

The City Bridge Trust

Investing In Londoners: Application for a grant



About your organisation

Name of your organisation: Migrants Resource Centre	
If your organisation is part of a larger organisation, what is its name? n/a	
In which London Borough is your organisation based? Haringey	
Contact person: Mr Wayne Mysilk	Position: Chief Executive
Website: http://www.migrantsresourcecentre.org.uk	
Legal status of organisation: Registered Charity	Charity, Charitable Incorporated Company or company number: 291789
When was your organisation established? 07/05/1985	

Grant Request

Under which of City Bridge Trust's programmes are you applying? Reducing Poverty
Which of the programme outcome(s) does your application aim to achieve? More people accessing debt and legal services More Londoners with improved economic circumstances
Please describe the purpose of your funding request in one sentence. Provide Immigration legal advice to homeless migrants in NHS hospitals to ensure they receive appropriate care in hospital and on discharge.
When will the funding be required? 01/04/2018
How much funding are you requesting? Year 1: £31,242 Year 2: £32,180 Year 3: £33,145 Total: £96,567

Aims of your organisation:

Migrants Resource Centre (MRC) has worked for over 30 years to help migrants, refugees, and asylum seekers overcome the barriers that prevent them from fully participating in British society. MRC provides the most critical services to assist migrants to secure their rights, integrate into British society, and build new lives in the UK.

Our delivery partner for this project, Pathway, is the UK's leading homeless healthcare charity. Pathway works to improve the quality of healthcare for homeless people and other excluded groups. The particular innovation they have developed and championed is GP and nurse led multi-disciplinary care coordination teams for homeless people admitted as an emergency to hospital.

Main activities of your organisation:

MRC's legal service offers advice and representation on immigration, asylum and statelessness, as well as a range of social welfare issues; general advice on issues including: Benefits, Debt and Money Advice, Employment, Housing and Homeless, Health and Community Care.

Our Integration and community development service offers classes including ESOL, job search skills, IT skills, and civic participation. The service offers job search and employment support sessions, and health and well-being support & counselling.

Our policy and voice programmes use the evidence and experience from our services to influence immigration and asylum policy with the aim of creating a fair and efficient system for all who use it. In doing so, we support a range of community groups and individual migrants and refugees to have a voice in the policies and issues that affect them.

Number of staff

Full-time:	Part-time:	Management committee members:	Active volunteers:
25	8	8	30

Property occupied by your organisation

Is the main property owned, leased or rented by your organisation?	If leased/rented, how long is the outstanding agreement?
Leased	10-year lease

Summary of grant request

Life on the streets is hard, being homeless is extremely bad for your health. Disease rates can be ten times higher than those found in the housed population. Getting ill can also be a trigger for homelessness, through losing your job, or struggling to manage life with a mental health or addiction problem.

Pathway has found that over 50% of homeless patients who come under the care of Pathway teams in London hospitals are recent migrants ? many with Insecure Immigration status and no recourse to public funds.

Continues overleaf

Continued from previous

These individuals all experience severe and multiple disadvantage, including homelessness, substance misuse, mental illness, physical illness, extreme poverty, and often no recourse to public funds.

This means such people have

- i) virtually no awareness of their legal rights
- ii) no way to obtain legal representation to uphold their rights

Often, there are very few acceptable options to provide appropriate health care or a safe hospital discharge-plan because the destitution may reflect the intended harshness of government policy, which has openly set out to deter undocumented migrants or secure their removal and to reduce net migration.

It is crucial that such patients - already disadvantaged due to their immigration status, unemployment and illness - have a roof over their head when they leave hospital. Legal advice is key to ensuring that, as far as the law allows, this happens. Because of the changing nature of the law, the Pathway team requires up-to-date legal advice.

This project will ensure that homeless migrant patients at two major hospitals (UCLH & Royal London) receive the best medical care and discharge plan possible. This will be achieved by providing immigration legal advice to the specialist homeless teams treating destitute patients in London so they can have all the information required to support patients in hospital and on discharge.

The Pathway model of integrated care operates within NHS services, bringing together teams of NHS, local authority and voluntary sector professionals to improve healthcare for homeless people. Each team includes a specialist GP, nurses, housing professionals and Pathway Care Navigators: people who were once homeless who we train to support homeless patients.

