



# Becoming visible

The Somali community and substance use in London



Adfam

Families, drugs and alcohol

## Context

In 2006 Adfam was awarded a three year grant by The Department for Local Communities and Government to work with the Somali community around substance use and family support in London. This project came to an end in March 2009 and Adfam secured further funding for a year from The Pilgrim Trust to explore ways in which to continue or take the work forward.

From our three years' intensive work with five Somali community groups in London, we identified the need to establish a more cohesive and cost effective way to engage with the Somali community around substance use and family support. We commissioned the Shire Foundation to produce this report.

*Becoming visible* gives an overview of the issues affecting the Somali community, and provides recommendations on how these may be addressed. This report contains:

- **A review of the literature** available on the Somali community in London, with emphasis on the level of drug use in the Somali community
- **Key findings** from five consultation sessions held with members of the Somali community
- **Key recommendations** about how to effectively engage with the Somali community.

## Contents

Executive summary .....	1
1 Introduction .....	3
2 Objectives .....	4
3 Methodology .....	5
4 Literature review .....	7
4.1 History .....	8
4.2 Somali community organisations in London ..	10
4.3 Issues affecting the Somali community .....	11
4.4 Rotating funds .....	13
4.5 Oral tradition .....	15
4.6 Somali newspapers and television .....	15
4.7 Drug use in the Somali community .....	16
4.8 Unemployment in the Somali community ....	18
5 Consultation findings .....	19
5.1 Somali students .....	19
5.2 Somali women .....	20
5.3 Somali young people .....	24
5.4 Somali men .....	25
5.5 Somali community workers .....	26
6 Conclusions and recommendations .....	30
7 Appendix A .....	34
8 Bibliography .....	36

# Executive summary

This research found that the Somali community is disengaged and marginalised from mainstream British society. Multiple social exclusions have affected the ability of Somalis to act as a progressive community in Britain. As such, the Somali community in the UK has been viewed as ‘impenetrable’ and ‘uncommunicative’ and is therefore classified as ‘hard to reach’ by policy makers and service providers.

This study found that Somalis experience a **range of difficulties** in the UK depending on their age and experiences, and other factors. These difficulties cause marginalisation and make it less likely that members of the Somali community will access mainstream services.

- Older respondents, after arrival in the UK, having experienced the trauma of civil war and often complex journeys into exile, are often **mentally fatigued**.
- Forced migration has in many cases led to the **breakdown of family networks**, deprivation, social exclusion and high numbers of female-headed households.
- Young Somalis, many of whom were born in the UK or arrived when very small, face different challenges. Their experience of **dual culture creates tension** and a need to reconcile their British identity with their Somali heritage.
- There is a **climate of suspicion** towards Somalis – including ‘stop and search’ police procedures, and association of the community with terrorism and gun/knife crime.
- There is a **lack of information about substance misuse** amongst some sections of the Somali community. Stigma or uncertainty about drugs can be a barrier to accessing support services. However, there is evidence that drug use amongst the community is problematic – including, but not limited to, changing patterns of khat use.
- There is **educational underperformance** in the Somali community.
- The report shows that there are tensions between the Somali community and Social Services departments – because of a **lack of cultural understanding** by service providers leading to a lack of trust.

It is critical that stakeholders understand the multiple disadvantages facing the Somali community in order to successfully address these issues by investing in holistic, culturally aware and community grounded services which involve families and the wider community.

This report recommends that Somali community organisations need capacity building support in order to effectively empower members of the community to be involved in British society.

**The report makes the following recommendations:**

- Wider consultation with the Somali community
- Sharing of cultural context with stakeholders, authorities and members of the Somali community via seminars and/or conferences to develop a united response to gang/knife crime, extremism and substance use
- Further research into the reasons for Somali young people underachieving within schools
- Implement effective communication strategies to enhance Somali involvement and engagement in British society and culture
- Improve support for Somali community organisations and establish a Somali forum

The Somali community in Britain has received increased attention in recent years, often because of the issues of integration and social cohesion. There has been growing interest amongst policy makers and service providers in diversifying their services in order to reach isolated groups.

Tension between communities is a common problem affecting the successful integration of different cultures, and can be exacerbated by major events such as the July 7th bombings in 2005 in London. Post 7/7 the underlying threat of the radicalisation of young Muslims has become a major concern. An *Integration and Community Cohesion Strategy 2007–2011*, commissioned by Ealing Borough Council, noted:

‘The need to consider integration and community cohesion in service delivery and public policy has continued to be reaffirmed by recent events’ (Ealing Borough Council, 2007: 5).

Creating inclusive service provision for all communities is at the forefront of government policy.

The Somali community in London, and elsewhere in Britain, faces a set of complex and challenging issues, including gang/knife crime, educational underachievement, unemployment, drug misuse and alleged links with terrorism. Nonetheless, the ability of the Somali community to become visible in mainstream British society remains elusive. As the community struggles to gain a voice, the social impact of disengagement and marginalisation has affected the ability of Somalis to be a progressive community in Britain.

In 2006 Adfam commissioned a literature review, *Substance misuse in the Somali community* (James, 2007), and formulated best practice for policy makers and service providers seeking to engage with the Somali community. This study builds on that earlier work and aims to provide an insight into the experiences and needs of the Somali community in London to increase our awareness of, and ability to address, their concerns.

# 2

## Objectives

### The aims of this research are to:

- provide an overview of the experiences and needs of Somali men, women, young people, elders and community workers living in London
- assess the level of drug use in the Somali community
- identify gaps in drug service provision for the Somali community in London
- provide recommendations on working with and engaging the Somali community.

The report and consultations were commissioned by Adfam in March 2009. Data was collected through focus groups with different members of the Somali community during April 2009. This consultative approach was used because language and literacy skills are known to vary within the Somali community, and the use of face-to-face interviews ensured that those with low levels of literacy were included in the study (Bloch & Atfield, 2002).

This report begins by outlining the history, size and location of the Somali community in London, then moves on to review the literature on substance use in the Somali community and to assess the extent to which Somalis engage with mainstream services in London. Lastly, recommendations are suggested, based on key messages from consultations held with the Somali community.

The starting point for the report was a **scoping exercise** to establish the number of Somali community centres and groups, as well as their locations across London. The study then incorporated a revised **literature review** relating to the Somali community in London and the UK. Finally **qualitative data** was gathered through five consultation meetings with different groups of Somalis across London.

The consultant conducted five focus groups with:

- City University students, at the SOAS Somali society (12 people)
- Somali women from North and East London (15 women)
- Students and a Somali mentor from Sir John Cass School, East London (11 people)
- Somali men from North London (8 men)
- Community leaders and community workers from South London (6 men)

Recruitment of participants occurred through referrals by word of mouth (with interviewees referring other respondents), and via visiting Somali community centres and other local meeting places.

The participants were chosen to represent a cross section of gender, age, education, employment and financial status. In selecting the mix for the focus groups, efforts were made to ensure that all participants were briefed and informed about the study. The focus group interviews were conducted in Somali to ensure that participants could express themselves and understand the questions. However, young Somalis interviewed felt more comfortable speaking English.

The consultant visited several community-based organisations throughout London to provide a context of the refugee community in London. The researcher shadowed the Project Director of the Shpresa Program (an Albanian refugee community organisation) in order to gain understanding of a thriving refugee community group. Organisations were consulted prior to conducting focus groups to identify key problems affecting immigrants in the UK.

Before the consultations could be undertaken, it was necessary to carry out a mapping exercise to ascertain the number of Somali community organisations operating in London. This was achieved using internet research, contacting local authorities and Somali community centres.

In writing the literature review the consultant used journals and books from the British Library, unpublished dissertations from the University of London and journal search engines on the internet.

