

# Somalis in Camden: challenges faced by an emerging community

A report by Saber Khan (Ethnic Focus Research) and Adrian Jones



## CONTENTS

TABLE OF FIGURES	5
INTRODUCTION	6
LITERATURE REVIEW	8
HOUSEHOLD	14
LANGUAGE	17
CLASS AND RELIGION	19
EDUCATION	21
EMPLOYMENT	26
HEALTH	31
HOUSING	38
LEISURE	44
SOCIAL SERVICES	46
ENVIRONMENT	48
CONCLUSIONS	57
APPENDIX ONE - METHODOLOGY	61

## TABLE OF FIGURES

Figure 1 - Approx. year of arrival in England	14
Figure 2 - Parents currently living in England	15
Figure 3 - Parents living in England by time of arrival	15
Figure 4 - Marital status	16
Figure 5 - Marital status by gender	16
Figure 6 - Ability to speak English	17
Figure 7 - Ability to speak English by age	18
Figure 8 - Ability to speak English by gender	18
Figure 9 - Importance of religion by gender	19
Figure 10 - Importance of religion by age	20
Figure 11 - Highest level of education	23
Figure 12 - Importance of education	24
Figure 13 - Importance of education by gender	25
Figure 14 - Occupation / Employment status	27
Figure 15 - Claiming any state benefits	28
Figure 16 - Claiming any state benefits by gender	28
Figure 17 - Long-standing illness in the family	35
Figure 18 - Problems encountered in visiting doctor	36
Figure 19 - No. of people in household	39
Figure 20 - No. of rooms in household	40
Figure 21 - House description	40
Figure 22 - Quality of service from landlord	41
Figure 23 - Frequency of contact with housing provider	41
Figure 24 - Biggest housing problems	42
Figure 25 - Biggest problem in the Somali community (1st choice)	49
Figure 26 - Contact with Camden Council for problems, information, advice	52
Figure 27 - Contact with Camden Council for problems etc, by gender	53
Figure 28 - Contact with Camden Council for problems etc, by age	53
Figure 29 - Contact with Camden Council for problems etc, by ability to speak English	54
Figure 30 - Department contacted in Camden Council in the last year	54
Figure 31 - Ability to communicate problems to Camden Council	55
Figure 32 - Ability of Camden Council to understand problems	56

# Introduction

Late in 2002, the multi-agency Refugee Forum in the London Borough of Camden agreed to commission a major piece of research focused on Camden's Somali community, the borough's largest refugee population. The local authority's Equalities Unit took lead responsibility for this work, having previously been involved in research projects looking at other Black and Minority Ethnic (BME) communities in Camden. Earlier reports had been produced in 1996 (the Bangladeshi community) and 1999 (the Chinese community), based on literature reviews and quantitative surveys.

There is a paucity of existing research regarding the size, distribution and needs of Somalis in London. The BBC's "Your London" website has estimated that there are around 70,000 Somalis living in the capital, with the largest group of some 10,000 people located in Tower Hamlets. As the site notes:

**This is thought to be the oldest African community in London. Whilst a lot of Somalis came to London as asylum seekers, fleeing civil unrest in their country, many are second, third and even fourth generation Somalis [in Britain]. There are records of Somalis in London dating back to 1914, when they were recruited to fight in the First World War and then settled in the capital. This first group was followed by a continuous trickle, many of whom came over as merchant seamen...**

**Accounts of the time show that many of these seamen only planned to stay in London long enough to make some money before returning to their families... Because they always intended to go back to Africa, many of the first Somalis in London didn't learn English, and they have been slower to establish a formal community here than many other ethnic groups.**

Other factors particularly relevant to the Somali community in Britain include:

- i** The influence and strength of the "clan" system in the Somali community
- ii** Somalia's relative "youth" as a nation state (formed in 1960, from a former British protectorate and an Italian colony)
- iii** The emergence of a written Somali language only within the last 35 years
- iv** The impact of the civil war that began in 1991, leading directly to the dramatic growth of the Somali community in the United Kingdom.

Whilst no accurate data exists, it is widely believed by both community groups and service providers that the vast majority of Camden's Somali community have only been resident in the borough since 1990 (with little prior settlement). In general, it is believed that 90%-95% of the community came to the UK from 1990 onwards. At least two-thirds of those interviewed for the main quantitative aspect of this research had arrived in Britain since the early 1990s. Other Black African communities (e.g. Ghanaians and Nigerians) are seen as longer established and without the language problems faced by the Somalis.

While the two communities covered by previous Equalities Unit reports exist as discrete Census categories, this has not been the case with the Somali community which is subsumed under the "Black or Black British - African" category. A recent report by researchers at Sheffield Hallam University<sup>1</sup> has noted that:

**There is no official estimate of the size of the Somali population in Britain. The closest monitoring category - Black African - is too broad to provide useful information. The Somali community itself estimates its size at about 95,000 people [nationally]...**

**Most attempts to classify Somalis fail to take account of their distinct position as the interface of two very different cultures. Subsumed within the category 'Black African' Somalis do not share any culture, language, diet, dress and religious practices with their near neighbours. As Muslims, Somalis worship at mosques alongside co-religionists from Asian and Arab countries but they do not share other aspects of culture, language, diet or dress with these groups. The lack of sensitivity in monitoring categories has frequently resulted in the Somali community's - often desperate - needs being overlooked.**

While several researchers have cast doubt on the accuracy of Census figures<sup>2</sup>, there are, at least, some hard figures available. This has not been the case with the Somali community due to the previously noted absence of a separate "Somali" category, though the information provided by the "country of origin" question on the most recent Census is helpful. The Census 2001 data suggests that more than 1,900 Camden residents had been born in Somalia.

Despite this evidence, it remains extremely difficult to accurately estimate the size of Camden's Somali population, although it is widely thought to be the second largest (non-white) minority ethnic community in the borough after the Bangladeshi population (estimates of the number of Somali community now exceed 4,000). The community is seen as spatially concentrated in Kentish Town (Gospel Oak, Caversham and Castlehaven wards), Kilburn, Camden Town and King's Cross / St Pancras. In short, the community is generally seen as dispersed across less affluent parts of the borough.

This report seeks to provide a more accurate picture of Camden's Somali community in terms of its structure, its experiences and its needs. It is broken down into a number of distinct sections, mirroring the key topics covered in the research. Direct quotes from participants in the research interviews and focus groups are highlighted in bold. Many comments are subjective and frequently reflect perceptions - albeit deeply held ones - rather than documented facts. A section detailing conclusions and making a number of recommendations concludes the report.

1 Holman, C. and Holman, N., (April 2003), "First steps in a new country: baseline indicators for the Somali community in the London Borough of Hackney"

2 Adrian Jones's research regarding Britain's ethnic Chinese community ("The Invisible Minority", May 1998), for example, highlighted the negative impact of the language barrier and widespread distrust of bureaucracy on Census completion rates.

# Literature Review

As noted in the introduction, there appears to be little published research regarding Somalis in the United Kingdom in general. This is, perhaps, not surprising in Camden, given the comparative “newness” of the community, though it does not explain the absence of published material in areas with longer-established Somali communities (such as Cardiff and Liverpool).

Research on Somalis in London has previously been largely restricted to Tower Hamlets (the borough with London’s oldest Somali community), although more recent work has been conducted in Hackney and in both Newham and Lewisham.

Research carried out in Camden that has included Somali groups has consisted largely of qualitative studies. For example, MORI carried out work for Camden Leisure and Community Services,<sup>3</sup> which included two Somali focus groups. This study found that:

**The Somali community is a distinct and separate ethnic group, strongly identifying with its cultural traditions and religion. The community feels that many of the leisure facilities and activities on offer are not culturally specific or appropriate - therefore take-up is low [n.b. this would appear particularly to be the case for women]**

## **Leisure and Community Services**

The MORI research highlighted the following recommendations regarding the Somali community in Camden:

- i** There is a need to increase the take-up by Somalis of leisure and community pursuits, through a confidence-building exercise reaching out to the community in order to raise people’s expectations of the services on offer - using outreach programmes and “community champions”
- ii** Community specific activities should be introduced
- iii** There is a need for a specific community centre, which could act as a base for other activities for the community
- iv** There needs to be a communications initiative that raises awareness of what services and facilities are on offer. This needs to be:
  - Ongoing - so people get use to receiving information regularly
  - Timely - so that people can plan ahead re. attending events and courses
  - Relevant - in the appropriate language and format (oral as well as written)
- v** Advertising events at places currently used by the community is recommended - shops/supermarkets/mosques.

Key barriers to participation in leisure activities identified by the MORI study included cost. There was also a generally low level of awareness concerning what provision was available. Motivation to get engaged in leisure and cultural activities was, however, felt to be higher than among Bangladeshis. While gender divisions do exist, they are perceived as being less prescriptive than in the Bangladeshi

community. There is also a sense that Somali women have more freedom of movement outside the home and, because the community is more dispersed, they face fewer community pressures. The male focus group welcomed more activities for women but did not feel that current facilities were culturally sensitive (e.g. male staff were present at a women-only swimming session):

**I took my wife there...to the swimming pool. It is one hour and a man was working there. My wife saw the man was working there and she would not go. They do not want to see a man. It should be for ladies only, not for men.** (Somali male, 25-54 years)

Women attending a MORI focus group raised the issue of family responsibility. Women are primarily responsible for the children and domestic duties, which means that they have little time to pursue leisure activities outside the home. A lack of crèche facilities at leisure amenities means that they often cannot take their children along - this is a particular barrier since Somali women would like to attend more family-oriented activities or facilities that cater for both parents and children at the same time.

In light of the above, the following community "wish list" emerged:

- Local events
  - Confidence building
  - Community specific activities
  - More women-only activities (but such sessions should have no men, including staff) present.
- The most frequently and spontaneously mentioned women-only sessions people would like to see were:
- Exercise and keep fit classes
  - Swimming sessions
  - English and Basic IT lessons
- A wider range of books available in the Somali language in libraries
  - Facilities for older people
  - Dedicated community centres.

**A place to meet and discuss our problems, and even ask each other for information. Most of the community have a language barrier and they cannot communicate exactly so this kind of place would be a good idea.** (Somali male, 25-54 years)

3 Camden Leisure and Community Services (2001), "Researching Residents' Opinions"

4 Emua Ali and Crispin Jones, "MEETING THE EDUCATIONAL NEEDS OF SOMALI PUPILS IN CAMDEN SCHOOLS - A report to Camden LEA", (April, 2000), Institute of Education, London University

# Education

The only major item of Camden-specific work concerning the Somali community that the researchers identified was a report produced by the Institute of Education, University of London in April 2000. This report contains a wealth of valuable information. Some key findings included:

- In November 1998, Somali was the second language after Bengali (excluding English), spoken in Camden schools, with the 558 pupils speaking it representing 7% of the pupil population
- Somalis were significantly under-performing when compared with other groups of pupils. For example, the LEA's data from 1999 shows:
- The LEA also has detailed data on individual Somali students in relation to levels of English as an Additional Language (EAL), attainment by gender and special educational needs. These indicate low

<b>Level</b>	<b>All(%)</b>	<b>Bangladeshi(%)</b>	<b>Refugee communities(%)</b>	<b>Somali (%)</b>
GCSE A-C	47.7	28.1	21.3	3.1
		<b>English (%)</b>	<b>Maths (%)</b>	<b>Science (%)</b>
Key Stage 3 Level 6 or more All		68	58	52
Key Stage 3 Level 6 or more Bangladeshi		50	32	30
Key Stage 3 Level 6 or more Somali		46	29	34
Key Stage 2 Level 4 or more All		69	70	74
Key Stage 2 Level 4 or more Bangladeshi		56	53	65
Key Stage 2 Level 4 or more Somali		45	36	30

levels of EAL achievement and a disproportionate number in the special needs framework.

- More positively, many teachers mentioned that, in general, Somali pupils are punctual and have high attendance rates. They do their homework and they participate fully in the school, including sport. Somali parents are aware of the importance of education and they get friends to bring a child to school if necessary.

While significant concerns about underachievement persist four years after the publication of the Institute's research, there has been significant, albeit uneven, improvement in most subjects at every key stage. The most recent picture regarding educational attainment appears below:

“At KS1 the results of Somali pupils remained below borough averages, with some decreases from the previous year (2002), particularly in reading and writing. At KS2 the results of Somali pupils continued to show an upward trend in English (+ 14% since 2001) and in Maths (+ 17% since 2001). Results for Maths were at the borough-wide average (74%) in 2003, but they remained below the average (69% cf. 78%) in English.



At KS3 Somali pupils again performed way below borough averages in English (-31%), Maths (-11%) and Science (-9%), although there was a marked increase in Maths from the previous year (29% to 54%) achieving level 5+. At GCSE the proportion of Somali pupils achieving 5 or more A\*-C grades (17%) remained well below the borough average (50%). However, the proportions gaining one or more, and five or more A\*-G grades including English and Maths (96% and 91% respectively) were in line with the average for all pupils.”

(Source: SUMMARY OF KEY STAGE AND EXAMINATION RESULTS IN CAMDEN SCHOOLS 2003, report to Council Overview & Scrutiny Commission, 13 January 2004).

Among the significant factors hindering Somali students’ educational attainment according to the report are:

- **The impact of previous experience on learning**  
In the absence of schooling or in the wake of interrupted education many Somali students still suffer from their experiences of the civil war in Somalia and their flight from it.
- **School factors that may hinder achievement** Racism and other forms of inter-group conflict exist in the schools and some teachers felt that some of the Somali students suffer from this, despite the schools’ best efforts to deal with the issues.
- **Background Information** Schools needed to find out about a pupil’s background, family circumstances and previous schooling experience as well as needing to know how the education system and classroom have operated in Somalia.
- **Cultural differences** The schools are aware that there are cultural barriers within the curriculum itself that make it difficult to learn. Teachers mentioned that they frequently needed to explain cultural concepts, which seemed alien and even wrong to some of their Somali students. The teachers who said this added that the experience had led them to re-examine their own “cultural givens”.
- **Issues of exclusion** Teachers see exclusions as a sensitive issue. The general perception was that although there were exclusions, rates were relatively low. Generally, when Somali pupils are excluded, it is for fighting or other forms of extreme anti-social behaviour. It seemed that schools with significant numbers of Somali pupils rejected the stereotype of the violent Somali boy but found that it did seem to exist outside such schools.
- **Out of school factors that hinder achievement**  
Larger societal factors that can hinder achievement included: racism, poverty, high mobility rates due to housing policies, health [including drug-related] problems, translation issues and difficulties in relation to immigration status. There is also the issue of hostility towards asylum seekers and, ultimately, refugees. At the same time, some teachers felt that some of the Somali pupils were losing touch with their Somali roots, particularly in relation to their language.

