What this module includes:

- what wider support means
- typical services
- agencies involved
- service availability and gaps

[Refer to chapter 5 of the CIH/JRF guide]

What is meant by wider support

We have used the term wider support to refer to the kinds of needs people have once ‘established’ in the UK – and which are likely to apply to all kinds of migrant.

It is unlikely that support of this kind will be offered directly by housing providers: but they may be involved in lobbying or networking to obtain services or ensure they are accessible to new migrants.

Types of wider support that may be needed

Examples of the kinds of support that might be needed are given on pp 57-62 of the guide. They include:

- access to health services
- ESOL training (English for speakers of other languages)
- job-related training
- help in finding work.

Agencies providing wider support

The statutory agencies providing these services are normally:

- the NHS (health) – at local level, normally the PCT
- Learning and Skills Councils (ESOL) – with other agencies also working locally in this field
- Jobcentre Plus (job-related training) and its local job centres (help in finding work).

In addition, many MRCOs or other specialist agencies work in these support areas, depending on local needs, funding and difficulties in accessing statutory services.

Examples are referred to below.
Many studies have shown how asylum seekers, refugees and new migrants have difficulty accessing these kinds of statutory service or in some cases may be ineligible for them.

Here are some examples of the problems and responses to them.

**Health**

Entitlement to full NHS services varies according to immigration status, so that some categories (e.g., asylum seekers whose cases have been rejected) may have access only to emergency services.

Even when people are entitled to them, everyday health services may not be appropriate to needs, e.g., because of language problems, because of lack of cultural understanding, or because of lack of appreciation of the personal stress which many migrants suffer. The guide gives further examples of problems on pp. 57-58.

In some areas with considerable experience of migration, the NHS has developed specialist services (examples are provided on p66 of the guide).

There are also MRCOs which provide specialist services, for example in mental health support, funded either through Supporting People or through the local PCT (see example on p67 of the guide). Further examples and ideas about the role of MRCOs in health provision will be available in the hact guide to Commissioning MRCOs (see resource list).

**Learning English**

The independent commission on integration and cohesion led by Darra Singh has put considerable emphasis on the importance of learning English in its interim report (see resources section). It said the most commonly identified barrier to greater integration and ‘being English’ is inability to speak the language.

Yet while asylum seekers and accepted refugees have (in theory) free access to ESOL training, many other categories of migrant do not qualify and may therefore either not have access to formal classes or (where available) may use services provided by MRCOs or other voluntary agencies. Government is considering further limits on access to free ESOL training.

Even if in theory access is available, there are enormous problems of the supply of ESOL training not meeting the demand for it, especially in high pressure areas such as London. This often means that more marginalised groups ‘miss out’ on services to which they are entitled.

So far, the involvement of MRCOs in providing services funded by the Learning and Skills Council has been limited to London. There are two MRCO-based projects which offer ESOL support, in one case to asylum-seeking women and in the other to young people.

In Glasgow (see p67 of the guide) several local support networks provide ESOL training, e.g., through informal conversation classes for women, run by volunteers, with childcare facilities.
Housing providers have an interest in the ability of migrants to find work for several possible reasons, eg:

- maximising economic independence and reducing the need for people to depend on benefits
- in the case of worker migrants (eg A8 and A2 nationals) who lose their job, in many cases regaining work is the key to avoiding destitution/sleeping rough (see module 6)
- in low demand areas, attracting people to continue living in the area will depend on their finding jobs
- providing work-related training or experience is an opportunity to promote integration and community cohesion.

Pages 68-69 of the guide have examples of projects with these different objectives. There are also a range of other possibilities for work-related initiatives mentioned briefly on pp 61-62 of the guide.

Several of these examples involve housing associations, and clearly there is considerable scope for imaginative partnerships with other agencies.

Hact and the Joseph Rowntree Foundation are producing a guide to commissioning MRCOs to provide public services, which will have chapters on the three service areas covered in this module, and will provide much more background material on the policies of the commissioning bodies and the opportunities for MRCOs.

The guide will be available in summer 2007 but in the meantime further information can be obtained from hact.

The Singh commission has its own website at www.integrationandcohesion.org.uk where its interim report and other material are available.

Follow up to training module 8

√ are we aware of wider support services in our area?
√ do they cater well for migrants?
√ can we work in partnership with other bodies to scope such support needs?
√ can we consider this issue with local MRCOs?

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