

Near the Airport

**Refugees and Asylum Seeking
Children and Families in Hounslow**

Removing Barriers to Accessing Services and Resources

By Qadir Bakhsh



for



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**The 50th Anniversary of the 1951
Geneva Convention on the status of
refugees**

by Qadir Bakhsh

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ABBREVIATIONS

AOFR	Adverse-Outcome-Focus-Review
BME	Black and Minority Ethnic
CAB	Citizens Advice Bureau
CAIA	Centre for Armenian Information and Advice
DPPA	Double 'P' Principle Approach (Preventative and Proactive)
EAL	English as an Additional Language
EHHHA	Ealing, Hammersmith and Hounslow Health Authority
EMTAG	Ethnic Minority and Travellers Achievement Grant
ESF	European Social Fund
ESOL	English as Second and Other Languages
GP	General Practitioner
HREC	Hounslow Race Equality Council
LAs	Local Authorities
LRC	London Research Centre
NASS	National Assistance
PCG	Primary Care Group
QA	Quality Assurance
QP MAP	Quality Protect Management Action Plan
RCO	Refugee Community Organisation
SRB	Single Regeneration Budget
WISE	What If Situation Evaluation

FOREWORD

From Lord Dholakia

This year we are celebrating the 50th anniversary of the convention on the status of refugees. The Universal declaration of Human Rights involves a right to seek political asylum. The Convention on Refugees gave that right legal expression.

Britain has a long history of offering refuge to those who flee persecution. It is still a reality that the vast majority of refugees remain in the developing world. Many of them do not receive sufficient international aid to cope with this influx. We have seen the rise in violence, war and persecution in many parts of the world which has contributed to the growing number of asylum seekers.

Migration and the global economy are the two sides of the same coin. International workforce is an acceptable part of our employment practices. It has never undermined our national interests. It has promoted them.

We are a nation of migrants and will continue to remain so. Yet immigration and asylum matters become emotive because of the number of people seeking refuge here. All we are doing is abiding by our legal obligations to those who suffer persecutions. Even political rhetoric has not kept pace with a fair and just way of dealing with refugees and asylum seekers. There is no way in which asylum seekers can enter this country legally. This leads traffickers who deal on human misery

to exploit them resulting in tragic situations including deaths. Those who succeed in making a claim for asylum are often exposed as bogus and cheats. We do not allow asylum seekers to work so that they can maintain their dignity.

Britain has rich history based on a nation of migrants. They have made a unique contribution to the prosperity of our nation. In arts, science, technology and in politics as well, they have made important contributions. Just take the last major intake of refugees in the 1970's. We accepted over 28,000 Ugandan Asians. No one would dispute that they have contributed so well towards our economy.

I welcome the initiative taken by the Hounslow Social Services for commissioning the Asian Health Agency to carry out the research. It will go some way in integrating the refugee population in the wider community. Many of the case studies point out action that local authorities should take. Hounslow has been at the forefront of this project but it is also a lesson for others to follow.



Navnit Dholakia

ACKNOWLEDGEMENTS

We are grateful to a number of individuals and organisations for their co-operation, support and contributions and in making it possible to complete this project in a short period of time.

Thanks are due to Caroline Barker of Citizens Advice Bureau, Mervyn Chang-Time of Hounslow Race Equality Council, Avan Engineer of Sathi Project and Misak Ohanian of Centre for Armenian Information and Advice for helping us to complete the questionnaires. We are also grateful to all Council officers who completed and returned our 'Mind the Gap' questionnaire.

Thanks are due to Mervyn Chang -Time for assistance in organising Refugees' Focus Group meetings and

similarly to Maurice Blades for his help in organising a Council Officers' Focus Group meeting.

We particularly wish to acknowledge the contribution of Karen Harvey who on behalf of Social Services acted to co-ordinate and support our work. Her general support, provision of information, contacts, input in facilitation of key focus group meetings is acknowledged.

We wish to thank everyone, from Council officers to individuals in the local community, who gave their time, expressed views and supplied various documents. Finally we thank all the families who participated in the research.

PREFACE

We commend Hounslow Social Services for commissioning The Asian Health Agency to carry out this piece of research on the needs of children and families from refugee communities. The plight of refugee communities and their specific needs has by and large remained ignored within local planning and commissioning of services. They remain on the periphery of mainstream services and their multitude of problems are compounded by the lack of infrastructures within the different refugee communities. Refugees continue to be seen as 'problematic' with little or no long term planning of services to them in spite of the focus on tackling social exclusion and inequality. Nationally the response has been one of crisis management with unworkable policies such as dispersal of refugees being implemented. There is a need to sit back, reflect and plan services to children and families of asylum seeking communities, which are long term.

Our report is timely given that a number of initiatives have been successful in attracting external funding e.g. REAP and RENEWAL, amongst others and our recommendations that strategic and well co-ordinated approach for refugees be developed would maximise benefits and avoid duplication.

We were very fortunate to have had the opportunity to hire E.A.G.L.E.S. Consultancy, who had a great deal of expertise and experience in this field of work and commend it for producing a comprehensive document within an extremely limited timescale. Though the scope of the research was focused primarily on children and families some of the issues remain inextractable from issues affecting refugees generally. Equally critical is the recognition that frontline service delivery recommendations cannot operate in a vacuum and need to be strategically connected to departmental as Council wide corporate positions.

Today's refugee is tomorrow's ethnic minority. We believe in developing strategies with long lasting effect, so that the new arrivals become integral part of Hounslow community and are able to take full part in enriching its diversity in wider sense of the word.

We are hopeful that this report is received in the same spirit in which we are presenting it with a view to generating debate amongst key partners and stakeholders and sharpen its focus and perspective in order to develop a long term strategy to integrating refugees and asylum seekers in every walk of Borough's life.

Balraj Purewal, Director

The Asian Health Agency

December 2001

INTRODUCTION

1.1. Borough Profile

Hounslow is an outer London Borough in West London. It extends along the A4 and the M4 between Hammersmith to the East and Heathrow in the West. The south-eastern boundary follows the Thames from Chiswick to Isleworth. Although Heathrow lies outside the Borough, the airport and its associated businesses are, collectively, the largest single source of employment for borough residents. Although the local economy is strong, there are pockets of severe economic and social deprivation.

Significant demographic features of Hounslow include a high number of single parents; the fact that around 30% of the community are from ethnic minorities; and the degree of population mobility e.g. only 1 in 5 children who start their schooling in Hounslow will finish their schooling in Hounslow.

Population

Hounslow's population is increasing gradually. The latest projections (London Research Centre, September, 1999) estimates that the population of 209,000 in 1991 is set to rise to 214,000 in 2001 and reach 218,000 by the year 2006.

Ethnicity, languages and religions

Major changes have been taking place in the composition of Hounslow's Black and Minority Ethnic (BME) population. The proportion of BME residents increased from 1 in 7 in 1981 to 1 in 4 in 1991 and is likely to be 1 in 3 within the 2001 census. London Research Centre projections (1995-96) suggest that by 2006 BMEs will comprise 35% of the population, including 43% of children aged under 15 (compared with 35% in 1991) and 22% of people aged 65 and over (compared with 7% in 1991).

The largest BME group is Indian, which by itself is estimated to be over 36,900 in 2001 (17.5% of Hounslow's total population). There are significant Pakistanis and

other 'other Asian' communities as well. The Asian population is concentrated in the centre and the north-west of the borough.

In relative terms, the most quickly growing community is Black African. The LRC projections suggest an increase from 2368 (1.1% of the population) in 1991 to 5719 (2.27%) in 2006. African and Caribbean communities tend to be concentrated in the Brentford area.

The Education Department's annual School Language Survey found, in 1998, that English was the main language at home for just 60.60% of pupils. It recorded over 100 languages with the most commonly spoken languages being Punjabi (15.9%), Urdu (5.9%) and Gujarati (4.8%).

In respect of the religious backgrounds the same survey revealed that the key religions were Christian (48.2%), Muslim (14.2%) Sikh (13.1%), and Hindu (9.3%) with 11.6% stipulating no religion.

Deprivation

The 1998 Index of Deprivation by Ward (see the Map on page 6) indicates that Gunnersbury (9.4) Isleworth South (7.29), Hounslow Heath (7.04), Hounslow West (7.78), Heston West (7.23) have highest levels of deprivation compared with Chiswick Riverside (0), Spring Grove (0.99), and Isleworth North (1.28).

1.2 Refugees and Asylum Seekers

The refugee population is growing. There are pockets of refugees throughout the Borough with concentrations in Central Hounslow, Isleworth and Feltham. Refugees originate from many parts of the world and have diverse cultural, religious and linguistic backgrounds and commensurate needs. Currently the largest numbers originate from Somalia, Afghanistan, Pakistan and Albania/ Kosovo, followed by Romania, Bosnia, Tanzania, Kenya, Iraq and Iran. As at December 1999, the Social Services Asylum Seekers Team was helping or had assisted 923 asylum seekers comprising of 688

families, 25 unaccompanied children and 210 single adults. Some latest figures are given in section 3.2.

It has been difficult to collect exact figures given that refugees generally are very mobile communities and particularly given that some have not actually settled in the Borough.

However, based on information from the Refugee Council, Council Departments as well as the information from the voluntary sector, Hounslow Race Equality Council has compiled the following information – though it does not claim this to be accurate or reliable figures:

Term Refugee: used as a generic term to cover those who have been accepted as Refugees, those granted Exceptional Leave to Remain in the UK or those presently seeking asylum.

In 1999 the top countries from which 'refugees' came to the UK to seek asylum were former Yugoslavia, mainly Kosovo and Serbia (14,180); Somalia (7,495); Sri Lanka (5,130); former USSR (4,105) and Afghanistan (3,975).

Somali Community: Is a visible community, estimated 6,000 are living in Hounslow, many of them come from good educational background.

Afghan Community: Estimated 6,000 living in UK, around 1,500 are living in Hounslow, also live in Ealing and Hillingdon boroughs: second largest visible new arrivals including Afghanistani Sikhs.

Eritrean Community: Eritreans were not recorded separately from Ethiopians: estimated number in Hounslow around 300-400 – a considerable Ethiopian application backlog and high refusal rate.

Zairean / Congolese Community: Not a visible group in Hounslow – around 20 families perhaps: usually classified as 'African' – 14,266 applications were received until 1996 (7,000 in 1991), high refusal rate.

Armenian Community: A small number arrived from

Soviet Union, Iraq, Turkey, Lebanon: 50% of the community are over 50. A very small number in Hounslow: not a visible group.

Iraqi Community: Visible community but often grouped as 'Middle Eastern': not a significant group in Hounslow: 800 applications per year: high acceptance rate.

Vietnamese Community: 90% arrived over four years ago on Vietnamese Programme: estimated 100 people live in Hounslow: not a visible community.

Ugandan Community: Often classified as 'Black African' or 'Black Other': high refusal rate: not visible in Hounslow.

Communities from Indian Sub-Continent: It is difficult to identify refugees separately from a significant number of settled communities: Local MP's researcher identified Indians, Sikhs, Pakistanis, Bangladeshis, and Sri Lankan as the top five refugee communities office deals with: a very high refusal rate.

Communities from Eastern Europe: Only a few hundreds are living in Hounslow – Kosovans / Albanians, Romanians from Slovakia and Czech Republic.

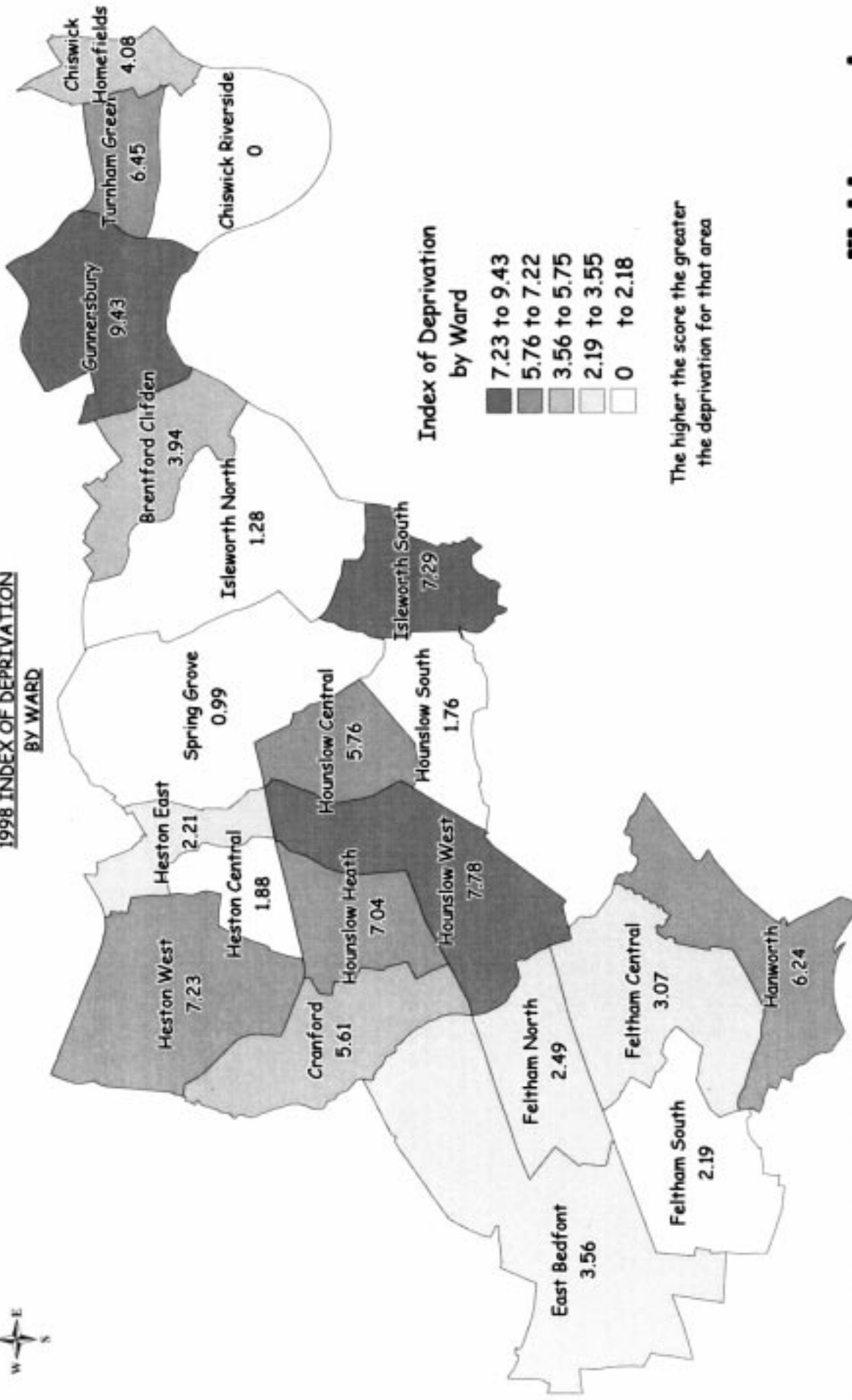
Other Communities: Other small communities represented in the Borough are Tamil and Kurds.

All refugee communities have a great deal in common in terms of problems they encounter and their unmet needs, with the exception of differences in languages, cultures, country of origin and socio-political backgrounds.

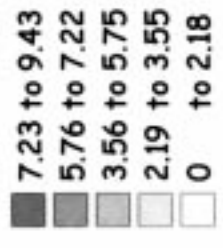
There is definitely a need to develop information management system, to collect appropriate information, or to store the information systematically to centralise information which is already being collected for easy retrieval and proper planning and monitoring.



