

The Somali Diaspora in Kensington and Chelsea



**Report produced by
Kensington and Chelsea Social Council on behalf of
Somali community organisations in Kensington and Chelsea**

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BACKGROUND

This report was produced by Kensington & Chelsea Social Council (KCSC) on behalf of Somali organisations that work in Kensington & Chelsea to support the Somali community.

In writing this report, KCSC faced a number of significant challenges, not least the lack of local data and information about the Somali community in Kensington & Chelsea. This report has therefore been informed by desktop research of Somali communities across London and interviews with the leaders of seven local Somali community organisations. KCSC would like to thank the following organisations for their involvement and support.

Baraka Youth Association
Dadihye Somali Development Organisation
Helping Hands Support Association
Hodan Somali Community
Kensington & Chelsea Somali Women
Midaye Somali Development Network
Somali Women's Association

This report is not exhaustive but seeks to give an understanding of the Somali Diaspora in Kensington & Chelsea, to make recommendations on support needs, development opportunities and to serve as the catalyst for more detailed research into the Somali community in Kensington & Chelsea.

For further information contact
Kensington & Chelsea Social Council
London Lighthouse
111-117 Lancaster Road
London W11 1QT

T: +44 (0) 20 7243 9800
E: info@kcsc.org.uk

INTRODUCTION

It is clear that organisations supporting and representing the needs of the Somali community in Kensington & Chelsea play an important and critical role. This role is integral to ensuring that people from within the Somali community are provided with fair and equal opportunities to access support and advice provided by organisations that understand their culture. These organisations are a voice for the minority and a tool by which to empower communities and individuals who can sometimes feel powerless and unheard.

The Big Society agenda seeks to improve society by empowering local communities and the government aims to ensure that everyone plays a part in bringing the concept to life. However, Big Society will need to ensure that there is a crucial focus on equality. Whilst the announcement of the public sector cuts is of a major concern to everyone, there is greater concern on how this will impact on the most vulnerable. Research undertaken by the Fawcett Society and the Institute for Fiscal Studies (2010)¹ has evidenced that the budget cuts will disproportionately impact on the most vulnerable members of society, of which many are from BME communities. It is therefore necessary to ensure that Somali organisations continue to be resourced.

The government has recently stated that opportunities for the voluntary and community sector will not emerge overnight. So whilst the current funding environment will be difficult for voluntary and community organisations, the concern is heightened for organisations that have a high dependence on state income and low reserves – this will include Somali organisations delivering services in Kensington and Chelsea.

Somali organisations will need to consider how the current economic environment will impact on the future of their organisations and how they might strengthen their ability to sustain their services. The challenges which lie ahead will mean utilising existing relationships and networks, building alliances and considering mergers.

This report has highlighted the needs of the Somali community as well as the important work that is being done. It is hoped that this work will continue long into the future, but how the work will be sustained is of particular concern. This report urges both the statutory sector, local Somali organisations and the wider local voluntary and community sector to continue to work together to find feasible solutions that will help improve outcomes for the Somali community.

¹ Poverty and the impact of tax and benefit changes in London; Institute for Fiscal Studies; 2010 Fawcett's initial response to the CSR; www.fawcettsociety.org.uk

RECOMMENDATIONS

The Somali community in Kensington & Chelsea is a community facing crisis. They require sustained, long term support and investment to integrate people into mainstream society and get people into work.

General

1. Somali organisations to consider how the current economic environment will impact on the future of their organisations and how they might strengthen their ability to sustain their services, including utilising existing relationships and networks, building alliances and considering mergers.
2. Resources should be made available to enable local data to be collected on the Somali community in Kensington & Chelsea in relation to population, education, health, employment and housing.
3. Efforts to be made by the Somali Network, together with the Royal Borough of Kensington & Chelsea (RBKC), Kensington & Chelsea Social Council (KCSC) and other local infrastructure organisations to encourage members of the Somali community to complete the 2011 Census so that a more accurate picture of the Somali community in Kensington & Chelsea may be obtained.
4. Local surveys should include opportunities for more detailed analysis of respondents in order for local trends and issues to be more readily identified and resources allocated appropriately.
5. The Somali Network to be resourced in order to bring together local organisations and community leaders for the common good and advancement of the Somali community in Kensington & Chelsea and, possibly, neighbouring boroughs.
6. The Somali Network, in partnership with KCSC, RBKC and other local infrastructure organisations, to host events that bring together the Somali community to discuss issues and identify innovative ways in which these can be addressed.

Education

7. Local supplementary schools to be utilised as a bridge between state education and Somali young people. State run schools, colleges and academies should be encouraged to work in partnership with local supplementary education providers, for example, by making classroom or other space available for extra curriculum studies and activities.
8. Supplementary schools to be adequately resourced in order to provide formal, mainstream education to Somali young people who have been excluded from mainstream education.
9. Supplementary school leaders to be represented on the Board of Governors and or Parent & Teacher Associations of local schools in order to represent the interests of young people and their parents, as well as to encourage Somali parents to get involved in the school and the educational system.

Employment and Enterprise

10. It is estimated the 90% of Somalis living in Kensington & Chelsea are unemployed. Research should be undertaken in relation to unemployment amongst the Somali community in Kensington & Chelsea. Such research should also seek to identify ways in which local jobs can be made more accessible to the local Somali community, including signposting opportunities to hard to reach communities and the perceived and actual barriers to employment.
11. Skills development and support for social entrepreneurs to be made accessible. Access to comprehensive banking arrangements and loan facilities (possibly via the Kensington & Chelsea Credit Union) to be explored and developed.
12. Resources to be made available to enable those with qualifications gained outside of the UK to maintain and develop their skills either through volunteering or work experience in order to translate such qualifications into UK equivalent.

Housing

13. New developments such as the one at Wornington Green, to take account of the specific needs of Muslim communities in order to ensure that religious and other cultural requirements are incorporated into designs.

