

SARELI (Salford Refugees Link)

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SARELI ANNUAL REPORT AND FINANCIAL STATEMENTS

16 APRIL 2019 TO 15 APRIL 2020

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www.salfordrefugeeslink.org.uk

[www.facebook.com](https://www.facebook.com/salfordRefugeesLink) **salford Refugees Link**

Youtube: SARELI UK

Charity Registered No: 111217



**GREATER MANCHESTER
HIGH SHERIFF'S POLICE TRUST**
Charity Registration Number 1040579



**SPORT
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HM Government

The SARELI (SALFORD REFUGEES LINK REPORT) Contents for the year ended 15, April, 2019

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REFERENCE AND ADMINISTRATIVE DETAILS FOR THE YEAR ENDED 15 APRIL 2020

SARELI is a charity working under charity guidance and we are complying with UK charity commission direction and requirement since 21, November, 2005

Registered Charity number: 1112174

Registered office and operational address: Office 303, Digital World Centre, 1Lowry Plaza, The Quays, Salford, Manchester, Lancashire M50 3UB, United Kingdom

Trustees, who served during the year and up to the date of this report, were as follows:

MR BARTHELEMY LEON N'GUESSAN (Chairman from 11/11/ 2005

MISS TABITHA HAMMOND (Adviser from 11/11/2005)

MISS LILI MASASU BOKAKI TAMOLO (Treasurer and bookkeeper from 11/11/2005)

DR YONO ISUNG (General Secretary and Consultant from 11/11/2005)

EXTENSION SUPPORT TO VULNERABLE REFUGEES OF SALFORD DURING COVID-19 FOR THE YEAR ENDED 15 APRIL 2020

HARMFUL IMPACT OF COVID-19 ON REFUGEES AND ASYLUM HARMEFUL

The Covid-19 pandemic presents major challenges for us all, but in the UK vulnerable people and socially isolated communities whose first language is not English are feeling its worst effects.

Refugees and other migrants from Africa non English speaking countries are a small but growing community and comparatively new to the UK. Ongoing conflicts in countries of origin

often result in trauma and health issues affecting settlement and integration here. Support networks and organisations, including the Salford Refugees Link and other support community groups are few and relatively underdeveloped. Despite all its challenges, the Covid-19 response is also creating an opportunity for governments and civil society to take stock and finally reset our approach to refugees.

Refugees and other migrants are often low paid, work in the gig economy or are self-employed. Social distancing and self-isolation measures are having the greatest impact on families reliant on these low and intermittent incomes.

Many refugees are experiencing more mental health issues due to loss of jobs, emotional stress, loneliness and bereavement of relatives and friends. They are frightened about the impact of the disease itself, especially given that Black, Asian and Minority Ethnic (BAME) communities account for over a third of Covid-19 deaths across the UK.

It saddens us that we have been reporting many cases of deteriorating mental health amongst the younger African Refugee Community in the UK. One young boy Refugees from Congo who is one of SARELI beneficiaries mentioned how because he lives with his grandparents who are vulnerable and unable to step out of the house, lockdown has had a significant impact on their mental health, which is an additional burden he has taken on. It just shows the virus can cause as much emotional as physical damage.

Language and employment barriers cause further isolation

Public information circulates in English – not the first language of refugees that we mainly serve – leading to confusion and uncertainty. Poverty, poor literacy (in mother tongue and English) and poor English language skills mean there is no real digital alternative, creating further isolation and barriers to accessing services. Many in our community do not access information in mainstream ways and can be misled by misinformation and misunderstanding online and hearsay. They are reliant on community organisations such as the SARELI (Salford Refugees Link) for accurate and timely information and advice.

Nonetheless, it is important to highlight that not all refugees have poor literacy in their mother tongue as well as English. Some refugees are capable and skilful and want to be integrated and contribute to British society. There is no doubt that there are refugees who require more support, particularly for the least educated, but this should not be generalised. We been advised that people should treat refugees differently, depending on their backgrounds. However, thousands of refugees cannot prove they have degrees and those that do struggle to convert them to secure jobs in the UK.

According to our research back from 2005 we have found out that “many African Refugees have experienced a loss of social, economic and professional status in exile” because their academic and professional qualifications (for example nursing, doctor, medical degrees and others) are rarely acknowledged. A lack of training opportunities has left them to find employment that is generally much lower in status than previous roles occupied in Africa.

<During the COVID-19 pandemic period, we have consult online with patient of SICKLE CELL mainly from black Refugee's community 30 women, 20 men and 19 young, we asked for their opinions on isolation and inactivity

We discovered that 85% African migrants (especially those who are genetically live with Sickle Cell disease are facing social exclusion, loneliness, low mood, anxiety and stress, they are physically inactive.

Many of our target audience haven't sport plan in place and they are afraid to use the local sport mixt facilities for stereotype, cultural and religion constraint.

Consequently, African Refugees patient of Sickle Cell like women are in the top of pyramid concerning obesity and overweigh in comparison to other local community due to lack of exercise. African Migrant (Refugee) community have a high record of mental health disorder due to excessive worry for their uncertain life in future, lack of fitness (exercise), lack of fun as reported by the community's member in our book of comment from pass activities

High blood pressure is taking over in the African migrant community, due to fatty food, lot sugar consummation and less exercise, most of them are unemployed doing nothing.

Sickle cell disease refers to a group of inherited red blood cell disorders, Sickle Cell disease affects mainly Black people, In birth particular black 1/50 African are affected by Sickle when 1/1000 Hispanic and others)

Covid-19 presents major challenges for all. Moreover, Sickle Cell patients who are already: living with chronic disease, genetic disease, panicking, facing mental health disorder, facing language barrier are more vulnerable and are feeling its worst effects.