**1998 INDEX OF DEPRIVATION
BY WARD**



**Index of Deprivation
by Ward**



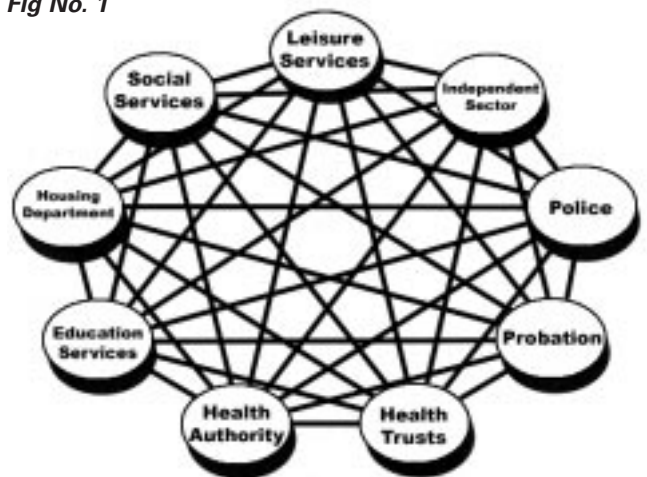
The higher the score the greater the deprivation for that area

Source : Based upon 1:1,250 Ordnance Survey Mapping
Crown Copyright

1.3. Social Services & Quality Protects

Within Local Government, Social Services are the key provider of essential and wide ranging social care services to a number of vulnerable members of the communities of all ages and needs. Meeting the specific needs of children and their families remains an important and significant part of Social Services service provision and responsibility. At *macro corporate level* there are a number of Key Players and Elements of Children's Services Plan, which are highlighted in Fig 1 and Fig 2 below and taken from Social Services Department Children's Services Plan 1997-2000.

Fig No. 1



The Key Players in the Children's Services Plan

Fig No. 2



Elements of the Children's Services Plan

Quality Protects(QP)

This initiative was published by the Government in the autumn of 1998. It is designed to improve the delivery of Children's Services, so that by 2002 it should be possible to show substantial improvements in the outcomes for children in need and the management of services.

Under QP the Government set **11 objectives**, listed below, for Children's Services and provided additional resources to achieve these:

- Ensuring, Stable, Secure and Safe and Effective Care.
- Protecting Children from Abuse and Neglect.
- Better Life Chances for Children in Need: good education, health care and social care.
- Good Life Chances for Children in Care: good education, health care and social care.
- Enabling Young People Leaving Care to Live Successful Adults Lives.
- Meeting the Needs of Disabled Children and Their Families.
- Better Assessment Leading to Better Services.
- Actively Involving Users and Carers.
- Using Regulation to Protect Children.
- Making Sure That Child Care Workers are Fit for the Job.
- Making Best use of Resources: choice, effectiveness and value for money.

Hounslow like other authorities received around £500,000 initially, which is reviewed annually and has accomplished successfully their targeted programme in line with the national objectives.

In the current year it proposed to identify needs and aspirations of refugees and asylum seeking children and their families in order to develop systematic action plan. We hope that the findings of this research will feed into and assist Social Services in setting appropriate targets for future and review of existing service provision and mechanisms for further improvements. At a corporate and political level there is a QP Scrutiny Panel, which we hope will also deliberate on the findings and recommendations of our report.

THE RESEARCH PROJECT

2.1. Introduction

There are generally a number of factors at work, when certain individuals or groups are not able to access 'quality' public services, provided by say LAs, Health agencies and a number of others e.g.:

- Providers are unequipped, unskilled and lack awareness about the needs and aspirations of those groups and individuals.
 - Providers are reluctant to consider to provide: 'take or leave it attitude' about their mainstream 'insensitive' and inappropriate services – kind of racist attitudes; this is due partly to perceived financial constraints, though this could be easily overcome, if there is 'political will' to be responsive.
 - Individuals and groups themselves are not aware how to access the services due to lack of information/knowledge about how the systems work and what their rights are. Moreover there is no concerted effort on the part of 'empowering agencies' to develop communities in this direction.
- Provision of information about the needs and aspirations of the client groups,
 - Assistance to Designing, Developing and Delivering appropriate services - awareness training, skills development and action planning workshops etc.
- ***On the other hand to remove barriers and obstacles as perceived and experienced by the refugees and asylum seeking families/children and communities at large; by***
- Provision of information about the working of the systems in appropriately accessible means - e.g. production of leaflets, booklets, advice surgeries, information giving visual aids i.e. video/audio etc.
 - Empowerment of communities to self-organise, develop advocacy strategies and build capacity to develop and deliver services, using their expertise to providing services on behalf of the 'providers'.

London Borough of Hounslow are keen to further develop the services for their local refugee and asylum seeking children and families and have commissioned The Asian Health Agency to carry out appropriate (action) research to inform the Council decision making machinery to attract additional resources and shift resources to make appropriate services provision for children and families of refugee/asylum seeking communities.

2.2. Objectives

Therefore the operational objectives of the research are two-fold:

- ***On one hand to endeavour to remove barriers and obstacles as perceived and experienced by service providers i.e. Social, Education and Health services amongst others, including the voluntary sector; by:***

2.3. Methodology & Modes of Collecting Information

The following **SIX METHODS** have been deployed to gather information:

(1) MEETINGS WITH OFFICERS: Meetings were held with at least 25 key officers individually and collectively from Housing, Education, Social Services, Corporate Service (e.g. interpreting/translation, scrutiny, crime prevention and safety etc.). Some of these officers have specific briefs for Equalities and also work in refugees team. The purpose of the meetings was four-fold:

- i. To discuss their specific and general role in dealing with refugee issues in particular and equalities and diversity issues generally,
- ii. To collect any appropriate documentations, produced by them or their section/division/department;

- iii. To ascertain their perceptions of the Council's overall 'equalities & diversity' policies and strategies; and
- iv. To seek their views on improving existing services and developing new initiatives.

(2) MEETINGS WITH VOLUNTARY SECTOR AGENCIES:

The meetings/discussions were held with appropriate officials representing following agencies with the same four-fold purpose highlighted in (1) above:

- The Asian Health Agency
- Citizen Advice Bureau
- Hounslow Race Equality Council.
 - Refugees/Asylum Seeking Support Project
 - Capacity Building Project
- Somali Communities Consortium
- Refugees Effective and Active Partnership (REAP)
- Sathi Project
- Centre for Armenian Information and Advice
- ARHAG Housing Association

(3) FOCUS GROUP MEETINGS: It was decided to hold Focus Groups meetings to collect information/views through different means:

1. **An Officers Focus Group** was held on 7.8.2000, attended by around 12 key officers representing various departments;
2. **Two Refugees/Asylum Seeking Groups** meetings were held on 14.9.2000:
 - Somalian Focus Group, and
 - Focus Group reflecting East Europeans, Asians – Afghanis, Pakistanis and others and from the rest of the world.

(4) 'MIND THE GAP' QUESTIONNAIRE: This questionnaire was completed by 15 Council officers and officials within the voluntary sectors with a view to tap FOUR ASPECTS i.e.

1. To ascertain local issues relevant to equality generally, race equality and refugees communities particularly;
2. To ascertain level of support and provision within and without the Council;
3. To highlight glaring gaps; and
4. To suggest projects, initiatives, strategies to attract external fundings.

(5) INTERVIEW SCHEDULE AND CASE-STUDY QUESTIONNAIRE:

This questionnaire was designed to assist interviewer / case worker to collect information from individual interviewee. Four agencies – CAB, HREC, Sathi Project and Centre for Armenian Information and Advice were selected to have the questionnaires completed. All the four agencies are visited by a number of refugees and asylum seekers for a variety of advice and assistance.

They were asked to include only those clients who are families with children. The four agencies completed 54 questionnaires. (REC=31, CAB=12 and Sathi=7), (CAIA=1). Sathi is a specialist project dealing with Asian families and children with disabilities. They also cater for needs of new arrivals, refugees and asylum seekers. Due to the methodology adopted to gather information, the response rate has been 100%.

The questionnaire included following **areas** to collecting wide ranging information to find out their concerns, perceptions and level of satisfaction with the services they are receiving and suggestions for improvement

- (a) Family** - kind of who is who and how many;
- (b) Housing** - housing type, conditions, who allocated and overcrowding etc.;
- (c) Education** - whether children at school, travelling, access to curriculum, language development, racial harassment and other relevant issues;

- (d) Social Services** - what type of services provided/received, whether children in care, financial support etc. and understanding the role of Social Services;
- (e) Benefits** - whether in receipt (cash/voucher), adequacy, and general impressions;
- (f) Information and Advice** - type of information on arrival, whether useful and what would have liked to have received, and in what format;
- (g) Health** - any specific health issues and/or disabilities, whether registered with GP, mental health issues, any other programme of health screening.
- (h) Communication** - communication with institutions, level of satisfaction with interpretation, translated material and general communication related issues;
- (i) Inter-face with voluntary groups** - whether aware of existence of any, and type of contact;
- (j) Social life** - what type of social life, if any, particularly for women, families and children, where do they meet.
- (k) Training and employment** - whether engaged in any scheme, or would like to participate.
- (l) Their views about existing services provision** - are they satisfied and to what level, any gaps perceived by them, any suggestions for improvement.
- (m) Their future hopes and aspirations** -
- (n) Some additional information about them** - country of origin, when arrived and why Hounslow?

Some **quantitative analysis** regarding numbers in the family, ages of children and country of original etc. was compiled. The rest of the information was subjected to **qualitative analysis**.

(6) ANALYSIS OF EXISTING PLANS/INFORMATION, POLICIES/STRATEGIES: To inform the research the following local documents were collected, and some of them were analysed to assess 'mainstream inclusion' or lack of it.

List of Key Plans/Reviews/Reports

- Joint Review – Position Statement: February, 2000,
- Education Development Plan: April, 1999 to March, 2003,
- Participation and Rights Service, Initial Six Months Report: Aug 1999 to Feb, 2000,
- Annual Report on Special Services Complaints Activity: April, 1999 to March 2000,
- Quality Protects Management Action Plan, January, 1999,
- Children Services Plan 1997 – 2000,
- Quality Protects Management Action Plan, January, 2000- Year 2,
- Crime Reduction Strategy, 1999 – 2002,
- Hounslow in Business – Economic Development Strategy, October, 1999,
- Crime and Disorder Audit, 1998,
- Business Charter, 2000,
- Children Service Plan, 1998 Review,
- Hounslow Children's Services Plan – 1999 Review,
- Hounslow Voluntary Sector Strategy, 1999/2000,
- Performance Plan, 2000,
- Community Languages, Translation and Interpretation Unit, Business Plan 2000/2001,
- Hounslow Community Directory, 1997,
- Behaviour Support Plan, Education Services, February, 1999,
- Social Services Department, Management Information Bulletin,
- The Early Years Development and Childcare Plan, 1999,
- Sure Start Bid – Beaver Estate Project, 1999,
- Quarterly Labour Market Data, West London TEC, Aug. 2000,
- Needs Analysis of ESF Target Groups and Labour Market Demand and Opportunity,
- West London TEC, April, 2000,
- Turning Adversity into Opportunity for Refugees and recent arrivals in West London – SRB Round 6 Bid – Health bid for six West London Boroughs, including Hounslow

Certain Key Plans were analysed on a FOUR-POINT Scale to assess whether race equality generally and the refugee/asylum seekers issues particularly were included in these plans, and made recommendations for 'mainstreaming' the work or develop 'targeted' work.

Other Documents, Reports and Minutes

Besides, a number of other documents, annual reports and minutes were procured, relating to following agencies and groups:

- Hounslow Race Equality Council-
- The Asian Health Agency,
- Children's Strategy Group,
- The Refugee and Asylum Seekers Liaison Group,
- West London TEC
- Hounslow Citizen Advice Bureau.

Statistical Information

The Statistical information from the following sources was collected to map diversity, patterns, extent, scale of the refugees/asylum seekers issues in the Borough:

- Hounslow Refugee Team,
- Interpretation/Translation Unit,
- HREC Refugee Project,
- Citizen Advice Bureau,
- Education Department.

To interpret the statistical information, appropriately, **qualitative data**, in the shape of case studies and issues to do say with Education, Housing etc., were collected from HREC Refugee Project, Sathi Project, CAIA and the CAB.

Various forms used by Refugees Team were collected to check what type of information was being collected and how best that could be used to inform refugee/asylum seekers policy development in the Borough, e.g.

- Assessment of Asylum seekers,

- Initial Assessment Record.

Information from National/International Sources

Besides the local information, referred to above, further information was collected from the following sources, and has been referred to in this report, to endorse the local findings:

- British Refugee Council.
- Medical Foundation.
- The Home Office.
- United Nations High Commissioner for Refugees.
- London Research Centre.
- The Audit Commission.
- ALG's briefings.

Some key plans and research reports from the following London Boroughs were collected for comparison purposes and where appropriate examples of good practice are quoted:

- London Borough of Waltham Forest,
- London Borough of Tower Hamlets,
- London Borough of Redbridge,

2.4. The Sample

Methodological questions to do with sampling are applicable to all the six modes of data collection referred to above. However we will only describe the sample i.e. 54 families who participated in the 'clients' perception' survey, and the 20 or so who attended Focus Groups meeting.

No effort was made to make it a 'representative sample' in any scientific sense of the word. It is self selective 'reflective sample', who went to seek advice from the four agencies, during a particular period.

However a great deal of diversity is reflected in our

sample i.e. 54 families come from 18 different countries/cultures.(See Table 1). There are 9 single mothers, looking after upto 5 children. All the rest are living as family units – father/mothers/sons/daughters. In a couple of cases there are grand parents in the families as well. The rest of the sample characteristics are described in Chapter three and included in sections on Housing, Education and other services.

Similarly over 20 women, men and children from the Somali, Czech, Kosovan, Gypsies, and Bosnian communities attended a whole day focus groups meeting (participants included parents, grandparents, children ages ranging from 10 months to 13 years and young single mothers). Efforts were made to invite people who had not participated in the ‘clients’ perception’ survey, to seek views from as many different people as possible.

A Social Services senior Manager was there throughout the day. We had formal discussions, informal conversations and continued through the lunch – predominantly focusing on issues to do with children and families. As a matter of principle we decided against approaching / interviewing children directly. However a couple of older children were present at the Focus Groups Meeting, who gave their views and interpreted for their parents.

Table No. 1

Ethnic/National origin of Refugees/Asylum seeking families in the Sample

<i>Origin of the Group</i>	<i>No. in the Group</i>
Afghani	8
Albanian	3
Algerian	2
Armenian	2
Bengali	1
Congolese	1
Czech	3
Kenyan	2
Kosovan	4
Macedonian	1
Pakistani	2
Somali	16
Slovak	4
Romanian	1
Turk	1
Ukraine	1
Yugoslav	1
Zanzibarian	1

RESEARCH FINDINGS

3.1. INTRODUCTION

The local research findings, based on the information gathered, referred to in Chapter Two above will be presented in this Chapter. Predominantly **Qualitative Analyses** have been carried out, but where possible **Quantitative information** will be presented. A number of case studies were collected to portray extent and spread of issues.

The information gathered from the following sources / means has been analysed in details:

- STATISTICAL INFORMATION
- MIND THE GAP questionnaire,
- PERCEPTION of the Client Groups,
- KEY PLAN ANALYSES

The National/international research findings will be quoted in support of local research findings, where appropriate.

3.2. STATISTICAL INFORMATION

There are no reliable or standardised statistical information collected by any source for a variety of reasons. However here we will present some information from four different sources in order to portray the extent and pattern of diversity.

Education: Table No.2 depicts **ethnicity for admissions in various schools in the Borough from overseas 1999-2000**. Obviously they are all not refugees or asylum seekers and this in no way projects the overall school population or ethnic composition, but figures of admissions during 1999-2000.

Citizen Advice Bureau: Two sets of statistics were collected from the CAB.

