



Bridging Refugee Youth & Children's Services

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Reaching First Base: Guidelines of Good Practice on Meeting the Needs of Refugee Children from the Horn of Africa

Edited by

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1995

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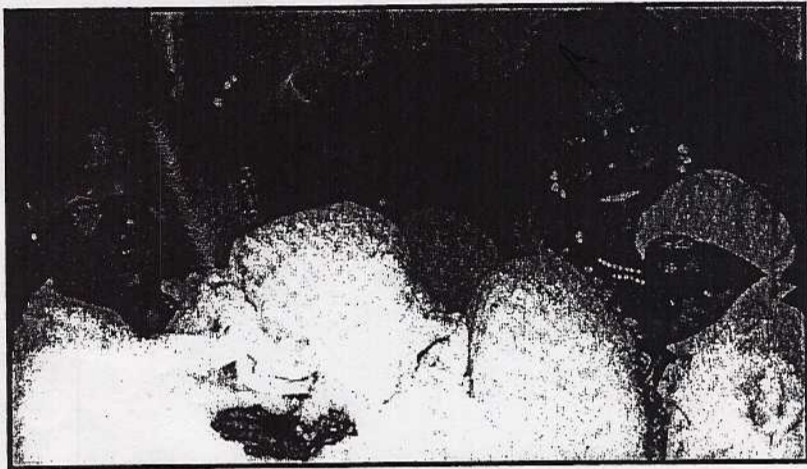
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REACHING FIRST BASE

GUIDELINES OF GOOD PRACTICE ON

**Meeting the needs of
refugee children from
the Horn of Africa**

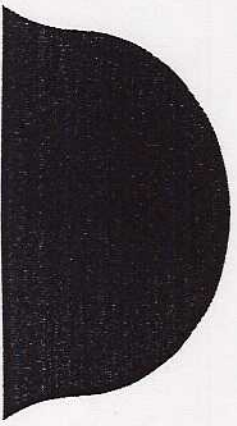
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FOREWORD



ONE OF THE MAJOR CHALLENGES facing governments, local authorities, voluntary organisations and service providers in an increasingly complex world is how to design services that meet chronic and complicated needs but deliver them in a way which empowers rather than disempowers the recipients. That challenge is at the heart of these guidelines.


Refugee women and children are among the most vulnerable members of our society. They have been the victims of violence, persecution and terror. They want the professionals who work with them to recognise the effects that their past has on their present, but they do not want to be treated as victims in their new life. They want the means to determine their own future.



That future will not be easy. Most of them arrive in this country without possessions or means of support. They need to build a new life in a foreign country and to come to terms with the physical and mental scars of their past. Refugees from Eritrea, Ethiopia and Somalia often face the added problems of being lone parents caring for a large family of young children.

Service providers cannot ignore this complicated web of needs, but in dealing with it they should not forget that each child and each parent is an individual. That means that services will have to be provided in co-operation and partnership, across traditional demarcations between education, social services, employment and housing. They will have to listen to refugee women and children and tailor services to meet their needs in a way which is acceptable to them.

Daycare Trust has quite rightly recognised that to be effective this means setting in place an integrated national strategy designed to assist refugees in the settlement process. The guidelines set out how this might happen. The guidelines also make recommendations on how regional and local partnerships of statutory, voluntary and community organisations can work with refugee families to meet their needs.



Children are all too often the main casualties of the powerful forces of change which are disrupting our societies and increasing human insecurity. I am increasingly aware that compassion is not enough but these guidelines provide a practical way of improving the quality of children's lives. They are essential reading for every policy maker and provider working with refugee children and their families.

Sir Michael Bett

*Chairman of The Save the Children Fund
and the Social Security Advisory Committee*



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We also owe a great debt to all the members of the First Base steering group for their advice and guidance throughout the project: Dr Pat Petrie, who chaired the steering group, Marie Boniface, who helped to design the research programme, Derek Williams who guided our work on behalf of the Joseph Rowntree Foundation, Haile Mercarious and Tzeggai Johannes who kept us in close contact with the refugee communities, Erica Endlein, Dr Maknun Gamaledin-Ashami and Yve Posner.

We also wish to thank all the organisations we visited and contacted for their help and guidance throughout this project.

In drafting this report, we would like to thank Jenny Carey-Wood for her work on the chapter on refugees, Lucy Lloyd for her help in editing an early edition of the guidelines, and all the organisations and individuals who commented on the various drafts. Any mistakes or omissions are however the sole responsibility of the editor.

Finally, our particular thanks go to Alganesh Gebremariam and Lul Mohammed for all their hard work in making this project a reality and to Marion Kozak, Co-ordinator of the Daycare Trust until August 1994 for her enormous contribution to the success of this project.

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INTRODUCTION

ALL YOUNG CHILDREN, regardless of their parents' employment status or income, benefit from high quality education and care services which take into account their individual needs.

ALL PARENTS can benefit from training in childcare and child development and for many parents such training has the added benefit of encouraging them to enter further study or employment in childcare.

PARENTS need impartial information and advice about services to make the best choice for their children; and providers need information about the needs and preferences of parents to deliver high quality services.

These are the basic tenets which guide all the work of the Daycare Trust.

As a charity, we work with groups of parents and children disadvantaged within the present system of childcare and early education. There can be few groups at more disadvantage in the present system than recent refugee families from Eritrea, Ethiopia and Somalia.

We had three aims in setting up First Base: to identify what refugee families saw as the childcare needs of their children and themselves; to organise courses for refugee women on childcare and child development; and to use our experience to compile these guidelines of good practice. Our ultimate aim is to stimulate an expansion of services which meet the particular needs of refugee children and their parents.

We defined childcare as covering all community and statutory services for children aged 12 and under, including daycare, nursery education, health services, schooling and out of school care.

We adopted a participative approach to the research and development work which aimed to involve refugee families as much as possible. We employed two experienced development workers, Alganesh Gebremariam and Lul Mohammed, to run First Base. Both were themselves refugees and able to form direct relationships with the children, parents and community groups.

First Base was officially launched at a national conference on 21 March 1994. We brought together experts, community members, parents and Daycare Trust supporters to share information and experience which would be of use throughout the project. We set up a steering group to advise on the development of the project, which involved representatives from the refugee communities, organisations working with refugees and in childcare and the Joseph Rowntree Foundation.

Alganesh and Lul conducted extended, structured interviews with 20 refugee families in their own home. The interviews covered the present situation of the family and their experience and views on childcare services.

We ran two programmes of training on childcare and child development for 115 refugee women in 1994 and 1995. Our development workers were on hand to support the trainees and extend the research into families' needs. They also visited more than 25 organisations in Greater London and contacted by telephone organisations throughout the country which offer services to refugee children. Their aim was to identify the characteristics of services which best meets the needs of refugee children.

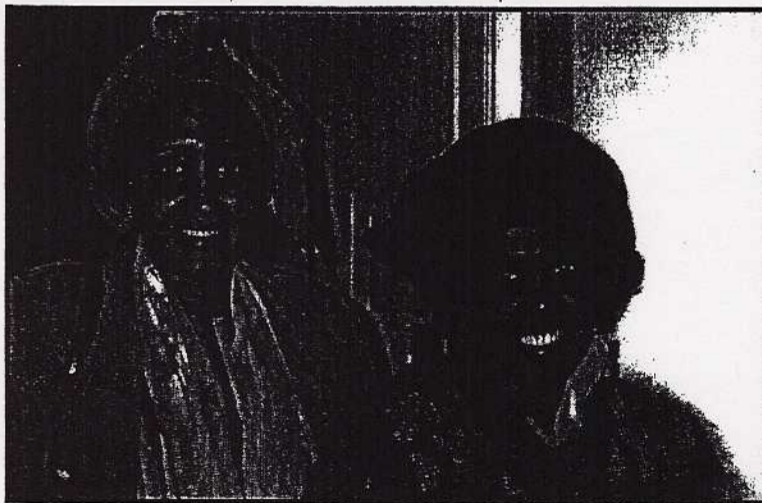
All this work has been carefully documented. These guidelines are a distillation of what we have learned during this project. They are primarily aimed at policy makers and providers of services for refugee children and their families. Although they deal with a particular group of refugee children and women, we hope that the information contained in them is of wider applicability. Most of all we hope that it will lead to more, better quality services for young refugee children.

Daycare Trust has learned a great deal from the First Base project. We have learned much about the refugee families. But we have also learned much from them. Their resilience, their strong sense of community and their generosity in supporting each other is striking, but, after all that they have been through, it is their sheer joy for life which is so impressive.

There is a lot the host community can do to help these families settle in this country. There is also a lot they can do to help us. I look forward to that mutuality becoming a part of everyday life.

Carol Sherriff

Director of the Daycare Trust



*Left and cover:
First Base
trainees at a
celebration to
mark the end of
their course.*

Summary of main findings

- The number of refugees arriving from Eritrea, Ethiopia and Somalia increased substantially during the 1980s and has remained high throughout the 1990s. Refugees from Somalia are the largest single group of refugees seeking asylum in this country.
- Refugee families from Eritrea, Ethiopia and Somalia are more likely than other refugee households to be headed by a mother bringing up her family on her own and to include four or more young children. A sizeable proportion of unaccompanied refugee children come from Eritrea, Ethiopia and Somalia.
- To help them settle in this country, refugee children require access to high quality childcare, nursery education and schooling which provides additional English language support. Their parents want children's clubs set up which combine play and cultural activities with supplementary education and English language support.
- Parents want education, childcare, health and other professionals to develop a better understanding of the effects of being a refugee and to recognise the different lifestyles of refugees.
- Refugee women want access to education and training opportunities which lead to employment. They need assistance with childcare and travel expenses to be able to make use of such opportunities.
- Organisations wishing to offer services to refugee women and children need to pay particular attention to communication strategies, including interpretation and outreach facilities, and to a multi-disciplinary approach which meets the needs of mothers and children at the same point.
- A national policy framework needs to be developed by government to assist the settlement of refugee children by coordinating policies on pre-school education and care, compulsory education, health, social services, housing, employment and training.

WHO ARE REFUGEES? THE FACTS

This chapter seeks to answer the question, who are refugees? It looks first at refugees in general and then at refugees from the Horn of Africa in particular.

Who is a refugee?

The term refugee is used to refer to a particular group of people who have been forced to leave their home country due to persecution in the form of direct or indirect violence. The internationally-accepted definition is in Article 1 of the 1951 Geneva Convention which defines a refugee as a person who;

"... owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence, is unable to, or owing to such fear, is unwilling to return to it."

