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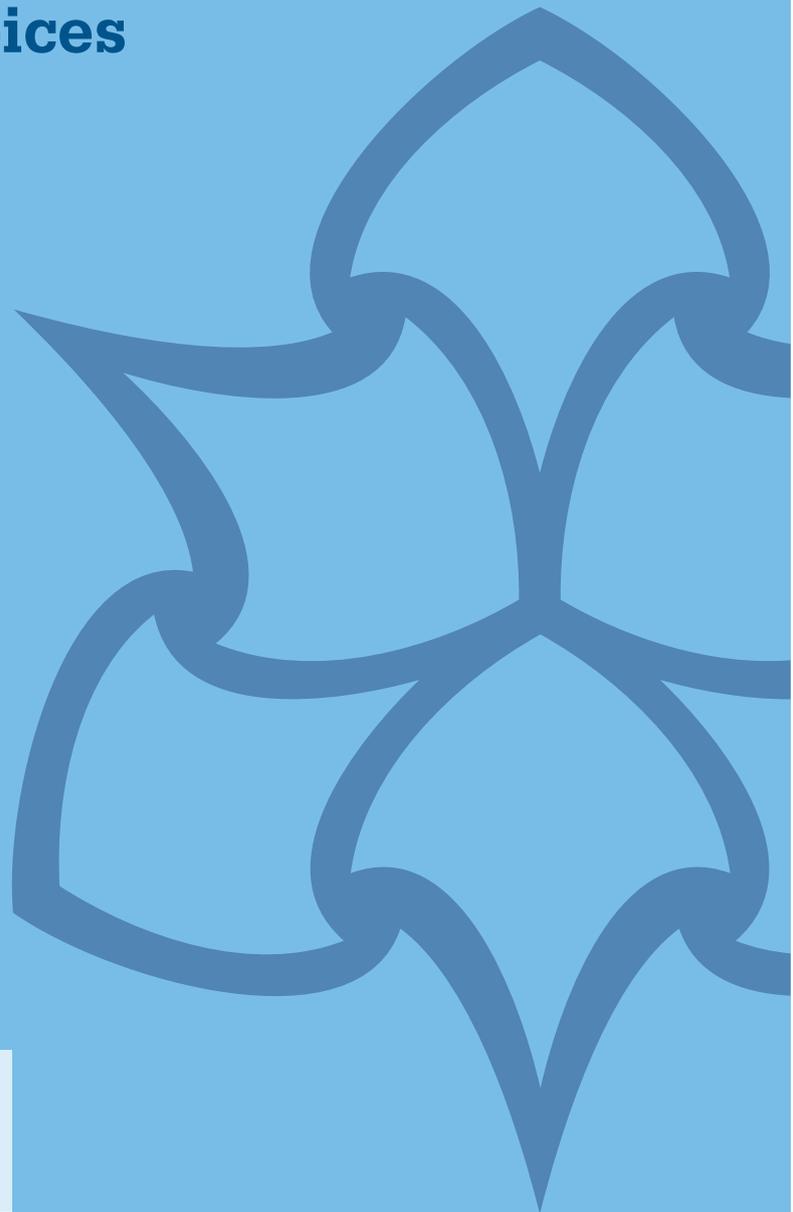


Manchester  
Metropolitan  
University

# Hope for the Future

**Somali Community voices  
its concerns and ideas**

September 2014



**CAEC**  
Community Audit &  
Education Centre



MANCHESTER  
CITY COUNCIL

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*The views expressed in this report are not necessarily the views of SASCA*

# Thanks

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- Mr Mohamed Jeilani, Mr Kassim Mohamed and Mr Roger Bysouth (SASCA)

Without their support it would have been impossible for this unprecedented research to get off the ground.

# Executive Summary

This is the first research of the Somali community in Manchester that has been undertaken by Somali Adult Social Care Agency (SASCA). As one of the newer communities in Manchester little has been known about our needs especially since the Somali people have routinely not been counted separately in previous research or surveys and have often failed to participate in studies.

It was carried out by 21 members of the Somali community with support from Manchester Metropolitan University's Community Audit and Evaluation Centre. Information was collected from 206 adults and 97 young people living in Manchester, and funded by Manchester City Council's Equality Fund.

The research focused on three key areas identified by the researchers: health, education and young people. The research findings are outlined in this report followed by recommendations for action to improve the existing situation. The recommendations relate to public services and other mainstream agencies in the city as well as the voluntary sector and Somali community organisations.

The questions on health and health services asked about access to health services, mental health, Khat, physical exercise and diet. In terms of access to health services most people found it easy to see their GPs but had greater difficulty accessing Consultants and A & E and had some problems accessing dentists and an interpreter.

Most people felt the Somali community treated people with mental health issues well, though a significant minority (29%) felt otherwise. Two thirds of people would refer someone with mental health issues to NHS services, especially hospitals, with most others mentioning referring them to religious support from the Mosque or the Koran. 'Talking to themselves' and 'paranoia' were the most common symptoms identified as showing someone had a mental illness.

Almost everyone felt that khat has a negative effect on physical and mental health and families especially pointing to its impact on behaviour, relationships and marriage.

There was a good general knowledge about the benefits of physical exercise. Over half the respondents exercised more than once a week with walking being mentioned as the most frequent form of exercise.

Our general conclusions about health and the health service were that there needed to be better two-way communications between the Somali community and health professionals so that Somali people understood better how the UK health system worked and health professionals had a better understanding of Somali people.

The findings from the questions about education show that while the vast majority of parents were satisfied with the education their children receive at school, two thirds of parents paid for additional educational support. This seeming contradiction may reflect parents' expectations of what a school can provide and recognition that schools have a part to play but so too does the community. It also suggests to us that parents set a high value on formal academic work and that parents take a great interest in the education their children receive.

Parents would like to see more teaching on core subjects of Maths, English and Science. They particularly stressed the need for more homework and the need for schools to work together more closely with parents to support their children. Most parents were happy with the facilities available in schools but felt that language support needed to be improved. Having bilingual teachers and language support for parents were particularly mentioned.

Most parents were satisfied with the information they received from school and thought that the school reports were helpful in showing them how their children were progressing. The vast majority of parents attended parents' evenings. Despite high levels of satisfaction of the communications received from school, nearly two thirds of parents gave suggestions about how communication between could be improved relating mainly to the type and regularity of contact.

Majority of the parents support their children with their homework, but some reported that they do not help because of their language problems and lack of educational background.

