

Making disability information
across Surrey accessible to
individuals from Black & Minority
Ethnic groups

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A one year project funded by the



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Executive Summary



www.asksid.org.uk

SID (Social Information on Disability) is a Surrey based charity which aims to ensure that disabled people have access to the information they need in order to make choices about the way in which they lead their lives.

An EHRC Funded Project:

This report forms the second of two phases of research and proactive work undertaken as part of an EHRC (Equalities & Human Rights Commission) funded project looking at the dual disadvantage in accessing disability information often experienced by disabled people from black and ethnic minority (BME) backgrounds, with a focus on ways of addressing the situation.

The first phase of the project has been published on our website - (<http://www.asksid.org.uk/news.html>), and is a literature review which brings together national research and the views of statutory and primary information providers on eleven specific BME groups and disabilities plus their carers.

The Second Project Phase - This Report:

We chose to focus on four out of the eleven first phase groups for the purpose of exploring the barriers to accessing services and disability information, looking at ways of overcoming these barriers, the development of appropriate information resources and the best ways of disseminating resources.

The four groups are People with a Visual Impairment, Refugees and Asylum Seekers, Benefit take up by Muslim and Chinese elders, Travellers and Gypsies.

Project Findings:

During our exploratory meetings with both public and voluntary sector service providers working in partnership with these groups and individuals, we discovered ways of working that, whilst operating in sometimes small localised situations, currently constitute best practice. This report provides a comprehensive overview of these meetings and ways of working, many of which have not been published before. We have subsequently merged them with our workshop findings on barriers to accessing information and ways of

overcoming those barriers into a **Quick Guide to Providing Information** which is available on the BME section of SIDs website - www.asksid.org.uk/BME.

Our meetings have established that some organisations both in Surrey and elsewhere are now starting to incorporate BME work into their core strategies as opposed to short term projects that may not be able to be sustained. Others are just starting to discover the potential for work in this area and we hope that our findings will go some way to forming a supportive foundation to more successful communication methods and effective results. Ultimately we are optimistic that over time services that support and inform people with disabilities and their carers will become more accessible and resonant to the cultures and needs of BME individuals.

This has been a very enlightening and fulfilling project and we hope that the networks we have started to form will continue to thrive and develop.

BME Directory & Surrey Network:

We have sought permission from all of the BME groups and services we have spoken to over the course of the last year to place their details on to a BME directory. This can be found on SIDs website within the BME pages - www.asksid.org.uk/bme. At the end of this report we have also produced a network list of all the organisations and BME workers in Surrey who support the four focus groups mentioned above.

Introduction

Background:

In April 2008, we received one years funding from the EHRC (Equalities & Human Rights Commission) to manage a project which aimed to explore and begin to address the dual disadvantage in accessing disability information often experienced by disabled people from BME (Black & Minority Ethnic) communities.

The first phase of the project, which was completed in July 2008, was to produce a literature review and report which brings together the national research and views of others working in this field into one place.

The report, which can be viewed on our website, <http://www.asksid.org.uk/news.html> includes

- An overview of national and Surrey BME population statistics (including immigration figures, gypsy and traveller populations, faith groups and asylum seekers)
- A review of research in other parts of the UK (national and local), looking at the particular issues and barriers to accessing information for eleven specific groups of disabled people (including carers) within BME communities (e.g. people with a visual impairment, older people). It also provides some examples of best practice which have been further explored and added to in the projects second phase
- The implications of the findings in each of the areas in terms of their relevance to SID's project focus on promoting disability information provision in the context of Surrey's particular demographics, infrastructure and services

For the second phase SID selected four of the eleven groups to focus on

1. People with a visual impairment from BME communities
2. Refugees and Asylum seekers
3. Benefit take up by Muslim and Chinese elders
4. The health needs of Travellers and Gypsies

Methodology:

The project work has consisted of a series of meetings, both by telephone and face to face, training sessions and a workshop to -

- Establish links and form new networks with both disability and BME service providers and voluntary community groups
- Increase the awareness of the BME community groups who are the primary information providers, of the disability support available
- Identify many of the barriers to accessing support and explore the ways of overcoming them

- Work in partnership with local organisations to design and distribute new materials
- Create a central directory for Surrey of BME community groups and service providers with dedicated BME outreach programmes

This report includes:

- Individual reports on each of the four focus groups containing outputs from the project, details of local and national organisations working in the field, statistics where applicable and a summary of findings
- A “network” list of the Surrey organisations we met and/or worked in partnership with
- A list of sources who can provide useful current information on BME issues
- A list of PDFs that have provided a useful insight into national and local initiatives and research papers
- Recommendations for future work

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Focus Group 1 - People with a Visual Impairment

Visual Impairment (VI) issues have long been sidelined from the BME agenda and where there are pockets of activity within the voluntary sector, these tend to be “bolt on” projects rather than long term strategies or core services. Reviewing the literature on VI in BME communities shows that whilst there are higher incidences of well known conditions such as diabetes, cataracts and glaucoma, there is under-use of services by ethnic groups. This may be partly due to the low expectations of this group and the view that sight loss is an inevitable part of the ageing process.

People from ethnic minorities are recognised as least likely to seek help when suffering with sight problems yet they are some of the most vulnerable to sight loss. People of African-Caribbean descent are for example eight times more likely to develop glaucoma than the general population and it tends to occur ten to fifteen years earlier than in other ethnic groups (*Thomas Pocklington Trust 2009*).

Outcomes from this project:

1. increase awareness amongst primary information providers of the disability support available and review BME registration on Surrey’s sight register
2. establish links between local BME groups and VI service providers
3. gather information on local/national initiatives and good practice to support future development

1. Primary Information Providers and Surrey’s Sight Register



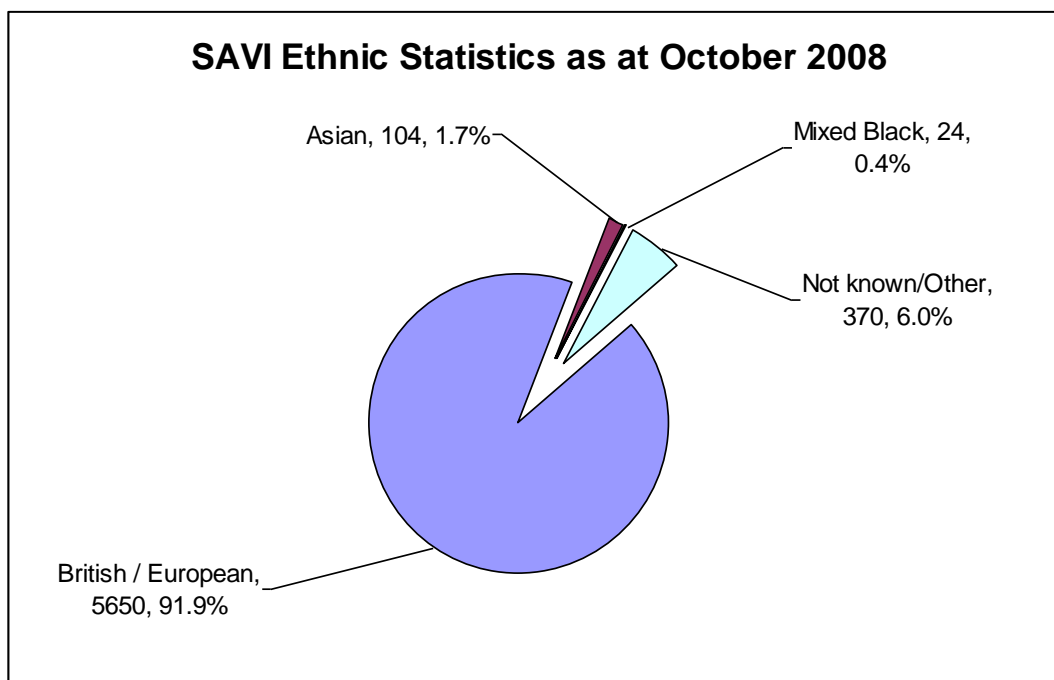
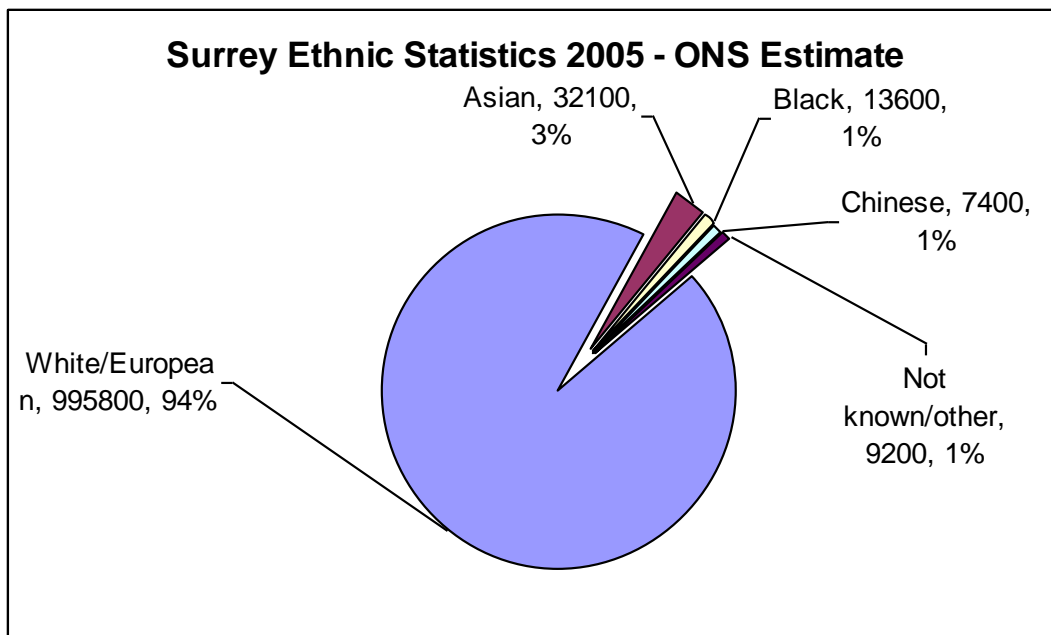
www.surreywebsight.org.uk

Surrey’s Sight Register is managed by the Surrey Association for Visual Impairment (SAVI) which is the major provider of services for visually impaired people, including those with combined sight and hearing loss in Surrey.