Interpretation of the Geneva Convention varies over time and according to government policies, with the result that several different categories of refugee status have emerged.

In Britain people granted **Refugee Status** under the Geneva Convention are divided into **programme** or **quota** refugees (who are accepted as a group under an international programme such as the one for Vietnamese refugees) and **non-programme** or **spontaneous** refugees, who apply individually for asylum.

People applying for refugee status are known as asylum seekers and are given **Temporary Admission** or are detained whilst their applications are being considered by the Immigration Service. Restrictions are placed on their employment, training and education opportunities and they are entitled to only 90% of Income Support. Asylum seekers who are homeless do not have a right to permanent housing even if they are deemed in priority need. The wait for a decision on their status varies from case to case and can take several months or even several years.

Asylum seekers may be granted refugee status under the Geneva Convention. After four years' residence in Britain, they can apply for **Indefinite Leave to Remain** or permanent settlement. They can also apply immediately for family reunion in order to be joined by their family. (Family is usually defined as spouse and children age under 18 although other dependent family members are sometimes accepted.) Convention refugees have similar rights to other groups in the population in terms of access to state welfare services such as social security, health, education and housing. They must fulfil the same criteria as other British citizens to be eligible for certain types of state assistance, for example three years residency for a grant for Higher Education studies.

Asylum seekers who are not accepted as Convention refugees may be granted leave to remain in the country of asylum on humanitarian grounds. In Britain they are granted **Exceptional Leave to Remain (ELR)** which must be renewed at the end of the first year, fourth year and seventh year, at which point application can be made for Indefinite Leave to Remain in Britain. Those granted ELR must wait four years to apply to be joined by their family unless they can demonstrate exceptional and compassionate circumstances.

Other asylum seekers will be refused leave to remain and must return voluntarily to their home country or face deportation.

Many different people become refugees: some are highly educated urban professionals, others are farmers or fishermen from rural areas; some refugees have easily transferable skills, others have to retrain completely to find employment in Britain.

Government policy on refugees

There is no national settlement policy for refugees in Britain and, unlike other European countries, Britain has no centrally planned and co-ordinated policy for educating and training refugees. However, more general legislation – such as Education Acts and the Children Act – do contain provisions which are of special interest to those working with refugee children and their families.

Under Section 11 of the Education Act, funding is available to provide extra resources in schools for pupils for whom English is not their first language. However, in practice the resources devoted to Section 11 funding, which is now administered through the Single Regeneration Budget, are frequently insufficient to enable schools to develop a flexible response to the additional needs of recent refugee communities.

The Children Act 1989 places a general duty on local authorities to safeguard and promote the welfare of children in their area and to provide for those children who are in need. Section 17 places a particular duty upon local authorities to provide daycare for 'children in need'. 'Children in need' are defined as those 'unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision..of services by the local authority', children whose health is significantly impaired or children who are disabled. Many refugee children will be covered by these provisions.

However, refugee children's access to rights under general legislation are constrained in the UK by immigration policy and by a Reservation entered by the UK Government during ratification of the UN Convention on the Rights of the Child. The UN Convention is intended to protect the dignity, equality and human rights of children by setting minimum standards relating to children's civil, political, economic, social and cultural rights. According to the Children's Rights Development Unit¹ the Reservation undermines three of the basic principles: taking account of the best interests of the child; all rights must apply without discrimination; and the right to express their views on decisions made about their life.

How many refugees are there?

Statistical information on refugees in Britain is very limited. Government statistics are only available in connection with the asylum process. There are no comprehensive national data on individual and household characteristics of refugees, or their geographical distribution in Britain. Statistics collected and published by government departments rarely include information on immigration status, and where nationality or ethnic origin is included (for example in the Census or Labour Force Survey) it is impossible to know whether people are refugees or migrants.

There is a lack of research into refugee populations in Britain. The few studies that are available tend to be local, unpublished research relying on qualitative information and estimates, or studies which focus on a very specific group or sub-group.

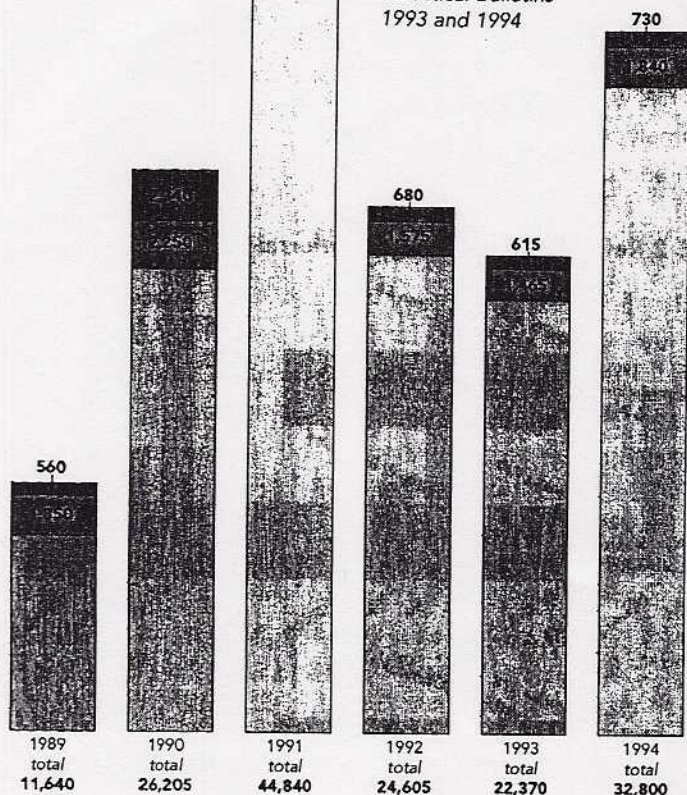
It is clear, however, that there has been a very rapid increase in applications for asylum

¹ UK Agenda for Children, Children's Rights Development Unit.



TABLE 1
Number of applications received for asylum, excluding dependants 1989-1993

Source: Home Office
 Statistical Bulletins
 1993 and 1994



since 1988 (see Table 1). Applications rose from 4,000 in 1988 to a peak of almost 45,000 in 1991. This was followed by a reduction in the numbers to 22,370 by 1993. However, recent statistics show an upward trend in the number of applications to 32,800 in 1994 which appears to be continuing in 1995.

The decisions granted to asylum applicants show two distinct trends over the last few years:

- the majority of asylum seekers are not recognised as Convention refugees;
- since the early 1980s an increasing proportion of asylum seekers have been refused asylum or ELR and must leave Britain voluntarily or be deported.

These prevailing trends have increased markedly since the introduction of the 1993 Asylum and Immigration Appeals Act which limited grants of exceptional leave to remain on humanitarian grounds. In 1994, only 4% of asylum seekers were granted refugee status compared to 7% in 1993. Seventeen percent of asylum seekers were granted exceptional leave to remain compared to just under 50% in 1993 and 79% of applications were refused compared to 46% in 1993.

Asylum seekers and their families

The Home Office only publishes information on the age and sex of the principal applicant, whether an applicant is accompanied by dependants at the time of their application and the number of unaccompanied refugee children applying for asylum.

From this information we can see that the principal applicants are predominantly young and male. Since 1990 the average age of all applicants was 28. Eighty per cent of principal applicants were male in 1991 and 70% in 1992 - 1994. About 15% of applicants are accompanied by dependants, although this fluctuates from year to year. In 1991 28% of principal applicants were accompanied, in 1992 14% and 12% in 1993 and 1994.

The number of unaccompanied children applying at ports has only been published by the Home Office since 1992. On average 4% of principal applicants are aged under 18. In 1992 there were 185 unaccompanied children seeking asylum, in 1993, 245 and in 1994, 355.

Refugee women and children in Britain

There is even less information about refugee women and children in Britain. Official statistics are predominantly about adult men. A survey conducted by the Refugee Council in early 1994 estimated that there were over 21,000 refugee children in Greater London schools. The Boroughs with over 1,000 refugee children were Barnet, Brent, Ealing, Haringey, Hackney, Lambeth and Westminster. The survey found mention of

provision for unaccompanied children in Kensington and Chelsea (over 80 mainly from Eritrea and Ethiopia) and in Hillingdon (mainly Somalis and Eritreans).

Refugees from Eritrea and Somalia – the Horn of Africa

It has been estimated that since 1950 some 1.3 million people have fled from Eritrea because of the extended civil war. The population in Britain is estimated to be 6,000 - 10,000, living mainly in London and the South-East. Somali refugees have been seeking asylum for a shorter period, predominantly from the 1980s. Britain has received many Somali asylum seekers from the Isaaq clan due to their links with former Somali seamen and their families permanently living in Britain. Large Somali populations are found in Cardiff, Liverpool, Manchester, Sheffield, Middlesbrough and London.

The number of refugees from Somalia and Ethiopia (which includes Eritrean refugees) claiming asylum in Britain has increased substantially since the early 1980s (see Table 1) with the numbers peaking in 1990. Since 1990 there has been a steady decline in the number of refugees from all parts of the world, although for refugees from Somalia and Ethiopia the numbers are still high.

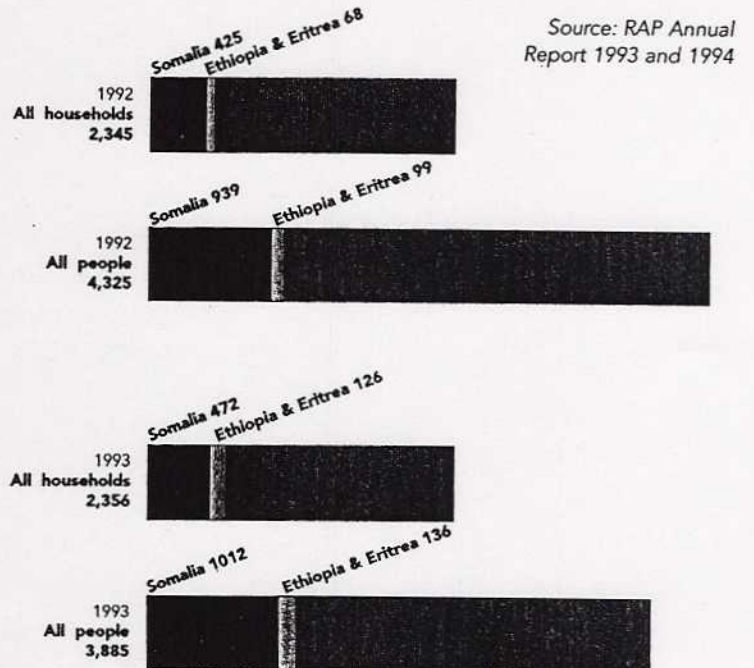
Recent trends suggest that Somali and Ethiopian refugees are now considerably less likely to be granted Indefinite Leave to Remain (ie full refugee status under the Geneva Convention). This has declined from nearly three quarters in 1988 to less than 1% of asylum seekers from both countries in 1994. However, until the 1993 Act, most Somali and Ethiopian asylum seekers were granted Exceptional Leave to Remain (ie they were granted leave to remain on humanitarian grounds). In 1994, the pattern changed with only 6% of Ethiopian asylum seekers being granted ELR but 85% of Somali asylum seekers granted ELR.

