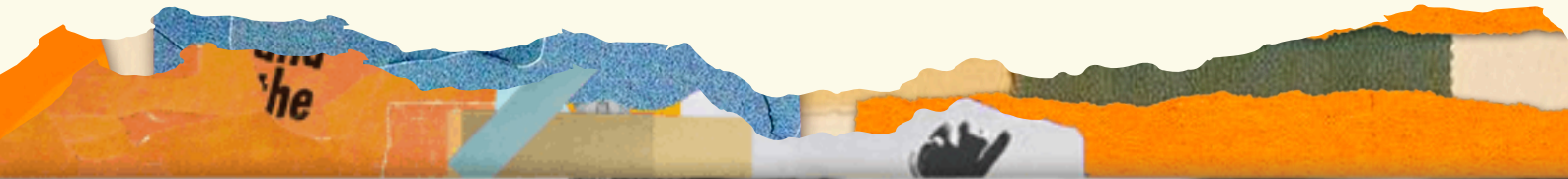




# The UK Community Sponsorship resettlement programme

A snapshot assessment of integration outcomes.





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# INTRODUCTION

## Acknowledgements

Sincere thanks to the Reset team who generously took the time to support with organisation and delivery of interviews and various other aspects of this review. Thank you also to refugee families who participated in the interviews and shared their experiences of living in the UK. Finally, thanks are also due to all the Community Sponsorship groups and the volunteers, who go above and beyond to provide invaluable support to refugee families on their way to independence. Without you, this report would not have been possible.

## About Reset

Reset is a charity formed in 2018 to grow Community Sponsorship in the UK. Since that time, Reset has expanded into other forms of community-led welcome, including the Neighbours for Newcomers programme, and the Homes for Ukraine programme. Reset works with communities, Local Authorities, and partner organisations across the UK, providing training and support services which enable the community-led welcome of refugees.

# ABOUT THE REPORT



The life of a refugee is incredibly hard. They are forced from home, fleeing war, hunger, or persecution. Refugees are often left with very little to call their own.

They resettle to start over. They want to make sure their families are safe, and their children can go to school. They want to learn our language; they want to work, and they want to contribute to our communities. Just like anyone of us, they seek a safer and better life, a life of dignity, freedom, and security.

Resettlement plays a key role in the global response to refugee crises. It is an important process, saving lives, offering stability, and providing legal routes to safety for those most vulnerable and in need of protection.

The report outlines the role of the Community Sponsorship programme in the UK's resettlement process and provides a snapshot of the integration outcomes of 15 refugee families resettled to the UK under the programme, between July 2021 and December 2022.

The key findings centre on four key areas in which integration takes place: health and social care, housing, employment, and social connections and detail integration outcomes; highlighting steps and progress the refugee families have made and the barriers they have faced in the first 12 months after their resettlement in the UK.

The assessment was carried out between January and March 2023. Key findings draw on post-arrival meeting notes taken by Reset, the UK's Community Sponsorship training, support, and advice provider. The assessment also relies on first-hand accounts of seven individuals representing five of the resettled families in the sample.

The report is divided into five chapters. Chapter 1 outlines UK's resettlement and integration framework; Chapter 2 provides information on the Community Sponsorship programme and Reset charity; Chapter 3 sets out the research methods used to collect the data; Chapter 4 focuses on key findings; and Chapter 5 provides conclusions and recommendations.

Since it was set up in 2016, the Community Sponsorship programme has provided a lifeline to hundreds of refugees. Key findings and recommendations of this report aim to strengthen the integration and support provided to refugees after they arrive in the UK. This is to better enable refugees to reach their full potential across all key areas of integration and not only begin, but fully live their new lives with dignity and respect.

# EXECUTIVE SUMMARY

Since 2022, the UK operates four refugee resettlement programmes. Refugees who arrive to the UK under its resettlement programmes are provided with reception and integration support in their first years in the UK.

Successful integration allows refugees to rebuild their lives and to make full use of their talents and abilities to take part in and contribute to our society. Resettlement and integration, as facilitated and delivered by Reset through the Community Sponsorship programme, is often a holistic and long-term process that requires preparation, planning, and long-term commitment from all key actors involved.

While by the end of their first year, most families spoke positively about their lives in the UK and they felt settled. Findings also show that refugees integrate at different speeds, along different trajectories; progress often moves at a faster pace in some areas than others.

Language and communication were top priorities and the most crucial factors determining successful integration, for both refugees and community groups, but also the biggest struggle they faced. The need to communicate effectively in the language crucially cut across all key areas of this assessment and significantly affected employment options, and access to appropriate health care, but also affected building relationships with their neighbours and in some cases prevented refugees from taking part in community activities.

## Access to health services

Similarly challenging was access to health services, where findings show that despite often high and multifaceted health needs amongst welcomed families, the UK's complex health system, long waiting lists, and language barrier posed huge barriers to accessing appropriate care. Additionally, a small number of families cited the lack of translation services provided by the GP practices, as well as living rurally and the distance to health centres, hospitals and other specialist services, as barriers to accessing health support. By the end of their first year, 17 of the 34 adults in the sample were able to book their own GP and other health-related appointments while others had to rely on the help of community groups.

# EXECUTIVE SUMMARY

## Work

In addition to being able to communicate well and sufficiently in English, securing paid work was also extremely important to refugees. Having a job was important for confidence, a sense of purpose, and increased opportunities to feel connected to local people and communities.

Despite high aspirations and a lot of work put in by both refugees and the groups supporting them, pathways to finding paid employment proved extremely hard. Findings also suggest that the jobs available to refugees, regardless of their employment history and/or education, were often entry-level, below their experience, and for very low pay. Only one-third of all eligible adults in the sample were able to secure paid work 12 months after their arrival. Except in one case, all refugees in paid work were working jobs lower than their level of qualification/experience.

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## Housing

The Community Sponsorship programme requires the community sponsors to demonstrate that they have secured suitable and sustainable accommodation for a resettled family and that it will be available for them to use for a minimum of two years. Due to rigorous criteria around housing as set up by the programme, all of the families were in safe, secure, and affordable housing on their arrival. Families were generally very satisfied with the accommodation provided on arrival and most established good relationships with landlords and found them helpful and supportive.

Generally, high costs of rent, utility bills, and other costs brought on by the cost-of-living crisis were causing a lot of worries and confusion, and frustration for the families and consequently community groups supporting them.

Key findings suggest supporting families with their housing needs was one of the biggest challenges. In trying to meet families' needs, community groups would often struggle to find cheaper properties in the area as there is very little social housing available in the UK and most private landlords are reluctant to rent to refugees.

# EXECUTIVE SUMMARY

## Social ties

While building social connections is at the heart of the Community Sponsorship programme, key findings suggest that social integration outside of the core contact with the volunteers/group was not a priority for the families, especially in the first few months of resettlement.

On their arrival, families were usually overwhelmed with getting to know their new environment and systems that shape it, juggling English language classes, employment/voluntary work and other job centre requirements, organising school and other educational activities, and caring for their children and other family members.

