime, five of these referrals have been directly associated with English
being a second language. Anti hate crime awareness talks and presentations were given to 93 BME community members.

- To raise awareness of trafficking, RBK arranged a training event in partnership with Stop the Traffik training. The training raised awareness of human trafficking and was attended by members of the Korean, Chinese, Somali and Tamil communities. Community safety meeting held in 2012, chaired by Inspector James Rice – Community Ward Officer, Victim Support and Tamil Centre for Community Development present. Key issues: Positive parenting, Safety in the home, Hate Crime, Sexual and Domestic violence.

- Funding secured for Korean Link worker from (2013-2015) to integrate members of the Korean community into Kingston. Topics on community safety and domestic violence were included and were delivered at Burlington School and Malden Manor Children’s Centre. As a result of these sessions a Families club set up at Burlington Children’s Centre to attract Korean mothers.

- 3 pilot sessions delivered at Stay and Play sessions to Korean and Tamil families using translated leaflet on positive parenting in Tamil and Korean.

- Articles on community safety were also featured in the Korea Post and Meedchi Tamil newspapers.

What is known to help

The London Mayor’s Integration Strategy highlights that refugee and migrants are poorly reflected in official surveys. Though victimisation is known to undermine people’s confidence and their ability to contribute to London life, community safety research specific to RASM is very limited. Equally, there has been little work enabling RASM themselves to say how they can contribute to achieving community safety.

The government’s Action Plan on Sexual Violence recommends specialist support services for women from black and minority ethnic (BME) communities, who may not talk about their experiences with family or other members of their community, let alone contacting the police or support services. The reasons for not doing are

- Religious and other cultural factors, such as taboos and fear of stigma;

- The language barrier, when English is not their first language;

- Fear that their immigration status, or that of their dependents, may be put at risk. (Women whose asylum claims have been refused are particularly likely to fear that contact with authorities might lead to them or their families being removed).

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What is available now:

The Leaving Care/UASC Team commissions Barnardos and Your Healthcare Trust to co-facilitate cultural awareness workshops every half term for UASC and former UASC. Topics covered are trafficking, sexual exploitation, positive relationships, sexual health, British culture, FGM, honour based violence, gender violence. Indigenous LAC and care leavers are also offered workshops, but the topics differ slightly.

As a preventative measure, the LAC social worker in the Youth Offending Service offers preventative workshops co-facilitated by the police, targeting Kingston LAC and care leavers at risk of offending in the community.

Local ‘Voice’

‘Safety is very important for us. I come from Afghanistan and there is a war there. Two sides fight and ordinary people are in the middle. What are we supposed to do?’ (Focus group extract, Afghan woman)

It is apparent from the RASM Needs Assessment that having a sense of general safety is absolutely crucial to refugees and migrants health and well being. Being and feeling safe was one of the things they most valued post migration. This is not surprising considering the conditions and political unrest some of them will have experienced at home and will have risked their lives to escape. However, islamophobia and bullying was raised in the needs assessment.

Action plan

- Develop better partnership working between local refugee and migrant organisations, the Police and Achieving for Children.
- Develop a pilot model for third party reporting of crime, harassment and abuse directed at refugees and other migrants who feel unable to contact the police directly
- Deliver the council’s PREVENT work in partnership with refugee and migrant communities, so that people who might be susceptible to extremism are diverted and victims of hate crime are supported.
- Carry out community engagement work around FGM, forced marriages, honour crimes, domestic violence, exploitation and trafficking.

Case study - Community Safety

| Client description | Refugee, female and aged 18-35, Pakistani |
| **What was the client’s situation** | The client was previously a victim of domestic violence and very vulnerable, with extensive high risk mental health issues. She disclosed she had considered taking her life. She was also in a complicated housing situation as a tenant in private accommodation.
Being single, and under the age of 35, she would normally be expected by the Housing department to share accommodation when in receipt of housing benefits. However, due to her severe mental health state, she was not able to share with other people and as a result was in arrears for rent. |
|---|---|
| **How did you help?** | RAK staff arranged an appointment with a housing solicitor to challenge housing benefits decision under exceptional circumstances for mental health grounds.
Client already had an appointment with the GP on the day and RAK staff wrote a letter urgently highlighting the client’s mental state and spoke to the GP afterwards to ensure this had been passed on. The GP confirmed that they had responded to this and the client was admitted through self-referral to the mental health unit of the hospital where she stayed and started receiving psychiatric support. The advice worker called the hospital to pass on the office number to the client should she need to contact Refuge Action Kingston. |
| **How have things changed as a result of intervention?** | Client is now receiving psychiatric support for her mental health needs and is in receipt of Discretionary Housing Payment from her local council. She is in a stable financial and mental state and the housing solicitor is pursuing her housing benefit case for the full payment to be made due to her mental health. |
| **What were the barriers when supporting the client?** | Client was both open about her thoughts and mental health issues but at the same time very resistant to cooperate fully. By making small steps and accommodating arrangements with the client and by liaising closely with her GP and the solicitor, RAK managed to secure effective support for her. |
| **Key points for effective practice. How could things be improved?** | Although the client who suffers from severe mental health issues and is considering suicide might say they have or will disclose their intentions to the GP, it is crucial to follow the case up with the GP with letters and phone calls to ensure our concerns are passed on and acted upon. |
Our Vision for Change
Our vision is that RASM will have access to and be able to afford basic essential goods, including and especially healthy foods. In addition, residents will have access to and understand information about nutritional foods and will be able to provide healthy and nutritional meals for their families.

This can be achieved if there is a strategic and coordinated approach by public, private and voluntary sector in the provision of information, advice and signposting across all emergency food aid sites.

Introduction
It is estimated that 20% of people in the UK have an absolute low income after housing costs\(^5^9\) which can leave people struggling to afford a healthy diet. More than half a million children in the UK are now living in families who are unable to provide a minimally

acceptable diet\textsuperscript{60}. In the UK, the poorer people are, the worse their diet and the more diet-related diseases they suffer from\textsuperscript{61}.

Food poverty contributes to:

- 50\% of Coronary Heart Disease deaths
- 33\% of all cancer deaths
- Increased falls and fractures in older people
- Low birth weight and increased childhood morbidity and mortality
- Increased dental carriers in children.

The Faculty of Public Health reports that those most likely to experience food poverty are found to be amongst people living on a low incomes, households with dependent children, older people, people with disabilities and members of black minority ethnic communities.

Asylum seekers experience particularly high levels of poverty which has been exacerbated by the 2015 cuts to asylum support: asylum seekers can now only claim £36 per week.\textsuperscript{62} Even before the cuts 40\% of asylum seekers reported struggling to feed themselves and their children. Refugee Action conducted interviews to establish what asylum seekers living on Section 95 and Section 4 asylum support were able to buy with their weekly allowance. They reported that ‘the majority of our respondents struggled to feed themselves and their children, and could not afford essential items including clothes, shoes, or medicine’.

**Local picture:**

The picture that emerges from the RASM Needs Assessment is that food poverty is a reality for many Kingston residents. Many people struggled to meet basic needs for food and had to make difficult choices, for example cutting back on food, including nutritious food, in order to meet rental costs. This was due in part to living on a low income and the recent price rises on fuel and food in particular. People also pointed out that providing culturally specific diets is more expensive.

\textsuperscript{60} Cooper N, Jackson R, and Purcell S. Below the Breadline: The relentless rise of food poverty in Britain. 2014. Available from: www.church-poverty.org.uk/breadline/read/belowbreadlinereport


\textsuperscript{62} Kingston Foodbank data 2014-15.


[Accessed October 26th 2016]
In Kingston during 2014-15 there has been an increased number of people accessing food banks and an increased demand for food bank vouchers. The main reasons for foodbank use were benefit changes or delays, unemployment, low incomes or homelessness. The numbers accessing food banks due to low incomes was particularly high.

A vulnerable time for asylum seekers is when they have been granted refugee status. Often their current claims are closed and they have to wait for a period of time for their income to be processed. This means they may have to go without basic things such as food.

Fast food is available at a low cost and often formed a significant part of the respondents' diet. This was not always related to food cost but also had to do with people’s knowledge of food, cooking, nutrition and shopping. In the RASM Needs Assessment, it transpired that there was a general lack of knowledge on nutrition especially fat, salt and sugar content in foods.

People who have difficulty in reading are at even greater disadvantage. Poor literacy and numeracy skills are barriers to information, cooking, managing the household budget and nutrition; this is linked to food poverty.

Unaccompanied Asylum Seeking Children:

The UASC team report that some young people, including LAC and care leavers can eat poorly and have limited knowledge and skills of how to cook and eat healthily. In partnership with Kingston Public Health, the Leaving Care/UASC Team joint funds biannual six week Cook and Eat Programmes facilitated by the Kingston Everyday Church. The aim of the programme is to reduce obesity and promote a healthy lifestyle. The sessions focus on empowering young people to learn cooking skills, acquire knowledge on healthy eating and improve confidence in the kitchen.

It is also the expectation of the Leaving Care/UASC Team that foster carers and care providers also support young people live a healthy lifestyle within their placements.

What has been achieved to date:

Places of worship offering food to the public: for example St Peter's Church (formerly through the Great Feast and now the Vintage Banquet) or the Sikh temple offering lunch.

Refugee Action Kingston (RAK) ran a food growing project for three months during 2014. The aims of this project included increasing knowledge of food growing techniques and

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64 Cooper N, Jackson R, and Purcell S. Below the Breadline. 2014
improving access to food growing opportunities. Members were paid in time credits through the Timebank and grew their own produce.

Four Cook and Share sessions were held at RAK’s Learning Centre. These sessions were also part of the Timebank and involved people sharing their skills and knowledge. Learn English at Home ran a Cook and Eat six week course which combined English lessons with learning about healthy food and healthy recipes.

The Islamic Resource Centre also ran Cook and Eat classes. Participants learnt about the ‘eatwell plate’ which explains different food groups and how to achieve a balanced diet. At the end of the project attendees reported they were all confident about healthy food and healthy cooking. These ‘Cook and Eat’ and ‘Cook and Share’ programmes have helped individuals to learn about fat, salt and sugar content and cooking healthily on a budget.

Kingston’s Strategic CSPAN (Kingston Community Sport and Physical Activity Network) agreed to the development of a new subgroup to focus on food and the potential membership, function and purpose of this subgroup is currently being considered. Areas the subgroup will prioritise include improving the food environment in Kingston and improving accessibility to and affordability of healthy sustainable food, which will contribute to reducing food insecurity. The subgroup will also seek to improve Kingston’s position within the annually published Good Food for London report that measures all London boroughs’ commitment to established food schemes (Kingston is currently 18th with a score of 45%).

Healthy Start is a statutory national programme that provides food vouchers and vitamins for pregnant women and young children. Eligible pregnant women (which includes those who are on benefits or under the age of 18) can get Healthy Start vouchers worth £3.10 per week to be spent on milk, fresh or frozen fruit and vegetables and infant formula milk; and coupons for free vitamins that can be redeemed at participating shops. Local uptake figures remain low for women’s vitamin tablets (4.1%). However, whilst this is lower than the London average (7.2%), it is higher than the England average (2.8%).

Vitamin D awareness is incorporated into relevant community cooking and nutrition programmes such as Cook and Eat, which work with vulnerable groups who may be at risk of vitamin D deficiency. This may capture some women of childbearing age, although there are no specific community cooking programmes for pregnant women in Kingston.

**What is known to help**

Other projects, such as FareShare, recycle surplus food from retailers and manufacturers by distributing it to community centres, homeless shelters, and schools. FareShare also

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provide training on nutrition and food preparation, as well as warehouse employability training.

FoodCycle is a national charity that combines volunteers, surplus food and spare kitchen spaces to create tasty, nutritious meals for people at risk of food poverty and social isolation. They run over 20 projects across the UK, united by the simple idea that food waste and food poverty should not coexist.

One way local authorities can make a difference is by strengthening links between food banks and advice service providers. Another goal for local government is to look at the ‘safety net’ it administers and ensure it is functioning properly and reaching all of those eligible. This could include:

- supporting an increased uptake of Healthy Start vouchers and new incentives for buying fruit and vegetables;
- significant steps to provide free meals 365 days a year for children in poverty (free school meals are already provided to Reception, Year 1 and Year 2 pupils);
- and new community catering services for vulnerable older people with limited mobility.

What is available now

Food banks: The numbers struggling to afford food in Kingston is evident by the increasing number of food bank sites. Locally, there are now four: Surbiton New Life Baptist Church, Kingston United Reformed Church, The King's Centre and New Malden Baptist Church all run by the Trussell Trust. Last year Kingston local foodbank sites were used by a total of 4,115 adults and children.

Local ‘Voice’

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In a 2013 study, Pettitt reveals that over half of 84 surveyed torture survivors in the asylum system reported that they were ‘never or not often able to buy enough food of sufficient quality and variety to meet their needs for a nutritionally balanced diet’.

The RASM Needs Assessment found that:

- Food banks were considered a fantastic local resource, but it was recognised that they were only meant for emergency situations and that some individuals and families had longer-term needs for assistance. In addition, it was noted that food banks do not provide other basic necessities.
- The cost of food was a major obstacle for many individuals and families, and it was contended that providing culturally specific diets was more expensive.
- Participants bought cheap, carbohydrate-heavy products.
- Frontline workers also noted that fast food was at a very low cost and was often a significant part of young people’s diet. It was also noted, however, that this was not just because of food cost, but lack of knowledge about food, cooking and shopping.
- Lack of knowledge about food and nutrition was highlighted as an issue.

The Refugee and Migrant Conference feedback identified:

- The need to map local services and explore where joint working is/is not taking place on food poverty issues. The provision of other basic needs, such as washing powder, toilet roll etc. needs to be explored. Maximising income is vital, so provision of free benefit and income and food allowance checks would be a positive step forward.

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- Explore setting up a strategic group on food and food and nutrition issues. Expand Cook & Eat, Cook and Share and other programmes. Examine what is being done locally around healthy eating with a focus on seasonal produce and eating on a budget.

