

EMBRACE

Issued Quarterly

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Our Mission

The BME Health Forum is a formal bridging structure – a collaborative partnership network between statutory, voluntary and BME community organisations - that aims to improve health and reduce inequalities for BME communities in the Royal Borough of Kensington & Chelsea and the City of Westminster (KCW). It works within and across the wider health and community systems within KCW bringing together different individuals, groups and organisations from the statutory and community sectors who have a shared interest in the health care needs and provision of services to BME communities.

The Forum aims both to empower communities to engage effectively in debate with the health services and to provide a conduit for statutory services to hear, understand and respond adequately to the health needs of BME communities. The BME Health Forum focuses both on the strategic policy issues and initiatives within the health services and on the grassroots health concerns of the diverse BME communities in the area.

In order to do this, the Forum is located within, but is not part of, the statutory sector. It operates as a sustainable mechanism for dialogue and communication and as a champion of innovative and effective methods of collaborative community engagement and health service change management. The Forum is founded on a commitment from the health services to listen to BME communities' experience of services and to find ways of improving services to BME communities. Through work within and beyond the Forum, the BME communities in KCW and the PCTs, NHS Trusts and other statutory and voluntary organisations share responsibility for the achieving the aims and objectives of the Forum.

Aims and Objectives

The aims of the BME Health Forum are to:

- Ensure that the needs, views and experiences of BME residents have been addressed effectively and robustly in all health and health service developments and proposals for change.
- Identify areas of service review and development with a view to developing specific pieces of work and/or task groups focused upon them.
- Work closely with other statutory and voluntary organisations to ensure collaboration, sharing of information, joint work and partnership development, and to work in partnership with existing forums, networks and sub-groups relating to health and social care issues.
- Review the implementation of work programmes and action plans relevant to BME communities in health and social care and challenge lack of progress when appropriate and necessary.
- Raise the profile of the Forum by organising seminars and other public events to discuss the wide range of health and ethnicity issues.
- Work with the PCTs and other NHS Trusts, professional bodies and academic institutions to encourage further research and development on health and ethnicity.
- Provide a model of good practice in partnership working between the statutory sector and BME communities.
- Represent KCW BME communities in sector and London-wide health forums and networks.

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BME Health Forum Quarterly Meetings 2006	Embrace
<p>1. Tuesday, 20 June 12.30 - 03.30 pm Venue: Muslim Cultural Heritage Centre, 244 Acklam Road London W10 5YG</p> <p>2. Tuesday, 19th September 12.30 - 03.30 pm Venue: St Mark's Church 245 Old Marylebone Road London NW1 5QT</p> <p>3. Tuesday, 5th December 12.30 - 03.30 pm Venue: to be determined</p> <p>Details and agendas for meetings will be sent out in time for each meeting. In the meantime, if you have any questions or if you would like more information about these meetings, please contact Amjad.</p>	<p><i>Embrace</i> is the official newsletter of the Kensington & Chelsea and Westminster BME (Black & Minority Ethnic) Health Forum. It aims to reflect the health views and concerns of the BME communities in both boroughs.</p> <p><i>Embrace</i> is a quarterly newsletter and published in the following months: March, June, September and December. The deadlines for the next two issues are:</p> <p>Friday, 18th August 2006 Friday, 17th November 2006</p> <p>For more information about <i>Embrace</i> and to contribute, please contact Amjad Taha:</p> <p>Tel: 020 7150 8128 Fax: 020 7150 8105 bmehealthforum@westminster-pct.nhs.uk</p> <p>Editing and layout: Amjad Taha Proofreader: Nafsika Thalassis</p>

The BME Health Forum is funded by Kensington & Chelsea and Westminster Primary Care Trusts

KENSINGTON AND CHELSEA PCT

INVITATION TO APPLY FOR CAPITAL FUNDS FOR VOLUNTARY SECTOR

A total of **£200,000 capital monies** will be allocated to capital schemes from the voluntary sector in 2006/07. Applications are now invited from Voluntary/Community Organisations who can apply for a minimum of £5,000 (including VAT, installation and delivery costs) for one item of capital. Each item must be one of the following categories:

- ❖ Plant and Equipment
- ❖ Medical Equipment
- ❖ Transport Equipment
- ❖ Information and Communication Technology Hardware
- ❖ Information and Communication Technology Software

For further details on criteria and an application form please contact, **Usha Prema, Head of Voluntary Sector Partnerships, Kensington & Chelsea PCT**, by e-mail on usha.prema@kc-pct.nhs.uk. Details will also be published on the following websites: Kensington and Chelsea PCT: www.kc-pct.nhs.uk and Kensington and Chelsea Social Council: www.kcsc.org.uk

Timetable:

June 2006	Applications invited
July 2006	Workshop
July to September 2006	One to One surgeries will also be offered
12 noon Friday 6 th October 2006	Closing Date for receipt of applications
October 2006	Allocation of Funding
October 2006	Results of Allocation Published
Nov/Dec 2006	Terms of Agreement signed

Usha Prema
Head of Voluntary Sector
Partnerships
K&C PCT

June 2006

Mental Health: Improving Access to Services for Vulnerable Populations

Anicia Babooram
Community Psychiatric Nurse
The Health Support Team

The Health Support Team works with refugees, asylum seekers and homeless individuals and families, many of whom are experiencing mental health problems as a result of previous or present life experiences as well as underlying illnesses. In response, the team have recruited a Community Psychiatric Nurse (CPN) with the aim of bridging the gap between mainstream mental health services and this vulnerable population. The main objectives of the role are to form stronger links and referral pathways with the mental health services and Primary Care within Westminster and to assess and support the defined service users with the intention of improving accessibility to treatment.

The CPN provides individuals with an overall health needs assessment including the assessment of risks with regards to self harm, harm to others or self neglect in order to determine the degree and nature of presenting problems with subsequent liaison and referral to appropriate mental health services. More importantly the role supports people with mental health needs who may not

initially present with these problems.

The role extends to health promotion and education with service users and their families and also raises mental health awareness to medical professionals involved in their care, as well as targeting Black, Minority and Ethnic (BME) community groups. This has involved working with the Health Improvement Team to set up sessions addressing low key mental health sessions for the public as well as planning for specific groups such as Bengali men's groups or Chinese women groups.

The challenge with working with this population is that it does not always easily fit the criteria for referral into mainstream mental health services. Some people may not be deemed 'severe and enduring' by psychiatric diagnosis, others are reluctant to acknowledge their symptoms for cultural reasons and other issues such as substance misuse may cloud the symptoms of their illness. Chronic pain, flashbacks, depression and low self esteem are also evident issues which impair people's lives and are symptoms of post traumatic stress disorder, but may not be

adequately linked in with mental health services.

Domestic violence is an issue that affects many users of the Health Support Team requiring skilled mental health support. These women live in fear for their safety, have poor self esteem, face cultural isolation and have fragile emotions. Working in the local women's refuges in Westminster, the CPN intervenes with counseling and therapeutic support until mainstream services can assist or until they are better adjusted to their circumstances.

As well as providing crucial interim support following referral to other services, the CPN role has been successful in developing appropriate packages of care for people with mental health problems by working with other professionals such as GPs and health visitors whilst developing links with mental health services. The role has raised awareness within primary care to mental health issues and how to deal with them, as well as providing health promotion, assessment and support to those vulnerable communities experiencing mental health problems and ultimately enabling access to appropriate care.

Mini World Cup

The Egyptian's UK Association will organise the first BME football tournament (six a side) in the first week of July. If your community group has a team and is interested in participating, please contact Mostafa Ragab on his mobile 07956 971514 or by e-mail at egyptianuk@aol.com. Venue will be confirmed nearer the time.

Call now, you may be the winner of the first BME cup
Mostafa Ragab
Chair of Westminster BME Network





VCW VolEmploy & Mentors

VCW has recently begun an exciting 3-year programme to engage and help refugees help themselves get paid work. The aim of the project is to improve the integration and employability of adult refugees in the City of Westminster through a volunteering and mentoring scheme with the following objectives;

1. To target adult refugees in the City of Westminster who have skills and experiences and have been settled in the UK, but continue to experience barriers to employment
2. Develop a goal based, supportive, one to one model of volunteering with the refugee beneficiaries with onward referral to local employment agencies
3. Run a complementary mentoring work experience programme
4. Raise awareness and encourage positive perceptions of refugees' role in UK
5. Fully evaluate this project at all stages, and produce a tool kit to promote the model elsewhere

Why mentoring?

In the last 3 years Volunteer Centre Westminster has worked in involving refugees and asylum seekers in volunteering. Through these experiences the centre has realised that most refugees have a higher level of formal educational qualification. However, even for those with good knowledge based skills there are still numerous barriers to overcome before they gain full time employment. Those with academic qualifications need

to have these complemented by other generic and specialist skills such as technological, interpersonal, team work and communication skills to be competitive in the labour market.

Many refugees are also not accustomed to the competitive job search culture, which characterises Western economies. The idea of selling oneself is unfamiliar to many people who might have been taught that modesty and deference are virtues that pay in life.

Besides, refugees may have experienced loss, separation and human rights abuses. Most have also lost social status and a sense of service to their community. All these factors can affect refugees' confidence and motivation.