Refugees' social circles in the first six months comprised of volunteers - the community groups supporting them - but also those people in their local community to whom they most closely related to. Findings also suggest refugees are quite self-sufficient and able to identify friends and develop relations without introductions.

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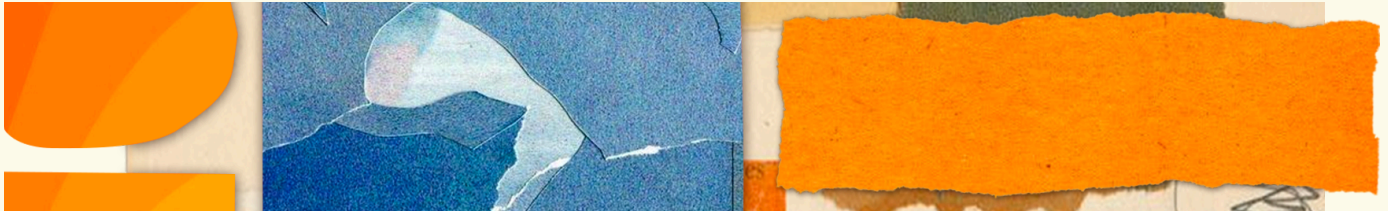
## Community groups/refugee families' relationships

The relationship between community groups and refugee families is one of the most unique elements of the Community Sponsorship programme. Key findings suggest Community Sponsorship is a significant undertaking and point to the crucial role the community groups play in all stages of the programme delivery. Community groups are responsible for finding and preparing a home for the family, fundraising for the family, securing Local Authority consent, welcoming a refugee family and helping them establish a life in the UK. Due to this intensive experience, for some volunteers, their relationship with refugees intensified over time and changed from superficial friendships to close relationships. Equally, refugees accepted and valued some of the volunteers as friends and as family, seeing these relations as a positive element of their new life.

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# 1 - UK RESETTLEMENT AND INTEGRATION FRAMEWORK

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## UK resettlement programmes

Between 2010 and 2021, the UK operated four refugee resettlement programmes, these included:

- 01** | Vulnerable Persons Resettlement Scheme (VPRS) (2014-2020): aimed to resettle 20,000 individuals (and families) affected by the Syrian conflict.
- 02** | The Vulnerable Children Resettlement Scheme (VCRS) (2016 – 2020): aimed to resettle up to 3,000 'at-risk' refugee children from the Middle East and North Africa.
- 03** | The Mandate Scheme (1995 – present): aims to resettle refugees with a close family member living in the UK.
- 04** | The Gateway Protection Programme (GPP) (2004 – 2020): aimed to resettle up to 750 most vulnerable people from refugee camps across the globe.

**In 2020, the Government introduced a new UK Resettlement Scheme (UKRS), effectively ending the Vulnerable Person Resettlement Scheme (VPRS), Vulnerable Children Resettlement Scheme (VCRS), and the Gateway Protection Scheme<sup>1</sup>.**



# HOW MANY PEOPLE USED THESE ROUTES?

From 1 January 2010 to 31 December 2021, around 31,101 refugees were resettled in the UK. Three-quarters (76%) were citizens of Middle Eastern countries, and 17% were citizens of sub-Saharan African countries. Most were nationals of Syria: 68%.

## UK RESETTLEMENT PROGRAMMES IN 2022

Since 2022 UK operates four refugee resettlement programmes: The UKRS, The Mandate Scheme, The Community Sponsorship Programme (launched in 2016), and The Afghan Citizens Resettlement Scheme (launched in 2021). According to the statistics from the Refugee Council, additional 1,185 refugees resettled in the UK in 2022, through its main refugee resettlement schemes.

In the process of resettlement, the UK works closely with the United Nations High Commissioner for Refugees (UNHCR) to identify those most at risk and provide them with an opportunity to resettle in the UK. National policy guidance is clear in that the resettlement programmes are not selective based on employability or integration potential, nor does the UK seek to influence which cases are referred to the government by UNHCR.

However, resettlement does not end after the relocation of refugees to the UK. As this assessment also finds, resettlement is often a holistic and long-term process that requires preparation, planning, a long-term commitment from all involved, and also involves a process of being received and integrated within a new society.



## UK integration framework

Refugees who arrive under the UK's various resettlement programmes are provided with reception and integration support in their first years in the UK, by a combination of support offered by Local Authorities, specialist support charities, and in some cases, Community Sponsorship groups.

This indicates a shift from understanding resettlement and integration as mainly a responsibility of refugees. Instead, the UK's approach is one of a partnership activity, within which governments, civil society, local communities, and the refugees themselves hold a vital role and actively contribute to.

This shift can also be seen in the recently updated framework of national integration indicators launched in 2019, which in the absence of the national UK-wide policy framework on integration assumes this responsibility.

The new framework recognises that the path and pace to integration are unique for every individual. Integration is understood as being dependent on a wide range of factors, social, political, and economic conditions, and is considered the responsibility of everyone, including governments at all levels, the communities receiving refugees, and the newcomers themselves<sup>3</sup>.

The indicators outline a set of 14 areas that cut across housing, work, education, health and social care, and leisure representing key strands in which integration takes place. Furthermore, the framework suggests progress across outcomes is not linear or restricted to a specific area. While key areas act as the main domains in which integration takes place, the areas are interlinked and interdependent and can therefore be measured as integration outcomes themselves.

Importantly, the updated version features several additions which reflect broader societal changes, such as the increasing reliance on technology, through the addition of a new domain - digital skills. The indicators also recognise UK's complex socio-political environment with its immigration policies and rules, some of which have become a lot stricter in recent years, and add routes to citizenship and permanent leave to remain as the desired outcomes.

Relevant to this assessment, the updated framework provides a practical tool, an insight into specific indicators that can be used to track progress, or lack of it, and helps to identify barriers to integration across the key areas of this assessment. It also invites local-level actors and national policymakers to consider all the different contexts and factors facilitating integration and this holds great potential to inspire new initiatives, create contexts that make refugees feel more welcome in the UK, and encourage recognition of the contribution that they can make to local communities.



Source: [Home Office Indicators of the Integration Framework \[Third, Edition 2019\]](#)

## 2 - COMMUNITY SPONSORSHIP

Community Sponsorship programme is one of the four resettlement programmes presently operated by the UK. The programme was first launched in the UK in July 2016. Since this time, over 900 refugees have resettled across the UK under the programme.

The program was inspired by the Canadian Private Sponsorship model<sup>4</sup> and set up to support the public response to the Syrian crisis. It enables local actors, and Community Sponsorship groups, to become directly involved in supporting refugee resettlement, building a safe and effective system of support. Community Sponsorship is a significant undertaking underpinned by several specific requirements which among others include the:

1. Finding and preparing a home for the family: Community Sponsorship groups are required to source suitable and sustainable accommodation, available for use by the resettled family for a minimum period of two years.
2. Fundraising for the family: as part of their application to the Home Office, Community Sponsorship groups will be asked to confirm they have at least £9,000 of available funding to support the family within 12 months of arrival.

