

HARROW STRATEGIC PARTNERSHIP

**working in partnership with
HARROW REFUGEE FORUM**

**MULTI-AGENCY STRATEGY FOR THE
DEVELOPMENT OF SERVICES TO
*REFUGEES AND ASYLUM-
SEEKERS IN HARROW***

Partner Agencies

Harrow Strategic Partnership
Harrow Refugee Forum
(on behalf of local Refugee Community Organisations)
Harrow Council for Race Equality
Harrow Citizens Advice Bureau
Harrow Council
Harrow Primary Care Trust
Metropolitan Police
Central and North West London Mental Health NHS Trust

June 2005

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Glossary

The following acronyms / abbreviations are used at various points within this document:

A/S Team	Asylum-Seekers Team, Harrow Council – part of the People First Directorate (see below); this is the team responsible for providing support and practical help to some local adult asylum-seekers, primarily those who are not eligible for support from NASS (see below)
B&B	Bed and Breakfast accommodation – usually fairly basic standard of accommodation, providing a place to sleep and one early morning meal only
CAB	Citizen's Advice Bureau – the main voluntary sector agency which (as part of a national network) provides specialist advice and information to local people
CNWLMT	Central and North West London Mental Health NHS Trust – the NHS (see below) organisation which provides mental health services to the people of Harrow
DL / DLR	Discretionary Leave (to Remain) – a discretionary permission for an asylum-seeker to remain in this country, subject to a particular time-limit (administered by the Home Office)
ECHR	European Convention on Human Rights – the main legal agreement, now supported by (most) European Governments, which provides a definition of certain basic human rights which should be honoured for all people, and which can be used as the basis to challenge certain parts of a country's national legal framework
EMAS	Ethnic Minority Achievement Service – a service provided by Harrow Council to ensure special support for pupils from ethnic minority backgrounds to help them maximise what they gain from within the school education system
ESOL	English for Speakers of Other Languages – a range of learning provision for people whose first language is not English, to help them become more proficient in its use
GP	General (Medical) Practitioner – the community-based NHS doctor who provides primary medical and diagnostic / treatment services to a group of patients registered with that doctor or practice (often a group of doctors)
HCRE	Harrow Council for Racial Equality – the main voluntary organisation working in Harrow to promote racial equality, equitability of treatment for minority ethnic groups, and racial harmony
HIV	Human Immunodeficiency Virus – the virus infection that can lead to AIDS (Acquired Immune Deficiency Syndrome)
HP	Humanitarian Protection – a discretionary power exercised by the Home Office which provides (temporary) right of refuge on humanitarian grounds to those asylum-seekers who would otherwise be liable to be deported
HRF	Harrow Refugee Forum – the umbrella voluntary organisation responsible for co-ordinating and providing support to the Harrow RCOs (see below)
HSP	Harrow Strategic Partnership – the main umbrella local partnership arrangement in Harrow, involving the Council and other statutory business and voluntary sector partners responsible for broad local strategic planning
IL / ILR	Indefinite Leave (to Remain) – a discretionary permission for an asylum-seeker to remain in this country, which is not limited to a particular period of time; administered by the Home Office
IT	Information Technology – the use of computers and other forms of electronic and communication technology
NASS	National Asylum-Seekers Service – the main Home Office agency responsible for providing support services to adult asylum-seekers, providing they meet certain requirements as to how their claim for asylum is made
NHS	National Health Service – the main central Government agency responsible for planning and providing all forms of health care across the country
NWLHT	North-West London Hospitals NHS Trust – the NHS (see above) organisation providing acute hospital services at Northwick Park Hospital and some of the other hospitals which are regularly used by Harrow residents
PCT	Primary Care NHS Trust – the NHS (see above) agency responsible for planning and arranging local community and primary health care services, and for commissioning acute health care services for the local population
PF	People First (Directorate) – part of Harrow Council, the directorate responsible for all education and social care services
PFDG	People First Director's Group – the main management group within the People First Directorate (see above)
PLAB	Professional Linguistic Assessment Board – the body responsible for testing medical staff from abroad who wish to work in this country, so as to assess their competence in both professional and language aspects of their work
PMS	Personal Medical Services – part of the primary health care service - providing a range of personal medical care and treatment for individuals and families - especially for those in 'hard to reach' groups
RCO(s)	Refugee Community Organisation(s) – voluntary sector agencies who provide support for and campaign on behalf of refugees and asylum-seekers – usually working on behalf of people from a particular part of the world
TB	Tuberculosis – a serious infectious illness affecting the lungs

Definitions

Under international law, the term 'refugee' has a very precise meaning, as set out in the 1951 United Nations Convention Relating to the Status of Refugees. In the Convention, a refugee is defined as an adult or child who has been recognised by the government of another country as having:

- a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group, or political opinion;
- is outside the country they belong to or normally reside in, and
- is unable or unwilling to return home for fear of persecution.

An 'asylum-seeker' is someone who is seeking refugee status.

People cease to be regarded as asylum-seekers when a final decision is made on their claim. This can either be because:

- they are granted refugee status;
- they are granted leave within the Immigration Rules;
- they are granted a period of humanitarian protection or discretionary leave; or
- their claim for asylum is finally determined as unsuccessful.

Those awarded refugee status will be granted indefinite leave. Those allowed to remain under the Immigration Rules will be granted a period of leave to remain, the length of which will depend on their new basis of stay.

