Residents and Health and Care Services Committee
March 2015

Refugee and Migrant Strategy
Report by Director of Public Health

Purpose
To endorse and comment on the recommendations for the new Refugee and Migrant Strategy 2015-2020 Draft Outline (including agreeing the main themes to be included).

Recommendations of the Lead Member for Health and Social Care

To RESOLVE that –

1. The themes and recommendations of the 2014-15 Refugee, Asylum Seeker and Migrant Needs Assessment published report are noted by the Residents, Health and Care Services Committee
2. The main themes for the new Refugee and Migrant Strategy 2015-2020 are approved
3. An action plan should be developed that responds to the vision and themes set out in the revised strategy, and this will be presented to the Residents and Health Care Services Committee before launching with partner organisations in late 2015.

Key Points

A. The overriding ambition of this work is that Kingston is a place where everyone has the chance to lead a healthy and fulfilling life. This paper follows on from the paper that was agreed at the last RHCSC where a unanimous decision was taken to develop a new Refugee and Migrant Strategy for 2015-2020.


C. As with the previous 2012-2015 Strategy, the Equalities and Community Engagement Team (ECET) will establish the framework of the new strategy setting out appropriate and tailored services, community interventions and partnership resources where they are required most based on identified need, whilst promoting the empowerment of local disadvantaged individuals and communities to take control of their lives.

D. The new strategy will incorporate themes from the past and present needs assessments but will also be updated with up to date themes, reflecting recent evidenced emerging local needs. These themes include Health, Promoting Mental Wellbeing and Reducing Social Isolation, Housing and Homelessness, Employment and Volunteering, Language and Communication, Promoting Income Maximisation and Preventing Debt, Community Safety, Food and Nutrition and Information and Advice

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Background context to the existing 2012-2015 strategy and why we need to continue this approach with a new strategy

The development of a local Refugee and Migrant Strategy and action plan


2. It was successful because it was developed with local refugee and asylum seeker community involvement as well as public and voluntary sector partners including the historical NHS Kingston, the Council’s Community Care Services, Housing and Education departments, Refugee Action Kingston, Kingston Police, Jobcentre Plus and many voluntary services.

3. The vision of the strategy was for refugees, asylum seekers and migrants to be supported to fully participate as equal members of the Kingston community and experience health and wellbeing equal to the rest of the population.

4. To work towards this goal, the strategy detailed the role of relevant support services to help reduce the inequalities in health they experience, eliminate barriers that they face in accessing health care and facilitate equal access to services they were entitled to.

5. The original 6 themes within the strategy were drawn from health needs assessment carried out on Refugees and Asylum seekers and chapter authors were recruited from relevant organisations and professions to lead on each area. They have also led on the development of key action plans that aim to address the needs and evidence identified in previous needs assessments carried out.

6. A systematic approach was taken by the Equalities and Community Engagement Team to take this Strategy forward and to keep it a live document. To that end, it was signed off at Board level by the Health and Wellbeing Board in 2012 with a comprehensive plan and targets the team aimed to achieve in partnership with numerous agencies and by facilitating and mobilising other agencies to respond. Two events per year were carried out since 2010, one public facing and one professional facing, to continue to take forward the strategy’s action plans and keep momentum going on work streams. The strategy was reviewed and some sections and plans were re-written in Spring 2012 to incorporate addressing current and up to date issues affecting refugee and migrant groups.

7. Key performance indicators were developed for each of the chapter areas which included; Health, Housing, Community Safety, Communication, Employment and Volunteering and Information and Advice.

Service provision that has been developed through the existing strategy that has responded to health inequalities.

8. Prior to the Strategy’s inception, service provision for refugees, asylum seekers and migrants was sporadic in both planning of services and specific funding allocation to meet identified needs. RBK’s Unaccompanied Asylum Seeking Children’s Team was closed due to changes made to the responsibilities of National Asylum Services and this left a gap in local services in the borough.