**3.** Securing Local Authority permission to apply: Local Authorities need to consent to each Community Sponsorship arrangement in their area.

**4.** Welcoming a refugee family and helping them establish a life in the UK: Community Sponsorship groups commit to providing formal support to the family for 12 months upon arrival. This includes support around learning English, accessing health services, navigating the job Centres, negotiating benefit systems, and enabling the adults back into work.

The formal responsibility to support the resettled family is for one year, except for housing, for which the responsibility lasts for two years. Community Sponsorship groups may choose to provide support beyond one year, according to the needs of the resettled family. As our key findings show, many groups chose to continue their support beyond the first 12 months; this is particularly around employment and learning English.

University of Birmingham and Institute for Research into Superdiversity (IRIS) conducted an in-depth evaluation of the pilot stages of the programme [2017-2020]. Their findings detail the experiences of Community Sponsorship groups and offer insights into the application process, arrival, placement, and resettlement. While recognising Community Sponsorship can be a testing process for all involved, the report also emphasises the transformative potential of Community Sponsorship and the positive impacts on both the welcoming communities and refugee families in their local areas.

The evaluation found families are more confident in understanding the opportunities for them. By having social connections in the community, they become part of the community's life and contribute to it. Sponsorship offers the potential for transformation to local communities welcoming refugees. It brings new perspectives and ways of working together, increases understanding of refugee issues, reduces fears about 'others', and changes working practices to make them more inclusive for diverse populations.

## **2.1 Reset: Community Sponsorship support provider**

National charity Reset was set up in 2018, to grow and support the delivery of the Community Sponsorship programme in the UK. The charity is contracted and funded by the Home Office.

Reset train and support both prospective and approved Community Sponsorship groups to prepare to welcome refugees and to help them settle and integrate once they arrive. The charity also works with Local Authorities and other organisations to share good practice and can support groups to work in partnership with relevant organisations.

Reset support all key stakeholders relevant to the delivery of the Community Sponsorship programme. These most typically include Community Sponsorship groups (volunteers) welcoming families, Local Authorities, and local charities (Lead Sponsors). The charity support across all key stages of resettlement; pre-arrival, post-arrival, and resettlement into the local communities.

**What stage are you at?**

We have a wide range of resources that are specifically tailored to guide you through every step of the Community Sponsorship process.

To find resources that are relevant to your stage of the process, choose from the options below.

- GETTING STARTED**: We are GETTING STARTED
- WRITING**: We are WRITING our application
- SUBMITTED**: We have SUBMITTED our application
- PREPARING**: We are PREPARING for a family to arrive
- WELCOMED**: We have WELCOMED a family

### Pre-arrival support:

Core support includes providing advice and training on Community Sponsorship to community groups, Lead Sponsors, and Local Authorities. Between July 2021 and December 2022 Reset delivered 208 training sessions and or workshops:

- Part 1 (Planning your application) – 34 training sessions
- Part 2 (Getting ready to welcome) – 93 training sessions
- Core skills training – 68 training sessions
- Other training / workshops: 13

In this stage, a big part of the charity's work is also providing support around the application to the Home Office. This includes explaining the process as well as support with the application writing. Once the application is approved and the match is confirmed by all involved,7 Reset will offer a range of core training sessions to the groups relevant to the arrival and welcome of the refugee families.

### Post-arrival support:

In addition to training and practical support, in this stage Reset also facilitates a series of post-arrival support calls with community groups and families. Between July 2021 and December 2022, Reset delivered 248 post arrival support meetings of which 103 were with resettled families and 145 with the Community Sponsorship groups. Post-arrival support meetings consist of a total of five individual interactions: three meetings with the group and two meetings with the family. These interactions are spread across the first 12 months of arrival, as described below:

### Post-arrival support meetings:

Post-arrival support meetings<sup>8</sup> are primarily organised with the Community Sponsorship groups and the families that are welcomed.

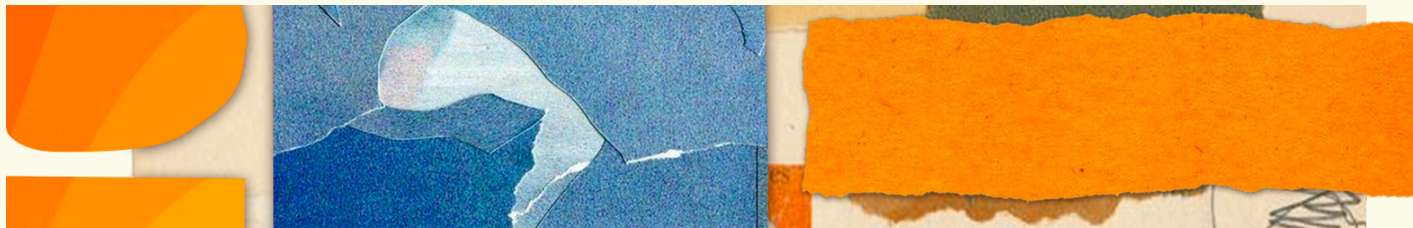
- First call takes place 2-3 months after arrival and consists of two individual meetings: a meeting with the refugee family and a meeting with the group. The latter also includes representatives of the Local Authority, the Lead Sponsor, and the Home Office.
- Second call takes place 6-8 months after arrival and consists of one meeting with the group.
- Third call takes place around the 12 months of arrival and consists of two individual meetings; a meeting with the refugee family and a meeting with the group.

Post-arrival support meetings are a key part of Reset's monitoring and evaluation processes. They offer an opportunity to track the progress and help groups reflect on the support they offer, and how this builds into families' independence and integration into UK life. The meetings are also an opportunity to help resolve any issues that are coming up and most typically involve discussion around benefits, education, employment and volunteering, English language learning, healthcare, and any other support the groups are offering. Additionally, this is also an opportunity for Reset to establish a connection with the family and independently track their progress and any challenges they might be facing.

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# 3 - COMMUNITY SPONSORSHIP: INTEGRATION OUTCOMES

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## 3.1 Data collection

### **The primary data includes:**

- Fifteen sets of notes taken at post-arrival meetings, written and collated by Reset.
- First-hand accounts of seven individuals representing five of the resettled families in the sample.

### Post-arrival support notes:

Post-arrival support notes are recorded through all five meetings: with groups (three meetings) and resettled families (two meetings).

Reset takes notes at each meeting, and the notes are then also shared with Community Sponsorship groups, families, the Lead Sponsor, the Local Authority, and the Home Office.

The notes eligible for analysis track the progress and challenges of 15 families resettled in the period of July 2021 and December 2022, who had been living in the UK for at least 12 months. Their progress towards independence is recorded across seven key areas: benefits, healthcare, education, learning English, employment and volunteering, housing, and settling in (community ties), and provides detailed insight into how successfully families are integrating.