It is important to note in Table 3, below that numbers are recorded each time a **new** or **repeat** visit is made by an asylum seeker. 'Asylum Seeker' category is often not recorded if client's problem is related to immigration status. The client is the person who presents the problem i.e. not including partner or any children:

Table No. 2

Ethnicity for admissions from overseas 1999/2000

<i>Ethnicity</i>	<i>No. of admissions</i>		
		Filipino	2
Afghan	77	French	3
Albanian	16	German	3
Algerian	1	Ghanaian	6
African	7	Grenada	3
Anglo Indian	2	Greek	1
Anglo-Japanese	1	Hong Kong	5
American	17	Indian	54
Arabic	1	Iranian	8
Armenian	2	Iraqi	16
Asian	6	Irish	6
Australian	2	Italian	3
Azerbaijan	1	Jamaican	6
Bangladeshi	3	Jerusalem	2
Barundi	1	Jordan	1
Black African	19	Kenyan	19
Black Caribbean	6	Korean	3
British	1	Kosovan	73
Brazilian	3	Kurdish	1
Caribbean	1	Latin	2
Chinese	3	Lebanese	1
Colombian	3	Lithuanian	2
Congo	1	Montenegro	1
Croatian	12	Mauritian	1
Czech Republic	10	Nepalese	1
Denmark	1	Netherlands	3
Ecquador	4	New Zealand	3
Egyptian	1	Nigerian	6
Estonian	3	Pakistani	46
Ethiopian	2	Phillipino	4

Poland	3
Portugese	6
Qatar	2
Romanian	2
Russian	1
Rwanda	2
Saudi Arabian	2
Seychellois	1
Sierra Leonean	1
Sicilian	1
Somali	45
South African	11
Spanish	2
Sri Lankan	10
Sudanese	8
Tanzanian	3
Thailand	2
Tongan	1
Trinidadian	2
Turkish	5
Ugandan	4
Ukrainean	5
United Arab Emirates	9
White	5
Yemini	1
Yugoslavia	1
Zairean	1
Zambian	1
Zimbabwean	4
Total	636

Table No.3

Country of Origin of the Asylum Seeker Clients (Six months from April to September, 2000)

Country of Origin	No of clients (New and repeat)
Somalia	546
Afghanistan	182
Kosovo	156
Iraq	27
Iran	23
Algeria	21
Czech Republic	17
Pakistan	11
Ruanda	9
Kenya	9
Angola	7
Sudan	7
Palestinian	3
Bulgaria	2
Latvia	2

Bearing in mind that CAB did not collect information if they were related to immigration, which could apply to refugees and asylum seekers, we commissioned/requested them to collect information on visits (not repeat visits) from all the refugees/asylum seekers during a specific period. The information collected for us related to visits by asylum seekers to the CAB during 31.8.2000 to 11.9.2000, about country of origin and make-up of the families and the nature of the problem.

It was noted that during the period mentioned above, CAB were visited by clients representing 52 families – including single men, single parents, parents/single or both with one to 8 children in a family. 27 of these families were from Somalia.

Similarly the information supplied by Hounslow Refugee Team, highlighted that during August, 2000 they were dealing with 268 families, which included 501 children, ranging from 0-3 years to 11+ years.

During January, 2000 to June, 2000, Hounslow Race Equality Council, reported dealing with 202 cases, representing 18 different nationalities; relating to housing, welfare benefit, immigration and health issues.

3.3. MIND THE GAP

As pointed out earlier in Chapter Two, this particular questionnaire was aimed at professionals, both within the local authority and within the voluntary sector to seek their views about *i. local issues, ii. existing services provision, iii. any glaring gaps and iv. suggestions for improvement*. Majority of the respondents who completed this are involved at management/ policy/strategy level. Therefore their responses relate to the 'gaps' from their particular perspective. Although conversations were held with some face workers, but none of them completed this questionnaire.

It is important to note that the responses to both the questionnaires – *mind the gap* and the *clients' families' perception* – converge on the theme of unmet needs, and how some needs, which are being met, could be dealt with differently. Therefore to avoid duplication, we would not repeat all those issues/needs etc. which have been reported in section 3.4. of this chapter. Instead we will focus on 'professional perspective'. The responses reported below under the four headings are in fact individual responses and not the summary of the issues raised.

(i) Local issues:

- Inability to influence policy-making and decision-making process;
- Attitudes of general public, approach of the media etc. ;

- As far as refugee organisations are concerned: lack of funding, inadequate capabilities, lack of coordination and networking .
- Lack of outreach and refugee community language speakers in public and voluntary agencies, responsible for employment, access to benefits etc.
- The issue of addressing 'institutional ignorance' in Hounslow.
- The issue of raising awareness and developing a sustainable infrastructure.
- You also need to think about a 'rights card' given to refugees/asylum seekers printed in various languages .
- Need for supplementary school and mother tongue under 5's provision so as to integrate slowly not forced assimilation and denial of own culture and identity as this can lead to behaviour problems, depression, social exclusion etc.

Besides the above mentioned issues and concerns all those issues reported in the section 3.4. relating to Housing, Education, Benefit, Community Development, Communication were also mentioned in details by respondents of 'Mind the Gap'.

(ii) Existing Provision:

This Question was meant to collect information about the level or support and provision within and without the Council; and also to establish whether the Council Officers and the voluntary sector workers had awareness of such provision listed by the respondents:

- *Refugees in Effective and Active Partnership or REAP managed by Hillingdon R.E.C. and working in three Boroughs i.e Ealing, Hillingdon and Hounslow.*
- *Race Equality Council and Refugee Support Project*
- *SRB Round 6*
- *European Social Fund.*
- *Education provides assistance for extra English support for refugee children in schools.*

- *Housing Service – Homeless Persons Unit*
- *Refugee/Asylum Seekers Team*
- *Employment Project.*
- *Renewal and SRB6 programme.*
- *Refugee Arrival Project*
- *Refugee and Asylum Seekers Liaison Group meetings and resources.*
- *Housing Department Racial Harassment Policy and Domestic Violence Policy.*
- *The Feltham Women’s Centre at 102 Hounslow Road – runs a women refugee support group.*
- *Citizen Advice Bureau.*
- *Centre for Armenian Information and Advice.*

There are some key projects such as Interpreting and Translation Unit, Law Centre, Somalian Consortium and indeed many more which have not been identified. However some latest initiatives aimed at meeting the needs of local refugees and asylum seeking communities have been set up, which we will report in Appendices.

(iii) Glaring Gaps:

This Question was included to tap perceptions of glaring gaps in policy, strategy and service provision. The responses include:

- *Lack of strategies/mechanism for refugee communities to influence policy-making;*
- *Lack of awareness on the part of the service providers about the rights of refugees as well as on how to treat them with regard to their cultural backgrounds.*
- *Proactive work by employment services agencies.*
- *The need for a platform- Refugee Forum.*
- *Countering isolation and ‘unwanted feeling’*
- *The need to do cross agency working across Council Departments and other partners.*
- *Need for induction programme about the way things operate in this country.*

- *Lack of Customer Complaints by Asylum Seekers and refugees, particularly Homeless Persons Unit System,- although it is known that the problems exist.*
- *As above the Statutory bodies must develop links with RCO’s. Fund them properly. Commission contracts so that the expertise, knowledge and skills of RCO’s and various refugee communities are used beneficially. There is however a culture of mistrust by central and local government about refugees. (Because they are political entities. (i.e they are fleeing political persecution). This does not often coincides with British Foreign Policy. When it does as in the case of Bosnians and Kosovans, large funds and resources are make available. When it does not for example in the case of Kurds or Armenians, there is little resourcing or acknowledgement of cultural, social needs).*
- *There is for example no health promotional/educational materials in the Armenian language or smaller refugee communities. There is also great*
- *Ignorance and lack of cultural awareness about who the Armenians are, where they come from, why are they in the UK? .*
- *In a research we undertook with the London Research Centre in 1990, we found out that less than 1% of the Armenian community used social services provision. In an other research the CAIA carried out for Hounslow Social Services for the Needs of Armenian Senior Citizens in 1996, we found out that Armenians do not complain about their needs or the services they do not receive. There has been no community development work to reverse this situation as it is common for most refugee communities not to complain as they are often secure.*

(iv) Areas for Improvement:

Question 4 was included to seek respondents’ views for improvement of policy/procedures and for the development of new initiatives and projects. The responses

include:

- *Refugees need to be consulted on developing any new policy.*
- *Steps to be taken to create a positive image of refugees in the society.*
- *Steps to be taken to eliminate the barriers that exist in the way of getting employment and education.*
- *Government and other big employers to be encouraged not to go to other countries to bring in human resources . They have among refugee communities.*
- *The Home Office should be more efficient in handling asylum applications. Some people have to wait for years to hear a decision. This is violation of basic human rights.*
- *Need for outreach and community language link worker.*
- *Agencies such as Employment Services to try to make contact with refugee communities.*
- *Access to various languages interpreters service.*
- *Lay advocates to represent clients at GPs, Police Station, Mental Health Services, Solicitors.*
- *Education Equality Policy – many schools reluctant to accept refugees due to effect on school league table.*
- *Art and Leisure Services to meet cultural needs with sensitivity.*
- *Need to develop REAP.*
- *Establishment of a Standing Conference.*
- *Influencing the statutory organisations – ES/DSS, Health,, Police in their dealing especially with different refugee groups.*
- *We could do some focus work to integrate refugees/asylum seekers into the community.*
- *Need for a comprehensive Counselling Service for R/ASs in LBH, including torture victims.*
- *Training and Employment Opportunities for R/Ass in LBH.*
- *Encouragement for Customer feedback from R/Ass.*

- *More accurate reporting of Racial attacks and harassment incidents made by R/Ass and address under reporting issues.*
- *Development of mechanism by which R/ASs have a real say in the decision making process in LBH.*

We also collected a number of views for improvements, given by the respondents, very generously, in our **clients' families' perception** questionnaire, which are included section 3.4 of this chapter.

3.4. PERCEPTION OF CLIENTS' FAMILIES ABOUT SERVICE PROVISION

General Introduction

Interview Schedule and Case-Study Questionnaire: This questionnaire was designed to assist interviewer / case worker to collect information from individual interviewees. Four agencies – CAB, HREC, Centre for Armenian Information and Advice and Sathi Project were selected to have the questionnaires completed. All the four agencies are visited by a number of refugees and asylum seekers for a variety of advice and assistance. They were asked to include only those clients, who are families with children. The four agencies completed 54 questionnaires. (REC=33, CAB=13, ARC=1 and Sathi=7). Sathi is a specialist project dealing with Asian families and children with disabilities. They also cater for needs of new arrival refugees and asylum seekers of Asian origin. Due to the methodology adopted to gather information, the response rate has been 100%.

The questionnaire included fourteen areas (See Chapter Two) to collect wide ranging information to tap their concerns, perceptions and level of satisfaction with the services they are receiving:

Some quantitative analysis regarding numbers in the family, ages of children and country of original etc. has been compiled, which has been presented in the Chapter on Methodology and Sample. The rest of the information has been subjected to mainly qualitative analysis. However wherever possible frequencies of responses and percentages have been calculated to express extent and patterns of certain circumstances and situations.

Analyses under various service areas and other issues included in the questionnaire are presented in the following sections.

1 HOUSING NEEDS AND RELATED ISSUES

Availability, Allocation, Conditions and Patterns of Tenure

Amongst all the issues, trepidation and needs of Refugees and Asylum seeking families, Housing is by far the most important and significant facility and need. **Availability** of housing and accommodation determines where the individuals or the families arrive in the country. **Allocation** of housing in a locality through different means, in turn determines access or lack of access to other essential services and facilities e.g. education, community networking, information and advice etc. Similarly **conditions & pattern of tenure** of housing determines quality of life generally, accessibility to resources e.g. amount of cash or resources left after paying rent, to pay for food, clothing, transport/traveling and other requirements.

With regard to **availability** of housing in Hounslow, we asked all the respondents in our survey about their choice to come to Hounslow. Following are amongst the reasons given:

- Hounslow is close to Heathrow airport, a number of families were sent here, advised by immigration authorities, voluntary sector organisations who assisted on arrival, e.g. Refugee Council Project or Afghan Association, location of Thorncliffe Hotel in the Borough and New Arrival Project. Nearness of Heathrow Airport was definitely considered a factor – 24% of respondents indicated this, plus another 19% were referred to Hounslow by other agencies.
- Reputation of Hounslow as a good, nice and respectable place to live in, recommended by others.(9%)
- Existence of families, friends and relatives, who have been living in the Borough, which attracted them and the opportunities to live with them was very important factor. 37 % of the respondents gave this as pull factor.
- Relocation from e.g. Richmond because of racial harassment; and/or placed by Westminster in a private rented accommodation.(4%)

The **pattern of tenure** is very complex. Almost all the families pass through various situations. They could be allocated B &B, Hotel or Hostel accommodation on arrival. Subsequently they could be moved to a flat, a house (either public or private sector), or placed out of the Borough, or start living with relatives and/or friends, on occasions sharing facilities with total strangers. By any standard this kind of situation is very unsettling and has profound adverse impact on children and their families, in terms of attending schools, seeking appropriate advice, support and information, networking or attending English Language classes etc.

Nearly half (24) of respondents in our sample were living in Houses, (18) in Flats, (7) in B&B and (4) were in Hostel or Hotel. Almost all of them complained about poor conditions and overcrowding, properties requiring urgent repair, unhealthy and unhygienic environment, poor interior decoration and general cleanliness. There are examples of people with heart conditions having to climb stairs, and mother with young children carrying their shopping on say 3rd floor in the building without lift facilities. Following are some examples of the living conditions, which will highlight various situations, mentioned above:

Case-Study / Situation No. 1

A Kosovan family of 8 (including 6 children, ages ranging from 4 months to 11 years) reported sharing just 2 rooms. There is dampness in the downstairs room, therefore all 8 of them live in one room. Two cookers are shared by approximately 16 families, with very poor laundry facilities.

Case-Study / Situation No.2

A single mother with one 16 years old disabled son (Cerebral Palsy, Epilepsy and Learning Disability with limited mobility) arrived six years ago from Zanzibar. Initially in B&B then moved twice in temporary accommodation. The second place was flat with shared kitchen and toilet on the 3rd floor. This was dangerous and difficult to access for disabled young person. Later moved into a suitable ground floor Council property. However adaptations to toilet/bath were delayed for 2 years while "immigration status" was being decided. This now has been sorted.

There are certain other situations and circumstances, which exacerbate the plight in terms of leading a quality life e.g.

Case-Study / Situation No.3

In cases where tenants have to find their own accommodation, private landlords get on (say 80% approximately) of their rent paid by Housing Department on recommendation of Fair Rent Officer. The tenant has to pay the difference. Either they fall in to arrears with the shortfall and get evicted or forego other necessities ie. food, clothing, travelling for children etc. However landlord are reluctant to accommodate such tenants.

Case-Study / Situation No.4

In the present regime, if asylum seekers receive negative decision and appeal their local facilities and benefits are withdrawn and they become the responsibility of NASS and accordingly dispersed. They receive negative decision and disappear and seek refuge with friends and relatives, the life gets tougher, because they loose all their entitlements. If they have positive decision then they become the responsibility of local Housing Department. In these circumstances no landlord is sympathetic. The sufferings of families and children do not diminish.

Out-of-borough-placements

An official, completing *Mind the Gap* questionnaire commented thus in answer to Q.4, regarding *out-of-borough-placement*:

"A key policy issue in Services to Refugees/Asylum Seekers is access to Services for families who are placed out of Borough. Where should they look for services, in the Borough where they live or in the Borough with financial responsibility.

"This is of great relevance to my service – youth offending- our resources are based on the notion of children 'ordinarily resident'. Children based here by another authority are not deemed 'ordinarily resident'. This gives potential for further disadvantage to this group, but when existing resources are stretched cannot be ignored".

In our conversation we did ask the Refugees/Asylum Seeker Team workers about the level of support given to the out-of-borough-placed families. Their response was that the families are left to find out for themselves whatever their requirements are. Such cases are

reviewed after six months. We have not been able to explore whether the Borough's Environmental Health Department have performed their checks on the conditions these families are placed in.

In August, 2000, the Homeless Persons Unit was dealing with over 450 asylum seeker households. 233 such households were in B&B accommodation in various parts of the country. To reduce the Social Services costs, Hounslow embarked on a programme of moving asylum seekers to cheaper B&B accommodation in the South West and in Assured Shorthold Tenancies in Leicester, besides, of course, placing families in the neighbouring Boroughs.

The Audit Commission's recent survey (July, 2000) found that in 1998-99, 21 boroughs housed 4,269 asylum seeker households in other local authority areas. The survey commented that the use of out-of-borough stock can create additional pressures for local authorities and a poorer services for asylum seekers. In some cases, authorities at the receiving end have not always been told when asylum-seeking children have been placed in their area and have thus been unable to arrange school admission. The Commission recommended that when placements are made to other areas, boroughs need to ensure that access to other services is available.

In **conclusion** it is important to point out and understand that despite the introduction of the national dispersal policy, supporting asylum seekers and refugees remains very much on London's agenda.