9. The voluntary organisation, Refugee Action Kingston (RAK), was the main service provider for Refugees and Asylum Seekers in the borough and the organisation relied on small time limited funding grants. The organisation’s capacity was
stretched and limited with only a few members of paid staff and inadequate paper based client files and systems to deal with the high demand on their service. The 2008 needs assessment highlighted how Refugees and Asylum seekers were queuing up outside the RAK offices in Canbury Park Rd, some from 7am, on the days the advice service was running because this was the only service they believed accessible to them. Since that time, the capacity of Refugee Action Kingston has increased so that they can both respond to people in crisis but also prevent further issues by making every point of contact count by considering individual’s and families’ holistic needs, even when people attend destitute and in crisis.

10. The Refugee Action Kingston Crisis Support and Advocacy Service was developed so that when someone is in crisis due to, for example, a housing issue they are assessed for other needs and supported to also get signed up with their local GP, and if needed be referred to other support including English language classes and employment advice services if they are in a position to work.

11. The Crisis Support and Advocacy service is currently commissioned by the Council until 31st March 2015 and will be jointly commissioned between Kingston Clinical Commissioning Group and the Royal Borough of Kingston for a further year until March 2016. The commissioning of this service has been managed by the Equalities and Community Engagement Team. Please see the quote from Sanja Kane, Director Refugee Action Kingston (March 2015):

“The growth of Refugee Action Kingston since 2008 is not incidental. It coincides with the establishment of the Equalities and Community Engagement Team (ECET) who initiated the first ever partnership owned Kingston Refugees and Migrants Strategy in Kingston. As a leading organisation in the borough which supports refugees and asylum seekers, we can say that it was through their continuous and disciplined approach to securing funding for the realisation of the work on the strategy priorities and ensuring partnership work on the Strategy Action Plan that made the Strategy a live and meaningful document. The Strategy has also enabled us as an organisation to bring additional investment to the borough over the last 5 years, as we have regularly used the information from its chapters (and indeed the Needs Assessment Report which lead to the writing of the Strategy and was also initiated by the ECET) to demonstrate the need for a variety of projects for local refugees and asylum seekers.

Had the ECET not developed and managed the Refugee and Migrant Strategy it would have been very difficult for RAK to develop its work to include partnerships with a great number of both voluntary and statutory organisations. These partnerships have been instrumental in RAK being able to offer better quality services to our clients and meeting important borough outcomes.

As an organisation we have further benefited from the Equalities and Community Engagement Team’s work through the capacity building advice and support the team members have been offering us over the years, for example advising us on how to improve our KPI reporting and make our evaluation systems more robust, directing us towards other funding streams in the borough and wider when appropriate and encouraging us to develop the Time Bank – a project that has been encouraging our clients to utilise their skills in order to recover and develop despite the adversities of their everyday life.

It is with the huge support of the ECET that we worked on the development and publishing of the newest Kingston Participatory Needs Assessment for Refugees and Asylum Seekers and we are aware that, without their support...
and expertise, it would be impossible to work on the development of the new 5-year Refugees and Migrants strategy for Kingston. At the time when the borough is considering being an example to the whole of the UK immigration policy by resettling 50 Syrian refugees, the existence of the ECET Team as a strategic leader is essential.'

12. In addition to Refugee Action Kingston’s service, RBK commission Learn English at Home’s English for Health Service, which was co-developed with the Equalities and Community Engagement team who now commission the service. This provides community English language classes with a broad range of embedded health messages as well as life skills such as healthy eating on a budget, physical activity classes, preventing child accidents in the home and Tuberculosis awareness. This service has received extended funding to now run until September 2015. Please see the quote from Kate Brown, Director, Learn English at Home below:

“The Equalities and Community Engagement Team have worked with Learn English at Home since 2008 when they co-produced the original English for Health pilot project with us. This project has gone on to be a key part of our organisation in the form of our Health Education programme. The team have either secured on our behalf or supported us to secure funding from NHS K, RBK Council, the LGA’s and Migration Impact Funding and European Funding. The team developed the 2010 Refugee Strategy and since then they have included the needs of Learn English at Home’s clients in their action plans, Strategic ESOL group and needs assessment reports. Recently, they secured an external evaluator for our Health Education programme (commissioned by the team). The services of the evaluator, a senior lecturer at Kingston University, Dr Heidi Seetzen, were worth £5,000, and were provided at no cost to the Council or to LEAH. This has hugely benefited us in demonstrating the value of our service and supporting our work to seek sustainable funding for the programme.