### Semi-structured interviews:

The semi-structured interviews with representatives of the families were organised and carried out by Reset staff in February 2023. Interviews took place online and participation was voluntary. The participants for interviews were selected from the initial sample of 15 families resettled in the period of July 2021 and December 2022 and who had been living in the UK for at least 12 months. The interviews focused on exploring the progress of integration in the following areas: housing, access to health, work, and employment, and building social/community ties. The questions asked around challenges, gains, and achievements across all areas and also explore the sense of safety and social connections in the community the families settled in.

The delivery of interviews was trauma-informed, and considerate of the experiences of participants. Where required, Reset provided an interpreter to be present at the interview. Informed consent was obtained from all participants in the interviews. Secondary data includes information collected via semi-structured interviews with Reset staff. The interviews focused on collecting background information on the work of the charity, the Community Sponsorship programme, the need the programme is addressing, and the support provided by Reset to help deliver the programme.

#### Data analysis:

Informed consent was obtained to record all the interviews, with families and Reset staff. The recordings of interviews with families were transcribed and thematic analysis was used to summarize the outcomes of the conversations and identify key themes and patterns to inform the key findings. In the report quotes verbatim are used. In the process of selecting quotes, the author has made sure that all potentially identifying information was removed and the author of the quote will remain anonymous.

#### Limitations:

The analysis uses the 2019 indicators framework to outline relevant factors of integration in the sample. The author would like to note, where families are at 12 months of arrival, this is not an end or a fixed outcome and should not be understood as such. The examined indicators also do not specify targets or timeframes for when particular outcomes should be achieved. Rather than applying a 'positive' or 'negative' marker to a specific outcome, the analysis focuses on the progress, to highlight how far refugee families and individuals have come and point to where barriers to successful integration still exist.

Conclusions highlighting the experiences of local actors, and the Community Sponsorship groups, are solely based on information provided in the post-arrival meeting notes. Data collection did not include interviews with representatives of community groups. The findings and conclusions in this report apply to the experiences of 34 adults and 36 children (15 refugee families) in the sample and should not be extrapolated to reflect the experience of all refugees resettled through the Community Sponsorship programme.

## **3.2 - SAMPLE DEMOGRAPHIC**

The sample includes 70 individuals across 15 refugee families, who were resettled to the UK through the Community Sponsorship programme between July 2021 and December 2022, and who have by December 2022 been in the UK for at least 12 months.



Demographics data as recorded on their arrival to the UK:

**Adults (over 18) = 34**

- Gender: 16 identified as men and 18 as women
- Age: 6 were between 18 - 24 years, 12 were between 25 -34 years, 10 were between 35 – 44 years and 6 were over 45 years.

Age group	Women	Men
18-24	3	3
25-34	7	5
35-44	7	3
45+	2	4

**Children (under 18) = 36**

- Gender: 10 identified as female, 27 as male
- Age: 8 were under 5 years old, 20 were between 5 – 10 years, 8 were between 11 – 17 years.
- Nationality of family welcomed: 13 Syrian, 1 Palestinian, 1 Iranian

Area of resettlement	Region of resettlement (England and Wales):
Urban: 6 families Suburban: 4 families Rural: 5	South West: 2 families Wales: 1 family London: 3 families South East: 3 families North West: 3 families West Midlands: 2 families North East: 1 family

# 4 - KEY FINDINGS

## 4.1- Work

The updated UK indicators framework identifies employment as an important pathway for income generation and economic independence. Furthermore, securing paid employment can also be a valuable opportunity to learn new skills, develop language and establish social connections.

Under this point, the indicators also include voluntary work, which is linked to providing valuable work experience, immersion into the broader culture, and the opportunity to practice language and build social skills. Importantly it can also provide a pathway to paid work.

### Summary of outcome indicators for 'Work'

**Out of 34 adults in the sample, 31 were assessed as eligible/able to work upon arrival. Indicator: 'In paid work':**

- One refugee had secured paid work within the first three months of arrival. This figure increases to 9 refugees in paid work by 6 months of arrival and 10 in paid work 12 months after arrival.
- Women were significantly less likely to be in paid work; only one woman in the sample was in paid work 12 months after arrival.

**Indicator: 'Employed at a level appropriate to skills, qualifications, and experience'**

- Except in one case, all refugees in paid work were working jobs lower than their level of qualification/experience.

**Indicator: 'In unpaid or voluntary work'**

- 6 refugees were in voluntary work within the first three months of arrival (4 male, 2 female). This number increases to 11 by 6 months of arrival (6 male, 5 female) and to 14, 12 months after arrival (7 male, 7 female).

**Indicator: 'Perceptions of employment opportunities and barriers to securing employment'**

- By far English language skills were the biggest challenge for all adults in the sample, other barriers include health issues, challenges in transferring work qualifications, living in a rural area, and difficulties in obtaining a driving license.

## Perceptions of employment opportunities

On arrival, expectations of (especially male) refugees around their employment prospects were quite high and often not realistic or in line with UK employment pathways. While this situation felt like a step back for some, it also placed additional responsibility on Community Sponsorship groups to manage expectations, provide accurate information, and help individuals to come to an understanding and acceptance of more realistic career goals in the UK. Most men who were able to work wanted to get back to work quickly. Securing paid work was critically important to help them feel settled, secure, independent, and to be able to support their families:

“Life is not beautiful without working. Secondly, I have children. I have four children. I need money to support them.’ (Male, 44 years) Having a job was also discussed to lead to improved confidence, a sense of purpose, and increased opportunities to feel connected to local people and communities. Despite high aspirations to find paid employment, findings also suggest that the jobs available to refugees, regardless of their employment history and/or education, were often entry-level, below their experience, and for very low pay. However, most individuals in the sample had no hesitation in considering even these jobs: “The job they offer, the payment is very low, but that is no problem. I'm looking for any jobs without considering the payment.” (Male, 36)

### Barriers to securing employment:

All those not in work, after 12 months of arrival, except due to ill health as reported later in this section, were working hard to find a job. Data suggests refugees had volunteered extensively at food banks, charity shops, schools, coffee shops and various retail shops. With the support of Community Sponsorship groups, they worked extensively on their CVs, trawled job sites and submitted many job applications. They also continued to work on their English both in formal English for Speakers of Other Languages (ESOL) classes and by other informal means. Nonetheless, a year after their arrival, almost two-thirds of the sample remain out of paid work.

### A summary of the key barriers to employment follows below:

English language skills were a key challenge in preventing refugees to secure paid work.

“I think the language is the main barrier to finding employment and I believe that once I improve my language, I can find work.” (Female, 40 years) “I'm not working at the moment but I'm studying English. It's only the language, other than that there is no other barrier.” (Female, 29 years) However, limited English language was not the only issue.