- On the Sheephose Way Estate in Malden Manor, where a high number of non-English speaking families live, research participants spoke of their experiences of food poverty including having to take turns to lend bags of sugar to neighbours on a low income, not being able to cook hot food due to having to be conscious of fuel bills which added to a sense of isolation, and a reluctance to invite friends or family to stay because of not being able to afford the additional cooking, heating and lighting.72

### Case Study on Food and Nutrition

<table>
<thead>
<tr>
<th><strong>Client description</strong></th>
<th>Refugee, Female and aged 37-55, Asian Persian</th>
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</thead>
<tbody>
<tr>
<td><strong>What was the client’s situation</strong></td>
<td>Client - single mother with two children, received high utility bill and was unable to pay. She was experiencing high anxiety from the financial strain and was cutting back on crucial daily necessities in order to save money.</td>
</tr>
<tr>
<td><strong>How did you help?</strong></td>
<td>Refugee Action Kingston (RAK) contacted the utility provider and applied for a means tested grant. Staff completed the form detailing all of her finances and attached documentation proving her financial situation. Food bank voucher also provided.</td>
</tr>
<tr>
<td><strong>How have things changed as a result of intervention?</strong></td>
<td>Client has had grant successfully approved and has now been issued a new bill with 50% discount.</td>
</tr>
<tr>
<td><strong>What were the barriers faced when supporting the client?</strong></td>
<td>Client was unable to get to Refugee Action Kingston drop in by 9:30am (which is when appointments are given) as she had to drop off her children at school and RAK had a very busy session with no more appointment slots left. When client presented herself and the matter was assessed an urgent appointment was made to be able to respond to the issue promptly.</td>
</tr>
<tr>
<td><strong>Key points for effective practice. How could</strong></td>
<td>Continue to offer fuel poverty sessions for clients to give them knowledge and awareness of existing provisions available to</td>
</tr>
</tbody>
</table>

72 Malden Manor report.
| things be improved? | support with utility bills. Continue to have flexibility to always see clients with urgent cases. |
Our Vision for Change:

RASM are supported by all agencies to access the welfare benefits they are entitled to and The consequences of debts are minimised.

Introduction:

People on low incomes spend a larger proportion of their budgets on essential goods and services\(^\text{73}\). These costs have also risen relatively sharply in recent years. This could partly explain the high numbers of people with debt problems.

Citizens Advice in England and Wales dealt with 6,323 new debt problems every working day during the quarter ending March 2016\(^\text{74}\). The Step Change Debt Charity website had 1.7 million visits to their website in the first half of 2016, an 11% rise compared to 2015.\(^\text{75}\) Citizen Advice have seen a 7% increase in contacts related to benefit issues in Q1 of 2016 with applications for charitable support increasing by 11%\(^\text{76}\).

In addition to these stark statistics, refugees and migrants are further disadvantaged by:

- Navigating a complex welfare benefit system
- Cultural issues such as shame when having to rely on others
- Withdrawal of UK Border Agency support following a decision on an asylum claim that leaves the refugee having to start again by finding accommodation and money to live on
- Partners not having sufficient knowledge about what refugees and migrants are entitled to
- Not having English as a first language.


Even though refugees have broadly the same rights and entitlements to services as UK citizens and can apply for welfare benefits and tax credits, for many it is difficult to gain entitlement to contributory benefits as they depend on having a sufficient national insurance contribution. Disabled people subject to immigration controls are not able to claim Personal Independence Payments. The requirement for disability benefit claimants to have resided in the country for at least two years in total during the previous three years was ruled as discriminatory to refugees in October 2016; the government has not challenged this so refugees will now be able to claim as soon as they arrive\(^77\).

EU labour migrants are subject to restrictions on jobseeker’s allowance, housing and child benefit, and may not be offered interpretation services unless they are deemed vulnerable. Jobcentre Plus now requires all job seekers to have English to ESOL entry level 2, and those signing up must improve within six months or face sanctions.

**What has been achieved to date:**

There have been limited achievements amongst statutory organisations and partners in providing specialist welfare and debt support for refugees and migrants with the exception of:

- Refugee Action Kingston (RAK) Crisis Support and Advocacy Project commissioned by Kingston Council to support the needs of RASM in Kingston
- Last year, Citizens Advice Kingston delivered financial capability training sessions for RASM which were interpreted by RAK.

**What is known to help**

The Gateway Good Practice Guide\(^78\) highlights the importance of the coordination of welfare benefits. JobCentre Plus acts as the link for welfare benefits and as such is an extremely important partner.

**What is available now**

There are good local examples of quarterly liaison meetings between Citizens Advice Kingston and services from the Council that include housing benefit. The intention is to widen the organisations, including JobCentre Plus to have such liaison meetings with Refugee Action Kingston.

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The Council now has a welfare reform team that provides general support to those referred. This team was established to ensure that Council staff are fully prepared for the rollout of Universal Credit and the further impacts of welfare reform, and has been training staff on this since its inception - broadening and deepening knowledge of available support for the affected.

**Local picture**

‘Focus Group participant 1: ‘My shopping for one week used to be sixty pounds, but now it is one hundred. This is very expensive and I can’t afford, so we do not buy many things.’

Focus Group participant 2: ‘It is the same [for me]. And I don’t have heat in my house.’

Focus Group participant 3: ‘Things are so expensive!’

Refugee and migrant needs assessment 2015

Research conducted on behalf of the Consumer Credit Counselling Service (CCCS)\(^79\) in 2012 found that London was the most in debt region in the country. Whilst Kingston did not have the highest demand for debt advice (12.37 per 10,000 population), Kingston residents, in contact with CCCS, had the second highest average unsecured debt rate (£21,374).

In 2014/15, the number of people approaching Citizens Advice Kingston with benefit and tax credit queries was higher every month than those approaching for debt and housing queries\(^80\). The most common benefit queries were housing benefit (27%) and Employment & Support Allowance (14%). The high levels of benefit queries at a local level are also reflected at a national level.

Welfare benefit changes continue to be implemented by central government. There is no data specifically on how many of those impacted are refugees or migrants. The impact of the welfare benefit changes is multifaceted, as are the changes to the welfare benefits.

There is limited refugee and migrant data available from the DWP and other partners. However, the 2015 Refugee, Asylum Seeker and Migrant Needs Assessment reported that RASM who had sought information and advice in Kingston from statutory agencies and partners had reported getting mixed results. In contrast, specialist services where advisors had immigration and asylum knowledge and experience and could talk to clients in their first language had more positive feedback. Even though there is limited local data,

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the national and local picture of debt and welfare benefits suggest that RASM need a great deal of support accessing and understanding a rapidly changing welfare system. The challenge remains for the majority of services to adapt sufficiently to enable RASM to access them.

**Unaccompanied Asylum Seeking Children (UASC)**

As part of young people’s preparation for independent living, the Leaving Care/UASC Team in Achieving for Children offer financial workshops every half term. The sessions are facilitated by MyBnk and topics covered are living independently, benefits and banking, budgeting, income and borrowing. All UASC are provided with weekly pocket money paid by the Leaving Care/UASC Team, as no looked after child regardless of immigration status can claim welfare benefits until 18.

Post-18, the immigration status of a former unaccompanied asylum seeking child will determine if they are eligible for welfare benefits. If they have no recourse to public funds, the Leaving Care/UASC Team will pay their rent and provide weekly subsistence equivalent of welfare benefits to ensure that they are not living below the poverty line.

Post-18, if the Home Office reject an asylum claim and the former unaccompanied asylum seeking child has no further appeals, they become Appeal Rights Exhausted. At this stage, the Home Office can deport them back to the country of origin. Until such a time, the young person is monitored by the Home Office and will need to sign on regularly. Whilst the case remains open to the local authority, the Leaving Care/UASC Team is required to complete a Human Rights Assessment and continue to offer a service to the care leaver until they are 21, including weekly subsistence equivalent of welfare benefits and accommodation. If the young person is deported, the Leaving Care/UASC Team provides the young person with £500 from their leaving care grant as start up costs.

**Local ‘Voice’**

> ‘The welfare reform has brought a lot of challenges for families in refugee communities. You have people on very low incomes, who don’t understand what is happening – the grassroots communities don’t know – who are all of a sudden told that they are in debt for council tax because their benefit has changed. Then they have no one at the council to ask because they don’t speak English so they come to us. It’s toxic.’ (Interview, frontline worker)

The feedback from the Benefits, Debt and Welfare Reform workshop at the October 2015 Refugee, Asylum Seeker and Migrant Conference, revealed that there needs to be a closer relationship between the Council, Jobcentre Plus and information and advice service providers in the community.
Co-opting advisors into Council departments such as housing was also suggested. However, experience from agencies such as Citizen’s Advice suggest that a more effective way of achieving better coordination, is to adopt an outreach approach (e.g. a couple of hours each week) to retain the robust support and supervision of an adviser.

The Refugee and Migrant 2015 Needs Assessment highlighted:

- Participants lived on very low incomes and struggled to meet basic needs for food, fuel, transport and accommodation. Price rises, low wages and changes to welfare benefits (such as the introduction of the benefits cap, spare room subsidy and council tax relief) were highlighted as placing additional pressure on individuals and families.

- Voluntary and community sector organisations that provide Information Advice and Guidance (IAG) reported an increase in people seeking help therefore placing additional pressure on services.

- It was recognised that due to welfare reform and other legislative changes some refugees and migrants were struggling to stay in their homes. Others were finding it very difficult to get suitable accommodation because of a lack of homes in the social rented sector and the unwillingness of landlords to rent property to people in receipt of housing benefit.

- Introduction of the benefit cap, the spare room subsidy, changes to council tax benefit and other changes had, in their view, a significant and negative impact on many refugee and migrant families.

- The impact of benefit reform was placing additional pressure on providers of information, advice and guidance and other support

The conference feedback acknowledged that:

- Benefits and debt were significant issues that presented many ongoing and serious challenges to refugees and migrants, and IAG services.

- The challenges around the Immigration Act and introduction of Universal Credit

The following was suggested:

- Anything that can be done to support people in debt/ to access benefits will not just help refugees but the whole population.

- Community advice sessions and/or training refugees and migrants to support others in the community would help. Good practice should be praised and supported. Culture of ‘if in doubt, cut the benefit’ needs to be challenged.
# Case study for Welfare and Debt

<table>
<thead>
<tr>
<th>Client description</th>
<th>Refugee, male and over 65, Afghani</th>
</tr>
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<tbody>
<tr>
<td><strong>What was the client’s situation before Intervention?</strong></td>
<td>Following an eviction from a privately rented property, the client and his family moved into temporary accommodation provided by the local Council about six month ago. The client had received a letter from a debt collection agency relating to an unpaid gas bill. The client was confused because, as far as he is aware, there is no gas at the property.</td>
</tr>
<tr>
<td><strong>How did you help?</strong></td>
<td>Refugee Action Kingston (RAK) staff questioned the client carefully about all the possible systems and appliances that might be using gas and it really did appear that the only source of power in the property was electricity. RAK staff then called British Gas to discuss the issue. On having the situation explained to him by RAK staff, the British Gas Adviser immediately reduced the bill from £212.06 to £169.20. He then looked at the account and could see that the client had not used any gas between the date he moved into the property and a date about six weeks later, so he thought that it was likely that the client was correct in thinking that he is not using gas. There was a subsequent meter reading by an engineer which showed usage but the adviser said that it was very possible that a mistake had been made with this reading. However, the adviser pointed out that even if the client did not use any gas, he would still be liable for a standing charge of 26 pence per day while there was still a gas meter at the property. Accordingly he agreed to reissue the bill with a new figure of £40.80 (the standing charge only).</td>
</tr>
<tr>
<td><strong>How have things changed as a result of intervention?</strong></td>
<td>The client’s bill has been reduced from £212.06 (and in the hands of a debt collection agency) to £40.80 (regular bill). RAK staff have advised the client to contact the landlord to see if he will agree to remove the meter so that the standing charge can be avoided.</td>
</tr>
<tr>
<td><strong>What were the barriers faced when supporting</strong></td>
<td>It was important to deal with this matter swiftly as left in the hands</td>
</tr>
</tbody>
</table>
the client? | of a debt collection agency, charges can escalate rapidly.
---|---
**Key points for effective practice. How could things be improved?** | It might be helpful to consider running some sort of practical household course for clients at the RAK Learning Centre to explain about various different types of heating and appliances, and about the various component parts of utilities bills.

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**Chapter Six**

**Information and Advice**

*Information and Advice Session at Refugee Action Kingston*

**Our Vision for Change**

Our long-term strategic vision is to ensure that Refugees, Asylum seekers and Migrants (RASM), have access to information and advice which will alleviate poverty, debt and destitution and consequently improve their independence, resilience and integration.

We will achieve this by:

Ensuring that RASM, depending on their need, are able to access and benefit from information and advice services from both targeted, specialist and mainstream support organisations which will jointly and collaboratively meet this need.

Working in partnership and building on existing local initiatives, to make sure that there is quick and easy access to advice and information for members of the RASM community. For example, through Kingston Information and Advice Alliance (KIAA), Advisers Working Together (AWT), Kingston Information and Advice Pilot Project (KIAPP), Digital Inclusion and in line with the Voluntary and Community Sector Strategy and the Active and Supportive Communities Strategy.
Introduction

RASM are amongst the most socially and economically marginalised groups in any society and, in order to improve their lives, they depend heavily on targeted advice, information and referring and signposting services, especially in the initial stages of their life in the UK. Depriving them of these services would be depriving those who rely on them of their human rights and actively preventing their integration.

The need has grown since the last strategy due to the latest welfare reforms, withdrawal of legal aid, more and more complex bureaucratic systems, digitalisation of forms and reduction of one-to-one advice services.