However, mentoring is not just a one-way process, but also allows you to share experiences and gain a greater understanding of other cultures as well as time to reflect on the framework and values which shape the way you work. At the same time, it allows you to share yours skills and experiences of working in the UK to assist a refugee or asylum seeker with permission to work in finding and settling in to employment.

Sometimes it may be necessary to just listen to people's concerns or attempt to explain the informal culture operating in many workplaces. You will find that your advice and guidance will provide helpful source of support for people at difficult stages in their lives.

Target group:

Project VolEmploy will benefit those in Westminster (some from other boroughs are also welcomed) with;

- Refugee status
- Humanitarian protection
- Discretionary or exceptional leave to remain

The target group of this

programme is adult refugees who have skills and experiences and have been settled in the UK with work permit, but continue to experience barriers to employment.

You may be required to assist with the practical aspects of finding work such as;

- Help and talking through the interview process and techniques
- Help with form filling and CV writing
- Help with job search techniques

Mentees should not expect help from the mentors on issues other than the above.

Recruitment and training for mentors will take place between May and August/06, and then in September/06 the matching process will start.

Our training programme will focus on;

- What is a mentor, the responsibilities of the mentor, and the relationship between mentee and mentor.
- Back ground of the target group (refugees)

At the moment I'm not in a position to discuss what the interests of the group will be, but from our experience most of the refugees who have already joined the project for volunteering have an interest in paid work in:

- Accountancy
- Administration and reception
- IT
- Work requiring medical background
- Retail work

This is only to give you some idea of the skills owned by our volunteers; this will be clarified later when we start interviewing mentees and before matching takes place.

As a key part of this programme, we are currently recruiting 20 'Mentors' and a further 20

mentees for 2006. The process of recruiting and matching will be completed after proper mentoring training which will be provided in late May or Jun/06 for one or two days. This training will be delivered or organised by the VCW VolEmploy project. The Mentors will perform a capacity building role with 20 individual refugees on a one to one basis to help develop skills and empower clients build confidence to compete in the job market. Suitable 'Mentors' will be individuals with an interest in working with refugees who have a

commitment of 1-2 hours per week for at least 6 months after the matching has commenced.

Generally the role of mentor is to empower beneficiaries to achieve their long term goals of improved employability, confidence and motivation to start applying for jobs or to improve their ability to apply for jobs with confidence.

Support and supervision for mentors and mentees is in place.

Individuals who are interested in

joining the project please contact

Johannes Hagos
VCW VolEmploy Officer

53 – 55 Praed Street
Paddington
London W2 1NR

Tel. 020 7402 8144/8076
Mob. 0796151 8280 or
07899027275

E-mail:
Johannes@Volunteercentrewestminster.org.uk

'Well-Being for Life'

The Annual Health Fair for older people in Kensington and Chelsea will be held on Friday October 6th from 12.00noon to 4.00pm at the Great and Small Halls, Kensington Town Hall, Hornton Street, W8.

This year, it's truly a partnership event: Involved in the planning are Sixty Plus, Age Concern, Open Age, Al Hasaniya and other voluntary organisations, as well as partners in Social Services, the Libraries and the Primary Care Trust.

All of the old favourites will be there – a free café, raffle, give-aways, complementary therapies and information to help maintain health in later years. But there will also be a real chance to get active, with many opportunities to try out different exercise classes.

Please spread the word to all your friends and neighbours. For more information contact Sixty Plus on 020 8969 9105.



Minding the gaps

Are BME groups partners or substitutes in health provision?

On 20th June 2006, the BME Health Forum launched "**Minding the gaps**", the report from its project "Research into the participation of BME organisations in health consultations and activities in Kensington, Chelsea and Westminster". The launch took place at the Muslim Cultural Heritage Centre and was attended by eighty people from community groups, voluntary organisations, the NHS, councillors and local government. The speakers included:

Elizabeth Allimadi, Executive Director - African People's Link
Dr Jonathan Fluxman, GP and member of Medical Justice
Lynda Hamlyn, Chief Executive - Westminster PCT
Margarita Henao, volunteer
Hazel Sawyers, Head of Equality & Diversity - K&C PCT
Amjad Taha, BME Health Forum Manager
Councillor Barrie Taylor, Westminster City Council

Full details about the report and the launch event will be published by e-mail and in the next issue of Embrace.



COULD YOUR CHARITY USE £150,000 OF TOP-LEVEL ADVICE?

Pioneering charities have no shortage of vision. Without passionate belief and make-it-happen dynamism, nothing gets off the ground. But belief and dynamism can only take you so far: the next stage of growth requires hard-nosed expertise. How to ensure sustainability beyond the initial burst of funding? How does a business plan that works in the real world differ from one that looks good on paper? What specific strategies have reliably delivered bottom-line growth in the commercial sector's most successful enterprises?