A large number of asylum seekers who applied for asylum before April, 2000 will continue to live in London, it is also questionable whether dispersing those who have lived in the capital for a long time is feasible.

It is likely that asylum seekers dispersed under the new arrangements may return to London following decision on their application. Those with refugee status or exceptional leave to remain may return to London to seek

work or community support. Some of those receiving a negative decision may return to seek work in London's alternative economy. Therefore Social Services and Education will be expected to continue to support.

Racial Attacks and Harassment

Besides bullying, attacks, name callings and harassment experienced by children at and around schools, there are a number of estates in the Borough with a reputation of being 'rough' estates, where racial minorities, poor families and refugees and asylum seekers are allocated housing.

The Equalities Unit in the Housing department identified the following 'hotspots' of racial harassment in June, 1999:

- Oriel - Feltham (10) - 3 new cases between 4/99-4/2000 - currently 6 live cases (10/2000),
- Homecourt/Highfield - Feltham (10) - currently 5 live cases (5 homeless),
- Watermead/Sandy - Feltham (7)
- Clayponds - Brentford (&)
- Southern/Eldridge - Feltham (5)
- Brentlea - Brentford (3)
- Beaver's Estate - currently Housing Department involved in 3 live cases.

Besides the nature of underreporting of racial harassment and attacks, there is definitely an element of **denial** amongst the refugees and asylum seeking communities, who accept this phenomenon as inevitable, natural and to certain extent acceptable. They tend not to complain about this as well, avoiding to add more pressure on hard pressed agencies, who are already dealing with their numerous 'problems'. Their priority is to get roof over their heads, school places for their children, some benefits to survive and above all get their 'status' sorted out. They believe that complaining about experiences of racial attacks and harassment may not

reflect well. They know that are not wanted here.

Our survey found that 37% of the respondents reported having experienced racists bullying, name calling and attacks, whereas 43% said they have not personally experienced, 19% did not know that such a problem existed. However those who had not experienced personally did say that they are aware of this and some of their friends and relatives have experienced.

Racist name calling, bullying and harassment has profound adverse impact at school children. In our Focus Groups meeting we met a 13-year old Kosovan boy, who had been absent from school, because of racial harassment, and felt that there was no adequate support to deal with this in school and wanted transferring.

2 BENEFITS AND ALLOWANCES

Types of Benefits

After Housing, benefits is another very important regime most refugees and asylum seeker encounter. It is very complex and there are different kind of benefits that these families are entitled to, which they are in receipt of. Due to ignorance and lack of knowledge some families, like any other poor families miss out.

We found that the families we interviewed were in receipt of following kind of benefits:

- o Housing benefit
- o Income Support
- o Job Seekers Allowance (JSA)
- o Disability Living Allowance (DLA)
- o Working Families Tax Credit
- o Invalid Care Allowance (ICA)
- o Incapacity Benefit
- o Child Benefit
- o Free School meals
- o Free School bus pass

Availability of these benefits to the families, depended upon their individual circumstances, their awareness about such facilities, the quality of advice given to them, and above the assessment, interpretation and attitudes of 'benefit agencies' and related regimes to facilitate or obstruct.

Majority of them receive cash at the post office. Only two of the 54 were in receipt of Vouchers. Some would like to receive Child Benefit, but perhaps not entitled to.

On the Move

Being on the move most of the times and **Change of address**, which is pretty common amongst refugees and asylum seeking communities, causes a great deal of disruption in regular receipt of benefits, which is the only life line for majority of them. It is very difficult to borrow sums from friends or relatives who are all in

similar circumstances. Lack of any cash for any period of time has immeasurable detrimental effect on families and particularly children.

Voucher System

There is widespread criticism of the **voucher system** too. This is 30% less in value in terms of standard benefit rate. It is discriminatory. It is very restrictive in that shopping could be done only at specified stores, to purchase specific items, provided they are available at that particular store. This could involve long journeys, which causes further hardships for mothers with young children or persons with any disability, and cost more for bus or taxi fares. It has been reported that children and families experience a great of humiliation and embarrassment, while transacting vouchers, in the presence of other shoppers particularly if there is a communication problem too.

Coping Mechanisms

Generally speaking like many low income families refugees and asylum seeking families, tend to devise various coping mechanisms e.g. shopping around looking for bargains, buying from charity shops, hunting for cheap food, sharing with others, walking long distances instead of bussing, combining meals, the usual strategies of saving on fuel and heating i.e. staying away from home(s). Invariably all our informants stated that the amount of 'income' was not adequate to meet their daily needs and more than 50% stated that their benefits run out very quickly and do not last for the period they are paid. If the run in arrears with their landlords, in order to meet other necessities they feared eviction.

Knowledge and information

No doubt a great deal of information is available in print about various types of benefits, produced by numerous schemes and agencies and these are freely available wherever they go. There are various complicated forms to be completed. Even if some leaflets and forms are translated in certain community languages, it is difficult to comprehend. Rules governing any benefit scheme, involving public funds are complicated and there are so many conditions to be fulfilled. These are at times institutionally insensitive and not user friendly.

Inevitably any claims generate further correspondence, undoubtedly in English language, which generates a great deal of anxiety, until a particular letter is read by some competent person and understood. One of our respondents said, *"when they write to me it is difficult for me, as I cannot read English and need someone to read for me"*. This kind of situation, if not dealt with by any professional advice giving agency is open to abuse, exploitation and blackmail.

Latest Developments vis-a-vis Support and Benefits

From 3rd of April, 2000, NASS (National Asylum Support Services) has been dealing with all new 'port of entry' applicants. From 24th July, 2000 NASS has been dealing with all new 'in-country' asylum seekers. From 25 September 2000 they will take over all disbenefited cases. As pointed out earlier if they receive a negative decision and appeal, then they become the responsibility of NASS. If they receive a negative decision and disappear and live with friends and relatives, then they are not entitled to any benefit from anywhere. Local Authorities are no longer responsible. If they have a positive decision then they become the responsibility of the Housing Department and become entitled to all sorts of benefits as refugees.

Hereunder we would like to cite three case-studies/situations essentially to do with benefits and auditing but these situations have a variety of implications to do with housing/homelessness, consequent impact on children and their education and above all there is an element of harassment and victimisation, which these families are at times unnecessarily subjected to, so insensitively.

Case-Study/Situation No. 5

A Somali mother of three children had her Housing Benefit stopped after investigation by the Audit Section. The CAB were told that this was because she had had three adult males living at her address. In fact, the three men were single and, because they were unable to find stable accommodation, used the client's address for mail.

The Audit Section refused to reinstate our client's Housing Benefit until she could provide proof of the current addresses of each of them, difficult when she did not have a permanent address. Eventually, not before our client had received a Notice of Intention to Seek Possession, Housing Benefit was reinstated, and backdated.

Case-Study/Situation No. 6

A CAB's Somali client received a visit from the Audit Section at 8 am one morning. The two officers asked to look around the maisonette. They viewed her school age daughter asleep in bed with the flu and her 57 year old mother asleep in another room. The commented on what looked like a pair of men's shoes in the wardrobe (the client wears very basic NHS built-up shoes for a disability caused by gunshot wounds to her leg).

Some time later, this client received a letter from Revenues informing her that Housing Benefit payments had been discontinued because she had been found not to be resident at her address. It took some time for CAB to persuade the Audit Section that they had perhaps confused their report on our client with some other report they may have made. In the meantime, our client underwent the distress of threats of possession from her Housing Association landlord.

Case-Study/Situation No.7

Mr. L, a Kenyan, came to CAB because, several week after a daytime visit from officers from the Audit Section, he had been informed that he was not entitled to Housing Benefit from the date of visit because he was cohabiting with the young woman who was at his flat when officers visited.

It took a number of weeks before CAB were able to provide evidence of the permanent address of our client's female friend, and also for our client to feel the need to disclose to us and to Audit that his major reason for not wishing to cohabit with anyone was because he was an AIDS sufferer.

We would like to cite two case-studies/situations to highlight the *child poverty dimension*.

Case-Study/Situation No. 8

An asylum seeker from East Africa, who has a wife and two children, applied for asylum in mid-90s. Refused: appealed against refusal.

Because various solicitors have handled the case, confusion about whether or not a decision has yet been made, exists.

However, client has a current IS96 with Temporary Admission to February 2001 and therefore should be given vouchers / cash under The Children Act, which Social Services are refusing to provide.

Case-Study/Situation No. 9

Client from Uganda (?) – here since 1995 – divorced from husband 1996 – asylum application therefore became complicated as had to be remade with her as applicant (rather than spouse of an application).

Papers have been passed from solicitors to solicitor. None of the papers have a recognisable photo of her, so Social Services refuse to provide cash or vouchers – TWO YOUNG CHILDREN.

3 EDUCATION NEEDS AND RELATED ISSUES

Provision of place(s) at Schools:

Finding places at schools on arrival a major concern:

- No policy as such to provide school place, immediately for every child who arrives in the Borough. It depends on the availability of places in a particular school.
- Therefore long wait to find school places.
- Refusal by certain school not to take any refugee/asylum-seeking children at all.
- Certain school sympathetic to taking children.
- In certain cases, distance from home to school is very long:
 - For people in strange, hostile and unwelcoming environment,
 - Who have to find additional money for bus fares both for children and parents who have to take them and bring them back from schools.

Benefits and finances situation generally

- Overall financial support and benefit situation is grossly unsatisfactory and varies from individual to individual, which generally is less than the national rate.
- In certain cases certain groups of people do not qualify to receive cash, but, instead receive vouchers to procure provision and very nominal amount of cash, which is not enough to cater for certain needs of children e.g.
 - Toys,
 - Bus fares,
 - School dinners etc.
 - Books
 - Stationery
 - Comics/magazines
- Payments of child benefits also vary.
- Generally there is a great deal of ignorance amongst refugees/asylum seeking communities about what is

rightfully available.

General Communication and EAL Development

- Head-teachers/schools in certain case cannot arrange interpreting/translation for initial meetings with the child and parents to consider admission, which delays the process.
- Parents expected to find friends/peers or any voluntary sector help for interpretation.
- Parents/communities are generally are unaware about the existence of voluntary sector help or support or accessing interpreting service.
- Those schools who are sympathetic to allocating places, do arrange additional and expert help under the EMTAG regime, but at times this is inadequate.
- Due to inadequate EAL development children find it difficult to access national curriculum quickly.
- Due to communication gaps and inadequate interpretation, parents are unable to participate fully in the education of their children and/or understand how the system works.

A mother with three school age children said, "***I do not know what to do about this school business, when I go to school I do not know what to do, because I cannot speak English***".

Education Welfare Support

In our survey we did not have the opportunity:

- to establish the role and expectations of Education Welfare Services to ensuring that refugee/asylum seeking children are at school.
- in the case of 'truancy', due to a variety of reasons, whether there is any proactive follow up by the 'Service' to find/recommend solutions and ensure attendance e.g. our survey indicated:

- Children miss schooling if they are required to interpret for their families and friends.
- They miss schooling because of 'bullying', and 'racial attacks and harassment' and 'name calling'.(when these incidents are reported children find certain teacher 'unsympathetic'; or they fear further bullying if they tell).
- They miss schooling because of indifference, neglect, and exclusion from the overall school life.

School Psychological Services

School Psychological Services has a very important role to play not only in initial assessment to determine education needs per se but to construct 'child's profile' regarding emotional and mental issues due to the traumas they have experienced in 'war torn' countries and uprooting from familiar circumstances into strange and unwelcoming environments. There are a whole host of psychological problems that need addressing adequately, appropriately and professionally.

Special Needs

The Sathi project supported by Hounslow Social Services specialises in giving advice and support to families with children with special needs. They interviewed seven families with children with the following special needs:

- "Eldest son had emotional/behavioural problems when the family first arrived (from Afghanistan) in the UK. He has settled well now".
- "Older daughter has learning difficulty, Epilepsy, bed wets. Younger daughter is a slow learning and needs special help at school".
- "Younger daughter has Down's Syndrome"
- "Son has partial hearing loss, very challenging

behaviour and it is difficult to control"

There are examples when it literally takes 2 –3 years to be spotted within the system as special need an then wait a further unspecified period to find a place in a special need school.

Compounded with the disability issues, these families live in very poor housing conditions, in unsympathetic neighbourhood re children's disabilities and feel comparatively more isolated. Moreover mothers as carer do experience additional stress in coping with disabled children. Usually the kind of help available to carers is not forthcoming e.g. one mother commented: ***"The special need service for Asian women set up at the CAB in Hounslow is not easy to access – leave messages which are not answered in time to get special help when needed"***. Another mother reported having ***"her health deteriorated in the UK, gets dizzy spells and chest pain"***. Under these circumstances father(s) get ***"stressed and bad tempered"***.

4 SOCIAL SERVICE RELATED ISSUES

Level of Awareness

The Social Services Department is a key player in provision of a number of services to the Refugees and Asylum Seeking families and communities. They have responsibility under the Children Act, 1989, the National Health Service and Community Care Act, 1990, the National Assistance Act 1948 and a variety of legislations covering health, mental health and disability, amongst other related issues.

In our survey we asked respondents about their dealing with Social Services Department regarding:

- Type of support provided by the department,
- Any children in care,
- Financial Support of any kind,
- Whether they knew what Social Services were (different from Social Security).

A very small proportion of the respondents named that Social Services provided Housing/Welfare. One family mentioned the provision of Children and Family Centre. It is surprising that even the families (7 in the sample) with disabled children did not know much about the service, except one who reported they have a Social Worker.

None of the families interviewed had any children in care, although there are 'looked after' children including unaccompanied children in Hounslow. One Afghani family in our sample had an adopted son, who lived with them.

Some respondents did know the existence of the service, but found the information given to some was 'confusing' and would like someone to explain to them 'what they are about'. Majority of them found it difficult to distinguish between Social Service and 'Social Security'. This reflects their understanding about what various 'systems' are how they do they operate and how to access them better.

Children Services Specific Issues

Based on our local research i.e.

- interviews, conversations, collective and individual meetings with the voluntary sector groups and Council officers and other professionals;
- responses to both the questionnaires,
- focus groups meetings,
- case work and case-study analyses,
- analyses of various research reports and funding bids produced by the Council, and a number of agencies e.g. Race Equality Councils and Health Authority, amongst others,
- analyses of Business and Service Plans, Best Value and Scrutiny Reviews,
- anecdotal information.

we have compiled a list of **45 bullet points**, summarising issues, and situations, which exclusively concern children particularly, and their families generally.

Some of these issues are **specific** to Hounslow situation i.e. we have views and examples to substantiate with our local research findings. Other issues are **general**, which have been listed based on secondary research findings. All these are identified as such.

We hope that these issues and situations will be looked at, if they are not already being dealt within the mainstream service provision. Hopefully a targeted Action Plan will be prepared with a **Double-P-Principle-Approach (D-P-P-A) ie Preventative and Proactive strategies**, focusing on these matters and concerns. This **Principle** has been developed elsewhere in detail.