Health

14. Community leaders and statutory service providers to attend appropriate training in mental health within BME communities.
15. Existing health service providers to be resourced to provide services. New health facilities, such as those to be developed at St Charles Hospital and Hogarth Road, to incorporate cultural and gender sensitive services.
16. Support, training and resources should be made available to women's voluntary and community sector organisations and to statutory health services providers in order to raise awareness of the physical, emotional and physiological impact of Female Genital Mutilation. Such awareness campaign to include promotion of the LSCB Resource Pack², as well as the fact that this practice is illegal.

Community

17. Successful and high achieving Somalis (locally, regionally and nationally) should be engaged as mentors to nurture members of the local Somali community into education, training and/or employment.
18. The Royal Borough of Kensington & Chelsea to work with KCSC and other third sector and Somali organisations to see how existing resources and buildings across the borough can be best utilised to provide services and facilities for women's groups, youth clubs, older people and cultural activities for the Somali community.
19. Child care facilities and support to be made more accessible in order to enable Somali women in particular to attend skills development classes, job training and work placements.

² http://www.londonscb.gov.uk/files/2010/resources/fgm/london_fgm_resource_pack.pdf

SOMALI PEOPLE

Communities of Somalis were founded centuries ago in all eight of the countries that make up the Horn of Africa.

The name "Somali" comes from a word meaning "milk the animal" and relates to the peoples' nomadic farming tradition. Somalia itself is a relatively young country, formed in 1960 from a former British Protectorate and an Italian Colony. The country has been ravaged by civil war (since 1991), and by intermittent border disputes until 1993.

One million citizens died in the subsequent famine which brought the nation to the brink of anarchy. Nevertheless, Somalis are said to be one of the most unified African people, sharing a common language, heritage and faith (Islam).

Because of the hardships of life in Somalia, the average life expectancy is just 45 years for men and 48 years for women. Some of those who are able to leave the suffering and conflict of their homeland have chosen to migrate to the UK.

Somalis in London have managed to retain much of their cultural heritage and traditions, and their communities here are very much based on the family values and cultural traditions.

SOMALI MIGRATION TO THE UK

The first migration of Somalis to the UK of any significance took place in the late nineteenth century as a result of Somalia's colonial relationship with Great Britain. Sailors arriving in the UK settled in the dockland areas of Bristol, Cardiff, Hull, Liverpool and London.

Post-war labour needs of New Commonwealth nations also supported significant increases in Somali migrant populations in Manchester, Sheffield and London, particularly Tower Hamlets.

The current wave of Somali migration began in the 1980s with those arriving in the UK often seeking asylum as a result of the conflicts in their homeland. Home Office immigration research and statistics service data reports the number of asylum applications made by those fleeing Somalia peaked in 2001/2002 with over 14,000 applications.

It is estimated that at least 14% of Somalia's population, one million people, live outside of Somalia³. The 2001 Census recorded 43,532 Somali-born residents in the UK. This figure jumped to an estimated 101,000 in 2008, making the UK the largest Somali expatriate population in Europe. The largest concentration of Somalis in the UK live in Tower Hamlets, London and account for approximately 78% of Britain's Somali residents. This community is also considered to be the oldest African community in London.

For those displaced from their homeland, migration to the UK is attractive for a variety of reasons not least of which is joining an established community, and the UK's positive reputation for religious tolerance and limited racism. Some Somalis are attracted to the UK because of their familiarity with the English language⁴.

Somali integration in British society has been slow. Two hundred years after the arrival of the first Somali settlers in Tower Hamlets the borough confirmed 45 year old Councillor Ahmed Omer as London's first Somali Mayor in May 2009.

Mohammed Ali Mahmood, Britain's first Somali councillor, was elected in 2004 for the Liberal Democrats in Liverpool.

"My father was a merchant seaman and I was brought up in Bethnal Green. I'm enormously proud of my heritage both as a Somali and as an East Ender."

Mayor Ahmed Omar, May 2009

³ Hassan Sheikh and Sally Healy 'The Role of the Diaspora in Somali Development'. Report for United Nations Development Programme, produced 2009

⁴ H. Harris, *The Somali Community in the UK; What we know and how we know it*, Information Centre about Asylum and Refugees in the UK, Kings College London, (2004).

SOMALI COMMUNITY IN KENSINGTON & CHELSEA

Official statistics record the Somali Community in Kensington & Chelsea as quite small.

- The 2001 Census recorded 657 Somalis in Kensington & Chelsea⁵
- In 2009 NHS Kensington & Chelsea data recorded only 800 Somalis living in the borough and registered with GPs. These figures are based on information regarding country of birth⁶
- In 2004, Royal Borough of Kensington & Chelsea Family and Children's Services show that 5,127 or 75% of the school population spoke a total of 119 languages. 286 children (2.7%) accounted for Somali young people. These figures are based on information regarding language⁷.

Primary schools	Number	% of all EAL speakers	% of pupils in K&C
Arabic	1,378	24.8%	12.8%
Portuguese	453	8.2%	4.2%
Spanish	435	7.8%	4.0%
Tagalog/Filipino	354	6.4%	3.3%
French	297	5.3%	2.8%
Somali	286	5.1	2.7%

EAL = English as an Additional Language

⁵ H. Harris, *The Somali Community in the UK; What we know and how we know it*, Information Centre about Asylum and Refugees in the UK, Kings College London, (2004), p. 36.
www.icar.org.uk/download.php?id=67

⁶<http://www.rbkc.gov.uk/voluntaryandpartnerships/healthandwell-being/datafactsheets/demography.aspx>, Country of Birth and Resident Nationalities.

⁷ The Royal Borough of Kensington and Chelsea, *Family and Childrens Services - Strategy Commissioning and Performance updated: Annually*,
http://www.rbkc.gov.uk/KCPartnership/general/pic_community_ch7achieving.pdf. According to the Provision for Community Language Learning in London Final Report (June 2006)
<http://www.rln-london.com/pdf/LondonFinal.pdf> there were 233 Somali speakers amongst the children attending schools in the borough.