Several individuals (including women) in the sample felt their opportunities for finding employment were also impacted by living in a rural area. Having to rely on public transport was seen as a barrier due to the cost as well as unreliable or poor public transport. In this context, data reveals a sense of frustration and disappointment linked to the difficulties in getting a driving license, due to the level of English required for the test. Many would hold driving licenses in their home countries but be unable to drive in the UK. “I applied for a lot of jobs in the last six months. I applied to a lot of factories, and supermarkets, but it's not easy to find one. We don't have a car so the only offer for the job was in [deleted for anonymity] and that was for a night shift. But that also requires the train, and that means more cost.” (Male, 37 years)

Another significant challenge was also their previously held work/education qualifications and how these were translated in the UK. Many were surprised to learn after they arrived that their qualifications were not recognised and that they will either need to re-train or pursue a different career. “My background is that I am a solicitor back home. I do have experience for over 12 years in this field. But by coming here in this country and if I want to equivalent my qualification back home, that requires over seven years to be able to be given the entitlement and to be getting the certification for me to work as a solicitor.” (Male, 37 years) “At the moment I'm volunteering to work at a nursery with work with four and five-years-old children and I'm really enjoying that type of work. I do have a qualification from Jordan to work with that age group. And I would like to carry on working in that field and gain whatever qualification is required and work in that field.” (Female, 40 years)

Finally, health concerns (personally or supporting other family members) also presented a barrier to finding or retaining work. At the 12-month mark, one male participant had left their paid employment and two had to reduce their hours and/or work days; one due to ill health and the other due to supporting one of his children with a severe health condition.

#### Resettled women and work opportunities:

Data suggest women were significantly less likely to be in paid work; only one woman in the sample was in paid work 12 months after arrival. Out of 18 women in the sample, 12 had never worked before. Most were also not looking for paid work, and have cited unpaid care work e.g., looking after their families, limited English, and lack of confidence (due to lack of work experience), as barriers to work.

Most women in the sample were keen to contribute to their local communities in the future through both voluntary work and seeking paid employment opportunities. Several women wanted to start looking for paid work once their children were older or once they had improved their English language skills. Women report enjoyed learning English and volunteering; out of 14 individuals volunteering within the first year of arrival, 7 were women. Women were volunteering in a wide range of organisations such as churches, schools, charity shops and food banks. They had been mostly helped to do so by the Community Sponsorship groups and have found this a very positive practice.

#### Supporting refugees into employment and experience with job centres:

Community Sponsorship groups ensured that all adults in the sample were registered with the Jobcentre Plus within a month of their arrival. In the first three months, all but five families were successfully receiving benefits. Whilst all families were successful in obtaining benefits by six month mark, most typical barriers in securing benefits duly were attached to job centres reporting backlogs in processing documents, lost information, lack of interpreters and other painstaking bureaucratic procedures (e.g., DBS checks, birth certificates checks etc).

Understanding the benefits package along with budgeting was a challenge to all the families. Most often families struggled to understand what they were entitled to and how to access different packages available to them. Data from the groups suggests that most of their time and effort in the first three months went into supporting families by making their budgets last through the month and understanding the British benefits system.

Participants' experiences of support from the job centres were mixed. Some participants felt pressured to take on jobs that were below their skills and expertise; others noted their attendance at the meetings was simply a 'box-ticking exercise' rather than an opportunity for them to get practical employment advice. A small number of community groups and families reported positively on the experiences of job centres' agents and caseworkers. In these cases, agents have been supportive and understanding about specific circumstances (e.g., lack of previous work experience, health issues, language barriers) of the families.

Information from community groups highlighted the importance of building a good rapport with the job centre before arrival. Suggesting a good practice, a member of one community group set up in-person meetings with some of the managers at the local job centre, which helped to considerably speed up the registration process, once the family arrived.

#### Support from Community Sponsorship groups

Data reflects the high quality and availability of community group capacity in the area of supporting refugees into employment. The groups provided very much needed encouragement and often vital advice to support refugees into employment, by providing volunteering opportunities, CV writing support, one-to-one support, training opportunities, interview practice, language lessons, and mentoring.

"Yeah, the group did their best. I'm appreciating their help, and within five months they managed to get me a job." (Male, 33)

Community Sponsorship groups also held a crucial role in managing expectations of individuals around their employment prospects on arrival. As noted earlier in this report, the time it took participants to come to an understanding and acceptance of realistic career goals in the UK varied widely. More realistic information provided to refugees, before resettling to the UK, would help them to think through possible options for a new career or to mentally prepare for the changes ahead.

## 4.2 Housing

The updated UK indicators framework recognises that safe and stable housing structures much of an individual's experience of integration. Housing conditions of quality, affordability, and security impact the sense of safety and belonging and can provide a base to rebuild social connections, and also allow access to healthcare, education, and employment.

The Community Sponsorship programme requires the community group to demonstrate that they have secured suitable and sustainable accommodation for a resettled family and that it will be available for them to use for a minimum of two years<sup>10</sup>. Due to rigorous criteria around housing as set up by the programme, all of the families were in safe, secure, and affordable housing on arrival.

### Summary of outcome indicators for 'Housing'

#### **Indicator: 'Living in owner-occupier/secure or assured tenancy conditions'**

- All of the families in the sample were in secure or assured tenancy conditions for at least another year.
- All families report being aware of the specific information about the tenancy agreement, including length and renewal conditions.
- Families were additionally registered on the Local Authority housing list.

#### **Indicator: 'Receiving housing benefit'**

- All of the families are receiving housing benefits, they have also been exempted from a council tax charge.
- Community Sponsorship groups were providing a 'top-up payment' to supplement the difference between the rent and the benefit payments.

#### **Indicator: 'Reported satisfaction with housing conditions'**

- All families report accommodation is suitable and sufficient.

#### **Indicator: 'Reported satisfaction with the neighbourhood'**

- 10 families in the sample reported they are satisfied with the location and the neighbours; most are keen to stay in the same area.

### Case study

Post-arrival meeting 1, family report on housing.

Location: Urban

Jasmin<sup>11</sup> told us that they are happy in their home, it is warm and safe, and this is good for them and their children. They would love to have a small house with a garden as they would one day like to increase their family and have more children. However, she feels that this is a longer-term goal for them. The family is living in a modern two-bedroom flat with an incredibly helpful landlord. The family had a problem with dampness and the landlord helpfully provided a dehumidifier. The tenancy is in their name, and they have an assured tenancy for two years.

## Reported satisfaction with housing conditions

Families were generally very satisfied with the accommodation provided on arrival. All families but one reported that the accommodation that was provided for them was more than sufficient.

“I don't have any issue with accommodation at all. When I first came, they [the Community Sponsorship group] explained all the conditions to me. The tenancy agreement is for two years so I know all the ins and outs about it.” (Female, 40 years)

“Everything is excellent. And we're happy with everything in the house. The number of rooms suits the number of family members except that my son's room is tiny and hoping for a bigger room. But I am aware that the rooms here in general in the UK are not very spacious.” (Male, 43 years)

Most of the families established good relationships with landlords. Families found landlords helpful and supportive; they were able to make smaller changes around their living areas, such as redecorating, changing furniture, etc. That was very important for many, as it made families feel that they have made it their own space.