Where asylum falls to be refused, consideration will be given to whether a grant of Humanitarian Protection (HP) or Discretionary Leave (DL) would be appropriate. HP would normally be granted where removal from the UK would breach Article 3 of the European Convention on Human Rights (ECHR): that is, removal would put them at risk of torture or inhuman and degrading treatment. DL may be granted for other reasons, for example where removal would breach Article 8 of the ECHR (right to respect for private and family life). They can be granted leave for a period of up to three years and must make arrangements to leave or seek further leave to remain when that leave expires. Each case is decided on its individual merits and it is difficult to give a definitive list of instances where DL may be granted, but it will not be appropriate to grant discretionary leave to nationals of countries where, for example, the Immigration Service is not currently enforcing removal. The length of leave granted depends on the individual circumstances of a particular case.

Unsuccessful asylum-seekers are responsible for ensuring they leave the UK as soon as possible and are liable to be removed if they do not do so. Those who are unable to leave immediately due to circumstances entirely beyond their control may be eligible to receive support under section 4 of the Immigration and Asylum Act 1999. Information on this can be obtained from the National Asylum Support Service (NASS). The Home Office will enforce the removal of those who do not leave voluntarily.

Unsuccessful asylum-seekers unable to leave immediately due to circumstances entirely beyond their control may be eligible to receive support under section 4 of the Immigration and Asylum Act 1999. Information on this can be obtained from NASS.

Aim of the strategy

We value the contribution which refugee families have made to the borough over many generations.

We aim to work in partnership with all agencies and communities to support more recently arrived refugees and asylum-seekers.

Our objective is that they are able to settle and integrate fully within the broader community of Harrow, so that they can play a full and active part in their own future development and contribute to the future development of the borough.

MULTI-AGENCY STRATEGY FOR THE DEVELOPMENT OF SERVICES TO REFUGEES AND ASYLUM-SEEKERS IN HARROW

1. Introduction

Background / reasons for developing a strategy

Until the introduction of the Asylum and Immigration Act 1996, asylum-seekers arriving in the UK were able to receive Income Support under ad hoc arrangements administered by the Department for Social Security. Following the introduction of the 1996 Act, only asylum-seekers making their claim on arrival at a UK port were able to receive Income Support. Those claiming asylum after arrival could only receive practical help (subsistence and accommodation costs) from local authority Social Services Departments, under the National Assistance Act and the Children Act. Some, but not all, of the costs of providing this support are recoverable by the local authority from Central Government funds.

An Asylum-Seekers Team was established within Harrow Social Services in 1996 as a short-term response to these new pressures. On 3rd April 2000 a new system of support was introduced, administered by the National Asylum Support Service (NASS). The new arrangements were introduced on a phased basis but from 24th July 2000 NASS became responsible for supporting those living in London who made their claim for asylum after arrival. From 25th September 2000, NASS also became responsible for the support of those who had been in receipt of Income Support and who had a first negative decision recorded on their claim. Thus, from 25th September 2000, the only asylum-seekers falling to Harrow to support were unaccompanied asylum-seeking children, and family members of those already being supported by the council.

After 1996, the workload of the Asylum-Seekers Team became steadily heavier and more complex and this remained the trend up until very recently. Towards the end of 2001, the Team was subject to a review by the District Auditor. One of the key recommendations in their report was that the Team should be given greater strategic direction and clarity of purpose through the development of a local Asylum-Seekers Strategy.

Purpose and Scope

Initial discussions concluded that the Team could best develop strategically within a broader and more comprehensive approach to meeting the needs of local refugees and asylum-seekers. The specific role and functions of the Team could then be placed within a general overarching framework.

The work to develop this strategy was undertaken in order to pull together all currently available information about local needs, services and expenditure; to use this to identify key underlying issues; and to try and secure agreement amongst key local stakeholders as to what this more comprehensive approach should look like.

2. Process

Project Steering Group

A Project Steering Group (made up of officers from Housing Services, the Education Service, the Asylum-Seekers Team, Harrow Council Partnership Unit, and People First Strategy Department), was set up and has worked throughout in partnership with the Harrow Refugee Forum. The Project Sponsor was the Executive Director, People First. Although it was not possible to secure active representation from all relevant organisations on the Steering Group itself, key contacts were identified within partner organisations during the course of the work.

The broad approach adopted was one of:

- Gathering all relevant and available background information about the refugee and asylum-seeking communities in Harrow, and the current state of local services;
- A two-stage detailed consultation process:
 - to test the broad picture emerging from that work against the directly reported experience of refugees and asylum-seekers in Harrow; and
 - to engage key local stakeholders in work to refine understanding of the key strategic issues which require attention, and to help shape proposals for how best to respond to those;
- Circulation of this draft strategy to all key local stakeholders, for comment and amendment prior to seeking formal 'sign-up' and adoption by partner agencies.

Work Undertaken

During the second half of 2003, the Group held extensive discussions with many staff working for London Borough of Harrow, Harrow Primary Care Trust, voluntary sector organisations, (including RCOs) as well as London-wide organisations working to address the needs of refugees and asylum-seekers. The Group also worked closely with the Harrow Practitioner and Refugee Support Group, which was set up in 2002 to share information and best practice amongst practitioners in different fields, with the aim of ensuring an improved and more joined-up service for refugees and asylum-seekers.