A review of the Council's Children and Young People's Plan in 2008 identified that the ethnic profile of school children had not changed dramatically in recent years but the percentage speaking English as an additional language (52% in 2008) had been rising consistently. The report 'Children and Young People'⁸ published by the Council in August 2009 summarises the distribution and profile of children and young people in the borough. It identifies the most common language spoken after English in voluntary aided and state maintained schools is Arabic. Other common languages are Portuguese, Spanish, Tagalog, Filipino, French, Somali, Albanian and Italian. Compared to similar research in 2004, the number of speakers of languages other than English has risen with the exception of Portuguese and Spanish.

Joint Strategic Needs Analysis data fact sheet 'Planning for the Future'⁹ published in 2010, records the most common languages spoken in the Borough, based on GP data on country of birth. Broken down by ward, Somali is most common in the more deprived wards of Golborne (3rd most common language excluding English), St Charles (5th most common language) and Notting Barns (5th most common language).

Informants from community organisations who work with the Somali community in Kensington & Chelsea consider the community to be many times larger

- The adult population is estimated to be between 2,000 and 5,000 people
- It is estimated there are approximately 1,000 children of Somali heritage living in the borough.

It is likely that official statistics exclude a number of people of Somali ethnicity who do not fit the official criteria. These include:

- Somalis who were born either in the UK, Europe or other parts of the world
- A large proportion of the most recent Somalis who migrated to the UK after living in countries other than Somalia. A number of migrants from Somalia settled in other countries before coming to the UK

⁸ 'Children and Young People' summary of the distribution and profile of children and young people in RBKC, specific need groups, lifestyle, and health and service provision - www.rbkc.gov.uk/.../healthandwell-being/idoc.ashx?docid=cefd1151-da92-4070-8196-7e48678a39e4&version=-1

⁹ 'Most Common Languages Spoken' JSNA Planning for the Future RBKC and NHS K&C - www.rbkc.gov.uk/.../2010datafactsheets/idoc.ashx?docid=9f49d3ad-1730-405d-b3f2-3d31ef3f0bd9&version=-1

- Many young Somalis living in the UK come from families who have been living away from Somalia for one or two generations and who no longer speak Somali with any fluency
- Somalis who do not identify themselves as Somali because of confusion with regard to the overlapping categories in ethnic monitoring forms. A person could correctly identify themselves as belonging to several categories. One informant referred to a form which included Black African, Black British, Black Caribbean, Congolese, Nigerian and Somali in the list of ethnicity categories. He gave the form to his three teenage children who were all born in the UK. One ticked Somali, one ticked Black British and one ticked Black African. All three are correct. A 'tick all that apply' approach to ethnic monitoring forms could, perhaps, resolve this problem.

In addition to the exclusion of the above groups, official statistics are also incomplete because of methodological problems. Some Somalis may not have registered with a GP, and some GPs may not have recorded the country of birth correctly or at all. The statistics with regard to children do not include those who are pre-school age. The census data is likely to have underestimated the Somali community because migrants are more likely to be reluctant or unable to fill in official forms and less likely to have a permanent address.

Importantly, the discrepancy between official and other figures is not particular to Kensington & Chelsea. The Information Centre about Asylum and Refugees (ICAR) in the UK conducted a meta-analysis of 139 research items into the Somali community in the UK and found that in every area of the UK, there are huge discrepancies between official statistics and the Somali population estimates suggested by independent research¹⁰. For example

- According to the Census results (2001) the Somali population in Tower Hamlets is 1,353. According to research by Green (2001) for Tower Hamlets Primary Care Trust, it was actually 8,000-12,000
- Similarly, the Somali population in Brent was 1,207 according to the census results but 9,000-12,000 according to Cox (2002), Brunel University
- The census recorded the Somali population in Ealing as 3,330 but research by Cole et al (2003), Sheffield Hallam University puts this figure at between 11,000 and 15,000.

There are no reported studies estimating the population in Kensington & Chelsea.

¹⁰ H. Harris, *The Somali Community in the UK; What we know and how we know it*, Information Centre about Asylum and Refugees in the UK, Kings College London, (2004).

SOCIOECONOMIC STATUS

The emergence of high profile Somalis within the public arena help to provide an insight into the abilities and potential of this community. The prominent Somali media figure Rageh Omaar formerly a BBC correspondent, the musician Aar Maanta and Mo Farah the long distance runner based in London are both examples of this. However research also shows that Muslims as a group are more likely to suffer socio economic disadvantage than the general population. Beckford's review for the Office of the Deputy Prime Minister in 2006 concludes that

*"[Muslims] are the largest of the 'emergent' religions in England. They have the youngest age structure of all the religious groups identified by the Census. They are large families with low participation rates in the formal labour market, where only 29% of women are active. They have the highest male unemployment rate, the highest dependence on social housing, the highest degree of flat living and the highest degree of overcrowding. They also have a high degree of concentration in areas of economic difficulty (particularly in the North but also in deprived boroughs in London) and social deprivation. Educational levels are relatively low and the occupation structure skewed towards the blue-collar jobs"*¹¹.

Research on unemployment amongst Somalis suggests that this is as high as 95% for first generation migrants and 88% for new arrivals.

Underachievement in education and illiteracy

In stark contrast to other long established communities in the UK for whom higher education and professional careers are the norm, educational underachievement is a growing problem amongst the Somali community where education exclusion is reported to be a chronic problem¹².

