

COFFEE AFRIK CIC COMMISSIONED RESEARCH PAPER

Somali community data
deep dive.

CALL FOR ACTION.

(FOCUS ON TOWER HAMLETS)

AARA SYED

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Introduction:

The Somali community in Tower Hamlets and London as a whole, is well established, with first, second, third and fourth generation British-Somalis living in Europe. There is a consistent lack of accessible data and research on the Somali community in London. While media coverage of Somalia, Somaliland and the Somali diaspora is often rooted in racist stereotypes and ignorant prejudice (Open Society, 2014). Furthermore, due to the intersectionalities involved in being Somali, members of this ethnicity can face racism (including criminalisation by the police) as well as Islamophobia which this report endeavours to examine.

This report hopes to discuss the following topics (in reference to the Somali community, with a focus on young Somali men):

- county lines.
- substance use.
- over-policing.
- mental health
- the lack of data available

Racism and Islamophobia are deeply entrenched in British society, and this can manifest in economic vulnerability; child exploitation; possible substance use; violent criminalisation (by the state) and detainment (including in a mental health capacity).

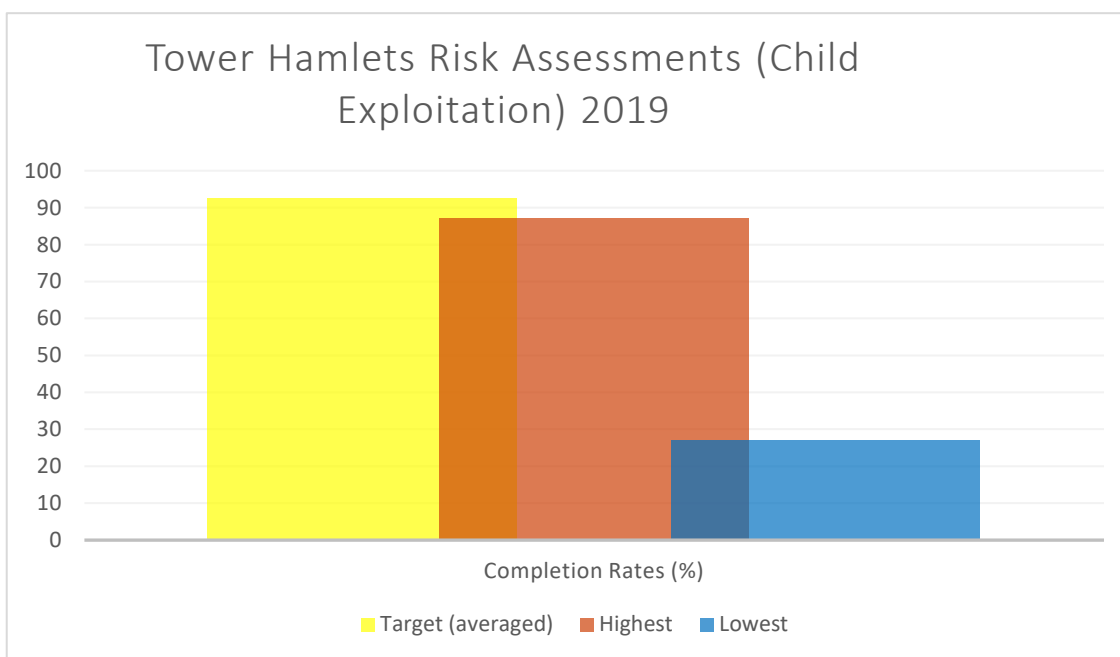
To strengthen and democratise this research, the team conducted primary research in the form of a focus group, this consisted of 8 young, Somali men based in East London discussing their experiences and thoughts on growing up and living in their area, including the quality of state institutions and their treatment of them and their community.

Child exploitation

Young people are often the most vulnerable members of society, with intersectionalities like class and race also playing a role in how young people are treated in contemporary Britain & Northern Ireland. The following section will examine child exploitation in Tower Hamlets (with some reference to county lines and grooming) and offer insights into the racist, prejudiced UK education system's treatment of Somali children.

Tower Hamlets reported 374 episodes of concerns of child sexual exploitation that resulted in a child protection strategy meeting in 2018/19, at the same time the Metropolitan Police Service recorded 102 reports of child sexual exploitation in the London Borough. (Evans, Frank, Jay, 2022)

Also stated in the *Independent Inquiry Child Sexual Abuse's* report (2022), risk assessments and screening tools are used to check whether and how children's social care professionals, police and healthcare professionals respond to children. However, The London Borough of Tower Hamlets' target of completing 90 to 95 percent of risk assessments within three months was not met at any time between June 2018 and March 2019 – the highest completion rate was 87 percent and the lowest 27 percent.



In reference to intersectionalities, the Inquiry state in *Independent Inquiry Child Sexual Abuse's* report, that when its hearings were taking place the Metropolitan Police Service had conducted no specific planning about the accessibility of child sexual exploitation services to racialised communities at the time. The report highlighted that there were widespread failures to record data about the ethnicity of both perpetrators and victims in the case study areas (which included Tower Hamlets).