- **Abuse and Neglect:** There is substantial evidence to suggest that there potential for abuse – physical/sexual – of children of all ages and neglect as well. The information collected locally is pretty graphic, in the conditions children and families live: overcrowding, unhealthy and unhygienic environments, sharing

rooms, and accommodations with at time totally strange single men. Examples have been quoted elsewhere in this report. **(SPECIFIC)**

- **Disability:** Although children with severe disabilities are catered for once they surface within the system, but they are not routinely treated like other children in similar situation because of issues associated to their status, their or their parents linguistic competence and lack of advocacy on their behalf and proper advice and guidance. **(SPECIFIC)**
- **Parental Illness and Disability:** This is equally a serious concern which has bearing on looking after children. Generally speaking the concept of support for carers within the refugees and asylum seeking communities is without exaggeration unheard of. However locally the work of SATHI Project is commendable in advising and assisting parents. **(GENERAL)**
- **Family in Acute Stress:** Being a refugee, uprooted from familiar environment due to a variety of well known and documented factors, and facing hostility, rejection and uncertainty, is cause enough for acute stress the families experience. Children are particularly vulnerable. Besides their personal experiences, both in home country and new environment, observing the plight of their helpless and powerless parents/adults on whom these children depend, causes anxieties and pressures. **(GENERAL)**
- **Family Dysfunction:** There are numerous factors that lead to dysfunction of families e.g. death of parent(s), dismemberment and break up of the whole family due to separation – imprisonment, detention, living in different camps in different countries etc. Unsympathetic and bureaucratic treatment by the institutions in receiving countries. **(GENERAL)**
- **Socially unacceptable Behaviour:** This is a natural

phenomenon, when children due to various pressures succumb, retaliate and deviate. A young Somali girl, who had been through the education system, and who attended our Focus Group meeting, stated this phenomenon. The only way she said, she could survive was to become a 'bully' herself. Due to lack of English Language Skills, she at times, did not understand what people were saying and thought they were talking about her. **(SPECIFIC)**

- **Low Income:** We have specific examples of respondents reporting about 'inadequate benefits' and 'lack of opportunities to work and earn'. This was coupled with meeting all sorts of needs, including the thought of sending money back home to destitute members of families and friends. **(SPECIFIC)**
- **Absent Parenting:** Causes dysfunctioning of families and potential absence of socio-economic and psycho-social support. A Somali woman in our focus group meeting expressed this view saying how some parents felt unable to deal with this issue. **(GENERAL)**
- **15 year olds leaving families:** There are cases in Hounslow where around 15 years old boys are leaving home, due to obvious pressures and are being referred to Social Services. Local CAB reported some incidents. **(SPECIFIC)**
- **Looked after within the system:** There are children within the 'system', with distinct religious, cultural needs. Further research is needed to check whether their needs are met in the spirit of the Children's Act 1989, vis-à-vis religion culture, language or any psycho-social needs of traumatised children. **(GENERAL)**
- **Unaccompanied children:** This is a very special group with a package of very complex needs and situations. There are some in Hounslow. The situa-

tion needs monitoring whether appropriate specific support is being provided. **(GENERAL)**

- **Out-of- Borough-placement and lack of services provision:** Children and families do experience added hardships when placed out of borough due to dual responsibility of say Hounslow and Leicester. **(SPECIFIC)**
- **Overcrowding:** This affects children more than any member of the family. Three/four children sharing one bed, children sleeping with other adults in the family, other than their parents. Potentially very dangerous situations. A significant number of families in our sample claimed that they were living in overcrowding situation. **(SPECIFIC)**
- **Sharing accommodation with strangers:** This situation puts children at great risk and danger for physical and sexual abuse. The information provided by some families about their living conditions does suggested that locally there is potential for such an abuse, although no specific cases have been brought to the Social Services attention. **(GENERAL)**
- **Single parents:** All the usual factors associated with single parents and the predicament of children in such situations, plus the factors associated with being refugees and asylum seeking single parents. There are a significant numbers of single parents in Hounslow, mainly mothers looking after their children. **(SPECIFIC)**
- **Travelling distances to schools:** Causes hardships for not having enough cash to pay for bus fares for children, besides the potential for racial harassment and abuse while travelling long ways. Even if the bus pass is issues to children, parents who wish to accompany their children to school(s) have to find additional money for travelling. There are examples

where children in the families are allocated in different parts of the borough, making it difficult for them to travel together. **(GENERAL)**

- **Racial harassment and bullying:** Very common in and around neighbourhood, high streets, in schools with detrimental effects. A number of people in our Focus Group meeting cited examples of such incidents. **(SPECIFIC)**
- **Isolation:** Refugees and asylum seeking families are generally isolated, it is more so in case of children, if there are not enough children of the same age within the close social circles. In the schools and in the neighbourhood at large they are isolated anyway and socially excluded. Families participating in our Focus Group meetings gave impression of being isolated and similarly our findings in response to the question of 'Social Life', reported below suggest that a number of families and individuals feel isolated. A Kosovan family in our focus group mentioned that they lived in Feltham, where they felt isolated and had to travel to Hillingdon to seek support. **(SPECIFIC)**
- **Recreation and social life:** This is kind of luxury for families if they are able to access. Locally we were informed that there is Play Bus which goes to a estate where there is significant number of refugee children who do participate. **(GENERAL)**
- **Aspiration for children's better life:** Parents who seems to have lost their life chances, tend to aspire very high for their children and their future in new environment. A number of respondents in our survey endorsed that. Obstruction and barriers in their way lead to frustration and depression amongst parent, which impact on children on daily basis. **(SPECIFIC)**
- **Support for Carers:** There are a number of parents

who care for their disabled children and at time elderly parents or other adults in the family, who require care as well. They are generally not included in the 'supports for the caters culture'. There is need for some work around this area. **(GENERAL)**

- **Appropriate initial assessment:** Appropriate and comprehensive coordinated initial assessment of the families' needs and needs of children is paramount for proper support and response. Currently variety of agencies collect information very mechanically, without any reference to the work of any other related agency. A great deal of emphasis is put on determining 'status'. Any useful information collected or volunteered is discarded, which could be used to 'construct a comprehensive profile'. **(GENERAL)**
- **Referral vs advocacy:** There are a number of 'advice/information' giving agencies in the Borough. Families are sent from one to the other – sorting of 'passing the buck' tendency. Advocacy approach is lacking. **(SPECIFIC)**
- **Long delays:** in determining the **status** of individual child or the family. **(GENERAL)**
- **Physical attacks and threats:** at school, at home, in the streets and elsewhere. **(GENERAL)**
- **Verbal abuse:** insulting language and behaviour-experiences of some of the participants of our Focus Groups meeting. **(SPECIFIC)**
- **Interviewed aggressively or insensitively:** (e.g. by immigration officer) or asked to talk about distressing events without support in dealing with feelings that may arise. **(GENERAL)**
- **Sexual exploitation:** e.g. being offered money or

food by adult in exchange for touching or being touched. **(SPECIFIC)**

- **Religious needs:** (e.g. not being able to pray at times the child wishes, being expected to eat food which goes against religious rules) and culture. **(GENERAL)**
- **Religious Exclusion:** Other specific religious aspects, include exclusion by say the local Muslim population of different cultural and national backgrounds e.g. Asian Muslims, of latest East European Muslim refugees or Somali Muslims, or local established Sikh communities excluding Sikh refugees/asylum seekers from Afghanistan etc. These refugees have been persecuted because of their religion, when arrive in Britain, naturally turn to mosques/Temples in different localities for support and sympathies. Mosques and Muslim communities do support them generally, but they are not perceived as being 'good practicing Muslims', or 'Sikhs' which psychologically amounts to rejection, harassment, discrimination and victimisation. It is common practice for children to attend religious and language classes in religious institutions. There evidence to suggest that newly arrived children excluded from such facilities, which they have not contributed to build or come from different cultural/national/linguistic backgrounds. A Somali young mother who attended the Focus Group did point out the lack of facilities for their youngsters to attend religious and community languages classes, traditionally provided by religious institutions. (mosques etc.) **(SPECIFIC)**
- **Inadequate, ineffective communication:** due to language barriers and cultural aspects. There is substantial evidence reported elsewhere where both the providers and recipients services have reported significance of effective communication. **(SPECIFIC)**
- **Separation:** from family or friends generally,

through decisions by immigration and other authorities particularly (e.g. decision of care-giver, being resettled away from family members or friends, being moved several times). In our Focus Group meeting attention was drawn to divided families e.g. a young couple with a very baby came all the way from Greenwich, whose parents are settled in Hounslow. **(SPECIFIC)**

- **Educational inequality:** (e.g. not being placed in school, being allocated school far away from home in strange environment, not being offered adequate help with English language development, unfair treatment by staff, school parents and peers). Generally they are highly motivated, leads to frustration if not school places are found. **(SPECIFIC)**
- **Child/Mother and single parents issues & security, responsibility:** e.g. it is noted that very young boys take on father's role and try to take on additional stress and responsibility, if father figure is missing. **(GENERAL)**
- **Lack of skills:** education/training and knowledge: social skills in particular about how the 'systems' work and role of various institutions and bodies, the inability of parents and care givers to find appropriate and adequate information for the benefit of their children- e.g. a young child wishing to change a school, but parents did not know how to go about doing that. (they attended our Focus Groups meeting). **(SPECIFIC)**
- **Lack coping mechanisms:** growing and living in racist societies requires skills and coping mechanisms, but not able to cope if one is not used to – no experience of coping, and coping strategies generally go cope with every day situation, dealing with institutions and systems. **(GENERAL)**
- **Health:** HIV/AIDS and cultural-specific issues to do

with mothers/women/children. **(GENERAL)**

- **Mental/Emotional Health:** Issues to do with mental and emotional health and well being of unaccompanied children particularly, traumatised into silence due to adverse experiences and tortures. **(GENERAL)**
- **Threatening Experiences:** Children witnessing relatives or friends in refugee communities – especially parents/other care-givers being assaulted, threatened or treated insultingly. **(GENERAL)**
- **Inadequate social care:** (e.g. equipment and services not offered to child with hearing, visual or mobility impairment; lack of practical support if care-giver is seriously ill or distressed). **(GENERAL)**
- **Lack of transport:** having to walk distances with heavy shopping or from home to school, if schools are allocated at long distances. **(GENERAL)**
- **Food Vouchers:** Insensitivity of food vouchers scheme expecting them to procure food from super markets e.g. Tesco – These stores do not sell halal food or meat for Muslims from East Europe or other countries. **(GENERAL)**
- **Healthy Food:** Being unable to afford healthy food or other necessities (possibly resulting in poor nutrition, or reliance on hand-outs or resorting to begging), which may result from regular low income, interruptions (e.g. benefits delays for those entitled to income support) or those who do not receive cash benefits; having to share with destitute relatives or friends or having special expenses (e.g. undertaking regular journeys for specialist therapy or schooling, or to visit a parent or sibling in detention). **(GENERAL)**
- **Exploitation:** At individual level refugee children are

exploited in various ways by their communities and service providers, e.g. being required to interpret in place of professional interpreters when meeting doctors, social workers or lawyers. **(GENERAL)**

- **Age-inappropriate tasks:** Children being expected to undertake other age-inappropriate tasks (this will depend to some extent on what is customary for child e.g. fourteen-year-old may be used to looking after younger children, but ten-year-old should not have to look after distressed parent or deal with landlord on behalf of family. **(GENERAL)**

Children's Rights and Service Values

The Social Service Department in their Children's Services Plan 1997 – 2000 have drawn up six service values within the context of the UN Convention on Children's Rights, and of the Children Act, 1989.

We will reproduce 2 of the 6 values hereunder to highlight the gaps between ideals and practice. We do realise that there are constraints and each situation varies, but strongly believe that extra care is needed before compromising children's plight, who are vulnerable, powerless and totally at times dependants on adults, and who experience an impasse.

Service Value No. 3: The welfare of children and young people is the paramount consideration in the assessment of needs and provision of services.

Service Value No. 5: Children and young people will be protected from exploitation, abuse and neglect.

In the second year of **QP MAP** a unique service was established by the Borough on **Children's Rights:** giving children and young people the rights to be heard, consulted, taken seriously, and be involved; advocating on their behalf, helping and supporting them around com-

plaints and supporting them in difficult and important meetings.

Since there are a significant number of black and ethnic minority (BEM) children in care, the service did reach them. We have not been able to research whether the service achieved its ideals in respect of refugees and asylum seeking children in the Borough.

The Rights Officer in his periodic progress and review reports have raised following issues, amongst many others, for consideration, though related to BEM children, but equally relevant to refugees and asylum seeking children, whether are not they are being looked after:

- Planning and Review Team does not reflect diverse community of Looked After Children – a young person commented on whether there were any Black Reviewing Officers. Given the number of BEM Looked After Children, this may be an issue that needs to be considered.
- Need to build in advocacy / support for all Review Meetings – ensure that children and young people are made aware that they can have someone with them if they want.
- How are we monitoring our performance on meeting the needs of BEM Looked After children?
- What resources can they tap into for support and advice?
- Should we be considering a Participation Strategy exclusive to BEM Looked After Children? – BEM Looked After Children Steering Group?

(We understand that the above issues essentially relate to Looked After children, but the principles of representation, consultation and advocacy, and doing some exclusive, targeted work can apply in any situations and to any stakeholders/groups).

5 HEALTH, DISABILITIES AND SOCIAL CARE

Health is another very important area. Generally concerns have been expressed regarding refugees and asylum seeking children and families not adequately accessing health and social care service provision.

In our survey we explored both directly and indirectly, e.g.

- Whether there were any specific health issues, illnesses and disabilities prevalent in the families.
- Whether they were registered with a G.P.
- Whether they were aware of any specific or general health projects, service provision which they were accessing.
- Their awareness of mental health issues and how these were dealt with.
- Whether they had undergone any programme of health screening programme, including dental services or opticians etc.

Disabilities

Besides the (7) children who have been assessed having disabilities, including in our sample, of the 54, 25 families reported having different kind of illness and/disabilities: following are some of the conditions mentioned:

- Bad back.
- Stomach problems.
- Hernia.
- Liver problem.
- Chest pains.
- Hearing problems
- Kidney problems/transplant.
- Heart conditions/bypass.
- Problems with knees – cannot walk properly.
- Eye problem – awaiting operation.
- Diabetics.
- High blood pressure.
- Leg/back problem due to accident, during fighting in Somalia

- Arthritis
- Dislocation of hip

Most of the families who stated above mentioned conditions, needed regular hospital treatment and have to make frequent visits. They reported having problems with accessing interpreters and also lack of cash to pay for bus fares etc. It is pertinent to mention that parents disabilities do render them unable to care for their children adequately and it is harder if the children themselves have disabilities.

Registration with GP

Registration with a GP is an issue on two accounts: firstly due to their experiences in country of origin, they tend to rely heavily on hospital treatments and are not familiar with the primary care role of a GP, through whom most of the specialist and hospital referrals are made. Secondly some GPs are reluctant to register refugees and asylum seekers, due to communication barriers and fear of spending too much time on these patients.

In our sample a very significant numbers responded in affirmative that they were registered. GPs and their surgeries have been found useful to access a variety of information about health related matters. Some families have been able to get through check ups by their GPs. (See Appendix for latest further development within PGC)

General Awareness

We found that families whose children have been assessed for disabilities, are very knowledgeable. They are aware about health visitors, physiotherapists, nurses, and a number of specialists. Their children get checked routinely in their schools.

The rest of the respondents were generally very ignorant about the existence of various health and social care provision. They would like to know more about various such services. Some have been able to get lists of dentists and opticians from the GP's surgeries, but found it difficult to access, because they do not provide interpreters.

Mental Health Issues

The literature on mental health issues of refugees and asylum seeking communities is well documented, particularly the work done by the Medical Foundation – Caring for victims of torture and a number of individual clinicians and projects.

Some of the key psychological effects on refugees and asylum seeking communities are suspicion, depression, feelings of abandonment, feeling of inadequacy. The Post Traumatic Stress Disorder is very common, with physical symptoms such as nightmares, headaches, loss of appetite, sudden anger, sexual problems and panic attacks.

A number of our respondents claimed to be experiencing depression, but did not know where to turn to for help locally. CAB also reported mental health related issues amongst children, whose families they have advised. They have not been able to refer these children and their families for help. A Kosovan family described the problems of one of their traumatised child, who desperately needed help. Another family stated, ***“father very stressed and bad tempered with family due to pressures”; and “mother’s health problems are due to worries and immigration status”***. An Albanian father said, ***“I was tortured in my country for some time. I feel depressed and wish that could speak to someone who understands these problems”***.

Department of Child & Adolescent Psychiatry at the Thelma Golding Centre, Bath Road are interested to

establish outreach Primary Mental Health Services, depending on the availability of funding.

Service providers should be aware of the fears and mistrusts experienced by the refugee communities, due to:

- Experience of torture.
- War and military dictatorship.
- Psychological experiences.
- Understanding the long term psychological consequences of the experience of exile.
- Lack of refugee power in the UK.
- An unsympathetic Media and Political rhetoric.
- Racism in the UK society generally.
- Incongruity between internal and external worlds.
- Personal meaning and values.
- Loneliness and lack of peer group support.
- Guilt and self-accusation.
- Suffering from stress, disorientation and bereavement.