5 See, for example, Saad A. Shire (1999), “Community Participation in Decision Making – A guide for the Somali Community in Tower Hamlets”, Oxford House, London and Hodan Abdilla (2001), “Oxford House Somali Projects – Evaluation Report”, Oxford House, London

### **Tower Hamlets research**

Aside from the above examples, the limited research about the Somali community in London has centred on the Oxford House community centre in Tower Hamlets<sup>5</sup>. These studies have highlighted that Somalis are probably the most disadvantaged minority ethnic group in Tower Hamlets, noting that despite being among the earliest black settlers in this country, the profile of the community remains very low, and its access to power and the political decision-making process is limited. One such report (Shire, 1999) has stated with specific reference to Tower Hamlets:

**It [the Somali community]... consists of predominantly young people. The latest survey of Tower Hamlets shows that up to 54% are under 25-years-old, more than 90% are unemployed and about 41% have no qualifications. 25% of the men and 75% of the women do not speak English. Somali children have the lowest reading performance in schools and one of the highest rates of truancy and exclusion. Access to health services is another major problem due to language and cultural barriers.**

The observations are also very pertinent to the situation in Camden. The evaluation report for the Oxford House Somali Projects (Abdilla, 2001) identified a number of key needs:

- the need for advice and advocacy services
- the need for community training in the fields of health, education, housing, social services and racial harassment
- the need for employment and training.

**A major concern is unemployment amongst educated young Somali jobless despite [them] holding diplomas, degrees and even Masters qualifications. These young people have fallen through the net and are not able to access jobs in the city or the community..**

- the need for improved housing conditions:

**Housing remains the biggest challenge facing the community in Tower Hamlets, and in most other Boroughs, and requires the joint effort of all relevant agencies in the field. It is not possible to empower people and involve them when they are threatened with homelessness or live in poor conditions**

- the need for Somali-specific youth provision:

**There is a lack of provision for Somali young people in the Borough. With the exception of a few weekly sessions there is nothing in the way of a dedicated service or centre for the Somali youth leaving them vulnerable to drugs and negative influences...Somali young people feel mostly unwelcome in the existing centres/youth clubs and require a dedicated service with trained Somali youth workers, counsellors and advice workers. For Somali females, the need is more acute and there is even less in terms of services and youth facilities as many of the current sessions for Somali youth are for males only.**

- the need for social activities catering for the needs of Somali older people, many of whom are isolated

- the need for a programme for women to develop basic skills and link them to employment opportunities.

The evaluation report made the following recommendations:

- an interpreting/translation service and bi-lingual advocacy service using trained volunteers from the Somali community should be provided
- housing and welfare advice need to be provided in a consistent and stable manner through employing a dedicated full-time caseworker who can liaise with other agencies. There is a lack of an effective referral system based on servicing those in need, avoiding unnecessary duplication of work and making the most efficient use of referrals to specialist agencies and statutory bodies.

Other research (again largely focused in Tower Hamlets)<sup>6</sup> has highlighted the negative impact of the clan system on community organisation (leading to a divided community) with:

**The fragmentary forms of social organisation in the Somali community appear to impede their capacity to articulate a “common voice” and thereby secure access to resources in the local settlement context.**

The large number of households headed by lone mothers<sup>7</sup>, the loss of status for male refugees (coupled with a break-down in gender-defined roles), the challenge to parental authority (as cultures clash) and the reworking of traditional Somali identity have been identified as key issues - Griffiths (2002) noted that:

**The response by Somalis to changes in gender relations in both the public and private spheres is highly complex. Many women question traditional roles and expectations, particularly in relation to male authority in the home, while a number of men reinterpret Somali identity in a way, which emphasises the ‘primordial’ role of clanship and a “reversion” to patriarchal, African/Islamic traditions.**

Fear of the loss of a specific Somali identity, and the response to this fear are thus real issues for the Somali community.

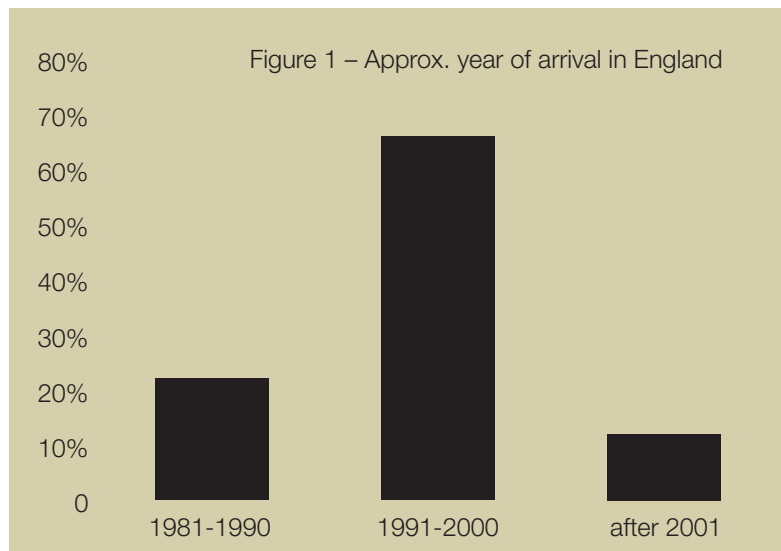
<sup>6</sup> David J. Griffiths, (2002), “Somali and Kurdish Refugees in London – New identities in the Diaspora”, Ashgate Publishing Limited, Aldershot

<sup>7</sup> Christina and Naomi Holman’s recently published research in Hackney found that over 50% of householders described themselves as single parents.

# Household

The average household was perceived to be large, with four to six children, and in line with the findings of the Hackney-focused research (see previous) often headed by a single female. In Somalia, the father was the breadwinner and family head. Stereotypically, in the UK, he is unemployed, his role is marginalised and his “manliness” is challenged. In some cases, the father may be in the UK but not living with the family, reportedly in order to maximise benefits. Some single mothers still get support from their husbands, but this is not always the case.

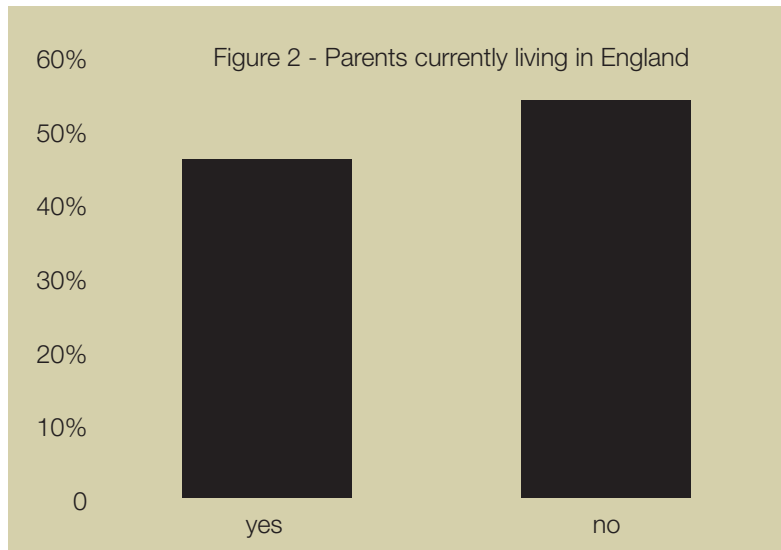
Somalis are a relatively new community and this was reflected by the fact that the resident survey found that two-thirds of respondents arrived in England between 1991-2000.



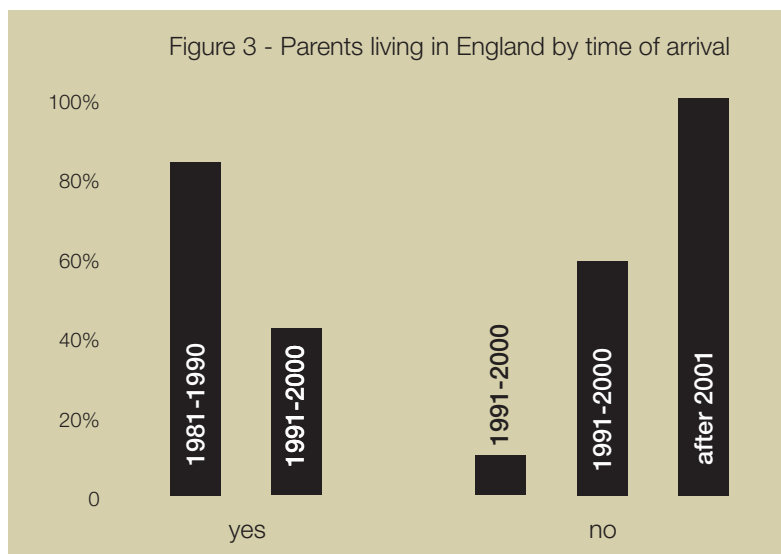
Base Number: 100

## Family dislocation

Over 50% of respondents had parents who are living abroad. The absence of parental presence undoubtedly places pressures on an already stretched family. Issues of family dislocation were the basis of further exploration in focus groups.



Base Number: 94

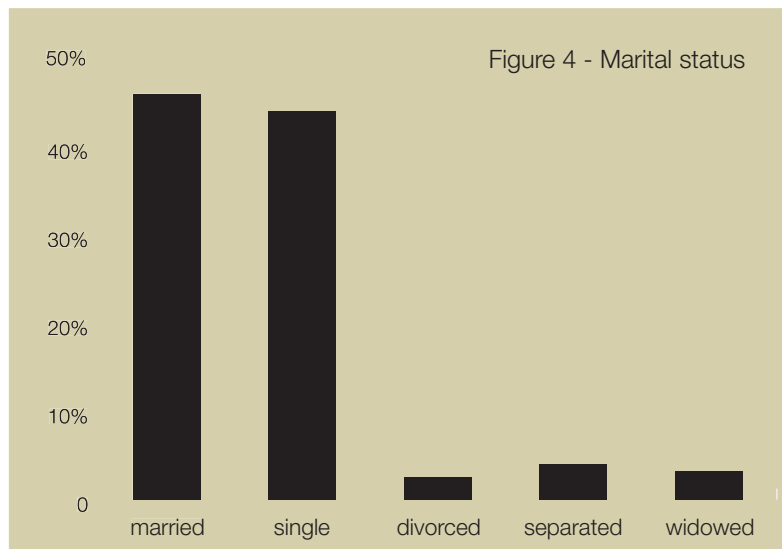


Base Number: 94

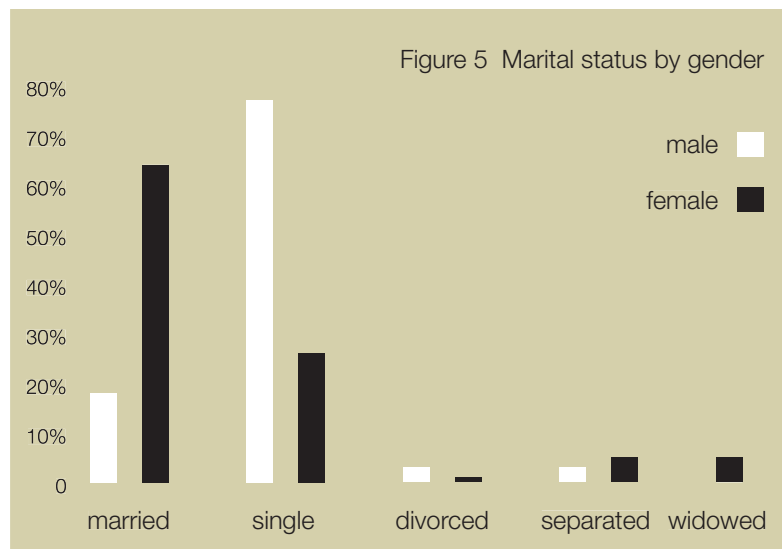
Almost nine in 10 of respondents, whose parents are currently living in England, arrived in England during 1981-1990. Around nine in 10 reported that their parents lived in another country prior to arriving in Britain.

**Family structure and support**

Nearly half (47%) of respondents across the sample were married, whilst the same proportion were single.



Base Number: 100



Base Number: 100

Almost 80% of males are single whilst around 65% of females are married. The expectation of females getting married is integral within the Somali community, and notions of co-habitation are not permissible in Islam. What is interesting is that though marriage was considered important, it was apparent that many married women were bringing up families on their own.

This can create problems and was the basis of a specific focus group with Somali women. Comments such as the following were prevalent:

*“A lot of pressure on single mothers... to raise kids on your own is difficult.”* (Health Focus Group)

*“I have a mother-in-law here. She helps sometimes to look after my son”* (Women’s Focus Group) *“My sister is here. She helps me sometimes”* (Women’s Focus Group)

*“Some women don’t have relatives...they support each other”* (Women’s Focus Group)

# Language

Respondents across the resident survey were asked to rate their ability to speak English on a scale of 1 to 7, (where 1 = very good and 7 = not at all good). An overall mean score rating of 3.27 was given. Limited fluency in spoken English is clearly an important problem across the Somali community (and is something we return to under “Problems facing the Somali community” later in this report).



Base Number: 99

## Language problems prevalent at an early age

Though the above rating scales of English speaking across age bands suggest that younger groups are least likely to experience language problems, what is particularly striking is the fact that ‘problems’ in speaking English emerge at a relatively young age - e.g. 30-44 +. This suggests that Somalis who have arrived in the UK are likely to have language problems at an earlier age profile than other groups where English is not a first language.

## Females more likely to have language problems.

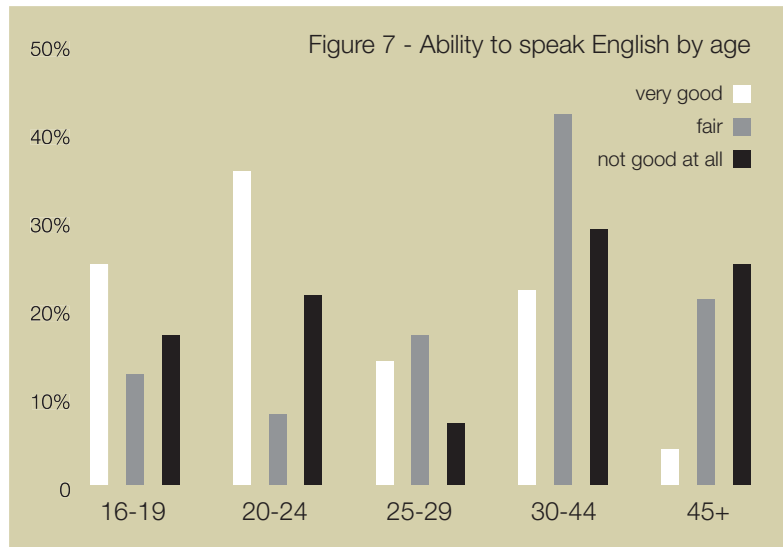
Females are overwhelmingly more likely to have language problems, with almost four in 10 giving a score of 4+.

