

Meeting the needs of refugee families and their children

Refugee families from Eritrea and Somalia tend to contain relatively large numbers of young children. As part of a research and development project, Daycare Trust conducted in-depth interviews with 20 refugee parents about the services that they used and those they wanted for their children. They found that:

- f** Many of the parents expressed a deep sense of isolation, insecurity and fear. Children and parents were struggling to cope with resettlement.
- f** Parents placed great importance on the education and care of their children, but recent refugees had little knowledge about the range of services available to them and were reluctant to approach official organisations for help.
- f** Many of the parents had only a basic grasp of English. They found it difficult to make full use of education and health services for their children as interpretation services were not normally available.
- f** Parents found that professionals in health, social services and education had little understanding of the difference between refugees and migrants, and did not recognise the particular physical and mental problems resulting from their experience as refugees.
- f** Children and parents required long-term support with the English language to enable them to settle successfully in this country, but access often proved difficult and provision was patchy.
- f** Parents wanted written and oral information about services in mother tongues. They felt that this was best provided by organisations they trusted in places where they met.
- f** Parents wanted their school-age children to have access to additional support with their education, to mother tongue teaching and to an understanding of their own culture.

Introduction

Ten refugee parents from Eritrea and ten from Somalia were interviewed: eighteen women and two men. All the families had young children living with them. Families tended to be quite large - an average of three to four children per family. Although all the parents were married, eight women lived on their own with their children.

Isolation, fear and insecurity

The families came from very different educational and social backgrounds but all were recent refugees and Black Africans. Most lived on income support, in overcrowded and temporary accommodation.

Mothers were overwhelmingly the sole carer of their children. In some cases, help was provided by their husband, older siblings, extended families or neighbours from the same community but most women had no help with their children. Separation from fathers and husbands, the dispersal of communities, and language barriers left many families struggling to cope with isolation, fear and insecurity.

Lack of information

Parents placed great emphasis on the education and care of their children but knew little about the range of services available for pre-school and school-age children. They did not know of, and therefore had not sought out, free or low cost services (such as toy libraries, mother and toddler groups and soft play sessions). They did not expect to be able to arrange and pay for childcare which would allow them to train or work. They were unaware of after-school or holiday care schemes for older children.

Their experiences before fleeing their countries, and their experience of the asylum process, made them reluctant to draw attention to themselves. This meant they were unlikely to seek information from national and local government sources, particularly social services, or from organisations they regarded as part of the state.

The families did exchange information with other families in the same community. This informal network is important both as a source of information for the families and for recommending facilities to families.

The families did make full use of education and health services. All the children who had settled in the UK between the ages of three and five had attended nursery education. All the children were registered with a GP and had been vaccinated. Those born in this country were visited by a health visitor, although children born abroad did not have access to such care.

Lack of interpretation services

Half of the parents only had a basic grasp of English. They found it difficult to make full use of education and health services for their children, as interpretation services were not normally available as part of local health services or at nurseries and schools. They relied on family, friends and their children to interpret for them.

Parents had found that lack of interpretation led to difficulties explaining the symptoms or past experiences of their children to health workers. In some cases parents had problems understanding their children's treatment.

In schools, parent-teacher communication was difficult because of a lack of interpretation. Parents did not understand the National Curriculum or some of the projects that their children brought home. Without access to interpretation, they found it difficult to get anything but the most sketchy details of their children's progress. They also found it difficult to explain the past educational experience of their children to the teachers.

Information in mother tongue

All the parents would have liked information on services for their children in their mother tongue. Women and children from Eritrea and Somalia speak a variety of languages but most understand Somali and/or Tigrinya.

A sizeable proportion of the women have low levels of literacy in their mother tongue. Information therefore needs to be passed to them orally.

The women are very confused about the role of local government officials, particularly from social services, which they see as an organisation able to take away their children. They are more likely to respond to information or visits from organisations which involve their community.

Information is more likely to reach them if circulated in places where they gather: health centres, schools, community organisations.

Professional knowledge about refugees

Parents found that professionals in health, social services and education had little understanding of the difference between refugees and migrants. They were therefore unlikely to take into account the effects of being a refugee.

Parents also found that professionals had little understanding of the different lifestyles in their home countries. All the parents were concerned about differences in child-rearing practices between the UK and their home countries. They were

concerned about the tensions this created between professionals and themselves and potentially between the parents and their children.

Parents wanted health professionals to pay more attention to the physical and mental problems that their children might face because of their experience as refugees. They wanted GPs to spend more time with them when they first registered, and all professionals to be alert to health problems in their children. Female genital mutilation is a particularly sensitive topic for families, which needs the most sensitive handling.