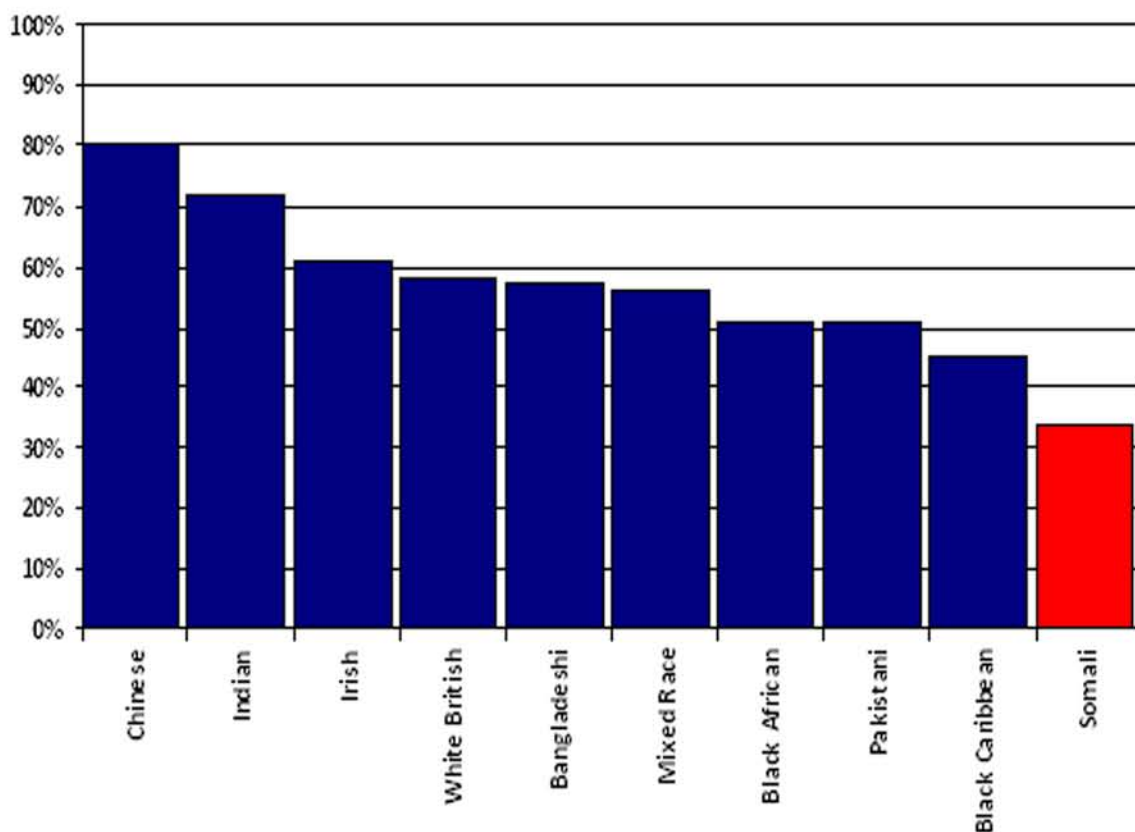
¹¹ Beckford, Gayle, Owen, Peach & Weller (The Mercia Group) 'Review of the Evidence Base on Faith Communities' – Report for the Office of the Deputy Prime Minister, University of Warwick, April 2006

¹² 'Understanding Muslim Ethnic Communities' Communities and Local Government (2009)

The Somali educational system has been significantly affected by political events in Somalia. As a result, many Somali refugee children arriving in the UK since the late 1980s have had very little experience of formal schooling. Today, those early barriers, coupled with a poor command of English and illiteracy are insurmountable to achieving a good quality of life for those Somalis aged 50 or over. Further, it means that many parents are unable to support their children with their learning, perpetuating the cycle of underachievement, limited career opportunities and poverty.

One challenge is the integration of children who enter the educational system from Somalia at late primary or secondary level.

A 2007 study of data from ten London local authorities, each with over 1,000 Somali children in their schools, provides strong evidence that Somali pupils may be falling further behind the average achievement of the majority of their peers¹³.



Source: http://www.dfes.gov.uk/rsqgateway/DB/SFR/s000708/SFR04_2007Tables.xls

¹³ 'Rising Achievement of Somali Pupils: Good practice in London schools'. Study Covering Camden, Lambeth, Newham, Haringey, Wandsworth

However a recent sample study by Aweys O. Mohamoud (2011)¹⁴ showed that high educational achievement for Somali young people can be reached with 45% of the male sample going on to university and 80% of the female sample.



Somali girls are faced with additional barriers arising from cultural expectations. From an early age they are given household chores designed to equip them with the skills necessary to be a good wife and mother in future years. Although many young Somali women are recorded as saying they found this expectation of them to be unfair, particularly in households where a young girl may have brothers who were not required to contribute to the household in this way, the reality is that the soft skills around independence, time management and motivation, all contribute to the perceived ease with which Somali girls settle into the UK's education system compared to their male counterparts.

¹⁴ *Growing Up Somali in Britain; The experience of a group of young Somali men and women coming of age in London; Aweys O. Mohamoud; Institute of Education, University of London*

Somali parents are sometimes confused by the apparent lack of discipline and respect young people have for authority. The Somali education system sees corporal punishment and advancing through the education process based on performance and results to be the norm. However, the UK's more liberal approach sees young people being allowed to get 'out of control' with no penalty whilst young people are herded through the education process sometimes without learning anything during their eleven years in the system. The disengagement and intimidation of Somali parents from the educational system, low level education and poor command of English could all be contributors to the self-imposed exile of Somali parents.

The overcrowded living conditions of most Somali families can also play a part in the difficulties children face with studying and completing homework. Amongst Somali teenagers, these problems are compounded by a lack of aspiration. They do not aspire to a college or university education as such courses are seen to take too long and do not provide any guarantee of employment. In this age group, other problems arise such as smoking, anti-social behaviour, chewing khat, joining gangs, teenage pregnancy and very early marriage also appear rife.

"I feel that Somali children are in danger of losing their culture and tradition. We have a very strong culture and tradition such as our own singing, dancing, dressing, food, cooking, poems and many others. In this respect, in order to save our culture and tradition, we need to set up our own centres to carry out workshops, assemblies, teaching, holding cultural fashion events. This would enable us to orientate our children to prevent drugs, thefts and bad attitudes in public. These children have difficulty going out alone because they are afraid of attacks but if there were cultural centres that could entertain them during their spare time that would help".