There's no doubt that the answers are out there, but they usually come attached to the sort of

consultancy bill that's beyond the reach of even the most affluent charities. That's where Pilotlight comes in.

WHAT WE DO?

Pilotlight matches small, innovative charities to proven business leaders who share a desire to make a difference. In theory, it's simple: highly-skilled people with a philanthropic impulse commit regular time to help a charity grow. In practice, it takes time and expertise to apply these skills efficiently. Pilotlight manages the relationship to avoid the potential frustrations and pitfalls and aims at energy-efficiency, where minimum input of everybody's time delivers maximum effect to both parties.

The estimated value of this level of advice is around £150,000 over a two-year relationship. Donated through Pilotlight, it's free.

CHARITIES - CRITERIA

Eligible charities share the following characteristics:

- Operational for at least two years
- Turnover of up to £5 million
- Tackle the problems facing disadvantaged people in innovative ways
- Serve the communities in and around London, with the potential to expand into other communities.

They should face the kind of challenges that match our Pilotlighters' skills – including financial, organisational or marketing issues – and must be willing to commit to Pilotlight's model of partnership and evaluation.

If that describes your organisation, you can find out more at www.pilotlight.org.uk or call Eilís Lawlor on 020 7396 7414

North Paddington Food Co-ops in Westminster

Although most of us know that we should be aiming to eat at least 5 portions of fruit and vegetables every day, it's not always that easy. A common reason that people say stops them from eating healthily, is not being able to access good quality, fresh and affordable fruit and vegetables. With the aim of improving people's health by making fruit and vegetables more easily accessible, two food co-ops have been set up in the North Paddington and Queens Park areas of Westminster.

The **Queens Park food co-op** is open every Monday afternoon (except bank holidays) between 2pm and 4pm at the Beethoven Centre (Third Avenue, London, W10 4JL).

The **Westbourne Park food co-op** is open every Thursday

morning (during school term time) between 10am and 12pm at the Westbourne Park Family Centre (Westbourne Park Baptist Church, Corner of Porchester Road and Westbourne Park Villas, London, W2 5DX – opposite Royal Oak tube station).

About the food co-ops

We buy the fruit and vegetables from New Covent Garden market and try to buy whatever is in season so that we can keep our prices low. We do not profit from the sale of the produce; all profits go back to cover the running costs of the co-op. A fantastic team of volunteers from within the local community run the co-ops each week. If you are interested in volunteering with the co-ops or would like any further information, please contact Sarah Trowbridge on 07962 589 439 or sarah.trowbridge@westminster-pct.nhs.uk

What do we sell?

This does vary from week to week and of course seasonally but typically you could expect to buy potatoes, carrots, onions, apples, pears, bananas, grapes, cucumbers, garlic, mushrooms, oranges, lemons, broccoli, tomatoes and more... We try to keep prices as low as possible and also offer regular customers a 'loyalty scheme' – customers spending £5 and over receive a stamp and once they've collected 10 stamps, they receive £5 of fruit and vegetables FREE!

In addition to good quality fresh produce; healthy eating information and recipe ideas are also available. The co-ops also provide an opportunity to meet other people from your local community.

Please come along to your local co-op and see the benefits for yourself.

Healthy Walks

With Kensington and Chelsea Walking Alliance



Would you like to take up some regular physical activity to improve your health that's fun? Then why not join us on a **free** health walk?

The walks run all year round (excluding bank holidays).

Monday - Canal Walk 10.30 -11.15am,
Explore the quieter walkways of North Kensington
Meeting Point: Outside old Starbucks café on the canal by Sainsbury's, Ladbroke Grove, London W10 5AA

Tuesday – Canal Walk 1.30 – 2.30
Try traveling West along the canal to more rural parts.
Meeting Point: Outside old Starbucks café on the canal by Sainsbury's, Ladbroke Grove, London W10 5AA

Please note – meet by entrance to Sainsbury's while store refurbishments going on.

Tuesday - Battersea Park 10.30am-11am,
Walk along the river to this historical park and back
Meeting Point: Pavement area beside Cadogan Pier at the junction of Chelsea Embankment and Albert Bridge, London.

Thursday – Little Venice Canal Walk, 11-12am
Enjoy this beautiful and historic canal walk.
Meeting Point: outside Westbourne Park Tube Station, London

Thursday - Holland Park 10.30 - 11am,
Enjoy this beautiful park in the heart of London.
Meeting Point: outside the Holland Park Café, Holland Park, Ilchester Place, London W8 6LU

All welcome, especially those new to physical activity! The walks are suitable for all levels of fitness in particular beginners. No special equipment or clothing is required, just warm clothes, ideally layers and a waterproof coat in case it is wet. Flat comfortable shoes or trainers are ideal. They are all **free** of charge but walkers may wish to bring some money for a warm drink afterwards!