The parents felt that teachers and welfare officers did not take adequate steps to help children who had faced trauma to settle into school or nursery.

All the parents thought adequate interpretation when they used professional services would have overcome some of these problems.

English language support

Children and parents needed access to English language support to help them settle successfully. Children needed additional help alongside nursery and school education and parents, particularly women, required English language support to help them with further education and employment. Services for children were patchy, and provision for adults was scarce and often difficult to access for women with responsibility for young children. Older children, whose education would have been disrupted by civil war, were placed in classes according to their age, not educational experience. The children found it difficult to make progress and the parents were concerned that they did not receive adequate support. Such children were particularly susceptible to racial harassment and bullying.

The very different education systems in Britain, Eritrea and Somalia made settling in very difficult for young children used to a strict and formal system. Parents did not understand the British system and found it difficult to help their children.

Parents wanted schools to adopt an integrated strategy which would recognise the educational and cultural background of their children, take a multi-cultural approach to the curriculum and school life, and take steps to combat racial harassment and bullying.

Additional support services

Parents sought services, especially for very young children, which employed or involved members of their own communities and which valued and respected their culture and customs.

They wanted:

- classes to teach their children their mother tongue and about their cultural and religious background;
- additional, long-term English language support provided as part of nursery education and mainstream schooling;
- additional pastoral and support services for their children at schools and nurseries;
- activity and cultural clubs set up which would combine play, cultural activities, English language support and supplementary education;
- health services which could cope with the health problems associated with being a refugee.

Key features of successful services

The interviews with parents were part of wider research to identify good practice in meeting the needs of refugee children for childcare, education and health services. The research identified five key features of projects which had some sustained success in working with refugees and particularly with women and children refugees. They had:

Comprehensive communication strategies to identify group and individual needs and adapt services accordingly. They had mechanisms for communicating with the relevant community and accurate communication with each individual user, which almost always meant providing interpreters at the point of use, publishing information in the languages of the community, and oral communication. The latter was particularly important in reaching women who may have low levels of literacy in their own language and in English.

Outreach work using community workers and advocates to inform refugee women directly about services for themselves and their children.

Met the families' **childcare** needs, which meant providing assistance with childcare for pre-school and school aged children, and paying travel costs and respecting their wish that children are looked after by carers from their community.

Consulted and involved refugee communities and aimed to involve women and children as well as men.

A multi-disciplinary approach or partnership which combined services for children and their mothers at the same time and place, recognised the interlinked economic, educational and social needs of women and children, and sought to offer combined services at one delivery point.

Training in childcare and child development

As part of this project, three programmes of training in childcare and child development were organised for refugee women. In addition to the training, additional English language support and assistance with childcare and travel costs were provided. The programmes were enormously successful. They were heavily oversubscribed. Over 90 per cent of the women trainees completed the courses and all of them continued with some form of further study or employment in childcare. The programmes did, however, highlight the need for more introductory training programmes in childcare and more advanced programmes providing additional support with the English language and assistance with childcare and travel expenses.

About the study

The interviews were part of a two-year project undertaken by the Daycare Trust to identify the child care needs of refugee families from the Horn of Africa as defined by the parents themselves; to train refugee women in child care and development; and to identify the key elements of good practice in meeting the needs of children.

In-depth interviews were conducted in the families' own homes by two development workers who were refugees from the two countries. A structured interview plan was developed which covered the present situation of the family, and their experience of, and views on, childcare services available to them. Childcare was defined as all community and statutory services for children aged 12 and under, including daycare, nursery education, health services, schooling and out-of-school care. Parents were encouraged to comment on any issue of importance to the welfare of their children.

Further information

A report, *Reaching First Base: meeting the needs of refugee children from the Horn of Africa - guidelines of good practice*, is available from Daycare Trust, 4 Wild Court, London WC2B 4AU priced £9.50. Tel 0171 405 5617 or Fax 0171 831 6632.

Related *Findings*

The following *Findings* look at related issues:

Social Policy

- 53** Strategies used by low-income families with children to make ends meet (Jul 94)
- 59** The provision of social security benefits to minority ethnic communities (Oct 94)
- 67** Attitudes to spending on children (Dec 94)
- 79** Affordable childcare and housing (Jul 95)

The following *Summary* is also relevant:

Social Policy

- 4** Family and parenthood: Supporting families (Feb 95)

For further information on these and other *Findings*, contact Sally Corrie on 01904 654328 (direct line/answerphone for publications queries only).



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