Half of the parents reported that their children attended supplementary schools. 14% of parents sent their children go to Quran (Madrassa) schools. The most common areas where parents felt children needed additional support were in the core subjects, English, Science and Maths. Just over a third of parents (35%) said that being on a low-income prevented them from accessing additional tuition for their children.

Young people's opinions and experience are very varied and they are keen to express them. They are acutely aware of issues facing them and many of their views are similar to what their parents think, but there are some significant differences.

As in the health and education sections the importance of communication emerged as a critical issue from the evidence collected about young people, both between the generations and between young people and the wider community. Young people are often aware of the issues affecting them and could engage with and articulate their needs more effectively, if they had more opportunity and better understood how UK systems work. The importance of Somali young people being at the heart of decisions about services that will benefit them was also apparent.

Young Somalis wanted more learning support on various topics - especially for young new migrants. They are at risk from similar societal factors as all young people in the UK today: substance misuse, disaffection from the community, anti-social behaviour and crime, poor role models. For them such risk can be intensified by language and cultural barriers, greater likelihood of failing at school or by difficulty establishing an identity when they feel at a distance from both their Somali community and heritage. The announcement, since we conducted the interviews, of a ban on khat in the UK from June 2014 may help. But it may make it harder to deal with, as people may be less willing to admit openly that they have a problem.

Some young Somalis appear to identify more with the host community than their parents, but they can still find it hard to come together as a group, away from the family home. The "territory" they know is either the family home or places in which they are a minority. Hence the calls from young people (and adults) for youth centre/s.

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# 1. Introduction

Welcome to our research report. We have undertaken this research into the Somali community to find out what are the main issues facing Somalis living in Manchester today and what changes need to be made to improve the lives of people from our community.

Up till now there has been very little research on the needs of the Somali community. When the Somali Adult and Social Care Association (SASCA) noticed that there was money available from Manchester City Council's Equality Grant to support such research, they decided to submit an application. This research was funded as part of this successful application.

When SASCA was drawing up the Equality's grant application it worked with Manchester Metropolitan University's (MMU) Community Audit and Evaluation Centre (CAEC), who suggested that the research could be undertaken by members of the Somali community themselves using a participatory research approach. This approach is based on the people who are the focus of the research becoming the researchers, since they will have a unique perspective on what should be the main priorities for the research and they would also have a vested interest in action being taken as a result of the research.

The research team decided to focus on three particular subject areas: Health and health services, education of children and young people, and the challenges facing Somali young people. Interviews were held with a cross-section of Somali adults and young people.

This report provides background information to the research and our approach. It then presents our findings in each of the three areas and lists the recommendations which identify the changes we think are critical to improve the lives of the Somali community in Manchester based on the research findings. The words in italics are direct quotes from the research data.



## 2. Background

The earliest Somali settlers, mostly men working for the British Merchant Navy, arrived in the ports of London, Cardiff and Liverpool in the late 19th century; the majority from the British controlled north, Somaliland.

The present Somali community is one of the youngest communities in Greater Manchester; the majority of the members of this community came to Manchester as a result of ongoing Civil War in Somalia since the late 1980s and early 1990s, arriving either directly from Somalia and surrounding countries, or, more recently, from other European countries such as Norway, Denmark and The Netherlands where they had initially settled. Since we were forced to flee our country, many of us had to endure hardships and suffering before coming to the UK. Unfortunately, some of our ordeals still remain unreported.

2011 Census recorded 99,484 Somali-born residents living in England, with an estimated 115,000 Somali-born immigrants residing in the UK in 2010, with around 70,000 in London (International Organisation for Migration 2006), making it one of the largest Somali communities in Europe. The size of the Somali community in Manchester is estimated to be around 30,000, but the exact figure is not known. Somalis in Manchester come from all the different regions and tribes in Somalia.

The majority of our community is concentrated in the areas of Moss Side, Rusholme, Hulme, Longsight, Fallowfield and Cheetham Hill and some of the Somalis have started business in these areas especially in Moss Side where a lot of cafes, restaurants and groceries have recently sprung up.

Our community is said to be one of the most economically deprived communities in Manchester since the majority of us came here as refugees and had to start from scratch, often with no knowledge of the English language. In addition, it is thought young Somalis are among the lowest achieving groups educationally, and Somali adults experience the lowest rate of employment in the country.

Among young Somalis, gender, migration history, age, family situation, religiosity and social context have an important influence on their identity, preferred activities and lifestyles. Religion (Islam) and Somali culture were the most important aspects of their identity. Young Somalis combine elements of Somali and UK cultures in creative and flexible ways. Young people perceived positive aspects of British life to be tolerance, multi-cultural communities and educational opportunities. Even though many lived in relatively deprived areas, young people described their communities positively.

## 2.1 SASCA

SASCA was founded by 6 Somali community organisations in 2007 as an independent organisation run by the Somali community. It identifies and addresses the needs of Somali adults in the City of Manchester through advocacy and information, low-level health and social care support, leisure activities, training, negotiating with and signposting to other agencies, and has good links throughout the Somali community in Greater Manchester.

SASCA aims to ensure its service users:

- are aware of the full range of public services available and are able to access them;
- have appropriate health and care support;
- have social contact with others, both within and outside their own community;
- have a healthy diet and take regular exercise;
- can live safe and independent lives and reach their full potential, whether in work, education or retirement.

## 2.2 Equalities Grant

The research was funded by Manchester City Council as part of its three years (2013-16) of “Equality Grant” to SASCA. SASCA proposed this research because we felt it would be very useful for the Somali community in Manchester and because it would address the criteria for this grant funding – particularly the first one listed here:

### The Council's equality priorities:

1. strengthen knowledge, understanding and evidence base about communities so we can increase community cohesion and design services that meet everyone's needs
2. tackle discrimination and narrow the gap between disadvantaged groups and the wider community and between Manchester and the rest of the country
3. celebrate the diversity of Manchester and increase awareness of the positive contribution that our diverse communities make.

### The Manchester (work and skills) Board's priorities:

1. Raising aspirations
2. Reducing worklessness

The research forms part of a wider SASCA Equality Project which also includes:

1. Recruiting more volunteers and improving SASCA's systems for recruiting, selecting, supporting and supervising them.
2. Working more collaboratively with other Somali community groups to make sure we each know what others are doing, exploring working together more etc.
3. Helping more Somali people get trained and into work
4. Offering mainstream agencies information about how to work better with Somali people in the City (for example producing training materials)

We decided it was important to do the research early on in the project as it would help us achieve these other four aims. For example the research has helped us:

1. recruit volunteers, who, may now want to volunteer in other ways
2. become more widely known within the community, especially in areas further from SASCA's base in Moss Side.
3. give the researchers more confidence and experience that will help them get into more training or employment.

