

1 ENGAGING WITH LOCAL SERVICES TO TACKLE ISSUES AT THE NEIGHBOURHOOD LEVEL

Asylum seekers living in a certain Tees Valley neighbourhood were experiencing sustained levels of abuse in their streets. Feeling unable to secure an effective response from the police service, they remained living in fear;

Daily we faced racist harassment and abuse in the form of taunting in the street; 'Go back to your homes, you black...!', 'Come for a fight', 'benefit scroungers', 'monkey' to name a few. There was stone throwing, spitting, egg smashing, the breaking of windows, laying wreaths outside our doors, climbing walls to access open windows. Many of us were so traumatised and fearful. We just stayed inside our homes. We didn't dare to go out. We dreaded night-time when we felt so threatened. Some of us resorted to blacking out our windows so people couldn't see if we were inside. We wondered if we'd been put in this area as a punishment for seeking sanctuary in Britain, and to try to make us leave the country. We often telephoned the police to intervene. But we felt nothing was being done, and nothing changed. So we went to the police station to appeal for help. The woman there promised an officer would come and talk to us the next day. But the officer they sent was so huge and muscular that we felt really intimidated. We felt the message intended was 'Don't dare to report any violence against you or there'll be more trouble for you'. We feared that seeking help — or 'causing trouble' — might bring us to the attention of the UKBA and jeopardise decisions on our asylum cases.

The **Regional Refugee Forum** arranged for this group to meet with the **Consultation & Performance Officer** from **Cleveland Police Authority (CPA)** and they were able to discuss their experiences in detail.

On further investigation with Cleveland Police, the CPA identified that none of the incidents reported to the police had been correctly recorded as race hate crimes. Instead they had been reported

as anti-social behaviour incidents (and the rate of anti-social behaviour incidence is high for the resident population of the neighbourhood).

When incidents are recorded as race hate incidents they are dealt with as a more serious crime, but this had not been happening. The incidents were re-recorded as race hate crime and the police reacted very quickly.

A process of engagement between the group and the police force was initiated which identified where procedures weren't working and some practical actions to resolve them. A number of outcomes were achieved at the local level;

Visible police patrols by foot and van increased. Street lighting was improved. More cameras were installed. We think action was taken with the chief perpetrators. We had regular monthly meetings with the police and were invited to join the Independent Advisory Group. We also had the opportunity to give talks to the police's Response Unit officers, to raise awareness about issues facing asylum seekers trying to engage with the police. This has made us feel more confident in seeking help from them. I can tell you that race hate abuse has decreased. We don't rule out any isolated incidents of abuse in the future, but we feel safer. The place feels tranquil now.

Engagement provides services with a better understanding of the needs of asylum seekers and refugees and helps ensure services take account of those needs to prevent problems occurring in the first place. Reflecting on the experience, the CPA realised that without hearing the authentic voiced experience of the community, they had assumed that policies and procedures were being implemented and operating smoothly as planned. Only through facilitated engagement with the community could the picture of what was actually happening on the ground be identified and remedial action taken. By delivering sessions to the police officers the group were able to raise awareness about the

specific issues this community has in reporting incidents and appealing to the police services for intervention. Some arise from their experience of policing in countries of origin, where the police may be seen as oppressive arms of the state, operating with arbitrary, unchecked powers. Asylum seekers feel an intense vulnerability whilst waiting for the Government to make a judgement on their case which means they may maintain a silence. For many the region's police force and the UK border Agency are interchangeable arms of the UK state. Other issues arise from their direct experience of policing here, which are highlighted in the **Race, Crime and Justice in the North East** report.

However successful engagement is, it needs to be sustained to prevent roll back. The group notes;

We didn't know the CPA existed, or what routes to use to tackle our issues. Now we do and are empowered through it. The involvement of Sarah W, and Sergeant Matt R and Tony G from the police opened a new wave of constructive dialogue, involving many meetings with the neighbourhood police team. They were very passionate about engaging with us. This meant our confidence and faith in the system started to rise from rock bottom. But the work and relationships need to survive the transfer of specific officers - we miss Sergeant R

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2 ENGAGING WITH THE USER VOICE TO INFORM THE PLANNING AND COMMISSIONING OF SERVICES

For speakers of other languages, equal access to effective health care depends on the availability of a trusted and quality interpreting service. In 2012 NHS Tees were looking to commission a new **Primary Care Interpreting Services** contract for Teesside. It sought support from the **Local Health Involvement Networks (LINKs)** for Teesside, whose role was to engage with local communities to ensure their voice is heard to inform, influence and shape health services. The LINKs contacted

the **Regional Refugee Forum** who supported its members to participate in a consultation event for BME communities. They helped identify the key factors that make an interpreting service effective for service users. The report was submitted to **NHS Tees**, who later wrote back detailing exactly how the evidence had influenced the content of the **Invitation to Tender (ITT)** document provided to all bidders for the future service.

The monitoring of patient experience was also directed to be integral to contract.

For example, the new **Service Specification** included;

An indication that the Primary Care Contractor (for example, the patient's GP) may highlight any previous or regular interpreter used by the patient for the provider to endeavour to meet these requests where possible.

While the **Supplementary Information** for bidders stated;

Patients would like the service to provide a code of conduct for interpreters/translators to ensure they do a literal translation — not adding or taking information away (any difficulty in understanding should be relayed to the health professional who should explain in simpler terms to enable a more understandable translation).