For more info on the walks please contact Amanda at RBKC Leisure Services on 020 7471 9816.



Organised by: K&C Walking Alliance, in partnership with: K&C Leisure Services, K&C Primary Care Trust, Groundwork West London, Dalgarno SRB, Open Age, African People's Link.

KENSINGTON & CHELSEA ADVOCACY ALLIANCE

Committed to empowerment through Advocacy

IN PARTNERSHIP WITH THE BRITISH INSTITUTE OF HUMAN RIGHTS

Two day Training Course in Basic Advocacy Skills & Human Rights Implications for Advocates (Disability & Older People)

11th September 2006: London W10 (venue tbc)

18th September 2006: London W10 (venue tbc)

KCAA is committed to empowerment through encouraging and facilitating advocacy and the development of advocacy standards. Advocacy - may be individual, systemic, or self; individual advocacy is done on behalf of a single person; systemic advocacy involves defending, or supporting a particular position of benefit to a group or class of people (e.g. people with disabilities or older people). The provision of advocacy is based on an individual's Human and Civil rights.

This two day course aims to equip participants with an understanding of advocacy and related issues. Throughout the training, trainees will be presented with and given the opportunity to explore and discuss the issues around the topics. They will also be encouraged throughout the programme to identify and talk about their own feelings with regards to the topics at hand.

- Key Human Rights Legislation
- An introduction to advocacy
- The advocacy relationship
- Empowerment
- Listening skills
- Communication skills
- Awareness of Disability and Senior Residents issues

Trainers: Sonya Sceats (BIHR), Isis Amlak & Alex Eastwood (KCAA)

For more information and to book a place please contact:

KCAA

Unit 8 Shaftesbury Centre

85 Barlby Road, London W10 6BN

Telephone: 020 8960 5728, Fax: 020 8964 0143

Your Guide to Local Health Services

Westminster 
Primary Care Trust

Look out for the latest edition of Westminster PCT's **Your Guide to Local Health Services** which is being delivered with the June edition of the Westminster City Council magazine, Westminster Reporter. If you have not received a copy of Your Guide, please go to www.westminster-pct.nhs.uk/keypriorities/services.htm to download your copy or contact Westminster PCT's Patient Advice and Liaison Service 0800 587 8818.

Expert Patients Programme (EPP)

If you live with a long-term illness, why not take control by becoming an Expert Patient?

The Expert Patients Programme is a self management course giving people the confidence, skills and knowledge to better manage their condition and be in more control of their lives. Courses are free of charge and run over six weeks with each session two and a half hours long.

Long-term conditions include diabetes, cancer, heart disease, asthma, back pain or arthritis. Courses are run by tutors who have a long-term health condition themselves.

Topics covered in the course include:

- Reducing and managing stress
- How to make the most of health services
- Exercise and healthy eating
- Understanding medicines
- Recognising and controlling symptoms
- Communication skills

Get Involved

Attend an Expert Patients Course:

Next course starting on Wednesday 28th June from 11.00am – 1.30pm at the Queen Mother Sports Centre, 223 Vauxhall Bridge Road, SW1V 1EL, Victoria.

Train as a tutor: Can you share the skills you have to help other people manage their health conditions and improve their quality of life?

Please contact our Patient Advice and Liaison Service (PALS) for more information 0800 587 8818

TB Awareness Health Sessions

The Kensington and Chelsea Primary Care Trust, and Westminster Primary Care Trust **TB Awareness Health Sessions** aim to increase awareness and recognition that TB is curable, while raising the profile of available TB services.

The following groups are currently participating in the scheme throughout Kensington, Chelsea and Westminster, and will be holding TB Health Sessions over the coming months. Should you wish to attend a session please contact one of the groups below for dates and times of sessions.

Al-Hasaniya Moroccan Women's Centre	(Contact Name: Mouna El-Ogbani)
East African Society	(Contact Name: Abdi Ismail)
Eritrean Elders Welfare Association	(Contact Name: Abraham Woldezgi)
Eritrean Rahwa Group	(Contact Name: Fana Negash)
Hungerford Drug Project	(Contact Name: Des Kirby)
Kalayaan	(Contact Name: Camilla Brown)
Oremi Centre	(Contact Name: Folake Adebayo-Cole)
Over 55 Group	(Contact Name: Intlak Al Saiegh)

For further information on the TB awareness sessions being offered by the above groups, please contact Sarah Haskins on 020 8383 6204 or by email: sarah.haskins@kc-pct.nhs.uk

Recent changes in the NHS

Notes of the BME Health Forum Quarterly Meeting on 14 March 2006



Dennis Abadi, Roz Pendlebury and Yohannes Fassil

In March 06, the Forum Quarterly Meeting focused on the recent developments in the NHS. The meeting covered **Practice Based Commissioning (PBC) and the White Paper: our health, our care, our say**. The meeting had two principal aims:

1. To give BME groups in KCW the opportunity to learn more about PBC and the White Paper and how they might affect the way we receive health care.
2. To establish links with the PECs (Professional Executive Committee), and through them with GPs, in the aim of involving GPs in the Forum work, especially the Access to GPs project, the Forum's new project for 2006/07.