The absence of an extensive literature on the Somali community in London meant that explanatory research was necessary, including identifying groups and making initial contact. The groups contacted were:

- SOAS Somali Society
- Shpresa Program
- *Somali Eye* magazine
- Barnet Somali community centre
- Sir John Cass School
- Somali teaching assistants
- Haringey Somali Forum
- A Criminal solicitor
- Iqra community centre (Lewisham)
- Director of Best Tutor, Edmonton (North London)
- Southwark Somali Forum (Peckham)
- A college lecturer

Group facilitators were integral to the project as they provided access to the community, promoted greater openness during the interviews and provided language interpretation during interviews and analyses.

Focus group discussions were recorded and transcribed. Content analysis of all discussions identified the themes that emerged. It is important to note this study had a limited scope due to time and resource constraints, therefore views expressed cannot be generalised across the whole Somali community; however, some key issues that appear to have an impact on many members of the community were identified.

All consultations were audio taped and direct quotes are provided in this report to capture the substance of the individual contributions and comments. All participants in this study were given the opportunity to review and comment on the report.



The Somali community in the UK has been labelled as 'impenetrable' and 'uncommunicative' and is therefore classified as 'hard to reach' by policy makers and service providers (Benedictus, 2005; Slack & Gill, 2007).

This comes from the recognition that despite their presence, little is known of Somalis living in London or elsewhere in Britain. Within the Somali community itself, there is an acknowledgement that there is a need for cohesion within the community to make an impact. Most of the literature highlights the fact that the lack of research on the Somali community makes it particularly difficult to assess their needs.

This section will set out the historical context of Somali immigration to the UK, examine key findings from recent studies and reports, and review existing literature on drug misuse in the Somali community.

### Overview of the Somali community in London

The Somali community represents one of the largest ethnic minority groups in Britain (Hassan, 2006b), and it is estimated that 90 per cent of Somalis living in the United Kingdom live in the Greater London area (Harris, 2004). It is important to note that there are no reliable figures for the number of Somalis living in London and estimates vary considerably, with Camden, Islington, Haringey, Ealing, Brent, Tower Hamlets, Newham and Redbridge being the largest areas of settlement (Harris, 2004).

#### Estimate of the number of Somalis living in London

Year	Estimated number	Source
1999	65,000	Berns McGrown, Rima (1999), <i>Muslims in the diaspora: the Somali communities of London and Toronto</i> , University of Toronto Press: 240
2001	33,831	2001 census
2002	40–50,000	Ioan Lewis, Liberation meeting, London, 26.11.02
2003	63,000	Holman, Christine and Holman, Naomi, (2003), <i>First steps in a new country: Baseline indicators for the Somali community in LB Hackney</i> , London: Sahil Housing Association: 6
2003	70,000	Black Women's Health and Family Support, Bethnal Green, London

# 4

## Literature review

The most recent figures estimate the number of Somali people living in London at 70,000. However, the difficulty in researching the Somali community and its 'hard to reach' nature mean that these statistics cannot be relied upon.

### 4.1 History

Somali people have been in Britain since the late-seventeenth century, when seamen from northern Somalia arrived to work in the dockyards of London, Cardiff and Liverpool on British ships (Harris, 2004); this makes them the oldest African community in Britain (Porticities, 2009). These small, long-established communities have colonial connections to Britain.

Although studies of the Somali community categorise Somalis as 'ethnically homogeneous', it is important to note that Somali society is extremely complex. Somali society is composed of five 'noble' clan families: the Darod, Hawiye, Dir, Rahanweyn and the Isaaq. Each clan divides further into five sub clans which then subdivide further. There are also minority groups such as Midgan, Bantu, and Banadir who are systematically marginalised and excluded within Somali society.

The collapse of the Siad Barre regime in 1991 signalled the demise of the Somali state. Siad Barre's exploitation of inter-clan rivalries led to a prolonged civil war, anarchy and chaos. Somali society has undergone a profound crisis of identity, purpose, and direction which has led to a power vacuum which continues unabated to date (Horst, 2006). Beginning in 1991, at least one million Somalis fled to the neighbouring countries of Djibouti, Kenya, Ethiopia and the Yemen, adding to the already overwhelming populations of refugees in the Horn of Africa (Horst, 2006). While most remained in refugee camps, some have been repatriated, and several thousand have resettled in the U.S. and Europe.

Research has suggested that Somalis have a strong migration pattern (Horst, 2006; Lindley, 2007). The process of migration is not only a benefit to the individual, but for the network of relatives in Somalia. Horst's study '*Transnational Nomads*' (2006) found that Somalis move with relative ease, which means that family members may be scattered across different continents. Interestingly, Horst found Somali nomadic culture persists on arrival to the West:

*"If it rains better today we move there."* They are always on the move and change their residency and they often do not like to be constrained by rules and regulation.' (Horst, 2006)

Horst interviewed a number of Somali migrants and discovered that the mobility of the Somalis, especially in times of war, can make the difference between life and death.

The outbreak of civil war in Somalia produced a high number of asylum seekers arriving in the UK needing support from the state; Somalia remained in the top ten sources of asylum applications between 1993 and 2002. The first wave of Somalis seeking refuge in Britain was made up of women, children and unaccompanied minors from Somalia, some of whom were joining family members already settled in the UK; the second wave mainly consisted of those

coming to the UK from neighbouring European countries – these are primarily women-headed households, including children and young adults. Secondary migration to Britain has resulted in the makeup of Somali communities changing from predominantly male immigrant workers to a large refugee community with increasing numbers of women and children (Harris, 2004).

**Asylum applications lodged in selected Western countries, 1993–2002**

Country	1993	1994	1996	1998	2000	2002	Total** 1993–2002
UK*	1,465	1,840	1,780	4,685	5,020	6,680	41,625
Netherlands	4,330	5,393	1,140	2,775	2,110	533	25,688
US*	131	114	1,140	2,268	2,364	538	13,532
Canada	2,468	1,989	962	653	753	388	10,887
Denmark*	1,469	2,011	1,514	662	747	391	10,688
Germany*	1,577	896	1,152	1,078	398	203	8,251
Switzerland	2,295	881	700	610	470	387	7,591
Norway	259	251	180	938	910	1,534	7,233
Sweden	733	934	434	228	260	1,107	5,743
France	1,077	217	85	91	109	115	2,077

Source UNHCR 2003a

\* UNHCR estimates for most industrialised countries; \*\* Pending applications

Demie et al (2007) explain why the nature of Somali migration to the UK has recently changed from Somalis leaving Somalia to those moving on from other host countries such as Holland, Sweden and Norway. This strong migration pattern to the UK has been attributed to the need to join family members and settle in the established Somali community in the UK. As Harris states:

‘The UK hosts the largest Somali community outside Somalia, and the UK is described by Somalis as a *“melting pot, a more intercultural society”* than many of the European states Somalis leave behind.’ (Harris, 2004)

Evidently, the United Kingdom is a preferred country of settlement and there has been debate as to why this is the case for Somalis. The media report this migration pattern with great concern, often stressing that Somalis are attracted to the generous British welfare state: however, many Somalis move from Nordic states<sup>1</sup> renowned for their welfare provision (Paskell, 2009). According to Paskell’s findings, Somali people believe Britain is a more tolerant, inclusive, multicultural and less intrusive society than other European countries, and thus in keeping with Somali culture.

1 ‘Nordic states’ refers to Finland and the Scandinavian countries (in a strict sense Norway and Sweden – the Scandinavian Peninsula) but generally this group includes the Netherlands and Denmark as well.

# 4

## Literature review

### 4.2 Somali community organisations in London

Harris's (2004) study identified the Somali community in London, and elsewhere in Britain, as extremely complex with different clans and social backgrounds, including a high number of educated professionals, politicians and activists. There is no overarching central organisation which enables Somalis to voice their opinions, with the effect that the community appears barely noticeable to policy makers (Sare, 2008). The issue of a lack of cohesion among the Somali community in London is acknowledged as a barrier to raising the overall attainment of Somali people in British society.

