3rd AFRUCA Summit on African Children & Families

Summit Report
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3rd AFRUCA Summit on African Children & Families in London and the South of England

10th October 2015

With support from Department for Education
AFRUCA says a BIG THANK YOU to everyone who made this event possible and to the over 200 people who attended the Summit

Prepared by: Saater Ikpaahindi
Project Officer
THEME: “Safeguarding, Everyone’s Responsibility”
AFRUCA SUMMIT

+200 Participants
16% MALE & 84% FEMALE

Over 10 Cities

14 Speakers

3 Keynote Speakers

4 Workshops & 1 Special Session

87% Rated the Summit as Very Good/Excellent

90% Satisfaction Rate
Event Host: Afua Hirsch
Sky News Social Affairs and Education Editor
Welcome to the 3rd AFRUCA Summit on African Children and Families. We have been fortunate at AFRUCA to be able to hold this event again this year. I would like to use this opportunity to say a Big Thank You to the Department for Education (DfE) for giving us the funds to organise this event. I would like to thank AFRUCA staff and volunteers for all their hard work and dedication in making this Summit possible. To all the speakers, thank you for taking time out of your busy schedules to share your knowledge and expertise with the delegates at the Summit. I would also like to say a huge thank you to everyone in attendance today.

The Summit was envisioned as a platform to bring together members of the African community and various stakeholders to address issues affecting Black and African children and families in London.

The aim of this year’s Summit is to examine and explore key safeguarding issues around Health and Wellness, Female Genital Mutilation (FGM), Youth Crime (Grooming, Peer Pressure, Guns and Knife Crime) Domestic Violence, Sexual Abuse and Faith Based Abuse which affect children and families of Black and African origin across London and the South of England with a view to generate ideas and proffer solutions to help combat these problems.

One of the primary reason we are also here today is education and awareness raising. At AFRUCA, we have a deep conviction that the community has a huge role to play in protecting and safeguarding children from all forms of maltreatment. Safeguarding is everyone’s responsibility and we cannot continue to sit on the sidelines leaving it to the police, teachers, social services and the government. It is time for us as members of the Black/African community to take a stand to expose and put an end to any and all forms of abuse within our community in order to protect our children.

We hope that participants will spend the day sharing and exchanging knowledge, ideas and proffering solutions to help support children and families in crisis. We hope that the discussions and recommendations from the various workshops will help initiate actions for change on the part of parents, carers and professionals in order to better safeguard our children.

Debbie Ariyo OBE

Founder and CEO Africans Unite Against Child Abuse (AFRUCA)
There are at least 6000 children of the twelve million children in the UK who through the course of their childhood have been victims of sexual abuse. Children who are sexually abused are seven times more likely to be victims of other forms of abuse.

“The responsibility always lies with the abusers. We must have zero tolerance for child sexual abuse...”

We must change beliefs and attitudes that result in harm to children and I include in this forced marriage, Female Genital Mutilation (FGM) and spirit possession. No child should have to say “it is normal; it is wrong but you will get used to it.”

The responsibility always lies with the abusers. We must have zero tolerance for child sexual abuse in all its manifestations. The pain of sexual abuse endures for ever and ever and we have to stand up and stop it. It takes a community to shield an abuser and it takes a community to protect a child. Let us be that community that protects every child. Every child is a human, not an object and lets make sure that we bring our humanity to prevail to protect children.

To begin to transform our thinking and to deal with these issues AFRUCA stands for is to begin to engage emotionally with these topics. These are not things that are happening outside of us as humans, these are not just facts and figures that are churned out on the news that we listen to and go about our business. These are real stories and real people. As a society we have a lot to answer for.

“The fact that some bogus pastor has told you that a child who is having some social anxiety issues is a witch is wrong.”

Reading the story of Victoria Climbie who was accused of being a witch and the horrific treatment she received as a result of being branded a witch broke my heart. The fact that some bogus pastor has told you that a child who is having some social anxiety issues is a witch is wrong.

While it is important to understand why people behave in a certain way towards children all forms of abuse cannot be permitted especially those masked as culture or religion.

There have been cases of children as young as four years old brought into the UK as domestic workers, looking after a house. The last year which has a detailed breakdown of trafficked victims was in 2013. The statistics show that 58% were trafficked for sexual exploitation, 28% for domestic servitude 18% for labour.