Consultation

A public consultation event was held with refugees and asylum-seekers in February 2004 to develop understanding of their experience of living in Harrow and to hear suggestions for service improvements. This was attended by more than 200 local refugees and asylum-seekers, from a wide range of linguistic groups. Further consultation, held in May 2004, was attended by approximately 40 workers in the voluntary and statutory sectors, and considered the underlying strategic issues as well as more detailed suggestions for service development.

Subsequently, an earlier 'Final Consultation Draft' version of this Strategy was widely distributed for formal comment and response by partner agencies and other local stakeholders, as a result of which further drafting changes were made and this 'Revised Final Draft' version produced.

3. Current Picture

Refugee and Asylum-seeking communities in Harrow

- There is no readily available means for calculating or estimating the total number of refugees and asylum-seekers living in Harrow at any one time. No single source of information is available, and the changing legal status of individuals makes it difficult to access up-to-date and reliable data for either group.
- The total number of known asylum-seekers in Harrow is currently just over 1,000 (January 2005). This figure includes those for whom Harrow is the 'host' authority (those placed by other authorities or agencies) - who account for about 80% of this figure. It will also include a number of people who have been settled in the Borough for some considerable length of time. For reasons explained later in this document, the number of new arrivals is not expected to rise significantly from now on.
- Since it was established (nine years ago), the Asylum-Seekers Team has dealt with a total of just over 4380 individuals – some of these will have since achieved refugee status, some will have been deported, and a substantial proportion will have moved to other areas or to other countries. The team is currently supporting about 200 people.
- Of those who arrived before 2000, single adults accounted for roughly 15% of the total number of applicants - and for roughly 26% of all adult applicants (i.e. the majority of adult applicants at that time were couples with or without children). However, NASS statistics, reflecting people who arrived after 2000, indicate that nearly 75% to 80% of applications for asylum are now from single people.
- The Council is also responsible for supporting a smaller number of unaccompanied minors (those aged under 16), and these are currently supported by Children's Services.
- It is known that there are about 3,500 children in schools speaking a language from refugee / asylum-seeker communities, together with their parents. However, this is not itself a very useful guide, as many of these will be children of parents who have full legal status and it will include those from families who have been settled here for a long time.
- Analysis of service users, and of the languages being used in Harrow, give a picture of the main countries of origin:- Sri Lanka, Somalia, Iran, Afghanistan, Kosovo, Croatia. French and Portuguese speaking countries are the most prominent. Romanian, Slovenian, Turkish, Lingala, Kurdish, and Polish are also used.
- At some point in the future it may become possible to plot the main areas within the Borough where particular national / cultural groups are located, using GIS-mapping techniques.

Entitlement to benefits and services

Refugees and those granted a period of humanitarian protection or discretionary leave are allowed to work and contribute, and have access to mainstream benefits. Asylum-seekers supported directly by NASS may receive both accommodation and financial assistance, or a combination of both. Asylum-seekers who require accommodation to be provided for them will normally be housed in a designated dispersal area. Asylum-seekers who choose to live with family and friends and do not require housing to be provided for them by NASS can receive purely financial assistance. However, they are not provided with additional money to assist with any rent liability. Asylum-seekers supported directly by Harrow may receive full or reduced benefits; or a subsistence allowance, with or without housing.

Asylum-seekers can access a limited range of mainstream statutory services aimed at residents generally - the most significant ones being education and health care. Only those who have been granted some form of status (e.g. refugees and those with HP or DL) can access housing.

There are also some services which are aimed at all residents, or specially at minority ethnic groups, but which are used to a significant extent by refugee, asylum-seeking and migrant communities in Harrow - e.g. the African well-woman clinics, or the Ethnic Minority Achievement Service in schools (EMAS). There are also some specially targeted services, e.g. the Asylum-Seekers Team, a dedicated health visitor for asylum-seekers, and a new specialist GP service being developed by the Harrow PCT.

Several mainstream voluntary organisations are also used to a significant extent by refugee, asylum-seeking and migrant communities in Harrow - e.g. CAB - and there are now a significant number of Refugee Community Organisations (RCOs) aiming to address the needs of their own members, usually those from particular countries of origin. These organisations are often involved in providing support and services which people may not be entitled to receive from mainstream provision.

Appendix 1 outlines the main services provided to refugees and asylum-seekers by the local authority, by the PCT, and by the voluntary sector.

Costs of Current Service Provision

In some areas, it is possible to identify / estimate the specific cost of services to refugee, asylum-seeking and migrant communities in Harrow. Other services are provided in such a way that the elements of spending which relate to refugees and asylum-seekers cannot be practically disaggregated.

The current overall estimated net costs of Harrow-specific services (where this can be identified) is in the order of £1.6 million annually (as at April 2004), with a further £0.426 million coming to local RCOs via Central Government regeneration-scheme funding streams (largely 'Renewal' funding).

Current Areas of Concern

The main areas of concern identified by those who were consulted (those applying for or who had been granted refugee status in the UK; Refugee Community Organisations; and practitioners) were: housing, financial worries, getting advice, post-16 education / training, language difficulties, health, and care of unaccompanied minors. There was some concern about the impact of crime and drugs, difficulty in accessing sports and leisure facilities, and the unhelpful attitude of some professionals. School education was generally viewed very positively, and tends to be seen as something which off-sets other difficulties; although there were some concerns and suggestions for improvement.

Appendix 2 details the key concerns which were identified.