## Language - Focus groups commentary

The “language question” recurred across all focus groups, partly reflecting the importance attached to English-language fluency, while also highlighting the barriers in communication facing those who only spoke Somali:

*“When I first came there was no understanding as communication was hard. Now they have Somali teachers that can help.”* (Education Focus group)

*“The main thing is the language...the teacher calls and the mum doesn’t understand how the child is doing”* (Education Focus group)



Base Number: 99

*“A woman I know had problem with water at home...she needed emergency repairs... she needs somebody to talk to her, can’t speak English... she just stays home - that’s a problem.”*

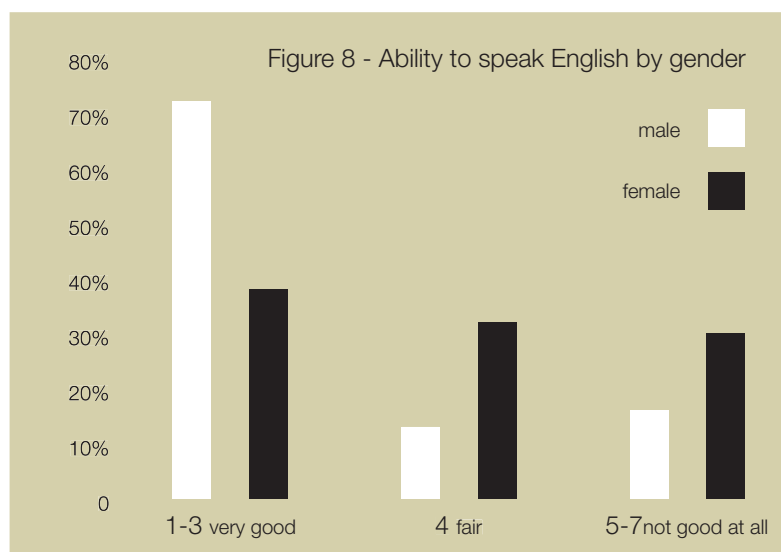
*(Housing Focus Group)*

*“Important to learn English because I am living here” (Women’s Focus Group)*

*“One lady was given written information about her son’s school like home time, term time, holidays and she got it all wrong because she did not understand” (Women’s Focus Group)*

*“I would like to learn English but cannot go college because my baby is little...it will help because then I can talk at the office and my son’s teacher can talk to me” (Women’s Focus Group)*

*“Sometimes when you go to Benefits office, there are Somali people there and we help each other to understand” (Women’s Focus Group)*



Base Number: 99



## Class and Religion

There are clear social class differences in the community, linked to an urban/rural professional/non-professional, conservative/"liberal" split i.e. the Somali community is not an amorphous mass but contains real differences. This is reflected in levels of adherence to (and interpretation of) Islam<sup>8</sup>.

Adherence to Islam is seen as possibly stricter since coming to the UK ("I have to grab my faith"). This ties in with the attempt to create a Somali identity in exile.

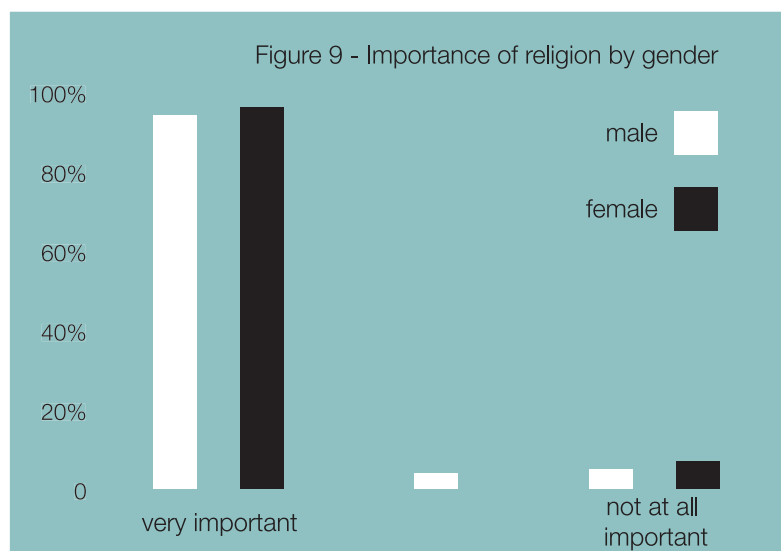
The former Somali state was secular and many Somalis were less than fervent in observing Islamic rituals. In the UK "the weather is different, the culture is different" so that Islam offers a unique common denominator in constructing a specifically Somali identity. The results from the survey and focus groups with local Somali residents highlighted the importance of the Islamic faith to which respondents tended to attach the highest importance.

### The importance of faith in the Somali community

Respondents were asked to rate the importance of religion on a scale of 1 to 7, (where 1 = very important and 7 = not at all important). An overall mean score rating of 1.29 was given, suggesting the great importance attached to their Muslim faith.

### Importance of faith across gender and age profiles

Across the survey it was striking that religion was considered extremely important across both genders and across all age groups, with almost nine in 10 expressing the importance of their faith.

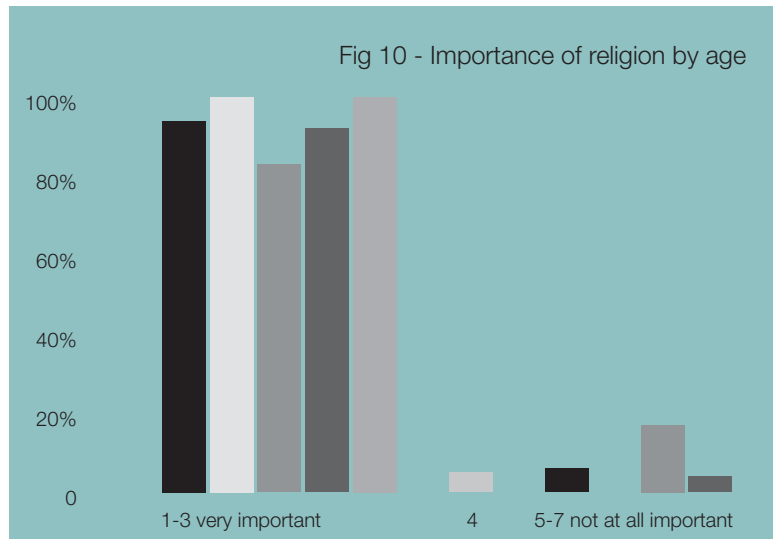


Base Number: 100

<sup>8</sup> This is reflected in a comment made by a young Somali male, cited in Griffiths (2002): "Somalis, they believe in the camel. They believe in religion and they believe in clan. They say, which one you want to throw away? First, you throw away religion. Second, if they want to throw away, they will throw away camel. And then finally clan"

### The importance of religion - focus groups

This was corroborated across all focus groups:



Base Number: 100

*"First of all we are Muslim, more than above anything."* (Youth Focus group)

*"Can't call ourselves British, but Somali Muslims"* (Youth Focus group)

*"Teachers said because of health and safety reasons I couldn't wear Hijab (headscarf), I couldn't go to school for one year, it affected me because I was really behind other kids"* (Education Focus group)

*"It's not just the fact that we are black, but Muslim"* (Education Focus group)

*"We are all Muslims...religion is very important"* (Women's Focus Group)



# Education

There was a widespread perception among the community groups interviewed of high rates of underachievement, school exclusion and withdrawal from education within the community. This is seen as attributable to:

- Children having no prior experience of school due to the collapse of the education system in Somalia
- Children being placed in streams according to their age rather than their previous level of attainment (given that they may lack both experience and English language skills: “they are like deaf people sitting among speaking people”) - as recent arrivals they have no time to “catch up”
- lack of parental support
- lack of parental, or more specifically mother’s, literacy in English: mothers need help too e.g. Argyle School have a maths class for parents and children, and mothers attend English classes for children: “some schools offer help to the children but they forget that the mothers need help” - without English language mothers can’t contact schools
- lack of a safe, secure and settled environment
- poor and overcrowded housing conditions
- their experiences of violence in Somalia - trauma
- their history as a refugee, possibly in multiple countries - unsettled life
- families not knowing how to cope with life in the UK
- bullying and racism
- stigmatisation by schools as “troublemakers”: “schools stigmatise them as troublemakers...the system failed them”.

Due to these often inter-related problems, there is a perceived inequality of access to education. Also there is perceived to be a very high school drop-out rate. With regard to school exclusion, five out of 32 students at Agincourt House (a unit for excluded students) are Somali.

Somalis are seen to be underachieving “leaving school without any qualifications or skills”. In 2000 only three out of 30 Somali boys entered for GCSEs attained five or more at grades A\*-C. The number of boys entered in 2002 was only 23 and of these only two gained five or more “good” GCSEs. The resultant lack of employment opportunities is seen as leading to criminal behaviour.

Girls are, however, seen as doing better than boys, although the reasons for this are unknown (possibly down to a difference of attitude towards authority or because girls are closer to their mother than boys are) - girls are, however, still seen as not achieving at a level equal to their potential.

The language issue for pupils is seen as improving (as many now attending school were born and raised in the UK). There is, however, a need for services incorporating education for those in their late teens who have left school without any qualifications.

It was evident from the interviews with service providers that more data is held specifically regarding Somalis by the Education Department than by any other service area examined during the research.

The LEA's information confirms that Somalis are the single largest group among Camden's refugee school population, with 811 pupils in LEA schools being of Somali origin as of January 2003.

Issues identified through the interviews with providers as being of key importance with regard to education included:

- Dramatic underachievement by boys due to lack of self-esteem (they are refugees and often come from poor families)
- Lack of out-of-school provision for kids
- A generational divide and culture clashes - "Anglicisation" of kids leads to family stress as it clashes with family values. Teenagers are torn between two cultures. Some are trying to get away from the Somali element by focusing on what's modern and English. As a result some run away from home.

Data shows that while Somali children have low achievement levels, there are no significant differences in achievement between those starting primary school in the UK and those joining the UK school system at a later date. In general they achieve at lower levels than other refugee groups both at Key Stage 2 (Year 6 - 11-year-olds) and at GCSE. No quick fixes can be identified for this.

Reasons given for poor achievement included:

- i** The collapse of education in Somalia - some children do not know how to handle a pen - it is hard to work when you cannot write and this fuels frustration. It is difficult for teachers to cope when they have a class full of other children too.
- ii** High proportion of single female-headed households, with little spoken English. Children are more unruly and exhibit bad behaviour.

In addition to the above there is a problem of school absenteeism, sometimes due to parents taking their children to meetings to act as interpreters.

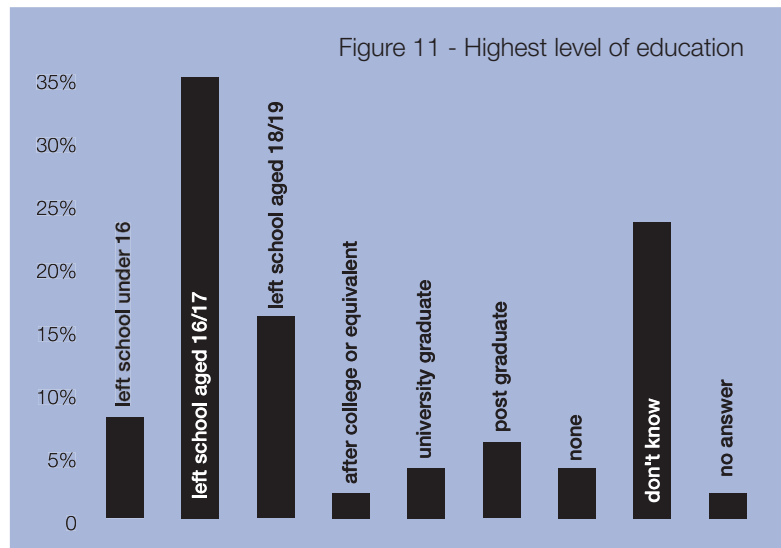
The LEA has established the Camden Refugee Education Forum that involves LEA staff up to the level of Assistant Director as well as parents and representatives from refugee community organisations. Key issues arising in terms of the Somali community have been:

- a** the issues of identity and the worry that "my child is not English or Somali". The LEA has helped fund mother tongue classes - this has brought families into the schools too and has helped to involve them both with the LEA and the process of education in Britain more general.
- b** the fear that Social Services will take their children away from them (as further detailed under "Social Services" below). In light of this, Social Services have employed a Somali Liaison Officer to advise and, where necessary, reassure people.

With regard to Somali take-up of English as a Secondary Language (ESOL) services, no hard data was available. It was the perception of service providers that "lots and lots" of Somalis are on ESOL programmes (both full and part-time), but there was no concrete data regarding registration to support this. Similarly, while vocational provision (e.g. catering courses) exists, much of it is identified as being outside Camden and no data regarding Somali take-up of such courses was available.

The findings of the resident survey reinforce the perceptions highlighted above:

- Basic educational achievement: The findings suggest a relatively basic level of education amongst Somali respondents with around 45% stating that they have finished GCSE /or equivalent or lower.



Base Number: 81

- Importance attached to Education: On the question of how important is education to you (where 1=not important to 7=very important), respondents gave an overall mean score rating of 5.51, suggesting the high importance attached to education, irrespective of age and gender.

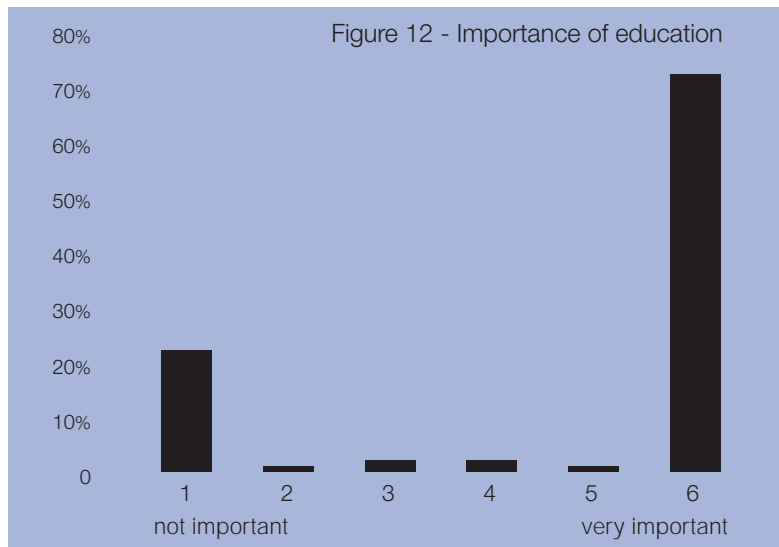
### **Education - experience, impact and achievement: Focus Group commentary**

A specific Education focus group was convened. This raised a number of respondent concerns.

It was interesting that a myriad of factors that impacted on access to education were frequently mentioned.