SAVI maintains a confidential register of people who are blind or partially sighted, on behalf of Surrey County Council. Keeping this register is a legal requirement and enables SAVI and local authorities to meet the needs of people with a visual impairment and shape their services for delivery accordingly. Registration is also essential for claiming certain financial benefits and concessions and for getting help from some local voluntary groups.

The amount of ethnic data collected on the register is comprehensive without being onerous and therefore makes bespoke extraction reports relatively straight forward. The number of visually impaired people and their ethnicity is also collected by borough and district. This greatly improves the potential for planning effective service provision and targeted campaigns.

These charts compare the resident population estimates by ethnic group across all ages by the Office for National Statistics for Surrey in 2005 and SAVI's statistic.



As anticipated and for the reasons stated earlier, there is a not insignificant gap between the percentage of people with an ethnic status in Surrey 7.38% and those shown as registered with SAVI 8.1%. Outreach services play a major part in promoting services to the BME population and whilst SAVI do not currently have a dedicated BME Development Coordinator, as part of their current business plan they aim to promote social inclusion across all ethnic backgrounds and provide the fullest service that they can.

The analysis of their register highlights this discrepancy and also highlights the localities where their community reach shows limitations. A campaign of awareness raising, not just by the organisation but also by the many Surrey based support clubs they communicate with should assist in gaining the trust of BME communities as a whole, with the result that there will be an increase the number of people coming forward to register and seek support.

2. Links between local BME and VI groups



Action for Blind People (Action) is a national charity and the team for the southern counties is based in Epsom, Surrey. They are one of the largest charities in the UK providing free and confidential support for blind and partially sighted people in all aspects of their lives - housing, employment, technology and rights being the main areas. The emphasis of their strategy is on people, their empowerment, support and growth.

We met with Sue Millar, the new Head of Action's Southern Counties early on in this project. Part of Sue's time and that of her team is spent concentrating on analysing the services they can provide to gypsy and traveller (G&T) groups in Surrey (see Focus Group 4) as they are a large group with complex needs. Sue had just started networking with two gypsy and traveller Development Workers at Surrey Community Action (SCA) when we met and so at the end of our first meeting it was agreed that we would all work together to support a visual impairment initiative. It was also seen as advantageous to learn more about each organisations service and the many different types of VI.

Our first joint meeting established each organisations objective in supporting the Surrey G & T population.

Action's UK vision strategy is to provide access to sight testing across the UK for a number of BME groups as their VI and sensory needs are often overlooked by statutory services. Their local South East initiative is to reach Surrey G & T sites using one of their three mobile units. The mobile units take out information and advice teams to a variety of sites but taking them to G&T sites

will be a “first”. Action has access to a low vision specialist who they agreed to contact to seek a referral for a local eye specialist. It was hoped that this specialist would be willing to go out with the mobile team once approval for the mobile unit was granted.

SCA explained that for the vast majority of gypsies and travellers, a sight test is not a priority due to their peripatetic lifestyle, housing problems and employment issues taking precedent) so many had never had one. Any health issue has to be bad enough to impact on income earning capacity or be particularly serious before they seek help. Pride is another major barrier. The gypsies that they had spoken to about the possibility of mobile visits had been very enthusiastic.

SID explained the parameters of our project and the benefits of combining the visually impaired with gypsies and travellers. Our objective was to train SCAs Development Workers on SIDs information materials and database so that they could be a first point of contact and refer disability issues to us. We would also look to include other G&T support workers from local borough councils in a training session (see Focus Group 5 - Gypsies and Travellers).

At our second meeting two sites had been selected for the mobile to visit but an optometrist had yet to be found. Action confirmed that where the sight tests proved positive, they would take over individual support and maintain contact, particularly where emotional support may be needed following treatment. It was noted that timings of the mobile visits needed to accommodate male workers returning home later in the afternoons and that the individual site managers from the borough councils would be invited to attend.

At the time of writing, Action had applied for funding from The Big Lottery under their “Reaching Communities” category as a voluntary optometrist had not been found for the required two days.

The second BME group Action is focussing on is the Korean community in New Malden which see disability as a form of failure. The approach to them is via a “supporting business initiative” route as there is an aversion to working with or taking support from women. They have learnt that their presence at meetings initially has to be a passive/silent one until they are recognised as a familiar face and can then start to interact more positively.

Action has some recent examples of working with specific BME groups in concentrated areas across the UK e.g. Asians in Birmingham and Bengalis in Tower Hamlets. Sue’s advice for working with BME people is to take into account both environmental and cultural barriers to accessing individuals and groups and to focus on one type of ethnicity and visual impairment.

From April 2009 Action for Blind People will become an associate charity of RNIB in an innovative new partnership. They will be joining forces to share

resources, skills and expertise to engage and reach more blind and partially sighted people with the aim of providing even better services.

3. Local & National initiatives and examples of Good Practice to support future development



www.henshaws.org.uk

Henshaws offer a wide range of services in response to the needs of visually impaired people across the North of England. Their services are tailored to meet local people's needs, so they sometimes vary by region. They also offer a range of educational, residential, day care and community services.

Their South Asian Family Link worker, Zahida, has been in post for 2 years and is South Asian herself which she finds invaluable in creating a relationship of trust and promoting two-way communication. Her role is to make information and support on visual impairment issues more accessible and to break down the many barriers that exist in seeking support. She does home visits and works with the whole family. Her referrals come from professionals, women's groups, VI teachers and hospitals. There can be a culture of self blame stemming sometimes from religious beliefs and Zahida spends considerable time helping families to understand that a disability is not their fault and that they are not losing self esteem or pride by asking for help. She talks to families about how receiving support can help maintain a happy and balanced life. If families provide too much help the individual with the impairment may not learn the skills they need and this in turn can prevent them from leading an independent life. Keeping support within the family unit can also stem from the religious belief that "if I help this person I will gain future rewards".

Now in her second year of outreach work, clients are calling her as she has gained their trust. One of the biggest barriers is where services do not recognise or respect cultural values especially relating to something as simple as food choice or holding events where food and drink are served during Ramadan. She has become an important point of reference for her colleagues and other local groups.

A recent activity that worked well in bringing communities together was a culture and diversity day where the emphasis was having fun as a family and sharing religious backgrounds, food and activities.

Zahida also contributes articles to Asian newsletters and papers and her work with families was recently featured on local television.

Henshaws BME community workers meet every 6-8 weeks in Manchester, ensuring that local issues are discussed and awareness raised.

To achieve an improvement in service uptake by people from BME communities, outreach, cultural awareness and a good working relationship with minority ethnic community groups is essential. Recent findings from research commissioned by Henshaws, recommend the following:-

1. sight loss services need to recruit staff from ethnic minorities and/or ensure that workers are trained in the appreciating the cultures of the clients they work alongside
2. Information must be translated into minority languages and actively promoted through and with the support of local community organisations
3. sustained effort may be needed to overcome suspicion based on past experiences or lack of previous knowledge
4. “bolt on” short term projects have their successes but a sustained approach that is a core part of strategy will bring about change and create better relationships



supporting blind and
partially sighted people

www.rnib.org.uk

One of the RNIB's five main goals for their new five year strategy announced in 2009 is to reduce the rates of avoidable sight loss for people who are most at risk. People of Caribbean, African and South Asian origin, and those on low incomes are at greater risk of losing their sight. By 2014 they want more people from African, African-Caribbean, South Asian and low income communities to go for regular eye tests, to get referred to eye clinics and so reduce avoidable sight loss. They will also work with their partners in government and eye health decision-makers to introduce eye health targets.

As part of the five year strategy, they have appointed six new project development staff to work on a variety of issues with ethnic minority groups across the UK.

The first is based in Glasgow where the ethnic minority population is three times the national average, a figure likely to have increased with the number of asylum seekers now resident there. Gozie Joe Adigwe is tasked with the objective of analysing eye health within the ethnic population of Scotland, focussing on South Asian, Chinese and Afro-Caribbean which is a significant first. They hope to determine prevalence of certain eye conditions. Diabetic retinopathy is for instance more common in individuals of Pakistani, Indian or Bangladeshi descent who make up a sizeable minority in Glasgow. In the UK the main method of eye disease detection is by high street opticians but many people from ethnic backgrounds, particularly

refugees or first generation individuals may not appreciate this and only seek help from a GP when sight deterioration has already started.

Gozie's colleague Manjit works in south London campaigning with Primary Care Trust's and health trainers linking with their "20-20 Vision" strategy to raise the awareness of eye health. His first task is to develop working relationships with the BME forum in Ealing that represents 150 long established ethnic community groups. He will contribute to their newsletters and attend meetings and AGMs. No new materials have been designed yet to promote his work, but he hoping to set up focus groups within the forum so that they have community ownership of VI issues amongst others. His view is that communities must have a say in new initiatives and each nationality needs a slightly different and personalised approach however small e.g. using the Bangladeshi flag when talking or writing to Bangladeshis.



ORGANISATION OF BLIND AFRICAN CARIBBEANS

www.obac.org.uk

OBAC is based near The Oval in London and exists to ensure blind and partially sighted African and Caribbean people have access to relevant services which enable them to overcome the barriers that prevent them from becoming active members of the community. They run free training provision for disabled people on key skills, numeracy and literacy and provide career advice, guidance and job search. Counselling and transcription underpin all of their services.

One of the ways they promote their service is printing leaflets and posters using simple red text on a white background which they say works well for their clients (see PDFs Online page 44). These are displayed in hospitals, job centres and community centres and they receive most of their referrals from Social Workers. They also support deaf Africans and Caribbeans and employ staff from different ethnic backgrounds.

Other examples of good practice where vision services are taken to the people -

1. Birmingham Focus on Blindness promotes sight loss information fairs held in community venues. Their Community Champions are local people who are trained to talk about sight loss and gather community feedback
2. Living Options Devon organise regular "Outreach Forums" where up to 20 people at a time can discuss their problems
3. SeeAbility, Tower Hamlets provide drop in sessions, telephone support and regular direct contact including visit to religious and education centres

4. Derbyshire Association for The Blind hold low vision assessments in community centres where low vision aids can be demonstrated and tried out. Trained “Champion” volunteers from local BME communities deliver talks and support within their communities
5. Bradford Local Authority Sensory Needs Service provide workshops, demonstrations of equipment and one-to-one assessments
6. Royal Hallamshire Hospital, Bradford - people from BME communities are invited to choose their own reading material for sight tests. This means they can bring something in their own language and provides a more accurate assessment of their sight

SUMMARY

1. People from BME backgrounds are currently under-represented on the Surrey register of VI people, despite the increased likelihood of VI in this population. This reflects the national picture but is a situation SAVI, the registers administrator, is seeking to address.