Information from other sources suggest that Home Office statistics may under-represent the number of asylum seekers from the Horn of Africa. For example, Somali, Ethiopian and Eritrean refugees made up 20% of referrals to the Refugee Arrivals Project (RAP)² in 1992 and 25% in 1993 (Table 2) compared to being only 9% of asylum applicants in 1992 and 1993 in Home Office statistics (Table 1).

Comparisons between households from Somalia and Eritrea and all refugee households referred to RAP also reveal that:

- half of the Somali and Eritrean households referred to RAP were headed by women compared to just over a third of all refugee households;
- nearly a third of Somali households were in priority need for housing under the 1985 Housing Act compared to only a quarter of all refugee households;
- over a quarter of Somali households are single parent families compared to only 14% of all refugee households (no separate figures are available for Eritrean/Ethiopian households).

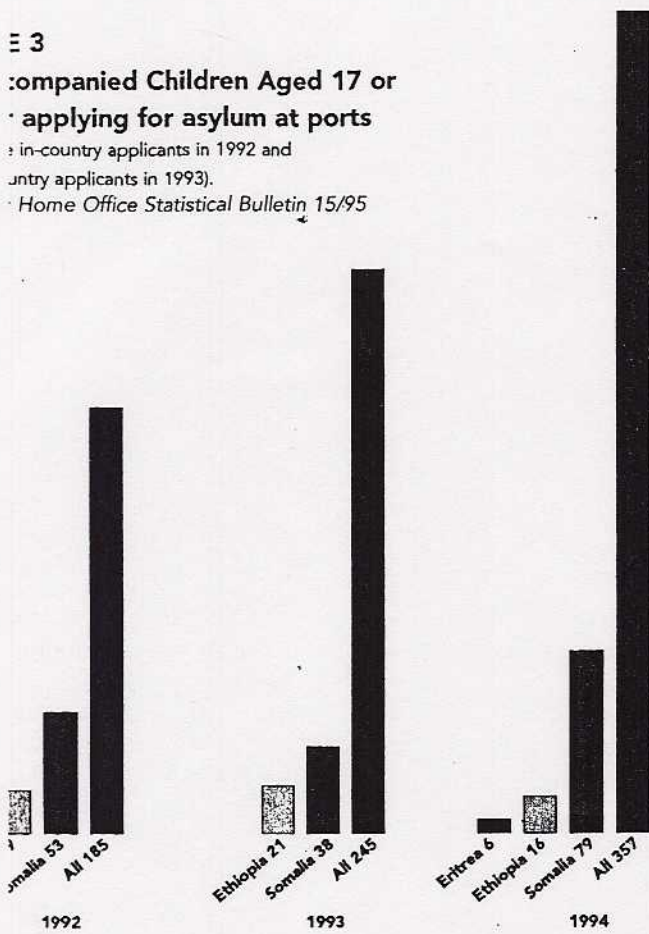
TABLE 2 Refugee Arrivals Project referrals in 1992 and 1993



² RAP operates a service for people claiming asylum at Britain's airports from offices at London's Heathrow Airport. Almost a third of all port applicants are referred to RAP, by Immigration Services or by other agencies and friends.

Unaccompanied Children Aged 17 or under applying for asylum at ports

(In-country applicants in 1992 and in-country applicants in 1993).
 Home Office Statistical Bulletin 15/95



Another feature of asylum seekers referred to RAP is the high proportion of unaccompanied children seeking asylum who come from Ethiopia and Somalia (Table 3).

Somali and Ethiopian children accounted for 28% of all unaccompanied refugee children arriving in 1994, 24% in 1993 and 39% in 1992. These figures may be an underestimation as some unaccompanied Somali and Ethiopian children arrived through a third country and may not be treated as asylum seekers on arrival in Britain.

The numbers of dependent children from Somalia and Eritrea are difficult to obtain. However, it is known that refugee families from the Horn of Africa are relatively large and the survey of London schools referred to above found large groups of Somali children in 18 out of the 25 boroughs and significant numbers of Eritrean and/or Ethiopian children in seven.

First Base research

We have more detailed information on the children and their parents from the research programme undertaken by First Base and from interviews conducted with the 55 women who took part in First Base's first childcare training programme.

Twenty families were interviewed in depth as part of the research programme. (See Chapter Two for further details.) Half the parents were from Eritrea and half from Somalia. All of the group had come to Britain to seek asylum. Nearly two-thirds of the group had been in Britain for three years or less and only three families had lived in Britain for five years or more (5 years, 10 years and 18 years). At the time of the research, 2 parents interviewed were British Citizens and two had full refugee status. One had rights of residence. Seven had Indefinite Leave to Remain and eight had been granted Exceptional Leave to Remain in Britain. Eleven out of 20 families had been to another country before settling in Britain, either seeking work (most commonly in Saudi Arabia or Sudan) or as part of the process of seeking asylum (Egypt, Germany, Italy and Uganda).

The interviewees were mainly young: twelve were aged between 20 and 35, six were aged 36 - 45 and two were aged 46 - 50. Nineteen were married and one was a widow. However, eight women lived on their own with their children, while 12 were living with their husbands.

All the families had children living with them. Two families also had children living abroad. The number of children per family was relatively large - an average of three to four children per family. Eritrean families were slightly smaller than Somali families. The children were young - 80% under twelve and 22% under five years old.

The majority of the children who were settled in this country between the age of three to five had attended a nursery or playgroup. However, few of the older school-age children had been to school prior to settling in this country. For those who had, the experience was usually as part of the asylum process in another country before entering Britain.

Family income was a sensitive matter for the interviewers to probe. However, at the time of the interviews, most of the families lived on income support. Half the families lived in permanent Council or Housing Association accommodation, the other half were in temporary Council or Housing Association accommodation.

The 55 trainees who took part in the first childcare training courses (see *Chapter Three*) were of broadly similar background to the parents interviewed. The majority were under 35 years. Two-thirds had lived in Britain for 2 - 3 years, the remainder had lived in this country for 4 years or longer. One had been resident for less than a year. They were slightly more likely to be living on their own with their children than the interviewees. Not all the trainees had children living with them: five had children living abroad and two had no children. Otherwise families were on the large side and young: 21 children were under five, 31 eight and under and 40 under twelve.

The previous education of the trainees was fairly limited with one third having had no formal education. Fourteen were educated to elementary level (pre-secondary schooling) and 22 had completed intermediate or secondary education (broadly equivalent to GCSEs). Eight had been higher education students.

Women and children from Eritrea and Somalia speak a multitude of languages in addition to Somali or Tigrinya including: Amharic, Arabic, Bilean, Italian, French, Swahili, Hindu, Saho. Mother tongue language and literacy levels vary considerably but were on the whole low.

Several of the trainees had been employed before coming to the UK. Some had been domestic workers or carers looking after children or the elderly. Some had worked as bookkeepers, clerical workers and managers. Although some of the skills might be transferable to the UK labour market with appropriate retraining, 90% had not had an opportunity to participate in vocational training or any other opportunity for learning since arriving in the UK.

Chapter One SUMMARY

- Refugees are forced to leave their home country due to persecution in the form of direct or indirect violence
- People seeking refugee status are known as asylum seekers. Under the Geneva Convention, they are divided into programme or quota refugees, who are accepted as a group, and non-programme or spontaneous refugees, who apply individually
- Those granted refugee status under the Convention can apply for Indefinite Leave to Remain (LR) after four years
- Asylum seekers who are not accepted as Convention refugees may be granted leave to remain on humanitarian grounds. In Britain, they are granted Exceptional Leave to Remain (ELR) which must be renewed at the end of the first, fourth and seventh year
- There are no comprehensive official data about refugees and their families. However, the number of people seeking refugee status increased dramatically between 1988 and 1990 and has declined since 1990 but is rising once more and is still considerably higher than in the 1980s
- Half of the principal applicants from Eritrean and Somali refugee households are women with dependent children compared to a third of other refugee families
- A high proportion of unaccompanied refugee children entering the UK come from Eritrea and Somalia (39% in 1992, 24% in 1993, 28% in 1994)

First Base found Eritrean and Somali refugee children's families were:

- predominately headed by young women (66% aged 20 – 35)
- contained a relatively large number of children (40% had four or more children)
- the children were young (80% are under 12)
- young children who settled in this country between the age of three and five had attended a nursery school or playgroup
- most of the older children had no or disrupted, education before becoming refugees
- while most of their mothers were married (63%), the majority (61%) brought up their children on their own in this country
- many of the women had no basic education (34%) or only studied to elementary level (20%)
- many of the women have low levels of literacy and numeracy
- some had paid employment prior to coming to this country
- most families (90% +) live on income support

TALKING TO PARENTS: An assessment of need

This chapter describes what life is like in Britain for Eritrean and Somali refugee children and their families. It seeks to document and explain the needs of children as identified in structured interviews with their parents. Their opinions are supported by the views of the 55 women who took part in First Base's childcare training and by interviews with organisations and individuals working with refugee communities.

The main interviews were conducted in the children's home by project workers from their own community. Twenty families were interviewed: ten from Eritrea and ten from Somalia. In all but two cases the person interviewed was the mother. The interviews were based on a structured questionnaire and took approximately two hours each. Interviewees were encouraged to discuss additional issues which they felt were important to the central question – the care and well-being of their children.

Not a homogeneous group

The families were not a homogeneous group. The diversity of their experiences and personal histories mean that they have different needs and requirements. However, as refugees from the war-torn Horn of Africa and as Black Africans, they had many experiences in common.