Gender differences across education performance were frequently mentioned across groups. Girls from the Somali community were seen to be outperforming boys.

*"I go to College part-time to learn English. I have been going for two years. It's better for me because my child goes to nursery. If he didn't go I would not be in college"*



Base Number: 95

*"I would like to learn English but cannot go college because my baby is little...it will help because then I can talk at the office and my son's teacher can talk to me"*

*"It would be good to have a teacher come to our centre and hold classes for women"*

*"Girls are doing better, Somali boys education is going downhill, parents not putting pressure on boys"*  
(Education Focus Group)

*"As a girl I progressed in education, boys hanging with wrong crowd"* (Education Focus Group)

*"More pressure on girls in Somali families to get better education".* (Education Focus Group)

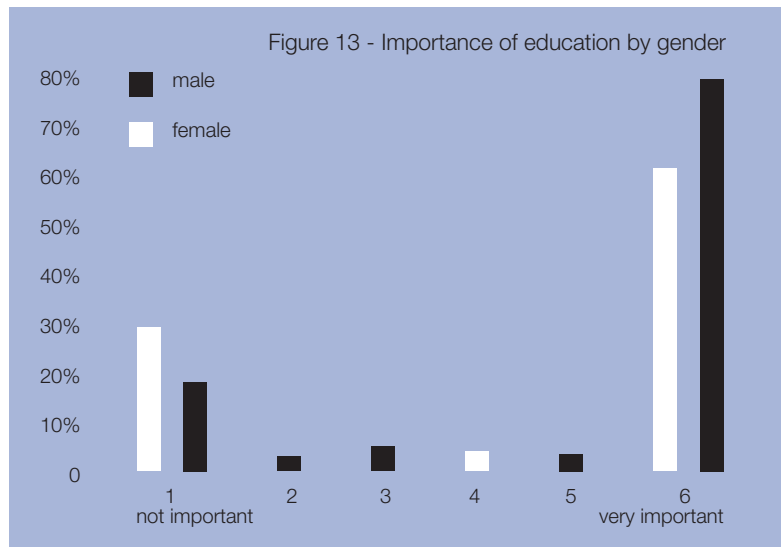
*"Extra attention for Somali boys, instead of activities of sports, have educational activities"*  
(Education Focus Group)

*"Parents not educated, can't check their children's progress they don't know the level they at"*  
(Education Focus Group)

Poor motivation of young Somalis in education was mentioned. It was apparent that Somali boys were failing across the education system, due to a range of factors, and that the failure compounded peer group assumptions that education was a 'waste of time':

*"Somali youths don't have any ambition - failure in education is high, a lot of my friends not following education stop at GCSE, they give up hope to carry on, fear and pressure"*  
(Youth Focus Group)

*"GCSE results are very low and can't go on to A levels or do what they really want do and give up hope".* (Education Focus Group)



Base Number: 95

*"Needs improving a lot, when they finish GCSE they don't have the will or ambition and they give up"*  
(Education Focus Group)

The education system and the experience of school raised issues of poor teaching, cultural awareness, and in-community differences:

*"It's a good system, but it always needs improving, teachers are inefficient to teach not capable of handling newcomers like refugees".* (Education Focus Group)

*"Teachers don't have patience, with kids that don't speak English, and give you easy tasks and never encourage you"* (Education Focus Group)

*"Teachers have improved their understanding of Somali culture..."* (Education Focus Group)

*"It would be good to have extra lessons after school, so they could talk about how they feel in schools, encourage them to take part in improving"* (Education Focus Group)

*"First time I didn't even know the alphabet, but I was put in the age group, which affected me a lot because all I did was copy books, I was never checked by teachers."* (Education Focus Group)

*"Racism is coming from students in schools not the teachers."* (Education Focus Group)

The culture shock associated with coming from an environment in which the education infrastructure had ceased to function, was mentioned:

*"Last 13 years there was no government so there was no education system in Somalia. Some people didn't go to school, when they came here and go to age group classes, it's bad because people don't know nothing like basic reading and writing"* (Education Focus Group)

What emerged from the data analysis of the survey and education focus groups was a complex interaction between numerous factors that had combined to produce the circumstances highlighted in the above quotations.

# Employment

From the community group interviews, a kind of crude typology emerges. Among the interviewees the Somali-born community is broadly perceived as divided into three groups:

- i Those who were professionals in Somalia, and who are doing badly in the UK due to their “I used to be somebody” mindset - they are not willing to learn new skills and start chewing khat
- ii Those who were unskilled in Somalia who are doing well in the UK and working their way up
- iii Women, who are not doing well because men lost their traditional role, so women took the sole responsibility for raising children rather than looking out for themselves.

Youths growing up in the UK divide into two groups:

- i those born in the UK or entering the UK at a very young age who are doing well
- ii those entering the UK aged 10 or older, who are underachieving.

Unemployment rates are generally believed to be extremely high: reportedly, more than 90%, with some interviewees suggesting nearly 100% for those aged over 24. While undoubtedly exaggerated, this perception does reflect a harsh reality in that an estimated 80% of 60 female respondents relied on state benefit. Somalis in employment are often seen as “the telephone people” (due to the telecom and internet access businesses), although most of those starting such businesses have not come directly from Somalia but rather are Somalis from mainland Europe. Disability and illness are seen as contributing to high unemployment rates.

Under-employment is also an issue as Somali qualifications are frequently not recognised in the UK (an issue also highlighted through the literature review) - some may not have been able to practice their skills for the last 10 or more years and as a result they find it still harder to get jobs:

**If qualified people can't get jobs, what is it like for the others? There is a very large middle-class community that has nothing to do. There is thus a real need for retraining and support.**

Somalis are seen as doing poorly in terms of local authority employment. This may be due to:

- i experience in Somalia of corrupt administration. As a result local authority jobs are seen as “not for us” and few apply
- ii Somalis don't look at relevant papers advertising jobs
- iii lack of information and
- iv difficulty with completing application forms.

Use of the 2001 Census categories meant that service providers, such as the Learning and Skills Council (LSC), were not necessarily able to identify Somalis as a discrete group.

In “Investing in Camden's Future - A plan for excellence” (Learning and Skills Council, December 2002) a strategic objective with regard to “inclusion, achievement and progression” is to:

**Improve achievement and progression of disadvantaged students, those with low qualifications,**



**and those of minority origin, especially Bangladeshis.**

With regard to “curriculum, programmes, teaching, and learning” a strategic objective is to:

**Develop adequate entry level provision for refugees and asylum seekers.**

The LSC had not, however, undertaken any specific work regarding Somalis.

With regard to unemployment, the “plan” notes that:

**Income is one of the principal variables that make up multiple deprivation ... There is a very close correlation between income distributions and the incidence of area deprivation. The ten most deprived wards in Camden are also the areas where the percentages of residents with lower income bands are located.**

Thus, while it does not directly refer to Somalis, by highlighting the wards with the highest unemployment and lowest income levels, it indirectly underlines the employment issues for the Somali community.

Employment and young people were identified as “big issues”. Unemployment is high and has potentially significant implications for housing, health and education. Young people, meanwhile, are marginalised, with comparatively high rates of crime and school exclusion.

Remedial actions identified as necessary concerning Somalis and the labour market were:

- re-training for Somalis, who were perceived to be living on welfare, with a lack of ambition amongst the young i.e. a “classic” cycle of intergenerational poverty
- efforts to increase substantially the employment of Somalis within the London Borough of Camden’s own workforce.

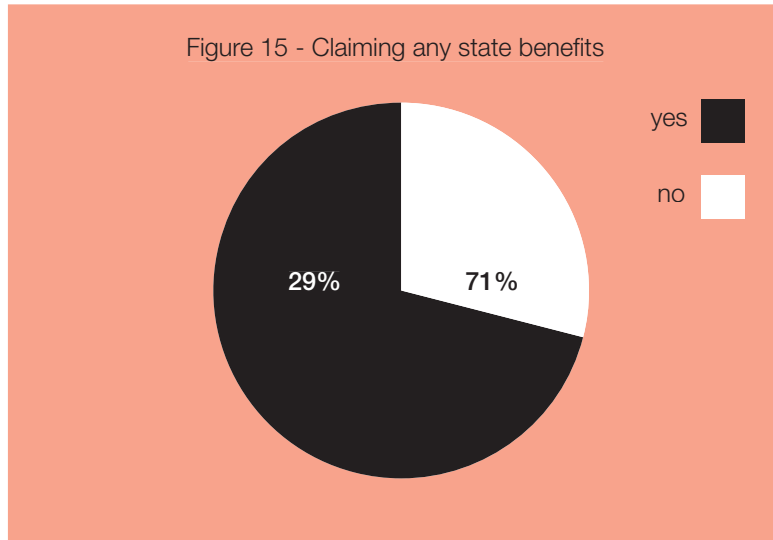
The summer/autumn 2003 “Resident survey” backs up community and provider perceptions, showing that:

- The socio-economic profile of Somalis reflects a low employment status. Indeed, over 95% of respondents indicated that they belong to “class E” (including unemployment) occupation category.



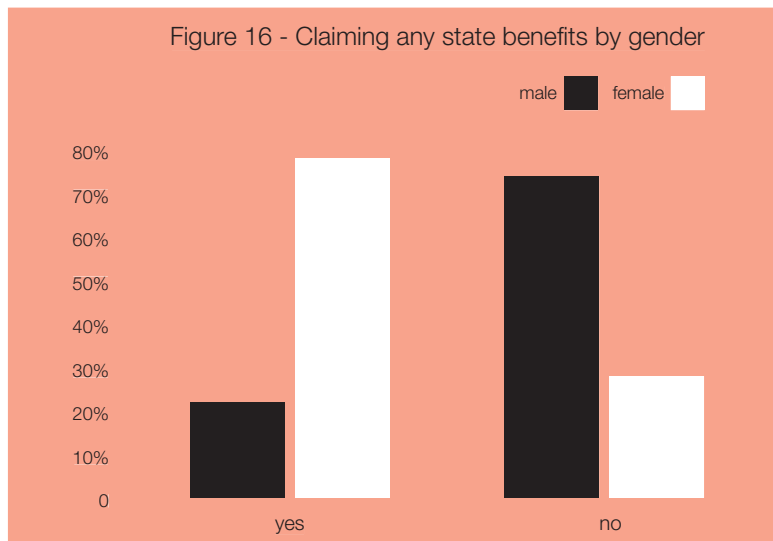
Base Number: 77

Around seven in 10 respondents claim state benefits.



Base Number: 98

Of all respondents who claimed state benefits, the majority were females, with eight out of 10 claiming. This may be explained by the fact that women head many households.



Base Number: 98

### **Fighting income poverty - focus groups commentary**

The reliance on benefits was explored during the course of focus groups. It was apparent that employment routes following school were difficult for a range of reasons, including perceptions of racism on the part of potential employers, language, health, lack of role models, an impression that Somalis are excluded from mainstream employment, cultural and gender expectations etc.

Somali respondents across the focus groups presented a picture of a 'vicious cycle' in which Somalis would leave education as failures and end up in dead-end jobs. Negative peer group pressures reinforce this.

*"Unemployment - they leave college and don't get proper jobs, only stupid jobs like MacDonald's."*  
(Youth Focus Group)

*"After they finish school they don't tend to carry on and start to hang around with bad people, try to look for the job, then being unsuccessful, they can't get a job, start smoking."*  
(Education Focus Group)

*"Teachers advised us to do something easy not careers like doctors, teachers, they don't think we can be doctors or lawyers"* (Education Focus Group)

The difficulty in securing employment, was a significant challenge that in itself manifested in spiralling personal and social despair.

*"It's a big problem, they don't go to work just eat and sleep, it affects relationships."* (Health Focus Group referring to people eating Khat).



*"Most people started chewing when they bored not working"* (Health Focus Group referring to people eating Khat)

*"Camden Council employs many different ethnic people but there is no Somalis there, they need two, three Somalis in there."* (Housing Focus Group)

*"There is a lot of Somali doctors in this country but their qualifications not recognised, it's kind of racist, these doctors who trained for seven years are now sweeping floors."* (Health Focus Group)

Yet across groups, there were genuine hopes that fortunes would turn for the better:

*"Get a good job, get reasonable income, don't want to live here... want to move back home to Somalia, and set up a couple of businesses to help other people employment wise."*

(Youth Focus Group)

*"I would like to go back to Somalia and set up a pharmacy...there is nothing in Somalia. But first get education and learn English here. I cannot go back now because ...(signals hand slashing across throat)"* (Women's Focus Group)

*"I am looking to be a nurse, but first learning English"* (Women's Focus Group)

*"To get good grades, finish uni, get a nice job."* (Youth Focus Group)

*"I would like to make a lot of difference in my community for girls and boys all to be treated equal."*

(Youth Focus Group)



# Health

With regard to health, the feeling emerging from the community group interviews was that there are “problems in every aspect”. A number of key issues emerged:

- A particular problem of liver disease (Hepatitis linked to water quality in Somalia - Hepatitis A, B and potentially C were identified as problems), along with TB, diabetes, strokes, traumatic stress (due to civil war experiences) and respiratory problems (e.g. asthma)
- Health services can be difficult to access e.g. there are very few (if any) Somalis working in hospitals or as GPs; there is a lack of interpreters and Somalis do not know how the system works. In short, communication was identified as a key problem:

**It is about communication...It's not just about having interpreters.**

There is a need to build individual confidence and community assertiveness. For women, they are unwilling to be treated by a man and, owing to the language problem, there is often no one they can talk to regarding their health problems:

**Our people are suffering in health access.**

- Some aspects of the health service (e.g. preventative measures) are seen as alien to Somali culture
- Depression and mental health problems are also identified (especially amongst older and younger Somalis). These may be due to poverty, poor housing or lack of advice/guidance
- The problems of heading the household and coping with children, alongside language problems are seen as leading to stress for women
- Older people suffer from stress due to isolation and inability to understand written communication
- Health problems may be housing-related e.g. problems associated with damp and inadequate heating
- There is felt to be a high rate of anaemia due to poor diet (although not all would agree that the quite diverse diet followed by most Somalis causes problems)
- The community is dependent on the NHS as it can't afford to access private care
- The long-term effects of khat chewing are under-researched but it can apparently contribute to:
  - Psychological problems e.g. depression
  - Throat, mouth and stomach cancers
  - Insomnia and associated paranoia
  - Dementia
  - Loss of libido
  - Malnourishment
  - Suicidal tendencies
  - Hypertension and strokes.

The Camden Central Health Needs Assessment<sup>9</sup> identifies the main barriers for BME communities in general to using healthcare services as:

- The limited ability of healthcare professionals to communicate with those whose first language is not English
- The negative attitudes and poor “customer care” skills of professional and non-professional staff
- Long waiting times to see a GP
- The limited amount of time spent with a GP
- The lack of adequate transport, especially for disabled and elderly people
- The limited availability of particular services such as chiropody, counselling and health advice.