According to Harris, Somali people tend to form small pocket communities scattered across London. This fragmented form of social organisation impedes their capacity to form a 'common voice', thus Somali community organisations are unable to express their concerns to stakeholders and policy makers. This is in contrast, for example, to the Bangladeshi community, which is more concentrated. In undertaking the scoping exercise for Adfam, the Shire Foundation identified an estimated 131 Somali community organisations in operation throughout the London Boroughs. This number is significant, but many do not function effectively due to the lack of cohesion in the Somali community and the under-representation in public life which has left it 'voiceless' (Harris, 2004).

Griffiths' (2004) research on Somali community organisations in East London found that the neglect of the Somali community centres led to the immobility of Somalis. A co-coordinator of the Somali Refugee Action Group in the study stated:

'The lack of understanding and lack of appropriate service delivery provision by the local authority has forced the Somali community to stay indoors.' (Griffiths, 2004:65)

Griffiths found Somali community centres in East London suffered from inadequate representation, organisational failure and an inability to comply with bureaucratic and clerical requirements in Britain. He attributes this problem to strict centralised control by the Siad Barre regime in Somalia, which meant that Somali people have no experience of participation in independent organisations, and thus on arrival in the UK are at a distinct disadvantage. He argues that this is an entrenched disadvantage that many Somalis share – even those with high qualifications and social capital. This lack of knowledge of the workings of the 'system' is premised on the failure of Somalis to organise effectively. This is in contrast with the Turkish/Kurdish community in North London who:

'Have been successful in organising on a local or small scale basis... the tradition of community associations and mutual societies in Turkey meant that the new arrivals slotted into place quite easily.' (Griffiths 2004)

Griffiths suggests the tradition of trade unions in Turkey means that the Turkish/Kurdish community is able to mobilise effectively to voice their concerns or grievances on arrival to the UK; this stands in marked contrast to the lack of formal organisation in the Somali community, which is primarily structured through kinship networks.

### 4.3 Issues affecting the Somali community

There is a presumption that the Somali community in London is associated with growing gang and knife crime (Dissanayake, 2008a; Slack & Gill, 2007). A number of high-profile, gang-related attacks attributed to Somali youths (including the murder of West Yorkshire PC Sharon Beshenivsky in 2006) have put pressure on the Somali community to address these problems. A BBC report entitled *Somalis play politics from afar* (Dissanayake, 2008a) lamented the fragmentation of the Somali community in Britain. It attributed the inability of Somalis to unite to tackle growing knife crime, gang problems and drug misuse to lack of cohesion in the Somali community.

‘Chaos and competing factions that have characterised Somalia’s recent history of civil strife can also be found in the UK.’ (Dissanayake, 2008a)

A dispatches programme *Warlords next door* (Channel 4, June 2008) investigated the relationship between Somali politicians and Britain. The documentary revealed that Somali residents in the UK were frustrated that the British government supported Somali politicians who have British nationality and are linked to allegations of torture, extortion and corruption.

There is a perception inside the Somali community that Somali community centres are run like personal businesses, rather than to represent the Somali community. There have been incidents of organisations being set up and closing the following year, only to be set up again under a different name. There is a lack of continuity and a failure to deliver quality services. There are numerous Somali community centres scattered across London and duplication of work is common, with each organisation competing for scarce funding. Nonetheless, the creation of Somali community forums aims to provide support structures for the numerous Somali community groups in a particular area, to build a better communication network, raise common concerns collectively and represent the needs of local Somali people.

It has been argued that Somali community organisations lack the capacity to speak with a ‘common voice’, thus confidence in them continues to diminish (Paskell, 2009). Research has pointed out that Somali disunity and a lack of trust between Somalis has led to a stagnation of Somali community centres in London. A *Daily Mail* article, *Immigrants from war-torn countries fuelling gang crime* (Slack & Gill, 2007) in suggesting that Somali disunity is ‘born by blood’ oversimplifies and stereotypes a complex problem. Such an assertion fails to address the marginalisation of the largest refugee community in Britain.

# 4

## Literature review

Islington Community Safety Partnership Unit (EMAS, 2007) identified young Somali men's involvement in anti-social behaviour as stemming from them being outside mainstream education services. According to the report, the underlying issue concerning this type of behaviour is the:

'slow pace of integration with other communities, which leaves many such young men isolated within their peer groups.' (2007)

It is important to note that the tendency for Somalis to stay within their own social group hampers efforts to integrate the Somali community into British society. The report recommends that local education authorities provide appropriate services to engage with Somali youth.

Moreover, Paskell's study found high numbers of Somali children attending private tuition after school. A Somali mother interviewed for Paskell's study explained her reason for taking her children to private tutoring:

"I used private tuition to make sure that my children do well. I have tutors come twice a week. I wanted to use them because my son was embarrassed at not being able to have English and other help from his mother. I use the tutors for whatever my children are not doing well in." (Paskell, 2009)

There are numerous supplementary schools across London to support Somali pupils and these have resulted in a marked improvement in school results (Demie et al, 2007). However, Paskell points out that problems such as truancy, school exclusion and under-performance remain.

Somalis are 99 per cent Muslims, thus the British government's 'war on terror' has affected the Somali community in several ways. Two of the bombers in the failed terrorist attacks in London on the 21 July 2005 were allegedly of Somali origin, and this has led to a growing stigmatisation of young Somali men. These young men have become disillusioned with the British system and thus more susceptible to radicalisation.

'Dozens of Islamic extremists have returned to Britain from terror training camps in Somalia, the British security services believe.' (Rugman, 2009)

Moreover, the question of integration into Britain remains a fundamental issue facing the Somali community.

'Kicked out of or repressed within their own countries, they streamed in their thousands to the British capital ... in London there are Muslim enclaves: areas of separate development which are not integrated' (Phillips, 2006)

The Somali community is already associated with gang/knife crime, and this new association of the community with radicals and extremism exacerbates a situation in which many feel targeted in the current political climate.

The Somali community particularly suffers from voluntary and involuntary social exclusion. According to the *Home Office Drug Strategy Diversity Manual* (Home Office, 2006):

‘Government’s strategies for tackling crime and drug misuse provide services and interventions to all those who need them, including engaging all of Britain’s diverse communities.’

Diriye (2006) found that many Somalis are frustrated by the failure of policy makers and service providers to consult Somalis on policies that affect them. The Somali community is under pressure from the police and feels unfairly targeted by the authorities, which has led to stigmatisation. Systematic ‘stop and search’ procedures create tension and a mistrust of public authorities. This leads to many incidents of crime in the community not being reported as Somalis prefer to resolve matters in traditional settlements, whereby clan elders gather together to mediate between representatives of aggrieved parties and agree compensation. This method is common and has been used to settle differences over crimes as serious as assaults and even murder.

Another reason put forward for the failure of the Somali community to make an impact in British society has been preoccupation with events back home in Somalia. This has been seen as a barrier to the integration of Somalis living in Britain. A Somali man featured in the BBC article (Dissanayake, 2008b) emphasised that Somali people in Britain play a key role in events in Somalia. He explained how networks are formed to develop projects in Somalia:

‘It is a diaspora<sup>2</sup> building. We set up committees in every country to fundraise. We had to do something to help our people.’

Undeniably, the slow pace of integration with other communities in part stems from the voluntary isolation of some members of the Somali community. Figures estimate remittances from the Somali diaspora abroad to Somalia to be in excess of \$1bn a year. Lindley (2007) found that small sums of money sent back to Somalia could invigorate its economy, resulting in heavy dependence on relatives living in Britain and elsewhere to provide financial support to the network of families in Somalia.

#### 4.4 Rotating funds

The rotating fund (also known as ‘rotating savings’ or ‘rotating credit’) is a system of accumulating money whereby group of individuals agree for a certain period of time to save and borrow money. Summerfield’s (1996) study on rotating credit among Somali women in the UK found the poorest women were able to raise sums of money through an effective and flexible rotating system.