Isolation, insecurity and fear

Many of the refugees expressed a deep sense of isolation and insecurity. Language barriers, to some degree, prevented all children and their parents from communicating easily outside their own communities. Children and parents were struggling to cope with resettlement. Separation from fathers and husbands was a common problem for families, particularly for those granted Exceptional Leave to Remain who faced a four year wait before they could apply to be joined by their family and for those families who did not know the whereabouts of fathers and other members of the family. The dispersion of communities left many women coping with large families alone. An Eritrean mother said:

"I feel isolated and fearful...I have a limited grasp of English and no near relatives. My husband is not with me either and my son wants his dad".

These feelings of isolation and separation were exacerbated by persecution and harassment. Refugees – including young children – were afraid, in most cases through direct experience, of racial harassment and abuse. Their past experiences combined with their present situation to create a pervasive sense of fear within recent refugee families, including among their children.

This sense of isolation, insecurity and fear made the families very reluctant to approach government or official sources for assistance or information. They did not regard such agencies as there to help them.

Poverty and lack of space

The emotional problems facing the families were compounded by the conditions of

extreme poverty in which most of them lived – conditions from which there seemed little escape. Family life was constrained by the lack of money which made it difficult to go out as a family and made feeding and clothing young children a constant problem. Housing stress was also persistent. Families were often in overcrowded and run-down temporary accommodation, which lacked basic amenities and safe areas for children to play.

Parents were fearful for their children's future. One said:

"What will become of my children? They will lose their culture but they will never really belong here. They will be just suspended between two worlds".

Access to education, training and employment seemed far out of reach of such families. A Somali mother explained the sense of apathy that had engulfed some members of her community:

"Sometimes I miss my family and home so much, and my way of life. It seems we have lost everything we worked so hard for. Now we are just too tired to start all over again".

However a few families – those who had been in Britain the longest and had access to education and training – had settled successfully, with appropriate jobs.

Acquiring a new language

Learning English, a pre-requisite for children to benefit from education and for parents to gain access to jobs and training as well as social engagement in British life, was surrounded with difficulties.

The overwhelming majority of children, even those of school age, did not receive enough additional English language support. Seventy percent of parents said that extra support was either non-existent or not sufficient. Only three Somali mothers said their school-age children had received additional support classes, which had proved extremely helpful. Some parents did not know whether such additional support was available or who to approach for information.

Responsibilities for caring for their children meant that the women had particular problems gaining access to English language tuition. Half of the women had only a basic grasp of English. The lack of appropriate and affordable childcare, especially for younger children not at school, prevented many from attending English Language courses. Parents had found that creches attached to Adult Education Centres had long waiting lists and limited places. Creche times did not always coincide with the times of English language courses.

In addition to difficulties with access, those who had attended classes had found it difficult to learn because their different literacy levels were not always recognised within a large, mixed group. They also found informal teaching methods unsettling, due to the formal nature of schooling in their home countries.

Mother tongue teaching

All the parents wanted their children to maintain competence in speaking, reading and writing their mother tongue.

Only one of the ten Eritrean parents interviewed in depth said her child was very good at communicating, reading and writing her mother tongue. Eight out of the ten Eritrean

families sent their children to mother tongue classes. Traditional lecturing techniques without modern teaching aids are used in mother tongue classes, in contrast to mainstream school teaching.

The Somali families all sent their children to Koranic school. All these children spoke Somali fluently, but several mothers expressed their fears that Somali was likely to be forgotten as the children become more immersed in English at school.

Growing up in Britain

Overwhelmingly the mother was the sole carer for the children, in some cases help was provided by husbands, extended family and older siblings. Some Eritrean lone parents shared childcare with neighbours from their own community but most families had no help with their children. As families were largish in size, travelling to see friends and relatives was difficult and expensive. Such isolation is unfamiliar to the children and their parents. Extended family networks, emphasised particularly by the Eritrean women, provided social engagement and learning opportunities for the children and childcare support for their parents. As one parent said:

"In my country the sense of family is broad".

In contrast in the UK, the cold climate and lack of safe outside space to play restricts the activities of children and parents alike. These feelings of restriction are exacerbated by the Britain the mothers saw portrayed on their television screens: child murderers, road deaths and child abuse cases haunt parents' imaginations.

There was acute awareness of the clash of cultures which parents saw as separating them from their children. They feared that their children would grow up in a world with values very different to their own traditions and that their children would become alienated from everyday aspects of their parents' lives.

The differences in childrearing practices between Britain and their home countries surfaced in all our dealings with refugee parents. Fears were expressed about child discipline in Britain. Refugee parents saw on the one hand the behaviour of British children as lacking suitable discipline and on the other were extremely confused about the role of the Social Services and the possibility that their children could be taken away.

In Eritrea and Somalia, parents explained, there was a much stricter emphasis on child discipline and respect for adults. Mothers and young children were physically and emotionally very close and rarely apart. There were however extended family networks which supported mother and child. Bought toys or organised activities with adults were uncommon in their home countries. Children were an integral part of the community and play, story-telling, singing and dancing were often spontaneous rather than organised. Parents also referred to the differences in the upbringing of girls and women, particularly among Moslem families.

These differences had caused particular problems for some families with older children. Children wanted to play outside with school friends but parents felt the children must stay in the family environment, partly to ensure their safety in what can be perceived as a hostile society and partly to maintain control and influence over the child.

Services for pre-school aged children

Very few children had taken advantage of low-cost or free services aimed at children under five – such as toy libraries, mother and toddler groups, soft play sessions in

sports centres, drop-in centres and one o'clock clubs. All children and their families used open air facilities like parks and playgrounds.

Parents did exchange information about different facilities. This informal network was both an important source of information for families and important in recommending facilities to parents. This was particularly so in services for very young children. All the parents interviewed said that they would seek a carer from their own community if they needed to leave their children, particularly those under three, with someone outside their immediate family. As a Somali mother said:

"A Somali childminder is the only person I would consider leaving my children with until the age of about three. Then I would not mind taking them to a nursery".

Parents knew very little about the range of daycare services available and did not expect to be able to arrange and pay for daycare that would let them take up training or employment.

They did however make full use of education services. All the children who settled in the UK between the ages of three and five had attended a nursery school, class or playgroup before starting school. Parents saw such classes as a valuable educational and social experience for the child, rather than as an opportunity for them to work or study. As another Somali woman said:

"The pleasure on my child's face when she brought home her first painting from nursery was enough to convince me that the nursery would be a positive influence on my child".

Some children did have difficulties settling into the nurseries. In the main, parents put these difficulties down to language barriers but a number also said that past experiences had made it more difficult for their children to settle in such different surroundings.

Out of school childcare

Parents were generally unaware of any after-school or holiday care for their children. Three quarters of the Eritrean mothers knew of no after-school activities. A few children went to a play centre after school. Most parents knew of holiday activities such as swimming and art classes but their children did not usually attend. The parents said the classes were too expensive, were difficult to get to or the activities were inappropriate for their children.

The Eritrean community groups provided intermittent activities for over half of the children, such as taking them on seaside trips. But the demand outstripped the places available.

For the Somali families, the picture was bleak. None had any knowledge of after-school or holiday activities. One mother sometimes took her children swimming but this was very expensive for her. Football was played by some children, organised informally or by the local Somali community. The local community organised occasional day trips and celebrations on occasions like Eid.

Although visits to relatives and grandparents were made, mothers, fearful for their children's safety, tried to keep them indoors. Television therefore was an important

diversion for children after-school and in the holidays. At the same time, parents were worried about the influence of television on their children.

All the parents wanted to see special clubs for their children which would provide an environment in which they could meet together, learn about their own culture and also receive supplementary help with mainstream schooling and English language.

Compulsory schooling

Parents were very concerned that their children do well educationally. There were two major issues for them: learning the English Language and additional support throughout the curriculum for children, particularly those who had missed out on previous education.

Parents generally thought that their school age children understood written and spoken English well. However those mothers who were themselves educated and spoke English well, were more sceptical about the levels of proficiency of their children. Some children did receive additional help with English language at school, while others did not. One Eritrean women had raised the lack of additional language support with the child's teacher but had been told that there was no support available.

Parents were concerned that their children needed additional support across the curriculum to progress within the education system. Nine of the Eritrean parents said there was no additional support available. Three of the Somali families' children had received additional support and this was proving to be very successful. Other families did not know whether any additional support was available.

Parents were particularly concerned about their older children whose education had been disrupted by civil war. The children were normally put in classes according to their age not educational experience, without additional support. This was difficult for many of the children, some of whom had become angry and frustrated. Parents were concerned that their children's previous experiences were not taken into account by the school and teachers.

In general parents thought their children got on very well with their classmates. Children from eight of the Eritrean family had brought home friends from their community and three had also brought home friends from outside their community. For the Somali families, the extent of mixing was more varied with more of the families being concerned about outside influences on their children.

Despite these positive signs, racial harassment and bullying were the major worry for parents. They were concerned about the damage to their child's education, language acquisition and confidence. The children's experience prior to becoming refugees has often been traumatic. These experiences and their present and future effects were often not known about or understood by teachers or other pupils. Parents felt this lack of understanding made children particularly susceptible to racial harassment and bullying¹.

The very different education systems in Britain, Eritrea and Somalia made settling in difficult for children. In Eritrea and Somalia the schools depend on more formal teaching methods with few aids. Information is delivered through lectures, and exams had to be passed every year.

Parents also found understanding the differences difficult. They felt that there were better facilities in Britain but a lower level of discipline. Some had difficulties obtaining

¹ The professionals working with refugee children we interviewed (see Chapter 4) stressed that peer acceptance at school may be the single most therapeutic experience for children, but that it needs time and sustained effort to develop.

information about their child's progress. In the main, this was caused by language problems. However, a number found the different emphasis of British education – for example, the amount and type of homework – presented problems. Generally, parents felt able to build a relationship with the school and teacher. None of the schools attended by these families were able to provide interpreters, so the parents relied on relatives, friends and their children for interpretation. All children were in schools with other children from the same community which helped to alleviate the teacher/parent communication problem.

Contact with other parents was generally limited. This was not just because of the language barrier. A Somali mother said:

"Everyone seems busy and in a rush. I think people in this country do not really like talking to foreigners".

As a result most children did not visit homes outside their own community.