This has been against the backdrop of cuts to sources of funding. The recession has reduced the grant making value of many charitable trusts and some organisations are finding that they’ve exhausted the trusts that they can apply to for funding.\(^{81}\)

The results of poor legal representation due to withdrawal of legal aid almost cost a Refugee Action Kingston (RAK) client (a Syrian asylum seeker whose other family members are refugees settled in Kingston) removal to Italy. Even though a significant number of asylum seekers removed to Italy could be left “without accommodation or accommodated in overcrowded facilities without any privacy, or even in insalubrious or violent conditions.”\(^{82}\)

The Refugee Council\(^ {83}\) points out that “since the abolition of Refugee Integration and Employment Service [in 2011], there has been no nationwide coordinated service available to support new refugees or migrants. Some services are provided by voluntary organisations in various locations across the UK, but, unlike RIES, refugees are not automatically referred to them by the Home Office and these services cannot operate on the same scale due to the limitations of funding. This can leave refugees with no idea of who can help them, and therefore be left to navigate a rapid and confusing process on their own.”

The Refugee Council\(^ {84}\) also highlight that “there is now a gap in support services that makes refugees more vulnerable to falling into destitution and homelessness.

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\(^{84}\) Ibid. p.23.
Mainstream advice agencies may not have the specialist knowledge of refugee issues and their entitlements, preventing them from advocating effectively."

Shelter’s study\(^85\) of barriers to housing advice to BAME communities demonstrates that:

- Face-to-face advice is the preferred method of advice provision, but there are problems with the way this is currently provided, particularly in relation to the opening hours of services.

- Many people from BAME communities prefer to access advice through a local, community-specific service such as a community organisation.

- For people without good English skills, the availability of advice in appropriate languages is seen as very important, but current provision is inadequate.

- Because of the high demand for advice services, there is inadequate targeting of resources by advice providers. This means that some harder-to-reach groups such as BME communities are not accessing services.

**Local Picture**

Kingston’s Information and Advice services and organisations within the statutory, private and voluntary sector are members of the online network – Kingston Information and Advice Alliance (KIAA). This network supports coordination and integration of services to ensure that we make the best of scarce resources.

However, refugees and asylum seekers tend to gravitate towards specialist Refugee Community Organisations’ advice services developed to cater specifically towards their need (bilingual advisors, drop-in system, availability of interpreters, face-to-face advice sessions, immigration advice and most importantly immediate, unstinting response to high risk clients in crisis). There is no information and advice organisation in the borough that caters for vulnerable migrants and their specific and growing need. There is a limited targeted and unfunded service for information and advice for migrants in Kingston.

Refugees and migrants who had sought information and advice in Kingston reported getting mixed results. Specialist services where advisors had immigration and asylum knowledge and experience and could talk to clients in their first language were positively portrayed. Views of other information and advice services were more mixed.\(^86\)

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Cumulatively, the data suggests that RASM need a great deal of support accessing and understanding a rapidly changing system.

There is a growing tendency amongst statutory organisations to inappropriately refer to organisations such as RAK. This is due to a combination of factors: failure to fully carry out their responsibility due to stretched resources, lack of understanding of RASM needs and poor understanding of RAK’s remit.

The emerging needs identified by Dr Carlie Goldsmith in the 2015 RASM Needs Assessment Report\(^{87}\) are:

- **Welfare reform** – the introduction of the benefit cap, the social sector size criteria (spare room subsidy), changes to council tax benefit and other changes have made the already complex welfare benefits system even more complicated for RASM.

- Due to the complexity of cases, the previous 30 minute slot for case work is no longer sufficient to resolve matters. This is due to overlapping issues that require contacting multiple agencies and includes the repercussions of ‘if in doubt, cut benefits’ policy.

- 2014/15 has seen a significant number of refugee clients presenting with huge debts due to lack of understanding of the system, overpayments, rising costs of living and cuts to their benefits. This is expected to be further exacerbated by the introduction of Universal Credit as it is more widely rolled out over the next couple of years and to negatively impact on RASM who already disproportionately suffer from poor mental health.

- The withdrawal of legal aid continues to have a negative effect on the availability of advice provided by legal firms and their waiting lists.

- The impact of benefit reform is placing additional pressure on providers of information and advice.

- Lack of provision in the borough specifically addressing the needs of migrants.

**Unaccompanied Asylum Seeking Children (UASC)**

The Achieving for Children Leaving Care/UASC Team is a statutory service and has a duty to provide young people with information, advice and support them with the transition into adulthood. Young people become eligible for leaving care services if they are:

- Looked after

\(^{87}\)Ibid.
• Aged 16 or 17, and
• Have been looked after by a local authority for a period of 13 weeks, or periods amounting in total to 13 weeks, which began after they reached 14 and ended after they reached 16.

The Leaving Care/UASC Team provides the following additional support to UASC and former UASC:

• Access to an immigration solicitor to support their asylum claim
• Money for monthly phonecards for UASC to maintain telephone contact with their families abroad.
• Referral to the Red Cross Tracing Service to find missing relatives through the Red Crescent National Society in the country they think their relative is in, or to the International Committee of the Red Cross who will try to find their family
• Referral to Freedom From Torture, which offers direct clinical services to survivors of torture who arrive in the UK, as well as striving to protect and promote their rights.
• Referral to Refugee Council's Trafficked Girls Group in Croydon.

What has been achieved to date:

Refugee Action Kingston (RAK) Crisis Support and Advocacy Project was established and developed to support the needs of vulnerable refugees and asylum seekers in Kingston. RAK has 25 years experience of giving advice, information and advocacy services to refugees and asylum seekers. It is registered with the Office of Immigration Services Commissioner (OISC) to give immigration advice at Level 1 and holds the Advice Quality Standard (AQS).

The project has successfully realised the previous strategy vision for change which was to ensure the Information and Advice services in Kingston for RASM are:

• Accessible and deliver Equality of Opportunity
• Face to face (as RASM are less likely to access services by telephone, website or leaflets)
• Open door – initial contact can be made by walking through a door of an agency
• Flexible, offering both drop-in sessions and appointments, or telephone/email when required
• Free and operated by the third sector
• Able to overcome language barriers quickly (through bilingual staff or interpretation)
• Operated to recognised quality standards for advice services
• Responsive to a wide range of needs
• Aiming to prevent as well as crisis-manage problems
• Addressing barriers to IT access
• And have significant referral access to immigration advice operating on legal aid

The project has four aspects:

1) The Triage and Advocacy Service - The initial assistance offered to refugees and asylum seekers in order to systematically identify, record and address all their needs. The average number of new clients registered through the triage service has been 204 per year.

2) The Crisis Advice and Information Service – 1:1 advice sessions for refugees and asylum seekers. Information and advice was offered on refugees and asylum seekers rights and on various challenges such as access to health care, housing, health and social care, immigration status, welfare benefits and all other issues impacting on their lives. The service grew with demand and currently has 4 advisers. An average of 430 clients have been assisted every quarter. This has led to 1606 outcomes of improved immigration status, housing or income.

3) Partnership working – the advocacy worker has been proactively engaging with health service providers and increasing their awareness of rights and entitlements of refugees and asylum seekers and the barriers they face when accessing services. She has established successful working relationships with identified GP practices in Kingston which have improved access, in particular for asylum seekers. The advocacy worker was the member of former Kingston Hospital Patient Assembly and is currently the member of RBK Housing Forum and HealthWatch Kingston Hospital Task Group and the CCG Equality and Diversity Steering Group. On average, the Advocacy worker attended 8 meetings every quarter related to partnership working in the borough.

4) Outreach Service – the RAK advocacy worker has been supporting clients with engaging with health and school authorities by escorting them to external meetings and advocating for them. The advocacy worker carried out on average 7 outreach visits every quarter.

What is known to help:

Early intervention and signposting

REIS, Refugee Employment and Integration Service (2008-2011) was funded by the government and delivered by voluntary sector organisations across the UK. Refugees who took advantage of the programme were able to access: an integration advice service for 6 months; an employment support service for 12 months and a mentoring scheme which lasted 6-12 months. A total of 22,292 integration and employment advice sessions were provided to this group with approximately two-thirds of these sessions (14,397) focusing on issues relating to integration (such as access to welfare support, housing and health) and the remainder (7,995) focusing on employment advice.89

This service was abolished and there has been no nationwide coordinated service available to support new refugees. However, in Scotland, the response to integration has been significantly different. The ‘Indicators of Integration’, commissioned by the Home Office and developed by Ager and Strang, have been embraced by the Scottish Government.90

In 2012, the Scottish Refugee Council in partnership with Bridges Programmes, the British Red Cross, Glasgow Clyde College and the Workers’ Educational Association started delivering a new three-year Holistic Integration Service in order to provide one-to-one and group advice to refugees to help them access services. The Learning and Evaluation project report 2013 – 2014 evidences the importance and successes of this approach with the early intervention highlights in the first year being: quicker access to benefits, quicker access to language assessment & support, and avoiding homelessness; and the prevention highlights being: improved access to health services, avoiding homelessness, avoiding destitution, prevention of dependence on benefits through employment and partnership work.91

Partnership working

According to research from the university of Birmingham “Best practice in [advice provision] seems to stem from regional responses which require strategic working partnerships between statutory bodies and NGOs, as in Glasgow and Nottingham, although the independence of NGOs and [refugee and community organisations] appears to be key to effective services (which are largely dependent on trust).92 It goes on to say

91 Ibid.
that RCOs and NGOs play a key role in facilitating access to support along with faith groups and extended social networks.

**Volunteer Advocacy**

There are also various advocacy models across the country that utilise volunteers as trained advocates. Volunteers can act as unqualified trained workers, either paid or unpaid to carry out the groundwork for qualified OISC trained advisors.\(^93\)

**What is available now**

Refugee Action Kingston (RAK) Crisis Support and Advocacy Project continues. However, targeted information and advice services for migrants in the borough are under-developed.

**Local Voice**

‘Clients are queuing as early as seven o’clock to see us. Every session is full.’

*(Frontline worker)*

95% of those RASM who kept diaries as part of the participatory needs assessment report were reliant on state support or on a low income. RASM continue to face a set of barriers when accessing advice:

- Shortage of one-to-one, drop in systems suitable for this client group
- Accessing information online due to digital exclusion
- Communication with local authority, housing and benefits providers

The feedback from the last RASM Conference (October 2014) Workshop focusing on benefits and debt and welfare reform\(^94\) revealed that:

- There needs to be a closer relationship between council/benefits providers and information and advice service providers in the community.
- A possibility of co-opting advisors into local authority departments such as housing was suggested at the RASM Conference in October 2014. However, experience from agencies such as Citizen’s Advice Kingston, is that a more effective way of achieving better coordination is a system of outreach undertaken from time to time

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(e.g. a couple of hours each week). This retains robust support and supervision of an adviser, which could be difficult if they are more integrated into a local authority

- Community advice sessions and/or training refugees and/or migrants to support others in the community to be considered as an option
- Culture of ‘if in doubt, cut the benefit’ needs to be challenged
- New challenges of the Immigration Act and introduction of Universal Credit need to be acknowledged

Case Study: Refugees

<table>
<thead>
<tr>
<th>Client description</th>
<th>North Korean client, aged 72, first attended RAK offices in January 2014.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was the client’s situation before intervention?</td>
<td>The client was housed by the New Malden Korean Church and had been living with a Korean family for 2 years.</td>
</tr>
<tr>
<td></td>
<td>His asylum application was refused and a court date was set in February 2010. He was too scared to attend as he thought his asylum was in limbo and approached RAK for assistance.</td>
</tr>
<tr>
<td>Were you able to help?</td>
<td>RAK looked through his immigration papers and noticed that the appeal at the Upper Tribunal was permitted in November 2012. RAK referred him to a firm of solicitors to look into the matter and eventually the issue was clarified. The client and his wife were unaware that they had been granted refugee status in November 2012. RAK also assisted in applying for benefits on behalf of the client’s family. The family began to receive their national insurance numbers and Freedom passes etc. Electricity and gas accounts were set up. It took up to 6 months to sort out the Attendance Allowance the couple were entitled to. The client regularly attended drop-in sessions (more or less once a week). The client’s wife finally received a backdated payment of £2116.20. Other entitlements, such as the Pension Credit Claim took longer. This issue was resolved and they finally received a sum of £6,000 for backdated payments for 6 months. Whilst the application for Pension Credit was ongoing, RAK also made an application for housing in August 2014. RAK arranged a home visit from Kingston Housing to assess them for sheltered accommodation. On this occasion the clients were fortunate to be offered permanent accommodation in Kingston. The Kingston Homelessness team were very sympathetic and within 4 months the clients were offered a 1 bedroom permanent flat in New Malden.</td>
</tr>
<tr>
<td>Key points for effective practice. How could things be improved?</td>
<td>Due to their lack of English and the complexity of the bureaucratic system, the clients would never have been able to sort out any of this on their own.</td>
</tr>
</tbody>
</table>

Case Study: Migrants
<table>
<thead>
<tr>
<th>Client description</th>
<th>Mrs X is a 45 year old Somali female who has lived in Kingston for the past 15 years. She is a single parent with 5 kids, is unemployed and on benefits.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was the client’s situation before intervention?</td>
<td>She has been accessing help, advice and other practical support services from Kingston Somali Community association and African Positive outlook for the past several years. A few weeks ago, Mrs K came into our office, visibly upset. It transpired that the council had written a letter to her concerning her rent. She had been building up arrears, but on top of that, she was being informed of overpayment of benefits to the tune of £2,000. The council was demanding a refund. The problem was, she did not have the money to pay, but even more fundamentally, she did not understand how the overpayment could have occurred. In short, she was confused, bewildered, and worried she might be evicted.</td>
</tr>
<tr>
<td>Were you able to help?</td>
<td>Having listened to her story, and read through the letter from the council, we made a phone call to the relevant department and sought an explanation for the overpayment. It transpired that the lady had not provided the council certain information that would have had an effect on the amount of benefits paid to her. It became apparent that due to her lack of English language skills, the lady did not understand most of the letters written to her from the council. Hence, certain material facts about her circumstances, and the circumstances of other family members, were not made available to the council. After explaining the lady's predicament, the council officer and our Advice Worker reached a compromise that allowed the lady to re-apply for housing benefits; it was also communicated to her that she would henceforth be getting full housing benefit, that the overpayment would be reviewed in light of new information provided, and that she would receive a letter about what decision was reached.</td>
</tr>
<tr>
<td>Key points for effective practice. How could things be improved?</td>
<td>Tackle language barriers through interpreting services. Reduce computer generated letters sent to clients which create distress.</td>
</tr>
<tr>
<td>What were the barriers you</td>
<td>Long waiting time to access the call centre helpline</td>
</tr>
</tbody>
</table>
faced when supporting this client?