We had intended to cover **Patient Choice** as well but this did not materialise because the speaker from Kensington & Chelsea PCT could not make it due to an emergency. However, we had two presentations:

First presentation: Practice Based Commissioning by Dennis Abadi, GP and Chair of Westminster PCT PEC.

Dennis explained that PBC was about introducing market forces into the NHS and increasing competition for services and for

patients. The budget for hospital care, which is currently controlled by the PCTs, will be reallocated to GP practices who will now purchase hospital care themselves. Each "episode of care" or treatment will be allocated a tariff paid by the GP practices. When GP practices need to refer patients they will have a choice between referring them to a variety of hospitals or other community services or providing the service within the GP practice. In this way GP practices will be able to save money by going for the cheaper option as long as the standard of care meets a certain acceptable standard. Patients should see greater choice in where they are treated, including more choice of services in the community and longer opening hours due to greater competition. Because GPs will have more information about their patients (e.g. they will now know if their patients are frequently accessing emergency services because they will be paying for them) they should provide better care. GPs will have a significant financial incentive for making sure that as many services as possible are kept out of hospitals. PBC is also supposed to lead to better engagement with patients but this will be a challenge.

PBC will also lead to GP services pooling their budgets together to become consortia. Four such consortia exist in Westminster currently. The PCTs will continue to have a role in regulating the market and in ensuring standards are maintained. Private organisations and private hospitals will be able to bid for NHS contracts.

Second presentation: "White Paper: our health, our care, our

say" by Yohannes Fassil, Equality and Diversity Advisor for NWL Strategic Health Authority (SHA)

Yohannes stated that the white paper was informed by two major consultations, which heard the views of around 140,000 people. Among the choices selected by people were a regular health check for everyone, focus on mental well being, more help for carers, a trained nurse as first point of contact, incentives for healthy behaviour and more treatment options including complementary therapies.

The goals of the white paper are to improve prevention and earlier intervention, give more choice and a louder voice to patients, tackle inequalities and improve access to community services and provide support for people with longer term needs. In terms of how these priorities related to the BME communities, Yohannes said that good quality ethnicity and language profiling would lead to a better understanding of the population which was important for prevention and care. Furthermore, the NHS life checks should be targeted at high risk groups within the BME communities. At the moment patient surveys were improving



Audience at the meeting

and the pay of GPs will be linked to responding to issues which come up in patient surveys. In terms of giving more choice to

patients, it will not be possible to provide genuine choice for people from the BME communities if they are not firstly empowered to be able to take advantage of the choice. In terms of tackling health inequalities, it is important that PCTs improve their understanding of their population health needs particularly of those with greater needs e.g. BME groups. If this is

not done properly there is a danger that PBC may increase health inequalities. It is therefore very important that an organisation like the BME Health Forum gets more evidence or health intelligence and explores how to address specific issues by working closely with the PCTs and Trusts.

The event involved a lively discussion as the audience was given the opportunity to ask questions during and after the presentations. The questions and the discussion focused on how PBC and the White Paper might impact on meeting the health needs of BME communities.

ADVOCATE *for mental health*

73 St Charles Square, London, W10 6EJ

Tel: 020 8969 3000/ Fax: 020 8969 1500

Email: info@afmh.org.uk Web: www.afmh.org.uk

Providing mental health advocacy in Kensington and Chelsea and Westminster

Summer Training Courses

Creating Reflective Practice in Mental Health Advocacy

One day training course led by Ros Guthrie

Date: Monday 10th July at 10:30am

Cost: £95 including lunch and course materials.

This one day interactive training looks at how managers and supervisors can support their staff to become more confident, aware and ultimately more productive. It is aimed towards the advocacy supervisor who is new in post and the experienced supervisor who wants to refresh their skills and develop new ways of supporting their team.

Principles of Advocacy

A Half day Training course led by Ros Guthrie

Date: Monday 17th July at 1:30 pm

Cost: £50 including course materials.

This half day training is an introductory level course for new advocates, and other professionals wanting to learn about advocacy. If you are a volunteer, member of a management committee, psychology or law student, then this course will provide a foundation to your understanding of advocacy.