In one case, accommodation was too small for the family. The family felt comfortable sharing their concerns with the community group and Reset. The community group and the housing association worked with the family to find a solution. By the end of their first year, the family was considering moving to a new house. A potential property has been found privately by the community group who have agreed to take on a property management role. Generally, where issues were raised these were usually around small repairs needed in the properties, and in most cases, landlords were understanding and helpful in resolving these.

## Reported challenges

Generally, high costs of rent, utility bills, and other costs brought on by the cost-of-living crisis were causing a lot of worries and confusion, and frustration for the families and consequently community groups supporting them. In addition, the rural location of some of the properties impacted daily transport needs. Families resettled in rural areas had restricted transport options with public transport options often irregular, unreliable and expensive.

Data from community groups suggests supporting families with their housing needs was one of the biggest challenges. In trying to meet families' needs groups would often struggle to find cheaper properties in the area. Data also suggests there is very little social housing available in the UK and most private landlords are reluctant to rent to refugees.

Additionally, there is no facilitated route to secure safe and affordable housing beyond 24 months of the programme, via grants or funding, that the groups and families can access. This can be a huge burden for both families and groups after the first two years of resettlement.

## Reported satisfaction with neighbourhood

By the end of the first year, most families spoke positively about their lives in the UK, and they felt settled.

Ten families in the sample reported they were satisfied with the location and the neighbours; most are keen to stay in the same area. Most important factors for the families were feeling safe and welcome in the community, the closeness of local infrastructure (shops, public transport, etc), and the potential of building closer connections with the local community e.g., opportunities to participate/contribute to local events.

“The neighbours we have are very lovely, very kind and I'm happy and comfortable in this area. I went to other areas and I didn't feel as comfortable as I do here - they are all very lovely and nice. “ (Male, 44 years)

Five families inquired about options of relocating within their first 12 months of arrival; most of these inquiries were made around within the first three months after arrival. The main reasons for wanting to relocate were:

- a) rural location - the remoteness of the property and, as a result, costs related to public transport.
- b) some families also felt they lived in an expensive area which they would not be able to afford after the two-year tenancy came to an end.
- 

Eventually, no family chose to relocate within the first year of their stay. For most, the key reason for not moving to a different area was to ensure their children were able to continue with their education in the same area where they have already settled and made formative social connections.

“Yeah, we do feel like we belong to the area. When we first came here my kids wanted to move to a different area but now if I asked them to move, they would say no we are happy here, we're happy where we are.” (Female, 40 years)

One family in the sample reported being subjected to harassment and discriminatory and abusive comments by one of their neighbours, very early on arrival. The family openly shared their experience with both Reset as well as the Community Sponsorship group. The group informed the housing association managing their property. The family was eventually also supported by the police, who have written up a report to support the family's move to council housing. Even though the incidents eventually subsided, by the end of their first year the family was in the process of relocating to a nearby area.



## 4.2 Housing

The updated framework recognises equity of access to health and social services and responsiveness of such services to the specific needs of the individual as the key indicators facilitating integration. Furthermore, the framework links the ability to navigate the health system and good health and well-being with greater social participation and engagement in employment and education activities.

### Summary of outcome indicators for 'Health and social care'

#### **Indicator: 'Registered with a GP'**

- All of the adults and children in the sample were registered with the GP within the first few weeks of arrival.

#### **Indicator: 'Registered with a dentist'**

- 17 adults and 24 children were registered with the dentist in the first three months of arrival. This figure increases to 26 adults and 33 children within six months of arrival. By the end of their first year, all but one family (2 adults, 3 children) were registered with the dentist.

#### **Indicator: 'Book own GP appointments'**

- Within the first three months of arrival 3 adults felt able to book their own GP appointments. This figure increases to 14 within six months of arrival. By the end of the first year, 17 out of 34 adults were able to book their own GP appointments.

#### **Indicator: 'Registered with NHS optician for eye test'**

- All of the adults and children in the sample were registered with the optician within the first few weeks of arrival.

#### **Indicator: 'Having access to interpretation or translation services during medical appointments'**

- In total 10 out of 14 families reported their GP practice was able to provide interpretation or translation services.

### Health needs/issues

In total, 8 out of 14 families on their arrival to the UK presented with a number of, in some cases, serious and complex health issues. The needs ranged from needing specialist neurodiversity and other assessments for children, specialist adult psychotherapy for knee, back and spine-related pain, prenatal and natal care, cervical and breast screening, as well as (in one case) cardiovascular procedure.

As with previous areas, the support of community groups was crucial in getting all families registered with GP, opticians and dentists as quickly as possible upon their arrival. The groups also consistently supported families in navigating the complex UK health system and booking appointments.

Most common and urgent health needs were related to dental issues; this was for both adults and children. In this context, several community groups (and families) experienced a shortage of local dental treatment and challenges in booking NHS appointments. Post-arrival notes suggest that in one case a community group working with several refugee families were only able to register 25% of refugees they support for NHS dentists. Whereas in two other cases, the group was unable to find an NHS dentist locally.

To ensure that the families received the urgent care they needed, in some cases the community groups decided to pay for private treatment. In one case the group even managed to find a private donor to finance the treatment.

### Satisfaction with health services

Having access to local health services was important to all families in the sample.

“Obviously it is an important service. At the moment or generally my family and myself, we don't have serious illnesses and are not in need of health services all the time. But obviously if my son is not well or if there's high temperature or if we need services, it is very important.” (Female, 29 years)

Most families in the sample reported living relatively close to GP surgeries which they found practical, especially for quick treatments e.g., colds, flu etc. While experiences of health services in England were mixed, some individuals spoke positively about the health care services that they have accessed.

“All the healthcare service that I received was really great. I didn't suffer at all or struggle or had any issues.” (Female, 40 years)

### Case study

Post-arrival meeting 3, family report on health issues and access to health services

Location: Urban

Khalida recently gave birth and she found the system much better here than in [deleted for anonymity]. It was frightening for her at first not being able to speak the language, but there was an Egyptian doctor at the hospital who was able to talk through everything with her. Gill was the birth partner and was there throughout. The midwifery staff at the hospital were fantastic and Khalida received all the support and care she needed.

## Barriers to accessing health services

Data suggests most families have come unprepared to face the overwhelmed UK health system. This has in some cases caused frustration, reluctance to access services, missed appointments or disengagement from the services.

“I have a lot of pain in my legs. This took a very long time to be checked [...] it was very painful, and it took a lot of visits and phone calls to the doctors. So hopefully after six months, I will have surgery or an operation regarding that.” (Male, 33 years)

Two main barriers to accessing services were long waits for both hospital care as well as other services, particularly dentists.

“Yes, we’re very happy with the support around health [...] except they’re very slow and very delayed to get that appointment [...] we’ve been waiting a long time.” (Male, 44 years)  
Some participants also described the language barrier as being an obstacle to accessing healthcare services.