Hamlin Mohamoud, Somali culture in the UK

Some informants believe that greater opportunities for after school activities, apprenticeships and on the job training would help Somali youth overcome some of these difficulties.

Unemployment

Although unemployment in Kensington & Chelsea is lower than the London average and average earnings among the highest in England, unemployment amongst first generation Somalis can run as high as 80-95%. This is caused by a range of factors including poor command of English, illiteracy (which can be as high as 80% amongst aged over 50) and khat use.

Comparison data for new arrivals presents an equally depressing picture with employment for Somalis at 12% compared to 62% for those from other countries. For many, the lack of recognition of overseas qualifications presents the biggest challenge forcing people into menial jobs and, as a consequence, into poverty.

Traditional family values in Somali households divide work along gender lines, where women are expected to stay at home while the men are responsible for the welfare of the family, and this also contributes to low employment figures. For those who hold the same educational standards and professional qualifications as their male counterparts, they face the same problems – difficulties in getting their overseas qualifications recognised and finding employment commensurate to their qualifications.

Research of four north London boroughs by the Learning and Skills Council in 2002 found that whereas 20% of the Somali sample employed in the UK had been 'professionals' in Somalia (many as doctors, teachers and engineers), this dropped to 4% in London¹⁵.

Women's Economic Generations Partnership

Loans directly from one individual to another are not the only way in which money is lent in Somalia. Women join traditional credit schemes called hagbad, ayuuto, or shalongo. As in many other parts of Africa, women come together to form rotating credit groups. These groups are based on friendship and reciprocal trust. The name of the group is different depending on the area in which it has been formed.

Typically a group of women arrange to each contribute a specified sum of money each day (or week or month) to a common fund. Each day (or week or month), one of the members takes a turn collecting the total amount for her personal use. Each day a different member takes a turn collecting the total amount, until all members have had a turn. In some groups, the money is only collected by members when there is an emergency or for exceptionally large expenditures.

To the extent that members have access to the lump sum before they have made their full contribution, the system is a form of credit. For those who have access to the lump sum after they have made their full contribution, the system operates as a saving mechanism.

¹⁵ The main report on the research commissioned by the Learning and Skills Council was prepared by Thomas and Abebaw. They were working on behalf of the Africa Educational Trust who conducted the project and issued a summary report. Daule undertook the investigation of the Somali community, the subject of an appended document.

The impact of the UK's employment practices on the arrival of skilled labour to the UK was the subject of a study by the Migrant and Refugee Communities Forum (MRCF) in 2006¹⁶. The report focuses on the main barriers facing migrant doctors and dentists seeking work in the UK and the impact of migration on professional skills and employability. Although the issues identified are not specific or restricted to the Somali community, much of the information and learning gained, and recommendations made, are easily transferable to other careers.

The loss of self esteem is often hard to accept. Research by Emua Ali (2001)¹⁷ of Somali women in Tower Hamlets, Hackney and Islington reported that whilst many had had skilled jobs in Somalia, they were hindered by the non-recognition of their qualifications and lack of British work experience in finding similar employment in the UK. For both men and women, the lack of recognition of qualifications gained

outside the UK constitutes a significant problem. Teachers, doctors, dentists and lawyers particularly find they are unable to practice as courses to retrain or to adapt their experience to the UK market remain insufficient. Apart from the frustration this causes, the British economy and public services are deprived of valuable contributions.

While there are examples of Somali people with qualifications from British universities who are employed in professional jobs, they are too few to make a difference to the majority of the community.

MRCF hosts a weekly study group for overseas qualified doctors. It is run by a long term supporter of MRCF, Dr Helen Sapper, a retired GP. During the nine years of this project they have supported over 800 doctors. MRCF used to provide many more services but a few years ago they lobbied the NHS and professional bodies to take over most of this support work. MRCF also operates a medical library from which doctors and dentists registered with the project can borrow books to prepare for their re-qualification exams.

*'Losing Out Twice? Skill Wastage of Overseas Health Professional in the UK'
Report by MRFC (2006)*

¹⁶ 'Losing out Twice? Skill wastage of overseas health professionals in the UK'. Report based on the evidence produced by MRCF's Overseas Health Professionals Support Project. Witten by Natasha David and Dr Myriam Cherti for the COMPAS Annual Conference, 2006.

¹⁷ 'Somali women in London: Education and gender relations', unpublished PhD thesis, by Emua Ali London, Institute of Education, 2001

Enterprise and Entrepreneurship

The Somali people have a strong tradition in trade, with a long history of maritime enterprise stretching back to antiquity that includes commerce based on rare commodities such as tin. A 2008 study on immigrant business in Britain highlighted that the level of community support enjoyed by Somali traders was high in comparison to other immigrant groups. Somali enterprise has also begun replacing previously Indian-dominated business premises¹⁸.

No information on Somali enterprise and business in Kensington & Chelsea is available. However a report published in November 2007 by the Centre for Research in Ethnic Minority Entrepreneurship (CRÈME) at De Montfort University in Leicester¹⁹ identified that

- Somali entrepreneurs are intensely motivated. Many have strong track records in business and practical ownership experience gained before migration. Often they come to Britain in response to frustrated entrepreneurial ambitions elsewhere and the prospect of more expansive trading opportunities
- There is a drastic deficit in financial capital with many firms struggling to gain access to commercial credit sources. Many businesses experience difficulties obtaining funding from high street banks and other credit institutions
- Somali females were found to be entrepreneurially inclined but face challenges related to accessing finance and making time for business venturing. Providing incentives and alleviating the barriers facing Somali women charged with household responsibilities, such as minding young children, could help tap into this potential
- A distinctive feature of Somali enterprise is the importance of social ties and tight-knit family networks. Those based in Leicester are part of a global community of approximately one million overseas Somalis and many maintain strong ties with communities in Somalia and countries such as the USA, Canada and Scandinavia. These transnational networks could be fruitfully exploited by policymakers as an important source of information, new markets and finance.