4. use the findings and recommendations as part of explaining to mainstream agencies how Somalis experience life in the City.

SASCA's plan for carrying out the Equalities Project also includes a further, smaller, research study to be done later in the three years of funding. We reasoned that:

1. the first study should be fairly general covering a number of issues affecting the community
2. the findings from the first study would highlight priorities for the community
3. the second study could then investigate in more detail one or more of these priority issues.

During the ten-month research period, SASCA undertook several activities to strengthen its relationship with the Somali community, and promote the longer term usefulness of this research. These included:

- Recruiting five young Somali research assistants to assist with fieldwork, and training them in qualitative research methods
- Briefing community organisations about the purpose of the research and future activities (e.g. Manchester ), and noting their responses to this (e.g. concerns, recommendations)
- Developing a contacts database to share with organisers of the Manchester Somali Forum



### 3 About the researchers

A meeting was held at the Phil Martin Centre in Moss Side for anyone who was interested in helping with the research project in September 2013. There was an amazing turnout with 50 people attending. Our regular weekly research meetings then started the following week.

The research team is made up of ten women and eleven men with a range of ages, from 20 to 56 years old, and backgrounds, coming from varied Somali regions and tribes. Some of us have lived in various other European countries. We include students, retired, unemployed and employed people and with varying levels of English language, all are able to speak Somali and some of us have good Arabic. We include one wheelchair user. Some of us were educated in Britain but most in Somalia.





## 4 Methodology

Two trainers/facilitators were appointed to work with the researchers to develop their knowledge and skills in the research and to facilitate the whole research process which took place alongside the training. The training was based on the MMU accredited Community Audit module which is delivered as part of the BA in Youth and Community Work.

In total 21 half-day training sessions were held between October 2013 and May 2014:

September to January 2014	Training and planning the research
January to March	1 to 1 interviews
March to May	Analysis and writing up

During one of the early sessions we, the researchers, expressed our views on the issues we thought were the most critical issues affecting the Somali community. Each of us raised some issues close to our hearts. Finally, we jointly came to the conclusion that our research would be based on three main topics:

- Health,
- Education of children
- The challenges affecting Somali young people.

The next task was to decide what method we would use to collect information: whether the research should be done on the basis of questionnaire forms, focus groups or use participatory appraisal. There were advantages and disadvantages for each. After heated debates, it was agreed that the research should be done on the basis of a questionnaire through structured interviews.

The researchers, guided by the trainers, divided themselves into small groups to work on the questions, always bearing in mind that this would be a unique opportunity, so that the questions we were to ask in the interviews would be the most appropriate ones and reflect on the real issues that our community is grappling with.

Two questionnaires were designed: one for adults and one for young people between the ages of 11 and 21. The young people's questionnaire was divided into two sections, the first with questions for 11 to 16 year olds, the other for 17 to 21 year olds. We then decided to test the questionnaire with some members of our community so that it could be perfected. From the feedback we received we made some minor changes.

We translated the adult questionnaire into Somali. Before we started the research, we started an awareness campaign, with the help of SASCA, to tell the members of our community in advance that we would be carrying out this research. A leaflet, in Somali and English, was distributed to individual houses, coffee shops, mosques, community centres, schools, colleges, Somali internet cafes to inform people about the survey.

The researchers then divided into pairs according to where the researchers lived, with each pair then interviewing people in their local community. Care was taken to ensure that when young people were interviewed their parent or other adult known to the child/ren was present. It took us 8 weeks to complete all the interviews.

We then uploaded the data onto Survey Monkey, which took four weeks, to make it easier to analyse. It took us another four weeks to analyse, discuss and write up the results.

Now that we have carried out the research and compiled the report, our plan is to present it to Manchester City Council and other relevant authorities. It will be of interest to anyone who is concerned with communities in Manchester. Our hopes are that:

1. the recommendations of this research will be implemented by the parties concerned
2. the Somali community will be consulted and kept informed on the decisions taken to address these issues
3. we will get involved in the changes ourselves
4. this research will be the springboard for more research into the Somali community in future

## 4.1 Who we interviewed

### Adult questionnaire

Altogether 206 adults were interviewed, 60% were women and 40% men. Over 40% were aged between 36 and 45, with almost a quarter between 26 and 35, and between 46 and 55. Very few people were over 56 years old (7%).

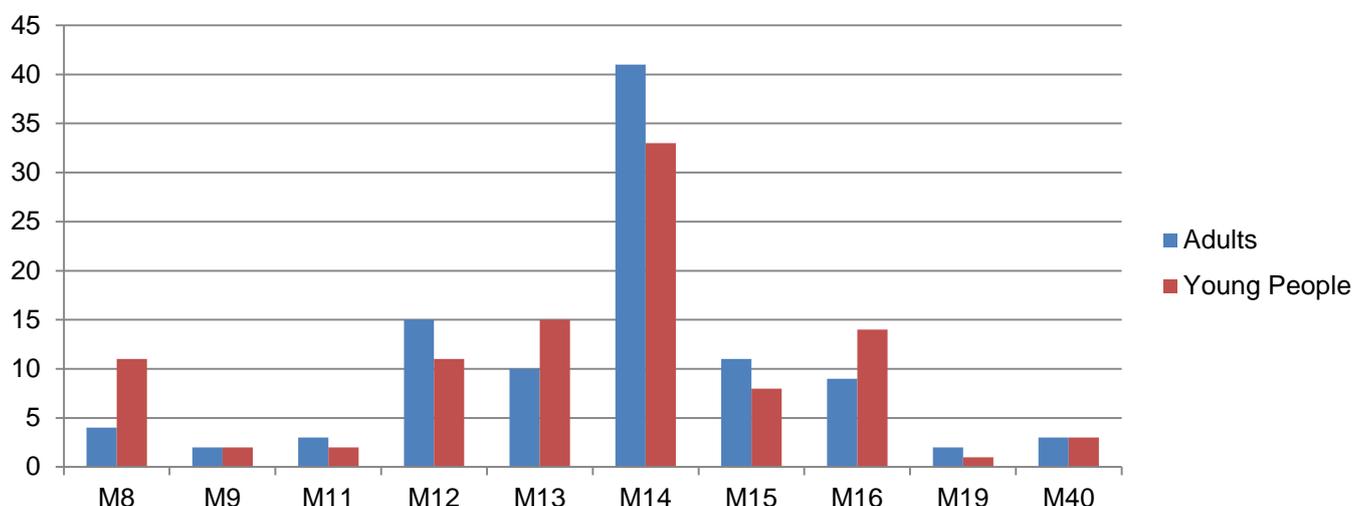
Over 40% of people lived in M14 with the remainder spread over a number of other postcodes. 8% of people had a disability and 21% of people did voluntary work. 88% of adults interviewed (179 out of 202) were the parents, guardians or carers of children. Of these the vast majority (96%) had children who attend school in the UK. 83% of people had children between 11 and 21.

### Young people's questionnaire

97 young people were interviewed. 45% were aged between 11 and 16, and 55% between 17 and 21. All the younger group went to school. 90% of the older group were studying full time, with almost all the remaining either studying part-time or looking for a job. 76% of the older group had GCSEs, 48% BTEC and 38% A levels. 60% were studying at college, and 30% at university. Only 2 people were not studying.

54% of young people were male and 46% Female. 33% lived in M14. 3% said they had a disability and 33% did voluntary work.

**Post codes of interviewees (%)**



## 5 Health and Health Services

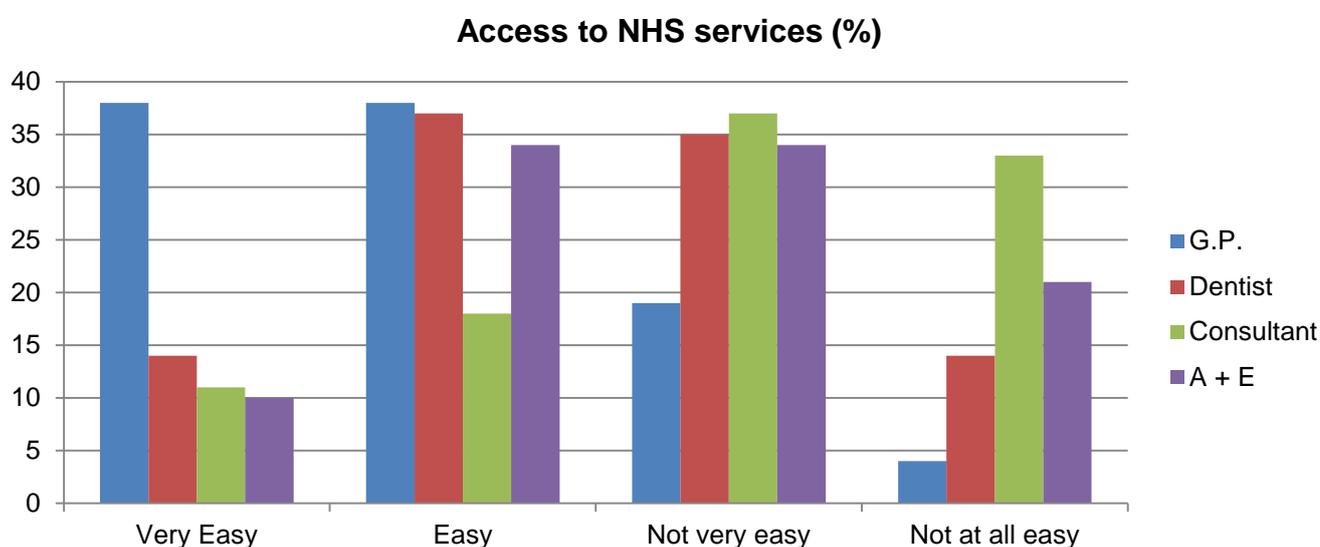
### 5.1 Health Findings

This section presents the findings from adult's survey which began with questions about people's health and health services. This included questions about access to health services, mental health, Khat, physical exercise and diet.

#### i. Access to Health Services

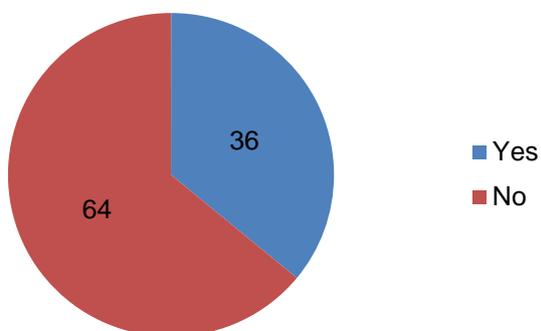
We asked the following questions:

- i. How easy is it for you to access health services (GPs, Consultants, A & E and Dentists)? *(Tick Boxes)*
- ii. Do you need an interpreter when you see the doctor/dentist/nurse? *(Tick boxes)*
- iii. If yes, how easy is it to access one? *(Tick boxes)*

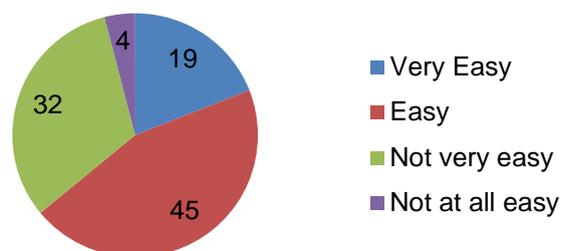


People found GPs and dentists easiest to access (76% and 51%). Accessing Accident and Emergent (A & E) and consultants was more difficult, with 70% finding it difficult to access Consultants and 57% finding it hard to access A & E.

#### Do you need an interpreter ? (%)



#### If Yes, how easy is it to access an interpreter? (%)



Just over a third of people (36%) needed an interpreter when seeing a doctor, dentist or nurse. A significant minority of those people who needed an interpreter found it difficult to access one (37%).

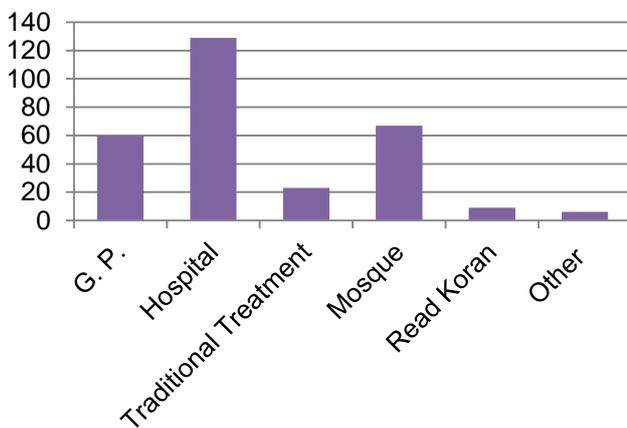
Whilst over three quarters of people found it easy to access their GPs, this data shows us that many people had difficulty accessing NHS services especially consultants and A & E and over a third of those needing an interpreter found it difficult to access one.

## ii. Mental Health

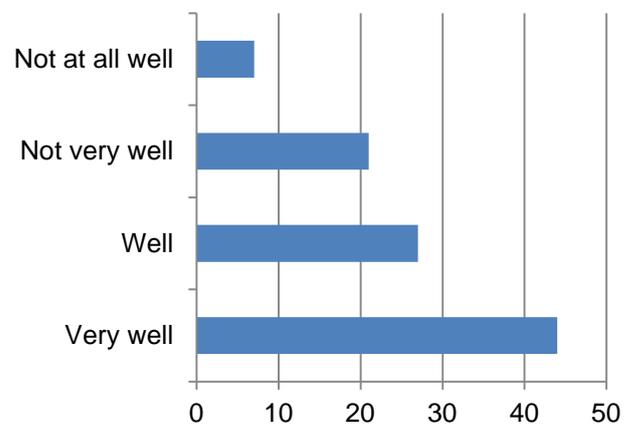
People were asked a number of questions related to attitudes and services available for people with mental health problems.

- i. If someone has a mental health issue where would you suggest they should go? *(Tick boxes and write in)*
- ii. As a community how do you think we treat people with mental illnesses? *(Tick boxes)*
- iii. How would you recognise it if someone had a mental illness? *(Tick boxes and write in)*

**If someone has a mental health issue where would you suggest they should go?**



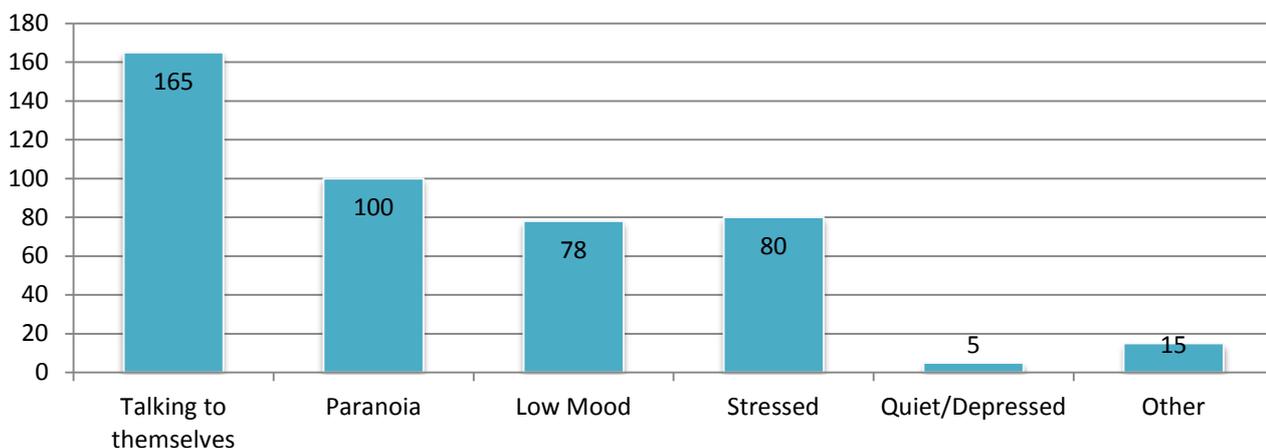
**As a community how do you think we treat people with mental illnesses? (%)**



When asked where they would suggest that people with mental health issues should go, 67% suggested NHS services, with hospitals being most often mentioned. 25% suggested the Mosque or reading the Koran.

Whilst the majority of the people felt that the Somali community treated people with mental illness well or very well (71%), a significant minority felt this was not the case (29%).

**How would you recognise if someone had a mental illness?**



The most common symptoms of mental illness which people would recognise as signs of mental illness were 'Talking to themselves' (82%), Paranoia (50%). Low mood, Stress and lack of sleep were also frequently mentioned by nearly 40% of those interviewed.

### iii. Khat

Khat is a leaf chewed by some Somalis and others from the Horn of Africa. It gives mildly stimulant effects when used in moderation. Though used mostly socially, it has also been associated recently with excessive use (e.g. for many hours, overnight and on most nights) as well as use in combination with other dangerous substances ranging from sugary drinks, alcohol to some illegal drugs, leading to diseases of the mouth including cancer. It can also adversely affect behaviour. It has recently been made illegal in the UK.

Our questions did not try to establish how widespread use is of khat. Rather we wanted to know what opinions about it are. We asked all adults "What effect do you think khat has on physical/mental health and families?"

- 96.92% (189) agreed it has an effect on physical and/or mental health
- 91.79% (179) agreed it has an effect on the family

We also asked people to comment on *how* khat affects health and families. We grouped the responses in order as follows:

#### Effects on physical and mental health

	<i>% of respondents</i>	<i>Number of respondents</i>
General – Affects physical and mental health	37.9	68
Mental Health: Stress, talking to themselves, poor sleep, insomnia, low mood, tiredness, nightmares, always angry, behaviour change, poor appetite, low self esteem, depression, anxiety, nervousness, agitation, paranoia.	36.8	66
Physical Health: tooth problems, cancer, lung, liver, stomach problems, weight loss, urinary infection, high blood pressure	9.4	27
No problem and good for enjoyment	1.6	3
Addiction	1.6	3
Sexual health problem	1.1	2
Poor hygiene	1.1	2

#### Effects on the family

	<i>% of respondents</i>	<i>Number of respondents</i>
Separation and divorce	30.8	57
Financial problems and poverty	20.0	37
Arguing, bad temper, misunderstanding	14.0	26
Lack of support/care of family	10.8	20
Children suffer and bad role model	9.1	17
Domestic violence	5.9	11
Unemployment and laziness	3.2	6
More single mothers	2.1	4
No problem, causes happiness & hard work	1.6	3

So more than 98% who thought khat had an effect on families think it had negative effects. Only a tiny number thought it is positive.

It is particularly striking that though we did not use tick boxes or suggest the kinds of effects khat could have on families (either negative or positive), people were remarkably consistent in referring to users' unpredictable and aggressive but lazy behaviour, arguments between spouses, the risk of separation and divorce as well as physical and emotional harm and abuse to partners or children – as well as users' frequent failure to contribute to the family economically or parentally. Respondents also thought that it is mostly men who use khat.