Current remit of the Asylum-Seekers Team

Following various legislative and policy changes (and the shifting role of NASS), the remit of the Asylum-Seekers Team is now limited to the direct provision of subsistence and accommodation support, and / or specialist assessment services, for:

- Single adults and families who made their claim for asylum after arrival in the UK before 24 July 2000;

- 'Dis-benefited cases', i.e. those asylum-seekers with children under 18 who lost benefits on or after 25th September 2000 because of an initial negative decision on their application. The Team supports them, on behalf of NASS, with subsistence and accommodation;
- Those people who are not entitled to NASS support due to restrictions placed by the Act of 2002; but who may otherwise be eligible for specific services (e.g. under the provisions of Fair Access to Care Services guidance) and / or who require support in order to prevent a breach of the ECHR. The Team has a significant role in these cases, because of the advice they provide for other groups of staff, and in relation to the administration of the benefits support to claimants in this category;
- Unaccompanied minors aged 16 years and over (the People First Children's Services teams work with unaccompanied minors under 16).
- Although 'NASS subsistence-only' asylum-seekers are not within the remit of the Team, they do come for advice and may require 'signposting' assistance.

The impact of the concession announced in October 2003 in relation to families with long-outstanding asylum applications (allowing those whose application dates from prior to October 2000 to apply for ILR status) has already led to a significant reduction in the numbers of families being supported through the Team, and the count of people in these groups is expected to fall still further to minimal levels within the next few months.

The number of single asylum-seekers supported by the Council has also fallen as more final decisions are taken on claims for asylum. It had already been planned that there would also be a gradual transfer to NASS of responsibility for all adult asylum-seekers for whom the local authority is providing support under interim regulations, but the time-scale for this remains uncertain. Moreover, people in the last four of the categories detailed above would continue to require support from the Asylum-Seekers Team.

The major responsibility of this team is now therefore for Unaccompanied Asylum-Seeking Minors (those aged under 18), and this group accounts for about 80% of the current caseload.

4. Policy issues and other considerations

National policy concerned with the way newly-arrived applicants for asylum are supported, and the range of support available to them whilst their case is being considered, remains somewhat unpredictable and is the subject of considerable public and media interest. This may well be subject to further considerable change as political imperatives and priorities develop over the next few years. This creates a degree of unavoidable uncertainty in relation to the policy context within which local agencies and local services function. There is also a considerable history of change in the functioning of the NASS, and in the pace and timing of their ability and capacity to take on the support responsibilities formerly held by local authorities.

It is also important to recognise that (by the very nature of the issues at stake) it will always be difficult to predict future patterns of arrival. In particular, it is difficult to anticipate what proportion of (currently dispersed) people may seek to make their way back to the Harrow area once their immediate status issues are resolved, or (almost by definition) about the numbers of people who may be here illegally, anxious to remain hidden, but potentially likely to call on some local services (especially local health services) at some time.

However, it should now be possible to position local services so that these are better attuned and more responsive to future changes in need and patterns of demand.

The current and anticipated future functioning of NASS and the operation of the dispersal scheme means that it is very likely that this local authority will have to provide for relatively smaller numbers of new adult asylum-seekers in the future. The work required will increasingly be with people who have been settled in the UK, and perhaps in the borough, for a few years. It should also be noted though that the anticipated decline in numbers may be less directly relevant for some other services, especially the local health services.

However, the range of countries of origin involved and the spread of languages used is considerable. This, of itself, suggests a possible need to refine some commonly held perceptions about the diverse nature of Harrow's community, to recognise more fully the very wide range of national and cultural groups now present. This is especially true in relation to linguistic variation.

There is however a very strong foundation available to build upon, provided by Harrow's recent experience of welcoming and being enriched by the presence of very significant numbers of people from minority ethnic groups.

This should mean that the future positioning of local support services for these groups can be presented in a clear and positive way, although it is recognised that much national media attention and some local opinion towards refugee and asylum-seeking groups is likely to remain predominantly negative in tone.

Recent changes in national policy and in the development of nationally-managed services means that it is becoming possible to define the future role of the Asylum-Seekers Team more clearly. The location of the Team within the new structure of the People First Directorate can also be more appropriately decided; and discussions to resolve this issue are under way.

RCOs are a major resource for local asylum-seekers, and are often their first port of call on arrival or when seeking services: any strategy needs to pay particular attention to their role and how this can be effectively and progressively developed.

Other key considerations which are recognised as being specially relevant are:

- The increasing significance of the 'West London' dimension in relation to patterns of movement and settlement among refugee and asylum-seeking communities, and the consequential need for new service initiatives to be planned and managed on a cross-authority basis. This has special significance in relation to the way in which new bids for external funding are evaluated, and on the emerging significance of the 'West London Alliance' in extending capacity-building work with local RCOs and in securing funding support for the service-development initiatives which they seek.
- The range of work being focussed on developing and supporting 'community cohesion' across West London, which is now gathering momentum, which has the potential both to help secure additional resources and to allow access to developing good practice in this area.
- In this connection, attempts to work more effectively across the West London area will hopefully lead to a reduction in service fragmentation, and should also reduce the motivation for 'hard to reach' groups to move around in search of increased levels of support.
- The emphasis being given within recent policy developments (both nationally and locally) to promoting social inclusion and tackling health inequalities. The task of promoting the full integration into the local community of refugees and those asylum-seekers who are entitled to remain, and enabling them to more effectively access

education, health, housing, cultural and other services remains a considerable challenge for all relevant public sector agencies.

