The Children's Society

A Voluntary Society of The Church of England and The Church in Wales

King's Fund

# Homeless Families in Exile

## Evaluation of
## The Children's Society
## Homeless Families Support Programme in Newham

## Executive Summary

A King's Fund Publication

Based on Research by Michael Bell Associates

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# Background

The Children's Society Homeless Families Support Programme was established in Newham in 1996 "to increase access to (primary) health care and other related services for homeless families (especially refugees)" in the borough.

It was created because existing services in Newham were concentrating on single homelessness, leaving homeless families without a main point of contact. August 1998 figures show that Newham has the highest number of homeless families of any London borough[1], a significant proportion of whom are refugees and asylum seekers.

The King's Fund awarded The Children's Society a grant to part-fund a Project Worker, Health, for three years for its Homeless Families Support Programme. The Programme used a community development approach to improve health outcomes for homeless families and families temporarily housed within the London Borough of Newham. The work aimed to enable families to secure changes to make local services more responsive to their needs and to improve children's health and development. There was a particular emphasis on the needs of refugees. Two project workers, one concentrating on health, and one on community development carried out the work, supported by sessional staff.

The Project Worker for health's main tasks were to:

- provide outreach work to homeless families in the borough
- improve access to and use of health services
- establish and facilitate a borough-wide Forum to formalise channels of communication between all agencies involved in work with homeless families
- raise awareness of the needs of homeless families
- help homeless families to access other services which have a positive impact on health

# Policy Context and Asylum and Immigration Bill

The project has been evaluated over two years by Michael Bell Associates, an independent social policy and consultancy organisation. The evaluation aims to highlight the issues raised by the work, which provides access to health services to communities and seeks to influence service development.

Over the length of the evaluation, the social policy context has changed dramatically. The current Government has explicitly acknowledged and pledged to tackle the link between poverty and ill health. East London has also become the site of a Health Action Zone, which gives priority to improved health services for deprived social groups. However, the 1996 Asylum and Immigration and current Immigration and Asylum Bill have both curtailed the rights of asylum seekers to receive cash benefits and live where they choose. Hostility to asylum seekers has also risen markedly during the life of the project.

The Immigration and Asylum Bill is likely to affect London by:

- increasing the number of settled refugee communities by clearing the backlog of applications dating back to 1993

- requiring boroughs to provide education and other services to asylum seekers who continue to be sent there
- removing the obligation on boroughs to provide financial and housing support, which is already leading some authorities to scale down provision for asylum seekers
- creating a negative impression of asylum seekers amongst local voters

# Case studies

The following examples highlight some of the difficulties faced by individual families because of the rules of the asylum system, discrimination by statutory bodies and the lack of provision for their particular needs.

## *1. Living in the Cashless System*

Mrs M had been forced to flee to the UK with her youngest daughter after suffering imprisonment, torture, beatings and threats. When her youngest daughter died, Mrs M was told she could no longer receive financial support from social services and would have to live on vouchers. She was treated abusively by staff at a local supermarket when she selected items that were not deemed valid for the vouchers by the cashier on duty.

*Pregnant women: in the current system, pregnant women are treated as single people and have to live in the 'cashless' system.*

Mrs X was a lone parent, expecting her first child. She had been placed in bed and breakfast accommodation in one borough by a neighbouring council. Every day she had to take a bus to a feeding centre for her lunch, where she was also given a packet of sandwiches for her evening meal. Not only was the amount of food inadequate for someone in the later stages of pregnancy, on one occasion Mrs X missed her meals altogether because she had to attend a health appointment instead.

## *2. Discrimination*

*The project presented clear evidence of bad practice at a local benefits office and secured changes in practice after highlighting the problem at a national meeting with the Benefits Agency.*

A dossier of cases at Stratford benefits office, which clearly indicated discriminatory practices, was prepared and presented at a national consultation meeting organised by the Benefits Agency. This resulted in decisions being reversed and the officer concerned disciplined. However, the concern remains that colleagues and supervisors were aware of the officer's practice, had received representations about it, but did nothing until challenged very publicly in a context that ensured action.

## *3. School placements*

*The project worked to ensure children were placed in schools quickly and efficiently to minimise disruption to their education. This was hampered by the activities of local authorities.*

Family A, a mother and five children, were placed in bed and breakfast accommodation in Newham by a neighbouring borough. Each child had attended at least five different schools in the past six years. All the children continue to attend schools in the neighbouring borough because their mother is concerned about disrupting their education again by moving them to Newham schools. This costs her £33.60 a week from her Income Support because Newham will not fund travel expenses for children attending schools in other boroughs.

# Casework Statistics

The following tables show the composition of the project's client group and their background and experiences. All figures are for the period April 1997 to January 1999.

| | |
|---|---|
| Total number of new cases: | 164 |
| Number of follow-up cases: | 553 |

***Household Types***

| | |
|---|---|
| Total number of households: | 162 |
| of which lone-parent families: | 111 |
| two-parent families: | 51 |
| Average age of children: | 6 years, 4 months. |
| Average number of children per family: | 1.8 |

***Origins of Households***

See attached table showing that the project worked with people from 50 different nationalities.

***Length of Stay in the UK***

| | |
|---|---|
| Less than 6 months | 52 |
| 6 months to 1 year | 15 |
| 1 year to 3 years | 26 |
| More than 3 years | 60 |
| Not known | 13 |

*Health Service Needs of Families*

| | |
|---|---|
| Dentist | 78 |
| Advocate | 36 |
| Midwife | 2 |
| Health visitor | 8 |
| Environmental health officer | 1 |
| Recent use of A&E | 28 |
| Other health needs identified | 17 |

*Access to Primary Care Services*

| | |
|---|---|
| Family without GP | 48 |
| Family with local GP | 73 |
| GP too far away | 26 |

# Achievements and Findings

Homeless families suffer more ill health than families in permanent accommodation yet are less likely to gain access to primary health services[2]. The Homeless Families Support Programme is tackling this by:

- supporting families through advocacy work and encouraging them to make better use of health services
- providing health bodies with information about the needs of homeless families and promoting their interests in planning processes

The former took precedence most of the time because of heavy demand for the project worker's time from families experiencing crises. During the second year, however, a self-help group, Hand-in-Hand, was established among the families.

The project also set up a network of agencies responsible for services to their clients, the Newham Family Homelessness Forum, which has become an effective way of identifying needs and changing services to meet them. Its ability to influence strategic thinking has been limited, though, by a slow start and by being marginal to the main organisations. The project thus benefited from its place in the voluntary sector by being independent and flexible, but suffered because it was outside the mainstream of statutory services in the borough.

The project was largely successful in securing access to health care for its clients, and was in close contact with a number of local GPs. Many GPs, however, remain resistant to registering homeless families or providing emergency care for them. Clients said they felt

the project had treated them with respect. They said they valued the expertise, contacts and cultural sensitivity of the project workers.

The project gave considerable attention to consulting users on their views of the service provided. This was not always easy because families receiving support are unlikely to criticise the project and because it was working within the constraints of a national organisation. Nonetheless, it gave users clear expectations about the service and was seen to take note of comments from people, encouraging future involvement.

The support group Hand in Hand provided a safe place for users to voice their concerns and contribute to the development of policy. It has become a successful independent community group for refugee families which provides a model for the broad involvement of service users.

# User Profiles

Over 90 per cent of families who used the project did not have any long-term status in the UK. Those white UK households who did use the project rarely asked for more than initial advice, preferring to use their own existing resources. There is also evidence that local authority housing departments are using bed and breakfast accommodation exclusively for refugees.

The project was used by families from 50 different nationalities and there were dramatic shifts in demand from different groups over time. The families who used the project tended to have experienced:

- being accommodated some distance from where they applied for help
- very low incomes
- discrimination and harassment
- delays in receiving assistance from statutory services

Many families lacked access to their GPs or did not have one. A high proportion had been forced to use Accident and Emergency services because they could not gain access to primary care.

# Lessons from the Project

## *1. For Voluntary Organisations*

### *Keeping Sight of Strategic Goals*

Voluntary sector organisations have to be responsive to changes in need, policy and service provision in their area of work. They need to develop successful links with a wide range of services to provide effective support to users.

The demands of casework can squeeze out the strategic role of community projects. Management of both is crucial to the success of combining the two. This requires leadership from the sponsoring voluntary organisations as well as local managers. All the staff and volunteers need to be as aware of the strategic goals as they are of the practicalities.

Projects with a strategic goal have to be aware of policy developments and political changes in order to identify and grasp potential opportunities for making change.

***Developing Good Contacts***

In establishing local networks, it is important to recognise:

- the leadership and management requirements
- the need for clarity of purpose
- the importance of establishing a strategic profile quickly
- the need to be visible in other organisations' strategies

It is crucial that such networks have a clear purpose, composition, approach, relationships with other bodies and a strong public profile.

***Involving Users***

User involvement can be enabled by:

- creating clear expectations
- providing accessible and appropriate information
- welcoming scrutiny of the service
- visibly responding to comments from users
- developing alternative means of involvement in service delivery and planning for users and the wider community.

## 2. *For Newham*

The project did not receive financial assistance from the borough. It would appear that this reduced its ability to influence local policy-making. Unless the borough has a financial interest in a project, its work and learning is not sought as part of the development debate. Statutory planners in Newham need to recognise the strategic value of independent initiatives.

Hard-pressed agencies in Newham tend to stick to the terms of financially driven arrangements. In this environment, some appear to believe they are not responsible for supporting asylum seekers and new immigrants, leaving them desperate for advice or assistance.

The borough does not have specialist commissioners for homeless families and refugees. This is likely to lead to fragmentation of support for these groups and reduce the borough's ability to respond to crises and changes in demand.

## 3. *For Asylum and Immigration Policy*

The project developed expertise in meeting the needs of refugee families because it dealt with so many of them. With the new policy of dispersing asylum seekers more thinly around the country, where community networks do not exist, services will find it hard to develop competence in supporting them. It will be particularly hard to meet the language needs of a diverse asylum seeker population outside London.

Services for asylum seekers need to be flexible because the composition of the refugee population fluctuates from one month to another. Communities themselves should be seen as key resources for supporting asylum seekers. Developing community support should be seen as a long-term investment in people.

GPs are slow to respond to the needs of refugee communities, even in areas where health authorities have made additional financial resources available. The lack of support for refugee families from statutory services causes lasting damage to children's development. Secondary schools, for instance, have been reluctant to accept refugees because they fear it will affect their positions in examination league tables.

It is vital that any discriminatory practices are challenged regularly.

## 4. *For The Children's Society*

The national organisation did not always make its strategic objectives clear to the project, which may have weakened its effectiveness, particularly in making contact with other agencies.

The Children's Society took a largely non-directive approach to the inter-agency network it facilitated as part of the project. This allowed the network to develop unencumbered by organisational constraints but created a lack of strategic leadership for members. This reduced its ability to effect change.

## 5. *For Community Work*

The project has identified a number of important ways forward for community-based advocacy work. These include:

- the need for a multi-agency approach to identifying needs and solutions, involving both the statutory and voluntary sectors
- the need to combine casework with strategic work – the former providing the latter with credibility for policy-makers, providers and commissioners
- the benefits of a community development approach which empowers homeless families to develop their own support systems and independent voices

## *References*

(1) Association of London Government Monthly Statistics, produced for the London Boroughs on placements of Asylum Seekers under the Children Act 1989 and the National Assistance Act 1948.

(2) Lowry. S Housing and Health BMA London 1991.
CHAR and Health Action for Homeless People: Homelessness and Poor Health: the Links. Factsheet: Homing in on Health, 1995.
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King's Fund
June 1999

## Client's Nationalities

### Children's Society Homeless Families Support Programme

| | April/ May 97 | June /July 97 | Aug/ Sept 97 | Oct/ Nov | Dec 97/ Jan 98 | Feb/ Mar 98 | April/ May 98 | Jun/ Jul 98 | Aug/ Sep 98 | Oct/ Nov 98 | Dec 98/ Jan99 | TOTALS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Somali | 1 | 3 | 0 | 3 | 1 | 5 | 1 | 4 | 0 | 2 | 4 | **28** |
| British | 2 | 2 | 0 | 2 | 2 | 1 | 1 | 0 | 1 | 3 | 0 | **14** |
| Portuguese | 1 | 0 | 0 | 1 | 2 | 0 | 1 | 1 | 1 | 1 | 3 | **11** |
| Bengali | 0 | 0 | 1 | 0 | 0 | 2 | 1 | 2 | 0 | 1 | 2 | **9** |
| Zairean/ Congolese | 5 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | **8** |
| Former Yugoslavia | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 4 | 1 | **8** |
| Brit./ Bengali | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 3 | 1 | 0 | 1 | **7** |
| Kenyan | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 1 | **6** |
| Polish | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 1 | **6** |
| Lithuanian | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 1 | 1 | **5** |
| Nigerian | 1 | 2 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | **5** |
| Indian | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 1 | **4** |
| Pakistani | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 1 | **4** |
| Iraqi | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | **3** |
| Ghana | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | **3** |
| Albanian | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | **3** |
| Angolan | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | **3** |
| Slovakian | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | **3** |
| Burundi | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | **2** |
| Colombian | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **2** |
| Gambian | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | **2** |
| Algerian | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | **2** |
| Brit./Indian | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | **2** |
| Afghani | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1** |
| Malaysian | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1** |
| Bulgarian | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1** |
| Ugandan | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | **1** |
| Sri Lankan | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1** |
| Moroccan | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1** |
| Angolan/Port | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1** |
| Brit./Nigerian | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1** |
| Dutch/ Som | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1** |
| Brit./ Chinese | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1** |
| Brazilian | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1** |
| Vietnamese | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | **1** |
| Italian | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | **1** |
| Guyanese | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | **1** |
| Pak/Brit | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | **1** |
| Ecuadorian | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | **1** |
| Jamaican | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | **1** |
| Irish | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | **1** |
| Brit./Angolan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | **1** |
| Fr/Maur | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | **1** |
| Zimbabwean | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | **1** |
| Ghanaian | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | **1** |
| Palestinian | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | **1** |
| Jew/Af.Am | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | **1** |
| Sudanese | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | **1** |
| Russian | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | **1** |
| n/k | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **2** |