With regard specifically to the Somali community, group interviews of Somali refugees and asylum seekers identified the following key themes:

- The attitude of GPs and other healthcare professionals towards asylum seekers
- The prevalence of diseases specific to the community, and the lack of cultural and religious sensitivity in the NHS
- Lack of employment opportunities especially for young and adult males, and for those with medical qualifications
- Mental health and domestic violence were major issues
- Public prejudice affected their health and the media attacks on refugees and asylum seekers nationally were highlighted.

A Public Health Project Officer, interviewed at the Primary Care Trust (PCT), expressed the view that there is generally a lack of data specifically on the Somali community - in the NHS (as with many other organisations) Somalis come under the broad “Black African” heading. Monitoring in the NHS was, additionally, seen as “really bad”, especially at the level of GPs’ surgeries. Key issues identified were:

- Lack of understanding of how the GP appointment system works (leading to people going straight to A&E instead)
- Fact that psychological problems can have a physical manifestation
- Problems of stress and trauma (reflected in a huge waiting list for the traumatic stress clinic)
- A big gap in interpreting services for primary and secondary care.

The Health Development Worker, with Camden Central Community Umbrella, started work in May 2003 with 12 refugee doctors (including six Somalis) to help them qualify to UK standards. The worker was also involved in producing a health access video challenging assumptions and attitudes (e.g. of GPs receptionists). This is primarily for health professionals and will be in English. Tapes addressing issues such as screening for breast cancer are also to be produced.

Health issues identified as affecting Somali women were:

- Lack of cervical screening (especially important due to female genital mutilation issues)
- Language barrier
- Lack of knowledge of the NHS system
- Misinformation from relatives
- Lack of specific health provision

While there is a weekly Health Drop-In at the British Somali Community office, there is no health awareness programme. Outreach work with Somali women is needed - ideally through community information networks and radio (rather than leaflets).

Men were seen as “the most marginalised group” due to:

- Unemployment
- Reliance on state benefits
- Lack of a proactive nature
- Language barriers
- Collapse of family structure leading to collapse of “manhood”, as they are no longer the head of the family.

### **Khat Usage**

Whilst legal and relatively cheap in the UK, Khat (which is predominantly a male pastime, although some females who are single parents are reportedly getting together to chew it) is seen as contributing to family breakdowns as money that should be spent on the family is spent on khat. Khat is chewed in all-night sessions with the result that the user sleeps all of the next day and therefore cannot look for work or contribute to the family.

**In Somalia, you worked six days and chewed khat one day. In England, you chew khat seven days.**

Heavy use breaks the bonds between fathers and children, with the father returning home early in the morning after an all-night session and gaining the sobriquet “The Milkman”. It is predominantly used by the “older” generation (aged 30 and above), but some use is now reported among younger people as well.

Some of those interviewed drew the distinction between use and abuse, with khat use compared to the English pastime of going to the pub for a couple of pints:

**We don’t go to pubs, we do have other social activities.**

On the positive side, khat use was seen as “a socialising mechanism”, bringing people together to talk. In addition, it was stated, “it makes you feel good” (although this euphoric feeling is evidently short-lived).

The findings of the survey of 100 local Somali residents reinforced the view expressed in the community sector interviews that khat abuse has become an issue of increasing importance for many Somali people in Camden. More than a third of respondents (34%) identified it as the single biggest problem presently confronting the Somali community (see “Problems facing the Somali community” later in this report).

New Roots, part of Rugby House (Alcohol and Drug Services Provider), working with BME communities in Kensington and Chelsea, Westminster, Camden and Islington, have a separate Somali category on their service user monitoring form. New Roots are currently seeing eight Somalis (four in Camden, four in Islington) for drug and alcohol interventions. In addition, they run the Camden Drug and Alcohol Forum (which is about bringing BME community groups and service advisors around the table to break down barriers to service use) every six weeks.

New Roots have done work with a Somali group (Somali Youth Counselling and Rehabilitation Action Group - SYCRAG) regarding khat and produced a translated leaflet, although they are aware of the difficulties associated with printed materials. Information to raise awareness about khat and other drugs is also being put on audio-tape (jointly with SYCRAG) in Somali - this was to be produced "imminently".

The drug that continues to cause greatest concern in the Somali community is clearly (though not exclusively) khat. The Camden and Islington Alcohol and Drug Development Programme report<sup>10</sup> states that:

**What was found after networking with a number of different agencies was that khat was a prominent issue within the community. This impacts greatly on factors such as the family, with the users not providing adequately for the family due to using the substance, issues around the local community economy, with finances going on the drug and also the associated health risks, this we found has become a major problem, and one that is on the increase. There are also new problems with other substances especially with the young people, and these have been identified as cannabis and alcohol [Khat is reportedly being combined with alcohol and cannabis to bring users down. Heroin is also being used].**

This strongly reinforces the views expressed by the community organisation interviewees.

Stress, due to related experiences as asylum seekers (as well as cultural norms), was seen as leading people to "self-medicate". It was felt that some elders do not see khat as a problem (there is an issue of "denial": is it, or is it not, seen as a drug) thus there is a need for education and "awareness raising" regarding khat.

New Roots workers were in the process of compiling a needs assessment (using a research tool, "Drug and Alcohol in your community questionnaire", designed and adapted from one previously employed in Westminster). This is filled out not only by residents of Camden and Islington but also by workers of organisations and agencies in the two boroughs. The data for Somalis derived from 26 "organisations" surveyed between January 2002-March 2003. More than 80% of Somalis surveyed felt that drugs were a problem issue amongst their community. It was stated, with regard to the Somali community, that:

**Khat has been recognised as a problem issue within this community with 26% saying so with alcohol running a far behind second on 15% and cannabis in third with 14%. Alcohol is also seen as an issue, but not as much as drugs, and again similar to the Bangladeshi community, it rates as the second lowest (Bangladeshi the lowest) possibly due to the fact that the majority of Somalis are Muslim.**



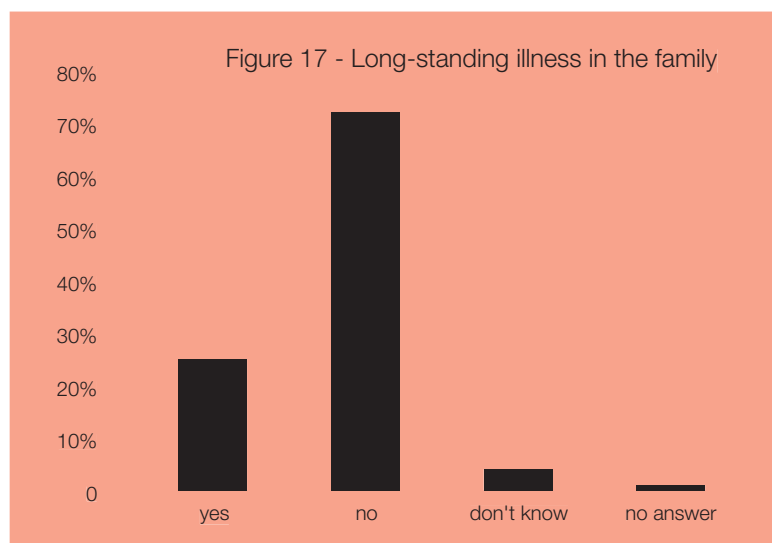
A significant number of the community state that they are very confident in discussing these issues [42% describe themselves as “very confident” about discussing alcohol and drug issues in their community/ with their community] - this is the highest of any ethnic group. [N.B. average for all groups is 23%], although a number have said that they hardly ever discuss [at 15%, this is the highest of any group other than white (17%) N.B. average for all groups is 10%]

New Roots have done a lot of work with this community to address the issue of khat. In terms of feedback they have identified that parent/relatives’ support and leaflets are the best way to engage the community and new Roots have done a number of translations of leaflets and material into Somali.

Findings from the resident survey (which included a series of questions designed to explore health dimensions) give substance to the perceptions expressed by community group and service provider interviewees.

**Registration with a doctor:** Around 97% reported that they are registered with a doctor.

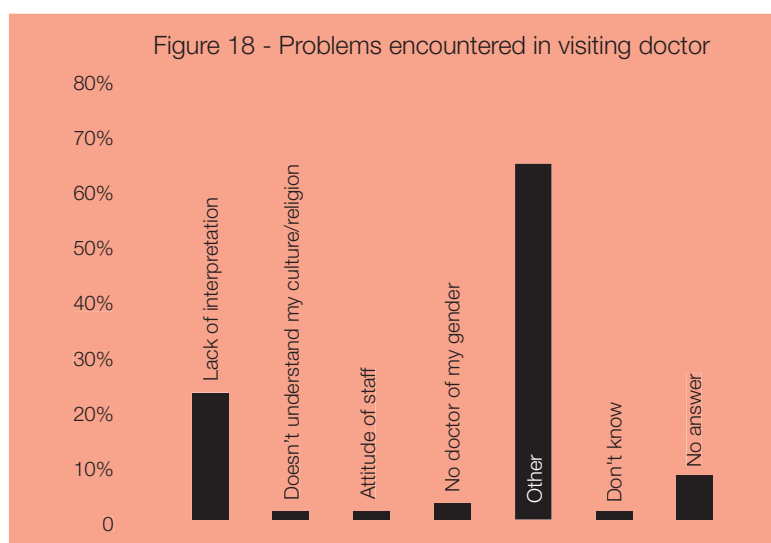
**Long-standing illness:** Almost a quarter of respondents stated they or a family member has a long-standing illness. This represents a striking issue, which were confirmed by subsequent focus groups.



Base Number: 97

**Disability:** One in 10 responded that they or a family member is registered as a disabled person with Council Social Services or with the Department of Health.

Around 64% of respondents said that they have ‘other’ problems when visiting the doctors. These included cultural misunderstandings, attitude and prejudice. This ‘other’ category may mask mental health issues that could not be readily determined in the question above.



Base Number: 99

#### **Health - attitudes, service and expectations - focus group commentary**

These findings were corroborated across all the focus groups, which highlighted the following comments:

Somali participants frequently mentioned physical illnesses across the diverse range of age groups:

*"Older people have diabetes, kidney problems, high blood pressure and liver problems, most women have back problems."* (Health Focus Group)

*"Older women, back problems, arthritis, blood pressure, stress."* (Health Focus Group)

*"TB is a problem, people live together."* (Health Focus Group)

*"TB even if someone got it, they won't tell people, they will hide it."* (Health Focus Group)

Experience of health service, suggested a very negative experience, characterised by misdiagnosis, bureaucracy, and poor patient management experience:

*"No, my father had asthma and hay fever, GP sent him to specialist then cancelled it, because specialist cost a lot of money."* (Health Focus Group)

*"My baby had a eye infection, called emergency, single mother can't bring a child to emergency at midnight."* (Health Focus Group)

*"Not good, because they say you didn't grow up here that's why you have pains just take pain killer, I disagree with that, they can be rude."* (Health Focus Group)

*"Doctors always say you are okay... they do not check properly"* (Women's Focus Group)

*"Very bad even tried to look for another GP in my area, because my GP always lose my information."* (Health Focus Group)

*"They even lost my father's blood test and we had to go back after a few weeks."*

(Health Focus Group)

Females across focus groups suggested a need for gender specific health services:

*"No women doctors....we need them"* (Women's Focus Group)

*"Women don't like to talk to men about private stuff, need to see a woman doctor all the time."*

(Health Focus Group)

*"A woman clinic would be helpful, because main problem is the language."* (Health Focus Group)

Language barriers in communicating with health professionals were seen as a particular problem that was compounded by GPs' "negative attitudes" when faced with Somali patients:

*"Bangladeshi have interpreters in GP, need Somali interpreters in GP and hospital."*

(Health Focus Group)

*"Get translations for Somalis, if someone can't explain what they have, they give us painkillers."*

(Health Focus Group)

Though mental illness was not acknowledged in the quantitative interviews as a problem, this may have resulted from an 'interviewer effect'. Focus groups, by their very nature of open discussion in a non-personal manner, revealed a perception that mental health was an issue that was under-recognised.

*"Mental health problem in my family, it's increasing in Somali Community."* (Health Focus Group)

*"Mental illness, so many Somalis have depression... they face a lot of issues, when they come here like housing, when they sort something out, another problem occurs, and when people don't get support they get depression."* (Health Focus Group)

*"Mental health: people keep everything inside, cannot communicate they tried to kill themselves. Suicide is rising in the Somali Communities."* (Health Focus Group)

*"Some people left children in Somalia, Home Office refused to enter children, it builds up a lot of stress."* (Health Focus Group)

*"Stress, lack of communication of issues, social services, housing benefit, they cannot communicate what they have inside, that feels stressful."* (Health Focus Group)

# Housing

Housing was identified as a major concern in the community group interviews. Key issues highlighted were:

- The concentration of Somalis in local authority and housing association (RSL) stock (with a smaller number of households being housed in the private rented sector). There was virtually no home ownership.<sup>11</sup>
- Overcrowding is a major problem (due to big families and the lack of suitably-sized accommodation). Overcrowding impacts on educational achievement as with five or six children in a two-bedroom property, it is hard to do homework due to the noise. Overcrowding and repairs are crucial issues. Overcrowding can be the result of an allocation initially being made to a small family (e.g. a woman and two children), but then the extended family arrives.
- The language barrier is seen as leading to a poor housing service for Somalis, who usually need interpreters:

## **Nobody is there who can help**

- Choice-based lettings policies (which were described as “bullshit”) were felt to discriminate against Somalis who lose out as they do not know how to find out about available accommodation (they don’t read English and lack internet access).
- A lot of Somalis are in temporary accommodation (as they are recent arrivals). Such accommodation can, however, turn out to be semi-permanent.
- Somalis don’t know the system e.g. the legal reasons for turning down an offer of accommodation.

Explanations given for the lack of home ownership included:

- i the community has not been in the UK long enough
- ii paying interest is not allowed in Islam.

The key role played by housing (and its relationship to other key areas such as educational attainment and health) was emphasised by several of the service providers interviewed:

## **Housing is the predominant issue... everything else is linked to that.**

Camden’s Housing Department have only collected data on Somali households as a separate category on the Housing Register Application Form since 2003 - previously the Somali community had fallen under the catch-all rubric of “Black African”. The first analysis using the revised ethnic categories was not available to the researchers at the time of completing their work. The 1999 Housing Needs Survey did, however, have a “Black-Somali” category - 0.6% of all households in the survey were Somali. For analysis purposes, they were collapsed into a broader “Black” category, which also included “Black African”, “Black Caribbean”, “Black UK” and “Black Other”. It is notable that the survey found that 30% of “Black” households were overcrowded (compared to 14% of all households) - a percentage second only to “Asian” (with 40%). Also, “Black” households were more likely than other households to be living in hotels or hostels - 15% compared to 4% of all households.