- Recent developments within the Council, especially the New Harrow Project with its emphasis on developing area-based service delivery models, provides a timely opportunity to enhance cross-directorate and multi-agency working, developing more corporate responses to housing, education, health, leisure and employment issues.

5. Key strategic issues

The Project Group has identified a number of key strategic issues, response to which should provide the key foundations for this strategy. These were tested and broadly endorsed by those who participated in the second (stakeholder) consultation discussions.

5.1 Co-ordination of services

It is very clear from the information gathered to date (and especially from the initial consultation meeting) that existing services are seriously fragmented and uncoordinated, and are experienced as such by those seeking to use them. By and large, these services have been developed in an ad hoc way in response to immediate issues / changes in national policy and / or NASS practice, but without any effective strategic overview. Potential service users, and also those professionals working most closely with these communities, find the greatest difficulty in locating information, in knowing what services are available and how to secure access. This criticism effectively echoes the District Auditor's findings from their earlier review.

There is a clear need to secure a better co-ordinated approach to the strategic development of local services, and the Project Group strongly felt that this should be led at a senior level within each of the main partner organisations (Director level within the Council); tied in to the Harrow Strategic Partnership framework, and to the Community Cohesion programme being managed through the West London Alliance; and undertaken in partnership with the voluntary sector.

A possible model for establishing a co-ordinating group would be:

A Director level lead; strategic as well as operational leads from relevant identified services - Urban Living (Housing, Regeneration and Environmental Health); People First (Children's Services, Community & Learning, and Area Directorate, Manager of Asylum-Seekers Team); Harrow PCT; NWLHT; CNWLMHT; Police; representatives from CAB and HCRE; Chair of Harrow Refugee Forum. To function using a Partnership Board model, meeting perhaps quarterly, and reporting through to the Harrow Strategic Partnership framework.

This needs to go hand in hand with clarifying the role of the Harrow Refugee Forum and RCOs, and reviewing funding. This arrangement would also provide for the continuation (and possible expansion) of the work of the current Refugee Practitioner Group, but should ensure that that group can report through at a more senior level group with capacity to review strategic direction and co-ordinate local policy and service development. The Refugee Practitioner Group may itself need to be re-activated and re-focussed.

The provision of regular information updates for all those working in this area (covering national and local policy, resourcing and service developments) would also facilitate more cohesive working, in an area where many of these aspects are fast changing.

5.2 Role of Harrow Refugee Forum and RCOs

As a key part of the inter-agency co-ordinating group, it is likely that the Forum will need to be supported with its own development, so that it can most effectively represent the full range of RCOs' concerns and issues, contribute to their resolution, and so that it can support the RCOs to meet their own objectives.

Steered by the co-ordinating group, RCOs could work with each other and with other groups to set up services. However, it is likely that many of the RCOs will have concerns about how they can best access the support of the new Funding Officer; and it will also be necessary for the inter-agency planning group to recognise that the impact of competition for limited resources poses a risk to that kind of collaborative working. These issues will need careful management.

However, if their role were clarified and the necessary support made available, RCOs could begin to access more funding and appropriate training, so that at least some of them could move progressively towards being direct providers of specified services – e.g. in relation to information services, accredited advice services, support for those dealing with low-level mental-health problems / the effects of trauma, etc.

5.3 Funding

The District Audit report recommended that grants to voluntary sector organisations be reviewed and that grant-giving be used to support the delivery of the strategy.

The grant system needs to be reviewed to evaluate if RCOs are appropriately funded to deliver certain services as part of the overall strategy. This needs to be taken account of within the scope of the general review of grant-support for the voluntary sector, which the Council has been undertaking. Targets and funding criteria for mainstream voluntary organisations need to be sharpened to ensure that these agencies are better able to respond to the needs of refugees and asylum-seekers – an issue which it is hoped the current Council review of its voluntary sector grant support may be able to address.

External funding opportunities for RCOs need to be maximised, with the aim of building up and extending their role so that they can move more securely towards becoming specialist service providers, not just campaigning / lobbying / support agencies. This will require some dedicated officer time, together with knowledge and capacity to enable RCOs to make successful bids - on their own, or jointly. Possible areas in which local RCOs could be encouraged to develop as service-providers include: collation, maintenance and dissemination of systematic service and guidance information; provision of translation and interpreting services; provision of accredited advice services; provision of support for those experiencing the effects of trauma, stress, or other 'low-level' mental health problems. It will obviously be important to ensure that RCOs are supported and enabled to provide services of appropriate quality.

Quite frequently, refugees will move across and between different boroughs in West London. Funding organisations (e.g. Renewal) are also now moving towards funding larger projects which cut across all of West London, and which provide for different refugee communities.

Hence, building links with other councils in terms of strategy development is important, as is the need to work across a range of RCOs within the council. Wherever possible, we should seek to develop schemes where more than one agency (more than one RCO, or RCOs together with a statutory partner) work together, as this will help to reduce fragmentation and encourage collaboration, including between newly-arrived and longer-established communities. This consideration again reinforces the need to establish an overall umbrella planning group with multi-agency input and a strong strategic focus

5.4 Location and function of the Asylum-Seekers Team

Questions about the future of the current Asylum-Seekers Team within the People First Directorate formed an important strand of discussion during the second and third round of consultation, and was also effectively a key theme within the original District Audit review which prompted the work to develop this strategy. The Team currently provides specialist support to those adult asylum-seekers who are not eligible for NASS support, as well as to unaccompanied minors aged over 16. It also provides advice and specialist assessment for other services, including where the age of a claimant is in doubt.

During the consultation process, respondents were invited to comment on two possible approaches to the future development of this team and a range of views were presented. Appendix 3 below gives a more detailed summary of these approaches, and outlines the reasons why the preferred option is felt to be more appropriate.

The Integration Model

As documented earlier, the original core functions of the Team are beginning to diminish and it is now possible to consider working towards some shift in their role and function in the future. This strategy therefore includes as one of its key strands a proposal to begin to move the Team towards the kind of model outlined as 'model 2' in the Appendix 3 – the Integration Model.

The development of area-based working as a key feature of the way Council services are now managed and delivered provides an ideal platform from which to begin to develop this kind of approach. Linked in to the emerging Area Directorate structures, it would be possible over time to move towards a much stronger 'community development' type of focus - working to promote community cohesion, and to address health and social inequalities. This was an approach that was favoured by many of those who took part in the consultation activities that contributed to the development of this strategy.

This role would certainly not be incompatible with their retention of one of providing a 'safety-net' of direct subsistence and accommodation support for those not covered by NASS arrangements, and in providing specialist advice and expertise / assessment input to support other Council services.

Such an approach would also be consistent with a key theme of this strategy, which would be to secure the provision of a that kind of continuing 'safety-net' of direct provision where this is needed, but to begin to move towards ensuring that mainstream provision is better geared to provide for the needs of this group of people, as opposed to building further specialist services.

Funding Implications

Whatever the precise shape of and time-frame for the Team's future development, the issue of funding is a key one.

Under current Government policy, most of the costs of providing support to those aged 16 and over are refunded to the Council through Central Government grant – the costs of supporting those aged under 16 are currently borne directly by the Council.

If, as is currently expected, the number of people supported by the Team continues to fall, it will be possible and necessary to reduce staffing accordingly, but any savings accruing would be offset by an equivalent fall in the level of Government grant received. Similarly, only those

staffing costs associated with the kind of 'case-level' welfare support provided at present are eligible for Government funding support.

Therefore the move to an alternative 'community-development' style of service for the team can only be achieved as and when overall funding resources become available to provide for the new staffing and other costs that would be involved.

For the foreseeable future therefore, it is likely that the Team's core remit will necessarily remain largely unchanged. However, this should still allow for greater multi-agency and cross-Directorate collaboration; especially through developing stronger links with the local community health services, the EMAS service, and the Regeneration Team within the Urban Living Directorate. The proposed new Partnership Board would be expected to stimulate and oversee those kinds of developments.

In the meantime, the Team's functioning would benefit from the provision of some dedicated support from the Council's Legal Section - to help them keep up with and interpret legislative changes, and the impact of rapidly developing case-law decisions as these emerge. Dealing with those cases which may have potential Human Rights implications is a key area in which ready access to legal advice is especially important.

5.5 Addressing specific areas of concern in relation to current services

Given the broad resource constraints under which all local public service agencies now operate, it is likely that there will always remain a range of service development and resourcing issues in this area which will require attention and prioritisation along with other local needs.

However, there is a clear need to take practical steps to progressively address identified gaps in and concerns about local services, as and when resources allow; some of the priorities being:

- Improvements to the range and distribution of appropriate information about local services and support frameworks;
- A review of the spend on language services in order to maximise benefit;
- Employment and training (for those entitled to work):
 - Co-ordinated efforts between local colleges, the Early Years and Childcare Team, and educational lettings / other venues to set up a more readily accessible range of ESOL provision and other courses;
 - Enable RCOs to provide some direct services, which will help to open up job opportunities for those refugees and asylum-seekers who are allowed to work;
 - Explore the capacity of 'Refugees into Jobs' to have a higher and more local profile within Harrow, and develop initiatives with them - e.g. work-placements etc;
 - Maximise the use of Connexions and the Careers Service to provide advice about qualifications etc.
- Promote positive images of asylum-seekers, initially focusing efforts on young people, perhaps including through the use of the Internet.

In relation to health services more specifically, the Harrow PCT is now in the process of establishing a Refugee Health Forum, which in turn will address the health issues outlined elsewhere in the strategy. It is anticipated that this forum would include a champion GP who can take forward issues such as stigmatisation of those with TB / HIV, and sharing of

information on entitlement and cultural issues. It should also include a representative from community dietetics, who can lead on the issues of poor nutrition.

It is expected that this new Refugee Health Forum would operate under the overall umbrella of the strategic co-ordinating group proposed under section 5.1 above.

In relation to Adult Learning and Employment, it is recognised that links with Adult Learning and Job Seekers will need to be a priority. Where appropriate, the development of mentoring type work placements within linked organisations, can lead to the establishment of mainstreamed refugee-filled positions for those who are entitled to work. Links with the Learning and Skills Council across the whole of London are also important. For example, the encouragement of volunteers to participate in the PCT GP Unit and offering relevant employment to refugee doctors seeking to complete the standard Professional Linguistic Assessment Board test (PLAB), are potential ways of ensuring a positive approach to refugees and Asylum-Seekers.

In many instances, it may also be important to ensure that we are making the best use of available provision, rather than always just seeking additional resources. This will often involve adapting the format of provision so that it better matches users' needs and / or improving publicity about services available to encourage take-up.

6. Commitment of Key Agencies

The key partner agencies, identified on the title page of this document, have agreed to endorse this strategy and to support its implementation. They have further committed to supporting the further on-going strategic development and direction of local services in partnership with each other and with local community groups, and have agreed to be accountable to the Harrow Strategic Partnership for the delivery of their contribution to achieving the Aim of this strategy.

June 2005

Appendix 1: Services used most significantly by refugees and asylum-seekers

Local Authority Services

- Housing service (25% of temporary housing)
- Schools (1800 refugees and asylum-seekers receive EMAS support in addition to the range of mainstream services, including school meals and clothing allowance)
- Colleges. Refugees and asylum-seekers are entitled to access further and higher education courses - provided they can meet the entrance requirements, can pay the course fees, and maintain themselves financially. The fees structure applied varies according to immigration status, and access to Learner Support Funds for asylum-seekers (which provides some financial assistance) is limited to those aged 16-18 years who are in receipt of NASS or income-based benefit.
- Connexions Service provides a Personal Adviser for refugees
- Language and IT classes in colleges and community venues
- Asylum-Seekers Team (caseload of about 200 in January 2005)
- Mental Health Teams (4% of Team's caseload)
- Children and Families Team (7-10 unaccompanied minors per year)
- HIV Team (over 50% of Team's caseload)
- Environmental Health (poor housing, neighbours' complaints and Khat distribution points)
- Youth Offending Team (victims and perpetrators, as well as those involved in gang conflict)
- Translation and interpreting services
- Local Authority gives approximately £20,000 in grants to approximately 12 Refugee Community Organisations (RCOs); who provide a support and advice service to refugees and asylum-seekers. In addition, some of the groups are based at the Community Premises, free of charge, which offers them the services of a full-time premises co-ordinator.

PCT Services

- 1 health visitor for asylum-seekers and refugees
- 1 health visitor for the homeless, which would include some asylum-seekers and refugees
- Information booklets for refugees and asylum-seekers, and for professionals
- Female genital mutilation clinic, African well-woman clinics, use of HIV clinics
- Translation and interpretation
- Personal Medical Service (PMS) due to open shortly – funding to employ 1 GP, 1 nurse practitioner, for hard-to-reach groups including refugees and asylum-seekers (at Butler Avenue)
- PCT Advice and Support Centre based within the Wealdstone Centre
- Health Service links with established community groups (such as Rayners Lane Regeneration), will be dealing with some people from these groups
- GPs are able to refer patients who are survivors of extreme experiences to the Medical Foundation for specialist counselling

Local Voluntary Sector Services

- Approximately 12-15 main RCOs, with a much larger number of related groups
- Several specific projects, e.g. Mental Health Worker, Access Development Worker, 'Refugees into Jobs', two Children's Fund projects
- Several mainstream voluntary sector organisations are used to a significant extent by refugees and asylum-seekers, e.g. CAB and HCRE
- London-wide organisations offer services to Harrow RCOs and individuals, especially the Community Cohesion programme managed through the West London Alliance.

Appendix 2: Identified gaps and concerns in relation to current services

Housing

This has been identified as a major area of difficulty:

- Long periods spent in temporary accommodation
- The poor quality and overcrowding of housing, particularly for NASS subsistence-only households
- No statutory access to housing for single former asylum-seekers
- Insufficient access to information about housing options
- Poor quality and cost of privately-rented accommodation
- Impact on young people settling into schools, etc.

Money

Not enough, especially to pay for private housing and to pay for activities for children - for nearly everyone.

Advice

- Anxiety about legal status, lengthy procedures, etc. Variable quality of solicitors.
- RCOs themselves would like to become accredited providers of Information, Advice & Guidance
- Not aware of other entitlements, and where to go to find out - need for 'one-stop shop'
- Asylum-Seeker Team does not work with refugees, would benefit from an attached worker

Post-school education and training / employment

- More community-based ESOL provision needs to be established.
- Information and assistance in accessing education, training and employment
- Information and encouragement for potential employers
- Need for skills analysis of refugee communities and careers advice
- Delays and difficulty in getting recognition for existing qualifications, or converting
- Getting access only to unskilled jobs
- Child-care support

Language services

- Most groups urgently need information to be supplied in their own languages
- PCT workers have experienced difficulties with the use of interpreting services (now intending to link more with the UK Asian Women's Conference, with Language Line and with volunteers so as to improve access)
- RCOs themselves want to play a greater role in providing language services

Health

Some groups have no concerns, but the following are quite frequently mentioned:

- Lack of information on rights and benefits in appropriate formats
- Information for health professionals on entitlements to services, and cultural issues

- Difficulties in registering with a GP, and GP understanding of refugee needs
- Specific issues, e.g. women with male GPs; Somalis using Khat; TB; new arrivals being run down after a difficult journey and poor nutrition; female genital mutilation, etc.
- Need for one-stop health needs assessment on arrival
- Interpreting services
- Same-language GPs, if possible, e.g. Tamil
- Community stigma for HIV patients

Mental Health

- Many communities, some more than others, report loneliness, isolation, and depression
- Often GPs cannot differentiate between physical and mental health issues
- Need for support and preventative work, which the specialist mental health teams do not currently address
- Little access to counselling services
- Stigma surrounding mental health problems, and insensitivity of services to it
- Joined-up working between the Asylum-Seeker Team and the Mental Health Teams