“There is also going to be an evaluation activity carried out through out all sectors and that includes competency framework and training. The Commissioner would also look a joint investigation teams and encourage international investigations. There would also be a review of the National Referral Mechanisms (NRM).”

 Prevention and International collaboration are key aspects of the Independent Commissioners role and priorities. The best way to prevent trafficking is at the source, helping ensure that vulnerable people do not become victims in the first place. Statistics show that Nigeria consistently rates as a top source country for victims of trafficking into the UK. Therefore, working in Nigeria is a key focus for the Commissioner.

There is also going to be an evaluation activity carried out through out all sectors and that includes competency framework and training. The Commissioner would also look a joint investigation teams and encourage international investigations. There would also be a review of the National Referral Mechanisms (NRM).
Summit Speakers:

WORKSHOP ONE:
Promoting Our Health & Wellness

Chair: Dr Diahanne Rhiney

Stephen Joseph
Dr Charles Easmon
Christabel Kunda

WORKSHOP TWO:
Youth Crime (Grooming, Peer Pressure, Gangs, Guns & Knife Crime)

Chair: Jennifer Izekor

Kenny Imafidon
Dorcas Gwata
Manni Ibrahim
Summit Speakers:

WORKSHOP THREE:
Faith Based Abuse

Chair: Gani Martins

Justin Bahunga
Rev. Jide Macaulay

WORKSHOP FOUR:
Domestic Violence in African Families

Chair: Sharon Griffiths

Kudakwashe Nyakudya
Memory Nyahunzwi
Delores McPherson
Summit Speakers

SPECIAL SESSION
Female Genital Mutilation (FGM)

Chair: Muzare Betty Makoni

AFRUCA Anti-FGM Youth Champions

3rd AFRUCA Summit on African Children and Families 2015
We need more awareness of Mental Illness within the Black/African Community

Stephen Joseph – Mental Health Nurse and Coordinator Hope Project
PREAMBLE

Health and wellness are an important part of our daily lives and have a range of physical, mental, emotional and psychological benefits all of which are essential for a productive and successful personal and professional life. Within the Black/African community, there is some denial and stigmatisation about health issues such as mental health and HIV/AIDS and ignorance around weight, blood pressure and cholesterol. This is a public health emergency because the effects of ignoring or denying these issues show up five or ten years later and can have an irreversible devastating effect on our long-term health and wellbeing. Therefore, early detection is imperative in preventing or managing the onset of some of these diseases.

KEY ISSUES

□ The increasing social-economic pressures of day-to-day life are a huge contributing factor to mental health problems within the BME community.

□ Many Black/African people deny that they have mental health issues. However, statistics show that Black/Africans are 3% more likely than the general population to be admitted to mental health institutions.

□ The fear of mental illness within the Black/African community leads to stigma and subsequently to people living in denial and refusing to access treatment.

□ As a nation, we are overeating; quantity and quality are increasingly becoming an issue and our waist sizes are becoming bigger.

□ One of the major health concerns within the Black/African community is that majority of people are unaware of their blood pressure and cholesterol levels and this can lead to unexpected heart attacks and stroke if not managed properly.

□ One-third of people who died from AIDS were from Black, Asian and Minority Ethnic (BAME) groups.

□ A lot of myths about the transmission of HIV/AIDS are still prevalent within the BAME community.

□ Stigmatisation of those living with HIV/AIDS is still quite rampant within the Black/African community and this often leads to an unwillingness to access treatment.

□ An estimated 100,000 people are living with HIV/AIDS in the UK and 24,000 are unaware of their infection.

□ Statistics show that late diagnosis of HIV/AIDS is more common amongst all BAME groups especially Black/African.

KEY RECOMMENDATIONS

□ People need to be continuously aware of their waist size, blood pressure and cholesterol levels for early prevention of strokes, heart disease and obesity.

□ More awareness needs to be raised about sex and HIV as well as dispelling the myths around HIV within the BAME community; children should also be given the platform to talk about these issues.

□ Early diagnosis is paramount to the treatment and management of HIV. Therefore, it is important that through awareness raising more people are encouraged to test and know their status.

□ The concept of mental illness needs to be better explained within our community. Everyone is affected by mental illness to a certain degree. More work needs to be done within the Black/African community to encourage people to seek help as soon as possible.

