

The support programme for Local Strategic Partnerships in the south east

OUTCOME NOTE

Managing the Impact of Migration Workshop

This workshop followed on from the lively discussion that took place at a Progress through Partnership (PtP) roundtable on Migrant Workers on 20th January. It gave participants an opportunity to have a more structured and in-depth discussion on practical approaches to managing the impact of migration. In particular it focused on how agencies can work in partnership to ensure services respond to the challenges and opportunities of migration.

The event was broadly divided into three sections, each of which kicked off with a presentation, which provided the focus for discussion:

1. South East Strategic Partnership for Migration (SESPM) - Rob Guile (SESPM).
2. The Migration Impacts Fund in the South East – Tony O'Donnell (GOSE).
3. Improving accessibility of services at Maywood Healthcare Centre (MHC) to non-English-speaking patients – Klaudia Furmonek (Chichester University).



South East Strategic Partnership for Migration (SESPM)

Rob Guile's presentation covered the history and role of SESPM as well as its links into regional and national strategic migration bodies such as the Migration Impacts Forum and the National Asylum Stakeholders Forum. SESPM began in 2000 as the South of England Refugee & Asylum Seeker Consortium (SERASC), an organisation grant funded by the Home Office. Its primary purpose was to provide a conduit for feeding intelligence from the local level up to the National Asylum Support Service on behalf of the UK Border Agency (UKBA). However, in 2006/07 its remit was expanded to include migrants, coinciding with the development of UKBA. This has required a significant change in its approach and role – in particular making mainstreaming the migration agenda into public service delivery at the heart of what it is doing.

The Q&A session raised the following key issues:

The partnership's remit has changed dramatically – aiming much more at influencing mainstream service providers – and this more strategic approach carries significant risks.

Attendees were keen to point out that in order to play this enhanced strategic role, the partnership needs to be better briefed regarding migration issues for service deliverers on the ground. One suggestion was that there is a role for LSP managers in playing this intelligence gathering function for their areas.

How has the governance of the partnership changed to reflect SESPM's new role?

Plans are being proposed to try to reflect its new role in management and organisational structures including regular meetings with South East England Regional Assembly's successor body South East of England Councils (SEEC) and locating it in SEEDA. In future this should go a long way to mainstreaming the migration agenda and ensuring information is fed up in the first instance and then translated into action on the ground.

How can local migration issues be flagged up under the new structure, and how would this translate into changes to services?

Over the past couple of years, collecting information has been a major issue, with requests for information from chief officers often going unanswered. Under the new arrangements, issues will be raised partly through the sub-regional groupings and partly through the SEEC Leaders

Board. The Leaders Board will oversee the work of the partnership and champion the development of projects in their individual councils to respond to the impacts of migration.

What sources of data – existing or possible – could provide the evidence local service providers need to substantiate anecdotal evidence of in-migration?

SESPM is currently in discussion with Experian around the possibility of a region-wide contract to collect additional data to understand this. However, the participants broadly agreed that there was no easy answer to this data issue. There was broad agreement that almost none of the available data provides a sufficiently accurate and up-to-date picture of migration flows locally to support adapting and targeting services locally.

There is a need to disseminate good practice in managing the impacts of migration in the South East, will SESPM play this role?

This was one of the key roles of SERASC and will continue to be the role of SESPM. However, one participant noted that there are already national forums for the exchange of best practice such as the IDeA's IDeA's Migration Excellence Programme, which has recently come to an end. Sue Charteris from Shared Intelligence also mentioned that there are other programmes nationally that could provide sources of good practice such as the Race for Health Programme.

The Migration Impacts Fund in the South East

Tony O'Donnell's presentation outlined the key aspects of the national Migration Impacts Fund, which are outlined below:

- **Amount:** £35 million nationally for 2009-2010, with £3.269 million allocated to the South East based on ONS projections for in-migration. The minimum grant threshold is £10,000 and there is officially no maximum amount specified.
- **Use:** Any activity directly targeted at managing pressures on local public service relating to legal migration.
- **Eligibility:** All local service providers (including the third sector), regional and sub-regional bodies are eligible; though collaborative, partnership-based approaches are encouraged.
- **Process:** Proposals should follow a standardised application template, which should be signed-off by the top tier LSP (to ensure strategic overview of projects) and be received GOSE by 5pm on Friday 1st May.
- **Reporting:** It is non-ring fenced and recipients will therefore not be required to provide additional reporting above and beyond that already required for the new local government performance framework

The Q&A session raised the following key issues:

One of the scoring criteria is that projects should be 'innovative'; could you define what this means?