SARELI is trying to reassure them by improving their wellness. SARELI has been using the dance therapeutic called Ndombolo Jump Roof with Deep thinking, Kwasa Kwasa Jump Roof with Acrobatic Dance (virtual Dance session)

Virtual Session/ Month/ via Video Zoom of advice, guidance, signposting and debate about the impact of COVID-19 to patient of Sickle Cell, during the Session, Health Specialist of Sickle Cell, COVID 19 and Mental health been invited and interpreter been translating the technical words in Common Community language: to raise the community's awareness.

Difference making by therapeutic dance

Ndombolo Jump Roof with Deep thinking, Kwasa Kwasa Jump Roof with Acrobatic Dance and others as the fitness, the collectives and enjoyable dances with deep meditation helped to Improve physical and mental health of the refugees who are our main beneficiaries, also who mainly are classify as disadvantaged (especially refugee's women and young people living with the genetic diseases, with excessive worry under this COVID 19 difficult and panicking time.

These therapeutic dances helped our disadvantaged community to become more and more active, participative and confident.

The therapeutic dance helped to reduce isolation, increase physical activities, reduce panic and improve community's mental health disorder.

The dance promotes

- * Relaxation: by increasing endorphins in the targeted patient brain, giving a sense of well-being and the rhythmic movements, progressive muscle relaxation, or meditation, calmer feeling.

- * Mind & Body Connection: Dance therapy eases problematic behaviours (agitation and frustration), reassuring, boosts self-confidence and self-esteem.

- * Building Motor Skills: Enhancing balance, coordination, stored oxygen in the body and facilitate blood circulation.

- * Communication: It allows the audience to express body language and regulate emotions.
- * Agitation Management: singing, rhythm playing, dancing, physical exercise, diffused behaviour and redirects attention, stimulates memories and provides opportunities for reminiscence.
- * Emotional Closeness: boosts serotonin, endorphins, and other feel-good brain chemicals; growth of new brain cells and connections.
- * Strong social networks reduce isolation; users have been making new friends. a key factor for welfare.

This therapeutic dance can be happening anywhere where when users are walking, at home, in gym place, in park...>

By improving community's wellness will help to reduce significantly the cost of NHS (expenses that is link to health care

REPORT OF THE TRUSTEES FOR THE YEAR ENDED 15 APRIL 2020

The Trustees presented their report and the independently examined financial statements for the year ended 15, April, 2020. Reference and administrative information set out in this report about: The financial statements that are complying with current statutory requirements and the SARELI constitution's articles of association and the Statement of Recommended Practice - Accounting and Reporting by Charities (SORP 2005).

Also about Structure, good governance & management:

The organisation is a charitable association set out for no profit, registered as a charity on 21/ 11/ 2005.

The Charity is set up by the refugee's community for the benefit of refugees and others, we have adopted and implement our constitution, which established the objects and the powers of the trustees, the Executive Committee and of all members having SARELI membership card.

The trustees, volunteers and others SARELI' supporters are devoting their time and energy volunteering, by offering befriender services, outreach work, some limited advice, up to date thematic information (English Information translated in French, Swahili, Lingala and Kikongo, what are common language used by the community's members.

Volunteers are facilitating in the way that make easy event, workshops and drop-in sessions which allowed SARELI Staff to gather information about needs as well as provide independent support, signposting and helping the members of our community in various ways, where they are facing difficulties.

Community members have always express their great need to us in the way that we can friendly offered these supports regularly and help them to overcome their various obstacles, to reduce their ignorance and helped them to get the support they need from the right support services.

All services provided by SARELI are free, any expenses reclaimed from the charity are set out in note under charity expenses accounts.

Salford has seen a large growth in the number of refugees and asylum seekers living in the city Since 2000.

In the 2011 census, the population of Salford was 233,933 and is made up of approximately 50% females and 50% males. The average age of people in Salford is 37, while the median age is lower at 35. 85.8% of people living in Salford were born in England.

POPULATION OF SALFORD IN 2020:

It is noticed, that the population in the last 5 years has jumped by 5316. Also, each year the population increases by 1063.2 in terms of aggregate.

Salford, United Kingdom (Administrative unit: England) - last known population is $\approx 242\,000$ (year 2014). This was 0.376% of total United Kingdom population. If population growth rate would be same as in period 2011-2014 (+1.06%/year), Salford population in 2020 would be: 257 884*.

The dispersal of people seeking asylum and the establishment of “local connection” in 2005 for those granted leave to remain has introduced a wide range of new and emerging community groups in Salford. Prior to dispersal beginning in 2000, the black and minority ethnic population in Salford was small and focused in and around specific areas of the city.

The population was mainly Asian in origin, and although though the city has a small-established Yemeni and Jewish population, the city’s health services have not had the generalised experience of working with refugees across the breadth of its services. Frontline staff in areas that have, up until recently, been traditionally white but which now have noticeable and significant refugee resettlement (e.g. wards such as Broughton, Ordsall, Eccles, Pendleton...), face a broader range of challenges when working to meet the new and diverse health needs within the new communities.

The African community is a significant new community that is successfully establishing itself and growing in Salford.

Information from African community groups and other local services also indicate that Salford is becoming an important place of secondary migration for French speaking Africans – housing is cheaper and more widely available than Manchester and there are a growing numbers of community’ resources, shops and services for the community that support refugee resettlement in the city.