We have been impressed by the insight of the ECET team in understanding the role of language in enabling our vulnerable client group to take control of their health and lives and engage with their communities. Their thoughtful and holistic commissioning of services means we have been able to bring together ESOL with integrated health messages and signposting to other services. We see such integrated services as the way forward in meeting the needs of our clients, and without our experience of working with the ECET team, we would not have reached this strategic focus to our work.

We very much hope to be able to work with the team over the coming years in the commissioning of services that best meet the needs of refugees and migrants.”

13. A number of other services responding to local needs identified by the 2008 needs assessment, and continued monitoring of needs since, have been developed and provided over the past 5 years. Over £707,000 of funding has been brought in to the Borough during the lifetime of the Strategy so far, all from external funders such as the Migration Impact Fund and European Integration Funds (see Figure 1 below).
Figure 1

Key milestones and successes to date (up to March 2015)

- Officers from the London Mayor’s Office (LGA) attended the initial Kingston Conference event in 2008 “Ordinary People in Extraordinary Circumstances” where the recommendation for a specific Kingston Partnership Strategy to address inequalities in health faced by refugees, asylum seekers and migrants was made. Since then, the Mayor of London has developed a regional strategy ‘London Enriched’ to also address health inequalities experienced by these communities which incorporates similar themes used within the Kingston Strategy with the exception of one additional theme focused on ‘Young People’

- Successful partnership work has taken place with GP practices, RBK departments, voluntary organisations, commissioners working in a joint and coordinated way, achieving together against the shared action plan.
Commitment has been successful from partner organisations at senior levels (as Chapter Leads) ie. Chief Inspector Bill Heasman leads on the Community Safety Chapter for Kingston Police.

Implementation of Health Education Project to respond to local need identified which was initially funded as a pilot through central government Migration Impact Funding. Current RBK project funding ends in September 2015.

Commissioning of the first pilot Time bank in the borough - ending July 2015.

Commissioning of Community Classes (teaching English) through external funding ending June 2015.

New externally funded post for Kingston Council to reduce health inequalities within the Korean Community in Kingston. Korean Link Worker project – October 2013 – 2015. There are now 24 Korean volunteers currently working for RBK under this project.

Development of a Korean Information Pack for Social Workers

Partnership with Kingston Metropolitan Police – led to the secondment of Police Korean Engagement Officer

English classes for young migrants in partnership with Kingston College ending June 2015

The strategy has been successful in attracting external government and European Funding to deliver the key performance indicators of the strategy to date. Evidence of this is outlined in Figure 1 above.


14. The aim of the new Refugee and Migrant Strategy 2015-2020 will be to bring about positive change for refugees, asylum seekers and vulnerable migrants who experience health and social inequalities as a result of their socially marginalised status. It is about refugees, asylum seekers and migrants being supported to fully participate as equal members of the Kingston community and experience health and wellbeing equal to the rest of the population. It also seeks to strengthen refugee and migrant communities’ integration and increasing their community resilience.

15. The Strategy also aims to respond to local needs identified as experienced by these communities and to do so in partnership with strategic organisations and community members themselves.

16. The strategy will be a live document with action plans responding to its vision and partnership steering groups who take forward and monitor actions.