□ Culturally appropriate early intervention mental health services need to be put in place to ensure members of the Black/African community are accessing the right services.
As a parent don’t ever give up on your child even if they are in a gang.

Kenny Imafidon – Co-founder & Managing Director of ClearView Research Ltd and a Trustee of the British Youth Council
PREAMBLE

Youth Crime is one of the critical challenges facing the Black community today. Statistics show that youth crime especially gangs, gun and knife crime are on the increase especially in London. The rise of extremist groups has further posed a threat to young people who are groomed and radicalised to join these extremist groups. Several reasons have been posed for the increase in youth crime such as exposure to violence, identity crisis, marginalisation, the need for a sense of belonging, family as well as socio-economic factors.

KEY ISSUES

- A large number of victims and perpetrators of gun and knife crime are Black/African.
- Children as young as 12 years old are in gangs and are allowed to carry weapons such as knives and guns.
- Girls may not be part of a gang but gang members are increasingly using them to carry weapons. Young girls are also increasingly pressured to date gang members and this puts them at risk of exploitation and violence.
- There is an increase in the number of young people of African background becoming radicalised and joining extremist groups.
- The media’s negative portrayal of Africa has a devastating ripple effect on African children who do not want to identify with a place that is associated with poverty, war and violence.
- Some of the young people involved in gangs are coming from war-torn countries or homes where domestic violence and physical chastisement is prevalent thereby normalising violent behaviour.
- Today young people are faced with a lot of pressure from their parents to take on certain career paths that they may have no interest in and this can have a negative impact on them.

Studies show that the key reason why children and young people join gangs is to have a sense of belonging and identity.

- Poor and absent parenting can lead to children engaging in crime and criminality especially where there is a breakdown in communication between parents and children.
- Poverty and social disadvantage are some of the main reasons why youth crime is on the increase.

KEY RECOMMENDATIONS

- There is a need to ameliorate the social and economic factors which generate youth crime by the government and key agencies.
- Early intervention with children, young people and families identified as at risk is essential in order to curb youth crime.
- Parents should encourage and support their children to be the best version of themselves rather than imposing on them what they want them to be or living out their dreams through their children.
- It is important that organisations and agencies working with members of the Black/African community have an understanding of their culture background for effective intervention.
- More members of the Black/African community need to work hand in hand with the police and other agencies to help address gun and knife crime.
- There is a need to create greater partnership work and collaboration with the police, faith groups, schools and youth groups’ to help and support young people to make positive contributions to the society. More adults need to take responsibility in local areas and volunteer to mentor young people.
“I want to protect future generations”

AFRUCA Anti-FGM Youth Champion
AFRUCA’s ANTI-FGM YOUTH CHAMPIONS: BACKGROUND

Female Genital Mutilation (FGM) is any practice that involves the total or partial removal of the external female genitalia for non-medical reasons. According to WHO there are four types of FGM. Current statistics show that there are around one hundred and forty million women living with FGM in the world today and three million girls are at risk yearly. It is important to note that FGM is also practiced in parts of Asia and the Middle East. As a result of immigration FGM is also present in the UK. The most recent UK statistics from research conducted by City University and Equality Now shows that over 100,000 women and girls living in the UK have undergone FGM. While FGM is said to be a cultural practice, it is harmful and has several lifelong effects on victims. One of the key recommendations across the board to end FGM has been the need to raise awareness within practising communities about the health implications of the practice.

In view of this, with funding from the Department for Communities and Local Government, AFRUCA initiated the Anti-FGM Youth project in February 2015. Since inception, AFRUCA has recruited and trained over twenty young people to act as voices within the community. All Champions attended a two-day training to equip them with the necessary knowledge and skills to speak to members of the community. The Champions role is to facilitate open discussion sessions in the community in order to bring about change in mindsets.

So far, the project has been a success and has exceeded its set outcomes. The Anti-FGM Champions have reached over 2,400 people with the Anti-FGM message through face-to-face discussions, radio and TV programmes as well as print media. At this year’s Summit, the Anti-FGM Champions were invited to speak about their varying experiences of engaging the community and facilitating awareness sessions:

SUCESSES

- The Champions noted that before becoming Anti-FGM Champions, they knew little or nothing about FGM. Hence, the training helped to enhance their knowledge about an important issue that was happening within the communities around them and could be affecting people they knew.
- Champions noted that they were successful in speaking to a dynamic group of people including men. They noted that they were able to speak to communities who practiced labia elongation who prior to the training did not classify it as a type of FGM.
- One of their key successes was exceeding the project outcomes both in the number of people trained and number of workshop sessions held.