Unaccompanied Minors

- Anxiety about reaching 18. Very limited support for 16+, who are in B&Bs. Need advice and training. Various workers attempt to provide advocacy, life-skills and independence training, emotional support, help with accessing services - but resources are limited and work is not fully joined-up

School Education

Many people are happy with the education service and feel this off-sets many other difficulties. Some concerns do exist however:

- According to a recent Ofsted report, asylum-seeker children perform well once appropriate language support is in place. Good practice needs to be explored
- Most children requiring EMAS support need 3-5 hours per week, but only get an hour each
- EMAS have lost links with supplementary schools due to lack of time
- Need for a comprehensive needs-assessment and personal education plan
- Many children need counselling support, which schools are not resourced to provide
- Some have experienced long waiting-times for admission, far-off schools, difficulty in settling in, and being encouraged to follow 'soft options'
- Some RCOs feel schools could play a role in mother-tongue teaching
- Significant progress in working with refugees and asylum-seekers is already being achieved through the role of the school cluster co-ordinators and by the Youth Inclusion Support Panel

Sports and Leisure

Refugees and asylum-seekers are frequently unable to access facilities, due to lack of funds, information, and perhaps due to public attitudes. However, this is particularly important in view of poor housing and mental ill-health, as well as increasing use of Khat; and the fact that people socialising on the streets can fuel negative images in the neighbourhood and may be affected by the Anti-Social Behaviour Bill.

There is an example of good practice at Hatch End swimming pool in the provision of single-sex swimming sessions and in relation to flexibility regarding swimming costumes; something which could be enhanced with the availability of further funding support.

Crime, drugs etc

- Not identified as a big issue, although some areas felt to be not safe, and some people have experienced racial abuse. A few communities are concerned that children may get involved in drugs, and there is some distrust of Police from the Somali groups
- There are some specific concerns focussed on the Harrow Bus Station
- The local DAT is already supporting initiatives designed to address the use of Khat amongst Somali refugee communities in the Borough – something which can give rise to local concern
- Concerns about crime within and amongst refugee groups, e.g. Tamil and Somali, and young people becoming involved in it

Attitude of professionals

Users report that attitudes vary from helpful to rude or unaware

It is hoped that developments like the Refugee Health Forum (linked with the PCT GP unit for hard to reach groups) can begin to lead and address these issues amongst health service staff groups. The GP Forum may be able to seek supporters and key influencers, as well as help to raise awareness.

Background paper: Mapping of needs and services to inform strategy: April 2004

Copies of this paper (which provides a more detailed description and analysis of the local information summarised in the Appendices) are available on request from:

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Appendix 3: Options in relation to the remit and location of the Asylum-Seekers Team

This issue clearly needs to be considered in view of the role the Council wishes the Team to play in meeting the needs of unaccompanied minors as well as refugees and asylum-seeker communities generally. However, there are also considerable funding issues involved.

Two possible models suggest themselves:

1. To develop the Team as a multi-agency, multi-professional service (possibly on a similar model to that underpinning the Youth Offending Team) so that this can provide a comprehensive, 'one-stop shop' service to all local refugees and asylum-seekers (not just those for whom the Council has a formal responsibility for the provision of welfare subsistence support). This would involve an approach in which the specialist expertise in working with these groups is 'concentrated' in one specific team.
2. To develop using an alternative model in which that specialist expertise is 'distributed' across a rather wider group of people and is therefore more immediately available within other key services – an approach we have styled as the 'Integration' model. This would probably mean retention of a smallish core unit centrally, to provide services for what will almost certainly be a steadily diminishing number of adults for whom the Authority retains formal responsibility; but encouraging the identification of 'local specialists' within other relevant service teams. The role of the core team would include co-ordinating, monitoring, training, and developing links with the voluntary sector. This might involve some team members being out-posted to other relevant services, and / or working more directly with RCOs. It is possible that the three recently defined Strategic Areas might form the basis for this approach as part of the move towards area-based service delivery.

The Project Group recommendation is that the second of these models would be the more appropriate. The reasons for this recommendation are twofold:

1. The anticipated decline in the numbers of adults requiring the range of services currently provided by the Team suggests that the future workload would not warrant establishing a multi-professional team along the lines suggested in 'model 1' above; and inevitably there would also be major funding issues.
2. Given that a key aim of this strategy is that of ensuring that our local arrangements should support refugees and asylum-seekers to access mainstream services effectively and to take their place as full citizens whenever their legal status allows for this. It would therefore be appropriate for local services to be developed in such a way as to ensure that as far as possible the local expertise required to support these groups effectively is also 'integrated' within the way those mainstream services function.

It is expected that the specialist support required by those under 16 year-olds who arrive as 'unaccompanied minors' without local parental-style support will continue to be provided through the specialist services of the Children's Services social work and Leaving Care teams within People First. This group includes those for whom use of the Looked-After Children system is felt appropriate. This is likely to be a significant and continuing aspect of the Authority's role, as numbers arriving and the extent of the authority's commitment to these children will almost certainly remain significant in resource terms, and it is not currently envisaged that this function will pass to NASS. The policy and resource implications of the recent "Hillingdon Judgement" will continue to have potentially very significant impacts, but also suggest that the continued provision of this range of specialist support will need to be delivered from that kind of basis.

Given the changing workload of the Asylum-Seekers Team, it is anticipated that at some point in the near future, the Team may well be brought together with relevant parts of Children's Services and structurally re-located within that area. Whatever approach future structure is adopted the close integration of health service partners will be critical to effective working.