2. The experience of working in partnership with a specialist voluntary organisation who have considerable knowledge of working within BME communities such as Action for Blind People in Surrey, has highlighted the need to focus on one type of ethnicity and one part of the visual impairment spectrum i.e. eye tests, thus increasing the potential to make an impact and build on the experience for future initiatives.

When choosing an ethnic group to support, outreach workers need to develop their role in partnership with the relevant community centres and groups, seeking their advice on approach and cultural sensitivities. They can then offer talks and drop in sessions promoted by the centre managers so that individuals can explore their services from a venue they are familiar with. This way their culture is recognised and respected and hopefully, trust in the service provider will be gained.

3. The National charities we contacted have all embraced outreach work as a fundamental method of supporting BME communities and built this into their core service strategies. Those communities must however be consulted so that organisations take in to consideration the beliefs and traditions of the different communities they want to reach. Delivery of information must also be designed with their input and be made accessible to individuals from those target communities. Emphasis should be given to the improvement and/or enhancement that uptake of services can make to people’s quality of life. Wherever possible key words from the various community languages need to be incorporated or at least acknowledged.

Without change, eye conditions within BME communities will continue to go undetected and treatment and support is too little too late.

Focus Group 2 - Refugee & Asylum Seekers

The information provided to refugees and asylum seekers is generally related to their legal status, and often does not include information on support related to any disability they may have. This is because the majority of primary service providers do not have expertise or knowledge of disability issues.

By undertaking this work we now have a better understanding of the process refugees and asylum seekers go through in order to legally reside in this country, the legal responsibilities the statutory services have and the part the voluntary sector plays in creating and maintaining structured programmes of support to promote general wellbeing and social inclusion.

Outcomes from this project:

1. Established links with the national primary information providers to learn about the asylum process and the statutory entitlement to support for disabled refugees and asylum seekers
2. Set up communications with Surrey County Council and neighbouring county support teams
3. Created networks amongst the voluntary sector service providers in and around Surrey and local initiatives supported

1. The Asylum Seeker process, the national perspective and statistics



REFUGEE COUNCIL ONLINE

It must be said at the outset that the asylum process is very complex and subject to change and we therefore recommend that individuals and organisations seeking the most current information contact the Refugee Council based in London - www.refugeecouncil.org.uk.

What is the definition of an asylum seeker and a refugee?

Put in its simplest terms, a person is labelled an “**asylum seeker**” when they have lodged a claim with the Immigration & National Directorate at the Home Office and are waiting for a decision on that claim. Their claim is assessed on the basis of their credibility, the current political situation and human rights record of their country and if applicable, medical evidence of torture and abuse. Asylum seekers are not eligible for disability allowances.

An asylum applicant is only granted “**refugee**” status if they meet the criteria laid down in the 1951 UN Convention on Refugees. They are then granted asylum and given a residence permit that allows them to live in the

UK for 5 years. People with refugee status are entitled to disability benefits and to access social services in the same way as any other UK citizen. This can include help for people with physical, mental, health and learning disabilities and sensory impairments.

Those who are not recognised as refugees under the Refugee Convention but who are at risk of persecution if returned to their country of origin are granted **Humanitarian Protection** for 5 years. Similarly if they cannot be removed for other reasons e.g. illness, **Discretionary Leave** is granted for 3 years.

All of these status types affect the right to claim benefits and support whether a disability is in evidence or not. For an overview of rights and entitlements go to www.refugeecouncil.org.uk and a leaflet called “Positive Decision on your Asylum Application” and “The Process & The Statutory Sector” (extracted from the UK Border Agency website www.ukba.homeoffice.gov.uk).

 Home Office

UK Border Agency

www.ukba.homeoffice.gov.uk

The Government body responsible for asylum issues is currently the UK Border Agency (UKBA), the new executive agency of the Home Office who recently took over responsibilities from NASS (National Asylum Support Service). The agency assumes the responsibilities of the Immigration and Nationality Directorate (IND) for managing immigration control in the UK, including applications for permission to stay, citizenship and asylum.

An application for asylum starts at an Asylum Screening Unit in Croydon or Liverpool unless screening is done at their port of entry. After a brief interview and identification is established, an Application Registration Card is given to them and they are allocated a Case Owner. It is only when the first meeting is held with the Case Owner that an asylum seeker is able to discuss any special needs they may have which can include information on disability issues. The Case Owners responsibilities include assessing the level of support needed which includes housing and living costs and they aim to conclude an application within six months.

If asylum seekers or their family members have exceptional needs, it is possible to apply in writing to the UKBA for extra support explaining what the extra income is intended for and how they have coped without adequate support until that time. This is at the discretion of the Home Secretary and is rarely granted. UKBA support however, is inappropriate for asylum seekers with severe or enduring disabilities, or other special needs.

In theory, support for people with a disability is therefore via two routes.

The first is through Community Care services delivered by local authority Social Services teams and is usually free of charge. They have a duty to carry out a full community care assessment under Section 47 (1) of the NHS and Community Care Act 1990 and applicants should be assessed using the same criteria as UK residents, based on the severity of their need. In an emergency, the local authority has a duty to house someone while the assessment is being carried out. A guide to the NHS is provided on the Department for Health website and is translated in to many languages - http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4122587

Under Section 21 of the National Assistance Act (NAA) 1948, support includes residential accommodation for individuals, including asylum seekers and failed asylum seekers, “in need of care and attention” due to -

- Age
- Pregnancy
- Disability/restricted mobility
- Physical impairments including visual impairment
- HIV or AIDS
- Mental health needs
- Other special “non destitution” needs including support for families

Alternative housing and extra support may be offered which can include

- Practical care in the home or elsewhere
- Personal care
- Someone to talk to for advice and help
- Cooked meals delivered to home
- Monitoring of their health and ability to undertake certain tasks on their own

The second is through local One Stop Services such as the Migrant Helpline and Refugee Action who provide advice and support to newly arrived asylum seekers to help them access support from the BIA. The Refugee Council give practical advice and promote refugee rights in the UK and abroad (see reference pages). Their concern is that the UK Border Agency needs to take a wider view of the nature of disability to encompass mental illness and conditions such as Post Traumatic Stress Disorder. Many detained asylum seekers suffer from mental illness that goes largely unrecognised and untreated. They also recommend that reasonable adjustments should be made to ensure that arrangements for reporting are sensitive to the needs of people with disabilities.

There seems to be considerable confusion about the responsibilities of the different agencies and the UKBA, a lack of co-ordinated information and service provision and gaps in professional knowledge on disability-related entitlements. Typical barriers to accessing services include a lack of interpreters, including sign language interpreters, lack of knowledge among Department of Work and Pension Staff about disability issues and long waiting times (ICAR November 2008).

In reality the only people whom the statutory services are obliged to support are unaccompanied minors. This is because the Home Office set up NASS to take over the role of providing support to asylum seekers from local authorities in April 2000.



In our search to speak with other voluntary sector agencies, we contacted a Policy Advisor with the Asylum Support Partnership Team (ASPT) - five agencies funded by the Home Office to deliver independent and confidential advice to asylum seekers: Migrant Helpline, Refugee Action, Refugee Council, Scottish Refugee Council and Welsh Refugee Council. None of these agencies has a presence within Surrey County Council borders. It was her opinion that Home Counties such as Surrey have taken the view that asylum is largely a London Borough problem mainly because of the dispersal policy. Refugees have traditionally been dispersed to London particularly if they had a friend residing there and can seek temporary shelter. Surrey is not a designated dispersal area so only refugees with contacts that are residents in the county can register for support.

The Statistics:

The number of asylum seekers in the UK in 2007 was more than 570,000 but there is no official figure for disabled asylum seekers (the Home Office). The collation of statistics on refugees is problematic and patchy, mainly because once the Home Office grants refugee status, the government no longer records any statistical information on them because they are then regarded as UK residents, mainstreamed into services and not subject to immigration control in the same way as before. (ICAR - Information Centre about Asylum and Refugees, February 2009).

Regional statistical data is available for asylum seekers who are supported by the Home Office but none are currently recorded as living within Surrey County Council borders.

www.homeoffice.gov.uk/rds/pdfs08/immig308.pdf).

The four regions with the greatest number of asylum seekers supported by NASS subsistence only and in NASS accommodation are Greater London (20.39%), Yorkshire & Humberside (16.91%), North West (14.4%) and the West Midlands (11.62%). In the years 2000-2005 the top ten main nationalities of asylum applicants are from Iraq, Somalia, Afghanistan, Iran, China, Zimbabwe, Sri Lanka, Pakistan, Turkey, Serbia and Montenegro (Age Concern).

The numbers of disabled people seeking asylum in the UK is not known. What is clear is that those who do reside here all too often fall between the two stools of social care and asylum support provision. (Living Now magazine February 2009).

2. Statutory Service Provision in and on the borders of Surrey



Surrey is not a dispersal area for the UK. However it does have a regular daily influx of unaccompanied minors and adults. In Surrey, support to minors is provided by The Children's Services Asylum Team within Surrey County Council which is based at Epsom Town Hall, The Parade, Epsom, Surrey KT18 5BY. There are currently thirteen officers on the team and their role includes providing advice and support to the rest of the county regarding asylum issues. On average, during 2008, the team handled nine new unaccompanied minor cases a month. This brings the average number of existing and new active clients per month up to 162.

A team within Surrey also exists to support adults with HIV and AIDs and is managed by Dawn Scully, Care Manager, Social Services. They undertake Community Care Assessments and provide both emotional and practical support. Given the current caseload, there is a need for a coordinated referral pathway and information on all agencies and professionals who can support her clients, plus more intensive mental health, counselling and emotional support.

One Stop Services are run by charitable organisations to offer help and advice with the asylum process and life in the United Kingdom. At present there are no One Stop Services in the county of Surrey however a proposal was discussed in 2008 by the Asylum Support Team and partners from education and health in response to the "Every Child Matters" agenda. The aim would be to ensure that all minors have a full health assessment which includes a screening tool to detect any mental health issues is carried out within 28 days of arrival so that health needs can be identified and addressed quickly. Learning needs would also be assessed to aid the process of obtaining an appropriate place in education.