2 ‘Diaspora’ is a term used to explain a group of people that has been dispersed outside its traditional homeland (<http://dictionary.infoplease.com/diaspora>).

# 4

## Literature review

In Somali the rotating fund has several terms including '*ayuuto*' '*hagbad*' and '*shaloongo*'; '*ayuta*' is an Italian word meaning 'help', a system of accumulating money. The purpose of the rotating fund is to raise capital sums for a variety of reasons ranging from a son's wedding, purchase of furniture, a pilgrimage to Mecca, or the purchase of a home abroad in Dubai or Somalia.

A *hagbad* is formed when there is an announcement through word of mouth about the formation of a new group and six to twenty members join to form a *hagbad* group. Members of the rotating fund are not necessarily related to one another, although they tend to live geographically close. One member is put in charge of holding the money at her house, each member contributes the same amount (weekly or monthly), and each member receives or takes the whole sum collected once. Contributions vary from £100 to £1000, and at the end of the rotating fund (which last between six to twelve months) the amount of money generated can vary from £5,000 to £100,000 depending on the number of members. As a result, each member is able to access a large sum of money at least once. The composition of the rotating fund is very flexible – the needier the member, the earlier (s)he takes the fund. For example:

'One woman described how pleased she was, when she heard her father was seriously ill, that she was able to raise her air fare from her *hagbad* group in order to visit him.' (Summerfield, 1996)

The rotating credit system aims to unite members of the Somali community because everyone involved has a stake, thus assisting one another to ensure maximum contributions. In cases where one member cannot afford to pay their contribution, another member in the group will lend the defaulter money to ensure the *hagbad* continues.

Nonetheless, recent events in the Somali community have undermined the credibility and legitimacy of the rotating fund. There have been incidents of police officers, on raiding suspects' homes for drug involvement, finding large sums of money hidden in the house; the money has been taken and the mother or father accused of being involved in drug dealing or other criminal activity. The issue of rotating fund money being seized is a source of tension and animosity with great implications for the holder of the money, as members of the fund demand money back. Such examples show the difficulty Somalis have in communicating with public authorities about the integral role the rotating fund plays in the Somali community.

Positive social interaction created by the rotating fund is crucial to community cohesion and the system acts as an insurance policy against unforeseen needs (Summerfield, 1996:213). However, service providers and public authorities have little or no knowledge of how the rotating fund operates in the Somali community and its reliance on this informal economic support system. Cases of public authorities seizing money raised from rotating funds have added to mistrust of the authorities and the feeling amongst Somalis that they are easy targets.



## 4.5 Oral tradition

Olden's (1999) research on the Somali oral tradition found oral communication amongst Somalis remains strong after settlement in the UK. On conducting the research, Olden found interviewees preferred being told about the project at a Somalia tea house or khat house (or *merfish*), and this method was found to be a much better way of disseminating information, rather than putting up posters. Evidently a strong oral tradition remains an integral part of Somali people's lives. One interviewee explained how Somalis depend heavily on information being orally transmitted:

'Printed sources are rarely consulted. If someone comes to the office and he himself has an errand, and when that's finished he sees a Somali there who can't speak English well and if you ask him, "Please, can you take this lady to the DSS [Department of Social Security]? ... Can you show her that place?" ... There's no problem, they just go along and help.'

According to Olden, the Western information environment is a new experience for the majority of Somalis. Apart from those attending college they do not make use of libraries: 'they are not reading a lot – but they're talking a lot'. One drawback to oral communication is that the person passing on information might not be sufficiently well informed and might mislead the other person without intending to do so. One Somali may advise another to go to a particular college to learn English, when another college might be more appropriate. One interviewee in the study said:

'what you might call adaptation to the society is controlled by a few facts or non-facts which they get from their relatives or friends.'

The research on the Somali oral tradition has highlighted that the Somali community is outside the mainstream in relation to accessing services. Olden found that there were benefits in relying on oral tradition, but stressed the negative consequences of misinformation and confusion. Service providers identified communicating with Somalis as the major obstacle to be overcome. Therefore, service providers need to understand the oral systems of communication that exist in order to provide an inclusive service.

## 4.6 Somali newspapers and television

In print media, at least five publications are circulated amongst the Somali community in the UK. This includes three tabloid-sized newspapers (*Kasmo*, *Jamhuuriya* and *The Somali Voice*) and two magazines (*Hiraal* and *Somali Eye*). None of these are published daily, a sign of Somali media inefficiency despite the increasing size of the community in the UK (Somali Media Centre, 2006). Nonetheless, the *Kasmo* newspaper – which started in 1997, making it the longest-running Somali print media – is the main source of information for Somalis in the UK and provides a forum to express ideas (Somali Media Centre, 2006). *Kasmo* received a 'Reporting Asylum' award at the London Press Awards at a ceremony at City Hall in 2006.

# 4

## Literature review

The 2007 launch of a Somali-speaking worldwide TV channel, Universal Television (a privately owned satellite station based in Leytonstone, East London) has impacted on the Somali community in London and elsewhere. The phenomenon of the channel is the appeal of uniting the Somali diaspora, providing a platform to express ideas and to talk openly about issues which affect Somalis worldwide. The channel has been received positively in the Somali community, with regular news updates and programmes on issues which affect Somalis in the UK. These are discussed through live call-in shows where viewers can offer solutions to the multiple problems affecting the community.

The wide Somali audiences from across the world mean that even families without this channel are often informed orally of any recent developments or items of interest. There are public awareness campaigns such as the NHS service for the treatment of women who have undergone female genital mutilation (FGM) which is prevalent in the Somali community. Given the strong oral tradition in the Somali community, reaching Somali women through this medium is crucial.

### 4.7 Drug use in the Somali community

Recent studies have highlighted that drug use in Black and Minority Ethnic (BME) communities has risen dramatically over the last decade (EMCDDA, 2002). Nonetheless, drug use in BME communities remains under-researched and under-acknowledged by policy makers, drug services and members of BME communities themselves.

Brent Drug and Alcohol Action Team identified 'low uptake of drug treatment services from the BME community' (Baafuo-Awuah, 2005:6). There are several reasons for this, including a lack of cultural sensitivity by drug services, the language barrier, a mistrust of confidentiality and the failure of drug services to target BME communities (EMCDDA, 2002).

Research has shown there are specific problems associated with khat<sup>3</sup> use in the Somali community (Patel, 2008; Patel et al, 2005; Baafuo-Awuah, 2005; Griffiths, 1998). Most of the literature tends to highlight the growing change in the consumption of khat amongst Somalis on arrival to the UK. Although chewing khat is a traditional social activity among Somali men back home, those who are unemployed or suffering from depression in the UK may overuse this substance, leading to dependence (Harris, 2004).

A Home Office Study (Patel et al, 2005) on khat use within the Somali community conducted interviews and questionnaires in four major cities in the UK to ascertain the levels and nature of khat use: it found there was evidence of problematic misuse of the substance.

3 'Khat' (also 'jaad' or 'qat') is a green-leafed shrub that has been chewed for centuries by people who live in the Horn of Africa and Arabian Peninsula. It has recently turned up in Europe, including the UK, particularly among immigrants and refugees from countries such as Somalia, Ethiopia and the Yemen (DrugScope, 2004). Khat is not illegal to use, buy or sell in Britain, however Khat is a controlled drug in United States, Canada Norway and Sweden (Baafuo-Awuah, 2005).

A Somali woman interviewed in the study explained how she felt khat affected her life:

‘My partner is chewing the khat and he never helps us [with] anything about our family, i.e. looking after children, making shopping and also we have financial problems because he is using all the money to buy the khat. My brother chews heavily and is out of work because of khat. He does not hold on to jobs because he is up all night chewing.’  
(Patel et al, 2005)

The study found that 75 per cent of female respondents felt that khat has a negative impact not only on the individual, but the entire Somali community.