Turning Adversity into Opportunity for Refugees

RENEWAL is a very exciting project being set up by the Ealing, Hammersmith and Hounslow Health Authority, through SRB Round 6 and other sources. (See Appendix for further details). The Project is targeted at refugees and new arrivals in West London, including young refugees and their families.

Following are some of the needs identified in preparation for the bid:

1. One in six suffering from physical health problem severe enough to affect their way of life; two thirds have experienced anxiety and/or depression.
2. Access to services, including primary care: For example, the majority of refugees come from countries where a GP or primary health care service does not exist; a consequence of this is that hospital emergency departments are overloaded with non-

emergencies – simply through lack of information and awareness about the basic UK medical system.

3. Health problems include TB, asthma, depression, mental health problems, diabetes, HIV (some of these are linked to current housing conditions, some individual's country of origin).
4. Lack of English Language skills and cultural understanding; there is a pressing need for interpreters and advocates to help refugees and asylum seekers to access basic information and services.
5. The target groups are subject to racial harassment and discrimination and face additional barriers to services through ignorance among local services, employers and the general public.
6. Poor settlement into education: For children – achievement levels in schools; for adults – issues relating to access to suitable tailored and mainstream provision. There are a range of issues concerning level, quality, accessibility and availability of ESOL provision, for instance.

It is not surprising to note that most of these needs and issues identified by **RENEWAL** are reverberated in our findings as well.

Young Refugee Children's Diet and Family Coping Strategies

The London School of Hygiene and Tropical Medicine in collaboration with the Children's Society has recently concluded a pilot research project and found that:

- Income is the perceived limiting factor for the provision of a healthy diet.
- Confidence in adequate meal provision is further undermined by housing with inadequate kitchen

facilities for cooking and storage,

- Lack of social contacts from whom to seek appropriate infant feeding advice.

Hounslow Health Strategy

Hounslow Health Strategy 2000-2001 is the first Health Improvement Programme (HimP) for Hounslow, based on national, regional and local priorities.

At Borough level it proposes to develop strategies to tackle **Health Inequalities, Services for Children, joint investment plans for Mental Health services.**

The Strategy recognises the existence of black and ethnic minority and refugees and asylum seeking communities in deprived areas and that the services are not accessible to them. The Strategy also lists specific illnesses common amongst ethnic minorities and refugees and asylum seeking communities e.g. prevalence of diabetes, heart disease, asthma and mental health needs. The Hounslow Health Strategy proposes specific strategies to achieve their targets, e.g.

- Invest in practice staff with ethnic language skills and cultural insight, and additional link worker for health improvement work.
- Access to culturally appropriate counselling service.
- Improving access to Primary Health Care services for Refugee Communities by establishing a project with Hounslow and Spelthorne Community and Mental Health Trust, the Local Authority and owners of Guest Houses.
- Feltham PCG (Primary Care Group) priorities including ethnic health and diabetes.

6 COMMUNICATION, ADVICE, INFORMATION ETC.

In our survey, besides the services areas mentioned thus far, we also explored their views and perceptions of the following aspects:

Communication

- How do they communicate with appropriate institutions?
- Are they satisfied with interpreting facilities?
- Are they literate in their own language to access translated material?
- Describe any other communication related issues.

The Council's Community Languages, Translation and Interpretation Unit, is no doubt, an invaluable source to all the key agencies – public, private and voluntary sectors.

Their Annual Report highlights the extent of their work for interpretation, translation, language usage, usage analysis across Council Departments and the external agencies.

Their Business Plan for 2000-2001 is very ambitious, with clear vision, working to an agreed code of practice and aspiring to further develop contemporary practices in terms of training of interpreters, use of technology, meeting Quality Standards and a Best Value Review of the services has been undertaken.

A high proportion of their work relates to the traditional languages spoken by the established minority ethnic communities e.g. Urdu, Punjabi, Hindi and Bengali, however the service has been able to respond to the needs of new arrivals and has provided services in Somali, Albanian, Polish, Serbo-Croat and others, which undoubtedly is a wide ranging category.

A significant proportion of our respondents complained that interpreters were not available all the time and at time they depended on friends and grown up children

to facilitate communication. According to some respondents, the letters they receive and the leaflets etc given to them were always in English, and that they have to go to people to get their correspondence read.

A number of people responded that they were literate in their own languages, but no printed material was available in their languages.

7 TRAINING, DEVELOPMENT AND EMPLOYMENT

We asked them whether any members of their family were engaged in any kind of training/development programme and whether they would be interested to participate in any kind of programme and for what purpose?

Due to the asylum seeking process a number of them responded that they were restricted to do what they wanted to in this respect. Moreover lack of English language skills was biggest obstacle in making swift progress.

However following were some of the responses received.

- English Language development was considered paramount and they would like adequate provision for that.
- A number of respondents felt they needed to 'upgrade' their skills: ***"we would like to participate in upgrading our skills/jobs: what we used to do back home is done differently here. So we need to adopt to the ways things are done here"***.
- To accelerate the process of 'retraining' it was felt that the 'trade upgrading' courses should be held in their languages or with bi-lingual trainers, because it takes too long to learn English language first and then to participate in any training and development programmes.
- There are others who would like to learn new skills e.g. to train as nurses, or shop assistants, or set up their own small businesses.

8 INFORMATION AND ADVICE

We wanted to know:

- What type of information and advice was offered to them on arrival?
- Did they find the advice and information useful?
- What sort of advice they would have liked to have received, if not given? And
- In what format i.e. written/audio/face to face interpretation?

Generally speaking respondents were dissatisfied with the information and advice given, if any, on arrival. One respondent said, "***all we were told was that we were free to go***".

They would have liked to have received information on how to access services, information about housing, benefits and where the key institutions were e.g. hospitals etc.

9 VOLUNTARY SECTOR

However with the exception of few individuals referred to below, almost all our respondents did not have any contact with any voluntary groups; they did not know whether such groups existed, but would like to make contact and participate/contribute.

The voluntary sector within the refugees and asylum seeking communities is not effective. There are some groups representing different communities, but due to lack of funding and resources they have not been able to develop themselves.

The Somali Consortium has been allocated an office base within the Voluntary Action Centre. It was commendable effort on the part of various factions within the Somali community to form this Consortium, but their enthusiasm to unite and work together in new environment has not been matched with appropriate resources for them to be effective.

EKTA Association has been set up by Afghan Refugees (predominantly Muslims) and they aspire to build Afghan Refugee Centre in Southall/Hounslow area. Members of EKTA seem to be articulate, organised and dynamic. Similarly Sikh Afghan Refugees and asylum seekers have formed a local groups and aspire to build a Sikh Gurdwara for their religious and socio-cultural need. Armenian Refugees Centre in London is used by local Armenians.

10 SOCIAL LIFE

In the absence of any community/resources centres for refugees and asylum seekers or religious institutions, it is not easy for them to lead any organised and fruitful social life. Families and individuals are generally very isolated. Some of their social activities include:

- Visiting friends house.
- Meeting people in high streets and shopping centres.
- Those who have some language skills, will go to cinema.
- Taking families and kids to local parks seems to be popular activity, which depends on the weather as well, but there are those who are scared and do not even go to parks.
- One respondent said, "***we stay at home, we are very isolated. We cannot receive visitors, because house is not conducive to guests***".
- Financial constraints also inhibit, e.g. it was reported, "***social life is not good, it would be good to go out, sightseeing etc, but it costs***".
- Due to some cultural, political and religious factors, men generally tend to socialise/meet with other 'countrymen' more than women.

1 1 FUTURE HOPES AND ASPIRATIONS

Notwithstanding the uncertainty associated with their current or future 'immigration status', majority of them are optimistic. Those who have the potential would like to develop themselves, learn skills, trades, gain qualifications so that they can work and look after their families.

Future of their children is very important, therefore a great deal of importance is attached to their schooling. Any delay in that direction is very frustrating and depressing for the whole family.

They aspire to be able to live in this country permanently, be able 'to build something for themselves' and in turn ***"help the country by working and contributing to the economy"***.

On the negative side , there are those who are not sure ***"what the future holds"***; e.g. one respondents said, ***"one of my family friend has been sent back home so I am thinking it could be our turn soon"***.

12 VIEWS ON IMPROVEMENT

We asked them for their views on improvement, which were given by most of the respondents. We have grouped their views in the following six categories. Some views are included in section 3.2 above, which were given in *MIND THE GAP* questionnaire.

(1) Communication/languages barriers: More interpreting and translation facilities were frequently mentioned to be provided by key agencies such as Housing, Social Services and Hospitals. It was also suggested that instead of interpreters, staff – front line staff in the main – should be appointed with languages skills. It was felt that a great deal of information was available, if only refugees and asylum seeking communities were empowered with knowledge and information to be able **to ask the right questions**.

(2) Insensitivity to cultural and general background: A number of respondents felt the need for the staff – front line staff in the main – and others to **“understand who we are, our cultural backgrounds, our way of life, our political situation back home and what we have gone through, our needs, why and how we have been displaced, what our hopes and aspirations are”**.

It was generally felt that agencies and staff dealing with them, **“have no patience with us”, “we do not understand what they expect us to understand in their usual way”. “We do not understand the systems, the legislations and rules and regulations”**. A number of respondents said, **“they treat us if we have been living here for 50 years. They should make it easier for us to have access to the projects and services”**.

(3) Conditions and facilities: As has already been pointed out elsewhere they would like better housing conditions, ‘benefit regime’ to be more sympathetic and generous and better communication facilities, e.g. a mother said, **“I do not like living in one room**

with three children. The place is occupied with three people from and there is language and cultural problem”.

(4) Staff training and development: A number of the respondents suggested that training and development would help improve the staff, hoping they would understand us and our situations better and would also feel that they are willing to help and assist and **“do not tell us to go away in a nice way”**; as they usually do, **“just send us away”**. There is general feeling that **“if you are not understood or you have not understood, you have the feeling people are not interested and they are not willing to help”**.

(5) Advocacy-orientation: Reading their responses and discussing with them, one gets the feeling that what is needed is a very **comprehensive advocacy approach** in dealing with refugees and asylum seeking communities issues. For example some of them said,

- **“We do not need leaflet and addresses at time, what we need is assistance to achieve what we need e.g. schooling for our children. We are told where the schools are but not assisted to ask about vacancies and admission procedure”**.
- **“We are given letters and leaflets but are not told what to do next”**.

A theoretical **Comprehensive Advocacy Model** is presented in Appendix D.

(6) Self Help and Voluntary Sector Development: People expressed to be **“closer to our communities so that we can help each other”**. There is definitely a need for the third sector resourcing and development so that people are able to use their own skills appropriately needed to services their communities and build confidence to survive in new environment.

3.5. ANALYSES OF KEY SERVICE PLANS (REACTIVE VS PROACTIVE)

Introduction

The plight of refugees and issues associated with refugees in Europe are decades old if not centuries. The conflict in the world at large and in different regions in the world is very well known. In the most cases it is a legacy of European colonial past, and the Western world is heavily involved in one or the other, e.g.

- Resolving conflicts as mediator;
- Using International legislation to deter oppressors;
- Sending peace keeping forces;
- Taking side in conflict;
- Selling arms and ammunition;
- Working as mercenaries and selling not just the arms but their forces and personnel.

Therefore the displacement and flight of people as 'refugees' from the 'hot' regions and countries is always to certain extent known in advance. Moreover according to International Conventions and Declarations there are commitments and obligations to accommodate displaced people both on temporary and permanent basis.

Nonetheless Local Authorities in the main and other agencies, are rarely prepared to receive these new comers and are always reluctant and resist their arrivals in different localities.

The Public sectors – Local Authorities, Health Authorities - providers of major services to local residents, are obliged to plan well in advance by preparing various action/service plans under the Best Value and Scrutiny Regime these day. We believe that refugees and asylum seekers who are tomorrow's ethnic minorities and who are more or less permanent feature of demographics, should be properly included in these plans.

In the absence of proper planning, agencies and institutions tend to resort to *crisis management* and during that process generate undue:

- Discrimination,
- Harassment, and
- Victimisation.

though not deliberately, which is contrary to our legal, moral and political obligations.

The *Crisis Management* engenders various situations e.g:

- Ill feelings about the new arrivals, who have already gone through so much trauma and adverse experiences;
- They are unwanted;
- They are unwelcome;
- Right wing media coverage and projection is always negative;
- Some professionals dealing with them exhibit 'patronising attitudes' and do not service appropriately and sensitively.

Consequently they experience:

- Individual and institutional discrimination – contrary to anti-discriminatory legislation;
- Harassment, bullying, attacks and abuse; (*this whole extract was taken from an unpublished report by Qadir Bakhsh, 2000*)

Race Equality vs treatment of Refugees and Asylum seekers

The issues of refugees and asylum seekers are synonymous with the issues of race relations; race equality and anti-racism and , anti- discriminatory measures etc.

Therefore in any organisation if a good race equality policy and strategy is in existence, then it follows that the organisational anti-racist, pro-equality culture should be responsive to any new arrivals.

"However, in recent years, the growing number of asylum seekers arriving in the UK,, has put the asylum system under severe strain", (Another County, 2000). The number of people claiming asylum increased from about 4000 a year in 1988 to 70,000 in 1999. Under the circumstances the local authorities, mainly in London, had found it difficult to respond adequately and appropriately – hence the crisis management referred to above.

This usually happens at the expense of **prevention** and ability to provide **planned, reflective and proactive** support for families. Therefore it is advisable that whenever the **crisis situation** is over, the organisations should create space and resources to reflect and plan proactively to cater for the needs who arrived during the crisis and use that space and resources to prepare long term strategies to avoid being in a similar situation again.

"The Council believes it has a good track record in addressing the needs of minority ethnic groups. For instance, it has worked hard to ensure its own staffing is reflective of the local community. There are also established policies to deal with discrimination and harassment". (Joint Review, February, 2000). The Joint Review goes on to comment, **".....there has been a recent belief in the Department that progress was stalled. The budget reductions clearly made it more difficult to "grow" new services. Collection and use of ethnic monitoring data, a previous high priority in the Department, declined, fuelling doubts that services were reaching all those who needed them"**.

However it is felt that:

"....., this view now needs to be re-examined in the light of the MacPherson Report, the strain on community relations caused by the scale of the asylum-seek-

ing problem faced by London authorities, and the sense that for Hounslow as with other local authorities "race" has dropped down the agenda in recent years".

It is commendable to note that the Council has responded to this need for re-appraisal by prioritising the MacPherson Report and its implications for Hounslow in setting up a specialist Scrutiny Panel (Not many London authorities have responded by setting up Member level Scrutiny Panels). Stephen Laurence Inquiry findings are not just about racial attacks and harassment or racially motivated murders and the 'policing practices', but it has highlighted the need to re-examine 'institutional racism' and 'insensitive policies and practices' across the whole 'public sector'. No doubt, the Council's Scrutiny Panel's work will go a long way to dismantling 'institutional racism' systematically, if it is found to exist.

Best Value Regime and Scrutiny Culture

The Best Value Regime requires all council services to be subject to a system of continuous improvement in terms of economy, efficiency and effectiveness. As part of an overall Best Value Performance Plan, councils prepare and produce various services specific plans e.g. Children Services Plan, Education Development Plan, Community Safety Plan and so on. Then they establish a rolling programme of Best Value Reviews and Scrutiny.

If issues of minorities and disadvantaged communities are not included in this process, and if alternative processes are not established, by way of specific targeted and dedicated work and resources allocation, then it is likely that the 'disadvantages and social exclusion' will perpetuate and multiply. The Best Value Regime and Scrutiny Culture provide opportunities for an all inclusive package.

We believe that one way of "institutionalising equalities" and "mainstreaming anti-discriminatory practices" is to "hook-on" to any current/ongoing initiatives and, review and re-write job descriptions/duties/roles of everyone in the organisation by highlighting 'equality implications' literally on daily basis. As pointed out above, the Best Value Regime and Scrutiny Culture provides the scope to achieve this, by incorporating equality implications and proper actions plans adequately and appropriately in all the "Services Plans" which are being prepared. Therefore we have analysed some key service plans just to make a point and suggest that if possible this 'work' should be done routinely.

Analyses of Key Service Plans

We have chosen the following five Plans/Documents to analyse using the Four-Point Scale given in Fig No.3. The Scale is self explanatory and it is a Twin-Four-Point Scale, in that it compares refugees and asylum seekers 'inclusion' with 'racial minorities' mention in these plans.