MRC will provide on-the-spot, specialised immigration focused legal advice, committed solely to representing the interests of the individual homeless patients. The expertise, understanding and litigation experience of Immigration solicitors to ensure the legal rights of the patients are both identified and enforced will help to improve outcomes for the patients.

This project will work in tandem with our existing outreach project providing legal advice to homeless & destitute migrants attending British Red Cross support services.

We are proud to see ourselves as a migrant-led organisation. MRC has an extensive service-user-engagement programme, delivered by a dedicated Customer Experience Manager. Service user voices are gathered through surveys and focus groups. Service users co-produce services and with staff on project teams. A service user advisory panel will have a voice at management and board level.

MRC's mission is to enable people of diverse origins to make the UK their home and to enrich British society by building community through mutual respect and partnerships. We ensure that our services are accessible by outreach sessions, making available interpreters, and maintaining an equal opportunities policy.

Continues overleaf

Continued from previous

Our services are delivered with the support of a wide range of skilled and dedicated volunteers from all over the world. Many of our staff started as service users or volunteers. We value and support our volunteers by giving clear roles and activities to and ensuring they are trained, supported and supervised.

To reduce our carbon footprint we have: tax efficient bicycle purchase scheme; electronic report dissemination; office recycling.

If you need any planning or other statutory consents for the project to proceed, what stage have the applications reached?

Do you have a Vulnerable Adults policy? **Yes**

What Quality Marks does your organisation currently hold?

MRC's legal advice service has quality marks/accreditation from: Specialist Quality Mark (SQM), OISC level 3; the Solicitors Regulation Authority; Law Society Accreditation; Legal Aid Agency.

Outputs and outcomes

What are the main activities or outputs you want to deliver? Please include no more than 5. By activities or outputs we mean the services, products or facilities you plan to deliver. If you plan to deliver work over more than one year you should include activities over the full grant period requested. Try to be specific.

Telephone advice: Immigration and immigration related matters, as appropriate, to homeless patients in hospital or to Pathway homeless teams that support them. Provision of advice may include conducting research, contacting other agencies and organisations, or other work as required to provide appropriate support to the client, patient, or hospital team.

Email support: Immigration and immigration related matters, as appropriate, to homeless patients in hospital or to Pathway homeless teams that support them. Provision of advice may include conducting research, contacting other agencies and organisations, or other work as required to provide appropriate support to the client, patient, or hospital team.

Multidisciplinary Team Meetings: attend regular Multi-Disciplinary Team (MDT) meetings to provide specialist legal input, review project activities and outcomes, and to share learning.

Hospital visit: In some cases, the immigration caseworker will attend the hospital to meet the patient directly. Provision of advice may include conducting research, contacting other agencies and organisations, or other work as required to provide appropriate support to the client, patient, or hospital team.

Legal representation: MRC will take the homeless patient on as a client if they have an immigration issue for which legal aid is available (e.g. asylum, exceptional case funding) or there is other free advice available (e.g. MRC's strategic immigration casework fund or statelessness casework fund).

What main differences or outcomes do you hope the activities you have described above will achieve? Please include no more than 5. By differences or outcomes we mean the changes, benefits, learning or other effects that result from the work your project would deliver. These might be for individuals, families, communities or the environment.

Homeless migrant patients benefit from immigration legal advice provided to Pathway teams and health care providers or to the patient directly, in order to maximise the health and social care provided to them.

Homeless migrant patients receive legal representation to secure immigration status where legal aid is available (e.g. asylum or exceptional case funding) or where free advice is available (e.g. statelessness).

?Bed blocking? caused by prolonged arguments over rights to community services is reduced.

Re-admissions to hospital caused by lack of appropriate community support are reduced.

Homeless migrant patients? long-term life chances are improved.

Do you plan to continue the activity beyond the period for which you are requesting funding? If so, how do you intend to sustain it? If not, what is your exit strategy?

We have a fundraising strategy that aims to diversify our funding across trusts, individual donors, and earned income. We are also identifying pro bono legal partners to further develop innovative solutions to provision of legal services for homeless migrants in London.

Who will benefit?

About your beneficiaries

How many people will benefit directly from the grant per year?

250

In which Greater London borough(s) or areas of London will your beneficiaries live?

Tower Hamlets (30%)

Hackney (20%)

Islington (10%)

Camden (30%)

Westminster (10%)

What age group(s) will benefit?

16-24

25-44

45-64

65-74

75 and over

What gender will beneficiaries be?