It is important to note that the Home Office report found attitudes towards khat use in the Somali community were divided between those who accepted khat as part of their Somali heritage and those who wanted the substance banned. There was recognition that banning khat would lead users to experiment with illicit drugs. According to a Somali youth group report:

‘Somali youth are known to distribute or use drugs including cannabis, cocaine, heroin, and khat.’ (Hassan et al, 2009)

In the Somali community, lack of knowledge about drugs is common; hence parents are under-resourced to address problematic drug use.

According to the EMCDDA report (2002), social exclusion leads to problematic drug use. The Somali community in London remains isolated thus more likely to hide use of illicit drugs, for various reasons. The stigma of using alcohol, heroin, and cannabis is great and so families tend to hide the extent of drug use in the community for fear of being ostracised, humiliated and socially isolated. Consequently, Somali families may send the drug user ‘back home’ to recuperate instead of using drug services in the UK.

A key finding from the Adfam literature review (James, 2006) on substance use in the Somali community was that substance users and their families encountered difficulties in accessing services. There was recognition that some Somali parents may be reluctant to be involved in treatment programmes, but the family ‘requires support services of its own’. Therefore, service providers need to be culturally sensitive to the particular BME community groups targeted.

Somalis, like other BME communities, reportedly face institutional barriers and constraints to meeting their needs and aspirations (Houston & Allen, 2004). Members of the Somali community generally feel poorly informed about public services. Responses to the Houston and Allen study suggest local authorities have a crucial role in informing and consulting BME communities. The Somali community has been characterised as lacking a ‘culture of complaint’ – self-help is the preferred option and there is a stigma attached to asking for assistance. This barrier to civic participation is based on the perception that individuals cannot influence their situation and a fear of repression, which is widespread.

# 4

## Literature review

### 4.8 Unemployment in the Somali community

According to Rutters (2004), unemployment among Somalis remains high – in excess of 70 per cent. A study conducted by Bloch & Atfield (2002) found that there were barriers to employment for Somali refugees which included the non-recognition of pre-migration qualifications, and insufficient contacts in the UK coupled with the loss of transferable skills caused by migration. Nonetheless, research has shown a high level of skills and qualifications among Somali respondents.

On arrival in the UK, Somali refugees tend not to be employed in the same or similar occupation as in Somalia. Only 14.5 per cent of respondents had had any training for their work in the UK, consequently occupational downgrading is common.

Other issues emerge from research on the Somali community in London. Paskell's (2009) '*Generation Gap Project*' found that young Somali people had difficulties in communicating with their parents, who were focused on events in Somalia rather than on life in the UK. In this study young Somali people stressed that they have identity issues and are uncertain of how to define themselves. The confusion surrounding young people's identity in the UK, despite many never having been to Somalia, has led to concerns over the level of integration of young Somali people. A BBC report, *Exiles wielding power from the UK*, portrayed the Somali community in the UK as having their 'hearts and minds in the homelands they fled', thus questions of social integration remain (Dissanayake, 2008b).

This chapter examines the experiences and needs of Somali men, women, young people, students and community workers. It reviews subgroup differences in accessing information, support and advice, and attitudes towards substance misuse in the community.

## 5.1 Somali students' focus group

The students recognised that there is a need to address the numerous problems facing the Somali community. However, they doubted their own ability to engage with the Somali community, as they have little spoken knowledge of the language and question their British/Somali identity. There was a general consensus that young Somalis have to be more involved in the community, including volunteering in community centres.

The key issues for young Somali people were:

- increasing Somali youth crime/drug misuse
- high unemployment
- lack of positive role models
- the generation gap between Somali parents and children.

On discussing the generation gap between Somali parents and children other issues emerged, such as the disadvantage of not speaking English affecting children's progress at school. A female student stated:

'I don't blame them, they [parents] cannot help their child progress in school as they don't know the system ... you come home from school ... no one says 'do your homework' so you watch TV. It's small acts like that which lead to underachievement of Somali children and the parent is unaware.'

Although the young Somalis recognised that their parents wanted them to succeed in their education, nonetheless many felt that parents should inform themselves more about the British system, rather than pay attention to events 'back home' in Somalia.

Many respondents doubted whether the Somali community centres across London have the capacity to deal with the issues affecting Somali people. Consequently, there was a level of scepticism and mistrust about the services that the Somali community provide:

‘We don’t know what they [Somali community centres] do apart from a few activities ... it’s not inclusive ... we have to demand a better service, we should have a complaints procedure in place to ensure the centres run effectively or maybe a rating system – this will encourage Somali community centres to improve.’

The majority of the students stressed there are far too many Somali community centres, mostly ineffective and fragmented along social and clan lines. Students were in agreement that a new approach was needed to tackle the growing problem of youth crime and drug misuse in the Somali community and they felt that young Somalis educated in the British system should be actively involved in this:

‘The problems we are facing are big and sometimes daunting... but young Somalis need to be more engaged with issues affecting our community.’

A number of respondents felt that the issues affecting the Somali community could only be resolved through community cohesion, i.e. Somali communities coming together to represent the interests of the Somali people in London. However, the ability of the older generation to adopt this new approach was doubted. Hence, young Somali people felt that they needed to be involved in the development of Somali Refugee Community Organisations for durable change to occur.

On the subject of drug use in the Somali community, there was agreement that the problem was getting worse and the older generation are unable to address this. One young man explained a common problem he finds in the community:

‘My grandad is elderly; he came from Somalia four years ago. He complains about this overpowering smell coming from his neighbour’s house which he claims makes him fall into a deep sleep – he thinks inhaling the smoke affects his health.’

Evidently, older members of the community have limited knowledge of what drugs are and how they affect individuals – even cannabis, the most commonly used drug.

## 5.2 Somali women’s focus group

This focus group consisted of 13 Somali women from 34 to 52 years of age. The main problems they identified were:

- language barriers
- lack of understanding of drug use
- lack of information about mainstream services
- a transit mindset.

In relation to substance use in the community, there were different perceptions concerning the impact of drug misuse. During the focus group a key issue that emerged was that many felt misinformed about the impact of drugs and did

not know the qualities of different substances, such as what they look like, how they smell and what their effects are. A mother of four children explained her encounter with drugs:

'I used to smell this awful stench on my estate; I never knew what it was... it was later told to me the smell was hashish [cannabis].'

Another woman explained how she thought cannabis was injected by users:

'They inject it into their arms... but you can smoke it too.'

This reflects misinformation about drug use which may be attributed to ignorance and the Somali oral tradition of disseminating information which, in some cases, is incorrect and misleading.

The majority of respondents expressed their insufficient knowledge of drugs, meaning they could not discover whether their children were using illegal substances. Consequently, many felt the lack of information impaired their ability to address the issue of substance use in their community.

With respect to accessing services, there was a lot of lively discussion concerning the problems and advantages with the level of service provided by local government. The services regularly accessed by Somali women were:

- Citizens Advice Bureaux
- Job Centres/Benefits agencies
- Local councils
- G.P. surgeries
- Hospitals
- Community centres
- Charities e.g. 'Family Fund' provides financial grants to families with severely disabled children.

The group named several Somali community centres from North and East London. Many of them found speaking English difficult and would use the community centres as a point of reference and to access other services. They found there was often an appointment-based system which made open access difficult. The community centres often had limited resources and frequently had restricted opening times, so the women said their access was not regular.

The women in the focus group explained that at times they felt stressed, frustrated and depressed about the 'system' and their multiple roles as mothers, cooks and sole childcare providers. All the respondents said they have family problems such as divorce, separation or fathers who simply were not doing enough to help raise large families. There was frustration at losing relationships with their children, worries about youth crime, and growing cultural and language gaps.