“The language is a bit of a barrier but if I’m using my phone, that kind of eases the problem.” (Female, 40 years)

Additionally, a small number of families cited the lack of translation services provided by the GP practices, as well as the problem of living rurally and the distance to health centres, hospitals, and other specialist services, as barriers to accessing health support. The long time it took to get a referral and also long waiting lines, for most health services, meant additional pressure on the community groups to chase information and appointments to ensure families received the support they needed.

Upon entering the UK, all families are provided with copies of their Migrant Health Assessments (carried out in host countries). These documents are to be passed on to the GP surgery to facilitate successful registration. However, in one case this wasn’t possible which resulted in individuals being left without appropriate health support within the first six months of their arrival. With the intervention of the community group and Reset, a complaint was made to the Clinical Commissioning Group which was successfully resolved. By the 12-month mark, all family members have received the necessary medical checks.

### Case study

Post-arrival meetings 2 and 3, family report on health issues and access to health services

Location: Rural

Abdul reported seeing the doctor about pain in his neck and back and he will be referred to a specialist, but he's received no correspondence from this as yet. Abdul also shared that the community group representative confirmed that they have not received the treatment they should have done by the GP practice.

The family were registered at the GP quickly, but requests for appointments, clarifying the vaccination status of children and general contact has been a huge problem. The Practice Manager has told the community group that they have not received funding for this family and have now started to not respond to requests for assistance.

Due to this, an official complaint has been raised to the CCG, and this has been acknowledged and an initial reply has been received. The GP surgery has been reluctant to register and see the family, citing that they are overwhelmed by supporting Afghan refugees who are placed in bridging hotels nearby.

Following on from the official complaint to the CCG about the GP Practice, the community group representative confirmed this was followed up on and doctors went over to see the family and carried out full health checks on all the family.

#### Specialist mental health support:

Refugees can experience specific health needs resulting from exposure to trauma (in childhood and adulthood), long journeys, forced separation from family and friends, and loss of social status.

Data suggests a large majority of adult individuals in the sample were aware of specialist mental health services available to them through the NHS routes. This data was usually passed on by the community groups early upon their arrival in the UK.

Although data on this is limited, there is some evidence suggesting that individuals and families are unlikely to access support for mental health in light of other more urgent medical issues. There is also some indication refugees will find it difficult to express their feelings and emotions to counsellors through interpreters, suggesting they are possibly more likely to access this type of support after their English has improved.

#### Support from Community Sponsorship groups:

Data reflects the high quality and availability of community group capacity in the area of supporting refugees in accessing health services and support for health needs. The groups assisted refugee families to register with a local GP. They explained the functioning of the health system and requested interpreters when booking appointments for refugees. Given that refugees arriving in the UK on resettlement programmes often have complex health problems, the groups spent a lot of their time and resources supporting refugees with medical appointments.

There is some evidence suggesting groups often had to strike a difficult balance between ensuring privacy and respecting boundaries and leaving individuals feeling abandoned when attending appointments. Also due to cultural differences, volunteers were not always comfortable asking refugees what they needed. Many refugees were worried about becoming a burden and were conscious that volunteers were already busy and reluctant to ask for further assistance. Despite these challenges, data suggests refugees hugely valued the support they received with medical matters.

## 4.2 Housing

The updated framework recognises leisure activities can help individuals learn more about the culture of a country or local area, and can provide opportunities to establish social connections, practice language skills and improve overall individual health and well-being. Building social connections with people of similar and different backgrounds, creating bridges to other communities, and sharing language, cultural practices and shared religious faith can all contribute to a sense of belonging.

### **Summary of outcome indicators for 'leisure and social/community ties'**

Indicator: 'Using local leisure/culture facilities' e.g., membership of local library; membership of local sports facilities; participation in local social and leisure groups, participation in local faith-based communities/churches.

- Within the first three months 15 individuals in the sample (10 men, 5 women), reported using local leisure/culture facilities, this number increases to 21 (9 women, 12 men) at six months of arrival and to 27 (12 women, 15 men) at the 12-month mark.

Indicator: 'Friends with similar culture'

- Within the first three months 25 individuals in the sample (10 women, 15 men), reported having friends with similar backgrounds. This figure increases to 29 (14 women, 15 men) for both six months and 12 months of arrival.

Indicator: 'Friends with different backgrounds' e.g., participating in youth clubs, childcare facilities, sports clubs, attending communal spaces (including places of religious worship) offering opportunities to socialise with people from different backgrounds.

- Within the first three months 4 individuals in the sample (1 woman, and 3 men), reported building social networks with people from different backgrounds. This figure increases to 29 (14 women, 15 men) for both six months and 12 months of arrival.

### Using local leisure/culture facilities:

A year after the arrival, large majority of individuals in the sample were aware of and accessing key institutions (e.g., libraries, leisure centres, sports clubs' community centres) in the local community where they are based.

There is a group for the children which is called a cube. This is every Wednesday, and my children go just to have some leisure time over there. Regarding myself, I am actually a member of a gym and I get involved in swimming and everything.” (Female, 34 years)

“We use the library we borrow books. The school also has activity or organised activity which we participate in. Also the kids go to swimming as well.” (Male, 33 years)

Community groups and local religious institutions played a key role in facilitating information and support at the point of arrival – including e.g., with school and nursery registration.

“The group and the church helped me at the beginning when I came here. They helped me to register my son in the school and now also they helped me to register my daughter in the nursery”. (Male, 44 years) All families reported they felt safe to practice their religion in the local community or in their homes, in cases where religious venues were not close enough.

“Yeah, no one really interferes with what you believe or what you do so yes, I feel very safe.” (Male, 33 years)

### Building connections – social contacts with similar culture:

While building social connections is at the heart of the Community Sponsorship programme, data suggests that social integration outside of the core contact with the volunteers/group was not a priority for the families, especially in the first few months of resettlement.

This was the time when the families were overwhelmed with getting to know their new environment and systems that shape it, juggling ESOL classes, employment/voluntary work seeking and job centre requirements, organising school and other educational and caring for family members, including children.

Data suggests community groups tried to expand families’ network of friends with some groups organising events to introduce refugees to local people. Others sought to connect them with other Arabic speaking refugee families living nearby. These attempts had mixed results as in some cases individuals did go on to develop deeper relations with new social contacts. However in some other cases, families felt such introductions were contrived rather than genuine and spontaneous.

For most refugees’ social circles, the first six months comprised of community groups supporting them, but also those people in their local community whom they most closely related to. Data suggests many refugees are quite self-sufficient and able to identify friends via social media and develop relations without introductions.

We’re 12 months in and the family is a lot more settled now, and the school have been really key in connecting them with other families. The local community has been brilliant, teachers live locally and chat with the family when they see them, and the children play with the other children in the neighbourhood.’ (Community Sponsorship group member, post-arrival meeting 3). The main barrier for refugees in building and expanding their social networks within their first year of resettlement was knowledge of the English language:

“And me as a person, I'm very social. I like to know people and meet people but maybe it's the language barrier. Once I get over that maybe I will know more about the neighbours and I will have more relations with the neighbours and the people around.” (Female, 40 years)

“I started to feel that this is my home, but I still find it hard to communicate because of the language barrier. So, my husband goes out and communicates with people because I'm at home most of the time. I find it hard.” (Female, 33 years)

### Community groups (volunteers)/refugee families' relationships:

The relationship between Community Sponsorship groups and refugee families is one of the most unique elements of this Community Sponsorship programme. Data suggests for some volunteers their relationship with refugees intensified over time and changed from superficial friendships to close relationships. Equally, refugees accepted and valued some of the volunteers as friends and as family, seeing these relations as a positive element of their new life.