Chapter Seven
Reducing Social

Mental Health and
Isolation

Refugee Action Kingston counselling service
**Our Vision for Change:**

Our aim is for refugees, asylum seekers and migrants settling in Kingston to experience levels of mental health and wellbeing equal to the rest of the population. In order to achieve this, we need to have a more targeted and integrated approach in meeting the mental health needs of Kingston’s RASM community which takes into account the additional barriers that they face when settling into life in the UK.

Reducing social isolation experienced by RASM is important as it will reduce their vulnerability to mental distress and improve their opportunities to integrate within the wider community.

Our vision is for Kingston’s RASM community to experience levels of mental health and wellbeing equal to the rest of the population. The following steps can be taken to turn this vision into a reality:

- Create effective partnerships between the voluntary and statutory sectors
- Improve cultural competency amongst community, voluntary and statutory mental health service providers, by increasing their understanding of the religious and socio-cultural context affecting RASM
- Work with local services available to refugees and asylum seekers to improve their mental wellbeing;
- Reduce stigma surrounding mental health amongst refugees and migrants so that they can reach out for support at an early stage to secure better outcomes;
- Develop the services targeted at the RASM population in order to

**Introduction**

“The evolving mix of cultures, changing family structures, and changing patterns of migration, will drive the need to connect better across cultural groups and across generations.”

The 2014 Annual Public Health Report for Kingston upon Thames highlights that different ethnic groups have different rates and experiences of mental health problems, reflecting their different cultural and socio-economic contexts and access to culturally appropriate treatments. This observation was strongly echoed in the Refugee and Migrants’ Needs Assessment 2015 and also reflects national findings.

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In 2011, The Department of Health reported\(^6\) that:

- BME groups are, on average, three times more likely to experience psychosis than White British ones\(^7\). Risk of psychosis in Black Caribbean groups is nearly seven times higher than in the White population\(^8\).

- Higher rates of common mental disorders have been found in South Asian and Irish subgroups than in their White British counterparts\(^9\); South Asian women are at more than two-fold higher risk.

- Black men are 2.5 times more likely than men in other ethnic groups to screen positive for Post Traumatic Stress Disorder\(^{10}\).

- Suicide rates are higher among Black African (2.5 times) and Black Caribbean (2.9 times) men aged 13-24, and among Black African (3.2), Black Caribbean (2.7) and South Asian (2.8) women aged 25-39 than among their White British counterparts\(^{11}\).

These differences may be explained by a number of factors, including poverty, racism or failure of the mainstream mental health services to understand or provide services that are acceptable and accessible to Black Asian, and Minority Ethnic (BAME) communities and meet their particular cultural and other needs. It is likely that mental health problems go unreported and untreated as people in some ethnic minority groups are reluctant to engage with mainstream health services.\(^{12}\) \(^{13}\) Mental health problems are more likely over-diagnosed in people whose first language is not English.

The particular mental health needs of BAME communities in Kingston must be taken into account: the 2011 Census showed that, over the previous 10 years, the number of people born outside the UK and living in Kingston had risen by 50% to 26.9% and the


upwards trend is likely to continue. Whilst the proportion of refugees and migrants within Kingston’s population is increasing, it is also widely evidenced that BAME communities experience poorer mental health and wellbeing\textsuperscript{104}. Therefore, we can anticipate that a larger proportion of the overall population of Kingston will suffer lower levels of mental health and wellbeing than in previous years.

Failure to recognise and plan for the mental health needs of the BAME communities means we are also likely to fail their children, as an estimated 30 – 60\% of children whose parents have mental health problems will experience difficulties themselves. There is a 4–5 fold increased rate of emotional or conduct disorders in children whose parents have a mental illness.

Refugees and asylum seekers report levels of anxiety, depression, phobias and posttraumatic stress disorder which are higher than in the rest of the population or other migrant groups.\textsuperscript{105} 106 However, whilst there is a higher level of need for mental health services amongst refugees, asylum seekers and migrants, there is also a problem with access to these services which presents a real challenge for service providers.

Research by Mind\textsuperscript{107} found that “There is a lack of a co-ordinated approach by some primary care trusts and local health boards to meet the needs of asylum-seekers and refugees. This results in the voluntary sector having to fill gaps in service provision, despite being overstretched and underfunded. There is also not enough collaboration with voluntary sector and refugee community organisations.”

**What has been achieved to date**

Improving the health and well being of socially excluded and disadvantaged communities is one of four priorities in Kingston’s Health and Wellbeing Strategy. One of the key ways that this is being progressed is through targeted community development and empowerment approaches, as well as asset driven work, which has a transformative effect on individuals, communities and partnerships.

- Community counselling both formal and informal, is currently offered by some members of Kingston’s Community Wellbeing Group, in particular Islamic Resource Centre, Refugee Action Kingston. Maintaining and developing their services alongside the mainstream services provided by NHS and IAPTS would address migrants’ needs more effectively than with mainstream service providers alone.


\textsuperscript{106} Raphaely N. and O’Moore E. Understanding the Health Needs of Migrants in the South East Region.

- A Korean Link Worker enabled isolated Korean migrants to learn new skills and access information on issues such as mental wellbeing, women’s health and local community services and groups. Local Korean volunteers were recruited to act as access mentors. These volunteers are now part of the Community Empowerment Programme.

**What is known to help:**

**Specialist organisations** which provide a comprehensive range of services including counselling, information and guidance are highly effective at meeting the needs of refugees and asylum seekers. Refugee Action Kingston is constituted to work exclusively with refugees and asylum seekers in the borough and is greatly valued by its clients. This is because they understand the needs of their clients who are likely to experience heightened levels of anxiety and mental fragility owing to separation from their family and home setting; feeling uncertain about their future; living in a different climate and environment and not understanding how to navigate their way about UK society and its various systems.

**Community-based counselling services** provided by grassroots community groups are highly effective at making professional counselling accessible to migrants, especially when the sessions are delivered in a native language. Counselling sessions held in the familiar setting of a community space which is not associated exclusively with counselling helps people overcome the issue of stigma commonly associated with mental health, and increases the resilience of migrant communities in dealing with adversity. In Kingston, the Islamic Resource Centre accepts self-referrals for free counselling sessions during the week and clients can also be signposted to them by community groups and GP surgeries.

**Migrant women-focused organisations** are effective at signposting and meeting the mental health needs of their clients. Organisations such as Forward UK, IKWRO, Hopscotch, Eaves and Southall Black Sisters are good examples. The European Social Fund and London council grants have funded programmes which have enabled members of Kingston community groups to attend information seminars and certified emergency first aid courses free of charge, which has boosted their self-confidence and reduced their anxieties around what to do in an emergency with no friends or family around.

**Community-based English language classes** to meet the need identified by 80% of the participants of RASM Needs Assessment who agreed that not speaking English was a major barrier to them and had an impact on their mental health and feelings of social isolation. Community-based conversation and language classes were highly valued by participants because they are more accessible to mothers in particular who are restricted by issues such as childcare costs and availability (see Learning English and Interpretation Support chapter).
What is available now

- Parenting advice and support for the Somali and Tamil community to improve understanding between the different generations.

- Mental Health First Aid courses for people who live or work in Kingston and priority is given to those who work within community or voluntary groups. This training is aimed at teaching frontline workers how to recognise the signs of mental ill health and how to seek help. There are separate courses targeted at understanding mental ill health in young people and in adults.

- Community-based activities, such as crafts classes and casserole clubs, enable us to deliver some of the Five Ways to Wellbeing, as developed by NEF from evidence gathered in the UK government’s Foresight Project on Mental Capital and Wellbeing. ¹⁰⁸

Local picture:

‘I have depression and I am waiting for six months on the list to see a psychologist. My situation is very bad and I was seeing a councillor before and then the government moved me and now I have to go back on the waiting list and I don’t know if I am going to wait six months, eight months, one year? And this is very difficult because sometimes I think I am going to have depression for all my life.’ (interview, Iranian woman).

The event on isolation, Together Kingston, identified the need for more work to reduce the high levels of isolation facing marginalised groups, which participants identified as a risk factor to the mental well being of RASM, older people, people facing socio-economic disadvantage, people living with mental health problems and their carers.

Mental health is one of the biggest things we deal with because people are already fragile. What they’ve been through at home and then when they get here they face a lot of barriers. Many have left everything they know behind and they get here and things are very hard. And people make mistakes, they stumble before they can achieve things’ (interview, frontline worker).

Mental health has emerged as a strong theme within the recent RASM Needs Assessment, in which participants disclosed that they suffered from anxiety, depression and alcohol misuse.

The causes of poor mental health amongst this group included: trauma from the journey between the country of origin and Britain; loss of family and friends and other social support; and coping with the realities of life in Britain, including poverty and the pressure of recent welfare reform. Refugees, asylum seekers and migrants often experience feelings of social isolation caused by one or more of several factors: poor language skills, difficulty meeting new people, unemployment, lack of confidence, low mental wellbeing, and few opportunities to meet and talk with people in an informal setting. In addition, the broader climate of hostility towards immigrants in news reports in the press, on television and on the radio contributed towards refugees and migrants feeling disconnected and isolated from British society.

Looked After Children are at significant (5 fold increased) risk of experiencing mental health problems, six to seven times increased risk of conduct disorder and are four to five times more likely to attempt suicide. Overall 45% of children and young people aged five to 17 years who were looked after by Local Authorities in England had a mental health disorder. A consultation that was undertaken as part of a mental wellbeing assessment carried out by the Council’s Public Health team in 2013 identified a lack of access by some BME young people to youth services.

In July 2014, a young Korean person, known to social services, took his own life by jumping from a height. The Local Safeguarding Children Board review found that whilst the child’s death was neither predictable nor preventable, it could be learned from. One of the four main findings of the LSCB was that, if a minority community makes few demands on statutory services, and is not well represented among service users or providers, its culture is liable to remain hidden or poorly understood. The impact is felt when statutory services need to get involved and do so, on the basis of insufficient understanding of the culture, attitudes and beliefs of the service user. There is then a heightened risk of poor outcomes.

The mental wellbeing needs of migrant women are not sufficiently understood within the borough. The Annual Public Health Report (2014) reported that Kingston parents with mental health problems from BME groups, including Koreans and Sri Lankans, were identified in their consultations as people whose needs were not currently being met.

Migrant women who are victims of torture, persecution or sexual violence during conflict suffer lasting psychological consequences. Some violent gender-based practices, which are both harmful and illegal in the UK, continue to be carried out behind closed doors.

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They contribute to significant mental distress, low self-esteem and to some chronic health problems which affect the quality of life of affected women. By preventing these harmful practices and supporting those who have been through them with specialist counselling and advisory services, we can have a positive impact on their emotional and overall wellbeing.

Southall Black Sisters, an organisation supporting victims of domestic violence, reports that “BME women complain that feelings of depression, suicidal thoughts and self-harming behaviour, caused by domestic violence, often result in them being ignored or medicalised by the health service, with little help and support to access specialist counselling or therapeutic services, or referral to legal and welfare services to escape abuse.”

Unaccompanied Asylum Seeking Children

The majority of Unaccompanied Asylum Seeking Children (UASC) suffer some form of trauma, either in their country of origin or on the journey to the UK. Upon interview with the Leaving Care/ UASC team, it is vital that a risk assessment is completed to ascertain any risks that the young person may pose to themselves and others. This is because the Leaving Care/ UASC team does not have any background history of the young person except what they disclose to professionals. UASC and former UASC are often referred to Child and Adolescent Mental Health Services and Community Mental Health Teams because they are suffering from post traumatic stress disorder, depression, self-harm, or loss and bereavement from their family and country. In collaboration with the Kingston Community Development Worker for BME communities and Mental Health Promotion, funding was agreed for Kingston UASC and former UASC to receive up to 10 sessions of counselling sessions commissioned by Refugee Action Kingston (RAK). If young people reside out of the borough, they can access RAK or counselling via college and their GP.

Local Voice

‘My mum has spent her whole life in Iraq and now suddenly she can’t go back there. She has lost everything, her house, all her belongings and everything so she feels really depressed and I need to look after her.’ (Iraqi man).

The RASM 2015 Needs Assessment highlighted:

- Mental health was raised by 14 out of 20 photo-diary participants (70%) and was a key theme in three out of the four focus groups conducted with adult RASM. Mental health was also highlighted as a major issue in 10 out of 17 (58%) one-to-one practitioner interviews.

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The causes given in the data for poor mental health were varied. The uncertainty of their legal status was a primary issue for asylum seekers and those without indefinite leave to remain.

- Lack of specialist mental health services capable of responding to the complex needs of RASM.
- Stigma attached to mental health in some refugee and migrant communities.
- 50% of RASM photo-diary participants reported feelings of social isolation.
- It was also noted that the broader climate of hostility towards immigrants visible in news reports and on television contributed towards refugees and migrants feeling isolated from British society.
- Social isolation has a negative impact on physical and mental health and participants wanted more opportunities to connect with others.
- Levels of stress, depression, anxiety – and amongst some vulnerable EU migrants, alcohol misuse – were reportedly high.
- The data also showed that people’s mental health was being affected by their current situation. Poverty, problems with benefits, being unemployed and inadequately housed or homeless were all cited.
- Frontline workers reported that seeing clients with mental health issues was a regular part of their work and that mental health issues caused severe disruption to people’s lives and their attempts to settle in Kingston.