# 5

## Consultation findings

There was a sense of a loss of identity, no matter what length of time the women had spent in the UK – integration and the difficulty of assimilating into British culture were key features. A lot of the women had tried to attend ESOL (English for speakers of other languages) classes and other college programmes but often struggled. One woman spoke to the others about a ‘Somali mentality’ whereby the UK felt like a transit spot: often the women were occupied with making plans to move abroad to other countries like Dubai or Kenya.

She identified that this type of mentality could lead to inaction, often not going to ESOL lessons or not wanting to get out of bed in the morning.

She highlighted that a lot of Somali women had a nomadic type of thinking and wanted something better than the life they were leading:

‘Our bodies are here [in the UK] but our minds are there [abroad] thinking about the money you have invested in Dubai or Somalia... how can you be settled?’

Despite the feeling of not being settled in the UK, all respondents wanted to be more involved in the British system. The Somali women refer to themselves as ‘survivors’ and are thus able to overcome the new set of challenges they face.

One woman who was employed by a North London Somali Community Centre explained constraints that lead to less effective services, such as the great need in the community to access services, the need for more interpreters, help writing letters and dealing with the Home Office. She explained they had a priority system of helping people with immigration problems that same day: often someone would give up their scheduled appointment at the centre that day if they were told that someone else had a more urgent need.

Another key issue which emerged from the consultation was the growing trend in the Somali community to pay for private tutoring. The women in the consultation spoke of their drive to ensure their children excelled at school:

‘Somali children are failing but all the mothers I know – including myself – are exerting our efforts through money, time, to make our children succeed in life.’

The recent surge in the number of Somali children attending private tuition is driven by Somali mothers’ commitment to raise the educational attainment of Somalis. Past experience with older children dropping out of mainstream education has meant that Somali women have collectively taken the initiative to ensure that their remaining children succeed by taking numerous cleaning jobs to pay for tutoring fees. The Best Tutors School exemplifies the growing trend in the Somali community to educate their children, with mothers coming from as far as Coventry and Hounslow to ensure their child receives private tuition.

Another issue which emerged from the focus group was the perceived institutional failure of Social Services to work with the Somali community in London. One mother explained her experience:



‘My son brought a toy gun to school. I was completely unaware of the incident, and the school contacted Social Services. They were interviewing me like a criminal as if I gave my son the toy which he actually got from another boy at school... they made me feel like a criminal.’

The focus group suggested there were major concerns about how Social Services operate in the Somali community. There was dissatisfaction with Social Services and a growing mistrust of their motives, which they felt systematically failed to support them and instead worked against them:

‘My son has a skin condition from the damp house I live in so he was off from school for a few days. When I sent him to school his skin was red and peeling and they thought I had beaten him and called Social Services, so they called me in... I can speak good English so I told them to investigate as I have nothing to hide... they don’t work with you and assume you are guilty without any facts.’

Women in the focus group pointed to the rise in cases involving Somali children being taken into care without appropriate support being given to the parent or carer. Another respondent said her niece was taken from her care by Social Services without reasonable grounds, only to be returned to her care five years later. The absence of the child from the family had created a communication barrier because the child had forgotten the Somali language and culture. Thus the actions of Social Services were seen to negatively impact upon the entire family.

There was consensus among female interviewees that the representation of Social Services amongst the Somali community as intrusive has led to many young children threatening their parents with ‘calling in Social Services’. The women stated that this has led to inaction of many parents in addressing their children’s behavioural problems due to fear of repercussions.

Respondents spoke of a demonstration which took place outside Ealing Council on 9 April 2009, called *Somali Community vs. Social Services*. The demonstration was seen as the first step to unite against the actions of Social Services. The demonstration arose from a case involving three Somali children who were taken from their aunt’s care. The middle child has ADHD (attention deficit hyperactivity disorder) and Social Services felt that the aunt could not manage, so all three children were removed and placed with separate foster families. This case was highly publicised in the Somali community, with the aunt speaking on Universal TV to raise support. It appears that Social Services took a considerable amount of time investigating the matter, thus leading to a child being in care for longer than might be necessary. In addition, women reported that Social Services failed to facilitate any contact with the child and the non-offending parent.

### 5.3 Somali young people's focus group

This focus group consisted of nine students from 15–18 years old. According to the Somali youths consulted, their key concerns were:

- substance abuse
- growing gang and knife crime
- family breakdown caused by khat
- reconciling their British identity with their Somali heritage
- integration issues.

Young Somalis interviewed felt that substance use in the Somali community was widespread and on the increase. A 16 year-old sixth-former explained:

'When I go past my local park there are boys really young, like 13–14, smoking weed. Every year it seems younger Somali boys are involved in drug taking... there is a real pressure among young boys to take the stuff.'

The majority of respondents said they felt regularly pressurised to experiment with drugs by local boys in their area: 'They always offer you a spliff [cannabis] and if you say no they cuss you [swear]... I think they want us to be like them you know... fail school and just waste your life standing in the local park.'

All respondents referred to the use of khat in the Somali community as a problem within their own family and the wider community. Young Somalis said the culture of chewing khat had extended to young teenagers who became addicted to the drug.

A young Somali boy explained his frustration and anger at absent fathers pre-occupied with pursuing a political career 'back home' or sitting at khat houses:

'The mothers are performing both roles... fathers are too busy dreaming either in the marfesh [khat house] or want to go back to Somalia for "business"... it makes me so angry... how can you want your children to succeed in life when you don't help?'

There was a lengthy debate about the misuse of khat in the Somali community, to which respondents attributed family breakdowns, financial strain and unemployment. Some young Somalis were critical of the role of community centres in failing to tackle drug misuse and other issues. They felt the Somali elders could do more to prevent young people from entering the criminal justice system and from engaging in drug use. It was suggested community centres should organise comprehensive workshops for young people to discuss issues, rather than organising a trip once a year.

There was a feeling among young participants that the older generation found it difficult to access basic services, which was a hindrance to the ability of the Somali community to integrate into mainstream society. However, young respondents said they felt comfortable accessing services and one respondent knew information about the Government run drugs information service *Talk to Frank*. Despite this, there was recognition that they did not access mainstream

services, such as Connexions, a service for young people offering advice on issues such as employment, housing, rights, health, money and relationships.

#### 5.4 Somali men's focus group

The key issues which emerged from the men's focus group were:

- Somali youth problems related to crime, drugs and gangs
- the Somali community lacking a voice
- integration issues
- the effectiveness of Somali community centres.

A common concern among respondents was the lack of progress that the Somali community was seen to be making in the UK. The word 'integration' was heavily debated, with some respondents referring to the term as 'vague':

'They want us to integrate but this is a two-way process... but Somalis are not consulted or informed. This has led to Somali people being misrepresented in British society.'

A number of respondents were keen to stress that rising youth crime and drug misuse (particularly khat) was having a negative impact on the Somali community. They felt that the community in London was without a voice and unable to engage with policy makers or service providers. One respondent referred to the 'unique set of problems' Somalis – and that despite their physical presence in the UK, they makes little or no impact at local or national level.

A community worker from Haringey said: 'Here [in the UK] there is a system, back home there is no system. People don't know the law; therefore they do not know what they are entitled to.'

There was much discussion over the inability of Somalis to access basic services, which hindered their ability to express concerns: 'there is no information so you don't know where to go.'

A Somali interpreter explained the 'lack of Somaliness' meant there was no common understanding amongst the Somali community in London. Another respondent explained the slow pace of integration was attributed to the fact that Somalis fail to collectively organise themselves, and so are not taken 'seriously' by service providers and policy makers:

'There is no trust in the Somali community... we need to be taken more seriously. If we were to unite then we would have a impact... for change we need to get the attention of local politicians who need our vote.'

It was suggested that the Somali community need to be involved in local elections by participating in the election process with the firm belief their vote counts. There was agreement that the lack of understanding of the electoral process amongst Somalis prevented many from voting in local elections. Enabling people to take such practical steps was identified as a way of helping the Somali community to integrate into British society.