*“Khat has both physical and mental effects because a person who (chews) khat can't sleep well and (is) always in a bad mood.”*

*“It makes the people go crazy and should be banned”*

*“It damages the teeth and destroys the self esteem and makes the men mentally unstable.”*

*“...family problems e.g. sleeping all day, he could not take care of family”.*

*“Khat causes conflicts; finally (we) separated and divorced”.*

*“Constant row(s); broken family and children not being fed properly.” “He does not care about his family.”*

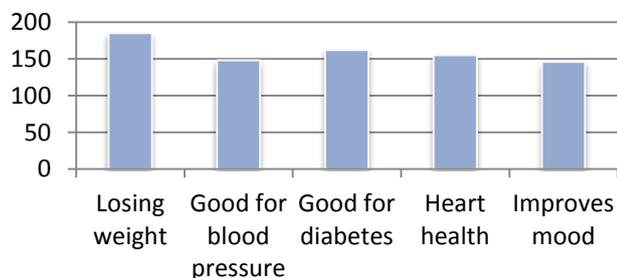
Older and younger generations use e.g. *“...parents get angry if khat is brought into the house.”*

#### iv. Physical Exercise and Diet

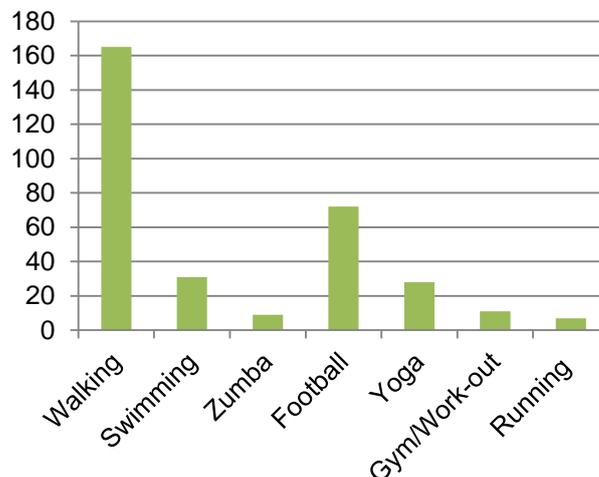
We wanted to gain a general picture of participation in and attitudes to physical activity. We asked three questions:

1. What are the benefits of physical exercise? *(Tick boxes and write in)*
2. How often do you take physical exercise? *(Tick boxes)*
3. What types of physical exercise do you do? *(Tick boxes and write in)*

**What are the benefits of physical exercise?**



**What type of exercise do you do?**



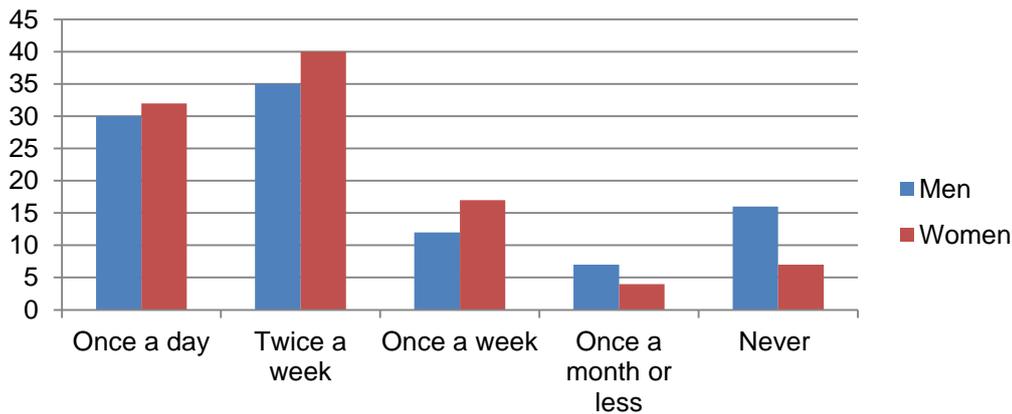
Respondents also said that exercise also benefits:

- whole body and overall health
- bones
- lowering stress
- mental well being
- happiness
- sleep
- social life

People also said they took part in

- Basket Ball
- Martial arts
- Cycling
- Jogging
- Dance
- Physiotherapy

### How often do you take physical exercise? (%)



We observed good general knowledge about the benefits of physical exercise. The majority knew of several recognised benefits e.g. 79% said it was good for heart and blood pressure. However it is not clear whether people act on that knowledge by doing what is considered a sufficiently beneficial level. This is partly because we did not ask people to precisely report how much exercise they did and how much of it was gentle, load bearing, intensive etc. From the data we gathered over half the respondents reported exercising more than once a week, with walking being the most popular form of exercise. 30%, however, said they exercised once a month or less. We were interested to see that women said they took more exercise than men.

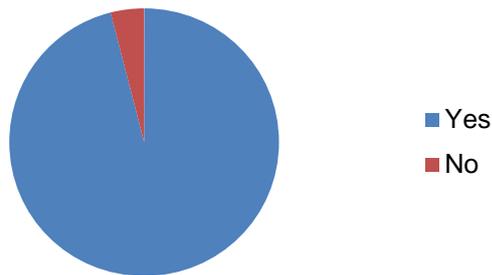
The questions we asked about diet focussed on people’s knowledge and consumption of fruit and vegetables.

1. How much do you know about food which is good for health & prevents heart disease? *(Tick boxes)*
2. Do you ever eat fruit and vegetables? *(Tick boxes)*
3. If Yes, how many portions do you eat a day? (A portion is roughly how much you can fit in your hand) *(Tick boxes)*

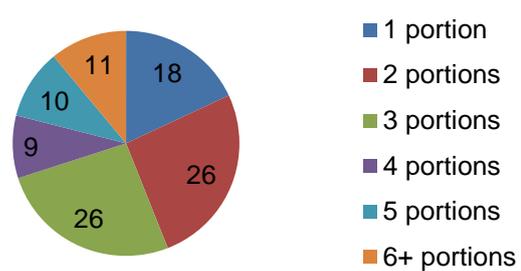
### Knowledge of healthy foods

	<i>% of respondents</i>	<i>Number of respondents</i>
Good knowledge	67.66	136
Little knowledge	25.37	51
No knowledge	6.97	14

### Do you eat fruit and vegetables? (%)



### How many portions of fruit and veg do you eat a day? (%)



While two thirds of people said they had a good knowledge of healthy foods, a substantial minority reported having little or no knowledge. The data suggests higher consumption of fruit and vegetables than the UK average. We should treat the figures with some caution though. We defined what a portion was (a handful) but could not check what people classed as fruit and vegetables. Nor did we test the two thirds of the sample who reported themselves as having a good knowledge of healthy foods. We know, for example, that typical Somali meals usually include meat as well as rice or pasta or both – but less often green vegetables.