CHALLENGES

- Champions noted that people were not always receptive to the message they were trying to pass across and were sometimes rude or walked out of sessions. In one instance, when one of the leaders realised what they were coming to talk about they were walked out of a church.
- Champions stated that on a few occasions language and interpretation was a barrier in effectively passing across the appropriate message.

RECOMMENDATIONS

- Champions felt that more boys and men need to be involved in the fight against FGM.
- Champions also suggested that more work needs to be done to raise awareness around labia elongation amongst practising communities as quite a number of people were ignorant that this was a type of FGM.
Branding a child a witch is an attack on the personal integrity of a child, an incitement to hatred and violence.

Justin Bahunga– Training Consultant on Faith Based Abuse
The belief in supernatural forces and powers either good or evil is widespread and cuts across ethnicity, culture and faith. Occasionally, this belief has led to harmful behaviours inflicted on vulnerable people and in extreme cases death. One of such beliefs is that a child is a witch or possessed by evil spirits. Once branded a witch, children are exposed to a plethora of abuses including starvation, semi-strangulation, beating, burning, rubbing chilli peppers in eyes and private parts and isolation. Most of the cases reported in the UK have been within the African community such as in the cases of Victoria Climbe (2000), Child B (2003) and Kristy Bamu (2010). Additionally, religious homophobia within the African community is increasing becoming rampant. Children whose sexual orientation is in question or who show tendencies of being gay, lesbian, bisexual or transgender (LGBT) are said to either be cursed or possessed by evil spirits and need “deliverance” to help reverse their sexuality. In the process children are emotionally and psychologically abused and this has a negative impact on a child’s development and wellbeing.

KEY ISSUES

■ In some communities labelling a person a witch is pronouncing them as an evil person that can cause misfortune and harm to the family and community.

■ From the moment a child is called a witch, this constitutes emotional abuse.

■ Branding a child as a witch is an attack on the personal integrity of a child; it is stripping a child of his/her innocence and therefore excluding them from any moral consideration which opens them up to a plethora of abuse. It is an incitement to hatred and violence.

■ The use of witchcraft and juju to control victims of human trafficking is increasingly becoming a problem within the African community.

■ The effects of branding a child a witch are long term and devastating and include post-traumatic stress disorder and suicidal tendencies.

■ Religious homophobia promotes child abuse. In many cases, young people have been called an abomination, they have been ostracised and punished endlessly because of their sexuality.

■ Parents who have identified as LGBT have had their children being discriminated against in schools, religious settings and the community at large.

■ There is a lack of appropriate rules and regulations to better protect children and families suffering from faith based abuse.

■ There is a lack of uniform and systematic recording of abuses linked to faith or belief by government agencies nation-wide.

KEY RECOMMENDATIONS

■ Empower practitioners through training and capacity building to raise their skills and understanding around this issue in order to identify children suffering or at risk of suffering abuse linked to faith or belief.

■ There is a need for culturally appropriate services to support children, young people and families who have been victims of faith based abuse.

■ More awareness raising is needed within the African community especially around sexuality and is key to resolving the issue of homophobia.

■ More robust systems and guidelines of reporting faith based abuse need to be put in place in order to protect children.

■ There needs to be a law in place to protect children branded as witches or possessed by evil spirits. This will serve as a deterrence for unscrupulous faith leaders who take advantage of the vulnerability of people.
Domestic Violence intensifies over time and victims continue to suffer because the system is failing them.

Kudakwase Nyakudya—Founder Kahrmel Wellness
PREAMBLE

Domestic Violence (DV) is an incident or pattern of incidences of controlling behaviour, coercion, threatening behaviour, violence or abuse within the marital or family relationships. DV remains a widespread problem which affects more than 8.5% of women every year and more than 4.9 million women have experienced some form of domestic abuse before the age of 16. On average, two women a week are killed by violent crimes and a woman is beaten 35 times before her call for help. Black/African women experience 39 more episodes than any other groups before calling for help. Although women are the primary victims of domestic violence or abuse, the number of men and teenage victims are increasing. Domestic violence is pervasive in that it not only affects the victim and perpetrator but in most cases children are involved.