17. The Strategy will meet and respond to the following strategic outcomes:
   - Kingston Plan Theme 3 Objective 8 – reducing health inequalities
   - Contributes to the Council’s duty to address inequalities (Health Care Act 2012)
   - One of the 4 themes of the Health and Wellbeing Strategy is Addressing the Needs of Socially Excluded and Disadvantaged Communities – this includes the work of this new strategy
   - Contributes towards 1 of the 6 CCG work streams around socially excluded groups and disadvantaged groups
   - Contributes towards Public Health Outcomes framework Domains 1, 2 and 3
• Contributes to the Public Health Annual Report 2014 Recommendations to Build on the Strengths of Communities (Section 1.5 Page 26 Building Resilient Communities Through Community Engagement)


• Contributes towards to Council’s commitment to equality and diversity and responding to the Equality Act 2012

• Meets recommendations set out in Section 1.5 of the 2014 Annual Public Health Report to support Building Resilient Communities through Community Engagement (see background papers below).

• Contributes towards national Marmot Policy objective recommendations to reduce health inequalities including to:
  o Give children the best start in life
  o Enable all children, young people and adults to maximise their capabilities and have control over their lives
  o Create fair employment and good work for all
  o Ensure a healthy standard of living for all

Summary of the 2014-2015 needs assessment methodology, key findings and strategic recommendations.

18. The 2014-15 Refugee, Asylum Seeker and Migrant Needs Assessment was the second to be conducted in the Royal Borough of Kingston since 2008. It was commissioned as part of the Refugee and Migrant Strategy work in 2013-14 and sub-contracted to Dr Carlie Goldsmith at North Social Research and Training by Refugee Action Kingston. The process was then steered and conducted in partnership with the Equalities and Communities Engagement Team at the Royal Borough of Kingston. A partnership steering group supported the whole process and also ran a multi-stakeholder Conference with over 80 delegates, held on the 20th October 2014. This event was included as part of the research process.

19. The aim of the needs assessment was to investigate the needs of refugee, asylum seeking and vulnerable migrant populations in the borough. It achieved this aim through the use of a multi-method participatory research approach that included:

(a) Training 22 community researchers
(b) The production of 27 photo-diaries with follow-up interviews
(c) Running 8 focus groups with asylum seekers, refugees, migrants and stakeholders and frontline workers
(d) Conducting 17 individual interviews with frontline workers and stakeholders
(e) Conducting quantitative analysis of relevant data sets
(f) Completing a literature and service review
(g) Consulting with attendees at the Refugee and Migrant Conference

Key findings of the research

Quantitative data

20. Dr Goldsmith worked with Kingston’s Data team and Refugee Action Kingston in order to draw upon national and local quantitative data sets concerning refugees, asylum seekers and migrants. She concluded how it is very difficult to ascertain
exactly how many refugees, migrants and people seeking asylum there are in any geographical area due to the lack of systematic data collection.

21. Drawing on various data sets, however, Dr Goldsmith explained it could be ascertained that the 2011 Census shows that 26.9% of the population of Kingston were born outside of the British Isles (an increase of 50% since 2001).

22. This includes populations of people from the Middle East, Korea, EU accession countries (particularly Poland) and people who identify as being of Tamil ethnic origin.

23. The most commonly spoken languages in the borough (excluding English) are Tamil, Korean, Farsi and Arabic. 5,866 households (9.2%) have no members who speak English as a main language.

24. Between 2008 and October 2014 Refugee Action Kingston provided support and services for 2,379 individuals. This number is comprised of 1,250 individual registered clients plus 389 partners and 740 children. 47% of registered clients were men and 53% were women. 65% were aged between 15 and 45 and 35% were 46 and older. Out of the total number of main clients registered by Refugee Action Kingston with whom immigration status was recorded, 27% self-identified as asylum seekers or ‘failed’ asylum seekers, and 48% as refugees or former refugees. Currently [on 24.2.2015] Refugee Action Kingston have 1,691 registered clients.

25. Home Office Immigration statistics indicate numbers of people in receipt of Section 95 support under the Immigration & Asylum Act 1999 in Kingston fluctuated between 2008 and the 2nd quarter of 2012. Since that time, there has been an upward trend that saw the number peak at 37 in the 2nd quarter of 2014.

26. Mapping of Refugee Action Kingston’s clients’ postcodes at the time of registration illustrates that they are more likely to reside in areas with higher Index of Multiple Deprivations scores.