As a Refugee led organisation we have a unique insight and opportunity to work with others in the City to improve health and well-being of our own communities. We know many people with poor English communication, do not access mainstream or other community based services and suffer of social exclusion, Isolation, poor well-being, inactivity, and wordlessness.

This is backed up by numerous national research reports: the Kings Fund (2000); the BMA (2002); the Faculty of Public Health (2008); TS4SE(2012). This survey, led by SARELI is needed to address these issues while addressing the need to empower and reactivate the self-confidence and resilience within our communities.

SARELI has developed partnership with others organisations and other support services in Salford and surrounding.

SARELI has adopted partnership and digital approaches to strengthen his ability to grow and develop, by doing so, SARELI is improving his input and output for the profit of marginal people from this disadvantaged community (young refugees leaving care, unaccompanied refugees women, elders refugee, youth refugees and also local people), who may need SARELI help to become involved in SARELI work.

SARELI service is helping to minimise individual liability and risks through incorporation as a charity, making it safer for people to become involved.

After consulting local communities, we asked a representative group of 60 male and 60 female migrant for their opinions on isolation and inactivity. They identified several main key issues including:

1. Language

Barrier or poor English language is resulting to ignorance, in particular in African community African women are most concerned than men, After SARELI survey in the community we founded that 70% of women are facing English language barrier when 30% of men also are affect by this language issue. Some consequence of English language difficulty within our Community as reported by the trustees:

We have noticed a high percentage of Domestic violence perpetrate by the wife, against their husband with the negative impact to their children in our community. 80% of men are leaving their home to found shelter elsewhere.

Husbands are not interesting to report about what is going on in their family to sick the early intervention from the police, only because of African Culture fear with meaning that man does not Have the right to accuse his wife (especially the mother of his children) in case if he report To the police or to the social services, he will be isolate by his community and be consider as bewitched man.

Children as well are not allow to report against their parent, all these because of wrong Practice of back home culture and extremism of religion,

Additionally, our community's members have reported hate crime perpetrate against them frequently, because of fear and ignorance these victims do not known exactly where to complain and how to comply with complaint process due to lack of English language.

According to the Birmingham Mail 18/august/ 2016 retrieved on 16/12/2107

<http://www.birminghammail.co.uk/news/midlands-news/shocking-figures-reveal-black-ethnic-11765717>

Shocking figures reveal black and ethnic minority people still face massive disadvantages

Britain is still a deeply unfair place for people from ethnic minorities, according to a major new study.

People from black, Asian and other ethnic minority communities are more likely to be unemployed, less likely to go to a top university and less likely to be in a position of power, such as being a judge or a top police officer.

But the report, by the Equality and Human Rights Commission, also says that many white people are disadvantaged too - if they are poor.

And it was praised by one Birmingham MP who said it showed that some white people are left behind too.

So what does the study show?

Employment

- Unemployment rates were significantly higher for ethnic minorities at 12.9% compared with 6.3 % for White people.
- Black workers with degrees earn 23.1% less on average than White workers.
- In Britain, significantly lower percentages of ethnic minorities (8.8%) worked as managers, directors and senior officials, compared with White people (10.7%). This was particularly true for African/Caribbean/Black people (5.7%) and those of Mixed ethnicity (7.2%).
- Black people who leave school with A-levels typically get paid 14.3% less than their White peers.

Unemployment rates 12.9%

Ethnic minorities: 12.9%

White people 6.3%

Equality and Human Rights Commission

Crime

- Rates of prosecution and sentencing for Black people were three times higher than for White people – 18 per thousand population compared with six per thousand populations for White people. For sentencing it was 13 per thousand populations for Black people and five per thousand populations for White people.
- In England and Wales ethnic minority children and adults are more likely to be a victim of homicide. The homicide rate for Black people was 30.5 per million populations, 14.1 for Asian people and 8.9 for White people.
- White women are more at risk of domestic abuse than ethnic minority women. 7.4 % reported being victims of abuse compared with 4.4 % of ethnic minority women.
- Race hate crimes on Britain's railway networks have risen by 37 % between 2011 and 2015.
- In England, 37.4% of Black people and 44.8% of Asian people felt unsafe being at home or around their local area, compared with 29.2% of White people.

Living standards

- Pakistani/Bangladeshi and Black adults are more likely to live in substandard accommodation than White people. 30.9 % of Pakistani/Bangladeshi people live in overcrowded accommodation, while for Black people the figure is 26.8% and for White people it is 8.3%.
- If you are an ethnic minority person, you are still more likely to live in poverty. Our evidence shows that 35.7% of ethnic minorities were more likely to live in poverty compared with 17.2% of White people.
- In Scotland, ethnic minority households are more likely to experience overcrowding. This was 11.8% for ethnic minority households compared with 2.9% for White households.

Education

- Just 6% of Black school leavers attended a Russell Group university such as University of Birmingham - considered to be the UK's top universities - compared with 12% of Mixed and Asian school leavers and 11% of White school leavers.
- Black Caribbean and Mixed White/Black Caribbean children have rates of permanent exclusion about three times that of the pupil population as a whole.

Proportion getting into a top university 6%

Black people 6%

White people 11%

Equality and Human Rights Commission

Health and care

- Black African women had a mortality rate four times higher than White women in the UK.
- There is a significant disproportionate number of ethnic minorities detained under mental health legislation in hospitals in England and Wales – Black African women were seven times more likely to be detained than White British women.
- Gypsies, Travellers and Roma were found to suffer poorer mental health than the rest of the population in Britain. They were also more likely to suffer from anxiety and depression.

Who runs Britain?