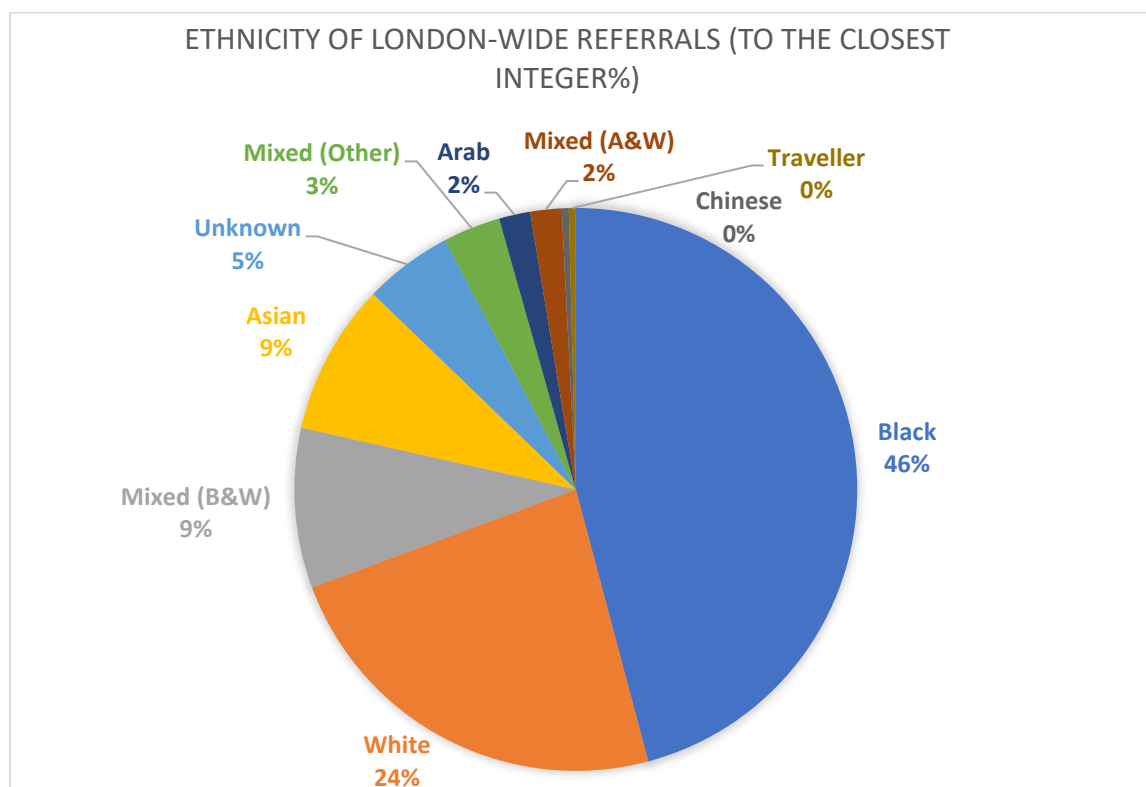
In the Tower Hamlets 2019 profile, ethnicity was not recorded for 86 per cent of offenders involved in 147 reports of child sexual exploitation and 14 percent of 166 victims of child sexual exploitation in the Central East Area (Hackney & Tower Hamlets). (Evans, Frank, Jay, 2022)

Overall, this Inquiry found that none of the studied police forces (including the Metropolitan Police) or local authorities had an accurate understanding of networks sexually exploiting children in their area and that there was a general lack of data on the intersectionalities of the children who were vulnerable to or who experienced exploitation.

County Lines

606 referrals were received by the London Mayor’s County Lines Rescue and Response Project (led by a group of boroughs including Tower Hamlets) from May 2019 to April 2020. (Rescue & Response Project, 2020) Tower Hamlets had 18 referrals during this same time period. Some young people across the capital were referred multiple times, so across the 606 referrals, there were 553 young people.

In Tower Hamlets 90 individuals were identified as having a link to county lines or a suspected link to county lines activity. Of the 32 London boroughs, Tower Hamlets is 16th (middle) for the number of individuals identified as having a link (91%) or suspected link to county lines activity (9%). (ibid) This East London borough borders 3 of the 6 boroughs with the highest number of identified individuals. These three boroughs are Newham (187); Southwark (175) and Lewisham (161). (Rescue & Response Project, 2020)



Source: Rescue and Response County Lines Project, 2020

More key facts on the Rescue & Response Project referrals:

- Half of the young people (303) referred to the programme in 2019/20 had at least one reported missing episode believed to be linked to county lines before their referral to the programme. This is a reduction of 22% from the previous year.
- 82% of the young people referred to the programme were male.
- 10% of young people had at least one disability recorded at the time of referral (the most common were neurodivergent conditions: ADHD, Autism & 'learning conditions')
- 71% of those referred to the project were non-white individuals

(Source: Rescue and Response County Lines Project - Year 2 Strategic Assessment 2020, slide 9)

Our 8 focus group participants were asked if they believe that child exploitation in the form of county lines is happening to all children in Tower Hamlets or if the Somali community in the borough is hit hardest. Opinions on this topic diverged, with one individual saying that child involvement in county lines is widespread across all ethnicities in the borough. Another individual added that there are 'a lot of Somalis in county lines as well'.



Education

It was reported in 2014 (Open Society Foundation) that British-Somali boys were penalised by the education system and were much more likely to be excluded from school than their white counterparts.

Research participants for this report expressed concerns about underachievement at school, particularly in reference to the way that British-Somali boys were treated by mainstream education, they offered examples of boys being stigmatised as “bad” or referred to special education units if teachers cannot cope with “boisterous behaviour”. (ibid)

‘Disproportionately Somali young men are admitted to pupil referral. The main reasons are that Somali boys are disruptive and don’t listen. Instead of investigating why there are behavioural issues or pupils aren’t engaged they are side-lined. (Open Society Somalis in London research participant, Tower Hamlets, woman 18–35)

This report also noted issues that Somali children faced in Tower Hamlets regarding their Muslim identity.

Some focus group participants discussed how schools did not make a distinction between different ethnicities, and instead included everyone under the banner “Muslim” when stipulating what was acceptable dress:

‘The experience that I had in terms of uniform was that Somalis fell through the gap. At the school that I went to there were two options ... a kilt and a blazer or a salwar khameez. It was a cultural thing rather than religious and we got penalised for not being either or. (Open Society Somalis in London research participant, Tower Hamlets, woman 18–35, p.54)

The prejudice and representation that exists in Britain when it comes to Somalia, Somaliland and the Somali community in Britain will be discussed in the context section of this report (page 14).