- ***HOUNSLOW IN BUSINESS – Economic Development Strategy October, 1999.***

Healthy state of local economy and proper strategies for its generation, development and sustainability is paramount for the local residents. In any locality the public sector in general and the local council in particular is the major employer, the purchaser and provider of many local services.

The Council's Economic Development Plan recognises the significance of Anti-Poverty Strategy in tackling poverty and social exclusion amongst various disadvantaged groups including 'people from ethnic minority communities', or those who are unemployed, homeless or living in overcrowded conditions.

The Plan also stipulates Council's commitment to equality of opportunities and the desire to eliminate discrimination in all aspects of their work.

Capacity Building and Training - building the skills, knowledge, confidence and motivation of individuals and communities is considered essential to overcome dependency and powerlessness in economically deprived communities. Council believes that community development and training are invaluable tools for tackling social exclusion. Significance of Voluntary Sector is also recognised, who attract millions of pounds of external funding and provide response, sensitive and value services to the communities.

In this global plan there is no specific mention of refugees and asylum seeking communities, who experiences a great deal of hardship and disadvantages.

There is need for microscopic look to assess whether these communities and others are benefiting from these policies and strategies, otherwise these statements remain ideals and at times do not work for some communities and groups, unless special effort is made to reach them.

- ***CHILDREN'S SERVICES PLAN 1997-2000.***

It is a detailed service plans – mentions the existence of racial minorities and refugees. Children who are the victims of Racial Harassment are not only mentioned but a detailed action plan and corporate strategy is articulated to tackling this social evil, which affects children and their families e.g. recruitment of a Care Manager is mentioned whose task will be to develop the Department's approach to dealing with racial harassment. There is definitely scope to include similar strategies for refugees and asylum seeking children and families in addressing their unmet needs, identified in this and other reports.

- **CRIME REDUCTION STRATEGY – 1999-2000.**

The Crime and Disorder Act 1998 requires local authorities and police services to develop a crime and disorder reduction strategy for their area. The Crime Reduction Strategy, 1999-2000, identified 13 separate activities to develop a strategy, which included inter-agency projects on domestic violence and racial harassment. However the Head of Community Safety and Crime Reduction Unit in his responses to 'Mind the Gap' questionnaire stated: **"This issues (refugees and asylum seekers) needs to be got onto the agenda through the 3 year Crime Audits and Crime Reduction Strategy"**. He continues, **" We are tackling racial harassment as part of the 3 year Crime Reduction Strategy, but nothing specific for refugees/asylum seekers"**.

These comments are self-explanatory and it is hoped that the issues raised above will be mainstreamed as suggested.

- **EDUCATION DEVELOPMENT PLAN 1999 – 2003**

It is a very comprehensive programme, which include issues to do with racial minorities in the mainstream of activities and specific and targeted activities are also specified, under a specific section of attainment of disadvantaged disaffected pupil. A specific activity No.7 has been developed in this section relating to support for newly arrived refugees and asylum seekers in schools. Appropriate resources have been identified and mentioned. (see Fig No.4)

While describing demographic and economic characteristics there is a detailed mention of both racial minorities and 'steady inflow of new arrivals from overseas' i.e. refugees and asylum seekers. This is an example of a good practice, which ideally should be followed in preparation of other services plans.

- **JOINT REVIEW – POSITION STATEMENT, February, 2000.**

This is a very impressive, comprehensive and candid document.. We have already referred to some of the comments contained in this document, earlier. It describes racial minorities and refugees and asylum seeker, highlights discrimination and disadvantages experienced by these communities, evaluates the Department's performance on equality issues and identifies proposed initiatives to achieving equality ideals by allocating resources etc.

In conclusion we would like to point out that the Audit Commission in their latest report Another Country, dealing with refugees and asylum seekers issues has recommended that **"Service provision for asylum seekers should be subject to the same value-for-money scrutiny as other services"**, which essentially means that the whole services provision should become part of 'Best Value Regime and Scrutiny Culture'.

Fig No. 3

Four-Point Scale to assess various Services Plans for Race Equality and Refugee and Asylum seekers initiatives:

<p>0. No mention of refugees or asylum seekers at all</p> <p>0 (1). Racial minorities and / or refugees and asylum seeker are mentioned.</p>
<p>1. Refugees and asylum seekers are mentioned as residents of the borough; Numbers and diversity mentioned, needs mentioned to certain extent – implying that some work needs doing.</p> <p>1 (1). Racial minorities mentioned as residents of the borough, numbers, projections and demographic mentioned to certain extent – implying that work is being done .</p>
<p>2. Disadvantages, discrimination experienced by refugees and asylum seekers mentioned.</p> <p>2 (1). Disadvantages, discrimination experienced by racial minorities mentioned.</p>
<p>3. Proper action plan presented with resources and target dates and anticipated reviews etc. for meeting the needs of refugees and asylum seeking communities.</p> <p>3 (1). Proper Race Action Plan presented with resources and target dates and anticipated reviews etc. for meeting the needs of specific racial minorities of specific age groups.</p>

Fig No. 4

Activity:7

Support newly arrived refugees and asylum seekers in schools

Focus:

- Providing additional staffing, advice and support for refugee pupils in order to raise achievement of targeted pupils
- Raising awareness of staff, pupils and parents of the needs, skills and expectations of refugee families
- Disseminating information and training regarding the background of and provision for refugee students in school.

Aimed at:

- Refugee and asylum seeker pupils
- Mainstream staff in Hounslow schools
- Governing bodies
- Parents.

Activities/ Timescale:

- A provision of additional EAL/Bilingual support staff to work with targeted pupils in partnership with class teachers
- Delivering training on the needs of Refugee/Asylum Seeker pupils for mainstream staff and governors. (Academic Year 1998/9) Termly one day courses and as part of a one term course (two sessions on this topic)
- Provision of advisory bilingual staff network to assess pupils in Mother Tongue, liaise with support agencies, e.g. TSS/Ed. Psych/Medical Foundation (Academic Year 1998/9) in response to school requests
- Additional bilingual staff to liaise with Refugee parents, providing Multilingual resources aimed at improving their involvement in literacy. Multilingual parents leaflets in Somali, Arabic, Farsi, etc. encouraging home support for literacy. Weekly workshops, termly inset for schools. 4 leaflets in Academic Year 1998/9.

Responsibility:

- Head of Hounslow Language Service
- Bilingual Advisory Staff

Success Criteria:

- Meet the targets in the Hounslow bid for the Standard Fund
- All targeted Refugee Pupils achieving literacy targets commensurate with their EAL Stage and NC Steps Descriptors
- 30 staff attending one term course, 36 staff/governors attending 1 day course in year 1998/9
- Staff recruited to Bi-lingual Advisory Network, speaking appropriate Refugee Languages, eg Farsi, Somali etc.
- Mother Tongue Assessment & Referrals completed (approx 50 per Year) and 4 parental multilingual leaflets completed and disseminated.

- Monitoring & Evaluation:**
- Refugees and Area Co-ordinators/School Co-ordinators to monitor pupil achievement
 - Mainstream/Governor Training evaluated by participants and reviewed by HLS SMT
 - Senior B/L Teachers to monitor 3/L staff network performance
 - Survey of Schools re: Parental response to leaflets.

Resources:

Specific grants	-
School improvements	£222,930.00
Strategic management	-
Total	£222,930.00

- Monitoring & Evaluation:**
- Schools' monitoring of individual
 - Reports to Social Services Departments meetings
 - Statutory and other reviews
 - Monitoring by specific support teams

Resources:

Specific grant	£18,000.00
SEN	£6,645.00
School improvements	£10,260.00
Access	-
Strategic Management	-
Total	£34,905.00

CONCLUSIONS AND RECOMMENDATIONS

4.1. Corporate Working

Before listing any conclusions or making recommendations we would like to highlight that the councils are generally corporate bodies. Developing a corporate approach has always been integral to the Councils' political system and management systems. In Hounslow, *"the portfolios of Executive Members are designed to cut across traditional Departmental boundaries to ensure a focus on users and outcomes and to harness all the Council's resources. The new scrutiny arrangements also cut across Departmental boundaries"*.

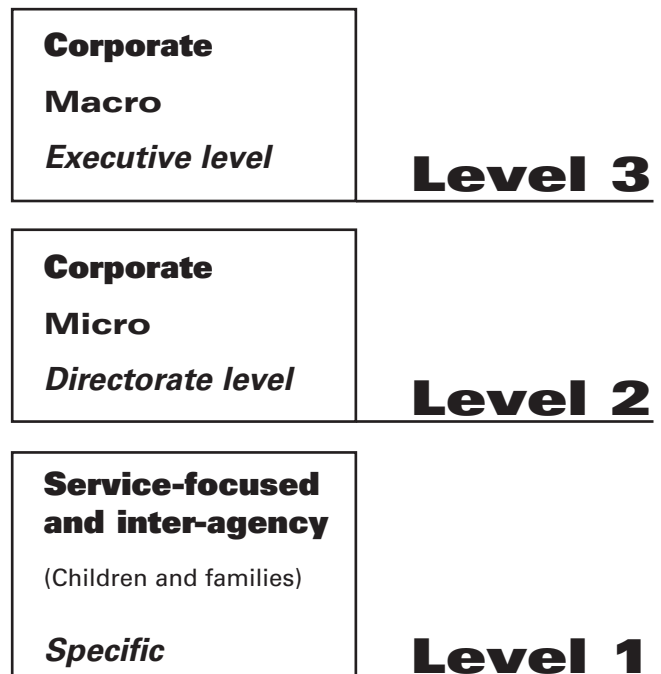
The scope of this research project was restricted to 'children and families' within Social Services, however as has been demonstrated earlier while discussing key elements and players of Children's Services Plan that there has to be strong working relationship across various departments and services for effective and efficient service delivery.

Therefore it is inevitable that our conclusions and recommendations will have implications at corporate and services specific levels.

We have differentiated between **Corporate MACRO** and **Corporate MICRO**, i.e politically at Executive Members and managerially at Chief Executive level for **MACRO** at Social Services Directorate level for **MICRO**, entailing various services, divisions and sections, areas etc. across the Departments. Similarly certain recommendations will be **Service-focused (children families) SPECIFIC**.

This Model is graphically depicted in Fig No.5.

Fig No. 5



4.2. Conclusions

- The Council believes it has a good track record in addressing the needs of minority ethnic groups. There are also established policies to deal with discrimination and harassment. However this view now needs to be re-examined in the light of Stephen Lawrence Inquiry Report. Because it is also believed that due to cuts in budget, 'race' has dropped down the agenda in recent years.
- Crisis Management – Reactive Response to meeting minimum legal requirements – has generated indifference and has tended to adversely affect efficiency and effectiveness. And lack of Proactive, well thought out and Reflective strategies to do with refugee/asylum seeking communities generally, seems to prevail.
- The local agenda is driven by National Initiatives and is predominantly FINANCIAL BIDS LED, which in itself is not in any way detrimental, provided the motivation to cater for genuine needs in an effective and efficient way is focused.
- Information Collection/Information Management is an area needs attention. Wealth of information is collected, but it is not at times computerised, so it is not readily accessible and cannot be retrieved for meaningful analyses, to inform good policy/practice development.
- Monitoring and evaluation of certain information/initiatives and resources allocation needs improvement.
- Not enough is being done to 'hook on' to existing initiatives and strategies to address these particular issues either as part of 'mainstream work programme' or the 'specialist targeted work', e.g. under the Best Value Regime and Scrutiny Culture: prepar-

ing various Service/Action Plans and subsequently carrying out 'Best Value Performance Reviews'.

- There is lack of COORDINATION both within Social Services Department, across other Departments and external agencies, on the work done for Children and Families of Refugees and Asylum Seeking communities.
- There are a number of specific issues to do with Education, Housing, Social Services, Health, Information & Advice and Advocacy, Monitoring and Evaluation of existing activities/resources, which require attention.

4.3. Recommendations

In the light of our findings and the conclusions, we would like to recommend the following for the consideration by the Social Services Department and the Council.

The Significance of Corporate Working has been pointed out in Section 4.1., therefore the **Recommendations** will be grouped at three levels:

- LEVEL ONE: **Service-focused SPECIFIC** (i.e. Children and Families – **17 recommendations**);
- LEVEL TWO: **Corporate MICRO – Directorate Specific** (i.e. across the Social Services Department and inter-agency working – **8 recommendations**);
- LEVEL THREE: **Corporate MACRO – Executive Specific** (i.e. Chief Executive, Council, Cabinet – **11 recommendations**)

These LEVELS deal with both **policies, strategies, and of course direct 'quality service delivery' for children and families.**

Since the Social Services specifically deal with children and families issues, these are included LEVEL ONE only.

Both LEVEL ONE and LEVEL TWO are of much wider in scope, therefore we hope that these will be considered as appropriate by appropriate group(s), committee (s) or individual(s).

Level One: Children-Specific

1. Ensure Child Protection Procedures are sensitive to detect potential risk at an early stage, by working through voluntary sector, schools, NSPCC and other similar agencies.
2. Develop and implement specific procedures to protect refugees and asylum seeking children from bullying, attacks and harassment.(They get bullied because they are asylum seekers and refugees and not necessarily due to their ethnic, cultural or religious origins).
3. Consider establishing a Refugees Communities Resources Centre, by pooling resources, in order to develop activities within the voluntary sector relevant to children needs, on self-help and self-organisation basis.
4. Consider preparing a proper Refugees/Asylum Seeking Children and Families Business/Action/Service Plan which should be subsequently Best Value Performance Reviewed, as recommended by the Audit Commission as well.
5. Address seriously, tackling Racial Harassment, Discrimination and Victimisation, on Housing estates, in and around schools and ensure any actions are outcome-focused. Communities themselves should be actively involved in any tackling strategies so that they are aware what is being done.
6. Ensure that children and their carers/parents are given adequate 'accessible' information regarding schooling e.g. catchments area, admission policies/procedures, transfer procedures and the need for the provision of interpretation/translation – regarding who provides what.
7. Develop specific programmes to make recreation and sports facilities accessible to refugees and asylum seeking children, particularly in the neighbourhood, where they live.
8. Consider providing premises and resources for refugees and asylum seeking children for out of school academic and non-academic activities e.g. supplementary teaching, community languages, religious classes and cultural/sports activities. (perhaps through the New Opportunities Funds).
9. Identify refugees and asylum seeking children who are being 'looked after' whether unaccompanied or with families/relatives to ensure assessing and addressing specific needs and issues, as raised in the findings of this research.
10. Ensure that specific needs are identified and proper implementation programmes are incorporated in various service plans prepared for children generally e.g. Children Service Plan, Early Year Learning Plan, Social Inclusion Plan, and so forth.
11. Ensure that after the first contact with the children within any agencies, services and departments, the children do not slip through the net and their needs are addressed routinely.
12. Ensure that there is adequate and sensitive support from the Education Welfare System, regarding availability of place in school or if the child is missing from school for the reasons mentioned earlier in this report, and that the progress or lack of it is monitored systematically.
13. Currently Sathi Project deals with 'special needs' and 'disability' issues of refugees and asylum seeking children of Asian origin, very successfully. Similar provision should be considered for children of other national origin and cultural backgrounds e.g. Somali or East European.
14. Ensure improving 'information management' system, regarding collecting and using information about refugees and asylum seeking children.
15. Consider constructing/preparing a comprehensive

profile of each child including all the relevant information, in collaboration with education and other services.

16. Ensure provision of appropriate psychological / counselling services for traumatised and distressed refugee and asylum seeking children – perhaps in collaboration with Department of Child & Adolescent Psychiatry the Thelma Golding Centre, Bath Road.
- 17 Consider researching and exploring further the **45 bullet points** listed on pages 29-34, summarising issues and situations exclusively concerning children, in order to develop further appropriate actions and strategies

Level two: corporate micro

This is Social Services Department Specific including inter-agency working. There is likely to be some overlap with LEVEL THREE.