- When it comes to who runs Britain, overall ethnic minorities are still hugely underrepresented in positions of power – 14% of the UK population is from an ethnic minority background, but out of the 2,686 judges who declared their ethnicity in England and Wales, only 159 (5.9%) were from an ethnic minority.
- In addition to this, ethnic minority police officers made up only 5.5% of all officers in England and Wales and there are no ethnic minority Chief Constables.

Proportion of police officers from ethnic minorities
Ethnic minority police officers : 0%
Ethnic minority chief constables: 5.5%

2. The High Level of Unemployment among Refugees

The evidence suggests that Refugees are the most unemployed and underemployed group in the UK and that Asylum Seekers who are not allowed to work because they need permission to work. A number of recent studies have identified the barrier to obtaining employment, both as perceived by refugees and by employers.

Even so, the available evidence does not make it possible to conclude which of number of factors is the most significant

Obstacles to employment: refugee perception

- Inadequate English Language
- Lack of work experience in the UK
- Non-recognition of qualifications obtained overseas
- Lack of information about employment and training services
- Lack of knowledge about job search culture and UK labour market
- Cultural barriers to effective job seeking
- Employers 'lack of understanding of immigration status
- Racial prejudice by employers
- Lack of childcare provision

Obstacles to employment: employer perceptions

- Inadequate English language and communication skills- considered the single most important issue
- Lack of familiar and easily comparable qualifications and work experience
- Confusion about permission to work Documentation and immigration status
- Lack of CV writing and interview skills

3. Health Issue

There is a lack of information and misunderstanding about some Health and wellbeing issue within the community we are serving, this situation is making community's integration difficult, according to our recent survey we found out that

- 70% of Community's members are unaware of the Health services and support that are available
- There are a range of illnesses (like many tropical illness) within the communities which are unfamiliar to local GPs and although recognised by the individuals in the community there is confusion about treatment and community's members are imported fraudulently traditional or unprescribed medicine of Africa with all related consequences
- HIV, Obesity, Sickle cell, diabetes, Cancer, TBC, Mental health... remains a secretive illness in our community by ignorance which many are unwilling to discuss or seek information or support for
- There is little accurate knowledge in our communities about UK health services.
 - COVID-19 has increase deep panic within the refugee's community who are afraid to seek for medical help

Our Objectives and activities were mainly focusing on:

- Build partnerships and collaborate with community's members individually, in family or in group of their reference, and support individual in their process of accessing local help services and support.
- Run of the SARELI Community Drop in Centre, helping the community's members who has issue to come and Ask for help in the appropriate and cultural way
- Run of The SARELI Community Hate crime reporting Centre: encouraging our community's members to report their hate crime incidence, with or not action via our centre with anonymous because we are protecting them against the worst action of the persecutor afterwards.
- SARELI Organised Trainings, Conferences and workshops, that have increase community's knowledge, talent, experience and skills.
SARELI organised Events in Art, Poetry, Music and Dance
SARELI during 2016 2017 lunched seven successful healths projects around: Stop Smoking, Sickle cell, Mental health, Community's Fitness, Cause of stroke, Self-harm and Tropical illness
- SARELI has increased the number of opportunities for community's members and for all his users under the referral and the Digital systems as new approach that was implemented.

Outcomes:

1. Social Connections

Social links: a. Improved knowledge of the local health and well-being services within the Community; reduced health inequalities as reported by this community; b. Improved understanding of the needs of the African Community amongst the practioners and planners of local health and well-being services in the voluntary and statutory sectors; reduced health inequalities experienced by this community, improving health and well-being as reported by the community; c. Strengthening of links between the Primary Care Trust and the Francophone African community; increased capacity among local service providers to deliver health and well-being services in partnership with the local Francophone community

2. Social Bonds: a. assist in strengthening the bonds between community members and the bonds between community groups, networks and faith groups in Salford, through engagement with and between community members, project staff and through project events and activities; b. Increased sustainability of the Salford Refugee Link-UK community organisation

3. An increase the knowledge, skills and experience of working with refugee communities within Salford Primary Care Trust, and other service delivery organisations, the development of a model for engagement with refugee communities; improvement in the health and well-being outcomes for the wider refugee communities through the use and application of the knowledge, skills and experience gained on this project

PUBLIC BENEFIT FOCUS ON ENSURING THAT SARELI ACTIVITIES ACHIEVE OUR CHARITABLE AIMS FOR THE YEAR ENDED 15 APRIL 2020

The Trustees review the aims, objectives and activities of the charity each year.

This report looks at what the charity has achieve and the outcomes of its, within the last twelve months.

The Trustees report the success of each key activity and the benefits the charity has brought to those groups of people that it is set up to help. The review also helps the Trustees ensure the charity's aims, objectives and activities remained focused on its stated purposes.

The Trustees have referred to the Government, NHS new regulations and updated guidance contained in the Charity Commission's, when reviewing the charity's aims and objectives and in planning its future activities. In particular, the Trustees consider how planned activities will contribute to the aims and objectives that have been set.

In general, SARELI is always playing the middle role between the local refugee community from 17 countries of Africa, the local communities of Salford and surrounding and the local statutory bodies who are in charge of providing support services to people.

All services SARELI provided allowed us to respond to the needs we have identified from previous work and respond to community requests for action – demonstrating that we take concerns seriously.

Also SARELI projects allowed the African community to set its own priorities and activities and advocate from a position of independence rather than being dependant on the project work and budget of other organisations.

Extension Support to Vulnerable Refugees of Salford During COVID-19

In this critical time with the pandemic all around us, more than ever our users need us and we are present there to inform and support them.