Several One Stop Services, for both minors and adults, exist within East Sussex and Kent and are run by charitable organisations.



www.kingston.gov.uk

The Royal Borough of Kingston upon Thames is a refugee “hub” and works in partnership with voluntary sector agencies such as Refugee Action who have a national remit and have offices across England.

The Community Development Worker for refugees, asylum seekers, gypsies and travellers at Kingston is Phil Murwill. He is in the early stages of designing a guide that will assist staff in GP surgeries to ensure GPs provide an accessible service to refugees and asylum seekers. Some GP surgery staff have raised that they are not entirely clear on asylum eligibility documentation or evidence they should be using to clarify patients eligibility or rights to health services. The guide aims to make their role of information and service provider easier and should ultimately improve the level and efficiency of the service received by the client. The guide will initially be given to GP surgeries in the most populated areas of Kingston and training will be offered. The clear messages in the guide have been verified by The Refugee Council and include guidance on forms of identification, for example the IS96 letter from the Home Office which proves that an individual has an asylum case pending.

The guide will be ready for distribution in the latter half of 2009 and will be followed by a ‘when to go where’ leaflet which could be translated into core languages. More recently he has also been looking at making a multilingual appointment card so that service users are aware of where and when they have an appointment booked.

3. The Voluntary Sector in and near Surrey Borders - local initiatives:

The nearest support organisation we were able to visit is Refugee Action Kingston - www.refugeeactionkingston.org.uk. Their Director is Rebecca Mear and their support extends to those refugees residing within Surrey County Council borders who are able to travel to see them. They are funded by a strategic grant from Kingston Borough Council and the PCT plus donations from Comic Relief, The Big Lottery and Children In Need.

RAK operates a counselling service for women and addresses a wide range of mental health issues. Interpreters for this service are vital and these are mainly volunteers. Arabic and Korean are the prevalent languages at present.

Because unaccompanied minors are the only people who the council have a statutory obligation to support, RAK aim to fill the gap in a holistic way via advice, skills development and learning opportunities - all of which they would usually encounter barriers to accessing. 722 households are registered with them. They advertise the service via GP surgeries and Learning Centres

and complete a needs diagnosis at point of referral. They have a close working relationship with the PCT. (The PCT does not issue any ID card to service users or GPs. All forms of ID are issued by the Home Office and NASS).

Services -

1. Advice on legal immigration, benefits, housing, schools and health
2. Women's counselling service
3. Twice weekly basic literacy skills training (20 volunteers)
4. Health days with the PCT and interpreters
5. Voluntary programme encouraging refugees and asylum seekers to become volunteers and develop their skills and confidence for employment
6. Annual summer play scheme for children aged 5-10 plus a Christmas party
7. English lessons and activities for young people aged 11-16
8. Clothing events to collect and distribute clothes, toys, books and household items



Disability needs are referred to the Kingston Centre for Independent Living (KCIL) where Veronica Attah is the BME Disability Officer. Part of Veronica's role is to raise awareness of the services that are available to disabled refugees, to try and establish supportive peer groups and bring about change. One of the main barriers to encouraging this group and other BME people to access disability services (apart from language) is that many do not identify with being disabled in the first place. She recommends widening the focus of any campaign or workshop to that of "health" so that disability is discussed alongside a range of topics e.g. eye loss, hearing loss, HIV and AIDS. Other than the referrals she receives from RAK, the support she provides is spread by word of mouth. No referrals come from the health sector or Social Services Asylum teams.



Kingston Interpreting Service has designed two cards to assist refugees and asylum seekers who need the help of an interpreter or sign language support when accessing services. (See PDFs Online page 44). Many are refused this vital help despite their inability to speak English or if they have a hearing impairment. The cost is covered by the PCT, no application form is necessary and service users can leave a message on the KIS answer phone

which has a recorded outgoing message in five languages. They are particularly needed when approaching GPs and Job Centres; benefits agencies and social services are also often unaware of the support this group are entitled to. The cards carry a reminder of authority's legal duties to promote race equality and of The Disability Discrimination Act requiring service providers to make "reasonable adjustments". They are supported by Kingston Primary Care Trust, Kingston Hospital NHS Trust and The Royal Borough of Kingston upon Thames.



A similar organisation to RAK operates in Croydon called The Refugee Project Croydon - www.refugeeproject.org.uk and is run by Anna Salamanca.



www.redcross.org.uk

The Guildford office of the Red Cross runs an orientation project for refugees and asylum seekers and is managed by Yangchhen Yeshe who was herself a Tibetan refugee. The project funding is primarily for the Portsmouth and Southampton area where they have built up referral systems. In Surrey, whilst there are isolated groups of asylum seekers, there is currently no mapping process and in the particular case of mental health needs, the most prevalent disability she witnesses, there is no signposting system in place. Yangchhen's view is that whilst Surrey remains an area from which refugees and asylum seekers are dispersed, a One Stop Service is probably not required but coordination of all of the services offering support is vital to ensure that signposting is available to this highly vulnerable group.

Some of Yangchhen's clients are asylum seekers who have been refused residency status but are unable to be repatriated due to their need to wait for the necessary paperwork i.e. confirmation that their country of origin will accept them (some asylum seekers claim to be from a country that is not their country of birth/origin making repatriation invalid). This paperwork can sometimes take several weeks and sometimes months before it is available and it is during this period when housing and subsistence services are removed that asylum seekers become destitute and extremely vulnerable. The Red Cross provide 4-6 weeks of financial support, emergency provisions and clothing.

It was agreed that a network of Surrey and cross border support groups and agencies would be very valuable to those working in this field so that they could meet 2 or 3 times a year, share caseload issues, disseminate information in a practical and supportive way and ultimately clients would receive clearer signposting and an improved quality of service. See Page 39 for the current network list.

SUMMARY

1. Disabled refugees and asylum seekers face particular and often multiple disadvantages; experience of war or torture, cultural and linguistic differences and a system of rights and entitlements for immigrants that is complex and increasingly restrictive. This means that this population present a very specific set of needs and experiences. Some of these are shared with the UK's existing ethnic minority populations, but others are additional and "refugee specific". (*Supporting disabled refugees and asylum seekers: opportunities for new approaches. City Hall London November 2008*).

Whilst the national criteria for support for people with disabilities is well laid out, in practice it appears that the bulk of the essential day to day support is being provided by the voluntary sector. The UKBA needs to recognise all disabilities, however seemingly invisible and include outreach as part of its ongoing strategy. It also needs to develop a strategy that better supports those asylum seekers who are waiting for a residency decision or are in the process of appeal or repatriation. Unrecognised and untreated mental disabilities which can be caused by prolonged trauma, abuse and isolation need to be part of a programme of care and support which starts at the beginning of the process, not just when residency status is granted.

2. In Surrey as is the case nationwide, very few mainstream disability organisations are working with disabled asylum seekers and refugees and the voluntary refugee support services outside Surrey County Councils borders are providing the bulk of the support. The voluntary services are, however, restricted by lack of funding and resources and unless they network with disability experts, they can lack the knowledge to deal with the many issues their clients face. Barriers to accessing services stem from language problems and the cost/lack of interpreters; the impact of immigration status on health and benefit entitlements, cultural misunderstandings, and the stigma attached to disability in some refugee populations.

A One Stop Service in Surrey would be most welcome as it would aim to reduce the length of time application processing takes and aid the detection of potential mental health issues. If this service cannot be provided, all of the Surrey organisations who work in this field need to work closely and coordinate their efforts with those on our borders so that activities and learning can be synchronised and clients can be cross referred as a matter of course.

3. Improving the routes and methods of communication for this client group so that they find accessing every day services for health, education, housing and social welfare an easier task is a significant challenge. It is important to note that our terminology is often confusing. Those with a mental and /or physical disability respond better to an offer of support when their needs are placed under the heading of “health”, as the word “disability” is not widely recognised or understood.

Over the course of the last nine months, collaboration and networking between local and regional disability organisations, neighbouring county and borough councils, health services, refugee support services and the relevant departments of the voluntary sector has already raised awareness of the range of skills and support that exist and the new initiatives that are being launched.

It is vital that these groups continue to work together to share current thinking so that practices can be regularly reviewed, policies developed, funding sought and ultimately that support for disabled refugees and asylum seekers is more consistent in its delivery.

Focus Group 3 - Older People - Benefits Take up

The needs of frail elderly people or older people with support requirements were seen as the most serious of the issues for BME communities investigated by a Surrey survey in 2005. This survey was carried out by PS Consultants, entitled “Consultation with BME Communities” for Surrey Supporting People Team, Surrey County Council. All except 3 of the 17 local community and faith-based groups who responded thought this issue to be either very serious or quite serious. The needs of older BME people are often overlooked by providers as there is an assumption that many “look after their own”.

Older people from within BME communities are often unsure as to their eligibility for benefits and can assume that entitlement would mean an automatic payment. Under claiming of benefits is likely to have a significant impact on the quality of an individual’s life and their ability to make choices about how they lead their lives.

Outcomes from this project:

1. Worked in partnership with local organisations and facilitated a workshop to identify the best ways of raising awareness and overcoming barriers.
2. Increased the awareness of the benefit checks available in Surrey via The Pensions Service and Citizen Advice Bureaux outreach programmes, by launching a poster and flyer campaign for the 60+ Muslim population of Woking.
3. Joined Age Concern England’s BME network and documented details of their current projects to inform future ways of working

The Statistics

 Department for
Work and Pensions www.dwp.gov.uk

One of the first things SID wanted to establish was an estimate of the number of people from BME communities in Surrey aged 60 and over, who claimed benefits of any kind including carers allowance, pension credit, disability living or attendance allowance and so on. By using the 2001 Census and the Office for National Statistics charts we were able to estimate how many BME people aged 60 and over lived in each borough of Surrey - 8000+. We quickly established that ethnic data on benefits is not currently collected for each county or for each age group at either local or national level by the Department for Work and Pensions (DWP). On a positive note, we spoke to a member of their income monitoring team and were advised that a new steering group committee was being formed to look at what additional information users of their reports were currently asking for. Requests for ethnic data are frequent. We followed up this telephone

conversation by letter outlining how useful this data would be in helping organisations to measure the impact of benefit initiatives and thus shape their services for the future. Any changes to the collection of data by the DWP will however take up to 3 years so it will be sometime before we are in receipt of the results.

The Local Perspective



Narinder Ranger runs an Asian Drop in centre in Epsom for the Surrey & Borders Partnership NHS Foundation Trust called **SURAE**. They are a membership organisation whose aims are to promote mental health awareness across all South Asian communities in Surrey and parts of Hampshire. Narinder and his team provide advice and support to their members on a number of issues and welcome speakers from external agencies. The Epsom and district network however is not as strong as it could be and he is hoping that they can extend their outreach work soon and improve the situation. His advice relating to the language barrier was not to translate information into other languages. Most people in his experience “get by” speaking and reading in English. Writing it however can often be a problem.

By speaking to Age Concern managers in the areas of Surrey with the highest population of BME elders, we learnt that despite recent initiatives aimed at all residents, they found that making contact with this group was very difficult and people from black and minority ethnic backgrounds were seldom seen or spoken to.

Woking has the 4th largest ethnic population of elders in Surrey (after Elmbridge, Reigate & Banstead and Epsom & Ewell) and they are a long established community with notably the first purpose built mosque in Britain, The Shah Jahan Mosque (also known as *Woking Mosque*) built 1889.

The Citizen Advice Bureau (CAB) in Woking has achieved success through their well respected outreach programme, run by Azhar Hussain, their In House & Outreach Benefits Officer who works full time. Azhar does many home visits and concentrates on working predominantly with Asian groups in Sheerwater and Byfleet. Rosemary Johnson, CAB Woking manager, believes their BME users are now in proportion to the population of the borough and having recruited many advisors, some of whom are volunteers with a wealth of language skills, they don't feel they need to advertise the service very often. Both Rosemary and Azhar think there is still a tendency for the older

BME generation to expect their young family members to find out and access services on their behalf and they therefore see many younger people who come to them as a first port of call.

1. WORKSHOP - “Supporting Older People from BME Groups to Claim Benefits”

It was in Woking that we decided to run our workshop in December 2008, to explore the barriers faced by clients in accessing information and services.

SID worked in partnership with Ann Nicholson, Local Service Delivery manager from The Pension Service and Ghazala Whaheed, Community Development Worker with Surrey Community Action. Ann had recently supported Age Concern Woking to run an outreach event in Sheerwater on benefit claiming and understands many of the issues in reaching BME communities. Ghazala had just completed a report for Surrey & Borders Partnership NHS Trust on why BME people aged over 50 failed to access the mental health services provided and felt that the barriers she had discovered would be similar.

Together, SID and The Pension Service, designed a flyer to publicise and invite organisations to the workshop, both voluntary and statutory sectors working in the Asian, Muslim and Chinese community. The content for the day was straightforward -

- An introduction to SID and Surrey’s disability information organisations and a reminder of the definition of disability
- Why it is so important that information and advice is designed specifically to attract older people
- An overview of the benefits available to the over 60s
- Discussion on the barriers to claiming benefits and ways of overcoming them
- What local initiatives and ways of working were successful and why

20 people from 14 organisations in and around the Woking area attended the workshop which was held at the Maybury Centre, a venue that hosts many BME community support groups and is located in an area of the town where many Muslims and Asians live. Whilst some of the attendees knew each other by name it was apparent that many had not met face to face and the cooperation and networking that was established at that time continues to work well. At the end of the day’s discussions many expressed the desire to continue to work on the outcomes as a group which SID was happy to facilitate.

Summary of the main areas of discussion:-

- A. What are the barriers to older BME people claiming benefits?
- B. How can we overcome the barriers?
- C. What’s working, what’s not in the Woking area?

A. What Are The Barriers To Older BME People Claiming Benefits?

1. LANGUAGE - the main barrier. Literacy and ability to read and write their own language is still an issue
2. FEAR OF ASKING & STIGMA - there is a stigma about being in receipt of benefits due partly to a sense of pride and worries about "what the neighbours might think"
3. KNOWLEDGE - there is a general lack of awareness and information about what to claim, where to go and who to ask
4. CONFIDENTIALITY - knowing who to trust with personal information can be very difficult and there are concerns about maintaining privacy
5. ACCESS - transport is a problem particularly if you are from a rural area and if you have a disability, as is knowing where to go to ask for help
6. BENEFITS COMPLEXITY - perceived general lack of clarity about what is available and when. Letters/leaflets can be unclear as to entitlement, how you qualify and if other benefits may be affected.
7. PROCESSING TIME - the time taken from the initial form filling to departmental processing and actual receipt of a benefit was thought to be too long. Delays in processing can lead to individual debt and sometimes stoppage of other benefits
8. BANK ACCOUNTS - a considerable number of BME elders do not have or want a bank account
9. SHIFTING CULTURAL BARRIERS & VALUES - changes to the family set up such as extended families moving apart results in the elderly caring for themselves rather than being cared for by their children
10. ILLNESS - this can often cause isolation

B. How Can We Overcome The Barriers?

Raising awareness through

- Workshops where service providers (SPs) and BME community leaders can discuss and learn about what is available and what is needed
- Information via audio and visual technologies in different languages. Some BME people are unable to read or write
- Media - language specific radio stations, locally or nationally run would be an excellent way of communicating
- GP surgeries see a very high number of elderly people and could consider holding information on benefits and referring elderly patients on to SPs
- Outside speakers to attend lunch clubs and social groups
- SPs could seek permission to be available in GPs waiting rooms once a month to raise awareness
- Community based groups and services need to be better informed
- More home visits/Outreach services would help reassure people about confidentiality issues. This works even better where the SPs have BME workers

- More networking amongst SPs and BME community groups to keep up to date on new initiatives and local needs/issues
- Set up BME Community & Professional networks as the norm
- Where someone doesn't have a National Insurance number which is an issue in the UK particularly for Asian women who haven't worked, one can be allocated
- Cultural Awareness days would be very useful to train frontline staff so that they gain a better understanding of religious and cultural differences and adapt services accordingly e.g. DTE Consultancy Ltd run a course called *Dispelling the Myths and Bridging the Gaps: A Unique Training Course on Issues of British Muslims & Islam. Diversity, Training and Education Consultants, PO Box 1600, Southampton, SO18 9FE*
- Advertise one telephone number for benefits take up advice and make available a follow up "holistic service"
- Local MPs and councillors to raise awareness of services they can refer people to
- Make forms/benefit information more available e.g. in sheltered housing centres
- Greater publicity about community transport and the Free Bus Pass Scheme

C. What's Working, What's Not in the Woking - Surrey Area?



- Word of mouth is helping to spread the word about services and increase demand, especially from trusted/known advisors
- Networking with other professionals
- The personal touch and empathy
- GP surgeries - some operate a prescription pad system which the patient can take to a Citizens Advice Bureau
- Healthy Living Classes are being run in some mosques and could be extended to include information and advice
- Fundraising and cultural events - use them to include information and advice
- Outreach work - increase to include more BME community centres



- Leaflets don't work when there are literacy and language problems
- GPs not working enough for/with carers
- **ALL** communities need to join together more by inviting each other to a variety of Day and Community centres

Working together makes a huge difference!

The final group work session asked people to think about how they would promote a poster campaign to increase the take up of benefit checks and to design a poster and flyer specifically for the older BME population. This was a very successful session, the results of which culminated in a campaign being launched by SID in partnership with The Pension Service in March 2009. Overall, the workshop was instrumental in supplying much of the information contained in SID's new guide "Black & Ethnic Minority Groups - A quick guide to providing information" (available in hard copy or by going to www.asksid.org.uk/bme) and our thanks go to everyone for their hard work and creative input.

2. SID's Poster & Flyer Campaign

Following the suggestions gained from the workshop, SID drew up two designs that were aimed at attracting the Muslim community and sought input and guidance from -

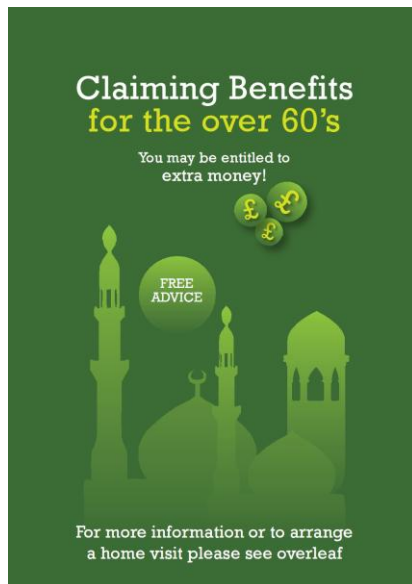
- Age Concern England's BME management team
- Pakistani Muslim Welfare Association, Woking
- The Pension Service
- North West Surrey Disability Information Service (WIDE)
- Surrey Association for Visually Impairment
- The secretary of the Shah Jahan Mosque committee

When designing any material for BME communities, it is vital that consideration is given to the fact that each ethnic community is distinct from the other - they must not be grouped together under one BME heading. Nor should we expect to reach them by assuming they will automatically embrace and understand marketing materials that are designed to appeal to the wider population i.e. the white English speaking community. This is a mistake many organisations make and is the main reason why so many initiatives fail to reach the target audience.

We also learnt early on in this project that whilst some people may be able to verbally communicate quite well in English and understand every day language, the complex language used when accessing advice needs interpretation into their mother tongue. Levels of literacy in their own language can be low, leaving English as the only universally acceptable written alternative.

SID was fortunate to be given advice by two key people within Age Concern England, Mark Tomlinson, Developing Advice Coordinator and Clare Ball, National Development Manager, Equalities & Human Rights. Their recent projects (see notes on page 32, section 3) have involved members from a variety of BME community groups designing bespoke posters and leaflets on issues such as Mental Health, Health and Home, Healthy Ageing in South Asian, African and Caribbean communities, and How to Claim Benefits. All of

these new leaflets are available free of charge and can be ordered by calling Free Phone 0800 00 99 66 or via the website www.ageconcern.org.uk. Their main characteristics are that they are very colourful, visual and above all, have some special meaning and resonance for the specific 'target group' for whom they are intended.



As the use of colour is so important, in designing our posters and flyers for the over 60 Muslim community campaign, we used the sacred colour of Islam which is green and placed Islamic imagery in the background (see left).

The emphasis of the text used was to invite people to take up free benefit checks via home visits and to call a local Pension Service helpline manned by staff who speak many languages.

The poster campaign was launched in March 2009 at the Maybury Centre in Woking and attendees from the December 2008 workshop were invited. SID also invited representatives from the Equality and Human Rights Commission and Practice Managers from local GP surgeries serving Muslim clients, all of whom have been very positive in supporting the campaign and are actively involved in its promotion. Twenty representatives from ten organisations attended the launch, five of whom brought stands to display their service provision. Quantities of posters and flyers were then provided to all of the relevant groups and The Pension Service and Woking CAB agreed to monitor take up over a period of three months (to the end of June 2009).