The Somali families were all Moslem and they were extremely concerned about sending their children to non-Moslem schools. Somali mothers said they did not like their children going to Religious Education classes and Somali tradition frowns upon mixed sex swimming and performing music or drama for girls.

The Eritrean parents were from mixed religious backgrounds including Moslem and Christian. However, they had similar concerns.

Health issues

All the children were registered with a General Practitioner and had been vaccinated. Health visitors were in contact intermittently with the families of children born in Britain but children born abroad did not have access to such care.

The professionals we spoke to point out that refugees are a heterogeneous group whose needs should be assessed individually. However, there are common factors which may be expected to affect their health, including the health of children.² These include physical trauma, sometimes including war injury, torture, disease or malnutrition, and psychological problems resulting from displacement and resettlement processes. Moreover, many refugees experience poverty and long periods of residence in poor quality accommodation leading to poverty related illnesses such as upper respiratory problems, asthma and nutritional deficiencies. Amongst lone parent refugee mothers, mild to severe depression is common.

Refugee parents had three main worries about the health of their children that: their children were suffering from physical and mental problems because of their experiences; their inability to speak English would hinder the treatment their children received; and there were illnesses common in Britain which they knew nothing about.

Parents also felt that doctors and other health workers did not understand what refugee status meant or recognised the importance of the personal histories of refugees in offering treatment.

Gaining access to appropriate health care was exacerbated by difficulties in communicating. Half of the parents said they needed an interpreter when they consulted health workers. Mostly husbands, older children, friends and relatives fulfilled this role. One concern expressed by both parents and professionals was that children,

care Trust, with social assistance from Help a Londoner, is producing an information leaflet on the health needs of refugee children.

and indeed adults, were often inaccurate when translating medical terms. Only in hospitals were official interpreters sometimes available. But poor communication still led to problems: an Eritrean mother reported major communication problems with medical staff because her English is minimal and inadequate interpretation was provided. She said:

'One of my main worries was that I did not know what was happening to my child because I don't speak English'.

She said there were life-threatening diagnostic problems because she was unable to explain her son's symptoms to the doctor.

Female genital mutilation (FGM) is a particular issue for women from the Horn of Africa and it was raised in discussions about health, both in the interviews and in the training. Professionals who work with Somali and Eritrean families can expect to find themselves dealing with women and children who have undergone forms of ritual genital mutilation. It is helpful to be aware of how and why this process may be carried out on girls resident in this country, despite legislation and action to stop it both in Britain and in Eritrea and Somalia.³

The families interviewed for this study had mixed responses to the issue. Contrary to belief, some Eritreans support FGM. Half of those interviewed said that it is a tradition that should be respected. Although all but one of the respondents knew the practice is illegal here, and two thirds were aware of the likely health complications, two said they intended to perform some degree of FGM on their daughters.

Of the ten Somali women, three supported the practice. Two said they would do it to their daughters. They distinguished between the different forms of FGM, one saying she would perform the milder form on her daughter if she were to have one. The three supporters felt the health dangers were exaggerated. One explained that there are generations of infibulated women who are alive and well to prove it.

Of those who did not support it, one said that she had changed her mind too late for her daughters. One respondent pointed out that too much fuss will only make people defend their culture. One woman who said: "I defend it as it is our culture and heritage", exemplified the reluctance to lose touch with long held tradition. Not one of the ten Somali women knew that the practice is illegal in Britain. There was some ambivalence about the practice because of fear that children might be taken away under child protection legislation, but it was clear from our interviews that time and education are needed to eradicate the practice.

³ There are three forms: circumcision, excision and infibulation. Circumcision means cutting the hood of the clitoris. Excision is the removal of the clitoris and all or part of the labia minora. Infibulation involves removing the clitoris, labia minora and all or part of the labia majora. The two sides of the vulva are then stitched together leaving a small opening for the passage of urine or blood. Scar tissue forms, which usually must be cut to allow sexual intercourse and for childbirth. There are immediate and long-term health risks.

Many African women are now struggling to eradicate female genital mutilation (FGM). In Somalia, where most women have been infibulated, the Somali Women's Democratic Organisation was campaigning for legislation to end the practice until the outbreak of widespread war in 1991. Eritrea banned the practice some years ago. In London various black and African women's groups are working to end the practice.

Chapter Two SUMMARY

- Many Eritrean and Somali refugees, including children, have a deep sense of isolation, insecurity and fear, caused by past experiences and the poverty, poor housing, racism and the huge differences between life in the UK and their home country with which they now had to cope
- They require services which recognize their past and present situation and help them build a new life in the UK
- Children and parents require long-term additional support with the English language to enable them to settle successfully in this country
- Parents want their children to maintain competence in their mother tongue and to be aware about their own culture, religion and traditions
- Recent refugees have little knowledge about the range of service available to them and their children and they are reluctant to approach official organisations for help. They need information about such services delivered to them direct
- They require interpretation assistance and information in mother tongues to make use of existing services particularly in the education and health service. However, many Eritrean and Somali women have low levels of literacy in their mother tongue and will need oral information
- Parents place great importance on the education and care of their children but at present they have limited access to such services. They want their small children to be cared for by carers from their own background. In general, they want access to multi-cultural facilities for their pre-school children, which combine education and care
- They want mainstream education to develop strategies which are responsive to the educational and social background of the individual child and which adopt a multi-cultural approach to education and school life
- Recent refugee children need access to additional education and support services. Parents particularly want activity and cultural clubs established for school aged children which will combine play and cultural activities with supplementary education and English language support
- Racial harassment and bullying are persistent problems for school-aged children. Positive strategies are needed to combat such problems in schools
- Refugee parents would like greater recognition of what it is to be a refugee and of different life styles in their home country in order to help them and their children settle in this country
- Parents and children need access to health services which are able to cope with the physical and mental illnesses common to many refugees, in addition to mainstream preventative care. Health services also need to be sensitive to particular issues, such as the medical and psychological affects of FGM in the refugee community

TRAINING WOMEN: benefiting families

In 1993/4 and again in 1995, Daycare Trust offered free training in childcare to refugee women from Somalia and Eritrea. The aim of the training was to improve the children's lives and their families chances of settling successfully in this country by helping their mothers learn about child development and the British approach to childcare. We also believed it would act as an introduction to further education and possible employment as a childcare worker for many of the parents. This chapter describes our approach to the training, the training programme itself, the outcomes and the future needs identified.

The training was part of a transnational partnership involving organisations in the Netherlands, Germany, Italy, France and Spain. We therefore include an illustration of the training provided by our transnational partner in the Netherlands.

The development of First Base training

Daycare Trust has considerable experience in developing, in partnership with other organisations, childcare training programmes which are appropriate to the needs of the trainees and the situation in which they find themselves. Our aim was to help the mothers, and through them their children, by providing them with information and experiences which would help them settle in this country. Having identified the aims of the training, we were able to secure a package of funding from the European Social Fund Horizon II Programme, Joseph Rowntree Foundation, The Hilden Trust, The Goldsmiths' Companies Charities and Womankind (Worldwide) and for the second training programme, the Department of Health's Ethnic Minorities Unit.

Our first task therefore was to devise a training plan and identify organisations which could provide the kind of training opportunities that we were seeking. Our original aim was to start training in four areas of London: covering the North, South, East and West with a course for 15 women in each area. However, a combination of factors – predominantly the availability of suitably qualified and experienced tutors, interpretation and childcare facilities – led us to focus in two areas based at Hackney College and Southwark College.

In close consultation with the tutors and the First Base project workers, who had direct experience of being refugee women in Britain, a training programme was devised which consisted of 80 hours of training spread over a period of 10 weeks, two days every week. The subjects covered included:

- Child development and growth
- Education and play / practical skills / group work
- Health and safety / immunisation and first aid
- Nutrition / hygiene
- Racism awareness and how to teach children to deal with racial hostility
- Disability awareness
- The Children Act
- Equal opportunities
- Child abuse

Within this general programme we paid particular attention to the need to encourage participation and discussion in a way which would be non-threatening to women used

to more formal education methods; the need for adequate interpretation to facilitate communication between tutors and trainees; the importance of childcare, travel and English language support for the trainees; and strategies to enable us to respond to developments during the course.¹

Outreach work

Our next task was to advertise the courses in a way which would reach refugee women direct. We had been warned that community centres are not always frequented by women and knew of the problems many women had reading written information. So, in addition to contacting community groups and professionals, printing an information leaflet in Tigringa and Somali, our two project workers went out to a large number of venues where women gather: shopping centres, churches, mosques, adult education centres and health centres. Many women referred friends and neighbours to us and we made good use of the telephone to follow up such referrals.

The response far exceeded our expectations. More than 100 women had expressed an interest before the start of the courses. On the day, 86 women registered at the two colleges. Thanks to the generosity of both colleges who allowed us to enrol additional women, 58 women started the course. The remaining women were put on a waiting list for the second programme of training.

This response to our outreach work was repeated on our second programme of training in 1995. This time we were better prepared. We organised a recruitment day before the start of the course in order to assess all candidates and direct those with better English onto the mainstream courses held at Southwark College. This time no women had to wait for training opportunities.

Training courses

The courses were organised by Southwark College at their Camberwell site and Hackney at their Tower Hamlets campus. The courses were culturally mixed but in Hackney we had predominantly Somali trainees, while in Camberwell Eritrean women were in the majority together with a minority of Ethiopian women.

At Southwark, the classes were divided into two groups on the basis of familiarity with English, with a childcare tutor for each group. One group would concentrate on childcare, while the other group studied English. In the afternoon the tutors would change groups. The groups were mixed between the two communities, with two interpreters working in each class.

At Hackney College the courses followed a similar format but with mixed ability classes and without the additional language support. The courses were delivered in English, with interpreters working alongside the groups.

The courses were practically based laying considerable emphasis on participation and learning through direct experience. The tutors organised the courses using practical demonstrations, experiential learning, handouts, videos, practical work and project work carried out at home.

Daycare Trust considered it was important that parallel to training in childcare, the students should be given opportunities to gain the confidence they would need to settle in this country and to apply for further training and jobs. Sessions and discussions were therefore scheduled on equal opportunities and assertiveness.

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First Base project workers were on hand throughout the courses to support the students and to act as a direct link between the trainees and tutors. Through this we were able to respond immediately to some of the issues raised through the training. For example, in response to discussion that arose in one of the course sessions an additional health session was organised on Female Genital Mutilation involving medical and community experts from the Horn of Africa. In our second programme of training we included a similar session in the course schedule.