We have setting up a zoom video studio with capacity of 60 and plus participants / session appearing in screen, and they are able to debate or suggest some solutions during the crisis, some professional health staff covid-19 specialist, Mental Health specialist, sickle cell support group been virtually invited via video zoom to provide Thematic up-to-date health information, advice and guidance, especially around the harmful of COVID-19 pandemic to the refugees.

To join-In, users have ID number and password, the new digital approach helped us extend our support and reached in majority our users during this pandemic COVID -19, as people can still be informed in how to protect themselves and others around them, when they are at home in confinement and when they are out for urgent matte.

Our users are regularly receiving support they need during this critical period. Additionally, we are eventually printing informative fliers in English and translate in community's common languages French, Lingala, Swahili. Kikongo, Portuguese, Douala ; We been doing shopping on behalf of vulnerable older people 65 plus, disable people, also for mono-parental families who need our support for they cannot manage, due to circumstances they are in, or because of reduced mobility, they are not able to stand up in shopping queue for more the 20 minutes, following NHS and government Authorities' recommendation to protect themselves and others in Salford.

5Outreach befriender volunteers, well protected, from SARELI been in charge of this crisis service; they have extended our help to the front door of those Vulnerable people in great need.

Vulnerable refugees been getting support to fulfil their basic Need such as: * we been Helping Homeless community's members to get temporary Shelter, (As we are linked with the homeless support services where we will be referring our vulnerable users in need for getting temporary emergency accommodation such as night-shelters or hostels).

* Food (mainly dry food sardine can, beans can , vegetable can, corn beef can, breads, rice, potatoes Semolina, salt fish...been given free of charge during this pandemic time

* Drying (coffee, milk, tea, chocolate...) been distributed free of charge to the Refugees of Salford and surrounding

* Hygiene equipment (mask, hand sanitisers, toiletries...)been also distributing to Refugees.

We are living a digital world, in-fact we are trying our best to distribute tablets to Refugees helping them to be connected via social media, via video zoom to others

- We committed to engage with the number of individuals we've targeted (our users) in a Covid-safe way – including providing face coverings/masks to volunteers
- We always have ensured that all those engaging with individuals maintain confidentiality

- We have distributed material, food, hygiene equipment (supplied) explaining the importance of keeping Covid-safe

SARELI has explored African Refugee's life experiences pre and post arrival to the UK by publishing shorts video as visible voice or refugee's Concer in Salford and surrounding SARELI have becoming a trusted and first point of call for a variety of problems that African community members are facing.

BENEFICIARIES OF SARELI SERVICES FOR THE YEAR ENDED 15 APRIL 2020

The main beneficiaries of our services are as follow; African Refugees, African Asylum seekers, African Migrant families and all organisations that are providing support to Refugees and asylum seekers, and all organisations within our network

In total **735** people all ages and all genders (from Refugees and Asylum Seekers community and from local communities and local support services) have benefit from our services provided by SARELI this number retraced from our book of attendance.

We have recorded until recently from our book of comment, from the questionnaire we been sending to users and from users general comment, from users greeting postal cards, from users SMS and email, from users tweet...we are satisfy that our project has promoted friendship.

Community's members supported by SARELI (Young refugees leaving care, elders refugees, women, loneliness people, women, Mental health patient within Refugees group, Sick cell patient within refugees group, refugees suffering from COVID-19...are often socially isolated and excluded, they are: generally lonely, stressful, facing English language and integration barriers. Befriending services and online service we been provided during the project have positively impacting to our users by reassuring them and is creating opportunities for social interaction (social inclusion) and a sense of being part of a community in smoothly and adaptable manner Befriending service is also providing companionship for isolated BAME community in general and to the local community,

Users of the SARELI Drop In have improved the chance to develop a new relationship, and opportunities to participate in local social activities and local community's input and output

With the Funding we been able to promote five ways to wellbeing (people are connected, users are become actives, users are keeping Learning from others people experiences and users have developed their volunteering spirit.

The gentle exercise and companionship have leaded to increased confidence and independence, including participants engaging more with other users of the site, helping them reduce social isolation. Working with local partners, they also have improved the provision of services for people with mental health illness and people with overweight issue.

Participants have gaining in physical strength, energy and motivation improving their fine motor skills and dexterity. Behaviours and attitudes towards activity are progressively changing as the project is has giving a purpose to it.

Strong social networks, reduce isolation a key factor for welfare,

There is now increase sense of ownership amongst participants that is ensuring the sustainability of the project in the long term.

We the funding SARELI been able to lunch a Community Inclusion outdoor event in connection with Pendleton together (housing Association), Salford City council, Salford Police, NHS, visible

outcome, CAHN (Caribbean & African Heath Network , chuck gallery, CONNECT, Clamming Group, LCL (Liverpool Communities Link)...

Date: 02/ 08/2019 from 11AM to 4PM, Venue: Salford Shopping Centre in front of the Pendleton Gateway library.

Number of guest: 153

“Being with other people improved my confidence by chatting and swapping stories... My level of fitness has improved, mostly due to the Ndombolo Jump Roof dance”

“Now I am speaking out more in class and I’m not afraid anymore to show my emotions. Before I came, I never acted like my true self and now I do”

“I now know that I can learn a new fitness and therapeutic dance. Getting more confident each time I participate and even thinking about future events...Thank you SARELI for enabling me to try new dance, to learn new culture and get active again”.

I first heard about the SARELI Community Activity Programme through the East Salford Community Friday Newspaper. I was motivated to join because I was keen to get some structure and routine back into my life and to socialise with new people.