The transition of relationships from 'strangers to friends' in some cases also brought dilemmas and questions around boundary setting when it comes to providing advice and support. For example, all volunteers were aware that refugees wanted and needed to be independent and that men in particular wanted and needed to be economically self-sufficient. This required juggling a difficult balance for some of the volunteers around understanding when to advise and when to step away, not to insult or disempower.

Also, groups had originally set up with the timeframe for independence to correlate with the 12 months. Most soon realised this was unreasonable. Even though families and individuals felt more settled and integrated into local communities, a year in, most still did not feel independent and constantly questioned the decisions they made about various aspects of support. This was particularly in the area of learning English and employment.

Refugees also draw support from keeping in contact with their families and friends in their countries of origin. Most refugees had come with high digital skills and were familiar with and confident in using information communication technology such as social networks e.g., Twitter, Instagram and Facebook.

### Building connections – social contacts with different culture:

Data suggests refugees found ESOL classes with a mixture of nationalities particularly effective for the development of both language skills as well as providing opportunities for refugees to meet people of different communities and cultures. ESOL classes also allowed individuals to establish social networks and practise English outside of the classroom.

In addition to ESOL classes, local school communities also provided a safe and supportive environment to socialise in. They also provided vital resources and much needed social networks for both refugee parents and children.

## 5 - RECOMMENDATIONS



Since it was set up in 2016, the Community Sponsorship programme has provided a lifeline to hundreds of refugees. Recommendations in this report aim to strengthen the integration and support provided to refugees after they arrive in the UK. This is to better enable refugees to reach their full potential across all key areas of integration and fully live their new life with dignity and respect.

### Access to employment

English was the key barrier to securing paid work. Other barriers included health issues and concerns, challenges in transferring work qualifications, living in a rural area, and difficulties in obtaining a driving license.

#### Department for Work and Pensions

:

- To revise and expand English language opportunities, both formal and informal, including community conversation classes.
- To increase opportunities for monitoring the efficacy of delivered ESOL programs and tracking progress.
- Explore options for language provision in countries of asylum while refugees are waiting for their resettlement.
- Provide English language support tailored for refugees wanting to complete their driving test.
- Provide training for job centre agents/caseworkers to understand refugees' particular experiences and needs and ensure a welcoming environment.
- Training should also include a particular focus on the situation for refugee women and should consider the gender sensitive aspect of resettlement to ensure lack of work experience, lack of confidence, age and any other diversity perspective to ensure that these needs are considered when recommending initiatives to women.

### Managing expectations and aspirations of refugees:

- The Home Office should review pre-departure cultural orientation materials to ensure that a realistic picture is painted of employment pathways and opportunities in the UK.



## Access to housing

Housing is a huge issue and will remain one of the biggest obstacles in the future. It puts a lot of pressure on the Community Sponsorship groups pre-arrival and also acts as a barrier as it is becoming really hard for groups in urban areas to successfully enter the programme. Reflections from staff also suggest this aspect can also delay the application and draw out the process.

Department for Levelling Up, Housing and Communities, landlords and Local Authorities to:

- Commission research/needs assessment and improve understanding of how housing impacts refugees, how different approaches to housing policy can lead to different housing outcomes, and how housing organisations can be more effectively brought into refugee policy development, settlement and discussions.
- Consider expanding the current housing criteria to include other options available to Community Sponsorship e.g., houses in multiple occupations (HMOs).

Reset to work closely with Local Authorities to encourage more efficient engagement with the Community Sponsorship programme and:

- Encourage a joint approach to develop and facilitate innovative ways of finding suitable local accommodation.
- Increase opportunities for refugees to be initially resettled into urban areas to allow easier access to essential (health, education, etc) services as well as increase opportunities for finding paid employment.
- Ensure all approved properties are suitable, sufficient and safe.
- Ensure commitment to non-discriminatory practice; provide clear instruction and routes to refugees and community groups on how to address instances of discrimination and/or harassment.

## Managing expectations and aspirations of refugees

- Reset to consistently and transparently highlight challenges around housing with community groups and refugee families in both the pre-arrival and post-arrival training and meetings.

## Access to health and social services

Resettled refugees often present with serious and/or complex care needs which are in some cases underpinned by traumatic experiences.

Department of Health and Social Care to work towards culturally responsive trauma-informed care in the refugee resettlement process. This should include:

- Upskilling of health care professionals highlighting the importance of cultural competence as underpinning quality care for refugees.
- Primary care services should provide interpretation and translation, be free at the point of delivery, be of high quality, and be accessible and responsive to a patient's linguistic needs.
- Improve understanding of the barriers to access to health services, especially support around mental health, to help refugees move beyond trauma.
- Addressing barriers to receiving mental health care should include:
  - provision of clear information on mental health care entitlements and how to receive services (e.g., through community outreach, schools, religious or cultural settings).
  - facilitation of affordable and non-discriminatory access to care regardless of legal status, ensuring financial coverage of mental health services and care provided.

Reset to work with Community Sponsorship groups and:

- Embed training on trauma-informed practice in the core skills training structure, to be offered to both Reset staff as well as the Community Sponsorship groups.
- Reset staff and groups should continuously build their knowledge and understanding of what a trauma-informed approach is, how experiences of trauma affect refugees, build in space to reflect on the impact of working with refugees affected by trauma, and explore strategies for self-care.

### Leisure and building social links

Reset to work closely with Community Sponsorship groups to:

- Build a better understanding of the needs of refugees around their social needs and understand the capacity to build and maintain those at their different stages of integration.
- Where refugees chose not to pursue all introductions/connections, this should not create frustration or disappointment.
- Participating in community events and leisure activities are important ways for refugees to connect with local communities. Volunteers should work with them to explore ways to help build networks and actively discuss the kinds of connections they would like to make.
- Introductions to communities and other people (with the same or different backgrounds) should not be made without first consulting families/individuals.

### Knowledge of the Community Sponsorship programme and information on life in the UK

Data suggest refugee families often don't have sufficient knowledge of how life in the UK will look like. They are often unaware of the socio-economic context (e.g., NHS crisis, housing crisis, cost of living crisis) and often lack knowledge that they will be living on a small amount of money covering their basic needs.

- Reset should work more closely with the Home Office and International Organisation for Migration (IOM) to understand the information that is passed on to the families pre-arrival.
- Providing there is capacity, Reset should feed into and support the pre-departure training.
- On arrival, Reset should offer a top-up/refresher course to ensure families have all the relevant information at hand.

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