All

What will the ethnic grouping(s) of the beneficiaries be?

A range of ethnic groups

If Other ethnic group, please give details:

What proportion of the beneficiaries will be disabled people?

71-80%

Revised (more detailed) Project budget
Funding required for the project

- 14572
 MIGRANTS RESOURCE
 CENTRE

What is the total cost of the proposed activity/project?

Expenditure heading	Year 1	Year 2	Year 3	Total
- Senior Caseworker (50% FTE)	18,689	19,250	19,827	57,766
- Legal Administrator (10% FTE)	3,124	3,218	3,314	9,657
- Supervising Solicitor (2% FTE)	972	1,002	1,032	3,006
Operational Costs Total	22,786	23,469	24,173	70,428
- Rent	2,409	2,481	2,556	7,446
- Post, courier	132	136	140	408
- Stationery, Photocopy	173	178	184	535
- Phone	191	197	203	592
- IT costs	231	238	245	714
- Overheads (audit, insurance, etc.)	1,650	1,700	1,750	5,100
Running Costs Total	4,787	4,930	5,078	7,446
- Pathway Management	2,000	2,060	2,122	6,182
- MRC Legal Services Manager (2% FTE)	990	1,019	1,050	3,059
- MRC Fundraiser (2% FTE, M&E)	810	834	859	2,503
Management Total	3,799	3,913	4,031	11,743
TOTAL:	31,372	32,313	33,282	96,967

What income has already been raised?

Source	Year 1	Year 2	Year 3	Total
TOTAL:				

What other funders are currently considering the proposal?

Source	Year 1	Year 2	Year 3	Total
TOTAL:				

How much is requested from the Trust?

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revised (more detailed) project budget 14512 MRC

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	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
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Source	Year 1	Year 2	Year 3	Total
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
TOTAL:	0	0	0	0

What other funders are currently considering the proposal?

Source	Year 1	Year 2	Year 3	Total
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
TOTAL:	0	0	0	0

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Finance details

Please complete using your most recent audited or independently examined accounts.

Financial year ended:	Month: March	Year: 2017
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Income received from:	£
Voluntary Income	744,020
Activities for generating funds	0
Investment Income	24,700
Income from charitable activities	392,108
Other sources	397,313
Total Income:	1,558,141

Expenditure:	£
Charitable activities	1,318,703
Governance costs	0
Cost of generating funds	67,371
Other	0
Total Expenditure:	1,386,074
Net (deficit)/surplus:	172,067
Other Recognised Gains/(Losses):	32,438
Net Movement In Funds:	204,505

Asset position at year end	£
Fixed assets	165,052
Investments	922,438
Net current assets	453,432
Long-term liabilities	
*Total Assets (A):	1,540,922

Reserves at year end	£
Restricted funds	143,144
Endowment Funds	0
Unrestricted funds	1,397,778
*Total Reserves (B):	1,540,922

*** Please note that total Assets (A) and Total Reserves (B) should be the same.**

Statutory funding

For your most recent financial year, what % of your income was from statutory sources? 21-30%
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Organisational changes

Describe any significant changes to your structure, financial position or core activities since the date of your most recent accounts: None
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Previous funding received

Please list the funding received by your organisation from the following statutory sources during the last THREE years.

	Year 3 £	Year 2 £	Most recent £
City of London (except City Bridge Trust)	0	0	0
London Local Authorities	100,079	114,334	43,425
London Councils	0	0	0
Health Authorities	48,500	48,500	45,000
Central Government departments	59,182	16,666	234,700
Other statutory bodies	0	0	0

Previous grants received

Please list the grants received by your organisation from charitable trusts and foundations (other than City Bridge Trust) during the last THREE years. List source, years and annual amounts. Please include the 5 largest only.

Name of Funder	Year 3 £	Year 2 £	Most recent £
Aurum Charitable Trust	0	0	90,000
Comic Relief	0	0	61,347
Esmee Fairbairn	0	3,750	60,000
Mira Media	0	0	53,154
Trust for London	56,100	48,000	62,130

Declaration

I confirm that, to the best of my knowledge, all the information I have provided in this application form is correct. I fully understand that City Bridge Trust has zero tolerance towards fraud and will seek to prosecute and recover funds in every instance.

Please confirm: Yes Full Name: **Wayne Myslik**

Role within **Chief Executive**
Organisation: