

# SOMALI TASK FORCE REPORT

---

# Contents

<b>Acknowledgements</b>	<b>3</b>
<b>Chair's Foreword</b>	<b>4</b>
<b>Introduction</b>	<b>5</b>
<b>Recommendations</b>	<b>8</b>
<b>Data and Access and Engagement</b>	<b>10</b>
<b>Health and Social Care</b>	<b>12</b>
<b>Youth Services</b>	<b>15</b>
<b>Community Safety</b>	<b>17</b>
<b>Educational Attainment</b>	<b>18</b>
<b>Employment</b>	<b>20</b>
<b>Housing and Welfare Reform</b>	<b>22</b>
<b>Tower Hamlets Homes: A case study of good practice</b>	<b>25</b>

# Acknowledgements

The Task Force would like to thank the officers and partners that supported this review. The views and perspectives of all those involved have been fundamental in shaping the final recommendations. We hope this report continues the work to improve outcomes for Somali residents.

## Task Force Chairs

Councillor Sirajul Islam  
Councillor Amina Ali  
Councillor Amy Whitelock Gibbs

## Other contributing elected Members

Mayor John Biggs  
Councillor Rachel Saunders  
Councillor Joshua Peck  
Councillor Rachel Blake

## Task Force Members

A. Ali  
Abukor Essa  
Abdi Hassan  
Ahmed Ismail  
Abdi Mohammed  
Abdirashid Hirad  
Ibrahim Ali  
Jama Muse  
Jama Omar  
Khadra Sarman  
Layla Ali  
M. Ali  
Mohammed Hussein  
Mustapha Ibrahim  
Muna Mohamed  
Muna Saeed  
Safia Jama  
Sahra Digaleh  
Sulaiman Hashi  
Younis Osman

## LBTH Corporate Strategy and Equality:

Louise Russell / Kevin Kewin	Service Head for Corporate Strategy and Equality
Shanara Matin	Service Manager for Research and Equality
Leo Nicholas	Senior Strategy, Policy and Performance Officer
Daniel Kerr	Strategy, Policy and Performance Officer

## London Borough of Tower Hamlets

Chris Holme	Service Head for Resources and Economic Development
Shazia Ghani	Head of Community Safety
Steve Hill	Head of Benefits Services
Terry Parkin	Service Head for Learning and Achievement
Abigail Knight	Acting Associate Director for Public Health
Ahmed Mire	Youth Worker
Amelia McDuffee	Team Manager Children's Social Care
Barbara Disney	Strategic Commissioning Manager
Faisal Ali	Family Intervention Project Practitioner
Halima Mostofa	Children's Social Care
Hasan Faruq	Service Development Manager, Youth Services
Jenny Dutton	Apprenticeship, Training and Skills Manager
John Harkin	Assistant Lettings Manager
Juanita Haynes	Senior Research Officer, Corporate Strategy & Equality
Khadra Said	Youth Participation Officer
Lee Fearon	Benefits Policy and Procedures Manager
Martin Ling	Service Manager Housing Strategy
Paul McGee	Service Manager Assessments & Early Intervention, Children Social Care
Rafiqul Hoque	Lettings Services Manager
Stephanie Ford	Programme Manager, Development and Renewal

## External

Ellie Hobart	Deputy Director of OD and Engagement, CCG
Safa Moghul	Engagement Support Manager, CCG
Fokrul Hoque	Strategic Engagement Manager, Tower Hamlets Homes
Sarah K Pace	Head of Business Development, Tower Hamlets Homes
Sharon Hanooman	Women's Health and Family Services

---

# Foreword

The Somali community in Tower Hamlets is vibrant and established, but research shows that Somali residents are more likely to experience poor outcomes in areas such as employment, health and housing.

When the Mayor, John Biggs, took office, he set up the Somali Task Force to develop new way for the council to address the specific challenges faced by Somali residents in Tower Hamlets.

Our ambitions are clear, to support the local Somali community to have fair access the opportunities and services in our borough, this action plan is a key part of that process

The Task Force membership was drawn from across the local Somali community and heard the views of many local people. We heard that many Somali residents faced barriers when accessing services and jobs, preventing them from achieving their potential.

An action plan was drawn up, in collaboration with the local community, to address the issues and break down the barriers preventing some residents from making the most of council services.

The action plan proposed investment in work experience placements for young people, and support for a new community leadership development programme to help residents better engage with the borough's community groups and organisations.

We would like to thank all of the members of the Task Force for all of their work and contributions, as well as all of those in the community who gave their time and thoughts to this process.

This report is the first stage of what we hope will be an ongoing process and we look forward to working with local residents to implement the recommendations.



**Mayor John Biggs**



**Councillor Sirajul Islam  
(Co-Chair)**



**Councillor Amina Ali  
(Co-Chair)**

# Introduction

- 1.1. There are records of Somali migration to the UK dating back to the 1880s. They are mainly of Somali men working for the British Merchant Navy who settled in major port towns and cities around the UK. In Tower Hamlets the evidence of a Somali community pre-dates World War I and was largely of Dockers, some of whom were later joined by their families. A second wave of settlement took place during the 1950s as people came to work in the steel and coal industries. The next most significant migration period, in terms of total numbers of people arriving, was in the 1990s as a result of unrest and civil war in Somalia. At that time people from Somalia became one of the largest refugee communities in London. The 2011 Census shows that Tower Hamlets has the 7th highest proportion of Somali born residents in London. While migration levels from Somalia to the UK are in decline there is a growing second and third generation UK born Somali community.
- 
- 1.1. Current data on the size and profile of the Somali population in the borough has its limitations. The most important population information available in the UK is Census data. However Censuses to date have not included Somali as an ethnicity; the data we do have is derived from 'country of birth' information. From this we estimate that the Somali population is between 2 – 3% of the borough total: about 5,500 – 8,000 people. The Somali-born population is based largely in the east of the borough, in the historical wards of East India and Lansbury; these are also areas of relatively high deprivation as evidenced in the latest Indices of Multiple Deprivation (2015). Administrative data indicates a higher proportion of Somali families (78.3%) in receipt of council tax benefit than the average figure for the borough. In addition, almost half (48.6 per cent) of Somali families are living in social housing, lower than that for Bangladeshi families (57.8 per cent) but higher than for White British families (20.6 per cent).
- 1.2. Outcomes for Somali residents are poorer than other groups across key areas of health and wellbeing, housing and employment. Despite a number of engagement and research projects to investigate and improve outcomes, there remains a widespread sense of frustration at a lack of progress and action to address the challenges amongst Somali residents.
- 1.3. Some Somali residents have said the low levels of Somali representation within local public services (including the council and NHS) can lead to a lack of understanding of cultural issues and make some members of the community feel marginalised from mainstream support. This was described as a factor behind a lack of trust and confidence in services to be responsive and this was often exacerbated for those with literacy or language barriers.

## SECTION 1

- 1.4. The Mayor and Cabinet in Tower Hamlets identified a need to better understand the challenges in narrowing the gap in outcomes for Somali residents. In September 2015 the Mayor established the Somali Task Force to engage Somali residents and review areas of persistently poor outcomes.
- 1.5. The council is also facing the most significant financial reductions in modern history. A key approach to date has been to identify savings by rationalising and mainstreaming services whilst taking into account the impact on key equality groups and mitigating any adverse impacts; meaning that future provision should include the capacity and flexibility to meet diverse needs. This will be a key area of monitoring as savings continue to be realised. The Task Force provides a further opportunity to test issues relating to mainstreaming services for community groups who are often most in need and can face access barriers.
- 1.6. The Task Force was chaired by Deputy Mayor, Cllr Sirajul Islam, Cllr Amina Ali and Cllr Amy Whitelock-Gibbs has also been assigned responsibility for the delivery of the action plan. There were four thematic review and discussion meetings which considered areas that were of community interest and/or where on average there are significant differences in outcomes for Somali residents compared to other communities.
- 1.7. In order to facilitate wider involvement, community representatives were part of an open membership reference group. This was to allow people to participate in the themed discussions that were of most interest to them. During these sessions, members of the Task Force reviewed information on the performance of services and projects, as well as good practice examples of service provision. The group scrutinised the evidence and shared community perspectives on the different themes to inform how support and services could be improved in the future.
- 1.8. Draft recommendations were shared with members of the Task Force in April 2016. A further meeting with the community was held in October 2016 to review the full action plan. Comments have been incorporated into the body of the report where appropriate.
- 1.9. At the October meeting there were a number of people who were attending a Task Force meeting for the first time and they raised additional challenges faced by the community and ideas of how to resolve them. These included a request for reviewing the barriers to accessing services and any role that discrimination could be playing within this context. Community members also highlighted the need for culturally sensitive drug detoxification programmes. Some members highlighted the need for arts and culture related provision and the need for skills and expertise to be developed within the Somali community in an area that is a growing and significant part of the local economy. Other attendees said there was a need to ensure the proposed community hub offered culturally tailored support but was also about greater cultural interactions with other groups and communities. A concern repeated from the earlier task force work was the need to identify better pathways into employment in the Council and public sector jobs. Within the discussion on health related recommendations the group highlighted young people's mental health services and dementia (need for greater awareness among families) as growing problems within the Borough. Participants also suggested ideas for pursuing integrated work with Job

Centre Plus to identify ways to enable people on JSA to undertake ESOL and other training. People were concerned about the impact of welfare reform on already stretched household incomes. Somali residents affected by these changes were said to potentially be unable to continue with tuition support for young people with a large number of people on low pay. Another member suggested that social services and care related support often got conflated with the services role in child protection and safeguarding and created a mistrust about wider social care services. Members of local women's groups highlighted the need for a focus on women and digital inclusion support through the proposed hub. One of the Members of the Somali Task Force also suggested inclusion of social prescribing activities within the hub.

- 1.10. A number of people attending the meeting also stressed the need for an ongoing reference group whose role would be to hold the council to account on the delivery of the action plan. This will be taken forward through a fuller development of the terms of reference for a steering group with a view to quarterly monitoring and review meetings with the group, and a report to the Mayor.

# Recommendations

- 2.1 This report makes twenty-three recommendations with a focus on three key priority areas of actions covering improving access to services including through a 'service hub' approach, skills development and jobs support and capacity-building and empowerment. The recommendations cover improvements to data collection, community engagement, health and social care, youth services, community safety, educational attainment, employment, housing and welfare reform. The recommendations include calls to improve representation of the Somali community within the workforce, assist young people into relevant careers, and to help support community resilience.

## DATA AND ACCESS AND ENGAGEMENT

The council improves data collection of Somali as an ethnicity to better understand residents' needs and priorities across all services. **1**

The council helps to build the capacity of Somali residents in the borough. **2**



The council develops a hub approach to key services to improve access and target key areas where the gaps in outcomes are greatest. **3**

The council identifies ways to improve the involvement of Somali residents across local consultative forums and community engagement groups. **4**

## HEALTH AND SOCIAL CARE

The council helps to improve access to information and advice services related to social care including reviewing take up and usage by Somali residents. **5**

The council identifies ways to promote recruitment and retention of Somali staff particularly in health and social care services. **6**



The council commissions targeted mental health services for Somali women. **7**

The council continues to deliver a public health campaign to improve the take up of the MMR vaccine within the Somali community taking into account the barriers identified through Task Force discussions. **8**

## YOUTH SERVICES

The council undertakes outreach and engagement work to improve access and use of youth services by Somali young people. **9**

The council improves its understanding of the key issues facing young Somali people. **10**



## COMMUNITY SAFETY

The council seeks to increase the number of Somali staff in Community Safety and Youth Service support roles.



11

The council reviews how well domestic violence services are meeting the needs of Somali women.

12

The council commissions a needs assessment of substance misuse within the Somali community.

13

## EDUCATIONAL ATTAINMENT

The council supports improvements in schools to better meet the needs of the Somali community.



14

The council continues to promote teaching as a career pathway to under-represented groups by raising awareness about support schemes and relevant careers advice.

15

## EMPLOYMENT

The council increases the take up of English for Speakers of Other Languages (ESOL) from within the Somali community.

16

The council provides practical mentoring support focused on building knowledge, networks and employment-related soft skills to help Somali young people into jobs.

17

The council delivers self-employment support focussed on market trading opportunities targeting the Somali community.

18



The council promotes wider understanding of different career options including jobs in Health and Social Care, Childcare and apprenticeships as pathways into work.

19

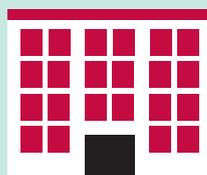
## HOUSING AND WELFARE REFORM

The council improves the accessibility of information about the online bidding system for social housing e.g. written content in relevant local media and information sessions.

20

The council explores having Somali language support within the Housing Options service.

21



The council invites a community representative(s) from the Somali Community to sit on the Welfare Reform Task group to increase knowledge and understanding of the impact of forthcoming changes to welfare.

22

That the council improves awareness of information and advice services related to Welfare Reform.

23

# Data and Access and Engagement

- 3.1. As highlighted in the introduction, there are difficulties in developing an accurate profile of the Somali population because of the limitations of the national Census questionnaire. Somali was not listed as a separate ethnic group in the Census and when responding to ethnicity it is possible that Somali residents ticked either the Black African box or the Black Other category. The council estimates of the Somali population is 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).
- 3.2. This figure was challenged by some members of the Task Force who believe that the Somali population is much larger than the council estimate because of widespread data recording problems. Identifying ways to improve data collection is an important issue for service planning and delivery; it can be more difficult to match service provision to need where the information is inadequate. The council will look to identify opportunities to improve data collection in key areas of public service provision and will continue to lobby for Somali to be included as an ethnicity category in future Censuses.
- 3.3. The council has also commissioned more detailed Census 2011 datasets from the Office for National Statistics to improve our understanding of the profile of the Somali community in terms of household characteristics, labour market participation, attainment, qualifications and health.
- 3.4. A consistent theme identified by Task Force members was their experience of difficulties in accessing services. This 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 awareness about how or where to get help. 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.
- 3.5. Whilst we know there are some areas where outcomes for Somali residents are comparatively poor, it is not possible to fully quantify the extent of need because of the gaps in equality monitoring for Somali as an ethnicity in both national and local data sets. The reported lack of confidence amongst some Somali residents in using services could also exacerbate data collection issues – and pose an additional challenge to improving outcomes. This report therefore includes some overarching recommendations to directly improve access to and engagement with services alongside longer- term recommendations for improving data collection and needs assessments.

- 3.6. Some of the Task Force members felt that there are still very few members of the Somali community engaged in local consultative and engagement forums and that improving participation in these areas would help raise issues relating to community needs.
- 3.7. As lack of data, access to and engagement with services were raised as cross-cutting issues throughout the review meetings, recommendations relating to these areas are grouped below.

## RECOMMENDATIONS

The council improves data collection of Somali as an ethnicity to better understand residents' needs and priorities across all services.

1

The council helps to build the capacity of Somali residents in the borough.

2



The council develops a hub approach to key services to improve access and target key areas where the gaps in outcomes are greatest.

3

The council identifies ways to improve the involvement of Somali residents across local consultative forums and community engagement groups.

4

# Health and Social Care

- 4.1. In the first thematic session, the Task Force considered what the needs of the Somali community are in relation to social care. This included a strong focus on the implications of the Care Act for Somali residents. The Care Act brings together and updates the law relating to social care. It details the council's obligations in supporting residents, including care and support needs whether they are in their own home, in other types of housing (e.g. supported or extra care housing) or in a care home. Moreover, it sets out what local authorities are required to do if they are aware that someone is caring for a family member or friend and needs support. The Care Act also changes the rules about who qualifies for support from the local authority, gives residents the right to advocacy support and challenge decisions, and for their care to be reviewed if they feel this is necessary. As well as introducing new measures, the Care Act puts into law a number of elements that the council has already implemented, for example residents can now request a personal budget if eligible to receive one. With these substantial changes, the council needs to ensure access to services is improved for all communities and that it can meet a diversity of needs.
- 4.2. Task Force members reported that many residents are not aware of the Care Act and its implications. They identified language barriers as a key challenge for some in the Somali community in understanding the Care Act and accessing the services that they are eligible to receive. The Task Force felt that the council needs to raise awareness of where residents can access support services and secure appropriate advice, including on the impact of the Care Act on service users.
- 4.3. In discussing the wider social care needs of Somali residents, members of the Task Force identified a lack of digital access and poor literacy levels as significant barriers to accessing services, especially for older people.
- 4.4. The Task Force also highlighted the importance of better representation of the Somali community in roles and jobs within public and third sector services, as a key way of overcoming barriers for the Somali residents.
- 4.5. The Social Care session was followed by presentations from the Clinical Commissioning Group and Public Health teams. These focused upon areas of health need and interventions that had been identified as key issues for the Somali Community.

- 4.6. The Clinical Commissioning Group provided an overview of activities that were focussed on engaging with, and improving health outcomes amongst, the Somali community. For example, a bursary scheme that was started in 2013/14 led to research on the needs of elderly Somali men and a project with Age Concern to raise awareness of mental health, and specifically dementia, within the Somali community. In 2014/15 projects included: a targeted self-management service, an FGM awareness raising project, and a community health services review. A focus for 2015/16 was on commissioning work to support voluntary organisations working with the Somali community.
- 4.7. In 2015 the CCG ran an event which focused on Somali women and considered issues such as mental health, advocacy, integrated care, maternity services and long-term conditions. Key concerns, expressed at this event, included representation of the Somali community within the workforce, advocacy and interpreting needs that restrict access to care, ensuring both Somali men and women have equal access to services, a need for integrated care and ensuring the community is engaged in a meaningful way. The information from the event is informing commissioning of health services in 2016/17.
- 4.8. CCG lead officers also highlighted some of the work on improving employment rates within the Somali community. For example, Mulberry Girls School is being set up as a university technical college which will train local people to become involved in health and social care; this is being supported by the CCG. A key finding from the refresh of the CCG Equality and Diversity strategy is the need to improve representation on their Maternity Service Liaison Committee. This was also an issue considered by the council's Health Scrutiny Panel 2016.
- 4.9. The Task Force explored key health care issues facing the Somali community. Members of the group identified particular challenges for some residents in accessing primary care because of the lack of Somali language support in GP practices.
- 4.10. The Public Health service presentation focused on mental health, the uptake of the MMR vaccine and Vitamin D deficiency. In addition, issues relating to loneliness and mental health were identified as having a significant impact on Somali women. Somali residents use voluntary sector mental health services five times more than other groups. The Task Force considered that mental health issues amongst Somali women may be related to other issues such as unemployment.
- 4.11. MMR vaccination uptake is lower amongst Somali residents than in other communities. There is a widespread perception amongst many in the community that the vaccination is linked to autism. The Task Force members described the concerns related to autism within parts of the community, potentially leading to autistic Somali children not accessing all the care available to them.

- 4.12. Another key health challenge within the community is vitamin D deficiency. Public Health has launched a project to address this issue and is promoting outdoor activities to groups at greater risk, as well as issuing guidance to GPs and other health providers.
- 4.13. In the subsequent group discussions, the Task Force highlighted issues relating to diabetes and obesity which significantly affect many Somali residents, and identified Alzheimer's as an increasingly significant concern. Members of the Task Force also discussed the stigma around HIV and FGM amongst some in the Somali community which needs to be tackled. The group also felt that, in relation to FGM, the attention the issue receives is disproportionate to the scale and prevalence of the problem and that it can negatively stereotype the Somali community. There is a high degree of mistrust and confusion over how maternity services, GPs and social care services respond to FGM and the new guidelines to risk assess children born to mothers who have had FGM. The Task Force felt that, given the sensitive nature of the subject, it is essential that Somali workers are actively involved to overcome the mistrust of some services within the community and work with victims of FGM.

## RECOMMENDATIONS

The council helps to improve access to information and advice services related to social care including reviewing take up and usage by Somali residents.

5

The council identifies ways to promote recruitment and retention of Somali staff particularly in health and social care services.

6



The council commissions targeted mental health services for Somali women.

7

The council continues to deliver a public health campaign to improve the take up of the MMR vaccine within the Somali community taking into account the barriers identified through Task Force discussions.

8

# Youth Services

- 5.1. Some members of the Task Force felt that a lack of youth provision contributed to young people becoming involved in anti-social behaviour and potentially made them more vulnerable to extremism. The available data on access to youth services suggests that there is good engagement of Somali young people. For example, in 2014/15 7.5% of young people engaging with the Youth Council were Somali. There are also some specific services for Somali young people including Raaxo, which delivers drop-in based youth provision every Wednesday and Thursday evening. Sessions consist of workshops, sports, discussions and other educational activities. There is also Urban Adventure Space which delivers outdoor education and adventurous activities to Somali young people. This programme balances adventurous activities such as climbing and canoeing with informal discussions, educational workshops and information sessions.
- 
- 5.2. It is important to highlight that youth service provision is open to all young people from all backgrounds. It was raised that some young people may be reluctant to participate with mainstream youth services or they are not encouraged to go by their families. Task Force members highlighted issues with groups of young Somali people congregating near Mile End Station and a particular lack of services in that area. Members of the Task Force requested that the council consider options for making support available in Mile End to discourage young people from low level anti-social behaviour activities.
- 5.3. There are youth centres across the borough accessible to young people across all communities. However, there is a need to look at the extent of take up and use by different community groups and ways to attract young people from the Somali community who are under-represented in these settings. Task Force members were concerned that a lot of young girls feel excluded from using the current provision of youth clubs for cultural reasons, and there is a risk that this leaves them isolated. Members of the Task Force were keen to consult young people to identify their needs and concerns and the barriers they perceive in accessing services, with a specific focus on ensuring there is appropriate provision for girls.
- 5.4. The Task Force emphasised the need for increased outreach and engagement work to support participation by Somali young people. The Task Force felt that the council needs to improve their understanding of the key issues facing young Somali people. In addition, staffing provision only allows Urban Adventure and Raaxo to run for 1 or 2 days a week; some Task Force members suggested that there is a need to increase this provision to operate every day.

- 5.5. While there is a willingness amongst young Somali people to become youth workers, some members of the Task Force felt that they face barriers in access to training and jobs. The Task Force felt that they could identify people to complete the required youth worker qualifications but that the council needs to highlight pathways and develop programmes to get more Somali young people into services that work with young people. It was suggested that volunteering should be used to encourage Somali young people into youth work.

## RECOMMENDATIONS

The council undertakes outreach and engagement work to improve access and use of youth services by Somali young people.



The council improves its understanding of the key issues facing young Somali people.



# Community Safety

- 6.1. Community safety and crime are areas of concern for many within the Somali community. It was noted that whilst domestic violence is an issue affecting Somali residents, there are currently no Somali members of staff working in this area to support women in need. The Task Force requested that job vacancies, particularly those supporting Somali service users, should be advertised using approaches that will be accessed by Somali residents, such as Somali TV and press, and community centres.
- 6.2. The Task Force considered youth offending and concluded that services could be improved through better awareness raising of Khat issues, improved collection of monitoring data within the Youth Offending Team, and an increased number of Somali speakers within the service. Khat-use is a significant problem for some Somali residents and the Task Force would like to see it addressed more rigorously in the council's Drugs and Alcohol strategy and through the substance misuse needs assessment.
- 6.3. Some members of the group expressed their concern over the number of young Somali men in the criminal justice system; this is hard to quantify as accurate data is not available. Task Force members were also concerned that recent changes to the law around joint enterprise could potentially lead to many more Somali young people entering into the criminal justice system. Members of the task group were keen to improve relationships with the police as a preventative measure.
- 6.4. The need for improved communications, to support Somali residents to raise their concerns with police officers, was raised. A Somali directory listing key Somali workers, organisations and contacts was developed approximately 10 years ago; it was suggested that this could be updated. Better access to information and services could also be supported through the development of a single point of contact in relation to community safety and youth services; such a resource could be included within a hub of community services as highlighted in Recommendation 3 for example.

## RECOMMENDATIONS

The council seeks to increase the number of Somali staff in Community Safety and Youth Service support roles.



The council reviews how well domestic violence services are meeting the needs of Somali women.



The council commissions a needs assessment of substance misuse within the Somali community.



# Educational Attainment

- 7.1. The Task Force considered the educational attainment levels of Somali children in comparison to other ethnic groups. Somali pupils make up approximately 4% of school rolls over the past 4 years, making the Black Somali pupil cohort the 5th largest single ethnic group at Tower Hamlets schools. Somali pupils are not disproportionately represented amongst pupils receiving SEN support. The numbers and proportions fluctuate from year to year, but a four year average shows that Somali pupils have a lower proportion of pupils receiving some form of SEN support than for any other pupils of Black ethnicity, and a slightly higher proportion (0.7 percentage points) than the borough average for all pupils.
- 7.2. The characteristics of Somali children are broadly in-line with all other groups, apart from in the number of children in receipt of free school meals (FSM). Black Somali Pupils have significantly higher rates of FSM eligibility than any other ethnic group; in 2015 the rate was almost 20 percentage points higher than the borough average. The figure is however declining at a greater rate than it is for other groups.
- 7.3. The pupil premium means that children on free school meals attract additional resources for the schools that they are enrolled in. It allows the schools to be focused in how they provide support to children who may have less access to resources outside of school. Task Force members wanted to see how the pupil premium was being used to benefit Somali children, the options for improving parental engagement and take-up of after school activities and use of Somali speaking staff to support families through these additional funds.
- 7.4. In terms of attainment, children from the Somali community are performing as well as or better than children from most other communities. At Key Stage 4 in particular, children from the Somali community are performing very well, better than their peers from other ethnic groups who are in receipt of FSM. On a 3 year rolling average of attainment, Black Somali pupils have had higher average attainment in recent years than pupils from other Black backgrounds and higher attainment than the average for all other pupils.
- 7.5. Achievement is reported against a whole range of different ethnic groups; however within early years services there is no Somali category, the category is Black African. At Key Stage 2 level, Somali children are in line, or ahead of children from other communities in both mathematics and reading. Additionally, a key indicator for secondary school readiness is the attainment of level 4b or above in Grammar, Punctuation and Spelling (GPS); this indicates 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%.
- 7.6. In education there has been an improvement in attainment levels for Somali pupils achieving 5 A\*-C including in English and maths: it was 64.2% in 2014 compared to the borough average of 59.4%. Of the 358 young people who were not in education, employment or training only 8 (2%)

were Somali at the time of the review session. However, success in schools has not yet translated into successful employment outcomes. There is a higher than average proportion of 25 – 49 year olds and pensioners in the Somali born population. Somali-born Londoners have the lowest economic activity rates, and highest unemployment rates, of all migrant groups. Data from the 2011 Census about the occupations of Somali-born residents shows that many of those in work were in lower skilled jobs.

- 7.7. The most recent full year of information available for school exclusions (2013/14) shows that the rate of exclusions per 100 children at secondary schools was higher for Black Somali pupils (at 8.3 exclusions per 100) compared to the borough average (6.5), although there are much higher rates for some other groups. The rate for Somali children may be affected by the much smaller numbers of Somali children in secondary schools.
- 7.8. Task Force members noted the impact of having Bangladeshi teachers on the improved attainment of Bangladeshi children in the community and wanted to see more Somali teachers within schools. The service outlined the availability of Department for Education and central government funding to support people to become teachers; members of the Task Force stated that many people in the Somali community were not aware of this. Some members of the Task Force felt that there was an issue with a lack of Somali teaching assistants and that a lack of Somali speakers in schools is a barrier when there are problems that require family engagement and communicating effectively with parents.
- 7.9. Task Force members felt that teaching assistants, recruited using the Pupil Premium, could include Somali speaking staff. They also felt that there should be a mechanism to consult with parents over the best way to spend the pupil premium. Additionally, it was suggested that there needs to be increased representation at parent governor levels as Somali residents are underrepresented, and that there needs to be an increased transparency in the recruitment process for governors. Some parents lack a basic understanding of the education system such as how the grading system works, and are unaware of the right type of questions to ask to support their child or ensure they are not being bullied. To that end, the Task Force were keen for schools to do more to engage with parents and felt that further improvements could be made through appointing more Somali staff and governors.

## RECOMMENDATIONS

The council supports improvements in schools to better meet the needs of the Somali community.



14

The council continues to promote teaching as a career pathway to under-represented groups by raising awareness about support schemes and relevant careers advice.

15

# Employment

- 8.1. Within the Somali community there are high levels of long term unemployment within the older, primarily Somali-born population. Whilst educational achievement levels for Somali children are higher than the average, this has not yet translated into employment outcomes. This may be because second and third generation Somali residents – who have had a UK education – are yet to build networks with people who are in work and can provide information and advice that often supports getting into jobs. The employment issues faced by this group are, in any case, different from issues faced by first generation Somali residents.
- 8.2. The primary source of data for Somali employment is from the GLA. Somali residents have a lower economic activity rate (47%) compared to the population in general (67%). Amongst economically active groups, there is a large proportion in relatively low paid work. According to GLA figures, only 5% of the Somali population across London occupy managerial positions, as opposed to 26% who occupy elementary type positions and 15% in caring professions. With regards to use of Skillsmatch, there is approximately 2,085 active clients at any one time, around 7.5% of the client base is of Somali origin (e.g. 160 clients).
- 8.3. Only 1.2% of the council workforce is Somali (66 members of staff). Just less than 1.3% of applicants for council vacancies were Somali (out of 5,600 applicants for council roles). However 13% of Somali applicants were successful compared to 9% of Bangladeshi and 15% of White English applicants respectively. This suggests perhaps a challenge in people identifying the council as a career pathway. There has been a decline in the number of Somali job applicants but this is in line with the decrease in jobs available within the council.
- 8.4. Some members of the Task Force identified a lack of employment networks within the community. This can mean that younger people do not have many role models or contacts to find out about jobs or to get help with application forms, references and interview skills. Other members of the Task Force suggested that Somali residents, who faced language barriers, could benefit from support to become self-employed. For example, assistance to take up market trading where the requirements for English language skills may be at a lower level compared to office based roles.
- 8.5. Apprenticeships were an area cited where there is a significant lack of awareness, and absence of role models, within the Somali community. There is currently a national drive to support apprenticeships, and there is an imperative on local authorities to recruit a significant number of apprentices over the next five years: a target of 2.3% of the overall workforce. While the council has targeted outreach activity for the apprenticeship programme to Somali young people, this had yielded only two Somali apprentices out of the current sixty. The service outlined challenges with engaging Somali residents and the lack of understanding of what an apprenticeship is and the benefits it holds as a career option. There is a perception that apprenticeships are linked to manual labour jobs, and people are unaware that there are roles in areas such as engineering, law, health, education and ICT. The council is looking to improve awareness through outreach and engagement work with the Somali community.

- 8.6. The council is also working with Jobcentre Plus to support people who face multiple barriers to employment. A number of programmes at level 1 (i.e. traineeships) have pathways into employment. For example, a pathway will be tailored with skills and qualifications that will allow somebody to access a career in health and social care.
- 8.7. Some of the members of the Task Force identified the reduction in Mainstream Grant (MSG) funding, particularly in relation to training and employment support, as a problem for the Somali community. In the MSG programme 2015-18 funding awarded directly to Somali-led organisations was reduced by 65%. More support is needed to provide Somali organisations with skills and knowledge relating to completing applications for grant funding. There is a basic lack of understanding of how to successfully apply for MSG for some Somali-led organisations, and this puts them at a disadvantage. These difficulties may be compounded by language and literacy barriers faced by some groups within the community.
- 8.8. Job vacancies and apprenticeships are not advertised in places which are accessible to many in the Somali community. In addition, access to employment is further restricted through the lack of Somali speakers within job centres who can signpost people to all the different programmes available. Some members of the Task Force felt that the council needs to work with JobCentre Plus and other third sector organisations to encourage them to recruit more Somali staff. The council is currently changing its employment service for residents who are out of work. This will include moving towards delivering a much more integrated employment service focussed on tackling barriers that prevent people from accessing jobs.
- 8.9. There was a feeling amongst Somali Task Force members that lessons can be learnt from the progress made by the Bangladeshi community in this area. The council had a Workforce to Reflect the Community strategy which aims to ensure the workforce is representative of the community it serves. When the first strategy was developed in 2002, there was a focus on the Bangladeshi community and their representation within the council, including in senior positions. This new Workforce Strategy offers an opportunity to provide a focus on the Somali community and set key targets for this community and other underrepresented groups.

## RECOMMENDATIONS

The council increases the take up of English for Speakers of Other Languages (ESOL) from within the Somali community.

16

The council provides practical mentoring support focussed on building knowledge, networks and employment-related soft skills to help Somali youngpeople into jobs.

17

The council delivers self-employment support focussed on market trading opportunities targeting the Somali community.

18



The council promotes wider understanding of different career options including jobs in Health and Social Care, Childcare and apprenticeships as pathways into work.

19

# Housing and Welfare Reform

- 9.1 The Task Force reviewed information on the impact of Welfare Reform on the Somali Community. Although we do not have accurate ethnicity data in this area we know that welfare reform is likely to be a pressing issue for some Somali residents
- 9.2 Currently the benefits cap is £26,000 per year (£500 per week) for couples claiming benefits, and £18,200 (£350 per week) for single claimants. In January 2015 there were 501 families in Tower Hamlets subject to the cap and we know that larger families are particularly affected. The government has proposed a reduction to the cap, which will be £23,000 for couples and £15,410 for single claimants. It is anticipated that, when this change happens, 1,897 families in the borough will be impacted. The only viable root out of the cap is to secure employment which includes a minimum number of hours to be exempt from it.
- 9.3 The other significant reform which impacts on residents is the 'bedroom tax'. The bedroom tax is in effect a reduction in housing benefit for people who are considered to be under occupying their social housing accommodation. There are presently 2,106 households affected by the bedroom tax.
- 9.4 In addition to these reforms, there are also plans to introduce Universal Credit, which will merge several welfare benefits into a single benefit. The roll out of Universal Credit commenced locally in March 2015 however this was only for a small group – non-complex (single unemployed claimants) cases. A national roll out of the Universal Credit for all cases is a slower process and is set to commence in 2021. The council currently helps people who are struggling to meet housing costs through Discretionary Housing Payments. This is a fund provided by the government which the council tops-up, however it is not a long term viable solution to mitigating the impact of the benefit cap. The council has set up the Welfare Reform Task Group to provide a proactive response to these changes. The council is analysing data to target and inform residents and families who will be affected by these changes, and will deliver publicity and awareness activities in addition to employment and training advice to mitigate the impact the reforms will have.
- 9.5 Task Force members raised concerns about how the Somali community will be significantly impacted by these reforms, and are concerned that due to issues, such as language barriers and difficulty accessing information, there will be a lack of awareness of these changes and how they will impact some residents. It was suggested that the council should factor in how to meet the needs of older people on this issue. Many will not have reading and writing skills and intergenerational communication issues mean that children cannot always assist. There is a need for advocacy support using Somali speaking staff to assist older people.

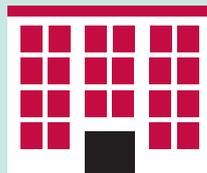
- 9.6 There are a range of housing challenges faced by many people in the borough and the Somali community, in particular, have difficulties including overcrowding, rent arrears and understanding the choice based lettings system.
- 9.7 The 2011 Census evidences overcrowding as a significant issue for many Somali residents. The majority of households (75%) with a UK-born household reference person had 0.5 persons per room. Households with a Somali-born household reference person had the highest levels with more than 1.5 persons per room. Analysis of households on the council's housing waiting list shows that approximately 2.1 per cent are Somali households.
- 9.8 Out of the 633 known Somali households on the housing waiting list, 296 required 3 bedroom or more properties. There is an Overcrowding and Over Occupying strategy and the council works with partners to try and help residents access homes which meet their needs. A key way to address this issue is by building larger homes and the Local Plan favours this. However, the welfare cap and changes to rent mean it is increasingly challenging to build larger homes which people can afford. The Task Force was concerned that too many Somali families are living in private accommodation which is not suitable for them. The way in which Somali residents register their ethnicity may lead to under reporting of overcrowding because many may have categorised themselves as Black African.
- 9.9 Aspects of housing need can be assessed by looking at the housing waiting list, although since 2011 only people who had lived in Tower Hamlets for 3 years are allowed to join. As of January 2016 there were 633 Somali residents on the waiting list, equating to 2.1% of overall applicants. Since April 2015 (to December 2016) a total of 1,849 homes were let, out of which 65 (3.52%) were to Somali applicants. At January 2016, the Council had 119 homeless applications registered from people of Somali origin.
- 9.10 The council has been operating a Choice Based Lettings system since 2002. Homes are advertised weekly and applicants have to register an interest. Recent changes to the system mean that if applicants refuse three offers they are demoted down the waiting list. There are a number of facilities built-in to this system to try and enable easy access for Somali residents. Telephone bidding lines are available in community languages, including Somali, and one member of the Housing Options team is a Somali member of staff. Where required, the service has the option to use the council's external provision of interpretation services and provide a Somali speaker. The most recent data from this system (April 2015 –December 2015) showed a total of 543,225 bids were made on 1,819 properties by 12,508 applicants. Of this number 19,862 bids (3.7%) were made on 1,730 properties by 438 applicants of Somali ethnicity. Despite

usage numbers indicating that Somali residents access this system, the Task Force feels that there remains a lack of knowledge of how it works and what residents are required to do. For example, some members of the Task Force were unaware that households that are in rent arrears will not be offered a home. The Task Force was concerned that the figures suggesting Somali households received a fair and proportionate number of lets do not match up to the experience of some members of the Somali community. Some Task Force members reported difficulty using the online bidding system and would like to see written instructions developed to assist them.

## RECOMMENDATIONS

The council improves the accessibility of information about the online bidding system for social housing e.g. written content in relevant local media and information sessions. **20**

The council explores having Somali language support within the Housing Options service. **21**



The council invites a community representative(s) from the Somali Community to sit on the Welfare Reform Task group to increase knowledge and understanding of the impact of forthcoming changes to welfare. **22**

That the council improves awareness of information and advice services related to Welfare Reform. **23**

# Tower Hamlets Homes

## A case study of good practice

- 10.1. Tower Hamlets Homes (THH) was cited as an example of good practice in engaging with the Somali community. They were invited to present their work at the Housing and Welfare Reform session.
- 10.2. In 2011 Tower Hamlets Homes recognised that there was a high level of dissatisfaction with the services provided by THH amongst Somali tenants. To better understand the reasons for this, they undertook an analysis of the relevant data they held. This found, for example, that Somali tenants were more likely to be in rent arrears than any other ethnic group. THH also undertook a series of engagement events with Somali groups and individual tenants to better understand the causes of dissatisfaction. A number of barriers were identified for the Somali community which impacted the way they accessed services. Low literacy levels and language difficulties of some tenants restricted their understanding of the services which were on offer, the absence of Somali employees created a lack of trust and confidence in the services, and there was a lack of comprehensive data as ethnicity was not recorded as Somali.
- 10.3. In order to better understand the needs of Somali tenants, THH systematically analysed the complete list of their tenants. They identifying names and details that were suggestive of a Somali background and pursued each case individually to confirm they were Somali. THH found that they had 363 Somali tenant households – 4% of all THH tenants. 80% of Somali tenants were in receipt of housing benefit, and 63% of all Somali tenancies were in rent arrears.
- 10.4. THH’s work highlighted that Somali tenants were twice as likely to be in rent arrears as White British tenants. 1 in 12 Somali households on housing benefit were impacted by non-dependent deductions. 1 in 20 Somali households on housing benefit were impacted by the bedroom tax. Somali tenants in receipt of housing benefit were 10 times more likely to be impacted by the Benefit Cap than White British recipients.
- 10.5. With regard to overcrowding, data showed that 18% of Somali households were overcrowded in comparison to 23% of Bangladeshi and 12% of White British households. Tower Hamlets Homes reviewed the data on Somali overcrowding: their workshops had identified many more Somali families who were in fact overcrowded and in housing need but not recorded as such. The workshops also identified that many Somali residents were not aware of how the Choice Based Lettings system works and were remaining in overcrowded properties without exercising the options available to them.

## SECTION 10

- 10.6. In addition, Tower Hamlets Homes developed a strong partnership with a local women's group called the Somali Integration Team and Ocean Somali Community Association. THH recruited dedicated Somali (speaking) officers to work with the community and encouraged Somali tenants to sit on their Scrutiny Panel and other engagement structures. THH also improved the way they communicate with the Somali community to tackle issues such as reporting a repair or rent arrears. For example, they developed talking leaflets, improved written translation, used pictorial cards and provided Somali speaking officers. In order to tackle rent arrears, they worked in partnership with Ocean Somali Community Association (OSCA); an (OSCA) Somali support worker worked within the Rents Service once a week and conducted joint home visits if needed. Over 150 tenants were supported through this project, the average arrears per case reduced by £174.
- 10.7. The Task Force felt that many of the lessons from the Tower Hamlets Homes engagement project could be adopted by the council. For example, Directorates should be encouraged to undertake their own audit of the data they hold on the Somali community and work to address any gaps they may have. The Task Force suggested that teams across the council should seek to recruit Somali speaking workers and engage with Somali-led community groups to help engage with the Somali community, foster trust and encourage confidence in accessing services. Satisfaction levels amongst Somali tenants rose from 59% in 2009/10 to 82% in 2011 following completion of the engagement project.