‘I remember at school that I was taken out of class to join other Somali girls to talk about our experiences of war. I’ve never been there. English is my first language. I felt that I missed out on core English language lessons because I was assumed to be a new arrival from a war-torn place.’ (Open Society Somalis in London research participant, Tower Hamlets, woman 18–35, p.54)

It has been difficult to find up-to-date data on school exclusions of the Somali community in Tower Hamlets, as No More Exclusions notes in its school exclusion moratorium document, there are inconsistencies in how schools report the ethnicity of excluded pupils, with a number of schools using ethnicity and nationality interchangeably. According to NME this phenomenon most frequently occurred in relation to pupils of African descent. (NME, 2021)

As seen in the Tower Hamlets Somali Taskforce report (2017) there is limited data on Somali children within early years services, the category is simply Black African.

But, in 2017, at Key Stage 2 level, Somali children were in line, or ahead of children from other communities in both mathematics and reading. Additionally, at the time the report was created, an indicator for secondary school readiness was the attainment of level 4b or above in Grammar,

Punctuation and Spelling (GPS); this shows whether a child is on the path to obtaining 5 A*-C GCSEs including English and mathematics. In 2015, Tower Hamlets was ranked second nationally in its achievement of GPS, and Somali children scored 80.5%, second only to Asian children who scored 83.8%. (Tower Hamlets Somali Taskforce: 2017)

Young Somali Londoners have previously expressed that Somali youth are graduating from universities and are doing well, but that these positive achievements are often undercut by negative news. (SYDRC, 2009, p.15)

Community organisation employees/volunteers have stated that there still is not enough support for newly arrived Somali students, particularly those who do not speak English. They are still often placed in classes where they find it difficult to follow the lessons (due to language barriers), and the schools do not provide enough support and resources to help them. (Rasmussen, 2011]

Relevant community workers have expressed that often teachers find it easy to teach the class toward the students who speak English and effectively ignore Somalis and other EAL (English as an additional language) students. This only further isolates Somali children. The community workers, who were also teachers, felt that some other teachers viewed Somali and other minority/refugee pupils as a burden to the classroom. One researcher who conducted case studies in schools found that, "In all five schools there were negative perceptions of Somalis boys and girls among some teaching staff. These perceptions assumed that Somali boys were 'traumatised' therefore they could not be expected to learn or behave". (Rasmussen, 2011, p.23)

Over Policing

In Open Society's *Somalis in London* report (2014) the over-policing of and racism towards young Somali individuals was illustrated partially through its quotes from Somali focus groups based in Camden and Tower Hamlets.

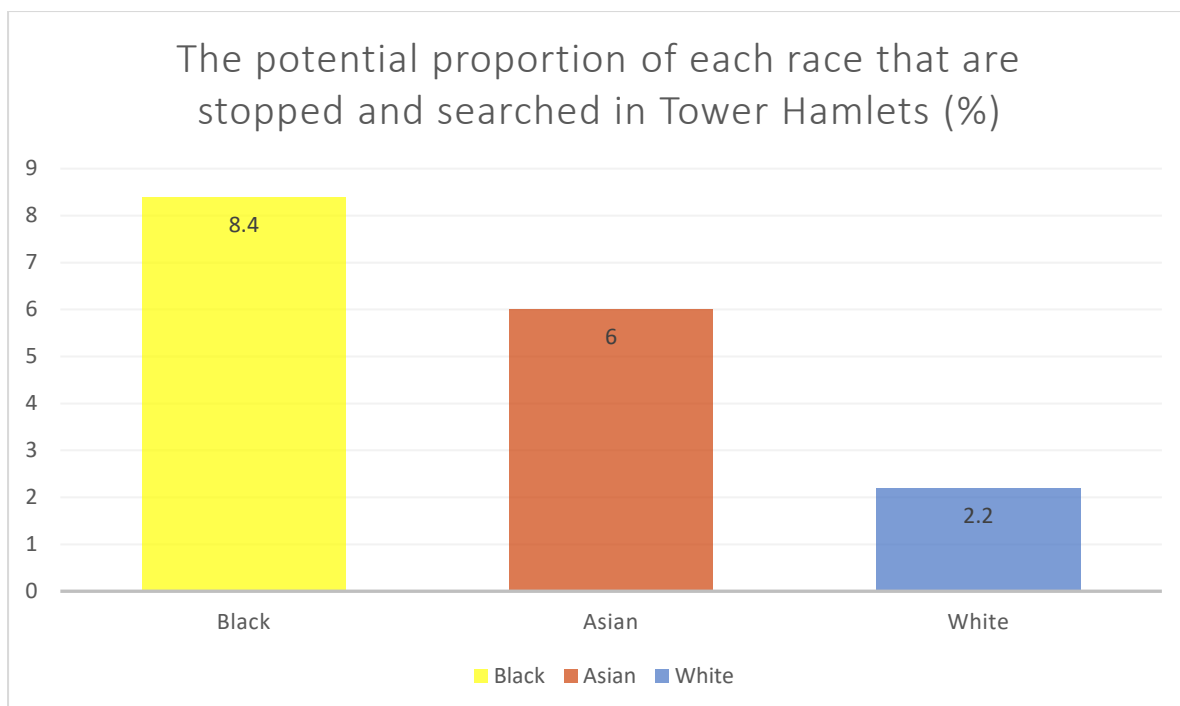
The researchers found that young British-Somali men experienced discrimination by the Metropolitan Police, noting that excessive stop & search is a prominent problem, further adding to the marginalisation of young Somali men in London.

Stakeholders also told the researchers that sometimes families struggled to support young men who had been arrested or charged with offences.

Looking at Tower Hamlets search volumes data recorded by the Metropolitan Police from March 2021 to the end of January 2022, there was clear racial profiling against Black people taking place. The data available only separated race/ethnicity by 'ethnic appearance' and had the following categories: White, Black, Asian, and Other. It is assumed that the Somali population would come under the Black category although white-passing and/or ethnically ambiguous, dual heritage Somali individuals may have been classified under a different category.