KEY ISSUES

- At least 750,000 children a year witness domestic violence and children experience both short and long-term cognitive and behavioural effects as a result. This can include self-harm, bed wetting, anger, confusion, guilt, insecurity, low self-esteem, use of drugs and alcohol.
- A lot of African men experience financial abuse due to immigration issues when they arrive in the UK. Men also experience physical and emotional abuse.
- Victims of domestic violence often stay in violent situations because of fear, not being believed, guilt, shame, confusion, lack of confidence, uncertainty, low self-esteem, the stigma of separation or divorce and dependency on the perpetrator.
- One-third of all female suicide attempts have been attributed to past or current experiences of DV. Suicide statistics suggest that women in minority communities are more likely to turn to suicide and self-harm rather than leaving.

- DV intensifies over time. It intensifies when the victim flees and reconciles with the perpetrator, it also intensifies when the perpetrator becomes aware that the victim is trying to find help.
- Post separation domestic violence is the most dangerous phase for victims. Statistics show that 50% of the homicides that occur as a result of domestic violence happen at post separation.
- Perpetrators of domestic violence often groom the victim and the people around the victim to take sides with them. This can have a negative impact even on professionals who take sides with perpetrators and then blame the victim for the abuse.
- Religious and cultural adherences often lead to families covering cases of domestic violence.

KEY RECOMMENDATIONS

- Post separation is a very dangerous phase for victims of domestic violence and all agencies working with victims should ensure that they are protected from perpetrators during this phase.
- A system that empowers victims to rebuild their lives and live again and not one that disempowers victims needs to be put in place.
- Professionals working with victims need to study and understand their client’s cultures in order to provide appropriate support. Using generic methods may not produce effective results and may cause more harm than good.
- The best approach in working with DV cases is safety, accountability and restoration. That is, safeguarding the adult and child victims and holding the perpetrator accountable. The best way to safeguard children in domestic violence cases is by supporting the non-abusive parent.
Summit Photos

AFRUCA volunteers prepared to welcome delegates
Delegates going through registration
Delegates having a cuppa
AFRUCA Children's Champions
AFRUCA volunteers welcoming delegate
Delegates peruse through one of the stands at the Summit
Delegates arriving for the Summit
Cross-section of delegates at the Summit

Dorcas Gwata one of the Summit Speakers on Youth Crime

From left to right: HRM Queen Naa Tsotsoo Soyoo I, Sue Berelowitz, Cllr Sade Etti and Debbie Ariyo OBE

Sharon Griffiths & Memory Nyahunzwi

Delegate making a contribution

J. Appiah performing at the Summit

Ayan De First (Oduduwa Talking Drummers) performing

From left to right: Kenny Imafidon, Manni Ibrahim, Jennifer Izekor and Dorcas Gwata

Delegate making a contribution
Participants “Quotes”

I always leave with so much useful information from informative and passionate speakers.

Thank you for a great event - the speakers show passion, commitments and expertise in their fields. Congratulations.

The Summit captured many topics that are taboos within the African homes. This awareness is truly educative.

The content of the day was very informative & provoked learning.

The entire programme was incredibly relevant and extremely well presented.

Please continue the good work and awareness raising. Thank you!

Excellent and well organised.

The various speakers knowledge in the subject gave me awareness in my practice.

It was great to have attended and heard all the great speakers. I have learnt so much.
The 3rd AFRUCA Summit on African Children and Families was well attended with participants from various parts of the country including: Manchester, Milton Keynes, Essex, Portsmouth and London in attendance. The Summit was relevant in bringing together various stakeholders under one roof to discuss issues facing members of the Black/African community. It served as an opportunity for participants to network, share and exchange knowledge.

Participants were unanimous in agreeing that AFRUCA was blazing the trail in covering topics that were hitherto thought to be taboo within the Black/African community and welcomed the idea.

One of the key recurring outcome and recommendation across the board was a need for the provision of culturally appropriate services to help tackle specific problems facing members of the Black/African community.

Key messages reiterated by the Speakers at the Summit included; a). The need for the government to address underlying socio-economic factors affecting members of the Black/African community that leaves them susceptible to mental health issues, crime and abuse b). The need to train more practitioners on cultural competence to effectively work with diverse groups of people c). A need for more awareness raising within the Black/African community and faith groups around major issues discussed at the Summit.