“If you’d seen me before the group, I was a wreck. I was depressed. I was just go walking and I was in tears a lot of the time. Before I came, I felt nervous. I told my wife I was frightened and didn’t think I could do it, but that changed after the first day and I really enjoyed spending time with friendly people in a lovely environment.

“The group has given me the experience of socialising, so I’m more confident and have the motivation to do more”

“The difference is that if I go to the gym, it does not do anything for me. I cannot see any difference afterwards. With the Ndombolo Jump roof dance and Deep meditation group, I can see that I’ve accomplished something.

“I feel 100% happier since being involved in SARELI Events and workshops programme. I’m less depressed, more confident and motivated. Seriously, it’s the best thing I’ve ever done.”

Participants Comment about their experience of taking part in the project.

“ I have enjoy learning about other culture, this help me to further my cultural skill and change my way to thing about migrant people who are coming here in UK”

SARELI ACTIVITIES IN THE PAST

The environment in which our charities operate has significantly changed since SARELI registered in 2005. SARELI is feeling the pinch of increased demand from African Refugees, from African Asylum Seekers and from local services providers who are working with Refugees and asylum Seekers also from our network in third sector, yet despite these challenges remain incredibly resourceful and resilient. Yet it is widely accepted that infrastructure charities like SARELI must also adapt and innovate to meet the needs of diverse client base.

Over the past 5 years we have established strong working links with:

1. The volunteer centre at Salford CVS;
2. Local Universities
3. The East Salford Community Committee;
4. The Health Improvement Team;
5. Salford City Council;
6. The local Police

7. Local Job Agencies; Job Centre
8. Local community groups
9. Salford Museum Art and gallery.
10. NSUN
11. Forever Manchester

10. Good Things Foundation SARELI is become one of Online Network Centre (MyWay)

Working with these partners helped SARELI to improve the quality of his output (his services) to the users. Partnership and collaboration is a key to SARELI Charities being able to deliver its range of affordable and accessible support and services.

We simply could not provide the range and level of support without the help of our growing number of partner organisations that we work with. Almost every facet of our support relies in some way on the contributions made by individuals and organisations that share our vision of shared support and collaboration, from Volunteer Supporters providing free services to our users.

Fortunately the SARELI has the advantage of being able to work on a local level with individuals and organisations from all sectors to harness and broker the many offers and opportunities of support for and from Refugees and Asylum Seekers. We exist to facilitate those connections and enable individual, refugee, Asylum, migrant African family to help themselves and one another in a Scalable and cost-effective way In light of this context, the charity has delivered the following activities to achieve its charitable

Build partnerships and collaborate with individuals, and supporting refugees in their integration process, help support services provider during their planning mainly for the project for the benefit of refugees and Asylum seekers.

We are promoting: 1. Social Cohesion, Youth success because they are the hope of the future



2. Diversity,

3. Racial harmony and

4..African community's Integration

Our contribution toward building-up Green Salford, Safe place to live

SARELI PLANING ACTIVITIES IN 2020 – 2025

1. SARELI STAFF SUPPORT (Training on capacity building for volunteers , staff, and trustees)
2. YOUTH UPLIFTING (via an Engaged Centre)
3. INCREASE COMMUNITY INVOLMENT (via participatory community's activities, accessibility and Good Things Foundation Online Network)
4. TRAINING & EDUCATION AND EMPLOYMENT SUPPORT
5. PROMOTING COMMUNITY HEALTH AND WELLBEING
6. NETWORKING, COLLABORATION AND PARTNERSHIP

7. IMPROVING COMMUNITY ACTIVITIES SUCH AS VOLUNTEERING.
8. SETTING A ONLINE STUDION.
9. CREATING AN AFRICAN VILLAGE IN HEART OF SALFORD

VOLUNTEER SUPPORTERS

Our 'Volunteer Supporters' i.e. professionals from all sectors that will be sharing their time and expertise through our skills sharing and mentoring service continue to be an essential source of direct support to our members. They help in all areas from governance, planning, running, fundraising, Finance, evaluating, Training, social Media, Events and feedback.

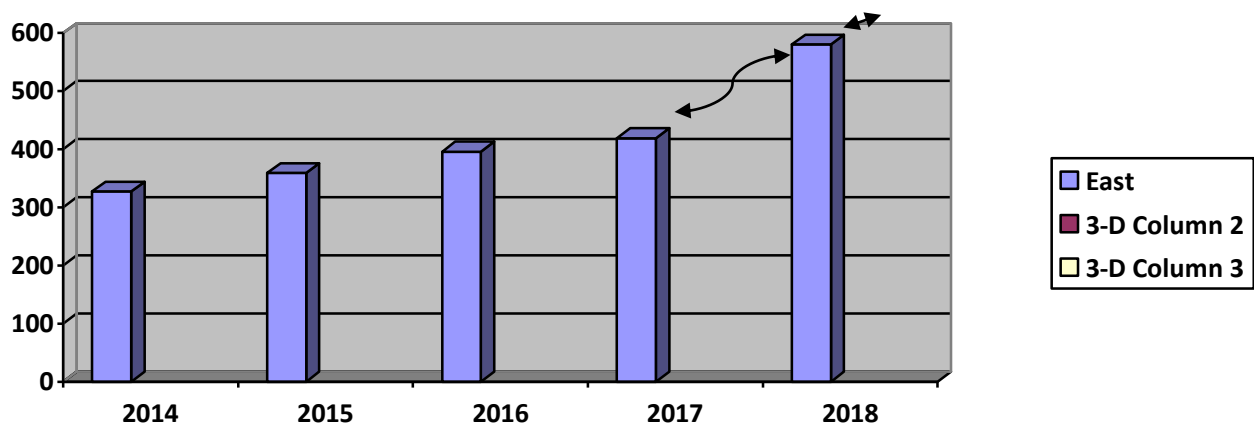
During this year 2019– 2020: 65 volunteers have been devoting time and energy helping SARELI users through various office work, day-to-day delivery, online service support and project work. Their contributions will be etched in our minds forever and we are deeply say thanks to all for them. In recognition of their efforts and hard work under this pandemic hard time.