SID is very grateful to The Pension Service who sponsored this campaign.

3. Age Concern England's National Initiative for Improving Benefit Take Up



Mark Tomlinson, Developing Advice Coordinator is based in Leeds with a national remit to manage two projects relating to

1. improving benefit take up by BME elders
2. improving the way community groups interact and work with advice agencies

The first project is for one year and is looking at how to best utilise Advice Agencies (AA's) in supporting BME elders community groups. It has been recognised that there are few strong links between AA's and BME community groups and funding longer term dedicated advice workers is difficult.

The expected outcomes from the five pilot groups set up are

- Better management of advice given out by community groups - there are often no quality checks in place
- Production of model resources to provide community groups on the best practice methods of working with AA's e.g. AA's to arrange presentations to community groups, identify individuals who need help, advise them on what information is needed to apply, return two weeks later to conduct an interview
- Outline what is expected from community groups to help them work more efficiently
- Establish a better flow of information by community groups e.g. identify an individuals issue, arrange interview at AA centre with the information/documents needed to make a successful application
- Community groups to consider providing translators and "case managers" who will stay in touch with the application and make sure that progress is made

The second project is for 3 years duration and is funded by HBOS bank in Halifax & Huddersfield. Two paid advice workers are running benefit information sessions with community groups and are helping them to build links with AAs. Pre-assessment interviews are held with clients to determine eligibility and avoid disappointment/a failed application and this helps builds a relationship of trust. It also makes sure that individuals know what documentation and information is needed for subsequent appointments.

Expected outcomes

- Build best practice

- Establish local models that are successful and can be used in other areas

SUMMARY

1. Workshops attended by all parties involved directly or indirectly in influencing peoples decisions to seek support are one of the best ways of not only raising awareness and gaining collaborative supportive but of sustaining initiatives and developing a long term proactive network.

2. Service Providers have a key role to play in supporting older people to enforce their rights, to gain access to services and to influence the policies and practices that affect the quality of their lives. Knowing who to speak to and where to go for mainstream benefits advice in Surrey is problematic where organisations do not have a specific team or outreach worker who is dedicated to working with BME communities and can speak the prevalent languages e.g. Urdu, Cantonese, Nepalese. Access to interpretation facilities is crucial for some groups of elderly people whose literacy levels tend to be low.

Many of the BME community groups we met reported that they were their members' first choice for information provision on a wide range of topics. It is therefore crucial that these groups establish close working relationships with the key service providers and vice versa so that a streamlined system of referral is set up and the quality of advice is maintained.

3. Engaging individual community groups to design their own campaign literature is informative and empowering. They are the ambassadors by which information can be disseminated and if they work in partnership with service providers they can help them to prioritise, shape and implement future programmes of support.

Focus Group 4 - Gypsies and Travellers (G & T)

Surrey has the 4th largest population of travellers in the UK (approximately 10,000) which is a fact often greeted with surprise by residents of the county. They are considered to be the “hidden” ethnic minority and can be the most overlooked group. However, when they do chose to access services and seek support, they frequently face open, overt prejudice and discrimination. They are commonly misunderstood, sometimes feared and their individual and group needs often ignored.

The transient nature of this community, together with their long standing tradition of removing their children from school at age 12 or younger, makes it more difficult for service providers to keep them informed about what is available to support them and for travellers and gypsies to build a better knowledge and understanding of the services available in a particular locality.

Surrey’s G&T population live on 58 sites, some of which are privately owned but most of which are run and owned by Surrey County Council (SCC). They are “tenants” on the council owned sites and can be moved on at any time with very little notice. They have no right of tenure and as new sites are currently not being developed, many gypsies have to double up on plots that were previously designed to keep extended families together. This fact alone causes one of their main health problems - stress and acute anxiety.

Traditionally the men have gone out to work leaving the women to look after their children and domestic issues. A new law will soon ban the practice of door to door cold calling which is an income lifeline to 90% of the men. A greater number of younger family members now want to stop leaving school at 12 years of age and continue their education because they can see the opportunities that this can provide. The concern amongst the elders is that they will lose their young to non traditional work and their social roots and culture will quickly be diluted.

Outcomes from this Project:

1. Established links with Community Development workers in Surrey and neighbouring counties and identified effective routes for disseminating information.
2. Supported a local eye testing project in partnership with Action for Blind People (see page 9 Section 2 of Visual Impairment)
3. Sourced and disseminated local and national health promotion materials

1. Community Development work in Surrey



Surrey County Council (SCC) owns 18 of the authorised sites in Surrey and another 16 are managed under an agency agreement with the boroughs and districts. SCC's five site managers collect rents, sell electricity cards, deal with housing benefits and handle problems relating to property repairs and the services that flow to and from the sites. They meet every 6 weeks or so to keep each other informed of current issues and feedback on the latest Forum news. SID attended their meeting in January 2009 to talk to them about the disability services available and seek their thoughts and ideas of the best ways of supporting their residents. As a result of this, training on searching SID's AskSID data within "DISSbase" was offered to all 5 managers and SCC's new coordinator who is based at their Kingston offices.

DISSbase - SID holds a database of over **3000 local Surrey organisations**, within this national database, providing a wide range of community and disability services, from education providers and clubs to benefit services and buses. It is very user friendly and can be down loaded on to one CD Rom. SID keeps it up to date on a daily basis and it plays a major part of the free information service we provide for people with a disability and/or their carers.

The training sessions took place in March 2009 and attendees were introduced to DISSbase so that they could explore the type of information that was readily available and in turn, refer site resident's questions to us.

Time was also allocated to talk about individual caseloads and information needs relating to all types of disability - mental health, physical, learning, hearing and sight impairment. Of the 5 who attended, only 2 had any residual knowledge from previous roles relating to disability benefits and rights so the training feedback was very positive in terms of their increased awareness and the routes they could take to refer problems. The examples they discussed included a problem of access in to a mobile home, disabled support for a person with Parkinson's disease, support for a person with Multiple Sclerosis, support for someone with a heart condition and the variety of routes available to apply for disabled facilities grants. They also mentioned the big fear G&Ts have of cancer which is borne out by recent national research.



www.surreyca.org.uk

Surrey Community Action (SCA) employs two Gypsy and Traveller Community Development officers, Ann Wilson and Charmaine Valler, both of whom are gypsies themselves. Their posts are funded by The Big Lottery. Ann plays a major role in coordinating the Surrey Traveller Community Relations Forum and both are tasked with working alongside their community and voluntary and statutory sectors to help build capacity within them and ensure their views are taken into account during the planning and delivery of services. Their overall remit is to help deliver racial equality in mental health.

Both acknowledge that in delivering race equality in mental health, their G&T community will themselves have to be educated and supported to bring about change. Engagement with them by all sectors of the community is therefore essential but Ann is very clear that before we leap in to support them, this community should be asked first when new initiatives are being planned.

Gypsies have an inbuilt fear that their children will be taken away from them and placed in to care so offering services to them should be done via site leaders and elders, ideally through their Traveller Liaison Officers based at borough councils because they have an established relationship of trust.

Ann runs a workshop at SCA's offices in Guildford for the benefit of both voluntary and statutory sectors, covering their long history and culture and dispelling some of the myths that exist. Attending the workshop is essential for any service provider needing a greater insight into their culture, in order to be successful in increasing channels of communication, identify their concerns and set about filling the gaps in services.

Providing this community with new channels of communication is high on Ann's list of priorities and she is currently looking to set up some women's groups across a number of sites who would meet fortnightly or monthly to share issues. The emphasis will be on fun, social activities and community learning and advice. Service providers would be invited to speak on current social topics. The members would then take the information back to their families. It is hoped that these groups would be held at an external venue. She is also researching the practicality of holding "traveller event" days on larger sites which would run in a similar way to "community days" where organisations can take a stand to promote their services.

Ann is a member of the Surrey Traveller Community Relations Forum which is a service supported by Surrey Heath Borough Council from Churchill House in Woking and has been running for twelve years. The forum meets at

regular intervals throughout the year and is open to everyone. Speakers are made very welcome.

2. Eye Testing Project



Action for blind people

www.actionforblindpeople.org.uk

Charmaine and Ann are working in partnership with Action for Blind People's Southern counties team whose local initiative is to visit Surrey G & T sites using one of their three mobile units. These mobile vehicles take out the latest aids, equipment, information and advice on visual impairment conditions and the fully trained teams that staff them, help people to try the technology and aids for themselves. Their plans to take them to two G&T sites in Surrey will be a "first". For the vast majority of G & Ts, a sight test is not a priority so many had never had one.

A dedicated health visit such as this would appear to be highly valued by those sites approached and will hopefully play an important role in facilitating access to other health services.

For more detail on this initiative, please go to Focus Group 1 - Visual Impairment page 7.

3. Local and National Projects and Health promotion Materials

Surrey and Borders Partnership 
NHS Foundation Trust

Hand Held Health Record - 3HR

Surrey & Borders Partnership NHS Foundation Trust (SABP) is working in partnership with the South East Coast Strategic Health Authority based at Horley in Surrey on their Pacesetters programme. This is a new national initiative aimed at promoting diversity and challenging discrimination in how health services are provided in often challenging or neglected areas. The programme is designed to seek out, test and implement best practice that will hopefully result in reducing health inequalities for service users.

One of the projects is to improve the health status of G&Ts and both SID and SCA have been involved in the design of a hand held health record to be called "3HR". A patient held record can often result in better continuity of care. This is due to be piloted shortly following its success in Scotland and will be promoted during Surrey's Gypsy & Traveller History month in June 2009. In a bid to ensure that eye health is included in the design content,

SID introduced Action for Blind People's manager, Sue Millar to SABPs coordinator. SID asked the design team to include a section that covers all disabilities, and so complement the section on "Mental Wellbeing".

By networking with the various G&T support teams across Surrey, one of the 3HR coordinators, Hassan Yaqoob, has started subscribing to Travellers Times magazine which in future will be circulated across the Trust to raise awareness of their issues. Hassan also plans to develop a section of their website to cover G&T welfare and include information on SID.



www.raise-networks.org.uk

RAISE exists to champion the third sector's contribution to making south east England socially, economically and environmentally sustainable. They were recently commissioned by the South East England Regional Assembly to research the positive and negative aspects of life for G&Ts. This research forms part of the assembly's work to update the south east plan, a twenty year planning framework for the region, to identify how many sites should be provided in each council area. To view the RAISE response, go to <http://digbig.com/4xygx>.