The RASM Conference (2015) raised the following issues:

- More specific research on this issue is required.
- Disconnection and lack of partnership between the voluntary and statutory sector in mental health.
- Emphasis on medication rather than holistic approach.
- Ignorance or lack of recognition of the impact of trauma on mental health. Seeking help is a lengthy process that can place people at more risk.
- Cultural differences and stigma about mental health can prevent people from seeking help.
- Lack of trust in the system and lack of cultural competence also prevents help seeking.
- Profile of Mental Health Network should be raised and more inclusive membership encouraged.
- A need for a mental health strategy.

**Case Study for Mental Health**

<table>
<thead>
<tr>
<th>RAK Client Description</th>
<th>18 - 35 Pakistani young male with refugee status in Hungary but entered the UK illegally in September 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was the client’s situation before intervention?</td>
<td>The young man moved around the country with his uncle, however following a violent episode he was sectioned for two months in Tolworth Hospital. RAK was initially contacted by KAG (Kingston Advocacy Group) and then by the police on four separate occasions, questioning client’s rights and entitlements, as opposed to contacting the Home Office. However, the client had no papers with him and was not registered with RAK and we advised the police to contact the Home Office along with an immigration solicitor. Whilst still at the hospital, the client contacted police himself and informed them that he had entered the country illegally. He was then discharged from hospital and police handcuffed and took him to the station. RAK received a call from Kingston Police station as the client was now street homeless. Staff clearly explained that we do not provide accommodation and asked them not to send the client to our office as we would not be able to help. Two hours later (4.45 on a Friday) the client arrived at RAK's office with a bin bag full of his belongings.</td>
</tr>
<tr>
<td>Were you able to help?</td>
<td>RAK staff called the Zakat Foundation to arrange funding for emergency accommodation. They agreed to pay £25 towards a hostel and RAK secured a room in YMCA for £46 and covered the remaining cost. We later accommodated him for a further week. RAK and KAG then worked together to challenge Tolworth Hospital for discharging the client under Section 3 and Section 117 without additional follow up mental health care in place. RAK called numerous human rights organisations to try to secure legal representation however nowhere would accept under legal aid and without immigration papers it is difficult to ground the case. RAK Director liaised with the ECET Team, Islamic Resource Centre and Kingston Muslim Association (KMA) to explain the matter and request support. Kindly, KMA agreed to pay for one week’s accommodation, reimbursing RAK. The client has an uncle who he was unable to contact. Once the client obtained the number and RAK staff contacted the uncle</td>
</tr>
</tbody>
</table>
explaining the situation, he agreed to care for and accommodate client. The client is now accommodated and cared for by his uncle. He has had a screening interview by the Home Office and his fingerprints have been sent to Hungary for confirmation of his immigration status.

<table>
<thead>
<tr>
<th>Key points for effective practice. How could things be improved?</th>
<th>Better coordination between stakeholders</th>
</tr>
</thead>
</table>

| What were the barriers you faced when supporting this client? | There was a lack of coordination and neglect on behalf of all statutory establishments involved in this case. Tolworth Hospital unlawfully discharged a high-risk, vulnerable patient without any follow up care throwing him into an unstable position and leaving the voluntary sector who do not have the resources, capacity or remit to respond to this. Tolworth Hospital were contacted numerous times to obtain discharge papers and we only received these two weeks after working intensively with client. After reading the papers we became aware of how high risk this client was and his recent history of verbally and physically attacking staff and being inappropriate to female members of staff. It was only then that RAK were able to assess risk and put the right measures in place. |
Chapter Eight Employment and Volunteering

Our vision for change

Our long term strategic vision is to enable local refugees, asylum seekers and migrants (RASM) to play a full role in the UK labour market, to increase access to voluntary sector and training opportunities as one of the most important means to their independence.

We intend to achieve this by:

- Ensuring that the question of inequality in access to employment, volunteering and training of RASM is addressed through local initiatives and policies.
- Joining up and strengthening the work of agencies in the borough which are/could be actively supporting RASM into meaningful well paid employment.
- Raising awareness amongst local employers about the wealth of skills on offer amongst local RASM.

Introduction

Data on refugee employment is limited. However, it is acknowledged that refugees are disproportionately unemployed or under-employed due to barriers to full labour market participation, as well as facing high levels of exploitation and vulnerability in the labour market. People born outside the UK used to be disproportionately unemployed but the most recent figures (from 2014) suggest that this is now only true of foreign born
women. Migrants are often underemployed. The Mayor’s London Enriched strategy cited the following barriers to refugees gaining employment:

- Competence and confidence in English language and lack of basic skills and literacy
- Understanding British work culture
- Policy limits employment prospects, for example asylum seekers with no right to work may miss out on maintaining their skills and limited leave to remain for refugees may also reduce opportunities for employment and progression

Local Picture

‘I am much more aware of the types of jobs I should be applying for. I felt wasted for five years of my life looking and applying for work I was not suitable to do. I now feel more confident in my searching and applying and know my interview techniques have improved. I can see the progress I am making and have spotted the mistakes I made in the past. In my voluntary role I was supporting others in their job search.’

Refugee Action Kingston provides information, advice and guidance to refugees and asylum seekers who are looking for employment, training, voluntary work, including help with job applications, CV writing and interview techniques. They also aim to raise awareness amongst employers of refugees right to work in the UK.

There are currently no formal arrangements for supporting migrants into work. Any work carried out by the Islamic Resource Centre, Helmar and Kingston Somali Association is unfunded.

Unaccompanied Asylum Seeking Children (UASC)

The Leaving Care/UASC Team works closely with Kingston Jobcentre and the 14-19 Team to promote employment and apprenticeship opportunities for LAC (Looked After Children) and care leavers. Employment and education data is periodically scrutinised at the corporate parenting panel to ensure that care leavers are achieving their potential.

All care leavers in receipt of Job Seekers Allowance are prioritised for employment and training opportunities if they put their name on the DWP marker as a care leaver. To ensure this takes place, the allocated worker in the Leaving Care/UASC Team supports the young person with their claim.

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Voluntary work is encouraged by the Leaving Care/UASC Team to help young people gain experience and confidence in a workplace setting to ensure that they are ready and will be committed employees.

Young people are actively encouraged to participate in the Children in Care Council to be the voice for other LAC and care leavers, build self esteem and confidence, organise social events and be part of the recruitment process for permanent staff members in children’s services.

**What has been achieved to date**

In 2013 funding was identified for a bespoke Information Advice and Guidance Coordinator within Refugee Action Kingston. Project outcomes and service impact from its inception up until May 2015 are illustrated in the charts below.
The Korean Link Worker project, which targeted newly arrived Korean migrants, offered integration sessions to raise awareness of the local JobCentre Plus and volunteering opportunities, and to promote confidence and develop new skills.

**What is known to help:**

According to Sheila Heard, the Managing Director of Transitions, a careers and employment service for refugees in London, ‘UK refugees are often highly skilled both academically and in terms of experience and yet they are six times less likely to be employed than the UK national average.\(^{115}\)

The barriers to entering employment cited in a recent Refugee Council report include “the erosion of skills for those who have waited a long time before a decision on their asylum claim, lack of confidence in skills and gaps in CVs, insufficient English Language skills, failure in recognising previous skills and education and a desire for UK based experience and unfamiliarity with the UK market.’ \(^{116}\)

Other factors highlighted in the report (which can also apply to migrants) when trying to gain employment in the UK included:

- Lack of support in their search for work by JobCentre Plus (lack of empathy and understanding for the issues faced specifically by refugee job seekers has been also reported locally)

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- The importance of volunteering experience in gaining confidence and skills that would help them enter the labour market.

- The importance of belonging to a local community and building friendships, connections and networks in relation to employment

The report recommended that:

- JobCentre Plus staff receive bespoke training, especially on particular barriers faced by RASM job seekers as well as the need for specialist advice. Refugee Action Kingston has been working with the DWP and has produced a training video which will be piloted in two local job centres.

- The Government invest in tailored programmes to support RASM into work or provide funding for voluntary agencies to deliver projects that perform this function\(^{117}\)

This is echoing the message from the Refugee Council’s 2014 report\(^{118}\) which states that: ‘For those who are unfamiliar with the UK job market, and may hold qualifications that are not readily recognised by employers, access to tailored advice can be extremely valuable. In the absence of this being offered by job centres, refugees are left to navigate the process on their own, and there is a danger that they will have difficulties finding a job, or be underemployed.’\(^{119}\)

London Enriched, update of the Mayor’s Integration Strategy for London published in September 2013 continues to prioritise employment, skills and enterprise as key aims for 2013-2016.

The Building Bridges Programme is a partnership of three delivery organisations which has proven to be successful in assisting refugee health professionals (RHPs) from initial advice and guidance to finding employment directly related to their education and experience. The project is supported by two NHS Hospital Trusts, Professional Support Unit (London Postgraduate Medical and dental Education), as well as over 50 GP Health Practices, a North London CCG and other secondary and primary health care centres across London.

In October 2015 the project was cited in the Harvard Business Review as an example of good practice: ‘A Refugee Council program funded by Britain’s National Health Service (NHS) supports refugee doctors to re-qualify to UK standards and secure employment appropriate to their professional qualifications. Professional and Linguistic Assessment Board tests are the main route by which international medical graduates demonstrate

\(^{117}\) Ibid.
\(^{119}\) Ibid. p.22.
they have the necessary skills and knowledge to practice medicine in the UK. This successful project works with 50 refugee doctors each year.\textsuperscript{120}

Supporting refugees from a health professional background makes a strong business case, as demonstrated in the Building Bridges Impact Report 2014-15 which explains that the annual funding of £290,510 for the Building Bridges Programme supports over 150 RHPs toward employment, enabling 10-12 refugee doctors to start working as Foundation Officer 2 each year. In comparison, the British Medical Association estimates it costs approximately £294,164 to train one Foundation Officer 2.\textsuperscript{121}

Transitions is a specialist, collaborative, not-for-profit careers and employment service in London which specialises in supporting refugee engineers, accountants and administrators and people with expertise in the international development sector into employment.

Transitions provide refugee candidates with specialist career guidance, enabling them to showcase transferable skills and experience to employers. At the same time, they provide employers with employment agency services, 3 month work experience placements and workshops for staff volunteering and staff development.

Since their inception in 2011 until the end of April 2016, 45% of Transitions candidates have taken up skilled employment, demonstrating the success of the project.\textsuperscript{122}

Good examples of projects supporting refugees with no higher education into employment are:

- ‘Just Bread’, a new Refugee Council initiative which brings together the refugee women of London to ‘share their skills, creativity and cultural heritage whilst acquiring the skills of a professional baker’ \textsuperscript{123}

- ‘Taste of Home’, a social cooperative and a culinary-cultural research project in Zagreb, Croatia which introduces the culture, customs and countries of origin of refugees and migrants living in Croatia to the local population.\textsuperscript{124}


\textsuperscript{121} Ibid.

\textsuperscript{122} Transitions. Accessing the Skills of Refugee Professionals. Available from: http://transitions-london.co.uk/for-employers [accessed 26th October 2016]


The Government is yet to set out its strategy for refugee and migrant integration.

**What is available now**

Refugees, asylum seekers and migrants in Kingston are often not familiar with the UK’s concept of volunteering whilst others are not allowed to get paid work, yet wish to contribute to the community. ‘Our Time’, a time bank which enables refugees to integrate and contribute to their local community through sharing their personal skills and knowledge was set up and developed during the life of the first strategy.

Members ‘deposit’ their time by giving practical help and support to others and ‘withdraw’ time when they need something for themselves. Everyone’s time is valued equally, so one hour of time given earns one hour of time credit and an exchange takes place without the need for money.

‘Our Time’ provides experience in volunteering, opportunities to gain and develop skills and have contributions recognised as well as the opportunity to ‘give back’. Members act as equal partners in reciprocal relationships and are therefore empowered to facilitate the types of assistance they need instead of having it delivered to them. As a result of the time bank, members have reported reduced isolation and exclusion. This leads to improved health and wellbeing.

The Time Bank currently has 43 members who have been exchanging skills through activities such as Tutoring Tuesdays, Cook and Share, allotment gardening, driving theory classes, art classes and others.

**Local Voice**

> ‘I have applied to 1082 companies for a job but they want experience from Britain… they don’t take experiences you had before into account.’ (Pakistani refugee, focus group participant)

Kingston RASM Needs Assessment\(^\text{125}\) evidences that RASM in Kingston consider being employed as crucial to having a good life and making a contribution to society. Not having a job was considered shameful and a key contributor to stress and mental health problems. Many participants were desperate to find employment and reported going to extreme lengths to do so.

85% of clients who produced diaries as part of the participatory needs assessment were either unemployed and actively seeking work or unable to work because of their

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immigration or health status. Of the 15% who were employed, 10% worked part time and 5% full time.