There were 1,933 searches of Black people in Tower Hamlets, according to this dataset the Black population in the borough is 22,975 (searches are equivalent to approx. 8.4% of the Black population in the borough). At the same time 5,774 searches of Asian people took place, this data stipulates that the Asian population of Tower Hamlets is 99,353 (searches are equal to approx. 6% of the Asian population). This is a discrepancy of over 2% between the Black and Asian stop & searches in Tower Hamlets.

Meanwhile 2,465 searches of White people took place, the White population is detailed in this data as 114,819 in this East London borough (this number equates to approx. 2.2% of the white population). So Black individuals in Tower Hamlets are over 6% more likely to be stopped & searched than White people in the same area.



The most stopped and searched age range in the borough was 20-24 (505); the second most stopped and searched age group was 15-19 years (461) and 46 stop and searches were on 10–14-year-olds.

Although this data does not comprehensively look at intersectionalities and has some inconsistencies with its data (in reference to population data), it is clear that young, Black individuals, which includes Somali individuals (who aren't ethnically ambiguous and/or white passing) were disproportionately targeted by the police during this time period.

In 2008, young London-domiciled Somali individuals told researchers that the Stop and Search programme, is about how you are dressed, and the police treat you accordingly. (SYDRC, 2009)

Looking more generally, Tower Hamlets had the sixth highest proportion (10,474, 5.2% of total search volume) of all stop & searches across London from March 2021 to end of January 2022. (Metropolitan Police Search Data)

In 2010, young Somali boys in East London detailed that in many instances, they felt that their behaviour was misinterpreted as threatening or anti-social, whereas they saw it as a simple manifestation of their social/cultural life (meeting up in large groups, being energetic, hanging around outside the home in the public sphere). (Options UK, 2010)

A participant challenged what a gang actually is, "If two Somali youngsters are hanging around in the street, it is soon considered to be a gang." (SYDRC, 2009)



Substance Use Data

The Lammy Review notes that 45% of young people arrive to prison with substance “misuse” problems. (Lammy, 2017)

Substance use is often written about with little sensitivity and unfortunately this often ties in with racism and/or xenophobia and/or classism.

Also, Khat, a psychoactive plant came up repeatedly on the topic of Somali substance use. This may be due to most of the research into Somali drug use in London being quite dated and ties into the theme of under-reporting and under-research into the Somali community in London. Khat was made illegal in the UK on 24 June 2014.

In *Substance Misuse in the Somali community in the UK: Challenges and Strategies for Family Involvement in Effective Treatment* (2007) Toby James based risk factors for substance “misuse” for the Somali community on research on the general asylum seeker and refugee community. This seemingly ignores the British-born second, third, fourth generation Somali individuals that live in the UK.

The Shire Foundation were commissioned by Adfam to produce, *becoming visible* a report (from 2009) that looked at existing literature on the Somali community (with a focus on drug use); findings from consultations with Somali individuals in London and then made corresponding recommendations.

A 16-year-old sixth former told researchers:

‘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 Shire Foundation, 2009, p.24)

Interpretations of the use of Khat (before it was banned) were mixed.

Some individuals interviewed by Patel et al said that that Khat made people more relaxed. (James, 2007: Patel, 2005)

While all respondents for *Becoming visible* referred to the use of Khat in the Somali community as a cause of concern both 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.

Furthermore, due to the many detrimental effects of unemployment, it was thought that unemployed men in particular were at greater risk of using Khat. (Open Society, 2014)

Racial and xenophobic prejudice may also be limiting support that substance users get. There is widespread evidence that some mainstream support services are not reaching or available to Black and other people of colour, including Somali communities due to a lack of cultural competence in the health system.

The consistent cultural competence issues within the health and social care services could be why family support kept arising when discussing key resources for substance misuse. (James,2007)

According to the *Tower Hamlets Partnership Substance Misuse Strategy 2020-25*, Tower Hamlets has the highest estimated rate of opiate and crack cocaine users in London, 3,244 or 14.4 per 100,000 population (these figures are exclusively adult users). (*Tower Hamlets Partnership Substance Misuse Strategy 2020-25*)

In the borough, the drugs of choice by those in treatment are primarily class A – crack cocaine and heroin. Just under half (47%) of the opiate and crack cocaine users in Tower Hamlets are believed to have mental health issues ranging from anxiety and depression to acute psychosis (higher than the England average, 40.8%). (ibid)

Tower Hamlets also borders 3 of the London authorities (Southwark, Hackney, and Newham) that have a history of high numbers of Opiate and/or Crack users. (*Tower Hamlets Partnership Substance Misuse Strategy 2020-25*)



Mental Health Examination

Somali men in Britain have previously identified socio-economic factors such as poverty, unemployment and homelessness, trauma, language barrier between mother and child, and family separation and conflict as causes behind mental health issues. (Kahin, 2021)

Medical racism is a major topic and unfortunately this is a big issue in the mental health space, affecting much of the racialised community in the UK, including Somali individuals. There is a low level of Somali mental health professionals and therapists in the UK. (ibid)

Frequently Somalis come into contact with mental health services when they're already at crisis point and early intervention through the community should be implemented. (Kahin, 2021)

A review of the Mental Health Act found inequalities in access to treatment, care experiences and quality of outcomes for Black people and other people of colour, noting that 'too often and in too many areas the experiences of those of Black African and Caribbean heritage is one of either being excluded or detained.' (Bignall, Butt, Helsby, et al. 2019, p.12)

This point is reinforced by observations in *Ethnic Inequalities in Healthcare: A Rapid Evidence Review (NHS Race & Health Observatory (2022))*. The review provided strong evidence of clear, very large and persisting ethnic inequalities in compulsory admission to psychiatric wards, particularly affecting Black groups, but also Mixed Black & White groups and South Asian groups. There was also evidence of harsher treatment for Black groups in inpatient wards, e.g., more likely to be restrained in the prone position or put into seclusion.