# 5

## Consultation findings

### 5.5 Somali community workers' focus group

Three main issues emerged from the consultation with Somali community workers:

- the need to give the Somali community a united 'common voice' in British society
- the lack of confidence amongst Somali community organisations in the UK
- the need to increase the capacity and institutional strength of Somali community organisations to address issues such as drug misuse and Somali youth crime.

Respondents commented that the Somali community centres are many in number, yet have made little progress. Due to the sheer number of organisations in one area, duplication of work is common. The centres tend to work in isolation because of the level of social exclusion in the community, limited funding opportunities and insecurities about future funding.

Unfamiliarity with local government services means that Somalis frequently access mainstream services through Somali community-based organisations. The importance of these agencies in sharing information with wider members of the community is therefore crucial. However, recent events have changed the nature of community groups from simply phoning benefit agencies and writing correspondence on behalf of Somali clients to addressing issues such as substance abuse, high levels of gang and knife crime amongst the Somali community and high numbers of Somali children being removed by Social Services. All these issues have put a great deal of strain on community organisations as they seek to meet these challenges.

A volunteer with a Somali community organisation shared his views on the demands placed on Somali community centres:

'We are overwhelmed with many cases of Somali boys in prison, school exclusions and now use of drugs in the community. The problem is very serious, but Somali communities in London are under-resourced and simply cannot address them... a few years ago it was filling in forms for DSS [Department of Social Security] and now it's completely changed.'

All respondents were aware that the demands on community agencies were changing, but the ability to meet such challenges was limited for various reasons. A founder of the Somali forum group in Southwark explained:

'Somali community organisations, in a majority of cases, are started by one individual... there are no resources to campaign about issues such as drugs, as there needs to be a collective effort... one man cannot meet the complex needs of an entire community.'

The respondent explained that Somali people have little experience of the voluntary sector, hence organisational failure is common. The respondents said the fact that the Somali community is scattered across London made collective

action difficult, as individual organisations were unwilling or unable to share information and to create forums. He further explained his difficulties in organising a Somali forum group in Southwark: it initially had ten individual Somali groups, but divisions resulted in three closing down as they did not want to work with other communities. In an attempt to unify the multiple Somali centres in Southwark, workers from each one attended the training programme *Working Together Works*. The aim was to make community workers understand that by working together and sharing resources, knowledge and expertise they could make a greater impact and ultimately benefit the Somali community as a whole.

The fragmented nature of Somali community organisations was seen as a barrier to engaging with key stakeholders. A respondent argued that there is a great deal of fragmentation and rivalry between different groups:

‘It’s linked to voluntary participation you see in Somalia: there was no such thing as ‘voluntary’ due to the dictatorship rule. Therefore it is very hard for Somali community centres to be very effective as they are not run sincerely to help Somalis... it’s not a professional organisation as you get the job because of clan or family networks instead of qualifications and experience.’

A respondent from a marginalised Somali ethnic minority group stressed that, despite his extensive experience and qualifications, he was systematically discriminated against when he applied to work for Somali community organisations. As a result of this barrier he now works for an Islamic community group: ‘they [Somali community organisations] don’t have the capacity and the skills to run an organisation.’

There emerged a strong consensus that a lack of experience of the voluntary sector in Somalia meant there was a failure to understand the role of community-based organisations in Britain. Interviewees were well aware of this limitation; however, they felt that the younger generation has a big role to play, as they have a greater understanding of the British system and so do not face the same problems as the older generation.

Capacity building and institutional strengthening of Somali community-based organisations was identified as a priority for action in the focus group. The limited capacity of these community agencies was attributed to the fact that organisations are often run just by one man.

It was suggested that local organisations should work together through a forum to share information and resources, in order to meet the challenges collectively. One view of how Somali groups can be more effective was articulated by a respondent:

‘First we have to identify the problem, not hide or cover our mistakes – this is a learning process. Somali communities have to work together to form one umbrella body to express our grievances and concerns to stakeholders. Once we have a united front we will be taken far more seriously.’

# 5

Consultation findings

Meeting the diverse needs of a growing Somali community was highlighted as a barrier facing community organisations. It was suggested that Somali agencies should take a coordinated approach to avoid fragmentation and tension arising from insecure funding. Collaboration and drawing on the experience and strengths of each group was seen as a way to meet the wider needs of the Somali community.

It was perceived that Somali people are failing to demand a better service from Somali community-based organisations. This stemmed from the cultural practice of adapting to new situations, rather than challenging or lodging a complaint. The needs of members of the Somali community may therefore be greater than they express.

It was unanimously agreed that communication problems prevented members of the Somali community from accessing local government services, mainstream agencies and activities held by community-based organisations. One respondent said:

‘If we were to carry out a drug awareness campaign at our centre they would not come... there has to be an incentive for them: free travel or something like that.’

There are a number of reasons for the lack of motivation amongst Somalis to attend seminar and conference events. Interviewees felt that this attitude discouraged them from initiating new projects, and therefore limited their work.

Another respondent added: ‘they rely on oral information from friends and family. We know if a Somali boy has been arrested or a house raided through word of mouth, we [Somalis] have not adapted to new information technology so we are struggling behind other communities.’

All respondents acknowledged that a reliance on oral information in British society led to integration problems and misinformation. However, there was a consensus that this way of communicating should be utilised to disseminate key information, with Universal TV being a key way for service providers to reach Somali people.

In discussing the impact of substance use in the Somali community, all respondents were in agreement that local organisations have an integral role to play. Nonetheless, the limitations of these agencies – notably lack of capacity, institutional weakness and problems with paperwork – prevented members of the Somali community being aware of or educated about the impact of drug use in the community. One respondent gave the example:

‘A Somali boy will come home with large sums of money and give it to his mother. When she asked him where he got it, he said he went out and worked; she does not know there is a lot of money made by selling drugs... she does not even know what the substance looks like.’

Most respondents said this lack of knowledge about drugs in the Somali community, particularly amongst mothers, means that early intervention does

not occur. Only when the young person has contact with the criminal justice system does the mother comprehend the gravity of her child's drug use.

'They do not have the full knowledge of what they are entitled to...even for educated people, they don't know because we are an oral society – they prefer to sit with you and talk.'

A respondent explained the difficulties of working with Somalis when such reliance is placed on oral communication and the unrealistic expectation this places on community workers:

'One guy got angry with me because he came and sat at my office, I am sitting on the computer doing my work and he said "you don't talk to the people, you don't give attention", I said "I am paid to work and produce something at the end of the day"... you see we are an oral society and to change this behaviour is very difficult.'

Evidently, many Somalis heavily depend on oral communication to access services and this tradition leads to a misunderstanding of the UK system, and the work of community workers within it.

# 6

## Conclusions and recommendations

This scoping exercise, literature review and consultation process have highlighted multiple and complex barriers experienced by different members of the Somali community, which lead to social exclusion.

Whilst this report examined the impact of substance misuse on the community, problems are greater than just the lack of drug service provision. Effective communication and consultation is critical to ensure the Somali community is informed and engaged.

The consultations found that young people, elders, women and community workers feel discouraged by the lack of consultation by public authorities and service providers on issues affecting their community. Evidence collected shows that Somalis do not believe that their situation can change, which leads to **disengagement with service providers**. The Somali community has been the subject of only limited single-issue research, focusing on specific areas such as health care and education. This approach has failed to fully conceptualise the needs of the Somali community, which is multifaceted and diverse. A more holistic approach is required.