## v. Other Health Issues

We asked people if they had any other comments about health and health services. It is hard to present statistics about this as we did not offer pre-determined options but invited people to say anything they thought important. Here are issues people raised.

- Interpreters should have medical knowledge to be able to translate accurately
- Promote annual check-ups more
- Should be more communication with families over use and stopping use of life support mechanisms
- No autopsy should be carried out without the permission of close relatives of the deceased and only when a death is suspicious. Professional consultant from the Somali community should be present during such operations
- Cleanliness in GP surgeries and hospitals
- GP referrals to hospitals and specialists should be faster
- GPs should give more time at consultations to listen to and understand patients
- Women only services including diagnosis and exercise
- Better and faster care for older people
- Dentists should make it as easy as GPs do to get appointments.

## vi. Health conclusions

Our general conclusions in this section are based on our view that the root cause of most of the dissatisfaction voiced is fundamentally the need for better two-way communications. If Somali people understood better how the UK health system worked it would often mean they could

- understand the roles of the many different parts of the NHS
- approach the most appropriate part of the NHS when needed,
- understand why things happen the way they do, and ultimately
- get a better service,

If health professionals took steps to better understand Somali people, their individual concerns and symptoms, their religious and cultural beliefs then they would be able to:

- provide a better service,
- get more active co-operation from their patients,
- avoid misunderstandings and potentially complaints
- ensure that their Somali patients got positive results first time around and did not try to access services inappropriately and “waste” professionals’ time.

These considerations clearly apply to all health professionals. It is an issue that should be acknowledged at a senior management level because making the necessary adjustments (more time for consultations, more language support, awareness training require resources. But there will be a far greater pay off for the NHS: longer term reduction in demand for services, better community health and a very targeted way of reducing health inequalities for this most marginalised of communities

More specifically the data has shown us that whilst over three quarters of people found it easy to access their GPs, many people had difficulty accessing other NHS services especially consultants and A & E and over a third of those needing an interpreter found it difficult to access one.

Two thirds of people would refer someone with mental health issues to NHS services, especially hospitals, with most others mentioning religious support from the Mosque or Koran. Most people felt the Somali community treated people with mental health issues well though a significant minority (29%) felt otherwise. ‘Talking to themselves’ and ‘paranoia’ were the most common symptoms identified as showing someone had a mental illness.

Almost everyone felt that khat has a negative effect on physical and mental health and families especially pointing to its impact on behaviour, relationships and marriage.

There was a good general knowledge about the benefits of physical exercise. Over half the respondents exercised more than once a week with walking being mentioned as the most frequent form of exercise.

## 5.2 Health Recommendations

1. General	Who needs to be involved
i. Opportunities are developed to enable the Somali community to better understand how the UK health system works	SASCA NHS
ii. NHS staff receive training to improve their understanding the health needs of the Somali community	North, South and Central Manchester Clinical Commissioning Groups (CCGs) Central Manchester Foundation Trust (CMFT) Pennine Acute Trust (PAT)
2. Access to Health Services	
i. GPs should make referrals to specialist or consultants more quickly.	CCGs
ii. Professionally qualified interpreters should be available at the GPs to remove any communication barriers so that the GPs and the patients can understand better each other.	CCGs
iii. Waiting times at GPs to be reduced and the service made available 24/7. Doctors should also visit and examine older patients at their homes.  iv. GPs should attentively listen to the patients so they better understand what their problems rather than prescribing them something and sending them away, and diagnosis should be made at the right time	CCGs
v. Improved access to A & E, long queues at the A & E services should be shortened.	CMFT, PAT
vi. Dentists should make it as easy as GPs do to get appointments.	CCGs
3. Mental Health	
i. People suffering from mental health issues should be referred to appropriate mental health treatment services and other support.	SASCA
ii. The community should be made aware of mental health problems and symptoms and about what services are appropriate for what conditions and how to access them	NHS Manchester Public Health Development Service (MPHDS) Manchester Mental Health and Social Care Trust (MMHSCT)
iii. Mental health training should be provided to members of the Somali community to help those having mental health problems	NHS MPHDS

	MMHSCT Somali community organisations
iv. Fight against the root causes of mental health problems such as Khat, unemployment, isolation, drugs and post-traumatic stress disorder.	NHS, GPs, Manchester City Council (MCC), local training and employment agencies and employers, voluntary organisations – with Somali community groups
<b>4. Khat</b>	
i. People should be advised of the negative effects of Khat on physical and mental health	NHS, GPs, Manchester City Council (MCC) – with Somali community groups
ii. Women should be offered support to advise their husbands to participate in family tasks, such as school runs and tuition so that they could avoid Khat consumption	Somali community groups
iii. There should be therapeutic services, e.g. counselling, available for people who use Khat and those who are directly affected by it	MMHSCT
iv. Those who quit Khat consumption should be helped to get back to work	SASCA, Somali community groups – local training agencies and employers
v. SASCA should work in partnership on leisure, sports, volunteering, and education opportunities tailored to needs of people using or recovering from using khat	MCC, local leisure and other service providers, Somali community groups
<b>5. Physical Activity and Diet</b>	
i. A health awareness campaign should be launched involving SASCA, religious people and the other community activists to inform people of the importance of eating healthily and doing exercise	NHS (Public Health Development Service, Health Trainers, Exercise referral programmes) GPs, Healthy Living Networks, nutritionists, leisure centres, Manchester Sport and Leisure Trust, MMU, gyms, sports clubs, walking groups – and Somali community organisations
ii. Women-only exercise sessions (and other targeted activities) should be held so that each and every one of the community has got the	As above

chance to exercise.	
iii. SASCA should provide training for those participating in the campaign to improve levels of physical activity and diet.	NHS, SASCA and other Somali community organisations
<b>6. Other Health Issues</b>	
i. NHS to work towards offering an annual health check-up to everyone	CCGs
ii. Improve communication with families when using and stopping using life support mechanisms	CMFT, PAT
iii. No autopsy should be carried out without the permission of close relatives of the deceased and only when a death is suspicious or sudden.	CMFT, PAT
iv. Ensure that women can be seen by women health professionals and have more women only exercise classes	CCGs, CMFT, PAT
v. Better and faster care for older people	CCGs, CMFT, PAT

## 6. Education

179 (88.6%) of 202 adults completing the adult's survey told us they were parents (or carers or guardians) of children. Of these 179 adults, 172 (96%) have or have had children attending educational establishments in the UK. The findings and recommendations in this section relate to information collected from these parents.