Evidence from the review affirms that some inequalities present for adult populations were replicated in younger populations. Parents reported their children facing the same barriers to accessing services as reported for adult mental health services. Two studies of young Black men showed that they were deterred from seeking help by their knowledge of injustices in mental health services relating to Black Caribbean and Black African populations.

Criminalisation cropped up as carers commented negatively on the way that mental health services treat Black people.

One participant talked about "a neighbour who had been dragged out of the bath with no clothes on". (Bécares, Booth, Esmail, 2022, p.38: Rabiee and Smith's study, p.169) Participants also experienced incidents of abuse by staff on inpatient wards. (ibid)

This disturbing idea of a violent mental health system also arose with a study of 165 men admitted to one of 10 inpatient wards in London which found that Black Caribbean and Black African men were more likely to be sectioned under the Mental Health Act (2007) compared to White British participants (Bécares, Booth, Esmail, 2022, p.38: Bruce and colleagues', 2012)

This over-use of coercive mental health treatment under the 2007 mental health act for Black Caribbean and Black African groups is a major point of concern that needs to be promptly addressed.

Moreover, many studies show a higher prevalence of mental illness for Black Caribbean and Black African men, and systematic maltreatment from psychiatric services and criminal justice systems, with these groups much more likely to be subjected to coercive treatments such as involuntary admission to mental health wards, Community Treatment Orders and violence from state systems

(Bécares, Booth, Esmail, 2022 : Barnett P, Mackay E, Matthews H, et al, 2019) This indicates a violent inhumane abuse of power by racist mental health professionals.

Furthermore, Black patients in the UK are subject to more intrusive treatments, such as injectable anti-psychotics, and are offered talking therapy for severe mental illness less than other individuals. (Bécares, Booth, Esmail, 2022: Das-Munshi J, Bhugra D, Crawford MJ, 2018)

Mistrust of NHS professionals and its subsequent impact on avoiding or prolonging looking for help was patients' views that healthcare professionals (GPs and mental healthcare professionals) did not either:

- 1) understand what racism was or
- 2) understand how racist experiences and other individual experiences impacted both their experiences of mental health services and the outcome of the receipt of services.

Source: Bécares, Booth, Esmail, 2022, p.33: Linney and colleagues, 2020

Mushtag Kahin in *Breaking the chains: understanding Somali mental health barriers and health inequalities* (2021) details the importance of having culturally competent care, suggesting she was able to help, advocate and signpost clients to appropriate services whilst offering reassurance to extended family members that their loved ones were not alone.

In keeping with other topics mentioned in this Somali Community Outcomes/Pathways report, there are differences between the treatment of intersectionalities in the mental health space.

One in eight LGBT people experienced some form of unequal treatment from healthcare staff because of their sexual orientation; one in five for Black and other LGBT people of colour. (Bignall, Butt, Helsby, et al. 2019: Stonewall, 2018)

Disappointingly, a further 5 percent of LGBT people; and 9 percent of Black and other LGBT people of colour have been 'pressured to access services to question or change their sexual orientation when accessing healthcare services'. (Bignall, Butt, Helsby, et al. 2019 p.43: Stonewall, 2018,)



Current Context/ Political Climate (brief)

At the time of writing this report, the world was still amid a pandemic (as much as the UK government tries to act otherwise) and many members of the UK general public were still trying to fight the deportations to Rwanda, Iraq and more destinations as well as heal after multiple stories of harassment of Black school girls.

This section will look at both the history of Somalis in Tower Hamlets, and more widely in London, providing more contemporary information when necessary.

There is evidence to suggest that Tower Hamlets is home to the longest established British Somali community in London. (Open Society, 2014)

Tower Hamlets is a Prevent Priority Area (PPA) defined in *The People's Review of Prevent* (2022) as areas of special concern with extra funding allocated to them.

Multiple reports detail that there are difficulties in drawing together a decent overview of the Somali population in Tower Hamlets, this is due to the limitations of the national 2011 Census questionnaire where Somali was not listed as a separate ethnic group, so when responding to the ethnicity question Somali residents may have ticked either the Black African or Black Another box.

The Tower Hamlets council in 2017 estimated figures for the Somali population are based on country of birth data as a proxy for ethnicity which suggests the Somali population is between 2-3% of the total population, equating to 5,500 to 8,000 people (based on a Somali born population of 2,600). (Tower Hamlets Somali Taskforce: 2017). This data however does not therefore include individuals originally from Somalia &/or Somaliland but born elsewhere.

The 2021 census may supply more information on the Somali community, as it had a write-in option under 'Black African' for individuals if they wanted to specify which country/geographical region/race they identify with.

The focus group that we held also examined how the research participants felt that young, Somali individuals based in Tower Hamlets were treated by society. There was a consensus that they and other young Somali people in the borough were treated badly.

'I think we're treated bottom of the barrel, compared to other cultures and other races, I feel like we come last, does that make sense? In terms of anything getting addressed, anything sorted out or even getting treated in different areas, housing aspects, even things like that or general, asking for general help, I definitely feel like we're bottom of the barrel in Tower Hamlets.' (Young Somali man based in Tower Hamlets, 2022)