Overcrowded accommodation was identified as a big issue both by community organisation

interviewees and Somalis interviewed during the service provider interviews. Overcrowding was not, however, an issue addressed in the “Housing Strategy”. The structure of the social housing stock means that there are too many bedsits and one-bedroom flats and not enough larger properties. A satisfaction survey of BME tenants reportedly failed to indicate overcrowding as an issue and revealed support for Choice-Based Lettings (i.e. the opposite of the views expressed by community group representatives earlier in this report). This survey was, however, based on a small sample.

Other housing-related factors identified included:

- Elderly Somalis cannot access sheltered accommodation due to their lack of English. Camden is seen as having a “standard approach to everybody”.
- Refugees are thankful for anything and thus have no “culture of complaining”.
- The culture around social housing (e.g. responding to a letter within seven days) is a big issue. The reality of a predominantly oral community raises issues about Camden’s approach (not solely with regard to housing) is one of letters and official documentation:

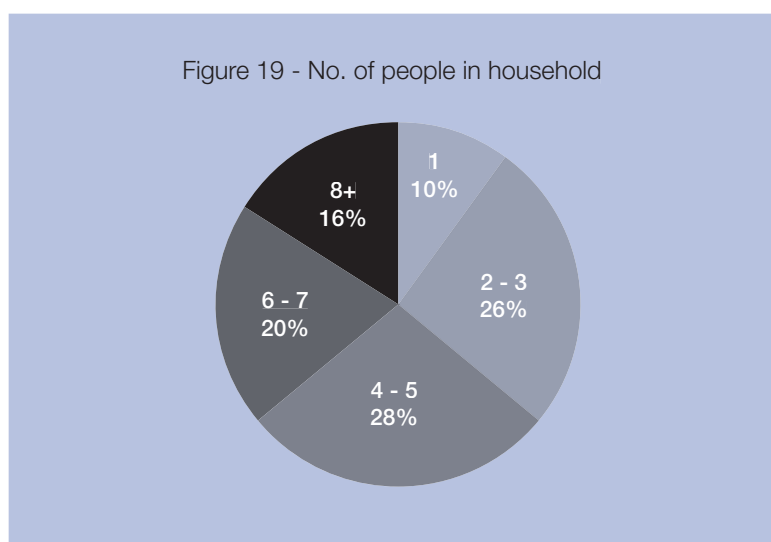
**It is the way the Council communicates with them.**

Possible issues identified concerning the Somali community were:

- Teenage girls absconding
- Domestic violence - with a ‘significant’ number of Somali women perceived as ending up in refuges.

Findings from the resident survey reinforced the perceptions of the community group and service provider interviewees, revealing that housing problems are particularly acute for the Somali community.

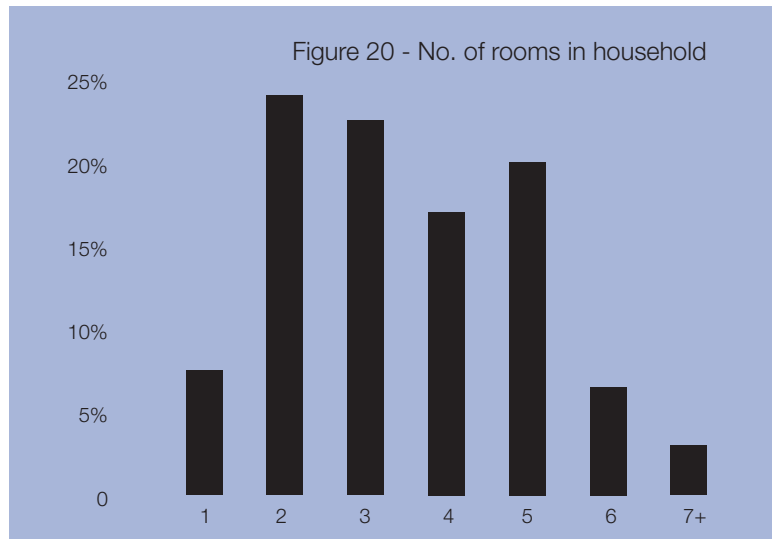
**Overcrowding:** Nearly 65% of respondents had more than four people living in their households, while 37% were in households of more than six people.



Base Number: 100

11 This matches the findings of the Holmans’ Hackney study, which found that of 77 respondents, 93% rented their homes; of these 63% rent from LB Hackney, 31% from housing associations and 6% from private landlords.

More than half (54%) of respondents had three or fewer rooms in their homes. When compared with household size, this suggests very high levels of overcrowding within Somali households.



Base Number: 95

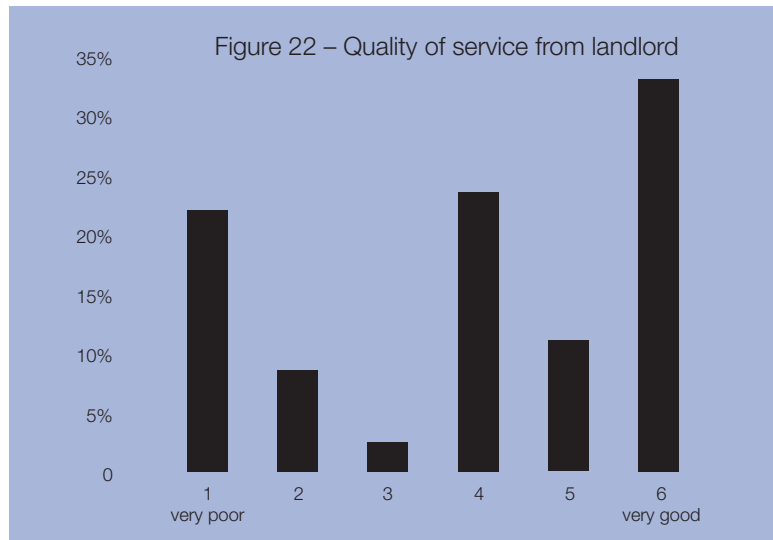
**Overwhelming Public Housing tenure profile:** The vast majority of local Somalis live in social housing. Indeed, 92% of respondents believed that they were renting their accommodation from Camden Council. This figure may, however, conceal respondents who defined their occupancy of temporary accommodation and housing association properties as 'Camden Council tenure'.



Base Number: 88

**Perception of service from landlord:** When respondents were asked to rate the services from their landlord on a scale of 1 to 7, (where 1=very poor and 7=very good); an overall mean score rating of

3.94 was given. However, it is interesting that almost five out of 10 gave ratings between 5-6, suggesting a good service.



Base Number: 99

**Contact with housing provider:** Though around a third stated that they had never contacted their housing provider almost six out of 10 stated that they contacted their housing provider at least once every six months.

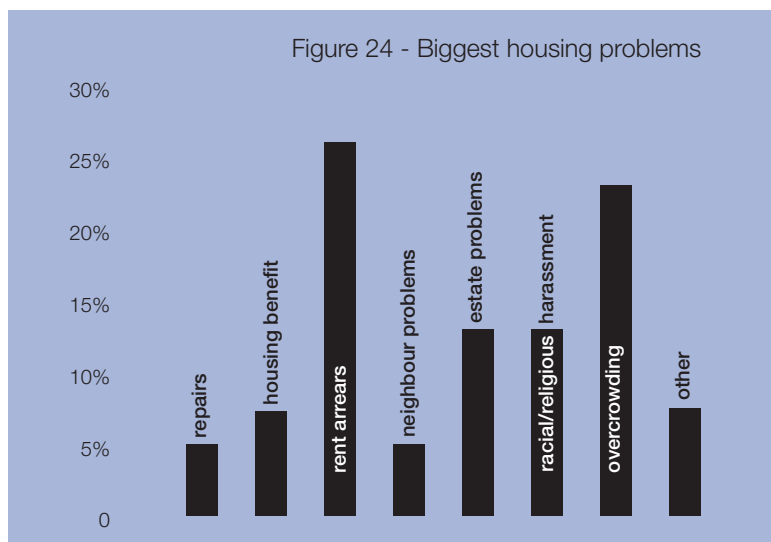


Base Number: 98

### Perceived Housing problems

When presented with an extensive list of housing-related problems, around half of the respondents stated their biggest housing problem was related to repairs.

Around a quarter reported that their second biggest problem is rent arrears, followed by overcrowding.



Base Number: 69

#### **Housing issues- focus groups commentary**

Problems such as repairs and overcrowding were frequently mentioned during the course of focus groups.

Overcrowding was frequently mentioned and comments corroborated the resident survey findings:

*“In the morning there is bad air for us because of overcrowding.”* (Housing Focus Group)

*“We have one bedroom and have eight people go to housing and they say no vacancies, no space, children have no space for homework and reading and they fight each other.”*

(Housing Focus Group)

*“Too many Somalis don’t have flats, my friend has five children and lives in a two bedroom, and still waiting for change for five years.”* (Housing Focus Group)

*“I have to share bathroom and kitchen, it is a problem”* (Women’s Focus Group)

*“My son has to sleep on floor on a mattress- baby is sleeping with me in the bed”*

(Women’s Focus Group)

The residents’ experience of the Housing Department centred on repairs and communications with housing staff.

*“Bad points is the repairing service, they don’t have good companies to do the repairs.”*

(Housing Focus Group)

*“Repairs service is very, very bad, they didn’t repair my bathroom properly.”* (Housing Focus Group)

*“I got damp in my place complaining for one year and no one comes by.”* (Housing Focus Group)

*“Lifts not good, you see needles everywhere and drugs.”* (Housing Focus Group)



*"It's better than private landlords."* (Housing Focus Group)

*"Last few months, my housing officer is now listening to me and gives me advice, its improved."*  
(Housing Focus Group)

*"I have been waiting two years for a one-bedroom house - nothing has happened"*  
(Women's Focus Group)

*"When we go to office no interpreters are there, even though our case workers says go there and interpreters will be there."* (referring going to the housing office-Women's Focus Group)



## Leisure

Youth services were seen by the community group interviewees as mostly “mainstream”, with an inherent threat of bullying and racism. Although services may exist, they are not being accessed - Somalis are only happy to go if they feel that they are in a majority. Consequently, there is a perceived need for a Somali-specific youth club:

Services for Somali youth is not equal access and they don't have all the things they need.

We need a centre that is exclusive for them.

They are not getting anything from home and they are not getting anything from outside.

Parents may be reluctant for youth to attend “mainstream” youth provision due to fear of drugs, gender-mixing etc. Local Somali youth do make use of the Winchester Project, which is seen as being “a Somali environment”. It is worthy of note, however, that some respondents felt that youth themselves don't want Somali-only clubs, but rather ones that are free of gangs and drugs (as it is fear of gangs that puts them off using existing clubs).

There is felt to be a problem of gender-mixed clubs in relation to Islamic/Somali culture. As a result, there is a need for separate provision for males and females. Somali families frequently will not let their children attend if there are mixed activities.

Older Somalis especially find it difficult to integrate into leisure facilities used by other people.

Consequently, the need for a substantial Somali Community Centre with leisure facilities (not just for young people) was mentioned.

With regard to leisure and community work, it was clear from the service provider interviews that there was a lack of hard (quantitative) data, but a number of more “qualitative” issues were identified:

- there are a lot of Somali organisations and the community appears “fractured” (in line with Griffith's findings identified during the literature search)
- the capacity of community organisations to deliver is sometimes an issue
- There is a misdiagnosis of mental health

Funding has been gained for a worker to work with the Somali community in two housing area offices (Gospel Oak and Caversham - areas of high Somali population) playing an explanatory and advocacy role. The post-holder operates one day at the Somali Centre, two days in Caversham and two days in Kentish Town. While the Somali Centre plays a vital role, there is felt to be a desperate need for a Somali Community Centre with a kitchen etc as at present “there is no place for them to meet” - the Somali Cultural Centre is not a “proper” community centre.

A well-attended consultation day was held with the Somali community on 22 March 2003, with a report arising from it appearing in February 2004, subsequent to the completion of this research. Four focus groups were held, repeated twice during the day (a fifth group to cover “youth” was dropped as the young people failed to attend the workshops). The topics addressed were: race, housing, health and older people. Housing was the busiest group, with even the “race” group turning into a housing one.

Staff from a local university set up the focus group structure, but the Somali Community Centre organised and publicised the event, including arrangements for interpreters (focus groups were conducted in Somali with translators and a person recording) and tape recorders.

With regard to leisure provision in particular (over and above the issues already highlighted through the literature search) a number of issues emerged:

- Camden's approach is seen as being one of "everything is standard":

There is nothing that reflects our identity within parks or playgrounds [e.g. if flags are painted they should include the Somali flag]

- Some women do not use parks, as they "don't think it's meant for us".

Participants suggested that the Somali Youth Resource Centre has not functioned well (although such a centre is needed), having relied too much on work with mosques. Over-reliance on speaking to young people in mosques was seen as a problem, particularly as the young people getting involved in crime are not usually going to mosques. A more culturally balanced approach is needed, with the good points in both British and Somali cultures being emphasised.



## Social Services

It emerged from the community group interviews that the fear of having one's children taken into care causes a generally negative image of Social Services:

*The system is quite unhelpful*

The lack of clear communication and understanding can instill the fear that if Social Services take your child to hospital then they may take the child away from you. There is clearly a need for great sensitivity in dealings around child protection.

As with most of the other service areas examined, there was a dearth of information held by service providers regarding take up/use of social services by the Somali community. Whilst Children's services and Adult services are monitored, Social Services monitoring has used a "Black African", rather than Somali classification.

A key area of concern is that of child protection. It was widely felt that the Somali community is not aware of child protection issues. Social Services has attempted to help alleviate such fears among Somalis but these efforts have not yet been comprehensive. Social Services are thus seen as being "trigger happy" at taking children away - with families genuinely worried that Social Services will take their children away.

A "bridge the gap" meeting was held between Camden's Somali community and Camden Social Services Department in May 1999 around child protection and fostering issues. Key recommendations coming out of this meeting included:

- 1 That an advisory panel of Somali representatives meet with officers from Camden Social Services once or twice a year to consider the development of services to local Somali children and their families
- 2 The Somali community is invited to nominate a representative to the Positive Parenting working group
- 3 Education: a key suggestion was access for Somali women to Child Care Skills Training
- 4 Specific training on Somali culture/issues to be set up with Children and Families Division front line staff and Asylum Seekers' Needs and Legislation workshops for front line staff

Key issues that arose included:

- 1 Desire for Somali community to be consulted before any placements of children, as there are strong extended family networks - if they cannot be placed within such a kinship network they should be placed with Muslim families.
- 2 Inter-generational tensions with the older generation feeling that the younger ones are not giving them sufficient respect.
- 3 "Children's rights" is a new concept to Somalis - there is thus an issue regarding "smacking" children.
- 4 Greater access is needed to interpreters/translators when consulting and dealing with statutory

bodies and increased use of outreach workers and literature to be distributed via community centres and mosques.