NHS Tees also commented on the benefits of engaging with the community for the NHS;

NHS Tees is committed to engaging with patients, carers and the public, to inform our commissioning decisions and we welcome the support and facilitation from LINKs. It's really important that people get involved and let us know their views – so we can make sure local services best meet the needs of people living in our area

Sarah Marsay
Engagement Manager
NHS Tees

From April 2013, Healthwatch replaced LINKs as the new local consumer champion for both health and social care, 'ensuring that the voices of consumers and those who use services reach the ears of the decision makers'.

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3 DEVELOPING KNOWLEDGE AND CULTURAL COMPETENCY AMONGST PRACTITIONERS

In 2012, **Teesside University School of Health and Social Care** were developing their pre-registration nursing programme. They wanted to consult with service users, including refugees and asylum seekers, to ensure user perspectives informed the design of a curriculum which helps students develop key interpersonal skills, their understanding of person centred care, and their understanding of peoples health and nursing care needs.

A workshop was organised with members of the **Regional Refugee Forum**. Their experience and views were gathered with regards; '*what makes a good nurse?*', and what additional or specific knowledge and skills a nurse would need which would help them understand the barriers faced in accessing health and social care, and to deliver good nursing to this community.

One outcome is that the new curriculum now includes workshops for first year students delivered by **Refugee Forum** members. By directly meeting, listening to and being able to ask questions to people who are asylum seekers and refugees, the students were able to go beyond a received '*single story*' and develop a richer and more multi-faceted understanding.



Feedback from students at the first sessions shows the impact this face to face opportunity has for their professional development and practice to deliver nursing's fundamental values of caring, compassion and communication;

Just a really helpful and eye opening experience. I think every student nurse should get to meet asylum seekers. You can learn so much more than you can from any lecture or book!

An extremely valuable experience that will stay with me forever.

I now realise how important it is to not make assumptions and stereotype; things are not always as shown on TV... I was surprised how wrong I was.

It will make me ask more questions — make sure every patient understands the system — not just to presume they know how the NHS works.

I understand the importance of non-verbal communication, especially when a language barrier exists.

I learnt not to force eye contact or think people rude for not interacting with me.

If I was to meet someone from another culture, I now feel more confident.

Through its links with other schools within the University, this engagement has led to consultation work for a new Social Work programme.

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4 HOW DO YOU KNOW IF A SERVICE REALLY IS DELIVERING AS PLANNED?

In preparation for the implementation of Welfare reforms, the **Regional Refugee Forum** worked with the **Department of Work & Pensions (DWP)** to design a customised training workshop for refugee led community organisations (**RCOs**). The aim was to help prepare the community for the forthcoming changes and to clarify the procedures and entitlements for those moving from asylum support to mainstream benefits at **Move-on** (this transition must be completed within 28 days of leave to remain being granted). In April the **DWP** delivered 3 sessions to 50 representatives from 23 **RCOs** working across the North East region.

During these interactive sessions, the **RCOs** were able to evidence specific moments in **Move-on** where procedures were breaking down – where what should happen was not what was actually happening on the ground. There were examples across all **RCOs** where **DWP** policy was not in fact being implemented as planned. The result is real hardship with people left destitute. Two of the most common reasons cited by **RCOs** for not being able to register a claim to mainstream benefits were a delay in receiving **National Insurance Numbers (NINO)** and having to register their claim via a **DWP** call centre number, which was beyond the English language skills of many. It became apparent that on some occasions front line staff were erroneously telling

claimants they could not register a claim without their **NINO** and turning them away. In fact the **DWP** can register claims by issuing a temporary internal reference number until a **NINO** is allocated. It was also evident that on occasion front line staff needed to be more proactive in ensuring people were aware they could chose to register their claim face to face at the **JobCentre Plus** office, or use the contact centre, or register a claim online, and that interpreting services were available. As the training clarified, under the **Equality Act 2010** the **DWP** must make suitable provision to communicate with customers who do not speak English or Welsh.



As a result;

A week after one training session, one member received their leave to remain and was confident enough to persist in registering their claim for benefits despite not having a NINO. Clarity on what the procedures and entitlements should be (as opposed to what sometimes happens or what members may be told by staff) strengthens the advocacy skills of RCOs and refugees themselves, enabling them to access and benefit from services effectively and to assist the DWP in evaluating their service to this 'customer group'.

The DWP is reporting key findings and recommendations to the national level and considering any strengthening required in its intranet guidance to front line staff.

The DWP now has a customised training product to use with other refugee assisting organisations, and will offer the product as good practice to other DWP regions for use with RCOs in their districts.

The Refugee Forum and district DWP managers are arranging training sessions for Job Centre Plus front line staff to strengthen their knowledge and skills in delivering services to refugees.

RCOs will continue to gather case studies of procedural problems and report them to the Refugee Forum, who will take them to the DWP's district teams and customer or advocate groups to resolve issues at lowest possible level.

The Refugee Forum is designing a set of 'cue cards' for RCOs to add their language to and give to their members to guide them through the registration process and new job seekers interview. It will share this with other RCOs across the UK.

The willingness of DWP/ Refugee Forum to proactively enter into an on-going open conversation as to potential issues impacting on Refugees, focusing on solutions rather than 'blame' has been identified as a significant positive for improving Refugee access to services by both organisations.

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