Another important recommendation from the Summit was the need to debunk the notion that the Black/African community is a hard to reach community. Instead, authorities, agencies, NGO’s and those working within our communities need to find alternative ways of engaging with the Black/African community rather than using the one-size fits all modus operandi.

In terms of next steps, AFRUCA will continue to run training programmes for practitioners to help increase their skills and confidence in working with Black/African Children and Families. Through our Children’s Champions Project, we will continue to raise awareness on child protection within our community.

Our newly established West Midlands Project is a key way we intend to work with faith organisations to ensure that they have appropriate safeguarding mechanisms to provide safe spaces for children in their places of worship.
Africans Unite Against Child Abuse (AFRUCA) is the premier charity promoting the rights and welfare of African children in the UK. AFRUCA was established in May 2001 as a platform for advocating for the rights and welfare of African children following the deaths of children like Victoria Climbie, Jude Akapa and Damilola Taylor in the UK. We work in five key areas:

- Awareness | Raising on Children's Rights
- Policy and Advocacy
- Education, Research and Advisory
- Community and International Development
- Support Children, Young People and Families

The 1989 United Nation Convention on the Rights of the Child forms the basis of our work at AFRUCA. Our mission is to promote the rights and welfare of African children. With a presence in two UK cities (London and Manchester) and projects working with children, young people and families across London and the South of England, the West Midlands, Manchester, Liverpool, we are undeniably the voice of the African Child in the UK. Our national spread means we have become accessible enough to be regarded as the first point of contact for those interested in the welfare of African children.

Our vision is to see a world in which African Children can live free of cruelty and abuse at the hands of other
APPENDIX: List of Special Guests, Speakers and Other Key Participants

HOST, SPECIAL GUESTS AND KEYNOTE SPEAKERS
1. Afua Hirsch (Summit Host) - Sky News Social Affairs and Education Editor
2. Kevin Hyland (Keynote Speaker) - Independent Anti-Slavery Commissioner
3. HRM Queen Naa Tsotsoo Ssooy I (Special Guest of Honour) - Divisional Queen from the Ga tribe of the Greater Accra Region of Ghana.
4. Sue Berelowitz (Key note Speaker) - Former Deputy Children’s Commissioner

WORKSHOP ONE: PROMOTING OUR HEALTH AND WELLNESS
1. Dr Diahanne Rhiney (Chair) - PR Consultant and Psychologist
2. Stephen Joseph (Speaker) - Mental Health Nurse and Coordinator Hope Project
3. Dr Charles Easmon MBBS MRCP MSc Public Health DTM&H DOccMed (Speaker) - Medical Director of Your Excellent Health Service
4. Christabel Kunda (Speaker) - HIV Support and African Communities Services Manager, NAZ

WORKSHOP TWO: YOUTH CRIME (GROOMING, PEER PRESSURE, GANGS, GUNS & KNIFE CRIME)
1. Jennifer Izekor (Chair) - Commissioner with the Independent Police Complaints Commission
2. Kenny Imafidon (Speaker) - Co-founder & director of ClearView Research Ltd and Trustee of the British Youth Council
3. Dorcas Gwata (Speaker) - Mental Health Nurse
4. Manni Ibrahim (Speaker) - Consultant for Y.E.S (Youth Empowerment Solutions)

SPECIAL SESSION ON FGM
1. Muzvare Betty Makoni (Chair) - CNN World Hero and Founder Girl Child Network Worldwide
2. AFRUCA Anti-FGM Youth Champions (Speakers)

WORKSHOP THREE: FAITH BASED ABUSE
1. Gani Martins (Chair) - Interim Assistant Director Children’s Specialist Services Bradford City Council
2. Justin Bahunga (Speaker) - Training Consultant Faith Based Abuse
3. Rev. Jide Macaulay (Speaker) - Founder House of Rainbow

WORKSHOP FOUR: DOMESTIC VIOLENCE IN AFRICAN FAMILIES
1. Sharon Griffiths (Chair) - Social Worker and Independent Consultant
2. Kudakwashe Nyakudya (Speaker) - Founder Kahrmel Wellness
3. Memory Nyahunzwi (Speaker) - Producer, Script Writer and Assistant Director
4. Delores McPherson (Speaker) - Director of Children and Families Charity
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AFRUCA promotes the Rights and Welfare of African Children in the UK and in Africa