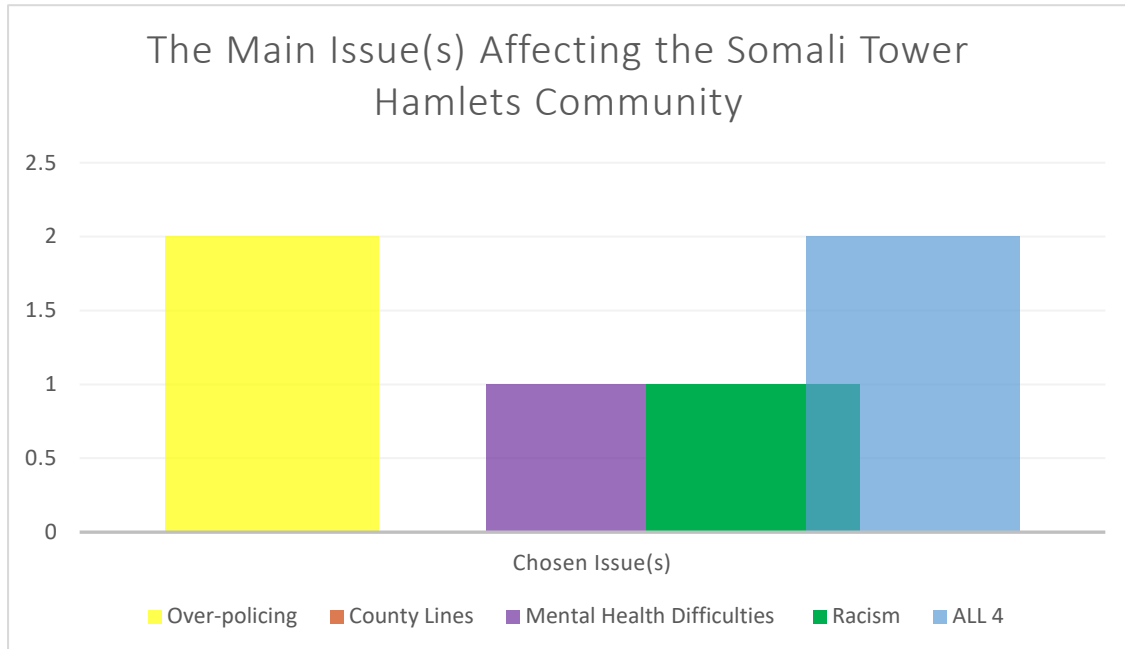
'The lowest of the low I think, the lowest of the low.' (Young Somali man based in Tower Hamlets, 2022)

'No help, no help whatsoever sometimes.' (Young Somali man based in Tower Hamlets, 2022)

The focus group were also asked to choose what they thought the biggest issue or issues to impact the Somali Tower Hamlets community are.

'I reckon its [the main issue], over-policing, police just tend to stop us when they see us & it's just like, it's frustrating.' (Young Somali man based in Tower Hamlets, 2022)

A few of those who shared their thoughts often chose more than one issue, with a couple of individuals suggesting that the main issues (over-policing; county lines; mental health difficulties and racism) are all interlinked.



‘Maybe it’s all the stereotypes though, because we can’t just say it’s us [a Somali individual], a Black person might, a regular Black person, or a Black person that’s not Somali might get overpoliced just for the way they look, so they [the police] might not see us as a Somali getting stopped, they might firstly see us as a Black person getting [stopped], and then they realise we’re Somali, but I feel like everything is interlinked and then mental health difficulties are just the result of everything and that’s when mental health gets involved, when you feel like you’re being stereotyped or treated badly, that’s when everything just piles on top of each other’ (Young Somali man based in Tower Hamlets, 2022)

Focus Group participants discussed their experiences of being a young Somali person living in Tower Hamlets and how their mental health is affected by living in the borough.

One individual noted that there is a big Somali community (including groups and initiatives) in Tower Hamlets which has helped them to cope with feeling like they’re constantly under state scrutiny.

‘We’ve got our community, we’ve got like, the community is quite big, it helps, there’s always room for improvement I think.’ (Young Somali man based in Tower Hamlets, 2022)

Another participant discussed the difference in growing up in Tower Hamlets as a young Somali male a few years ago, versus the current situation in the borough.

‘There was youth clubs and that before, so we wasn’t as socially awkward as like the younger generation now, especially because like they ain’t got youth clubs to go to or especially like, Covid, they might have stayed indoors a lot, so they might be more socially awkward than us, and then that could also lead back to like mental health as well, so they might be scared to go out and mix with

people and stuff like that because we had youth clubs and that, we're like used to social situations.' (Young Somali man based in Tower Hamlets, 2022)

The current state of research into the Somali community in Tower Hamlets was also explored during the focus group.

When asked about current research into the Somali community based in Tower Hamlets & further afield (in London in general & beyond) one participant simply said: *'What research?'* (Young Somali man based in Tower Hamlets, 2022)

'I don't think they have data on us in general based in Tower Hamlets.' (Young Somali man based in Tower Hamlets, 2022)

Most of the group declared that they would be happy to contribute to other research into the Somali community in the East London borough.

'I think I would do it with anyone who'd ask, as long as it helps the community, especially in Tower Hamlets.' (Young Somali man based in Tower Hamlets, 2022)



Labels

As seen in previous sections and according to data from discussion groups in Tower Hamlets and Camden, held by Open Society for its report, 'Somalis in London' participants see their Somali, British, Black, and Muslim labels as overlapping.

On one level, such intersectionality was not seen as being an issue as it encapsulates the complexities surrounding identity formation and belonging. But, having multiple identities also compounded potential discrimination, as there were several ways in which people experienced this. While, labelling oneself as simply having a "Somali identity" was seen by some participants as a "safe" identity, since this was not challenged by mainstream society. (Open Society, 2014, p.17)

Integration was raised in all of Open Society's stakeholder interviews. The consensus among stakeholders was that in order to take advantage of the opportunities available and to thrive in the United Kingdom, Somali communities needed to integrate into wider society.

Stakeholders highlighted, however, that there was still confusion surrounding integration and what it actually means, with several emphasising that it should not mean assimilation. Instead, it was suggested that Somali communities should be able to participate in society without losing their culture or traditional values as a group. However, this was seen as difficult, since the context in which integration should take place is often one of non-negotiable principles of the host population, the upholding of the liberal social contract and adherence to the law and both the researchers and stakeholders failed to address the issue of racist and Islamophobic systems (as well as individuals) that target and vilify the Somali population (among others) in London.

Some stakeholders also raised the duality of structure and agency characterising integration, emphasising that there needs to be willingness from the mainstream as well as a disposition to integrate from Somali communities. So far it appears that Somali individuals, whether they are first, second, third, fourth generation, are not made to feel comfortable or welcome and this idea of integration seems outdated and does not acknowledge the colonisation of Somalia and Somaliland by Italy and Britain respectively.

'I don't believe I'm a British citizen and I don't believe I'm a Somali citizen. I'm a citizen of the world, I'm absolutely confused—that's me! The fact is, I live in a society where people don't see me as either a British citizen or as a Somali citizen, they only see me as a foreigner. It doesn't matter if you have a British passport ... they only see you as a Black foreigner.' (A participant from Open Society London's focus group in Tower Hamlets, man 18–35) (Open Society, 2014, p.38)

'We are British by papers but there are limitations, there is no participation ... when it comes to British, no one is willing to help or even acknowledge you calling yourself a British citizen, that's how I feel.' (A participant from Open Society London's focus group in Tower Hamlets, man 18–35) (Open Society, 2014, p.38)

This feeling about Somalis in London being left out of society and facing barriers to services was echoed by findings by the Somali Taskforce. Their report detailed that this sentiment ranged from feeling that a service is 'not for them' through to a perception that they are likely to face discrimination when they do so, as well as tangible barriers posed by language issues or a lack of information about how or where to access support. (Tower Hamlets Somali Taskforce, 2017, p.10)

A number of the task force members suggested that a physical hub that included services focussed on the Somali community would support informing residents and access to services, as well as encourage Somali residents to know about and use the full range of services available more widely. (Open Society, 2014)

Back in 2014, Open Society's 'Somalis in London' report recommended that local health and well-being authorities as well as Clinical Commissioning Groups endeavour to engage with Somali and other grassroots civil society organisations in amassing evidence that can be utilised to enable the commission and provision of health services that are accessible and effective in meeting the needs of diverse communities. It further iterates that these health and wellbeing bodies should work with infrastructure organisations to build the capacity of community groups for them to gather the data needed to quality control services.

Throughout the research that has been undertaken there is a general lack of contemporary data on the Somali community, even the NHS Race & Health Observatory Report: 'Ethnic Inequalities in Healthcare: A Rapid Evidence Review' is nearly 170 pages long and looked into literature and evidence of racism in health, but only featured the term 'Somali' 10 times (not including the Bibliography and reference tables). This same report mentioned 'Black African' 65 times in the body of the report.

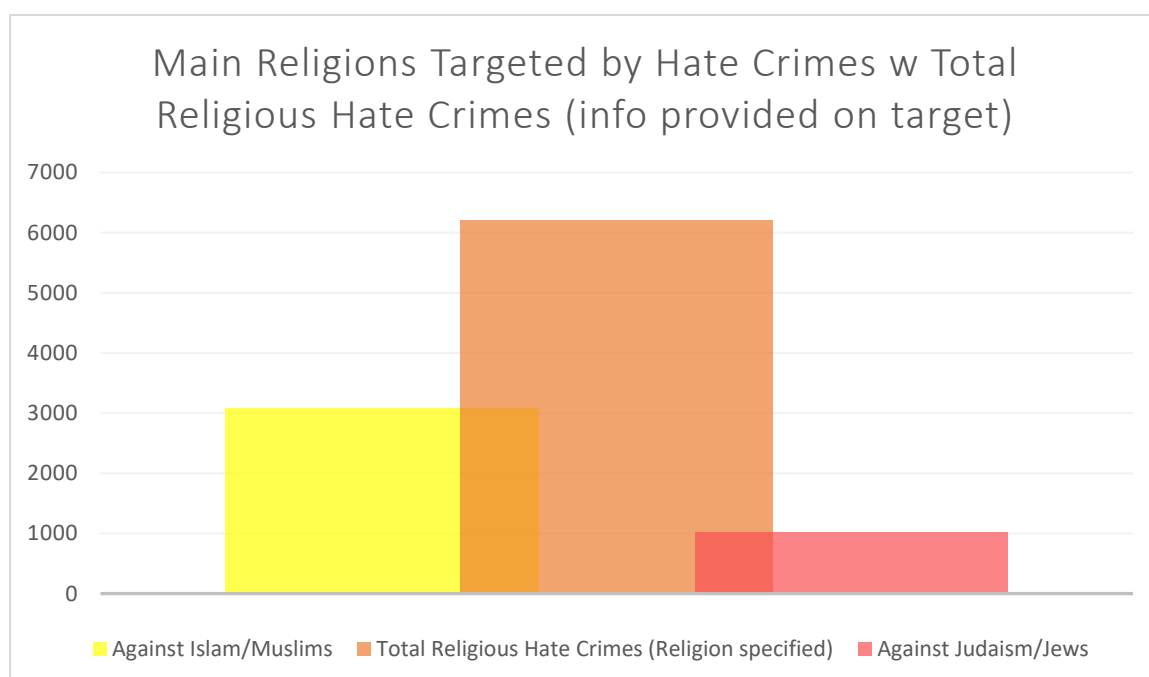


Black Muslims

This report so far has mainly looked a lot at Somali individuals in the context of their Black African identity, but Islam is also a big part of many British Somali individuals' identities. As was stated in the education section of this report (page 6), often the schooling system can be Islamophobic and there is an issue of British Somalis being side-lined within the British Muslim community.

The UK Muslim community as a whole also suffers from prejudice and racism from both the state and individuals.

Of the 6,822 religious hate crimes recorded by the police in the year ending March 2020, information on the targeted religion was provided in 6,203 (91 per cent) of the offences. (ONS Hate Crime Stats, 2019-20) Where the perceived religion of the victim was recorded, the most targeted religious group was Muslims, 50 per cent of religious hate crime offences were targeted against Muslims (3,089 offences). The next most commonly targeted group were Jewish people, who were targeted in 19 per cent of religious hate crimes (1,205 offences) 531 religious hate crimes were recorded against Christians and 432 against religions not included in the categories (ONS Hate Crime Stats, 2019-20)



These are definitely worrying statistics, but they lack intersectionality, e.g., how are Black Muslims affected by hate crimes? This lack of intersectionality and little discussion of the Black Muslim experience is echoed by the recent report, *The People's Review of Prevent* (2022).