18. Develop effective consultation mechanisms to involve asylum seekers and refugees in designing, developing and delivery of services.
19. Consider suggestions for improvement given in Section 3.3. and Section 3.4. of this report.
20. Consider developing **the COMPREHENSIVE ADVOCACY MODEL** in practice, involving all the key players, as suggested in Appendix D.
21. Review existing **COMMUNICATION** mechanisms and improve access to information generally and facilitating modes of communication particularly.
22. Consider developing **Preventative and Proactive Approach** to identify refugees and asylum seeking children, potentially at risk.
23. **Consider developing** Adverse-Outcome-Focus-Reviews (**AOFR**) for proper corrective actions to improve service provision and strategies – sort of ‘what if’ scenarios – i.e. **W.I.S.E. Analyses (What If Situation Evaluation)**.
24. Compile and publish a Directory of resources/initia-

tives/projects and profiles of refugees and asylum seekers in the Borough and their voluntary activities.

25. Consider to establish, support and develop a Carers Groups from within the refugees and asylum seeking communities.

Level three: corporate macro

Politically this LEVEL refers to Executive Members, and managerially it refers to Chief Executive level and the corporate management team. There is likely to be overlap between LEVELS TWO and THREE.

26. Re-examine Race Equality Policy/Strategies at Corporate MACRO level.
27. Incorporate specific issues of children and families of refugees and asylum seeking communities in ‘mainstream thinking’, as well as making ‘targeted service provision’, in consultation with the appropriate communities and agencies.
28. Consider Capacity Building within the Refugees and asylum seeking communities including:

Socio-Economic Needs audit:

- Skills audits,
- Training Needs Audit,
- Commissioning SLAs etc.

Empowerment in the wider sense, including:

- Imparting information,
- Adequate funding,
- Allocation of resources,

Training/Education/Development in the wider sense

29. Consider collecting appropriate information – categories on national origin, ethnicity, religion, languages and other factors, which need standardisa-

tion, at **Corporate MACRO** and **MICRO Levels** and at **Service SPECIFIC level**.

30. Consider supporting to develop a local REFUGEE FORUM, in collaboration with REAP and RENEWAL, and consider establishing a Standing Conference of Refugee and Asylum Seeking Communities in the Borough.
31. There are assumptions about Quality Assurance Measures and Equality implications. Consider incorporating specific Equality indicators in QA Measures. Any Quality Service will not necessarily be Equality outcome provision. There is a need to develop strong links between Quality and Equality.
32. Review existing training programme in the Borough on refugees and asylum seekers issues and attempt to re-design appropriate training and development programme addressing following and other needs/issues, targeting both the front line and other staff:
 - Reviewing Policies/procedures/strategies;
 - Skills in dealing with issues raised in the report;
 - Work shop to prepare action plans etc.
 - General awareness raising sessions, not only about cultures, languages and religions etc. but focusing on forces driving communities, encouraging displacement and getting under the skin, as were, what refugees go through at different stages.
 - Dwelling on integrating strategies.
33. Carry out strategic reviews of services to assess value for money. Consider pooling resources at **MACRO, MICRO and Inter-Agency level** to maximise the impact and avoid DUPLICATION.
34. Develop a public relations strategy for asylum seeker and corporate procedures for dealing with media.
35. Empower Refugee Liaison Group, by allocating financial resources for their activities.
36. Fund Refugee Groups directly for their socio-cultural, educational and other appropriate activities.

Local Projects and New Initiatives: APPENDIX A

Renewal

This is a very ambitious project, which targets refugees and recent arrivals in six West London Boroughs, including Hounslow. The project will cost £17,289,000 over its seven year lifetime, including £6.5 million SRB and £10,789,000 from other sources.

At the centre of the bid is the need to remove communications barriers –English language training, interpreter training and cultural awareness training –aiding communications and communications skills – cut right across the three themes of the bid. They will be subject of separate projects as well as permeating the projects under all themes. The three themes are:

- Access to basic health services
- Young refugees and their families
- Access to mainstream economic activity

APPENDIX B

REAP

Refugees in Effective and Active Partnership (REAP) is a partnership-led project to empower refugee communities. This is to be achieved through capacity building initiatives such as:

- Forum Development
- Networking
- Partnership Development
- Assisting in setting up Refugee Groups
- Delivery of Advice and Information

The project is unique in the respect that it has a strategic approach and it is not limited just to one borough but spans across all three boroughs of Hillingdon, Hounslow and Ealing. The current partnership comprises of organisations who work actively and closely with the needs of refugees.

The Need:

This was identified as a result of research commissioned by the project partnership. Consultants were appointed who made the following key recommendations for a special project for refugees:

- To address the lack of information about entitlements and rights, good practice and available services
- Promote a positive image of refugees, their needs and dispel myths
- Engage constructively with other service providers to provide appropriate, adequate, timely, non-discriminatory, sensitive and effective services
- Encourage feedback, training and support
- It needs to strengthen and empower organisations to provide for their own communities needs.
- Have a high public image and profile to meet these needs.

Moreover, it was felt that parts of West London do not have a well developed or resourced community sector that can currently represent or service the large and varied communities of refugees and asylum seekers.

The project core aims are:

- To enhance the profile of refugees amongst service providers and encourage good practice;
- To encourage refugees community groups to form and support their development and capacity in order that they may meet the needs of people from their own communities;
- To encourage and support the development of networks, fora, and partnership working between RCOs and between RCOs and mainstream providers of services;
- To provide assistance to refugees to access the full range of services to which they are entitled and act as an advocate for refugee rights in West London;
- To develop and coordinate information resources to meet gaps in provision and to avoid duplication;
- To work with others to assess the changing needs of refugees in the area and evaluate service provision for them.

REAP is funded by London Borough Grants and managed by Hillingdon Race Equality Council.

We need your partnership!

APPENDIX C

Hounslow Primary Care Group

Modernisation Bid 2000/2001

Summary

Improved provision for refugees and asylum seekers – Thorncliffe

Proposal

Currently, 9 hours GP open access primary care services are provided to 1,000 residents of the Thorncliffe Hotel by the Jersey Practice. Approximately 2,500 consultations take place annually.

This is funded via **£12,698** per annum temporary residents fees to the practice and **£10,489** additional General Medical Services plus items of service payments.

The practice wish to extend access to primary care services for refugees and the homeless residents at Thorncliffe hotel. The practice has over 15 years experience in treating patients from refugee and the homeless communities.

Service Provision

- 5 GP sessions per week to allow daily sessions and longer appointments for difficult patients
- 5 nurse-run health promotion sessions per week for diagnosis, treatment and health information. Standard new patient checks would be offered as well as cervical screening, ANC and other services.
- 15 hours reception, 10 hours secretarial, 5 hours practice manager time as support.
- Extra language line and translation services provided by EHH HA.
- Health Visitor support to be accessed from the Community Trust.

Benefits

- Improved access for refugee groups at Heston Health Centre; the Community Health Council and recent reports on Refugees in London and Trust in the Community highlights concerns over access for disadvantaged groups
- Potential that current service of 9 sessions per week will be stopped from August 2000
- Specialised services for this community can be provided by a practice with relevant experience

Costs

£51,565 per year. 2,500 patients seen per year (current caseload but likely to increase). £20 average per consultation. **£23,187** to be accessed from current resources. The PCG have already allocated £20,000 from 1999/2000 modernisation resources for refugee groups.

Cost to PCG £28,369 per annum

APPENDIX D

A Comprehensive Advocacy Model

Here we would like to take the opportunity to present a *Comprehensive Advocacy Model*, to be considered for further development and polishing, in collaboration with key players and stakeholders in order to avoid tokenistic gestures of information and advice giving, as perceived by the communities.

A Comprehensive Advocacy Model Assumptions

- Interpreters/case workers/advice givers lack sensitivity.
- They do not offer support and assurance.
- They display officious attitudes.
- They do not have time to build relationships with clients.
- Their officious attitudes and professional language/jargons disempower clients. Client is not part of discussion/negotiation process.
- Interpreters and others acquire non-human characteristics associated with the system.
- Interpreters and other do not have wide ranging knowledge about the issues and services for whom they interpret (eg mental health act)
- Continuity is not maintained to built trust. Same case worker/interpreter should follow the case.
- Advocacy is about informing the client so that s/he can make an informed decision.
- The advocates make referral and stay with the person until referral is facilitated.

Principles

- ***Empowerment***
 - Knowledge
 - Skills

- ***Combating ignorance***

- Information power
- Skills how to seek information and gain knowledge

- ***Rights and responsibilities***

- Rights under various conventions, legislations
- Responsibilities only if they are empowered, skilled informed.

Six key components of Advocacy Model

(1) Dissemination of Information

- Type of information about rights/responsibilities and systems.
- Mode of information giving: written/oral through their languages.
- To be succinct and precise: simple language, free from jargon and complicated rules and regulations.

(2) Interpretation/Translation (two way)

- As advocates.
- Face-to-face.
- On video/audio.
- Frequency/continuity
- Be able to translate feelings, emotions, situations, miseries/sufferings.
- Convey values, principles.
- Continuity – same advocate/interpreter for a longer period.

(3) Advice

- How, when, where and what.
- Empower to ask appropriate questions.
- Quality of advice.
- Should include the whole package, not fragmented/piecemeal.
- Where to go next and what to expect.
- Some standards to be published/publicised.

(4) Referrals

- Not 'passing the buck' but a contract culture.
- Both the agencies should know why somebody has been referred from A to B and what is expected of the next port of call.
- Initiating agency should prepare a sort of contract to be passed on with the case to the next stage, with all the information already collected so that the respondent does not have to repeat when s/he is sent from pillar to post and loses faith and trust in the agencies and develop cynicism.

(5) Professionals/face worker/case workers

- All the professional need to develop advocacy oriented approach:
 - and expect feed back: Nurses, doctors, teachers, welfare/case workers and many others.
- Case work agencies and workers to develop that orientation:
 - refer properly with all the adequate information with the request what needs doing next and the client/or the agencies to report back on update.

(6) Capacity building

- Peer Group Support Workers from within the communities.
- Community advocates.
- Volunteer advocates.
- Mentors.
- Develop skills, information bank, tool kit.
- Refugee Community Organisations/ and properly developed third sector to deal with refugees and asylum seeking communities.

On face of it might seem a theoretical model, but all the key components mentioned above do on occasion operate effectively. In the current partnership and inter-

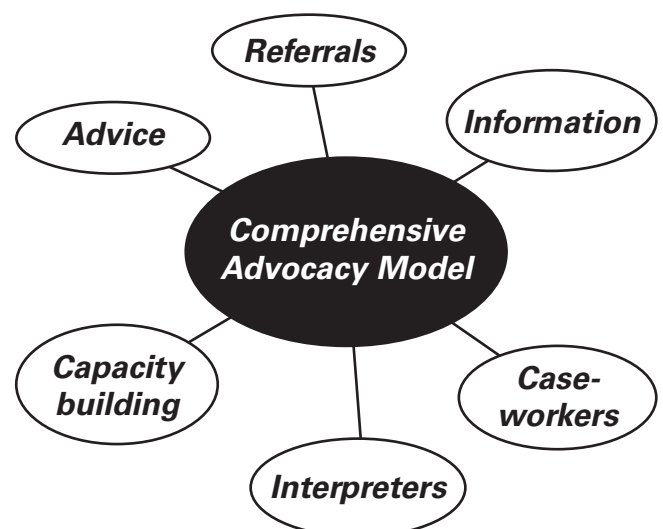
agency culture, in order to avoid duplication, and maximise the impact of scarce resources, and above all to inculcate highly professional commitments to dealing with these issues and communities, we believe it is imperative that key stakeholders and key players work hand in hand to achieve ideals, principles, values and visions so frequently quoted in all the documents. To put all that in practice, *innovative mechanisms* have to be defined and developed.

Fig No.6

Six components of

A COMPREHENSIVE ADVOCACY MODEL

(Qadir Bakhsh, 2000)



Research Tools: Appendix E

Hounslow Refugee Research Project

Mind the Gap Questionnaire

The purpose of the questionnaire is to:

- Ascertain local issues relevant to equalities generally, race equality and refugees communities particularly;
- Ascertain level of support and provision within and without the council;
- Highlight glaring gaps and
- Suggest projects, initiatives, strategies to attract external funding.

Therefore colleagues are requested to list as appropriate:

- Local issues (relevant to refugee children and families) – perhaps to do with the following:
 - Initial assessment, generally – first port of call:
 - Advice, referral and advocacy
 - Education related issues e.g. allocation, access to curriculum, travelling, parental support/involvement, racial harassment, bullying etc.
 - Housing related issues
 - Social services related issues with particular reference to Children Act
 - Accessing Information – communication strategies
 - Design, development and delivery of services generally i.e. consultation, involvement etc
 - Safety viz-a-viz harassment/attacks
 - Recreation and leisure facilities
 - Communities development/empowerment/voluntary sector capacity building
 - Benefit distribution
 - Mental health related issues
 - And many others

Q.1. *Could you list (as we discuss) any salient local issues as you perceive, which need addressing:*

Q.2. *Could list any specific projects/initiatives/policies/strategies in existence relevant to equalities generally and refugee children and families:*

Q.3. *Could you list any glaring gaps in policy, strategy and service provision:*

Q.4. *Could you list some areas for improvements and developments both at (a) policy/procedures level and (b) developing new projects etc. involving a variety of agencies locally.*

Appendix F:

Clients' Perception of Services and Views - Interview Schedule

This interview/case study is about ascertaining views and perceptions of asylum seekers/refugees who receive services within London Borough of Hounslow, particularly Children and Families:

It is requested to collect the information about a family/client/interviewee, using the following guidelines. The list of factors is by no way exhaustive. Please do add other relevant aspects and/or on any particular factor. For example:

a. The family

How many in a family: Kind of who's who and how many:

Adults: father _____ mother _____ other relatives _____

Children: Sons _____ daughters _____ (pl write ages)

Any other information about family i.e. disability etc. _____

b. Housing

Describe housing type and who allocated

1. Whether hotel _____ 2. Hostel _____ 3. B&B _____ 4. House/flat _____

5. Others (living with friends/relatives etc) _____

describe general living conditions whether adequate _____ overcrowding _____

Poor conditions _____ value for money _____

Describe any other details about housing _____

c. Education

Whether children at school _____ how far is the school _____

If not at school why not _____

Is schooling satisfactory (if applicable) _____ in terms of English _____

Language development (ie any specialist teachers) _____

General access to curriculum _____

How about racial attacks and bullying _____

Describe any other relevant information about schooling i.e bussing, bus fares, dinner money etc. _____

d. Social Services

What type of support is provided by Social Services _____

Are any children in foster care/looked after _____

Any other financial support of in kind _____

Do they know what is social services (differentiate from social security) _____

e. Benefits

Are they in receipt of any benefits _____

Are they paid in cash or vouchers _____

Where do they get it from _____

Is that enough _____ If not how do they generate additional funds _____ And for what purpose _____

Describe any relevant information about benefits etc. _____

f. Information and advice

What type of information and advice is offered to them on arrival _____

Did they find the advice useful _____

What sort of advice would they of liked to have received, if not given _____

and in what format i.e. written/audio/face interpretation _____

g. Health

Are there any specific health issues _____ Illnesses/disabilities _____

Are there any specialist health projects that they are aware of _____

Any specific mental health issues and how are they dealt with _____

Is there a programme of general health screening, inc. dental services/opticians etc. _____

h. Communication

How do they communicate with "appropriate institutions" _____

Are they satisfied with 'interpreting' facilities _____

Please describe any other communication related issues _____

i. Interface with voluntary groups

Are they aware of existence of any voluntary refugee groups _____

What sort of contact do they have with them: e.g. members of the group, volunteer or users of service etc. _____

j. Social life

What kind of social life are they leading, as individual, as families and particularly their children and women and where do they meet _____

k. Training and employment

Is any member of the family engaged in any kind of training/development programme _____

Would they like to participate in any kind of programme and for what purposes _____

l. Their views about existing service provision

Are they satisfied and to what level _____

Any gaps perceived by them _____

Any suggestions for improvement _____

m. Their future hopes and aspirations

n. Some additional information about them:

Country of origin _____ When arrived in Britain _____

Why Hounslow _____

References

Most of the Documents, Reports and Service Plans mentioned on pages 15 and 16 of this document were referred to in producing this report. However we would like to list a few references, which have not been mentioned in detail.

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