**DERBYSHIRE
GYPSY LIAISON GROUP**
A self-help voluntary group working locally, regionally and nationally

The Derbyshire Gypsy Liaison Group was set up in 1987 and produces a Community Information pack on health and wellbeing entitled "Your Health is Your Wealth". These packs can be used nationally and are supported by Derbyshire County NHS Primary Care Trust. Individual leaflets cover topics such as children's, women's and men's health, arthritis, diabetes, heart disease and stress, depression and children's disabilities. Brochures on how to get a Blue Badge, fire safety and carbon monoxide poisoning also feature. All are designed using bright colours, gypsy imagery and use a small number of words and large text. Many G&Ts are illiterate so jargon and long complicated words are unacceptable.

A copy of the pack can be requested via the website www.dglg.org, email info@dglg.org or by telephoning 01629 583300.

Other organisations such as Friends, Families and Travellers based in Brighton publicise their service by word of mouth, door to door visits and double sided flyers. www.gypsy-traveller.org.

SUMMARY

1. All of the gypsy support groups spoken to outside of the county of Surrey said that disability services were not well used mainly because the majority of their clients had very little knowledge of the services available. Given that this group of people have a significantly high level of health care issues, it is striking that their use of health and related services is so low. The development of outreach services is therefore vital in supporting them to achieve a better standard of health and a higher quality of life.

Given the right training and approach, Surrey's Site Managers and outreach workers are best placed to refer back to local disability information services on a case by case basis that in turn can then support them with regular training and advice on topics such as benefits, social services assessments and equipment.

A useful and proven method of communication developed by the Derbyshire Gypsy Liaison Group (see above) are their range of specifically designed leaflets which should be adapted for Surrey's sites.

2. Small scale, localised studies suggest that gypsies and travellers have poorer health status than the general population and have specific health needs that are not being systematically assessed. They also have significantly more self-reported symptoms of ill health than other UK resident, English speaking ethnic minorities, particularly chest pain, respiratory problems and arthritis. It is important to note that for this community, living in a house is associated with long term illness, a poorer state of health and anxiety - those who rarely travel have the poorest health. (The Health Status of Gypsies & Travellers in England 2004).

However, before embarking on health initiatives, gypsy and traveller communities and their Site Managers must be consulted and fully involved before schemes are launched. Training may be offered where appropriate to individuals on site who can then liaise with their families.

3. Services are up against a culture of pride in self reliance, tolerance of chronic ill health and a deep rooted fear of terminal illnesses. Treatment is often viewed with great scepticism and the belief that it is unable to make a difference. More creative methods of communication are needed including working in partnership with G&T site managers and leaders or "elders". The commissioning of dedicated health workers who are culturally aware and trained would also be most welcome.

Next Steps

The overwhelming fact gained from undertaking this project is the amount of BME community development work taking place across the UK, focussing predominantly in the areas of health provision, access to services and infrastructure. Most of the methodology, practices and outcomes from these work projects is not currently written up and therefore, largely unavailable to the majority of organisations in the disability field who are just embarking on developing their services to include BME communities. We hope we have gone some way towards bridging this gap by publicising the work we have done with the four focus groups we have explored. Looking forward, we appreciate that there is a great deal of scope to continue and sustain the relationships we have formed in these areas.

We also recognise that while at the start of the project we published a selection of current national research papers on eleven areas of BME people and disability, only four have been explored and those therefore remaining for future exploration and development are:-

- Rural communities
- Disabled children and their families
- Carers
- Deaf people
- People with a learning disability and their carers
- Adults and children with autism
- People with mental health difficulties
- Health issues within BME communities

It is essential when taking this work forward that the starting point is with the specialist local voluntary organisations to establish what work has and is now being undertaken in this area and to then work in partnership with BME community groups to engage them in supporting new initiatives.

However, in choosing one of the above groups, our recommendation is to concentrate on one town or borough of Surrey and combine it with one ethnic group and one type of disability initially. Those working in the field of disability already appreciate how complex individual needs can be. Add to this a cultural diversity and language issues and you already have a large scale project to hand.

Surrey's BME Community:

Surrey does not have a BME forum at the present time however funding has recently been secured by Surrey Community Action to develop one which will seek to include and welcome as many of the county's BME community groups as possible and give them a voice. This forum will be an excellent place for service providers to gather feedback on new and existing outreach work and shape their service delivery so that the needs of BME communities feature in core strategic plans. It will also enable disability and other

community organisations to promote their services to their communities and reach many people who do not know they exist.

Network list - Surrey and Borders

FOCUS GROUP 1 - VISUAL IMPAIRMENT

Action for Blind People Southern Counties, 52 Swail House, 15 Ashley Road, Epsom, Surrey KT18 5AZ
Contact - Sue Millar, Head of Southern Counties
www.actionforblindpeople.org.uk
sue.millar@actionforblindpeople.org.uk
01372 731280

SAVI (Surrey Association for Visual Impairment), Rentwood, School Lane, Fetcham, Surrey KT22 9JX.
Contact - Jason Spinney, Community Services Manager
www.sa-vi.org.uk jspinney@sa-vi.org.uk
01372 377701

FOCUS GROUP 2 - REFUGEES AND ASYLUM SEEKERS

British Redcross, 14 The Pines Trading Estate, Broad Street, Guildford GU3 3BH. Contact - Yangchhen Yeshi, Services Manager
www.redcross.org.uk yeshi@redcross.org.uk
01483 447874 / 07739 905909

Guildford Refugee Action Group, Department for Social Responsibility, Diocese of Guildford, Diocesan House, Quarry Street, Guildford GU1 3XG.
Dsr.administrator@cofeguildford.org.uk
01483 790324

Kingston Centre for Independent Living
Contact - Veronica Attah, BME Disability Officer
020 8481 1442
Veronica.attah@kcil.org.uk

Kingston Interpreting Service, Royal Borough of Kingston, Guildhall 1, Kingston upon Thames, Surrey
020 8547 5818
Contact - Barbara Morton, KIS Co-ordinator
Barbara.Morton@rbk.kingston.gov.uk
020 8547 5818

Refugee Action Kingston, Siddeley House, 50 Canbury Park Road, Kingston upon Thames KT2 6LX
Contact - Rebecca Mear, Director
admin@refugeeactionkingston.org.uk
020 8547 0115

Network List - Surrey And Borders (Cont'd)

Surrey County Council, Asylum Support Team, Epsom Town Hall, 2nd Floor,
The Parade, Epsom KT18 5BY

Contact - Kelly Henry, Assistant Team Manager - Children's Services

Kelly.henry@surreycc.gov.uk

01737 737237

Dawn Scully, County Liaison Coordinator HIV Services

01372832352

Dawn.scully@surreycc.gov.uk

Refugee Project Croydon, South Norwood Centre, Sandown Road, London
SE25 4XE

Contact - Anna Salamanca

croydonrefugees@aol.com

020 8656 4560

Royal Borough of Kingston, Community Care & Public Health, CCS, 22
Hollyfield Road, Surbiton KT5 9AL

Contact - Phil Murwill, Community Development worker

Phil.murwill@rbk.kingston.gov.uk

020 8547 6053

Surrey Community Action, Astolat, Coniers Way, New Inn Lane, Burpham,
Guildford, Surrey GU4 7HL

Contact - Lorraine Yates, Community Development Worker

lorrainey@surreyca.org.uk

01483 459292 ext 214

FOCUS GROUP 3 - OLDER PEOPLE RE BENEFIT TAKE UP

Age Concern Epsom, The Old Town Hall, The Parade, Epsom, Surrey KT18
5AG.

Contact - Rosalind Stew

www.ageconcernepsom.org.uk Acepsom-ewell@yahoo.co.uk

01372 732456

Age Concern Surrey, Rex House, William Road, Guildford, Surrey GU1 4QZ.
Contacts - Tony Lee, Director & Pauline Warburton, Information Officer

Pauline@acsurrey.org.uk

01483 503414

Age Concern Woking, Woking Fire Station, Cawsey Way, Woking GU21 1HD.

Contact - David Williams

ageconcernwoking@btconnect.com

01483 770753

Network List - Surrey and Borders (cont'd)

Al Asr Education & Community Centre, 118 Goldsworth Road, Woking GU21 6ND.

Contact - Dr Syed Naqvi 01483 837567

Baqeyatollah12@yahoo.com

Citizens Advice Bureau, Woking, Provincial House, 26 Commercial Way, Woking.

Contact - Azhar Hussain, In House & Outreach Benefits Specialist

Azhar.hussain@wokingcab.org

01483 541626/7

Department of Work & Pensions, South East Office, Guildford

01483 446100

Pakistani Muslim Welfare Association, Maybury Centre, Board School Road, Woking GU21 5HD

Contact - Mrs Nahid Akhtar & Mr Hussein

pmwa@btconnect.com

01483 770600

The Pension Service, Leys House, 86-88 Woodbridge Road, Guildford

Contact - Ann Nicholson, Local Service Delivery Manager

Ann.nicholson2@thepensionservice.gsi.gov.uk

01483 442478

SURAE, Acer House, 97-101 East Street, Epsom KT17 1EA

Contact - Narinder Ranger, Manager

Narinder.ranger@sabp.nhs.uk

01372 203491

Surrey County Council, 2nd Floor, Quadrant Court, 35 Guildford Road, Woking

Contact - Sue Barrell, Benefit Take Up Coordinator

sue.barrell@surreycc.gov.uk

01483 519472

FOCUS GROUP 4 - TRAVELLERS AND GYPSIES

Action for Blind People, 52 Swail House, 15 Ashley Road, Epsom, Surrey KT18 5AZ

Contact - Sue Millar, Head of Southern Counties

01372 731280

Sue.millar@actionforblindpeople.org.uk

Network List - Surrey and Borders (cont'd)

Borough Council Site Managers

Kevin Ryan - kryan@epsom-ewell.gov.uk

Ann Scotland - ann.scotland@molevalley.gov.uk

Samantha Hutchison - Samantha.hutchison@guildford.gov.uk

Sue Porter - sue.porter@guildford.gov.uk

Surrey & Borders Partnership NHS Trust

Contacts - Hassan Yaqoob, Pacesetters & 3HR Coordinator

Alexandra Martin, Interim Diversity Manager

01372 205844

Hassan.yaqoob@sabp.nhs.uk

Alexandra.martin@sabp.nhs.uk

Surrey Community Action, Astolat, Coniers Way, New Inn Lane, Burpham, Guildford, Surrey GU4 7HL