Qualitative data

27. The qualitative data provided in the needs assessment includes the use of photographs taken by residents themselves. They were supported by refugee and migrant resident volunteer researchers and many of the photographs provided insights that may not have been possible to gain through traditional research methods.

28. Kingston was viewed as a safe place to live by the refugees, asylum seekers and migrants who participated in the research. It was reported to have a friendly population, a good environment including parks, green spaces and the river, plus a good range of shops and other facilities.

29. Eight key themes emerged from the qualitative data analysis as particularly important: language and communication; benefits and debt; mental health; social isolation; employment; housing and homelessness; health and access to health; and food and nutrition.

30. Benefits and debt, mental health, social isolation and food and nutrition were not themes previously highlighted by the last needs assessment covered in the previous 2010-2015 strategy.

31. Community Safety and Information and Advice, which were highlighted in the previous strategy were not included here. However, the researcher and the steering group acknowledged that these continued to be of concern and should be
Language and Communication

32. 80% of participants agreed that good language skills were the foundation to creating a successful life in Britain. Having poor language skills was identified as having a detrimental impact on mental and physical health, feelings of social isolation, getting a job and communicating with core services.

33. It was acknowledged that college was a good place to learn English, but that there were barriers to college for some people including childcare and other caring responsibilities, lack of confidence, course costs and demands of the course. Community language provision was highly valued by participants and was able to improve people’s language skills and help with confidence and feelings of isolation simultaneously.

34. Communication with local authority departments was felt to be difficult. It was reportedly hard for refugees and migrants to seek advice face-to-face, and this resulted in a great deal of stress and anxiety. Administrative errors and receiving multiple letters from the local authority with contradictory information was reported as being common.

35. Improvements in language skills provided participants with the ability to be independent and more proactive. It also provided a gateway into employment and volunteering.

Benefits and Debt

36. Participants in the research 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. It was reported that in order to keep the roof over their heads, many people were cutting back budgets in other areas including food. It was reported that many families were in debt. Voluntary and community sector organisations that provide Information Advice and Guidance (IAG) reported an increase in people seeking help, placing pressure on services. Reforms to welfare and the consequences of this, such as changes in the private rental sector, made the need for IAG services that were accessible to refugees, asylum seekers and migrants crucial.

Mental Health

37. The research highlighted that according to the majority of frontline workers and refugees, asylum seekers and migrants, mental health is an absolutely crucial local issue. Levels of stress, depression, anxiety, and amongst some vulnerable EU migrants, alcohol misuse were reportedly high. The causes of poor mental health 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 from recent welfare reform.
38. Some participants reported receiving good quality support and treatment via GPs, but it was acknowledged that there is a lack of specialist mental health services capable of responding to the complex needs of refugees, asylum seekers and migrants. This is further complicated by the stigma attached to mental health in some refugee and migrant communities.

Social Isolation

39. 50% of refugee, asylum seeker and migrant photo-diary participants reported feelings of social isolation. Social isolation is caused by a range of things, including: poor language and communication skills; difficulty meeting people and making local connections; unemployment; lack of confidence; mental health issues; and lack of local opportunities to get together in an informal setting. 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 disconnected and isolated from British society. Dr Goldsmith also noted in her research and literature review that social isolation has a negative impact on physical and mental health and participants wanted more opportunities to connect with others.

Employment

40. Dr Goldsmith highlighted that participants reported facing significant barriers getting into employment. This included language and communication skills, struggling with the UK application systems, not having work experience recognised by UK employers, and employers having a lack of understanding about immigration issues. It was also noted that apart from a few exceptions there was little support for refugees and migrants who wanted to get a job. The services provided by Jobcentre Plus were not considered particularly helpful because it was felt that the needs of refugees and migrants were not understood and Jobcentre Plus staff tended to focus on low-paid, low-skilled work irrespective of previous experience and levels of qualification. Not having a job was recognised as having an extremely detrimental impact on the mental and physical health of individuals and whole communities.