**5** Once again, housing is a key issue, with overcrowding identified as a barrier relating to fostering.

With regard specifically to user involvement, more work needs to be done to encourage BME communities in general to take part in Liaison Groups e.g. Somalis are poorly represented.

The Social Services Department has worked with the Somali Community Centre and Voluntary Action Camden to produce a Somali-language video around child protection issues, which was launched subsequent to the conduct of the research in December 2003.



# Environment

Members of the then Quality and Performance Management Team (QPMT) of the Environment Department were interviewed as part of the research. Their work has covered street management, planning, environment and consumer protection (e.g. trading standards, environmental health etc.). QPMT have been doing outreach work with Somali groups (e.g. they had met with the Somali Community Centre and the Somali Women's Group) but:

## **We have not been doing enough of it**

Whilst they did not have any hard data, they had met with a Somali Community Centre representative who had spoken to the Service Development Officers (responsible for improving front line services, drawing up service strategies and charters) with regard to the issues the Somali community are facing (e.g. high proportion of large, single-parent households and language barriers).

More widely, they have assessed barriers to access across the Department for a variety of groups. Key problems identified were that services are technical and this causes problems regarding the language used. In response to this, a pilot project is being carried out in conjunction with the London Borough of Newham Language Shop. A series of community-based interpreters have been recruited and a system set up to deal with telephone inquiries.

The interpreter hotline was launched in January 2003. A spin-off has been a broad-based community outreach programme. One issue identified is that members of the public do not see departments as individual entities but rather as "the Council". As a result, QPMT will hear all problems, pass them on to the relevant department and then track them through (although Environment doesn't have dedicated outreach workers).

The Department needs to examine what goes out, what needs to be translated and in what format. It also recognises that it needs to address oral cultures more effectively.

As housing is a key issue, housing staff now accompany QPMT staff to outreach sessions. QPMT would like to encourage more departments to accompany them or could piggyback on the outreach work of others.

Problems identified with regard to the Somali community included:

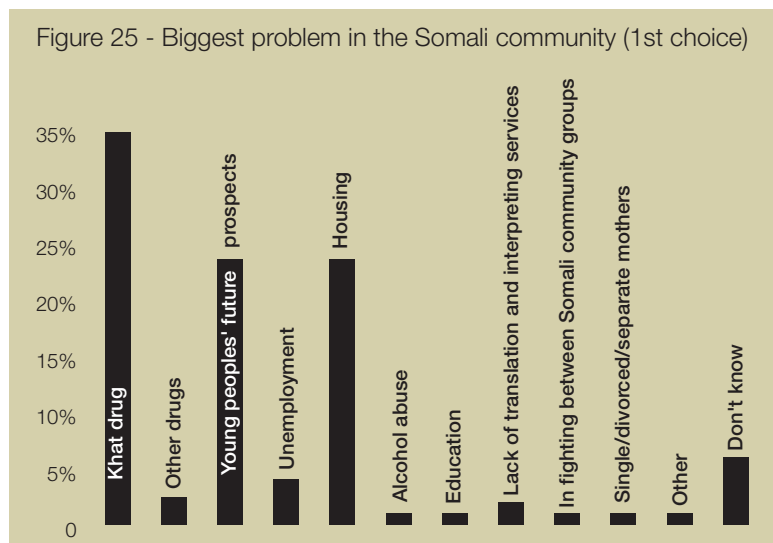
- Poor housing conditions
- Overcrowding
- Over-representation in temporary housing (as significant numbers are still awaiting decisions regarding asylum claims)

Key gaps identified were:

- Insufficient use is made in service development of existing baseline data
- The absence of a clear corporate line regarding language issue
- Lack of full-time outreach workers in the Environment Department.

## Problems facing the Somali community

The impact of khat has been detailed under “Health” earlier in this report. The resident survey invited respondents to identify the top two perceived problems facing the Somali community at present. When asked to rate the number 1 problem facing the Somali community, just over a third of all respondents said that khat is the biggest problem, followed by housing and the future of young people at 20% each.



Base Number: 99

### Khat usage

These problems were corroborated across all focus groups. However, it was the issue of khat usage that was frequently mentioned as deeply affecting the everyday life of the Somali community.

*“Most people started chewing when they bored not working”* (Health Focus Group)

*“It’s a big problem, they don’t go to work just eat and sleep, it affects relationships.”*  
(Health Focus Group)

*“Yes it is a problem...men eat khat...sleep all day... women and children have to do everything... men ask wife for income support money to buy it...and they end up fighting and then separating”*  
(Women’s Focus Group)

*“Big problem because even before buying clothes or food they would buy khat.”* (Health Focus Group)

*“Even a lot of women start eating, a lot of single mothers they eat, they have problems with school they cant get up and take children to school, so children are affected”* (Health Focus Group)

*“There are some people that chew, they have got jobs but can’t get up for work in the morning.”*  
(Employment Focus Group)

*“It should be outlawed, it’s not good for health and ruins Somali life, it holds Somalis back, it controls them and takes their money, a bad habit”* (Health Focus Group)

*"Smoking you know it's bad because of adverts, doctors, but with khat no warning involved."*

*"It's a problem that can't be stopped, no guidelines no warning, something that is always gonna be used from older to younger generations."* (Youth Focus Group)

*"Khat - it is not considered a drug, considered more like a inheritance in the culture, so not seen as good or bad."* (Youth Focus Group)

*"Men take it socially and like to relax and have cola"* (Women's Focus Group)

Khat usage was not seen as the sole preserve of older first generation Somali men and indeed was seen to be affecting younger Somali men:

*"A lot of youth nowadays chew, there's an increase because when they back home they chew and start learning, even father says " Do you wanna chew?", it's like a traditional thing."*

(Youth Focus Group)

*"Because now it's affecting younger people, in beginning it was affecting older group, they seeing it chewed at a younger age, and when they have free time they want to try it, and their friends are doing it, they like the buzz from it."* (Youth Focus Group)

*"The khat issue is a major issue - copying parents."* (Youth Focus Group)

*"A lot of drug abuse, young boys standing on road, smoking weed passing on the street."*

(Youth Focus Group)

*"A lot of kids losing their fathers."* (Health Focus Group)

*"Show the young kids how it can affect their lives, have meetings in halls, community centres or in their houses visiting them."* (Youth Focus Group)

## **Unemployment**

When asked to identify the next biggest problem facing the Somali community, over 20% identified unemployment, followed by young people's future and education each at 15%.

## **Youth issues**

Community group interviewees saw family break-up as linked to young people turning to drugs and crime (although they perceive this as much more an issue in other London boroughs, rather than in Camden). The community is worried that youth are edging towards crime, with the potential future threat of gang-related problems. The comment was made that:

### **The only time Somalis are a separate category is when it comes to crime.**

Younger Somalis are seen as proportionately more likely than others to commit offences (e.g. petty crime):

### **Our young people are out of control**

The lack of facilities for younger people is seen as contributing to possible future juvenile delinquency.

Young people can (as highlighted through the literature review and detailed above) fall between two stools:



## **They find themselves neither British nor Somali**

### **They do not know what identity they are.**

Further, they can, in fact, develop a negative view of Somalis. Those Somali-born individuals may see themselves as Somali initially, but by age 17-18 they see themselves as Black British “tough guys” and do not like to be seen as Somali. There can be an attitude of “why are you teaching us Somali? It’s a dead country anyway!” However, it was felt that as the Somali youth settle in England this identity issue might be changing for the better, i.e. a redefinition of their Somali identity.

British-born Somalis are likely to see themselves, as British/English e.g. there was apparently a strong identification with the England team during the 2002 football World Cup among children and teenagers. At the same time, however, the cultural differences between parents and children can lead to family tension. Parents try to bring their children up in the “traditional” way, which can lead to conflict as the children see how “western” children are treated.

Young people, in particular boys, feel alienated from mainstream society, socially, economically and educationally. These aspects of alienation were explored across focus groups.

*“No local place for youths to come together, the Bangladeshis got it, but we haven’t got it.”*

*(Youth Focus Group)*

*“Only 14 years old and they getting pulled up by police.”* (Youth Focus Group)

*“Somalis doing a lot of crime like stealing mopeds.”* (Youth Focus Group)

*“Problem start at home, parents don’t deal with the kids.”* (Youth Focus Group)

*“I been here for 10 years, I was doing bad things, I’m very aware of what’s going on, they treat us very poorly”* (Youth Focus Group)

*“They are struggling, feel sorry, but they don’t really show it, I see it in their faces- don’t plan for the future, just living for today”* (Youth Focus Group)

Constructive ideas from some Somali young people included:

*“They should hand it over to younger generation to do, we should have the power-older generation don’t know what we want, we do!”* (Youth Focus Group)

*“Setting up football teams, a club for the kids, a lot of Bengali clubs, no where for Somali youth to go and relax.”* (Youth Focus Group)

*“Lack of community centre, need somewhere they can go to play pool.”* (Youth Focus Group)

*“More serious, like a drop-in to get help, education, housing, getting a job, most Somalis feel they are second best, there’s no motivation because they don’t know where to go.”* (Youth Focus Group)

## **Communication and cultural barriers**

“Lack of translation” was another key problem identified by the respondents to the resident survey. This forms part of a wider communication problem.

Communication and cultural barriers have led to a lack of understanding of how the UK system works and an inability to communicate problems and to access services. There is a big information gap (due to low literacy levels and the continued dominance of an oral culture):

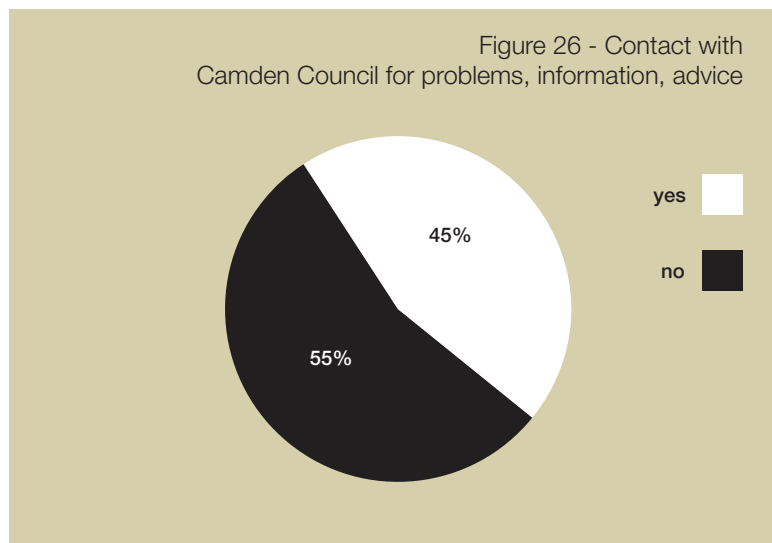
We don't have a culture of reading things, we have a culture of listening to things

Somalis use satellite TV but virtually never get information from the Council (as they don't read leaflets, even if they have been translated). If they want information they have to ask someone to translate for them, but such translations can be inaccurate. One solution to this could be dissemination of information via local radio (e.g. Spectrum radio).

It was pointed out (as with the health service example given earlier) that interpretation is not enough - you need to be able actually to understand the system.

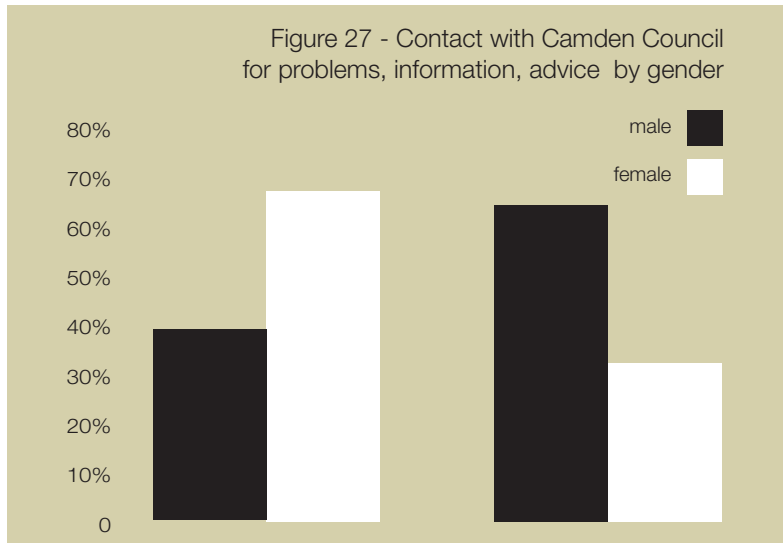
Communication issues were explored in both the resident survey and the focus groups:

- Communicating with Camden Council: Around 55% of those interviewed said that they had contacted Camden council about problems, information or advice.

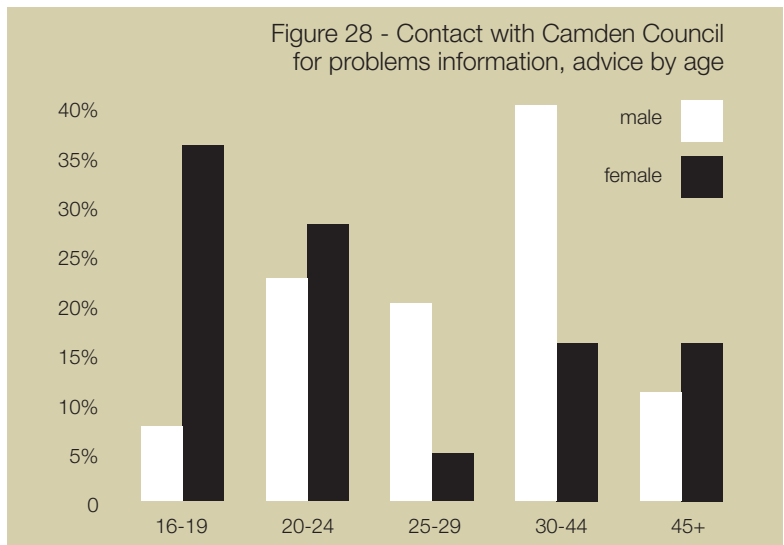


Base Number: 100

**Females more likely to contact Camden Council:** Females appeared more likely to contact the local authority, with more than seven out of 10 women interviewed stating that they had made contact. This could, of course, reflect the fact that there are mainly female-led households.