All students who completed the courses received a College certificate which will help them obtain work as childminders and childcare workers in their communities.

Additional support

Assistance with childcare and travel expenses were crucial to enabling the women to begin and continue the training.

Before the course began we were advised that women would have reservations about putting their younger children in the college creches because they were fearful of carers from other cultures. We were able to pay for additional carers from the two communities to work in the creche for the duration of the course. Although there were problems about bringing young children long distances on public transport, most of the trainees and their children were happy to use the creche. We also paid a small childminding allowance to cover the cost of children being collected from school. Children under one could be brought into the classroom.

For the second programme of training raising funds to cover childminding costs proved an almost insurmountable problem and we were only able to provide places in the college creche. Again we were able to employ carers from the communities and the trainees found this more acceptable knowing that it had been successfully provided once before.

All trainees received assistance with their travel expenses. Expenses were paid weekly in cash.

Interpreters

All the interpreters were refugee women themselves. Their skills were absolutely crucial to the success of the courses. First Base workers briefed them on the courses and their role before the training began. They were asked to translate what tutors and students said but also to act as a link person for the trainees, checking that they understood what was being explained. This was particularly important in classes with mixed ability in English where those with better literacy levels might not understand the meaning behind words and those with lower literacy levels would need everything translated. The best interpreters were able to build up a close relationship with both tutors and trainees and took an active role in making sure trainees understood the course content.

The effectiveness of First Base training

We used a questionnaire and interviews to monitor and evaluate the training programmes, in addition to having First Base and other Daycare Trust staff present during the training to respond to the needs of the trainees as they arose.

Trainees were asked a number of questions about their own background to supplement our research into the needs of children and families from the Horn of Africa (See *Chapter Two*). In addition, trainees were asked about the skills they felt they had

gained; the differences they recognised in childrearing practices and for feedback on the course itself under the following headings:

- equal opportunities
- support from Daycare Trust
- having two nationalities in one class
- interpretation and use of interpreters
- English language support
- confidence building
- class size.

Trainees had heard about the course from Daycare Trust direct or through friends. Only six women had received any other training since arriving in the UK, so for most women it was their first opportunity to experience training in this country.

Knowledge and skills gained

Students from both Hackney and Southwark gave broadly similar answers to the questions asked about knowledge and skills gained. Students commented that they had learned a great deal about child development and the range of educational play materials available for children. The theory and practice of education had also helped them to understand their own children's needs. They said that they had gained new skills and information about children and about caring for them; they had acquired a greater understanding of the broad educational and care needs of young children and of children's emotional and social development including the importance of play and adult interaction. In addition they had learned about children's physical health needs and gained a grasp of equal opportunities as they affect boy and girl children.

“Even though I am a mother and have brought up children, I have learned more about the children, the needs of parents and equal opportunity”.

All the Eritrean and Ethiopian students commented that they had learned how to provide a healthy and nutritional diet for their children. For the first time they had acquired knowledge about the sugar and preservative content of various common foods. They also felt more confident about health matters and how to protect their families from physiological illnesses such as gastric problems, HIV and Aids. They were more able to deal with children's emotional needs, such as fear, the need for security, continuity of care and to recognise the value of educational activities for their own children from an early age.

They believed the course had increased their own oral and written skills in English.

Above all, the women said they felt secure about airing their views in the sessions. The issue of gender roles and discrimination against women was discussed. It took courage to talk about female circumcision and emotions ran high as the women contemplated the prospect of circumcising their own daughters. The secure environment of the childcare training made it possible to bring up the subject and proceed with the additional session on a very delicate issue.

The concept of equal opportunities which had presented some problems at the beginning of the course, became clearer as the course went on in relation to gender, racial group and upbringing. They said the teaching helped them to think about the causes of racial abuse and victimisation which their children face every day.

Our interviews demonstrated that there are considerable cultural differences in child rearing practices. The students, who came from a variety of rural communities and urban communities, pointed out the following areas of difference:

- child discipline
- toys and play
- adult involvement with children
- eating and feeding
- the role of the extended family
- gender differences

(These are also referred to in *Chapter Two*.)

Feedback from course

The majority of the trainees gave very positive feedback from the course. Support from the Daycare Trust staff, confidence building and having two nationalities in the same class were particularly praised. Many women said that the course had improved their self-confidence and they felt encouraged to undertake further training. The course had given other women the incentive to break the isolation they felt.

The area which received some criticism was class size. Some students felt the classes were too large and abilities too mixed.

All women wanted the course to continue so that their opportunities for work were increased.

Outcomes

The unexpected success of the courses in terms of enrolment, staying power and feedback is remarkable.

By the time of the certification ceremony:

- 3 trainees had obtained employment in creches run within their own communities
- 6 students were attending English language courses
- other students were attending job search schemes
- 2 students were attending courses in Social and Community Service at Lambeth College.

In addition:

- the Southwark trainees get together once a month on a drop in basis
- the trainees based in Lambeth have formed a parents' association to organise a cultural and activity centre for school-aged children and a drop-in centre for mothers and children under five
- an activity day held in December 1994, during which trainees acted as childcare volunteers, attracted 90 parents and children.

Transnational experience

Our direct experience of providing training for refugee women was supplemented by exchange of information and visits with our transnational partners.

In February 1994, Alganesh Gebremariam and Lul Mohamed from the First Base project visited similar training programmes in Holland – Project 03, a training and employment project for daycare centre leaders and a Children's Centre Nurse Project. Experts from Holland also visited our project.

The central aim of Project 03, based in five cities in Western Holland, is the training and appointment of minority ethnic childcare workers. Its objective is to find a paid job as a children's centre leader for each of its 30 trainees and to develop multicultural activities in children's centres.

Studying is done at college with practical training taking place in playgroups, nurseries and schools where there is a need for minority ethnic workers². During training, the trainees' children are cared for in a daycare centre attached to the college.

There was no specific support for trainees within the college but a Project 03 consultant organises group meetings in homes, community halls and centres to discuss problems such as childcare, academic or personal difficulties. The consultant also acts as a trainer in multicultural work at daycare centres, visiting them to assess and advise on current practice.

The Children's Centre Nurse Project is another initiative aimed at reducing unemployment among minority ethnic women and spreading multicultural childcare practices. It aims to train 24 minority ethnic women and 16 women returners as children's centre workers and to guarantee them jobs once qualified. It is run in partnership between the local authority and vocational training centres.

Dutch language support and a pre-entry course helps women pass the entrance examination for the Nurse course. The course is three years long and qualifies trainees to work in children's centres. Once qualified, the project assists trainees to find a job.

In both cases, trainees had a higher level of existing education than the First Base trainees. However, our transnational partners are seeking to develop intermediary training using First Base as a blueprint.

Future needs

First Base courses have identified a need for more foundation courses in childcare which address childcare and child development for parents and also act as an introduction to employment in childcare. Courses are also needed at advanced level with additional language support to enable women to progress from the foundation courses to NVQs and paid employment.

More childcare support is needed to enable women to undertake training.

There is a need for opportunities for the trainees to gain experience in creches and nurseries during their training and for assistance with placing trainees in work along similar lines to existing international projects.

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Chapter Three SUMMARY

Training providers organizing childcare training for refugee women from Eritrea and Somalia should:

- Pay particular attention to outreach strategies which will reach women who are isolated and may be illiterate. The strategies need to have contingency plans for under and over-subscription to courses
- Tutors need to understand both the common experiences of women refugees and the differences in culture, social and educational traditions
- Childcare facilities for under-fives and school-aged children need to be provided. This can be a mixture of crèche provision, using carers from the communities concerned, and childcare allowances. Travel expenses also enable women to attend regularly
- Adequate interpretation is essential to enable two-way communication between tutors and trainees. Involvement and briefing of interpreters at an early stage is beneficial
- A recruitment day at which the English language ability of trainees, their training and their childcare needs can be assessed assists the smooth running of the courses
- An assessment needs to be made about separating trainees into groups relevant to their English language and literacy levels
- Strategies for involving women in discussion groups and experiential learning need to be carefully planned. A system of monitoring the progress of the courses helps ensure a flexible response to trainees' needs
- Additional English language support is beneficial
- There is a need for more foundation and advanced level courses in childcare which meet the needs of refugee women

CHAPTER FOUR

MEETING NEEDS: Guidelines of Good Practice

This chapter draws the different elements of our work together in the form of guidelines of good practice on developing services for refugee children and women. We have concentrated on childcare, education and health services.

Our work has been with a particular group of women and children who are refugees and black people. Some of the guidelines are therefore of particular significance to work with them, while others are of more general applicability to work with refugees.

The guidelines in this chapter have drawn upon Daycare Trust's research into the needs of refugee children; our experience and that of our transnational partners in providing training in childcare for refugee women; and information gathered in formal interviews with 25 organisations providing services to refugees in Greater London and informal contact with organisations throughout the country. Annex A accompanies this chapter and gives brief details of the work of a number of organisations visited by Daycare Trust.

Identifying needs

Although we found a number of remarkable and innovatory projects, refugee children and their families still have substantial needs that go unmet. Services are patchy in the extreme.

Previous chapters have set out in detail the services refugee parents want for their children and for themselves. In brief, these are:

- Appropriate care and education services for children under three
- High quality pre-school and school-age education services which recognise the impact of their children's experience as refugees and cater for their different educational and cultural backgrounds
- Additional English language teaching provided alongside nursery education and compulsory schooling
- Education and welfare support services supplementary to mainstream schooling and nursery education
- Cultural and activity clubs for school age children combining play, cultural activities, English language provision and supplementary education
- Additional health services which address the physical and mental illnesses common to refugees children and their families
- Childcare services which enable women to study, seek employment and meet other parents
- Opportunities for education, training and employment.

Developing services for refugee children and their families

From our visits to, and interviews with, a wide range of organisations providing services for refugee children and their families, we identified five key features of projects which had some sustained success in working with refugees and particularly women and children.

Communication

Comprehensive communication strategies were needed to identify group and individual needs and adapt services accordingly. This requires mechanisms for communicating with the relevant community and accurate communication with each individual user, which almost inevitably means providing interpreters at the point of use, publishing information in the languages of the community and oral communication. It is particularly important that such strategies include provision to reach women directly and recognise that many refugee women have low levels of literacy in their own language and in English.