The study found that the **Somali community struggles to access mainstream services** for various reasons. Older female respondents spoke of being 'survivors' of war and poverty, however on arrival in Britain the stress of migration from sometimes multiple host countries has left some mentally fatigued. The trauma of civil war, years of destitution in refugee camps and forced migration leading to family breakdown and high numbers of female-headed households has resulted in deprivation and social exclusion. In contrast, young Somalis have a different set of experiences compared to their parents and they face a new set of challenges around reconciling British identity with Somali heritage, a climate of suspicion (including 'stop and search' police procedures) and educational underperformance. Therefore services need to move away from a piecemeal approach to an integrated one, whereby services are complimentary and meet the full range of the Somali service user's needs.

This study suggests there is a **perceived chronic failure of Social Services to be responsive to the needs of the Somali community**. The study indicates that the number of children that are being removed from their parents within the Somali community is on the increase. Dissatisfaction with how Social Services have handled recent cases has added to a mistrust of public authorities – as shown in the recent '*Somali Community vs. Social Services: Soobax (come out)*' demonstration. The involvement of Social Services with the Somali community is a source of fear, and it has heavily affected Somali families. There have been claims that Social Services have placed Somali children with inappropriate foster



families and that there is a lack of understanding of their cultural or religious background. It is important that Social Services understand Somali social structure and the way in which child-minding is a collective responsibility, with resources being pooled together. On arrival in Britain, disintegration of this practice, overcrowding, poor housing and large extended families (nieces, nephews and cousins) with, in many cases one woman raising many children, has heavily impacted on the ability of parents and carers to raise Somali children. Therefore, there is a need for greater cultural understanding and for additional support to be given to families.

Social Services must seek to change their image from an intrusive and threatening one to one of dialogue and engagement with a focus on effectively protecting the rights of all children. Social Services have the legal right to remove children at risk of physical or mental harm, but they must also take appropriate measures in supporting families, providing suitable foster carers, preferably within the Somali community, where raising children is a collective effort.

It is critical that **stakeholders understand the multiple disadvantages facing the Somali community** in order to successfully address these issues by investing in preventative services, involving families and consulting the wider community. Furthermore, reducing bureaucracy and improving access to services can reduce social exclusion among the Somali community as service providers recognise they have an important role in delivering inclusive provision.

**The lack of knowledge about drugs, including problematic drug use in the Somali community, is widespread** and results in a low uptake of drug services. The study found a considerable lack of awareness about the effects of drugs. Although younger interviewees have a far greater knowledge about drugs compared to the older generation, some young people displayed inaccurate views about the impact of drugs. Respondents, particularly Somali mothers, acknowledged the little information they had about drugs came from what they have 'heard', thus in many cases information is incorrect. This meant respondents were ill-equipped to address drug-related problems in their family.

All respondents stressed that **khat misuse in the Somali community was endemic and led to family breakdowns**, an increase in female-headed households, financial pressures and unemployment. Respondents acknowledged khat use as culturally acceptable when consumed responsibly; however on arrival in Britain, the consumption of khat has changed from a social event to daily chewing sessions in khat houses. There is a need for drug services to understand the changing pattern of khat consumption amongst Somalis. This growing trend needs to be monitored and drug services must deliver specialist provision in order to tackle problems associated with khat misuse.

**Somali community organisations have to be more effective in empowering members of the community** to be involved in British society. Training of Somalis settling in the UK is a positive step to ensure integration into British society; it can also alter the transit mindset of many Somali people by helping them to realise that political and socioeconomic progress in Britain ultimately benefits them.

# 6

## Conclusions and recommendations

### Recommendations

#### ■ Consult the Somali community

The study found different members of the Somali community have an acute understanding of issues affecting them and offered practical ways to rectify the situation. Furthermore, interviewees felt that being involved in the decision making process was encouraging them to engage with local authorities and service providers. Thus to ensure service providers are responsive to their needs, the community (young people, women, elders and religious clerics) should be involved in all aspects of service delivery consultation, decision making, implementation and evaluation.

#### ■ Hold seminars and/or conferences

The study highlighted the need for information sharing to improve understanding and collaboration between the Somali community, authorities and mainstream service providers such as drug agencies and carers' groups. All stakeholders should be involved in hosting relevant seminars and/or conferences with Somali young people, families, elders and clerics to promote a mutual and cooperative approach to tackling gang/knife crime, extremism and substance use within the Somali community.

#### ■ Conduct further research into young Somalis'

**underachievement** and why there is a marked difference between the Somali community and other refugee community groups which are more successful at integrating in British society.

#### ■ Implement effective communication strategies

Effective communication is critical in ensuring that Somalis are fully involved and active in British life. This means moving from translation and interpretation services to developing a communication strategy which is appropriate and compatible with Somali oral tradition. This strategy will inform, advise and provide feedback to the Somali community.

This should include:

- 1 Utilising popular means of communication used by Somali community** (*Kasmo* newspaper and Somali speaking TV channels). This will relay information to the Somali community so that issues can be discussed openly and awareness raised.
- 2 Supporting inter-generational dialogue** between Somali parents, elders, clerics and community workers through plays and performances by young Somalis, enabling them to air their concerns and grievances.
- 3 Information sessions** for Somalis to educate them on their rights and responsibilities as British citizens. These could be held at local mosques, community centres and schools.

## ■ Support Somali community-based organisations to deliver improved services

Identified as 'weak' by interviewees, Somali community organisations have been labelled as fragmented, clan-focused and ineffective. Through strengthening the institutional structure of the Somali voluntary sector and building the capacity and sustainability of community organisations, they can better respond to the needs of a diverse and growing Somali community in London. There is a need to:

- 1 Train Somali workers** and develop their skills to ensure qualified people and experienced workers and volunteers are recruited. Such training could include advocacy skills, project management and report writing.
- 2 Support Somali workers** within mainstream services to ensure that they become part of the mainstream and do not become isolated in their area of speciality.
- 3 Create a Somali forum**

A forum would provide the platform for the Somali community organisations in London to meet representatives and professionals from the Criminal Justice System, Social Services, Drug Services and other stakeholders in order to share ideas, learning and concerns. The committee of the Somali forum should be elected from existing Somali community groups and wider members of the community. This approach will promote and support committed individuals who can effectively work together to represent the interests and concerns of the Somali community in London, as well as encourage all to strive to improve the services that they offer.

### Interview questions to Somali focus groups

- 1 As a Somali what have been your experience of life in the UK?  
**Waa maxay waaya aragnimada aad kala kulantay Soomali ahaan intii aad ku nooleyd dalkan Ingiriiskaa?**
- 2 What are the key needs of a Somali person living in the UK – How does this impact your daily life?  
**Waa maxay baahida aasaasiga ah ee qof Soomaaliyeed oo ku nool UK – Sidee bey u saameysay nolo maalmeedkaada?**
- 3 Which services do you regularly access e.g? NHS, local council, charity, local Somali community centre etc  
**Waa maxay nooca adeegga bulsho ee aad had iyo jeer isticmaasho; sida caafimaadka(NHS), maaulka degmada, ururada kaalmooyinka bixiya iyo Kumuunatiyada Soomaalida?**
- 4 Are there any gaps in the services provided to you? How can this be bridged?  
**Ma jiraan daldaloolo (caqabado/dhibaatooyin) aad kala kulanto isticmaalidda adeegyada bulshada? Sidee baase xal loogu heli karaa?**
- 5 How do you access information about these services-Somali community, friends, family members?  
**Sidee baad ku heshaa xogta ku saabsan isticmaalista adeegyada bulshada-Soomaali kumiyuunati, Saaxiibo, qaar ka mid ah qoyskaada?**
- 6 Where do you access support and advice?  
**Xageebaad ka heshaa taageero iyo la talin?**
- 7 How can these services be more inclusive to meet your needs?  
**Sidee baa loo hagaajin karaa adeegyadaas si ay u daboolaan baahidaada?**
- 8 What is the negative effect of substance misuse? How does it impact on your family or someone you know?  
**Waa maxay dhibaatooyinka ka dhasha si xun u isticmaalista maandooriyeyaasha? Sidee bey adiga , qoyskaada ama qof aad garaneyso u saameysay?**

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