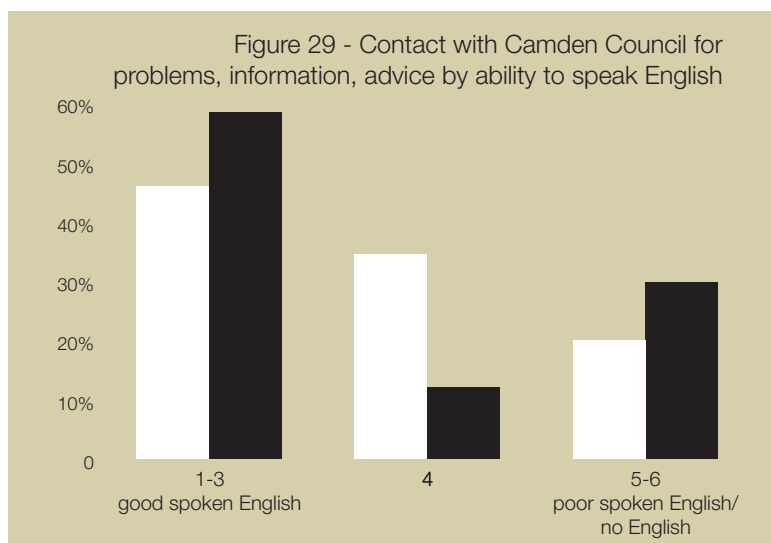
Base Number: 100



Base Number: 100

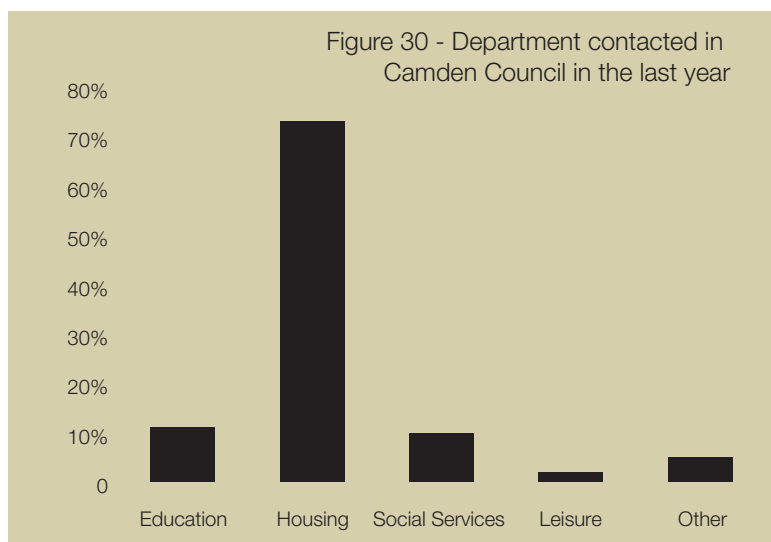
Of all respondents who had contacted Camden Council, 40% were from the 30-44 age group.

**Language aspects in the contact process:** Contact with the council is made mainly by respondents with good levels of spoken English (46% self-assessed at levels 1-3 on a seven-point scale) rather than those with poor spoken English (25%). This could imply that those people with poorer English may not be approaching the Council, precisely because they lack fluency.



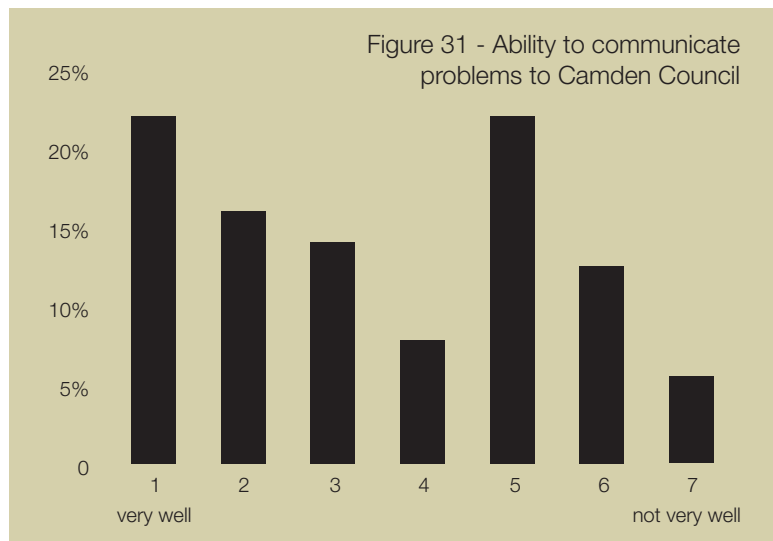
Base Number: 99

Which Department is contacted the most? Housing was the most frequently mentioned Department. Seven in 10 said that they had made contact with the Housing department over the past 12 months.



Base Number: 100

**Overall perceptions of the communication experience:** On the question of how well you are able to communicate any Council-related problems, (where 1=Very well and 7=not very well), respondents gave an overall mean score rating of 3.52, though four in 10 recorded scores between 5-7, suggesting a poor overall communication experience amid a complex polarisation of perceptions.



Base Number: 100

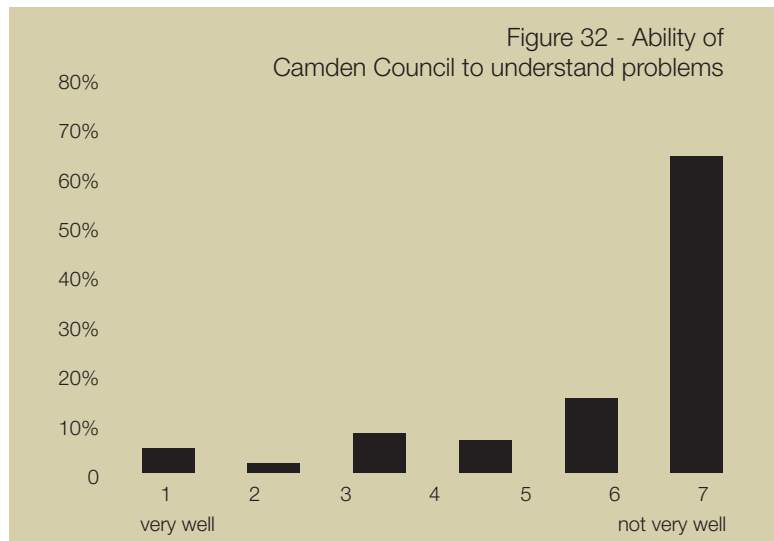
Communication problems were raised across the focus groups. These ranged from aspects related to facilities, language and accessibility of services:

*“You have to understand them, and talk to them and find out what they want.”*

*“Camden Council can help by giving us things we need, talks for the young kids, they don’t give us facilities to talk.”* (Youth Focus Group)

*“Don’t want to go one place then another, want all to go one place like a one-stop shop.”*  
(Youth Focus Group)

Finally, respondents across the resident survey were asked “How well are problems understood by Camden Council?” (where 1=very well and 7=not very well), respondents gave an overall mean score rating of 6.16, suggesting that the local authority lacks a developed understanding of the problems facing the Somali community. Indeed, 60% of respondents gave the lowest rating of 7.



Base Number: 94

This view of the Council as failing to understand the problems faced by the Somali community was reinforced by focus group observations.

Some suggestions given to help alleviate this were:

*“Camden Council can help giving us things we need, talks for the young kids, they don’t give us facilities to talk.”* (Youth Focus Group)

*“Have a telephone hotline, whenever Somali youth in trouble.”* (Youth Focus Group)

*“Camden have to contact Somali communities, like single mother with kids, they can’t speak English need to translate so they can understand what they want.”* (Housing Focus Group)

## Conclusions

The community is seen as “hitting all the buttons” as a community likely to experience prejudice and a high degree of social exclusion: they are Black, Muslim, and nearly all refugees/asylum seekers, with a high proportion of single parents.

Somalis are seen as marginalised and excluded in comparison to other minority groups. The community is also divided along tribal (clan) lines, which has been reflected in the proliferation of community organisations. This is felt to be changing due to the recognition of common needs across the Somali population as a whole, although there is still a widespread attitude of “what’s your tribe?”. Some community group interviewees saw the pursuit of self-interest by tribal figures in the UK as a factor restricting the community’s progress.

Service delivery: At present services provided are generally not sufficiently flexible and sensitive to ensure that Somalis “don’t lose out”. These shortcomings lead to frustration:

### **People do feel that they do not get what they should get.**

This is partly due to ignorance regarding the system and partly due to the system’s inflexibility.

Voluntary sector provision: while community organisations are quite numerous, it is also clear that these organisations seek to provide a wide range of services. These include:

- Teaching Somali culture and language
- Homework classes
- Supplementary schools
- Language and IT skills for single mothers
- Family assessments in partnership with Social Services
- Summer play schemes
- Summer camps
- Parental support
- Welfare/immigration/housing benefits advice
- Women’s health advice.

In general, the capacity of Somali community organisations was seen as growing in recent years, though at the same time expectations from both funding bodies and clients were seen to be increasing. Further work, building on the foundations already laid by the Council’s Voluntary Sector Unit in conjunction with Somali community organisations, promises long-term gains in the capacity to provide advice and advocacy to local clients, and to participate in consultation forums, Scrutiny panels and similar bodies.

The Somali community shares a number of difficulties with other first-generation immigrant/refugee communities, though these are doubtless compounded by the circumstances of civil war and state

disintegration that triggered involuntary migration. Issues of literacy and English-language fluency, while far from unique, are especially acute in the Somali community.

The research project highlighted numerous issues and concerns, though it yielded few if any startling revelations. Some of the problems identified can at least be partly addressed through action by Camden as a local authority and various partners. The commissioning of this research and other work that Camden has undertaken, particularly in its LEA schools (where a targeted intervention has begun to pay measurable dividends) and more recently through its Leisure (community consultation exercise) and Social Services (child protection video) departments suggest that a strong commitment does exist to trying to develop and implement effective solutions.

The Council has, for example, committed itself to the implementation of a Social Inclusion strategy (September 2003) that places a primary emphasis on reducing rates of unemployment and enhancing employability for local residents generally and refugee communities in particular. A Scrutiny panel of elected councillors in Camden worked for nearly nine months in 2002/03 towards developing a series of proposals that specifically address issues around further education, training and employment for refugee communities. Undoubtedly, Somali residents will be among the beneficiaries if the panel's recommendations are effectively implemented and prove successful.

The reduction of unemployment and the potential enhancement of pay and skill levels could go some way towards alleviating poverty and even reducing the impact of a number of interlinked social problems. In an optimistic scenario improved employment prospects could even reduce levels of khat use, if the heavy levels of usage do indeed reflect alienation that is partly rooted in economic circumstances. At the same time, however, additional investment in affordable childcare is likely to be essential since lone, female parents now head many Somali households. Further targeting of efforts by quite a highly developed and effective Welfare Rights Unit might warrant consideration in an attempt to maximise incomes within the households and in the community as a whole.

Some other problems that are especially acute for Somali residents, such as overcrowded housing, are likely to prove intractable in the short term, in as much as it reflects a more general crisis of affordable accommodation in the borough and London as a whole. At the same time, however, there is undoubtedly a need to improve communications between the Housing department and its Somali tenants, which may in itself assist in improving the experience of the repairs service provided.

Indeed, communication issues for the Council and other statutory organisations such as the Primary Care Trust (PCT) emerged repeatedly. There is clearly a need to consider what forms of communication might be best utilised with a community where a strong oral culture persists among a substantial part of the population. For example, would audiotapes and the occasional video provide a better means of getting messages across than official letters through the post? In addition, there appears to be a straightforward need for more extensive interpreting (and translation) provision than is currently available. At the time of writing, Camden, along with its neighbouring borough of Islington and the local PCT, were moving towards a new language service cutting across



all three bodies. This is unlikely to lead to any immediate increase in overall provision, but enhanced efficiency across a unified service might enable new investment that would enhance interpreting services at facilities such as GPs' surgeries and district housing offices.

Finally, the widespread dissemination of the findings of this report throughout the local authority and its partners would be useful in improving awareness and understanding. Front-line staff in a variety of statutory services, particularly those working with children and families, are likely to benefit from training around cultural and communication issues.

## Appendix One - Methodology

The research, which began in late March 2003, consisted of several distinct but over-lapping stages:

- i Literature Review:** A review of existing literature on Somalis (with special reference to Somalis in the UK/Greater London) was carried out
- ii Community Group Interviews:** In tandem with the literature review, representatives from eight Somali community groups were interviewed in order to identify key issues and concerns
- iii Service Provider Interviews:** In order to give as broad a range of views as possible, 16 service providers (mainly non-Somali) were interviewed regarding their perceptions/experiences of the needs of the Somali community
- iv Resident survey:** A random probability based survey of 100 interviewees was conducted. Main sampled address names were identified at an appropriate sampling fraction through sampling frames, comprising a combination of postal address files and the electoral register. The use of 'focused enumeration' sampling techniques ensured that random selection was integral and associated rules were developed to ensure that screening took place to cover the three addresses to the left and right of the main sampling address. Screening at the doorstep was undertaken to establish Somali identity. This also had the advantage of identifying eligible adults who may not be on official records such as the electoral register. If a successful identification was made then that address was eligible for interviewing.

Interviewing took place over a three-week period between mid-August and early September. The response rate was 72% representing a genuine willingness to participate.

Just over three-fifths (61%) of respondents were female, 39% male. Good age coverage was achieved across the sample, with 45% falling within 16-25 age bands, 31% between 25-34, and 24% across 35-45+ bands, of whom 13% were in the 45+ bands.

Ethnic Focus designed a questionnaire that was piloted before use. An advance letter was developed in conjunction with the Council's Equalities Unit, with facility for language support being provided by Ethnic Focus.

Data was entered and analysed by the Statistics Unit at Ethnic Focus, utilising the SPSS software package. A range of statistical tests of significance were undertaken to examine the robustness of the results.

The larger the sample size the greater the precision. A sample composed of 100 interviewees represents a robust basis for analysis. (Confidence intervals are +/- 10%. For the standard error to be reduced by a half, a quadrupling of the sample would have been required). Even so, caution needs to be exercised when sub-analysis is required, in particular where sub-groups consist of fewer than 50 respondents.

- v Focus groups** were held in order to examine in greater depth perceptions around "Health, Housing, Youth, Education and Women". Each of these groups consisted of eight people and was held to

explore in detail some themes emerging from the initial interviews with community representatives, and the emerging findings from the quantitative research.

Recruitment was undertaken through doorstep and random approaches rather than relying on community referrals, from which the danger of a particular type of participant being referred was possible.

Ethnic Focus undertook the function of moderating in the focus groups with appropriate cultural awareness and language support. All participants were given an incentive for participating. All sessions were taped after permissions were obtained in accordance with Market Research Society rules.

### **Empowering the community**

All respondents who were interviewed were provided details of the interviewing process and were given contact details for Ethnic Focus, should they wish to receive free training and support in market research.

Thirty-four individuals have since expressed a willingness to attend subsequent Ethnic Focus community training sessions.<sup>1</sup>

<sup>1</sup> These take the form of three-week, free bespoke training and support in all aspects of data entry, field interviewing and moderation techniques. Progression to data entry clerks, fieldworkers are encouraged.