¹⁸ Wikipedia - Somalis in the United Kingdom -

http://en.wikipedia.org/wiki/Somalis_in_the_United_Kingdom

¹⁹ 'Somali Enterprising Activity in Leicester: Profile, Drivers and Barriers' -

http://www.dmu.ac.uk/faculties/business_and_law/business/research/creme/news-archive/news-archive.jsp

Housing and overcrowding

Collecting information on the specific housing needs of the Somali community has been particularly difficult because of the lack of clear data. Most, if not all housing and other core service providers, collect monitoring information based on the faith rather than ethnicity of their tenants.



80% of Somalis nationally live in social housing. When arriving in the UK, Somali families are challenged in their efforts to remain strong family units within a vastly different cultural environment. Housing deprivation is connected to high levels of unemployment and long term illness resulting in families and communities feeling deprived, demoralised and helpless. The lack of access to information, advice and advocacy further contributes to the difficulties faced by Somali families as they are often not able to make their housing applications properly, particularly under the Choice Based Lettings procedure which requires applicants not only to ensure that they have been given the right priority but also to bid well.

Researchers from consultancy Migrationwork reported that the levels of housing deprivation they found among Somalis in north and east London were so disproportionately terrible that the situation should be investigated by the race equality watchdog²⁰. Although housing conditions in west London and particularly those in Kensington & Chelsea are not that extreme Somali, and indeed Muslim families more generally are particularly challenged by the shortage of large scale accommodation in the social rented sector.

In his report 'The margins of public space – Muslims and social housing in England'²¹ David Cheesman of Sheffield Hallam University looks specifically at the housing conditions of Muslims in Kensington & Chelsea in 2004 and Bangladeshis in Aston, Birmingham in 2005. He notes that the proportion of Muslims living in housing association property is, at 4.7%, significantly higher than the national average of 3.1%.

	All tenants	Muslims
Satisfied with		
Home	81%	72%
Landlord	77%	73%
Repairs/maintenance	72%	66%
Condition of home		
Landlord keeps my home in a decent condition	70%	62%
My home is in a poor state of repair	8%	14%
My bathroom is modern	55%	42%
My kitchen is old	15%	21%
My house is difficult to keep warm	9%	17%
My house is well decorated	58%	55%
Performance of landlord		
Informs tenants about decisions	54%	46%
Involves tenants in decisions	44%	40%
Is strongly influenced by tenants' views	43%	35%
Gives tenants opportunities to influence decisions	40%	32%
Listens to tenants	39%	34%
Actively seeks the views of tenants	40%	30%

Source: Cheesman 2005

²⁰ 'Alarm at overcrowded Somali community', *Inside Housing*, 29 January 2010

²¹ Published by People, Place and Policy on line (2007) http://extra.shu.ac.uk/ppp-online/issue_1_220507/documents/margins_public_space_muslims_social_housing_england.pdf

Cheesman says it is a matter of concern that Muslim communities reported a higher level of dissatisfaction in all areas surveyed and recommends social housing providers give particular attention to the needs of Muslims.

Cheesman suggests that low levels of satisfaction could be connected with the cultural and religious suitability of the home, or it may be connected with Muslim attitudes towards rented accommodation. He proposes that issues around the design, space and use of rooms be incorporated into the design of new properties. This would not affect the suitability of the homes for non-Muslims. The National Housing Federation's good practice guide on 'Accommodating Diversity: housing design in a multicultural society' provides useful guidance in this area.

29% of Muslims living in social housing aspire to own their own home compared to only 13% of tenants overall. Cheesman suggests this could be because Islam lays a particular emphasis on securing the future of the family, and property has traditionally been viewed as one of the most reliable forms of security. However, house prices in Kensington & Chelsea are amongst the highest in the country and Cheesman's study confirms that Muslims are less willing to take out interest bearing mortgages thus compounding the issue of home ownership.

Isolation and family breakdown

Somalis have strong cultural identities, especially among older people, with the extended family providing the foundation of their social network. However migrants have faced a challenge to traditional family structures and cultural values. The civil war forced many women to migrate away from Somalia without their husbands either because he had to stay in Somalia or another country, or perhaps because he had been killed in the conflict. Left to raise children alone, women accessed welfare support which not only enabled them to care for their family, but also made them the family provider and head of the household. As their dependability on male relatives diminished, Somali men felt threatened by their loss of 'provider' status creating an additional tension.

More generally, the Somali community suffers from isolation, and the high levels of unemployment and illiteracy makes it very difficult for the community to combat this. Within this, certain groups such as Somali elders are very isolated as they have no social facilities and are often unable to communicate even with their own grandchildren. Unable to access facilities provided for other BME elders (such as Pepper Pot Day Centre) because they do not speak English, Somali women are particularly isolated because of the language barrier, cultural differences and fear of those outside their community. Increasingly, children and young people no longer speak Somali while their parents and grandparents speak only very limited English. This creates pressures within the family and makes it very difficult for different members to support each other.

The loss of a male role model and father figure has an additional impact on young Somali boys. While Somali women are enjoying their new found freedom and Somali girls are exploring new opportunities in education and work, boys and young men can experience a sense of alienation from the system and a loss of identity. Although many young Somali boys adopt Black culture as a way of integrating into British society, they are often rejected by the mainstream. This coupled with the lack of cultural identity and any connection to Somalia, means that today's young Somali men are a generation without their own identity.

The failed London bombings in 2005 propelled the Somali community, and particularly Somali young men living in the north Kensington area, into the media spotlight. Because the failed bombers were identified as Somali, many Somali young men found themselves being avoided by fellow commuters who treated their every move with caution and suspicion. They reported feeling criminalised as a result of being constantly stopped by the police and sometimes kept in cells for several hours.