Housing and Homelessness

41. As in previous local participatory research as well as national literature, housing was highlighted in this research as a significant area of concern for many of the participants in this local research.

42. 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. Single refugees and migrants were particularly vulnerable to homelessness and it was noted there are few options, apart from temporary accommodation in hostels, for this population. Homelessness had an extremely negative impact on some of the migrants who participated in this research. The research appeared to show that homelessness was primarily caused by poor practices in the private rental sector.
Health & Access to Health

43. Participants reported being extremely grateful for NHS services and described areas of good practice in diaries and during focus groups. The majority of refugees and migrants were registered with a General Practitioner, but it was found that the system of healthcare in Britain was considered complex and difficult to understand. People seeking asylum reported finding it hard to access health services because of poor understanding of entitlement from health professionals. Again this research highlighted for the second time locally that refugees and migrants were not always happy with the service provided by GPs and found communicating with health professionals difficult – it was again reported that friends, family members and other non-professionals were used as interpreters in GP surgeries and hospitals. According to the research, this apparently sometimes led to not understanding the diagnosis, treatment or referrals.

44. The research revealed that having difficulty accessing primary care did lead local refugees and migrants to use Accident and Emergency services.

Food and Nutrition

45. The research highlighted participants reported finding it difficult to provide regular nutritious meals because they were living on a low income. Frontline workers reported a high and increasing demand for food bank vouchers amongst the people who used their services. Food banks were understood to be a vital service in the community but it was articulated that many people needed more long-term support with food poverty than food banks were able to provide. It was also recognised that food banks did not provide other basic essentials like toilet rolls and detergent. Eating healthily was considered a real challenge due to the cost of food, plus the additional cost of having a culturally specific diet. It was also acknowledged that some refugees and migrants lacked basic knowledge about nutrition. Refugees and migrants reported enjoying cooking classes and being keen for more Cook and Share and other similar provisions.

Strategic and cross cutting Recommendations

46. In light of the findings the Research Steering Group developed some strategic and cross cutting recommendations with Dr Goldsmith which it is intended will be implemented during the development of the Refugee and Migrant Strategy and the action plan:

1) It is recommended the key findings of this needs assessment report and its publication inform the borough’s Joint Strategic Needs Assessment as the evidence base to inform future service planning and design to respond to identified need.

2) It is recommended that future service planning and the commissioning of specific services be informed by the findings and evidence provided in this report and targeted at the areas of identified need.

3) Use existing joint partnerships such as the Voluntary and Community Sector Strategy plans to work with refugees, asylum seekers and migrants or their representing organisations to plan specific work streams in key areas of need identified particularly including health, housing and employment.

4) Service planners, provider and commissioning organisations, including the Kingston Clinical Commissioning Group, receive training and development
opportunities to fully understand the needs of refugees, asylum seekers and migrants living in the area and set out how they will meet the needs of these groups and reduce health inequalities.

5) The themes of this report inform a borough wide partnership strategy and jointly owned action plan across statutory and voluntary sector services, especially those who have had involvement in this research in order to jointly and successfully address the needs identified.

6) The action plan for the new strategy should be made up of short, medium and long term actions to address the key themes this research identified including; English language and communication, benefits, debt and getting by, mental health and social isolation, employment and volunteering, housing and homelessness, health and access to health care services and food and nutrition.

7) Explore joint commissioning of services that respond to local needs of refugees, asylum seekers and migrants. Commissioned services should include promotion of health and access to appropriate health services, teaching and learning opportunities about access to appropriate health services, mental health support, advice and information services for housing and employment and accessible community English language course provision. Low-level services that promote resilience through integration, belonging and training or development opportunities should also be considered.

8) It is recommended that all of this is underpinned by plans/actions that seek to improve the political representation of asylum seekers, refugees and vulnerable migrants in the local authority and decision making boards/forums.

Format and content of the proposed strategy

47. The draft outline of the new Refugee, Asylum Seeker and Migrant Strategy 2015-2020 recommendation is set out in the table below for approval by the committee.