Outreach

Outreach work is an important part of services and projects aimed at meeting the needs of refugee children. Refugee parents know little about the services that are on offer, they are often deeply suspicious of official figures and frequently reluctant to approach organisations which may turn out to be unsympathetic. Outreach work using community workers and advocates to approach refugee women direct is particularly important if women are to be encouraged to seek services which will assist them and their children.

Childcare

Catering for the childcare needs of refugee women are an important part of any service designed to involve women and children. This means dealing with pre-school and school aged childcare, the costs of travelling and their wish that children are looked after by carers from their community. To meet the needs of children, childcare must be high quality, sensitive to the particular experience of refugee children and multi-cultural.

Consultation

Strategies to consult and involve refugee communities which develop mechanisms for consulting and involving women and children as well as men.

Multi-discipline

The multi-disciplinary approach and partnership adopted by many of the projects we visited was noticeable. Those that can combine services for children and their mothers at the same time and which recognise the interlinked economic, educational and social needs of women and children are particularly effective.

GUIDELINES FOR GOOD PRACTICE IN PARTICULAR SERVICES

With the needs of refugee families and the key features of successful services in mind, we make the following recommendations in the area of pre-school education and care; school age education and care; education and training for refugee women; and health services.

Pre-school education and care

Refugee parents and professionals working with refugee families place enormous importance on children having access to high quality education and care from an early age.

Local authorities, particularly those with sizeable local refugee communities, need to:

- collect accurate data on their local refugees communities including information on women and children
- review, as part of their duties under the Children Act, the use made by refugee families of pre-school education and care and set targets to improve the take-up of such services
- make sure that information about services is available in appropriate mother tongues
- employ outreach strategies so that the information reaches refugee families, particularly women with low levels of literacy in their mother tongue
- work with health authorities and voluntary organisations to provide a comprehensive network of support services for pre-school age children.

Social Service Departments have a major role to play in providing information and services to pre-school age children, particularly as many refugee children will be classed as 'children in need'. However, they must recognise that refugee parents are very confused about the role of social services. They can:

- introduce long-term, outreach initiatives to inform refugee parents about the role of the social services and the support they can give to families and children
- provide information and advice about registered childcare services in mother tongue languages and in places where refugee women congregate
- involve refugee families in systems of service evaluation and service planning
- recruit social workers and childcare workers from refugee communities
- work with local refugee communities to make sure services are sensitive to the needs of refugee groups
- provide briefing and training for registered childcare providers which helps them understand the situation of refugee children and encourages them to develop multicultural strategies to assist children and their parents.

Nurseries and daycare services, particularly those with sizeable local refugee communities, need to take steps to:

- create a multicultural environment
- plan induction procedures for young refugee children which recognise the experience of being a refugee and their different cultural traditions
- introduce channels of communication with children and parents including where possible interpretation facilities
- take particular steps to employ staff and take childcare students on work placement from the local communities.

Education and care for the over-fives

School age children need additional support, particular in the English language, as part of mainstream schooling. They also need supplementary services which help them progress with their education and cope with the problems they face as young refugees.

Local Authority education departments can:

- work with local community groups to provide language and pastoral services for refugee children in local schools
- provide training and briefing for schools on integrating school-age refugee children.

Schools can adopt strategies to assist school age refugee children, including:

- work with local services for refugees and refugee groups to set a comprehensive support network for refugee children in schools
- arrange briefing sessions for teachers to help them understand the education and social background of different communities
- plan an induction process for refugee children which will ease their settlement into the school and make other pupils and teachers aware of the particular background of the children
- develop strategies to support and supplement the learning process of refugee children, which recognises that some will have had little or no formal schooling
- develop a multi-cultural approach to the curriculum and school life which values and supports diversity
- provide systematic and long term additional English language support for refugee children
- offer a range of additional support services for school age children including pastoral support services, particularly but not exclusively for unaccompanied children, to ease their settlement in the school and community and help them deal with past trauma

- develop an anti-harassment and bullying strategy which gives a clear message that such behaviour is not acceptable within the school. Parents should know about the strategy and should be involved in its development
- establish effective communication with refugee parents, including an induction for parents of new arrivals; information about the National Curriculum, school routines and activities; and interpreting facilities at meetings with parents
- recruitment and selection procedures which encourage teachers and support staff from the refugee communities.

Out of school care

Local authorities, TECs and voluntary organisations should:

- encourage refugee parents to use out of school clubs by offering subsidised places
- work with local communities to set up activity and cultural clubs for refugee children which enable them to play together in safety, learn about their own culture and traditions, and provide supplementary help with school work and English language.

Adult education and training

Refugee parents put a high value on their own education and training so that they can support their families in the future. However, very few women have had access to education and training since their arrival in this country.

Colleges, TECs and training providers need to:

- develop more foundation and advanced level courses in childcare which offer English language support, provide assistance with travel expenses and childcare for pre-school and school age children
- be better informed about the educational background of particular groups of refugees and to tailor their courses to meet the students' level of literacy in English and their mother tongue
- invest resources in training qualified Somali/Eritrean (and other refugee groups) teachers to teach English as a second language
- develop effective outreach strategies to attract women onto courses.

Health services

A particular concern of refugee parents is the long-term effect on their children's physical and mental health of their experiences as refugees. Parents are also concerned about common illnesses in this country which are unfamiliar to them and about health issues which affect African communities. School health services have a particularly important role to play in monitoring the health of school age refugee children.

Health Service Providers need to adopt a multi-disciplinary approach to health services, which:

- addresses the interlinked social, economic and health needs of refugee children and their families
- involves specialist medical organisations with expertise in dealing with refugee health issues
- pays attention to communication with refugees and in particular, interpreters should be available on a regular basis in health centres, clinics and hospitals
- provides additional oral information for refugees, who are not literate in their own language, and information in translation about services, how to find and use them. Such information needs to be available in places where refugee women gather – baby clinics, hospitals, schools, ESL and ESOL classes.

Voluntary and community organisations

The amount of work carried out by voluntary organisations on shoestring budgets was particularly remarkable.

Voluntary organisations and their funders could improve the spread of services by:

- sharing information and experience. Networks for regularly exchanging information and experience at both national and local level would benefit those voluntary groups working with refugee children and families
- examining the resources and support they can give to voluntary groups run by refugee communities to assist them with longer term funding and the development of management expertise
- taking steps to improve the involvement of refugee women in community groups and to ensure that their work meets the needs of refugee women and children. This should include more development projects aimed at women and children, and positive encouragement of more women on management committees, in paid positions and as volunteers.

Local refugee community groups could:

- set up creches, after-school care and drop in centres to encourage the involvement of women in their activities
- establish children's cultural and activity clubs after school and in the school holidays
- run coordinated programmes which meet the needs of women and their children at the same time.

Daycare Trust needs to continue to:

- promote childcare services which are accessible and sensitive to the needs of refugee children

- provide information to refugee parents on good practice and quality in childcare and education services
- work with other organisations to develop childcare training programmes for refugee women
- work with refugee parents to develop facilities for their children.

Creating national policy

At present many local services directed at refugees take place in a policy vacuum. There is no national policy strategy to support the settlement of refugee children and families or comprehensive data about refugee families. Our transnational experience demonstrates how much more can be achieved within a coherent national policy framework. We therefore believe that the actions taken by individual service providers would be greatly enhanced if they were part of a national policy framework.

Government could:

- work with other governments to develop international guidelines of good practice and programmes to assist refugee children and their families settle in the new country
- develop an integrated, national policy, backed by comprehensive information and research, to assist refugee children and their families settle in this country
- allocate lead responsibility for coordinating this policy to a single Government department, possibly the Home Office, which should draw up an inter-departmental strategy covering research into refugees, education, childcare, social services, health, employment, adult education and training. Refugee groups, particularly women, should be consulted on this strategy and funds should be allocated to deliver it
- establish in consultation with mainstream childcare organisations and partners who are working with refugees, including the Refugee Council and refugee community organisations, a national advisory forum on services for refugee children and parents. In particular, the forum should develop programmes for training and briefing professionals working with different refugee groups.

Annex One Examples of services for refugee children and their families

Barnardo Families in Temporary Accommodation Unit addresses the needs of homeless families in South London, including refugee families. This mobile service includes a creche, counselling and drop-in sessions for families. Classes (English, dressmaking, first aid) were offered as well as advice sessions on welfare, legal and immigration issues and the benefits system. An after-school club catered for 5 to 10 year olds, at which children were helped to communicate with each other through 'circle time' activities and weekly group discussions. A case worker had devised an introduction programme, in consultation with the head teacher, for a particular child suffering particularly severe bullying which involving welcome cards from the class and story telling so that the child could explain her experiences to her class mates.

Camden Family Services Unit operates a broad range of family support services. Four Horn of Africa languages and four other languages were spoken. Eritrean, Somali and Ethiopian workers were carrying out work ranging from outreach for a refugee mental health programme to family support work to enable children to be looked after effectively by their families. Counselling, advice and practical help was offered. Referrals to specialist agencies were made for expert help on topics like housing, immigration and benefits. Childcare was offered to parents who were not coping due to depression.

Camden Language and Support Unit, funded by Camden's Education Department, offers linguistic and pastoral support to refugee children, focusing on two Camden secondary schools. The Unit helps to co-ordinate services for refugee children in Camden, developing contacts with schools, Social Services and members of refugee communities. It supports effective reception schemes, including befriending arrangements for refugee children who arrive mid-term. It runs a homework club for unaccompanied children from the Horn of Africa, using two paid workers, one of whom is Eritrean. Training in refugee issues is provided for teachers, school and community nurses, school governors, educational welfare workers. A conference on the needs of refugee children was organised in 1993 and the Unit is drawing up a policy for refugee children in Camden.

Camden Social Services had, at the time of this study, recruited and trained five Eritrean and one Ethiopian foster carers. There were ten children from the Horn of Africa in foster care in Camden. Social Services made efforts to maintain children's links with their home community but no specific training was offered to social workers looking after the interests of refugee children.

The Earls Court Somali Association is one of the local sources of help for newly arrived families in Bed and Breakfast (one room) accommodation in the Earls Court locality. The link worker responsible for new arrivals visited the hostels in order to find and contact newly arrived families. The association also sent workers to social services case conferences to 'present the cultural aspect'.

The East African Refugee Project in Lambeth was a response to the arrival of unaccompanied refugee children from Eritrea in 1991 - there are now about 45 unaccompanied Eritrean children in Lambeth. The project provides music, art, poetry activities and food to build links between the children and their cultural heritage.