Projects do not have to be totally ground-breaking or unheard of before, but they should be something new to your locality in some way, even if they are based on existing provision or initiatives.

How will findings through the various projects be disseminated?

This will be overseen nationally by the Migration Team in CLG. It was noted that other sources of good practice exist such as the Migration Excellence programme.

Can you be clearer on who the beneficiaries should be?

The money is not exclusively for refugees and asylum seekers; it could be used for migrants more generally. This includes both in areas that have faced recent in-migration or ones with established migrant communities; there is no condition on how long migrants have been in the country.

Projects should ideally benefit both migrants and the wider community simultaneously.

Are there any limitations on third sector bidding?

Third sector organisations providing services locally are eligible to receive the grant directly. It is for local partners to agree, through the top-tier LSP, whether they want the funds to go straight to that VCS orgs or via public sector providers.

Does the grant have to be spent in the UK?

No not necessarily. It could be spent abroad if a clear link can be demonstrated to a beneficial impact on migration or migrants into the UK.

Does this mean one single project per area?

It is up to the top-tier LSP to decide this. Partnerships can opt for local, county-based, sub-regional, or even regional initiatives.

Maywood Healthcare Centre (MHC) case study

Klaudia Furmonek presented findings from her research into how to improve the accessibility of services at Maywood health centre for non-English speakers. It focused particularly on how the centre communicates with non-English patients and what more could be done. Her key findings were that information in the GP surgery was largely inaccessible to non-English speaking patients, and that staff have limited tools or skills to overcome language barriers. She recommended providing translation devices for front-line staff such as receptionists and training on communicating with non-English speakers. She also recommended making written materials more accessible to non-English speakers by providing a leaflet explaining the UK healthcare system in foreign languages and ensuring other key written materials are either translated or more visual.

The Q&A session raised the following key issues:

There was no mention of interpreters – aren't they useful?

Interpreters are costly, and those setting budgets don't actually allow for interpreter costs; which are expensive to use regularly. This is why the recommendations suggest other, simpler mechanisms to improve access.

help they need when they walk in the door of a GP surgery - there are associated risk issues, because they may have a serious health problem that needs to be resolved. Participants therefore agreed the need to strike a balance between meeting immediate needs of non-English speakers and integrating them in the long-term.

Where should we draw the line in translating material into foreign languages?

Clearly, not all booklets and information can be translated into all foreign languages. However, there is a clear business case for GPs surgeries to translate their material when a large proportion of their patients are non-English speakers. However, there are alternatives to translating materials: some areas – such as Ipswich – have explored the idea of using plain English and visual representation. Some companies specialise in producing materials that are representational, making them accessible to non-English speakers and those with poor English skills.

How can GP surgeries be encouraged to help non-English speakers access services more easily? A colleague from Southampton mentioned spending a lot of time visiting every GP practice in the city to let them know what support was available to them including free translation services; but that there has been limited take-up. He recommended that PCTs look into including clauses in contracts that place expectations on GPs such as transparent communication for non-English speakers.

Isn't there a place for ESOL in improving English language skills amongst migrants?

ESOL of course has a role, particularly in the long-term. However, there is also a need to ensure people receive the

What role can health services play in encouraging patients to take-up ESOL?

There is potentially a role for partnership-working in ensuring front-line staff in GP surgeries refer non-English speakers to ESOL providers locally.

Next Steps

- Shared Intelligence will send out the Migration Impacts Fund guidance as well as the presentations and links to other documents mentioned.
- Shared Intelligence will write up the discussion into an outcome note.
- The Progress through Partnerships board will consider how the discussions might best be followed up.