Reports of Somali crimes such as the murder of PC Sharon Beshenivsky during a robbery in Bradford in 2005, or the death of Mahir Osman in 2006 stabbed to death at a Camden bus stop by a gang of 40 youths, or most recently the kidnap of the British couple in the Seychelles in October 2009, continue to attract high media coverage. In July 2009, Lord Malloch-Brown, the former Foreign Office Minister, warned before leaving office that “the main terrorist threat comes from Pakistan and Somalia, not Afghanistan”. Coupled with alarmist headlines such as “Crime has gone unchecked too long for Somali community in Britain”²² there are few signs given to Somali youth that they are welcome in this society.

“It’s frustrating constantly being stopped and searched by the police. Be polite but it’s more important to know your rights.”

Young male, May 2009



The loss of self-esteem, emotional support, engagement and identity has led an increasing number of Somali boys and young men to join gangs. Many in number, gang members are contemptuous of the police and prolific in crime and violence. However, the wider Somali community is tired of this reputation and is working hard to empower itself to improve this situation. Youth forums are co-operating with the police and women’s groups are emerging to make their voices heard. A Somali woman recently joined the Metropolitan Police and witnesses from within the community played a significant part in solving a murder in South London.

²² *The Times*, 23 December 2009

HEALTH

Despite its importance, there is no specific data or studies that focus on health in the Somali community.

Health care

Access to health care is a common problem for the Somali community. Very often, those arriving in the UK have no understanding of the health care system. Studies have found that a lack of English language competency can have a direct impact on people's ability to manage their health eg. to articulate their needs to health professionals and to know what services are available to them.

Access to a GP, poor communication with health professionals and poor language and literacy all act as barriers to proper health care. Cultural and religious considerations in caring for women's health, and the willingness or inability of health care services to meet these needs, are just another pressure for Somali women.

General health issues related to poor housing, over-crowding, unemployment and poverty are well known. Reducing inequalities to improve health and well being is the subject of a report entitled 'Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010' by Professor Sir Michael Marmot (2010).

Mental Health

It is well documented that there is a general over-representation of BME groups in mental health services compared to the overall population and that BME communities are more likely than the white population to suffer from ill health. Launching 'Positive Steps' a resource for health professionals at the Delivering Race Equality in Mental Healthcare (DRE) Conference in Coventry in February 2007, Rosie Winterton MP, the then Minister of State for Health Services said "One in five people treated in hospital for a mental health problem comes from a black and minority ethnic background".

Khat abuse

The Somali community also faces challenges arising from the use of Khat²³ and the issues around mental health and physical well being arising from drug addiction.

Khat is a shrub that, when consumed, induces mild euphoria and excitement. Individuals become very talkative under the influence of the drug and may appear to be unrealistic and emotionally unstable. Khat can induce manic behaviors and hyperactivity. Withdrawal symptoms that may follow occasional use include mild depression and irritability. Withdrawal symptoms that may follow prolonged Khat use include lethargy, mild depression, nightmares, and slight tremors. Khat is an effective anorectic (causes loss of appetite), so most of its users are underweight. Long-term use can precipitate a negative impact on liver function, permanent tooth darkening, susceptibility to ulcers, and diminished sex drive. Researchers suggest that those who use the drug are more likely to develop mental illnesses. Although Khat use is most common amongst Somali men there are an increasing numbers of Somali women and young people now using the drug.

Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM), otherwise known as Female Circumcision or Female Genital Cutting, is the partial or total removal of any part of the female genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reason. There are four types of circumcision which girls/women undergo depending on their country of origin or ethnic group and range from Type 1 to Type 4 depending on the extent of the procedure. According to the World Health Organisation (WHO) statistics, communities from 28 African countries, some countries in the Middle East including Egypt, Yemen, and Syria and the Kurdistan community of Northern Iraq, practise FGM. The practice has been brought to the UK (and other countries) by migrants from these countries. WHO estimates that between 130 and 140 million girls and women are victims of FGM²⁴.

²³ *Khat or Qat is known by a variety of names, such as qat and gat in Yemen, qaat and jaad in Somalia, and chat in Ethiopia*

²⁴ *'A special initiative to strengthen community-based prevention work on Female Genital Mutilation (FGM)', Esmee Fairbairn Foundation - <http://www.esmeefairbairn.org.uk/fgm.html>*

A Department of Health funded study by FORWARD²⁵, 'A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales' estimates that nearly 66,000 women with FGM were living in England and Wales in 2001. The increase in the estimated percentages of all maternities which were to women with FGM rose from 1.06% in 2001 to 1.43% in 2006 which suggests that the number of women who have been subjected to this practice has increased. Further research²⁶ indicates that over 20,000 girls under the age of 15 are potentially at risk of FGM in England and Wales, a large proportion of them in London.

FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. The UK government has signed a number of international human rights laws against FGM, and the introduction of the Female Circumcision Act (1985) made FGM illegal in this country. The Act, which was passed in 2003, also made it a criminal offence to take a child out of this country in order to have FGM carried out abroad.

The age at which girls undergo FGM varies according to the community. The procedure may be carried out at any time from when the girl is newborn, through childhood or adolescence, at marriage or during the first pregnancy. However, the study by FORWARD suggests that the majority of cases of FGM take place between the ages of 5 and 8 years old.

Short term consequences of FGM may include severe pain and bleeding, which in some cases can result in anaemia. The pain and trauma can also produce a state of clinical shock. Infections are common with potentially fatal septicaemia and tetanus occurring in some cases.

Long term consequences may include abscesses, painful cysts or keloids, all of which can cause problems during pregnancy and childbirth. Other long term effects may include infertility, difficulties in menstruation and urinary retention, especially when the skin is stitched over the urethra. FGM can also cause significant psychological damage such as mental health and psychosexual problems. In extreme circumstances, women subjected to FGM die.

The WHO cites a number of reasons for the continuation of FGM, which include custom and tradition, the mistaken belief that FGM is a religious requirement, preservation of virginity/chastity, hygiene and cleanliness, family honour and enhancing fertility.