The key issues related to employment identified through the local RASM Needs Assessment were:

- Length of time it takes to get a job
- Difficulties with converting qualifications from own country
- Employers lack of knowledge about immigration status
- Lack of confidence in English skills (even with those RASM who spoke good English)
- Closure of Polish building companies due to recession

The final stage of the RASM Needs Assessment research, Refugees and Migrants Conference held in October 2015 (attended by 88 participants, including strategic partners), identified the following priorities:

- Need for closer working relationship between the Department of Work and Pensions and the community and voluntary sector
- More emphasis on matching skills with jobs needed, as well as providing support to RASM (such as language learning)
- Needs of women who arrive as spouses to be recognised
- The need to make small and medium sized local businesses aware of the skills in the refugee and migrant population
- Need to raise awareness of employee rights and rights of volunteers
- Need to be aware of jobs in the informal economy and risk of exploitation
## Employment and Volunteering Case Study

### Client description

A national refugee with a degree in

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from achieve teacher and nurse and is
As a result, the client noted...
<table>
<thead>
<tr>
<th>What was the client’s situation before Intervention?</th>
</tr>
</thead>
<tbody>
<tr>
<td>T h e c l i e n t u n d e r t a k e v a r i o u s b a c k t o w o r k</td>
</tr>
<tr>
<td>How did you help?</td>
</tr>
<tr>
<td>------------------</td>
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<tr>
<td></td>
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</tbody>
</table>
The client for 18 months. The sessions...
engines suitable for the role, improving
arriving and with then a first job - an
nately, the firm under before the cl
<table>
<thead>
<tr>
<th>How have things changed as a result of intervention?</th>
</tr>
</thead>
<tbody>
<tr>
<td>True</td>
</tr>
<tr>
<td>False</td>
</tr>
<tr>
<td>Mixed</td>
</tr>
</tbody>
</table>
the client with jcb applications with the
Action was successful.
The client secured.
Our Vision for Change:
Our vision for change is to have a strategic and operational approach to addressing the needs of ESOL learners and those with communication difficulties. We wish to bring different partners together to ensure that we can continue:

- to identify and influence priorities around ESOL provision and communication
- to provide ample ESOL provision for a range of learners and barriers are reduced.
- to ensure that Kingston Interpreting Service (KIS) is accessible and affordable by all stakeholders.
- to influence service providers to make reasonable adjustments when communicating with clients and provide a more targeted service when communication issue compromises the quality of service.

By doing this RASM will be able to communicate better leading to increased integration within the wider community in Kingston.

Chapter Nine:
Learning English and Interpreting Support

Introduction
Demos, a major cross-party think tank highlighted that Government ESOL funding has reduced by 40 per cent in the past five years and there are large waiting lists around the country.\(^{126}\) There has also been a lack of a ‘national strategy for ESOL’ in England which

has contributed to a poor understanding of the scale of need and of the quality of provision.\(^{127}\)

Demos also highlighted that current provision fails to take account of the wide range of learner needs, aspirations and circumstances. The Skills Funding Agency and individual further education colleges try hard to meet the needs of learners from unregulated and discretionary sources of funding, but this is not a sustainable solution.

The social and psychological impact of not communicating effectively can lead to feelings of social isolation, anxiety and lack of confidence. The RASM Needs Assessment carried out since 2008 and the subsequent multi agency stakeholder consultations identified learning English as a great need amongst RASM.

Reducing barriers to quality interpreting services as a short term solution to addressing their communication needs was also cited within the needs assessment. The consequences of not using interpreting services and the inappropriate use of family and friends were disclosed within the needs assessment. In addition, how interpreting is funded, in particular for health services, was also raised.

**Local picture**

*The importance of young students learning to speak, read and write English effectively cannot be understated. It provides the cornerstone of their education in a college, as it allows them to access the wider curriculum, make new friends and understand British values and their significance to society. By improving the English skills of these students the Empower and Inspire project has allowed students to achieve their true academic ability and many will now go on to be successful at GCSE and A-Level studies, significantly improving their employment prospects in the future. Scott Peasy, Head of School, Kingston College.*

In Kingston the top three non-English languages are Tamil, Korean and Polish. Only 2% of Kingston residents cannot speak English well or at all. Nearly half of these residents lived in Maldens and Coombe neighbourhood: 5% of residents in Beverley and St James’ wards could not speak English well or at all.\(^{128}\)

**Table 1:** \(^{129}\) Cannot speak English well or at all, by gender

<table>
<thead>
<tr>
<th></th>
<th>Kingston</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>40.5%</td>
</tr>
</tbody>
</table>

\(^{127}\) Ibid.

\(^{128}\) ONS. 2011 Census Data: Proficiency in English - QS205EW. Available from: [https://www.nomisweb.co.uk/query/526.1/advanced.aspx](https://www.nomisweb.co.uk/query/526.1/advanced.aspx)

\(^{129}\) Ibid.
Female | 59.5%  
---|---

**Table 2: Cannot speak English well or at all, by age band**

<table>
<thead>
<tr>
<th>Age Band</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-15</td>
<td>12.4%</td>
</tr>
<tr>
<td>16-34</td>
<td>24.0%</td>
</tr>
<tr>
<td>35-64</td>
<td>49.8%</td>
</tr>
<tr>
<td>65 and over</td>
<td>13.7%</td>
</tr>
</tbody>
</table>

When the above statistics in relation to percentage of people who cannot speak English in 2011 is compared to anecdotal evidence provided by the ESOL and Communication Group, we can see the changing landscape of potential communication needs emerging. According to the group new people are arriving everyday mainly through family connections, via employment visas, flow of expatriates and students and refugees and asylum seekers due to upheaval in the Middle East. This also explains, in part, why the population of Kingston has become more ethnically diverse; from 16% Black, Asian and Minority Ethnic (BAME) groups in the 2001 Census to 26% BAME in the 2011 Census and a predicted rise to 32% by 2024.\(^{130}\)

The top five languages of Kingston Interpreting Service bookings (October 2015 - October 2016) were Korean, Polish, Tamil, Arabic and Farsi.

According to Achieving for Children, 33% of Kingston children speak English as an additional language (EAL)\(^{131}\); at a reach area level the areas with the highest level of EAL are Tolworth (48.6%), New Malden (46.9%) and Kingston Town (42.2%).\(^{132}\)

**Unaccompanied Asylum Seeking Children (UASC)**

The UASC team in Kingston report that all looked after children, including UASC are required to have a personal education plan (PEP) within 20 days of coming into care. Thereafter, the PEP takes place once a term. The purpose of the meeting is to focus on educational attainment, whether the young person is achieving their academic potential

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\(^{132}\) Achieving for Children. Children’s Centre Reach Area Profile. 2015.
and if they require educational support. All looked after children aged 3 to 16 years old are entitled to a £1,900 annual Pupil Premium allowance to enable them to be fully supported in education. Post-16, UASC and former UASC are eligible for a 16-19 education bursary if they are in full time education and their attendance is above 90%. This equates to £1,200 a year.

Some UASC have had no or limited education in their country of origin. However, they are mostly keen to learn English and integrate into British society. The UASC will learn English via ESOL courses usually up to a period of two years. During holidays, the Leaving Care/UASC Team pays for extra tuition for UASC to learn English.

UASC that have status in the UK are mostly keen to access higher education. The Leaving Care/UASC Team will support the care leaver by paying a total of £2,000 towards a higher education bursary, travel to university, money for books and equipment, summer rent and subsistence. To date, two former UASC have completed a PhD.

**What has been achieved to date:**

Since the strategy’s inception in 2010 many things have been achieved:

- The ESOL and Communication Group was set up in 2010 to address the lack of strategic planning in the borough around English language provision for socially excluded and marginalised groups. The group have since been working in a more coordinated way.

- Funds of £632,945 were secured by the Council’s Equalities and Community Engagement Team in partnership with key members of the ESOL and Communication Group to provide ESOL based low level provision from the Migration Impact Fund and the European Integration Fund. The English classes consisted of embedded health and heritage related topics within the lesson plans. All classes provided were free and had accessible childcare. The target group were mainly women and young people who are newly arrived migrants and have lived in the UK for less than 10 years.

- Funding from Adult Education to provide English language provision to Middle Eastern North African Group.

**What is known to help**

The Mayor of London’s Integration Strategy has also endorsed communication as an issue, highlighting the importance of language as a tool for all aspects of integration. It states that lack of coordination among funders, teaching institutions, employers and
communities means not enough courses at the right level, at the right time, achieving the right employment and cohesion results for refugees.\textsuperscript{133}

The Handbook on Integration for policy-makers and practitioners also asserts that Immigrants are more likely to apply or continue applying if there are free, quality-certified preparatory courses, which are flexible enough to meet applicants’ learning and practical needs and good practice around:

- Opportunities for informal learning, including mentoring schemes, workplace-based language learning, information ‘hubs’ that unite further education colleges and the voluntary and community sector.

- Courses tailored to different starting levels and different learning circumstances, combined with initial learner assessments, collection of data on learners that is used to inform future provision.\textsuperscript{134}

The communication needs of refugees and migrants, since the inception of the Refugee and Migrant Strategy in 2010, has also provided a coordinated and structured approach to responding to this need, in particular through the ESOL Strategic Group; which consists of ESOL providers who focus on providing ESOL classes to disadvantaged groups.

**What is available now**

Since June 2015, project funded from the European Integration Fund have now ended, alongside funding for the Health Education and Community Classes Projects.

Refugee Action Kingston and Learn English at Home have secured external funding to continue to deliver their English language provision (alongside other community groups), but this is not on the scale that was previously provided by the European funding which also provided funding to building the ESOL infrastructure through training and provide ESOL provision.

**Local voice:**


The local voice of stakeholders mirrors observations and sentiments at a national level. 85% of the asylum seekers, refugees and migrants who produced photo diaries in the 2014/15 RASM needs assessment included data on learning English and/or the importance of good language skills for accessing health, education, training and employment services.

**On-going needs for ESOL provision:**

Consultations with ESOL providers and the Refugee and Migrant needs assessment in 2014 and 2015 identified:

- Continuous demand for a mix of ESOL provision, particularly around very low level ESOL and literacy. Provision is ‘project’ based and limited therefore needs to continue to cater for current and future demand. There is also demand for 1:1 pairing and training of ESOL volunteers at Learn English at Home

- Provision needs to continue to also meet demand from referring health practitioners and strategic work around Marmot objectives. This work is interlinked with prevention work with health practitioners.

There have been Government cuts in funding informal learning where there is greatest demand. A Learn English at Home report highlighted that this puts pressure on target groups who are not ready for formal classes to attend accredited courses for a period of 3 years. For example ESOL Entry 1 learners may need 3 years to achieve the B1 Entry 3 requirement for settlement. Also those are who are non literate also struggle with studying and achieving Entry 3. The majority of those who seek informal are unable to afford the fees due to income related issues.

ESOL providers have evolved in response to the changing funding climate in meeting the needs of a target group. This has resulted in vulnerable target groups staying with one organisation for a specific period of time or when funding ends and moving on to other providers who may have received funding for new ESOL provision.

“Every week, three days I’m going to Piper Hall to learn English. I love Piper Hall because the teachers are very friendly, kindly and teach very well. I never tired here”

(photodiatary extract)

*Student A didn’t speak at all when she first came with her husband and 4 week old baby but as the weeks progressed she started to come on her own, smile more, and now is attempting to speak a little more each week. She is also able to go to get her baby weighed weekly after a relevant discussion in class. (Community Classes at Learn English at Home)*
This has had an impact on recording the long term progress of learners. Where possible, the ESOL Strategic group have tightened up their referral processes to ensure that the learners have suitable progression routes and pathways.

**Barriers to accessing learning**

The following issues were identified from the ESOL and Communication Group, Conference feedback and the RASM Needs Assessment:

- **Funding programmes and criteria**
  - Provision for EU Migrants who are excluded from the European funding programmes
  - Not all provision is free and fees based on economic circumstances are a barrier.
  - Eligibility for free ESOL classes was a particular problem for those in work but on low incomes or working part-time.
  - Acknowledging gaps in different skills such as speaking and writing

- **The pace of formal learning**
  - Lack of confidence and demands of the course for entry level students
  - The pace and level of English required for some classes in a formal setting (e.g. further education colleges)

- **Barriers faced by carers:**
  - Childcare and other caring responsibilities and costs of crèche provision.

**Interpreting and poor communication with service providers**

> ‘Sometimes friends and families are used as interpreters, even children. This is wrong. Children don’t understand medical words. All refugees should know they are entitled to an interpreter at appointments’ (Focus Group, Iranian man)

The RASM Needs Assessment highlighted the following issues that refugee and migrants faced as a result of poor communication with service providers:

- Communication difficulties in trying to express their circumstances and understanding the words being used by key professionals. This has led to some clients being sanctioned by Jobcentre Plus, without really understanding why this occurred, leading to serious consequences
• Although efforts have been made by information and advice agencies to improve communication through using interpreting services, there is still anecdotal evidence to suggest that those with English as a second language struggle to communicate, leading to the inappropriate use of friends and family members as interpreters. The use of telephone based interpreting services was also reported to be unpopular amongst staff and clients.

• Digital exclusion has further alienated those who speak English as a second language. Most service providers are now moving towards providing information and registrations online. Despite the efforts of providing alternative languages on online platforms such as One Click, barriers around assessing information online remains an issue for refugees, asylum seekers and migrants who are socially excluded. Many do not have the computer skills required or access to a computer or the Internet.

• The above impact on mental health as a result of not being able to speak the language, integrate and difficulty in accessing and communicating with service providers, such as GPs, JobCentre Plus.

“I am helping this guy who had an accident at work two years ago. Ever since he is having seizures, one a month or one every two months for two years and he hasn’t had a proper consultation. Yesterday he had an appointment that was supposed to explain what was going on for him and they brought a nurse from another floor to interpret for him. I asked him today what did he learn and he said nothing, he didn’t understand. Using next of kin or others for interpreting can have consequences because they might not understand the diagnosis or words that are being used by the doctors or nurses or whatever. This guy is very depressed and has given up now because he is not getting anywhere in two years. And it is his brain [laughs] – it’s very serious!’ (Interview, Polish man)”

Case Study for Language and Communication

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**How have things changed as a result of intervention?**
Chapter Ten Integration and Relocation

Our Vision for Change:

Our vision for change is to ensure people are fully integrated into community life in the
Royal Borough of Kingston, that they have access to the services they need and when people are new arrivals to the country and are vulnerable, they will be fully supported by both formal agencies and the wider community, wherever possible.

We will do this by:

- Supporting people to feel part of their local community and have a role
- Supporting the vulnerable to learn English, gain employment and access appropriate services when they need them
- Involving local organisations, landlords and wider community members in helping vulnerable refugees who are formally resettled in the borough
- Developing services between partners and communities that help people to integrate fully in the community and to access appropriate services, early on

Introduction:

Integration means that after people arrive they feel part of the community and our society. Relocation is about helping vulnerable refugees who have experienced torture, persecution or are at risk, according to the United Nations High Commissioner for Refugees, to come to Kingston through official routes organised by the Home Office.

In November 2015, the Council entered into the Government’s Vulnerable Person’s Relocation Scheme (VPRS). The Home Affairs Committee states that of the 1,602 people accepted under the VPRS to March 2016, 610 have been resettled in Scotland. 171 people have been resettled in the Yorkshire and Humberside region and 105 in Coventry. Only four London Boroughs (Barnet, Camden, Islington and Kingston-upon-Thames) had taken any Syrian refugees. Despite a high level of local commitment, like many other London boroughs, there are significant challenges facing the Council in resettling refugees.

The Council aims to resettle 50 Syrian refugees through the VPRS scheme in the borough. This has been met with support from several of the Council’s strategic partners. The relocation of these individuals requires the Council and its partners to have strong partnerships, especially to work together in finding private landlords who’re willing to let homes to Syrian refugees. This is a challenge for a borough such as Kingston due to high rental rates and a reducing number of landlords coming forward to let their properties at Lower Housing Allowance Rates generally. However, there are opportunities for the Council and communities to work together to find private landlords who will provide

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homes at a reduced rate for charitable or humanitarian reasons. Two such landlords have come forward so far to let their homes to Syrian refugees, these have both been identified through contacts with faith communities.

In addition to housing, the Council will also be providing integration support to new arrivals. The integration package and support for them is similar to that of all other newly arrived refugees or asylum seekers and there are potential barriers as well as opportunities to promote integration, as described below.

The 2015 local refugee needs assessment report\(^\text{\textsuperscript{136}}\) indicated the following factors as preventing people from having healthy lives and integrating fully;

- Not speaking, reading or writing in English or having low level English skills
- Trauma from the journey between the country of origin and Britain
- Loss of family and friends and other social support
- Coping with the realities of Britain, including poverty and pressure of recent welfare reform
- Social isolation; having a negative impact on physical and mental health
- Not understanding UK systems or services and difficulties in getting information

However, there are also many opportunities to support and promote the integration of refugees, asylum seekers and migrants in Kingston. These include;

- Various social support services for different sections of the population are provided in the community that aid integration for refugees, asylum seekers and migrants, these are run by organisations including Refugee Action Kingston, Helmar, the Islamic Resource Centre, Centre for Community Development, Theatre for All, Nanoom and Recovery Initiative Social Enterprise.

- Social community networking opportunities run by residents and informal community groups such as walking and talking groups, volunteering and involvement in community events all provide opportunities for integration. Many places of worship have initiatives that support people to feel part of their community and receive support. Kingston Mosque set up a refugee support group in 2015 and have been proactive in supporting newly arrived Syrian refugees.

- There are some opportunities to learn English for free (for some sections of the community) with organisations such as Learn English at Home who provide 1:1

English classes in people’s own homes and Refugee Action Kingston who run the ‘Centre for Community Resilience’. Some community classes are also run by volunteers in the community to help people to have conversations in English.

- The Kingston Timebank is a skills sharing service which was set up for refugees and asylum seekers to promote the assets they have however, this service is open to everyone and helps people to share skills and knowledge and culture by voluntarily exchanging timed activities. One Syrian refugee, who has recently come to Kingston and was previously a teacher, is now teaching at Refugee Action Kingston’s homework club through the Timebank.

- There have been a number of offers from volunteers to support newly arrived refugees. This has included offers of help from helping people set up home to befriending and taking people to the Mosque, showing people around the borough and providing friendship.

- There is an increasing interest in ‘hosting’ refugees. This is where the host will take in a refugee in their own home to stay with them. In the few informal cases where it is known to services that this has happened, the host has often provided some social integration support to these individuals. 23 landlords came forward to the Council in 2015 to offer a spare bedroom in their home for a Syrian refugee.

**Potential future developments in relation to relocation and integration**

In addition to the Syrian Vulnerable Persons Relocation Scheme the Government have also announced additional resettlement schemes to respond to the current refugee crisis, in particular for unaccompanied asylum seeking children. The Council and its partners are therefore also exploring the potential of resettling additional unaccompanied asylum seeking children who could either be relocated directly from Middle Eastern countries or from Calais. These children would be in addition to those already supported by the Council who have made their own way to the UK. Foster or host families will need to be identified if the Council are to take more children.

The Council and its partners will also explore the viability of the government’s new community sponsorship scheme, which aims for non-statutory organisations to take responsibility for the resettlement and support of refugees, with the Local Authority being the organisation who vet and carry out checks on potential sponsors. Refugee Action Kingston are also exploring initiatives such as ‘community hosting’ where people living in the UK offer a spare room to refugees or asylum seekers and some integration support. At the time of writing the Home Office do not relocate individuals from the Syrian region to be placed in people’s own homes. However, initiatives such as this may potentially be

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suitable for people who have made their own way to the UK and may well prevent homelessness.

**Key actions the strategy partners can implement in order to address identified issues and promote opportunities for integration and relocation:**

- Community development activities that support people to feel part of their local community and have a role, will be promoted amongst the most vulnerable. This includes supporting people to be involved in volunteering, community training opportunities, community initiatives, celebrations of cultural events and contributing to the refugee Timebank (a service that promotes the sharing of professional and non-professional skills based on trading volunteer time).

- Organisations that provide English language classes will work together to make sure vulnerable people are helped and have access to learn English and overcome barriers to accessing English language courses or language support. Organisations who provide job seeking support will work together to help people with specific barriers to be job ready.

- Ensuring refugees who are resettled in the borough through the Government’s relocation scheme are provided a suitable private home for them to rent.

- Enlisting the support of the wider community to identify private rental homes and integration support such as volunteer mentors, welcome food boxes and amenities for newly arrived refugees.

- Encouraging universal services (services available to everyone) to ensure they are accessible to these vulnerable groups.

- Exploring jointly developing and buying services (commissioning) that respond specifically to local needs of refugees, asylum seekers and migrants to support them to live active, independent lives and to integrate successfully.

**Case Study for Integration**

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ty, but she couldn’t find anyone to help
How did you help?
sessions as part of the Korean Lin
London and local traditional places of interest
How have things changed as a result of intervention?
on the importance of participating in
Case Study for Relocation

<table>
<thead>
<tr>
<th>Client description</th>
<th>Syrian couple age</th>
<th>Community activities</th>
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<td>What was the client's situation before Intervention?</td>
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The world is very weirdly.
Syria and travelled to Jordan to seek refuge.
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<th>How did you help?</th>
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A Landlord cane forward with a property a
Under the scheme to make the property a...
How have things changed as a result of intervention?
organised a feast in the local mosque.
The KRSP rode all up.
"I was a primary school teacher and now..."
is full of wood.
## Consultation

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<td>Data Collection Date</td>
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<td>Community Open day (co-produced with community organisations supporting minority ethnic communities)</td>
<td>Queen Mary’s Hall</td>
<td>x3 Focus groups + 1:1 surveys with individuals</td>
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<td>18 July 2016</td>
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<td>Engaging with ethnic minority parents</td>
<td>Malden Manor Children’s Centre</td>
<td>Group discussion and 1:1 survey with individuals</td>
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<td>15 July 2016</td>
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<td>Piper Hall</td>
<td>x2 Focus groups</td>
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<td>x2 Focus groups</td>
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<td>10 August 2016</td>
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<td>Community Cafe</td>
<td>Quaker Centre</td>
<td>Outreach discussions &amp; survey handed out</td>
<td>Unknown (left link to website and paper copies with participants)</td>
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<td>59</td>
<td>30 June 2016 - 5 August 2016</td>
</tr>
<tr>
<td>OTHER activity Survey emails sent to:</td>
<td>KVA</td>
<td>Cascaded website link via email</td>
<td>Number of email recipients 215</td>
<td>30 June 2016 - 5 August 2016</td>
</tr>
</tbody>
</table>
The charts produced throughout the consultation report show high levels of agreement that the Council and partners have identified the important issues that need addressing for each of the ten themes, and with the actions put forward. Whilst the consultation is a relatively small sample of 114 individuals, this is a positive finding on the back of the collaborative work undertaken by the Council and partners to produce the strategy.

Across many of the ten themes it is possible to identify several common issues that receive particularly high levels of agreement (and strong agreement) from respondents. These include learning English, integration and employment to aid integration.

The topic of language (learning English) is the most prominent of all issues to have strong agreement. A lack of knowledge of the English language is clearly seen as a barrier in communicating with health services; two-thirds of respondents strongly agree with this. It is also noticeable in integration and resettlement where over three quarters of respondents agree strongly that vulnerable people require help to learn English, gain employment and access appropriate services when they need them. In community safety

<table>
<thead>
<tr>
<th>Survey emails sent to:</th>
<th>RAK</th>
<th>Cascaded website link via email to Volunteers and Trustees</th>
<th>Number of email recipients Unknown</th>
<th>30 June 2016 - 5 August 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey emails sent to:</td>
<td>Individual contacts including CCG communications and Community contacts</td>
<td>Cascaded website link via email to Volunteers and Trustees</td>
<td>Number of email recipients 365</td>
<td>30 June 2016 - 5 August 2016</td>
</tr>
<tr>
<td>Publication</td>
<td>ECET Newsletter</td>
<td>Article included sent to subscribers</td>
<td>Number of email subscribers 649</td>
<td>1 July 2016</td>
</tr>
<tr>
<td>Total focus group participants</td>
<td>54</td>
<td>Total online participants who responded 59</td>
<td>Total paper responses sent in 1</td>
<td>TOTAL survey responses = 114</td>
</tr>
</tbody>
</table>
nine in ten respondents say that refugees, asylum seekers and migrants can feel unsafe due to a lack of integration within the community and lack of access to services is often worsened by language barriers. Over eight in ten agree that service providers do not always make reasonable adjustments when dealing with people with communication issues such as language barriers.

There was some concern over resources being diverted to this population group when there are the same or similar needs across other groups (i.e. in the case of housing, welfare reform and food poverty).

There was some concern the Council need to find additional funding to support the strategy with external funding rather than relying only on existing Council funding.

**Action Plan**

1. **Health**

<table>
<thead>
<tr>
<th>Key Performance Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop clear guidelines for primary and secondary care staff about eligibility and access to health services, and create an ethos within primary care provision that refugees, asylum seekers and migrants are entitled to free NHS primary care.</td>
</tr>
<tr>
<td>2. Promote support services to all stakeholders including interpreting services, advocacy and counselling that is available for non-English speakers.</td>
</tr>
<tr>
<td>3. Work in partnership to develop and buy services (joint commissioning) that focus on increasing healthy life expectancy, reducing barriers and health inequalities, and minimising the costs associated with the potential inappropriate use of services (i.e. due to not knowing what health services to use when) for refugees, asylum seekers and migrants.</td>
</tr>
<tr>
<td>4. Promote Kingston Interpreting Services and English language opportunities to all stakeholders.</td>
</tr>
<tr>
<td>5. Develop targeted health improvement initiatives across organisations and with communities to help prevent vulnerable groups from being further disadvantaged.</td>
</tr>
</tbody>
</table>
## 2. Housing

**Key Performance Indicators**

1. Improve communication materials for refugees, asylum seekers and migrants to ensure that they are aware of the housing system, their responsibilities as tenants, and in order to provide tailored information regarding who to approach when housing advice and support is required.

2. Set up a landlords’ forum to discuss issues of concern around letting and immigration status and promote good practice in letting.

3. Ensure a joined up approach is taken with housing options for example in relation to mortgage and deposit schemes, referral processes and promote training for housing professionals around issues facing refugee, asylum seeker and migrant’s barriers to accessing housing.

4. Ensure that services are working together as unaccompanied asylum seeking children approach the leaving care age i.e to prevent young people having to negotiate with several Council departments upon leaving the care of the local authority.

## 3. Community Safety

**Key Performance Indicators**

1. Develop increased partnership work between local refugee and migrant organisations and services, such as the Police and Achieving for Children, to promote integration and access to services.

2. Carry out community engagement work to support reducing rates of female genital mutilation, forced marriages, honour crimes, domestic violence, exploitation and human trafficking.

3. Support the development and promotion of third party reporting of crime, harassment, abuse and trafficking directed at refugees and other migrants who feel unable to contact the Police directly.
4. Celebrate the presence of refugees, asylum seekers and migrants, showcasing the benefits they bring to Kingston. Challenge negative assumptions and, if detrimental, report them.

## 4. Food and Nutrition

**Key Performance Indicators**

| 1. | Explore new initiatives with local businesses to reduce food poverty. For example, encouraging fruit and vegetable market stalls to increase access to healthy food by becoming Healthy Start businesses and accepting Healthy Start food coupons from eligible families to spend on fruit and vegetables at their stall. |
| 2. | Deliver food and nutrition information and training such as ‘cook and eat’ and ‘eating on a budget’ courses for specific refugee, asylum seeker and migrant populations. |
| 3. | Set up a Food Poverty Action Group with stakeholders and develop a food poverty action plan for Kingston. |
| 4. | Map local services and explore where partnership working is/is not taking place on food poverty issues. |
| 5. | Ensure food banks and food support agencies work together to enable the availability of culturally sensitive food. |

## 5. Welfare and Debt

**Key Performance Indicators**

| 1. | Explore funding and deliver financial literacy training for Refugees, asylum seekers and migrants and unaccompanied asylum seeking children and young migrants. |
| 2. | Reduce the impact of welfare reform by providing information and training |
sessions for refugees and migrants.

3. Ensure close working relationships between the Council, JobCentre Plus and Information and Advice Services in the borough on issues affecting refugees, asylum seekers and migrants.

4. Work closely with other information and advice agencies in the borough in order to minimise the impact of, and explain, Universal Credit.

6. Information and Advice

Key Performance Indicators

1. Influence and develop services with information and advice commissioners in Kingston to ensure the provision of targeted face to face services for refugees and asylum seekers.

2. Build closer relationships between the Council, welfare benefits providers and Information and Advice Services in the borough in relation to work affecting refugees, asylum seeker and migrant communities.

3. Develop a training pack for key local authority departments, on the specific information and advice needs of refugees, migrants and asylum seekers.

4. Work on identifying existing organisations who can deliver or support the development of targeted information and advice services to vulnerable migrants.

7. Mental Health and Isolation

Key Performance Indicators

1. Identify and work with services that provide community counselling within the voluntary and community sector.

2. Prioritise, define and implement coordination of mental health services between the voluntary sector, mental health services and community members.

3. Support and promote community groups which provide language classes and activities known to improve mental wellbeing, promote social interaction, reduce
isolation, improve confidence and help to diminish anxieties

4. Celebrate cultural diversity events with all communities and support or facilitate activities for Black and ethnic minority women that include culturally targeted learning where appropriate.

5. Make cultural competency training available for all mental health practitioners.

6. Identify funding and develop appropriate counselling services for unaccompanied asylum seeking children (UASC) and young migrants.

8. Employment and Volunteering

<table>
<thead>
<tr>
<th>Key Performance Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Produce a plan to educate and improve the knowledge of local employers on the valuable skills of refugees and migrants and related immigration issues.</td>
</tr>
<tr>
<td>2. Work with local partners (Health and Safety Executive, local Chamber of Commerce, Kingston College) to educate small local businesses to better understand the benefits of implementing statutory obligations around duty of care towards vulnerable refugees migrants.</td>
</tr>
<tr>
<td>3. Build local capacity to support refugees and migrants to access appropriate employment and volunteering opportunities.</td>
</tr>
<tr>
<td>4. Build on existing partnerships between JobCentre Plus and community and voluntary sector organisations to increase awareness of the needs of refugees and migrants and enhance the skills required by JobCentre Plus staff.</td>
</tr>
<tr>
<td>5. Work in partnership with relevant agencies to investigate and prevent the exploitation of people in the informal economy.</td>
</tr>
</tbody>
</table>

9. Language and Communication

<table>
<thead>
<tr>
<th>Key Performance Indicators</th>
</tr>
</thead>
</table>
1. Identify funding for free or affordable mixed and low level English language tuition accessible to all potential learners.

2. Identify funding for free or affordable English language tuition with child care in community settings for parents with preschool children.

3. Explore the availability of work based English language learning sessions and evening classes.

4. Identify funding for English language provision for young people through the Unaccompanied Asylum Seeking Children’s Team, Refugee Action Kingston and Kingston College working together.

5. Work in close partnership with Kingston Interpreting service and the partnership English language group (ESOL Communication Group) and develop plans to clearly identify entitlements to interpreting services or costs of the service.

6. Develop a good practice communication guide for service providers around the needs of people who speak no or low levels of English i.e. for GP practices.

7. Explore and develop a framework that includes a sustainable pool of community volunteer interpreters and bilingual advocates.

10. Relocation and Integration

Key Performance Indicators

1. Promote community development activities for the most vulnerable to support people to feel part of their local community and have a role. This includes support for people to be involved in volunteering, community training opportunities, community initiatives and groups such as celebrating cultural events and to contribute to the Refugee Timebank (a service that promotes the sharing of professional and nonprofessional skills based on trading volunteer time).

2. Ensure organisations who provide English language classes work effectively together to enable vulnerable people to be helped and have access to learn English and overcome barriers to accessing English language courses or language support. Ensure organisations who provide job seeking support will work together to help people with specific barriers to be job ready.
3. Ensure refugees who are resettled in the borough through the Government’s relocation scheme are provided with a suitably assessed private home to rent based on their need.

4. Enlist the support of the wider Kingston community to identify private rental homes and integration support such as volunteer mentors, welcome food boxes and amenities for newly arrived refugees.

5. Encourage universal services (services available to everyone) to ensure they are accessible to vulnerable groups.

6. Explore jointly developing and buying services (commissioning) that respond specifically to local needs of refugees, asylum seekers and migrants to support them to live active, independent lives and to integrate successfully.

Glossary

AfC - Achieving for Children (providers of all children’s services in Kingston)
BAME - Black, Asian and Ethnic minorities
CAK - Citizens Advice Kingston
CBL - Choice Based Lettings
CCG - Clinical Commissioning Group
CSPAN - Kingston Community Sport and Physical Activity Network
ECET - Equalities and Community Engagement Team
EEA - European Economic Area
ESOL - English for Speakers of Other Languages
FGM - Female Genital Mutilation
IAG - Information, Advice and Guidance
IRC - Islamic Resource Centre
LAC - Looked After Children
LSCB - Local Safeguarding Children’s Board
LEAH - Learn English at Home
NHS - National Health Service
OISC - Office of Immigration Services Commission
RAK - Refugee Action Kingston
RASM - Refugees, Asylum Seekers and Migrants
TB - Tuberculosis
UASC - Unaccompanied Asylum Seeking Children

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**Types of Migrant**

**Asylum Seeker**

Described by the UN as someone who has made a claim that he or she is a refugee and is awaiting the determination of his or her status. The term contains no presumption either way - it simply describes the fact that someone has lodged the claim. Some asylum seekers will be judged to be refugees and others will not.

**Economic migrant**

Someone who leaves behind their country of origin in order to improve their quality of life. The term is often used to refer to those attempting to enter a country without legal permission and/or those who asylum procedures without bona fide cause.

**Illegal Migrant**

This is neither an official nor agreed-upon term by government, academics or statisticians. It describes a person who does not have the legal right to reside or work in a country. The migrant may have either entered the country illegally or their legal status may be invalidated possibly because they stayed beyond the period of time allowed on their visa, worked for pay in violation of their visa or found themselves without legal status due to protracted administrative procedures in the processing of their application for work, residence or other right to stay in the country. Other, related terms you might come across include: Undocumented, unauthorised, clandestine or out-of-status migrant.

**Immigrant**

An all-encompassing term usually taken to mean someone who leaves their native land and goes to another country as a permanent resident (as distinct from a holidaymaker, for example).

**Irregular migrant**

The International Organisation for Migration describes an irregular migrant as someone who, owing to illegal entry or the expiry of their visa, lacks legal status in a transit or host country.

The term applies to migrants who infringe a country's admission rules, seek asylum without due cause and any other person not authorised to remain in the host country.

**Migrant**
Definitions of 'migrant' vary among different data sources, and between datasets and law. Among other possibilities, migrants may be defined as foreign-born, foreign nationals, or people who have moved to the UK for a year or more.\footnote{The Migration Observatory. Who Counts: Migrant definitions and their consequences. Available from: http://migrationobservatory.ox.ac.uk/briefings/who-counts-migrant-definitions-and-their-consequences. [Accessed 2/6/2016]}

**Migrant worker**

A foreigner who is admitted by a state for the specific purpose of exercising an economic activity which is remunerated from within the receiving country.

The length of stay and type of employment are usually restricted.

**Refugee**

Article 1 of the Geneva Convention defines a *refugee* as “a person who is outside his/ her country of habitual residence; has a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country; and is unable or, owing to such fear, is unwilling to return to it”. If you are fleeing from one place to another, in order to qualify as a refugee you have to demonstrate that you have a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion. A person who has been given Leave to Remain in the UK as a refugee will have met the criteria in the UN Convention on Human Rights. The status of a ‘refugee’ would include people receiving the following statuses: Refugee Status, Humanitarian Protection, Discretionary Leave, Exceptional Leave to Remain and Indefinite Leave to Remain.

**Refused Asylum Seeker**

A person who was previously an asylum seeker, whose claim for protection and subsequent claims and appeals have been refused, with all appeal rights exhausted (ARE). They are also sometimes referred to as failed asylum seekers. This includes people who are on Section 4 Support and people who are ‘destitute’.

**Settled person**

A settled person is someone who has been given Indefinite Leave to Remain in the UK. There is no time limit on their stay and they can access support like any other UK residents. From 2007, those applying for Indefinite Leave to Remain or a ‘settled person’ status have to pass an English language and Life in the UK test, like those applying for citizenship. Someone with status may lose his/her Indefinite Leave to Remain automatically if they go abroad and don’t return within two years.

**Unaccompanied Asylum Seeking Children (UASC)**
Asylum seeking isn’t just for adults. Unfortunately some children travel alone to seek asylum in another country. These children can apply for asylum in their own right.

**Vulnerable Migrant**

For the purpose of this strategy, the term vulnerable migrants is used to refer to a person or people who are foreign born who have moved to the UK and have fallen on difficult circumstances preventing them from being independent or self sufficient. I.e. migrants who have become disabled, ill or homeless.

**Immigration Status**

**Discretionary leave**

DL is granted outside the Immigration Rules in exceptional circumstances in accordance with Home Office policy. It must not be granted where a person qualifies for asylum or humanitarian protection (HP) or for family or private life reasons.

**Humanitarian Protection**

Humanitarian Protection is granted by the Home Office to a person who it decides has a need for protection but who does not meet the criteria for refugee status.

**Indefinite Leave to Remain**

ILR is a form of immigration status given by the Home Office. Indefinite leave to remain (ILR) is also called ‘permanent residence’ or ‘settled status’ as it gives permission to stay in the UK on a permanent basis.

**Refugee status**

Refugee status is awarded to someone the Home Office recognises as a refugee as described in the Refugee Convention. A person given refugee status is normally granted leave to remain in the UK for 5 years, and at the end of that period can apply for Indefinite Leave to Remain.

**Asylum Support**

**Section 4 Support**

The Home Office gives support to refused asylum-seekers who are destitute and meet a narrow set of criteria. The support consists of accommodation and £35.39 a week via a payment card.

**Section 95 Support**

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Section 95 support is aimed at asylum seekers whose claims are ongoing, who are destitute or about to become destitute, and their dependents. The level of support is currently £36.95 per week per person, and accommodation if necessary.

**Other terms**

**Family reunion**

Family reunion is the procedure which gives the right to people who have received refugee status or humanitarian protection to bring their spouse and dependent children to join them in the UK. All those with a refugee status have rights to family reunion.

**Forced migration**

The International Organisation for Migration defines this as the non-voluntary movement of someone who wishes to escape an armed conflict, violence, the violation of their rights or a natural or man-made disaster.

The term applies to refugee movements as well as to those caused by human trafficking and the forced exchanges of populations among states.

**Fresh Claim**

A refused asylum seeker may have a right to re-apply for asylum if they are able to provide new evidence to support their asylum application.

**Human trafficking**

The UN defines human trafficking 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."

This exploitation can take different forms, including:

- prostitution or other kinds of sexual exploitation
- forced labour or services
- slavery or practices similar to slavery
- the removal of organs.

Victims of trafficking have either never consented to the trafficking or their initial consent has been rendered meaningless by the coercive, deceptive or abusive actions of the traffickers.

**Smuggling of migrants**
The UN defines the smuggling of migrants as: "The procurement in order to obtain, directly or indirectly, a financial or other material benefit, of the illegal entry of a person into a state of which the person is not a national or permanent resident."

It differs from human trafficking in that it involves the consent of the migrants involved and ends with the arrival of the migrants at their destination.

**Appendices:**

**1 Health**
Healthy Start: [www.healthystart.nhs.uk](http://www.healthystart.nhs.uk)

**2 Housing**

**3 Community Safety**

**4 Food and Nutrition**
A Zero Hunger City: Tackling food poverty in London


**5 Welfare Reform and Debt**
The Welfare Reform Act 2012 has resulted in significant changes to the benefit system. The most significant changes have included:

- The Benefit Cap is a limit on the total amount of certain benefits a household can get if they are within working age. The cap applies to the total amount that the people in the household get from certain benefits. If a household is affected by the cap the housing benefit claim or Universal Credit will be reduced.\(^\text{141}\)

- The Social Size Sector Criteria affects those working age households in social housing that have more bedrooms than necessary and will be considered to be

\(^{141}\) The cap includes: £500 a week for couples (with or without children living with them) or £500 a week for single parents whose children live with them or £350 a week for single adults who don’t have children, or whose children don’t live with them
under occupying the property. A percentage reduction\textsuperscript{142} will be made to the household’s eligible rent and eligible service charges.

- Universal Credit is a new type of benefit designed to support people who are on a low income or out of work. It will replace six existing benefits\textsuperscript{143} and is currently being rolled out across the UK. The new system is based on a single monthly payment, transferred directly into a bank account. Universal Credit will be introduced in Kingston in November 2015 for new job seeker claimants only.

- Personal Independent Payment (PIP) has started to replace Disability Living Allowance (DLA). PIP is a benefit for people who have a long term health condition or disability. All new claims will be assessed under PIP regulations and from July 2015 all existing DLA claimants in Kingston will have to make a new claim as there will be no automatic transfer to PIP.

Step Change website: https://www.stepchange.org/

6 Information and Advice


7 Mental Health


8 Employment and Volunteering

Examples of national refugee integration and employment strategies from previous administrations are set out below:

'Moving on Together: Government's recommitment to refugee integration' published by the UK Border Agency in March 2009

'Integration Matters', published by the Home Office in March 2005


'Working together to help rebuild lives: A framework for partnership working to help refugees fulfill their potential' published by Jobcentre Plus in 2005

\textsuperscript{142} If a household is under occupying by one bedroom, there will be a 14\% reduction and if the household is under occupying by two or more spare bedrooms, there will be a 25\% reduction.

\textsuperscript{143} Universal Credit will replace; Income-based Jobseeker’s Allowance; Income-related Employment and Support Allowance; Income Support; Child Tax Credit; Working Tax Credit and Housing Benefit
Employability Forum: [http://www.employabilityforum.co.uk/policy-and-research/government-strategies](http://www.employabilityforum.co.uk/policy-and-research/government-strategies)


### 9 Language and Communication

Language and Communication


London Enriched update:
[https://www.london.gov.uk/sites/default/files/london_enriched_update.pdf](https://www.london.gov.uk/sites/default/files/london_enriched_update.pdf)

### 10 Relocation and Integration

House of Commons Library briefing: Syrian Refugees and the UK’s response. 10th June 2016.

[http://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN06805](http://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN06805)