<table>
<thead>
<tr>
<th>Strategy table of contents, sections and themes to be agreed</th>
<th>Contents considered to be included</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint Foreword from the Chair of the Residents Health and Care Services Committee and the Director of Public Health</td>
<td>Joint foreword to include lead Member and officer quotes setting the vision and endorsement of this work</td>
</tr>
<tr>
<td>Acknowledgements &amp; contributors</td>
<td>Statement acknowledging the community members who’ve taken part in the research and the workshops through to the partner organisations committed and the 80+ individuals who’ve made pledges to make a difference to local people’s lives. List of contributing partner organisations signed up to the Strategy.</td>
</tr>
<tr>
<td>Vision Setting and Introduction</td>
<td>The vision of the strategy is set out for vulnerable refugees, asylum seekers and migrants to be supported to fully participate as equal members of the Kingston community and experience health and wellbeing equal to the rest of the population. The introduction provides background of evidence</td>
</tr>
</tbody>
</table>
why this strategy is required, the context in its
development and backdrop of local, national and
international changes since the last strategy and
highlights successful partnership work the
strategy is building on and the framework for the
strategy, in that it takes a partnership approach
and is a live document

| Governance | Statement of how this will be reported to the Resident’s Health Care Services Committee for endorsement and therefore is democratically available to local people. |
| Who the strategy is for | This strategy is about refugees, asylum seekers and 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 Royal Borough Kingston 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 the strategy is not for | The strategy will not be about migrants who are not disadvantaged i.e. wealthy student migrant populations or business migrant populations who contribute to the UK economy and are, in the main, self sufficient in terms of accessing resources and support 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. |
| National and local context | Providing the evidence. References to the past two needs assessments as well as national evidence and context. Each chapter below will begin by setting the national and local context, what the issues are within that area and what the vision is for change. |
| Chapter 1 Health | Includes reducing A&E admissions, bespoke services to support the most vulnerable and making services equitable to access. |
| Chapter 2 Promoting Mental Wellbeing and Reducing Social Isolation | Includes multi agency action to promote mental wellbeing and reduce social isolation by building community resilience as well as early intervention and prevention services. |
| Chapter 3 Housing and Homelessness | Includes multi agency partnership approach to local housing issues and reviewing homeless prevention plans. |
| Chapter 4 Employment and volunteering | Includes multi agency partnership approach to increasing employment, access to support in |

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2 Annual Public Health Report Mental Health and Wellbeing in Kingston 2014
navigating the jobs market, applying for work and access to training opportunities

Chapter 5 Language and Communication
Includes multi agency partnership approach to improving access to English classes that are equitable in access or tailored for specific needs

Chapter 6 Promoting income maximisation and preventing debt
Includes increasing support for vulnerable people to access appropriate welfare benefits, reduce fuel poverty and prevent debt within existing services.

Chapter 7 Information and Advice
Includes building a multi agency partnership approach to address future information and advice issues concerning refugees, asylum seekers and vulnerable migrants.

Chapter 8 Community Safety
Includes tackling human trafficking, domestic violence and female genital mutilation and reducing race related hate crime

Chapter 9 Food and Nutrition
Includes tackling food poverty and promoting food nutrition education and information

The development of a local multi agency partnership Refugee and Migrant Strategy and action plan
Includes all above chapters as themes for each section of the action plan with key targets, measures and lead individuals for each. Each section of the action plan will be led by one person with many partnership contributors

Background papers – held by author – Martha Earley, Public Health Manager for Inequalities and Team Leader for Equalities and Community Engagement Team
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However, if you have access to the internet these papers have been published and can be accessed in the following links.
Annual Public Health Report Mental Health and Wellbeing in Kingston 2014
Section 1.5 of the Annual Public Health Report discusses Building Resilient Communities through Community Engagement. This section can be found by accessing the full document via the following link:


Alternatively it can be accessed via the Refugee chapter on the JSNA site under ‘Other Needs Assessment’ on the right hand side here - http://data.kingston.gov.uk/GC_Refugees/