Venue: tbc (West London)

Contact: Ros Guthrie; email: ros@afmh.org.uk

Tel: 020 968 2613/ Fax: 0208 969 1500

Seeking Asylum

A report on the living conditions of asylum seekers in London

A new report into the living conditions of asylum seekers in London, published recently by the London 'Refugee Media Action Group', provided a unique insight into the lives of those who are normally reluctant to come forward and revealed some of their more alarming and distressing experiences.

The report by the group, a project of the Migrants Resource Centre, aimed at gaining a greater insight into the lives of asylum seekers, portraying the realities of their lives and their living conditions, and producing a media perspective on asylum seekers that is different to the mainstream media presentation, in order to counter negative reporting and dispel myths about asylum seekers.

50 asylum seekers (36 men and 14 women) were interviewed between May 2005 and February 2006. The participants were selected at random. Many of them were service users at the Migrants Resource Centre. The majority of them were living in National Asylum Support Service (NASS) accommodation.

The report does not claim to be representative of all asylum seekers, but it does shed light on some of the circumstances facing those who participated in its survey.

Accommodation

6 of the participants were staying in B&B accommodation - 13 in shared flats - 14 in hostels - 8 in shared houses - 5 with friends - 4 destitute or sleeping in a church

Only 5 of the participants

described their NASS accommodation as 'good', 7 as 'average', 17 did not wish to comment, while the rest described the condition of their accommodation as 'poor' and 'very bad'. At least 2 of the participants had severe disabilities, their mobility was greatly affected by the unsuitability of the accommodation, and they were, as a result, confined to their rooms for very long periods. One of them was unable to have a proper shower for 3 years and uses a bed pan as she cannot get her wheelchair into the bathroom.

A large number of participants reported their accommodation to be dirty and infested with mice and cockroaches. Some of those who reported this problem to the staff member in charge received odd replies and explanations, revealing the extent of disrespect to the occupants: "London is full of mice and insects, this is normal" and "Maybe you brought the mice and insects in your luggage with you." One asylum seeker, who had no cooking utensils and was relying heavily on cereals and sandwiches, complained that the mice ate her dinner was told by the manager of her accommodation, "Can you take a picture next time?"

Poor furnishing was reported by many. A broken bed was the only furniture in one participant's room. Poor heating and lukewarm water were a major problem for some. A number of asylum seekers went without heating and hot water for long periods of time. The damp in one respondent's accommodation was so bad it affected her health and ruined all her clothes.

Lack of privacy caused discomfort and humiliation to a number of asylum seekers. Housing staff went into occupant's rooms without their permission. Housing staff were described as rude and racist by many. Some of the examples provide were: throwing the papers that needed to be signed regularly and the cash entitlement of the asylum seeker on the floor in an insulting manner, shouting at the asylum seeker, (a severely disabled asylum seeker was constantly shouted at, this particular asylum seeker was left without having the bed sheets changed for 4 months on one occasion), speaking disrespectfully to the asylum seeker, (an asylum seeker was told to shut up).

Many asylum seekers mentioned experiencing violence and harassment. Mixed sex accommodation seems to be the norm. Female victims of rape and torture felt terrified living in accommodation shared with men. A female asylum seeker was raped and sexually assaulted 3 times by another occupant, before he was moved away from the area.

Moving asylum seekers continuously from one location to another was cited as another distressing experience. 20 participants stated that they have been moved at least 4 times to new locations, one person said they had been moved 10 times, another 13 times and another 14 times.

Poverty

10 of the participants were not entitled to any financial support, 23 are receiving cash (the amount

varies between £10 and £38 a week). The remaining 17 received vouchers with their value varying between £20 and £35 a week. The vouchers can only be exchanged for food from a specific supermarket. All asylum seekers are not allowed to work, including those not entitled for support. 4 of those not entitled for any support are destitute, 2 of them are now supported by a church, 2 are now supported by other charities. 2 work for long hours and are very poorly paid. They say that working illegally is the only means of supporting themselves. The rest live with friends and rely entirely on their support.

Managing in these situations is extremely hard for all participants. The majority of them expressed feeling humiliated as they imposed on their friends from time to time for a filling meal, and for some money. Many also mentioned visiting churches to have a meal; some even went to restaurants like KFC for overnight left over food. One participant said that she sold most of her clothes in the Sunday market just to buy a carton of milk and a box of cereal. One participant said that he and many of the people he knows sold their food vouchers for less than their value, so they could pay for other essentials, like the bus fare to and from the only supermarket that accepted their vouchers, as it is very far from their hostel. Many of them spoke of going without food for at least a couple of days a week. Many spend too long indoors, as they cannot afford anything. Some visited charities to get food parcels. 6 of the participants said that they only eat one meal a day. 28 said that they have two meals or less a day. Asylum seekers, who are provided with meals at their hotel instead of money, described the quality and quantity of food as 'poor'. One asylum seeker admitted eating biscuits out of a rubbish bin.

Attitudes

When asked about attitudes towards them, 37 participants described Home Office staff as unhelpful, rude or racist. Only a very small number (3) said that immigration staff were nice to them. 5 participants described housing staff as good and helpful, while most saw them as unhelpful, racist and rude. Health and education staff as well as solicitors, advisors and charity workers received the highest rating for being good and helpful to asylum seekers, 21 saw the media as unhelpful, rude and racist.

The journey

When asked why they left home, all participants mentioned war and persecution on political, ethnic, religious and other grounds.

Immigration status

Asylum seekers are still made to wait for a considerable length of time for a decision relating to their status, and this was cited as a major cause for concern and distress. 16 of the participants have been waiting for at least 3 years, 3 people have waited for 6 years, and one person has waited for 7 years and another for 10 years.

The uncertainty

It is extremely difficult to function when there is the constant worry of not knowing whether one will be sent back home or not. One participant stated that she has tried to commit suicide twice; another participant spoke of her daughter's two attempts on her life.

The right to work

When asked what would help improve their condition in the UK while waiting to hear a decision

from the Home Office the majority of participants mentioned the right to work. Given the right to work, many asylum seekers would be able to earn their own living, to support themselves and their families. This would give them their dignity back; help improve their quality of life, improve their image within the British public, and reduce abuse, hostility, racism and attacks against them. Many of the asylum seekers questioned have professions, and are worried that staying without work for too long will have a damaging effect on their skills.

The right to study was also seen as another important factor in improving asylum seekers quality of life.

The positive experience

When asked about any positive experiences in the UK, 7 participants said that they had none at all; their experiences here so far were negative. Charities, churches and voluntary work were amongst the most cited positive experiences. Safety from war and persecution was strongly felt by many participants. Freedom of speech and expression were also cited as important. Meeting people from different cultures, nationalities and religions, and making new friends is a very positive experience. The following were also mentioned as positive experiences: learning English, health care and the support and solidarity from other asylum seekers, refugees and some members of the public.

Recommendations

The report recommends that asylum seekers should be given the right to work, the right to a decent standard of living, and the right to a speedy resolution to their status. The report also called on the Western governments to address the issues that forces people to flee their country in the

first place, and not to isolate themselves from the troubled world by draconian legislation.

Download Seeking Asylum report www.migrantsresourcecentre.org.uk

Seeking Asylum is the first report from the Refugee Media Action Group; a project developed by the Migrants Resource Centre, and is funded by the Big Lottery for 3

years.
The Refugee Media Action Group is a forum for migrants, refugees and asylum seekers, to respond to the negative image presented of them in the media, and to contribute to a more balanced coverage promoting a safer and more harmonious life for all communities.
Membership is free and open to all.

For more information on the work of the group and how to join contact:

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New chairing structure for the Forum Community Groups chairing the BME Health Forum

As all those who follow the Forum news know, the Forum is currently chaired by a consultant, Roz Pendlebury. Roz was employed one and a half years ago to develop the Forum Steering Group. This has been successfully achieved. As a result, earlier this year, Amjad - the Forum Manager, proposed to the Forum Steering Group a new structure for chairing the Forum.

What is the Proposal?

To change the current chairing structure so that Steering Group members who represent BME communities, and possibly BME groups from the wider membership, take the responsibility of chairing the Forum in turns (each for six months). In return, the Forum will pay a sum of money (around £2000) to that particular group to spend on health related activities or training. Also, the Forum will provide representatives of those groups (who will be chairing the Forum) with training on Chairing & Presentation skills. The proposal is to be piloted for one year. If successful, it will be extended.

Why would groups be interested?

- Good practice
- Capacity building for groups (training)
- Funding opportunity for groups
- An opportunity to influence the work of the Forum
- An opportunity to promote group's own work
- Strengthens partnership work between

groups, Forum and stakeholders

How will it work?

- Groups whose representatives have the right skills can start first.
- Less-skilled groups can shadow (deputise) those more skilled ones to gain experience and confidence.
- Good training on chairing and managing meetings skills will be provided.
- Joint chairing by two groups is possible.
- Commitment is minimal and support is available: the Forum Manager and members of the Steering Group will provide the necessary support and other than chairing the meetings, no additional involvement in the work of the Forum is required

When will it start?

The Forum is pleased to announce that the Steering Group discussed the proposal at its meeting in February and may and has approved the proposal which will start from September 2006

Who is going to start?

The proposal will be piloted for one year. The two organisations to chair the Forum in that period are:

KC Advocacy Alliance
Migrant Resource Centre