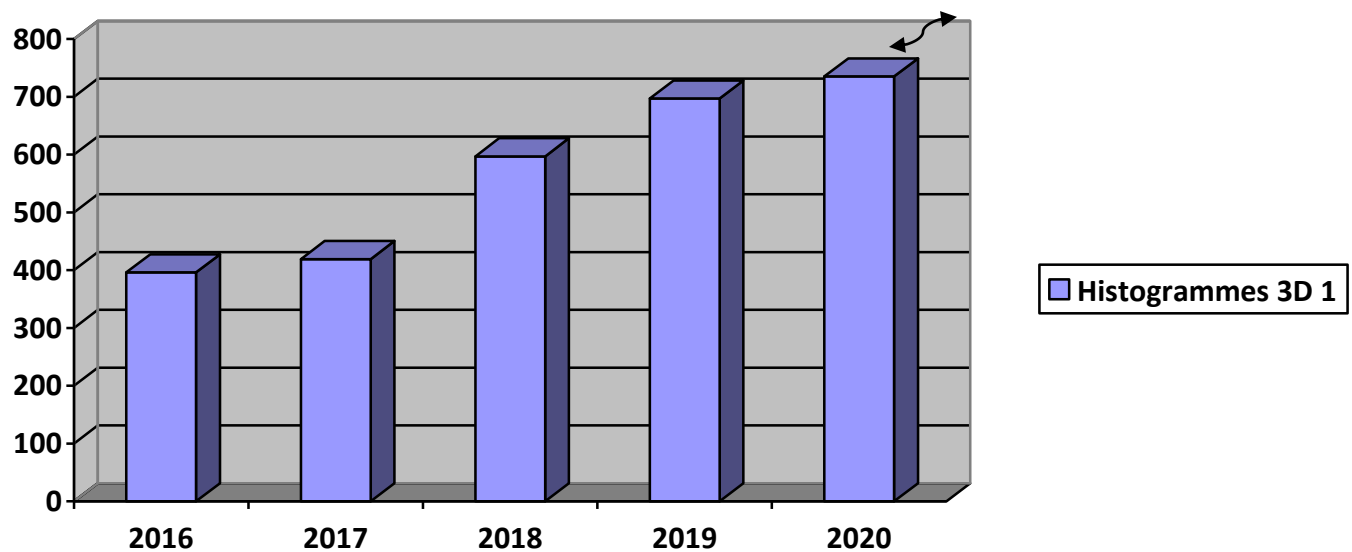
For the past Five years we have recruited 201 Volunteer Supporters. Number of volunteer always changes because we are working with refugee and they are not stable.

We also regret to announce the death of 3 of our actives volunteers, caused by this COVID-19 pandemic

Number of beneficiaries of SARELI Services in Five Past Year

Year	2016	2017	2018	2019	2020
Number of beneficiaries	396 people	419 people	597 people	697people	735people





LESSONS LEARN

Whereas 2014/15 been a year of reconsolidation and looking to the future. 2015/16 was the year of recovery, strategy and planning for the next five year coming from 2017 to 2021

Year 2017 / 2018 we were focusing in networking, improved staff skill, communication skill, Management and volunteering skill, with various training and workshops to improve SARELI quality of input and output.

Also 25 Health and wellbeing Sessions have been lunched around Mental Health amongst Black African community, Obesity within the African women community in Salford and surrounding, we have introduced a regular dance therapeutic called < Congo Ndombolo Jump Roof Dance> to fight obesity within the African community.

In 2017/18 SARELI lunched Sickle-Cell project

- 2 broad based information and advice events about A. Sickle-cell prevention how to prevent or to stop the spread of sickle-cell disease for minimum of 60 people and plus, B. How to live with sickle cell being a sickle-cell patient as sickle cell is a chronic and incurable illness for 70 people and plus?

Network setting between patients of Sickle-cell – SARELI, specialist of sickle-cell, east Salford Health improvement Team and sickle Cell Support Services groups with an effective referral system in place

- 2 Thematic health information booklet about prevention and advice around Sickie-Cell 1x/6month =2xtime in year (The booklets will be translated in French, lingala and Swahili common community language speaking)
- 1 x 1/2 day weekly outreach sessions to support community's members in the privacy of their home address, mainly for those who have difficulty to attends our Drop In Centre over 20 weeks
- 2 half day sessions per week drop-in health advice, information and guidance over 20 weeks
- 4 Advisory Group meetings for project's planning, monitoring, amending and evaluating.
- 10 volunteers (8 volunteers come from our community group and 2 come from local community) 5 women and 5 men been trained for successful volunteering to lead this project. Additionally, a successful Heritage project been carry-on by SARELI and his partners around <PENDE Traditional Mask and Customs in the heart of Salford> SARELI Trustees, volunteers and staff have improved the ability to:
 1. Collaborate and build partnerships within our network and to promote the voluntary spirit in the African Refugee Salford
 2. Champion the role and impact of each volunteer.
 3. Grow membership and build a community of support.
 4. Build better sustainability.
 5. Created a good environment with good communication and good consideration between members
 6. During this past year 2019/ 2020 SARELI has promote Youth success by using digital method called Visible voice and employability.
 7. SARELI has become Hate Crime Reporting Centre

A key element of the new strategy and business plan was to ensure we had a long term sustainability plan. Serious and tangible efforts to build better sustainability are crucial to ensure the charity's long term survival. We recognised the need to be less dependent on large multi-year core grants and that we needed to find other sources of income to replace them. It is challenging to accurately forecast the potential success of any sustainability plan but it is essential that we try.