Although this report was an interesting read offering valuable information on the Prevent programme and its damaging nature, there is little reference to intersectionality when it comes to

Black Muslims. It lacks a clear exploration of if or how the Prevent programme affects Black Muslims. Furthermore, Somali, Somalia or Somaliland are not mentioned once in the report.

During the focus group conversation, the intersectionality of being Black & Muslim and therefore facing anti-Black racism as well as Islamophobia contributed to the mistreatment of the Somali community in Tower Hamlets according to participants. A lack of Somali representation in high-up positions (e.g., in the council) was also raised as contributing to the toxic environment for the Somali community in Tower Hamlets.

Limitations & concluding statements

There was a lack of data from a non-white perspective and often the conclusions and even general comments were not in solidarity with the Somali community in London, in fact in many of the reports Black was not spelt with a capital b, this may also be due to many reports being dated, but if researchers see themselves as antiracist and trying to work for equality, then surely capitalising the b in Black would have been a start.

Although there was data available on the Somali community itself, in the example of the *Child sexual exploitation by organised networks - Investigation report (2022)* ethnic minorities were barely mentioned, while some studies simply would discuss Black or Black African as a research group.

Furthermore, when Somali Londoners were mentioned sometimes it would be rooted in prejudice and assumptions, consistently there were suggestions that the Somali community were seen to hold some of the blame for the issues they face e.g., their standing in London society and their treatment by the police, this may have been partly due to some analysed reports interviewing not only Somali individuals but stakeholders (mainly in the education and health systems). So, it felt as though data was often negatively skewed and rooted in systemic racism and prejudice. It also seemed that once Khat was banned, there was less research available on substance use by the British Somali community.

Moreover, there appeared to be some gaps in data collecting on the Somali community, data on the London Somali community was mainly available either from the early 2010s, the noughties or reports published in the past few months, this finding may have been due to the time constraints of the researcher, but this idea of under-research was also mentioned in a few of the reports analysed during research for this report. This limitation has meant that this research and the subject of Somalis in London, and Tower Hamlets has felt restricted in its analysis at certain points.

Although there was primary research undertaken, in some of the analysed reports, much of the data e.g. the stop & search data; the hate crime data and the mental health data came from state institutions, it is important to note that this data can have its own bias (including racial, religious, xenophobic) and that the state cannot necessarily be trusted to record this data on its own, for example, the stop & search data just looks at ethnic data based on appearance and there are inconsistencies within the different demographic stop & search datasets.

The stop & search data also has limits as individuals may have been stopped & searched multiple times in the same year, which could skew statistics, it also does not seem that the police consistently recorded data on intersectionalities as there were discrepancies in the total searches when broken down into different demographics.

The 'Peoples Review of Prevent' although useful in many regards was limited in its approach and inclusion of Black Muslims including Somalis, meaning that it is still unclear how much Prevent impacts the Somali community in Tower Hamlets and further afield. In the review it did stipulate that the reviewers did have difficulty in evaluating Prevent due to the lack of transparency around the programme. The lack of Black Muslim (including Somali) coverage could also be part of the consistent pattern around data-gathering in the UK (limited Black & POC data at times, when there is this data, it is oversimplified e.g., Asian, and Black or Asian, Black- Caribbean or Black-African) so administration staff covering the different branches of the Prevent programme may not have always made the effort to record valuable demographic data.

The research needed to cover specific topics on an already under-researched group, so there are certain limitations in regard to intersectionality and the topics covered, but this report is now a cross section of research that is relevant to residents of Tower Hamlets, Somali Londoners and young Somali men and covers child exploitation (including county lines); education; over policing and mental health.

Recommendations

- More research (and funding for this research) by culturally competent and compassionate researchers
 - Including primary research on the direct and indirect impacts of racial discrimination by NHS staff (as recommended by NHS Race Observatory Report)
- Increased scrutiny of the state and its systems and how this then impacts the Somali community
 - E.g., gather high quality national data on ethnic minority people's attitudes to, and experiences of, using mental health services (NHS specific) (as suggested by NHS Race Observatory Report)
- Acknowledgement of the role of colonialism and racism in the way that the Somali community in London is viewed
 - Look at systemic issues in different social spheres such as the psychiatric care field, this should go deeper than simply reviewing studies that test the effectiveness of 'culturally appropriate/ adapted therapy interventions' (as posed by NHS Race Observatory Report)
- A community-first approach to council budget spending, specifically in reference to Tower Hamlets
- An inquiry into the lack of (or lack of access to) contemporary data on the Somali community
 - This fits into the recommendation by the NHS Race Observatory Report to enforce statutory guidelines on inclusion of national ethnic monitoring data in all NHS mental health clinical data that allows robust statistical Trust-level, regional and national analysis (including data linkage between clinical datasets) to establish where the inequalities are, and for which ethnic groups.
 - The NHS could start to offer an online learning module on recording ethnicity data on the Health Education England, or equivalent, website should be made accessible to all NHS staff, to ensure staff are trained in routine collection of ethnicity data. (As put forward by the NHS Race Observatory Report)
- More investment into smaller media platforms, the mainstream UK media have consistently missed the mark when discussing Somalia, the Somali diaspora community and Islam
- A community first approach to future research
 - Much like the idea mentioned by Open Society, The NHS Race Observatory Report indicates that NHS England and NHS Trusts should collaborate with bodies across public service, the voluntary sector and community organisations in order to dismantle racial inequality in mental health services. The Race Observatory Report places importance on this work involving racialised organisations.
- More holistic approaches to people-facing work, as Mushtag Kahin indicates in her report, culturally competent translators are very important, especially in medical situations

- But also, faith can play a valuable role in different individual's wellbeing, whether they are facing mental health difficulties or are in prison, so it is important to support organisations in the voluntary, community and social enterprise sector, as well as faith-based organisations (including all religions, not singling any out for radicalisation; etc.)

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