Contact - Ann Wilson and Charmaine Valler, Community Development Workers

01483 459292 ext 202/235

annw@surreyca.org.uk

charmainev@surreyca.org.uk

Surrey County Council, County Hall, Kingston upon Thames, Surrey KT1 2DY

Contact - Bobby Childs, Sites Coordinator & Amanda Boyton, Surrey Travellers Co-ordinator

Robert.childs@surreycc.gov.uk

Amanda.boyton@surreycc.gov.uk

0208 541 9961

Room 407

020 8541 9495

OTHER SURREY BME NETWORKS

NB: For a full list of organisations that support BME communities, please refer to our website www.asksid.org.uk

BRIDGE, Surrey Community Action, Astolat, Coniers Way, New Inn Lane, Burpham, Guildford, Surrey GU4 7HL

Contact - Rekha Savania, Coordinator

Rekha@surreyca.org.uk

01483 4592925 ext 247

Equalities & Human Rights Commission, Guildford

Contact - Tina Molyneux

Surrey County Council, Room 152, County Hall, Penrhyn Road, Kingston Upon Thames KT1 2DN

Contact - Monica Wambu, Voluntary Equality & Diversity Manager - Policy

Monica.wambu@surreycc.gov.uk

0208 541 7257

Sources of Useful Information

BME DISABILITY ORGANISATIONS

Newham Ethnic Minority Disability Alliance - 0207 511 4099
OBAC - Organisation of Blind Africans & Caribbeans
Anika Patrice Project - www.aporg.co.uk

REFUGEES AND ASYLUM SEEKERS

Refugee Community Organisations providing specialist disability support

Derman - www.derman.org.uk
Ethiopian Health Support Association - www.etha.co.uk
Kurdish Disability Organisation - 0207 272 9790
Latin American Disabled People's Project - www.ladpp.org.uk
Somali Refugee Action Group - www.somalicareagency.org.uk
Vietnamese Mental Health Service - www.vmhs.org.uk
WinVisible - 0207 482 2496

Agencies providing advice, support and information

ICAR - Information Centre about Asylum Seekers & Refugees -
www.icar.org.uk
Refugee Council - www.refugeecouncil.org.uk
Torture Care - www.torturecare.org.uk
SupportLine - www.supportline.org.uk

GYPSIES AND TRAVELLERS

Travellers Tales DVD - the hidden history of Surrey's Gypsy and Traveller community. Available from Surrey History Centre, 130 Goldsworth Road, Woking GU21 6ND. Cost £10 plus £2 P&p.

RAISE - www.raise-networks.org.uk

GENERAL SUPPORT

Interpreting Services - Woking Interpreting & Translating Service (WITS) -
01483 750970

PDF's Available Online

1. VISUAL IMPAIRMENT

OBAC (Organisation of Blind African & Caribbeans) [Service Provision](http://www.asksid.org.uk/bme/docs/OBAC_Leaflet.pdf) {www.asksid.org.uk/bme/docs/OBAC_Leaflet.pdf} and [Free Training Provision](http://www.asksid.org.uk/bme/docs/OBAC_Training.pdf) {www.asksid.org.uk/bme/docs/OBAC_Training.pdf} for disabled people living in Southwark

[People from Black and Ethnic \(BME\) communities and vision services: a good practice guide](http://www.asksid.org.uk/bme/docs/BME_GoodPracticeGuideFinalVersion.pdf)

{www.asksid.org.uk/bme/docs/BME_GoodPracticeGuideFinalVersion.pdf} - Thomas Pocklington Trust November 2008

2. REFUGEES AND ASYLUM SEEKERS

REFUGEE COUNCIL

[A study of asylum seekers with special needs April 2005](http://www.asksid.org.uk/bme/docs/AsylumSeekersSpecialNeedsApril2005.pdf)

{www.asksid.org.uk/bme/docs/AsylumSeekersSpecialNeedsApril2005.pdf}

[First do no harm: denying healthcare to people whose asylum claims have failed June 2006](http://www.asksid.org.uk/bme/docs/HealthAccessReport_June06.pdf)

{www.asksid.org.uk/bme/docs/HealthAccessReport_June06.pdf}

[Older refugees programme - promoting the interests of older refugees and asylum seekers December 2006](http://www.asksid.org.uk/bme/docs/Older_Refugees_Programme_Report.pdf)

{www.asksid.org.uk/bme/docs/Older_Refugees_Programme_Report.pdf}

[Asylum Support - support pack for advisors Spring 2007](http://www.asksid.org.uk/bme/docs/AsylumSupport_Apr07.pdf)

{www.asksid.org.uk/bme/docs/AsylumSupport_Apr07.pdf}

[Asylum Decision - support pack for advisors Spring 2007](http://www.asksid.org.uk/bme/docs/AsylumDecision_Apr07.pdf)

{www.asksid.org.uk/bme/docs/AsylumDecision_Apr07.pdf}

OTHER

[Holding up a mirror - disabled black and ethnic minority people October 2006](http://www.asksid.org.uk/bme/docs/KCIL_BME_disability.pdf)

{www.asksid.org.uk/bme/docs/KCIL_BME_disability.pdf}

[Key Statistics about asylum seeker applications in the UK February 2009 update](#)

{www.asksid.org.uk/bme/docs/KeyStatisticsAsylumSeekerApplics_Feb09_update.pdf}

[Supporting disabled refugees and asylum seekers: opportunities for new approaches November 2008](#)

{www.asksid.org.uk/bme/docs/MST_RCU_DisabilityExecSummary_screen_1108.pdf}

[Refugee Action Kingston Annual Report 2006-07](#)

{www.asksid.org.uk/bme/docs/RAK_AnnualReport07.pdf}

[One Stop Service Map September 2008](#)

{www.asksid.org.uk/bme/docs/AsylumSupportMap.pdf}

[Control of immigration: quarterly statistical summary UK July 2008](#)

{www.asksid.org.uk/bme/docs/NAS_Stats08.pdf}

[Asylum Statistics UK 2007](#)

{www.asksid.org.uk/bme/docs/AsylumStats07.pdf}

[An education, training and employment guide October 2007](#)

{www.asksid.org.uk/bme/docs/GuideForRefugeesAndAsylumSeekers.pdf}

[Working together to help Rebuild Lives](#)

{www.asksid.org.uk/bme/docs/JobCentrePlus_WorkingTogether.pdf}

A framework for partnership working to help refugees fulfil their potential

[Language and Deaf Cards](#)

{www.asksid.org.uk/bme/docs/LanguageAndDeafCardLayouts.pdf}

[Find the help you need](#)

{www.asksid.org.uk/bme/docs/FindHelpYouNeed.pdf}

A website resource for disabled refugees and asylum seekers and those who advise or support them

3. BME ELDERS & BENEFITS

DEPARTMENT FOR WORK & PENSIONS

[Delivering benefits and services for black and minority ethnic older people Research report No 201](#)

{www.asksid.org.uk/bme/docs/DeliveringBenefits.pdf}

[Income related benefits estimates of take up in 2006-7](#)

{www.asksid.org.uk/bme/docs/DWP0607stats.pdf}

[Understanding the relationship between the barriers and triggers to claiming pension credit Research report No 336](#)

{www.asksid.org.uk/bme/docs/DWP_Barriers.pdf}

AGE CONCERN

[Older people in the United Kingdom - Key facts and statistics 2008](#)

{www.asksid.org.uk/bme/docs/AgeConcernKeyFacts2008-1.pdf}

[BME elders forum - Promoting the interests of black and minority ethnic elders September 2005](#)

{www.asksid.org.uk/bme/docs/BME_Elders_Forum_Report_Bristol_September_2005.pdf}

[The Sun doesn't always shine if you're Caribbean](#)

{www.asksid.org.uk/bme/docs/SunDoesntAlwaysShine.pdf}

[Khana aur sehat - healthy ageing, healthy living for older people in South Asian communities](#)

{www.asksid.org.uk/bme/docs/SouthAsianHealthyEatingGuide.pdf}

[Information and advice needs of black and minority ethnic older people in England July 2008](#)

{www.asksid.org.uk/bme/docs/InfoAdviceNeedsBME_OlderPeople.pdf}

[Everybody Benefits - a practical guide to improving take up of welfare benefits among disadvantaged older people](#)

{www.asksid.org.uk/bme/docs/EverybodyBenefitsGuide.pdf}

[Communicating with diverse audiences - A practical guide to producing translated materials in appropriate languages and formats for people from minority ethnic communities](#)

{www.asksid.org.uk/bme/docs/CommunicatingWithDiverseAudiences.pdf}

[Ethnic Elders: Access, Equality - the impact of government policy for black and minority ethnic elders](#)

{www.asksid.org.uk/bme/docs/BMEE_Background.pdf}

[The under-pensioned: disabled people and people from ethnic minorities Research report: 5](#)

{www.asksid.org.uk/bme/docs/PPI_EHRC_The_Underpensioned_Nov_2008.pdf}

OTHER

[Surrey County Council - Benefit checks for the over 60s](#)

{www.asksid.org.uk/bme/docs/EverybodyBenefits.pdf}

4. GYSPIES AND TRAVELLERS

[Improving opportunities for travellers and gypsies](#)

{www.asksid.org.uk/bme/docs/Camb_Travellers_Seminar.pdf}

[The health status of gypsies and travellers in England 2004](#)

{www.asksid.org.uk/bme/docs/GypsiesAndTravellersReportSummary.pdf}

[Gypsies and travellers and arthritis](#)

{www.asksid.org.uk/bme/docs/Health_Leaflet_Arthritis.pdf}

[Gypsy and traveller children's needs](#)

{www.asksid.org.uk/bme/docs/Health_Leaflet_Childrens_Needs.pdf}

[Gypsies and travellers and diabetes](#)

{www.asksid.org.uk/bme/docs/Health_Leaflet_Diabetes.pdf}

5. OTHER

[Diabetes Lifestyle newsletter - Engaging With Communities by Diabetes UK](#)

{www.asksid.org.uk/bme/docs/Diabetes_Lifestyle_8_Winter2008.pdf}

[What is the Social Model of Disability?](#)

{www.asksid.org.uk/bme/docs/SocialModel-1.pdf}