 8. Year 2019 -2020 SARELI has become one of online Centre under Goodthing Foundation My way aand under Salford Digital you also we are running Yanzi heritage project and the community HUB open for all

Now we are setting a plan for a long vision 5years and more

INDEPENDENT & EXAMINER FOR THE YEAR ENDED 15 APRIL 2020

All our service been monitored by qualify and independent examiner helping SARELI to know the project of year 2019 to 2020 success

Banker: Cashplus



SALMAN A. QURESHI
 ASNA ACCOUNTANTS
 116, First Floor, Cheethamhill Road, Manchester, M4 4FG

(SARELI) SALFORD REFUGEES LINK FINANCIAL STATEMENTS
16 APRIL 2019 TO 15 APRIL 2020

Income:			
	Restricted £	Unrestricted £	TOTAL £
Income from funders & volunteer contribution			
Report Cash in the bank for year Ended 2019	0	£ 4,155.720	4,155.720
Salford CVS HATE CRIME AWARENESS FUND Application Reference: HCAW 202	900		900.00
Salford City Council Covid Support	1,000.00	0	1,000.00
Heritage Lottery fund	17,750.00	0	17,750.00
Gros INT	0.38	0	0.38
NET INT	0.50 +0.23 +0.11+0.26	0	1.10
GROS INT	0.50 +0.23+0.11+0.26	0	1.10
Salford CVS	5,000.00	0	5,000.00
Salford CVS BIG ALCOHOL CONVERSATION SALFORD CVS	200.00	0	200.00
Heritage Lottery fund	14,989.00	0	14,989.00
Salford CVS	14,200.00	0	14,200.00
Salford CVS	1,000.00	0	1,000.00
SALFORD CVS Neighbourhood Impact Fund 2019/20 Application Reference: NHI 19 106	5,000.00	0	5,000.00
SALFORD CVS Hate Crime Awareness Week 2020	500.00		500.00
SALFORD CVS Youth Wellbeing Fund 2019/20 Application Reference: YWB19 202	2,500.00		2500.00
Volunteers Week Activities Fund 2020 Reference: VWA20 110	500.00		500.00
SALFORD CVS HATE CRIME AWARENESS FUND	500.00	0	500.00
Salford Crisis Fund (Covid-19) Application Reference: SCF20 142	500.00	0	500.00
SALFORD CVS Neighbourhood Impact Fund 2019/20	4,905.00	0	4,905.00

Application Reference: NHI 19 106			
SALFORD CVS WELLBEING FUND	1,000.00	0	1,000.00
- COVID 19 Contribution	400.00	0	400.00
NSUN National Survivor User Network	1,272.00	0	1,272.00
NSUN National Survivor User Network	5,000.00	0	5,000.00
The National Lottery Community Fund Project Ref: 20135040	22,307.00	0	22,307.00
Salford CVS Wellbeing Round1 Project Ref: WB20106	984.00	0	984.00
Aplik Foundation	300.00	0	300.00
SPORT ENGLAND URN :2020004135	9,680.00	0	9,680.00
Community Support Fund Large Awards Application No: APP015605	19,997.00	0	19,997.00
The Barrow Cadbury Trust	20,050.00	0	20,050.00
Liverpool	2,100.00	0	2,100.00
COVID-19 Contribution	1,000.00	0	1,000.00
COVID-19 Contribution	1,000.00	0	1,000.00
Tesco	250.00	0	250.00
Covid 19 donation	40 +50 +10+500	0	600.00
TOTAL INCOME			159,542.3
159, 542.00			

Expenditures:

	Restricted	Unrestricted	Total
Total Ressources Expended			
Training for Volunteers and others community's members	30,400.00		
Professional coaching fees	18,600.00		
Digital ambassador Salaries and Recruitment cost	19,050.00		
Volunteer travel expenses	4,900.00		
Events and Workshops	8,900.00		
Musical Band fees	2,700.00		
Show Mobile Stage cost	1,400.00		
Hire of Material	1,900.00		
Support Cost			
Public Liability insurance	350.00		
Telephone and internet	336.00		
Rent, gas, electricity	6,600.00		
Advertising	3,930.00		
Social Media Page setting Up	1,400.00		
Printing	3,670.00		
Health equipment, hand sanitiser, gloves, masks, Food, Food and Drying, weekly shopping and transport 1 Interpretation and	17800		
Translation fees	5700		
Stationeries and printing COVID-19 information	4900		
Temporary shelter for the homeless refugees cost	6600		
Capitall cost Cost			
Digital output	8,700.00		
	5,900.00		
Total			
			153,736.00



Current Asset

Restricted

Cash in the bank for the year ended
15/04/2020

5,806.00

Total

£ 5,806.00

Approved on 15-04-2020 by
1-Chairman : Barthelemy Leon N'guessan
2- General Secretary Treasurer: Dr,Yono
Isung

sareli_uk@yahoo.co.uk

www.salfordrefugeeslink.co.uk

[www.facebook.com saford Refugees Link](https://www.facebook.com/safordRefugeesLink)

Youtube: SARELI UK

Charity Registered No: 1112174



Salford City Council