Awareness of the impact and dangers of FGM is increasing with women's Somali organisations working alongside midwives and health visitors providing education and support. In November 2009 the London Safeguarding Children Board produced a 'London Female Genital Mutilation Resource Pack'²⁷ designed for use by health professionals, teachers, community activists or anyone with a general interest in the health and happiness of children.

²⁵ 'A special initiative to strengthen community-based prevention work on Female Genital Mutilation (FGM)', Esmee Fairbairn Foundation - <http://www.esmeefairbairn.org.uk/fgm.html>

²⁶ A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales

²⁷ A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales Summary Report; Foundation for Women's Health, Research and Development (FORWARD); 2007

CONCLUSION

This report highlights the many challenges which face the Somali community, but also seeks to highlight the important work and contribution members of the community make to improving the social, economic and health wellbeing of Somalis. Aweys O. Mohamoud also concludes from his study that resilience is an important factor in individual achievement where people have been shown to strive for success, having supportive relationships with both family and friends is an important enabler.

However there are real concerns about the future opportunities particularly for young males that are doing less well within the education system compared to their female counterparts. Increasing drug and gang activities is of particular concern. In his report Aweys O. Mohamoud quotes Rageh Omaar (the Somali-born Television journalist) who states that “ethnic Somali youth constitute one of the largest minority groups in Feltham Young Offenders Institution”.

KCSC actively encourage the continued support of voluntary and community organisations in the borough that play a valued and important role in aiming to combat many of these issues. Whilst the future financial challenges are recognised, KCSC advocates the need to ensure that organisations working to support communities in Kensington & Chelsea are supported to remain a vital part of the fabric of life in Kensington & Chelsea.

SERVICES FOR SOMALI RESIDENTS IN K&C

The following is an outline of some of the services provided by voluntary and community sector organisations to Somali people who live or work in Kensington & Chelsea and the surrounding areas. Contact the organisations listed for more information on the diverse range of services and support available.

Advice, Interpreting and Translation services

Advice, interpretation and translation services are some of the most important areas of service provided by organisations to the community. Clients can receive a range of advice services such as accessing benefits, healthcare, housing and immigration. Clients can also get materials translated and an English speaking person to accompany them to services which require interpreting.

Educational Advancement and Supplementary Schools

Supplementary schools offer teaching in key subject areas such as English, Maths and Science but also provide a whole other range of activities including Arabic language teaching, IT facilities, educational talks, sports, field trips and community cohesion activities such as police liaison.

Young People and Recreational Activities

Activities for young people are centred on improving the physical and mental wellbeing through education, physical and leisure activities designed to build self confidence and increase their sense of self and of community.

Services for Women

Somali organisations offer a number of services specifically targeted to Somali women including ESOL classes, advocacy, fitness classes, health awareness and sewing classes.

Elders Support Services

Services providers to community elders include support groups, information on main stream services and exercise classes. These services also provide clients with the opportunity to socialise with other members of the local community combating isolation.

ORGANISATIONS PROVIDING SERVICES AND SUPPORT TO RESIDENTS IN KENSINGTON & CHELSEA

Name **Baraka Youth Association**
Address Canalside House, 383 Ladbroke Grove, London W10 5AA
Tel 020 8964 0606
Fax 020 8964 0606
Email barakayouth@tiscali.co.uk
Website www.barakayouth.org
Services Advice and information, educational advancement, intergenerational project, recreational and other leisure occupations for children and young people

Name **Dadihiye Somali Development Organisation**
Address 1 Thorpe Close, London W10 5XL
Tel 020 7370 4168
Fax -
Email dadihiye@gmail.com
Website -
Services Information, advice and advocacy, ESOL/cultural classes, women's groups and practical support to Somali families and individuals

Name **Helping Hands Support Association**
Address 1 Thorpe Close, London W10 5XL
Tel 020 8432 9611
Fax -
Email hhsa2@yahoo.com
Website -
Services Educational and vocational training courses, citizenship classes for adults, support services for young people, sport activities for all

Name **Hodan Somali Community**
Address Unit 4, Canalside House, 383 Ladbroke Grove, London W10 5AA
Tel 020 8960 5813
Fax 020 8960 5813
Email hodan_somalicommunity@yahoo.co.uk
Website -
Services Advice, information and advocacy, outreach services, health, elders support services, carers support services

Name **Kensington & Chelsea Somali Women**
Address 1 Thorpe Close, London W10 5XL
Tel 07983 431 641
Fax -
Email muhuba_8@hotmail.co.uk
Website -
Services Women's group meetings, sewing and supplementary school

Name **Midaye Somali Development Network**
Address 7 Thorpe Close, London W10 5XL
Tel 020 8969 7456
Fax 020 8969 7456
Email contact@midaye.co.uk
Website www.midaye.org.uk
Services Advice and support, translation and interpreting, employment, benefits and general support, outreach and advocacy, sewing, well woman, women's forum, supplementary school and adult learning support, ESOL, health awareness, access to GP, school transition, cultural learning and events, sports for youth and children

Name **Somali Women's Association**
Address c/o Venture Community Association, 103 Wornington Road, W10
Tel 07507 112 580
Fax -
Email somaliwomen@hotmail.co.uk
Website -
Services Supplementary school, culture classes, parenting support, advice and information

Somali Networks and Partnerships in Kensington & Chelsea

Name **Somali Network**
Address c/o: Kensington & Chelsea Social Council
 London Lighthouse, 111-117 Lancaster Road, London W11 1QT
Tel 020 7243 9800
Fax -
Email somalinetwork@kcsc.org.uk
Website -
Services The network is a partnership of community and voluntary organisations that are working together to facilitate and support the participation, development and well being of Somali residents in Kensington & Chelsea and neighbouring boroughs.



Kensington and Chelsea Social Council
London Lighthouse
111-117 Lancaster Road
London W11 1QT

Tel: 020 7243 9800
Email: info@kcsc.org.uk
Fax: 020 7900 1777
www.kcsc.org.uk