ECUK runs a Tuesday evening activity session for Eritrean teenagers, with tennis, snooker, game machines and basketball. About 25 young people, not just from Islington, attend. Many were unaccompanied children living in neighbouring boroughs. Counselling and group discussions were also offered.

Eritreans in Greenwich raised money to organise football teams, buy kit and for travel expenses and were organising an ongoing football season with matches against other groups.

The Family Placement Unit, in Kensington and Chelsea, recruited, trained and supported foster carers for children, with an emphasis on the special needs of Eritrean and Ethiopian refugee children. The Unit was recruiting and training Eritrean and Ethiopian foster parents to look after unaccompanied children. At a recent training session they had provided an Amharic interpreter.

Greenwich Refugee Association stocks a wide range of leaflets about health, community care and welfare benefit translated into Tigrinya, Swahili, Ugandan, Somali, Kurdish and French.

The Haringey Eritrean Community Saturday School, which is held on a College of North London site, is attended by fifty-four children. Arabic and Tigrinya are taught by four unpaid teachers. One of the teachers was a professional teacher in Eritrea and she is studying to qualify as a British teacher. She initiates meetings and discussions about teaching methods with the other teachers. Although the teachers are given travel money, they use it to buy refreshments for the children they teach. During break periods, children play games in the sports area of the College. There are few teaching aids except some books which the teachers

have collected from their friends. An Eritrean video is shown and Eritrean music and games are played. Parental involvement, which is desirable to encourage the children, is difficult due to lack of space. These classes are popular with children. The teacher we interviewed explained that they seek to relate the classes to the children's lives. They time the sessions to avoid a clash with favourite TV programmes and they offer biscuits and drinks at break times. She said that even without many teaching aids, skilful teachers will be able to motivate children and maintain attendance rates.

The Hunter Street Clinic holds weekly sessions for refugees with the dual aims of improving access to health services and reducing isolation. Tigrinya, Somali and Arabic speakers were an integral part of the weekly drop-in groups. English classes were held and a creche was available. A relaxed and friendly atmosphere with refreshments encouraged women and some men to visit. Workshops were run on health promotion issues – users had the opportunity to select topics. Practical case work is taken on by health visitors working beyond their normal remit – for example helping individuals to apply for Housing Association accommodation and referring them to mental health agencies. The Clinic has organised a programme of outreach work so that they can make contact with refugee families whose children were not born in this country and who may otherwise not receive appropriate medical help. The clinic has organised a referral system involving health visitors, hospital and casualty departments, schools and nurseries, Family Service Units, refugee centres, community centres and libraries.

Lambeth Community Education has received funds to overhaul its ESOL programme: in 1995 certificated short courses will be offered, free of charge, to refugee women. Lambeth also has a programme 'training the trainers' with courses for refugee men and women in community interpreting, teaching and advocacy. It is hoped that this will help address the need, expressed throughout this study, for refugee families to be offered services by members of their own community.

Lea Valley School, with eight Horn of Africa children, had two Section 11 teachers for these and other ESL classes. Refugee parents help children read and by bringing a multicultural flavour into different classes such as history, geography and cooking. The strategy was to build up children's self esteem to lessen their vulnerability. Parents of the eight Somali children did attend parent meetings, usually bringing an English speaking relative to interpret for them. The school publishes a school diary to publicise school events but was aware that it would not be useful for the Somali families who did

not read English. The school attempted to communicate directly with these parents but time constraints for teachers meant that there was an unfilled communication gap.

Lewisham Refugee Network is working with the Council for Race Equality (CRE), Community Education, Lewisham Education Department and the Refugee Training Project to develop fact books about education for parents of refugee children. This project is designed to help parents and teachers to work together to help children learn. Workers at the Network have developed an innovative service providing and installing furniture for newly arrived families. They collect furniture and clothing from Salvation Army, Voluntary Care and Shaftesbury projects and deliver it to newcomers' homes. The Network was planning to start a newsletter about refugee issues for service providers and community groups in Lewisham.

London Black Women's Health Action Project held an international conference on FGM in the summer of 1994, at which speakers from nine countries described incidence of the practice in their home countries, examined justifications for the procedures but agreed to conclude that those people amongst whom the practice is prevalent should lead a social and education programme aiming to eradicate it.

The Maternity Services Liaison Unit (MSLU) in Tower Hamlets employed bilingual women to act as advocates and interpreters for local non English speaking women. The aim was not only to aid communication but to empower the users by informing them of their options and offering welfare and benefits advice.

Medical Foundation (for the care of victims of torture) is a large voluntary organisation providing medical and psychological treatment for refugees who have been tortured as well as for any refugee requiring medical or psychological support. Thirty full time employees worked with 60 part-time workers and many volunteers to provide medical advice and assistance and, in addition, information and support on housing, employment and legal issues. Referrals were accepted from community workers, refugee organisations and health visitors. A pool of trained, paid interpreters worked as a team to meet translation and interpreting needs.

Oxford House, a large service and community centre run by a voluntary management committee in Tower Hamlets, used Somali teachers to teach English to Somali women as part of the Somali Women's Language and Development Project. The teachers were trained at Oxford House where they had achieved a City and Guilds qualification.

Peckham Site Nursery, Southwark College, appoints a 'key worker' for each child to ease their entry into the nursery and provides continuing support for the child and parent. Meetings between the child's key worker and the parent are arranged every term, with interpreting if needed through friends or relatives. The nursery has some bilingual staff members to help children with English as a second language to learn and feel confident in the nursery. Sign and body language are used by staff when there is no common language. A newsletter is circulated to parents three times a term. A parent representative voices parents' views at meetings of the nursery staff. Parents are invited to help in the nursery and to share information about the child's family background with the staff. When outings are arranged, parents are invited.

At **Sir James Barrie Nursery** visual aids and photographs of each child are used to welcome the child and give her a sense of belonging. Parents are asked to watch the routine at the nursery so they understand their child's experiences. At the primary school, a special needs co-ordinator provided learning and English support. She used to work in partnership with two full-time and one part-time English tutors, but these posts have been cut following changes to Section 11 funding. There are other support facilities including a reading recovery programme for pupils struggling with their English. The school has a planned cross-curricular approach to celebrating different cultural and religious traditions. Themes are routinely examined across religions and cultures. For example, the symbolic role of candlelight and water were examined in different religions. Anti-racism was treated seriously, with a yearly policy review and outside speakers. Parents were asked to tell the school if their child was bullied. There was a post box for the use of students who could not inform teacher or parent directly. Bullies were disciplined with parental consultation and a recurrence could mean exclusion from the school.

The **Somali Community in Lambeth** provided ESOL and job search training to adults while their children attended mother tongue classes. There was a small creche for under fives available, which they hoped to expand. They also provide interpretation services for hospital staff and social workers.

Somalia Women's Development Project, Newham was set up in 1990 and has never had paid workers. There are no funds even to pay travel expenses yet a range of valuable advice and counselling services are offered to women suffering from conflict trauma, bereavement, and problems coping with their new country. Trained counsellors provide the service free of charge. English classes for adults were given every Monday evening; meanwhile the students' children were instructed in Somali and the Koran. A

parent and toddler club – for which there was no toys because of lack of funding – is run. The project also holds health promotion meetings, including tackling the issue of female genital mutilation. Social and cultural events are also an important feature of the project's activities – creating an island of refuge for Somali people living in poverty and isolation. The project runs co-ordinated classes for women and children. Fifteen women study English while their 25 children received Somali and Koranic tuition. The project acts as a 'cultural awareness' resource for health professionals, schools and social services.

The **Somali Women's Group** in Lewisham, working as part of the Lewisham Refugee Network, is among a number of community groups starting to work with schools to support school aged refugee children by offering supplementary education, help with home work and support in their integration into school.

Springfield Family Centre, funded by Lambeth Social Services in partnership with NCH Action for Children, has an 11-strong staff team working to address parenting difficulties. Facilities include a parents' support group and a key worker system for families using the centre, offering information, counselling, play therapy and speech therapy. Links with health services were developed, with monthly immunisation sessions, for example. Workers cited language as their biggest difficulty – they found interpreters difficult to obtain and awkward because of the need to book ahead.

Dr Teblez Tsfa-Michael is an Eritrean clinical psychologist based at Harlesden Hospital, who actively promotes the professional recognition of mental health problems of refugees.

West Hampstead School – where 10 per cent of pupils are refugees, some unaccompanied – assesses children by learning stage as well as by age. Where necessary, refugee children are placed with younger children. The problems for children that these policies can cause are deemed far less damaging than leaving them in their age-set when they are at a different level than the rest of the class. However, the school recognises that a child in a class of much younger children is vulnerable to teasing and a feeling of inadequacy. The school runs extra language classes. A range of pastoral support systems are in place: legal advice is available for immigration issues; *Children of the Storm*, a school-run fund-raising and awareness-raising organisation, was set up; and counsellors and therapists from the Tavistock Institute operate a counselling service inside the school helping traumatised students cope not only with their personal histories but also to learn and socialise effectively in their school.

REACHING FIRST BASE

GUIDELINES OF GOOD PRACTICE ON
MEETING THE NEEDS OF REFUGEE CHILDREN
FROM THE HORN OF AFRICA

provides key facts
numbers of refugees ■ explains the asylum process
outlines official statistics ■ provides information on refugee women and children

describes what life is like for a refugee
provides information from in-depth interviews with refugee parents
covers pre-school care and education ■ compulsory schooling
out-of-school care ■ health services

provides details of child care and development training
describes the childcare training programmes for refugee women
reports on outcomes ■ transnational partnerships

outlines good practice and recommends action
pre-school education and care ■ education and care for the over fives
health services ■ voluntary and community services
creating national policy

"Children are all too often the main casualties of the powerful forces of change which are disrupting our societies and increasing human insecurity. I am increasingly aware that compassion is not enough but these guidelines provide a practical way of improving the quality of children's lives.

They are essential reading for every policy maker and provider working with refugee children and their families."

Sir Michael Bett, Chairman, Save the Children Fund and Social Security Advisory Council

"The majority of refugees in the world are children. International and national childcare experts continue to urge that children's needs should be attended to in 'first among the first'. The work of First Base will continue to make an invaluable and practical contribution to the development of knowledge and skills. Their work clearly indicates ways in which policymakers, practitioners and funders can ensure that children and their parents are fully involved in the process of rebuilding their lives."

Louise Williamson, Director of the Children's Division, The Refugee Council

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