### 6.1 Education Findings

The first question we asked was 'what educational establishment does your child or children attend'? The majority of the 352 children we were told about were either in primary or secondary schools.

	% of respondents	Number of respondents
Primary school	77.45	134
Secondary School	63.58	110
College	35.84	62
University	24.86	43
Left the education system.	1.73	3
Total children	100.00	352

#### i. Education in Schools

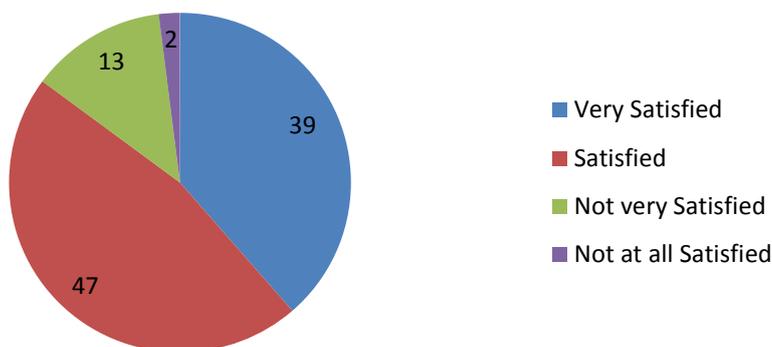
The questions we asked parents about the schooling of their children were:

1. Are you satisfied with the education your child or children receive at school? *(Tick boxes)*
2. Thinking about education in schools, how could it be improved in each of these areas? *(Write in)*
  - i. What is taught?
  - ii. How it is taught?
  - iii. Facilities offered at the school?
  - iv. Language support?
3. How satisfied are you with the information you get from the school? *(Tick boxes)*
4. How good are the school reports in telling you how your child is doing? *(Tick boxes)*
5. How could the information you get from school be improved? *(Write in)*
6. Do you attend parent evenings? In no, why not? *(Tick boxes and write in)*
7. Do you support your children doing their homework? In no, why not? *(Tick boxes and write in)*

## Satisfaction with education in schools

We asked people how satisfied they were with the current education their child/ren receives. 170 adults told us about their level of satisfaction with the education their children receive/d in the UK. 85% were satisfied or very satisfied. 13% were not very satisfied and under 2% (3 parents) not at all satisfied.

**Are you satisfied with the education your child/ren receive at school? (%)**



We asked adults how education could be improved in each of these areas:

	Percentage answering	Numbers
What is taught	95.6	152
How it is taught	79.9	127
School facilities	84.3	134
Language support	74.2	118
Total		531

### What's taught?

Most frequently mentioned subjects in terms of improving what is taught were, in order of frequency:

- More maths and science lessons
- More languages especially English and Somali
- More religious studies
- Somali history included in the curriculum

Other suggestions included: help with the hand-writing, provision of computers, essays for practice and consideration given to the child's background and support given where necessary.

### How it's taught?

The greatest number of comments about how education in schools could be improved were for requests for more homework (and only one asked for less homework), and more cooperation and communication between teachers and parents. Many also said they were quite happy with the education their children received and that their children enjoyed school. One or two contrasted the UK with their experience in other European countries, for example, saying they would prefer to have daily homework as in Holland, rather than weekly.

Other things that were mentioned about how things are taught included:

- Pupils having more time with the teachers,
- one to one tuition
- extra classes
- after school clubs
- smaller class sizes
- Somali or Somali-speakers teaching in schools
- Having teaching, rather than play, in early years
- Somali parent governors

Some were concerned about the lower levels of support in secondary schools, with examples being given of additional support needed for newly arrived young people with poor English. This seems to be a problem especially as young people prepare to take GCSEs. Children who have been born in the UK were reckoned to have less difficulty with managing at school, especially with language.

#### Facilities?

	Percentage	Number of respondents
Good/very good	31%	41
Normal/ok/not bad	25%	34
Not enough/not good	10%	14
Specific things needed	10%	13
Don't not/ not sure/other	24%	32
Total		134

Most parents were happy with the facilities available to their children in school, with nearly a third feeling they were good or very good. Suggestions for improvements included more computers, including computers to use at home, help from free online lessons and websites to access children's homework at home, (though one thought there was too much IT); more books, including some to read at home and digital CDs; and more sports facilities and after school clubs.

#### Language Support?

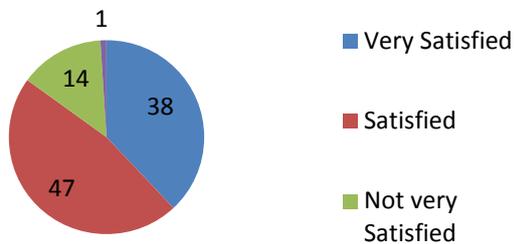
	Percentage	Number of respondents
Good/very good	7%	8
Normal/ok/not bad	8%	9
More support needed	33%	39
Not needed	14%	17
Language support needed for parents	16%	19
Need bilingual teacher	16%	19
Don't not/ not sure/other	6%	7
Total		118

A third of parents thought that language support for children in school needed to be improved. 16% of parents specifically mentioned the need to have a bilingual teacher who spoke both Somali and English. Other suggestions included extra language classes, more reading and conversation in school and books to read at home. A significant number of parents (16%) would like to see schools providing language support for parents while 17% of parents felt language support was not needed as their children grown up in UK.

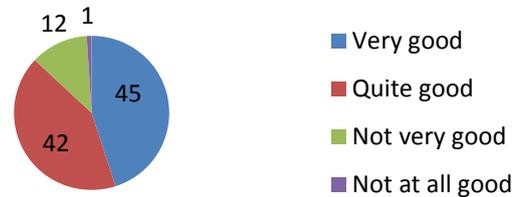
## Schools' communications with parents

Most parents (85%, 131 out of 154) were satisfied or very satisfied with the information they receive from schools. The results were similar when parents were asked how good school reports were in reporting progress of their children.

### How satisfied are you with information from school? (%)



### How good are school reports in telling you how your child is doing? (%)



Despite these high levels of satisfaction 60% (n107) of parents answering this section, they also gave suggestions about how communication with parents could be improved. Their ideas included:

- 5% of the parents suggested that they would like to receive the reports in the Somali language.
- using text, email or telephone.
- More frequent e.g. every month – or in some cases every week
- face to face contact
- via a parents' committee
- by making appointments as necessary

Over 95.5% of parents (151 of 158) reported that they attend parent meetings. The most common reasons for not attending were poor English, lack of educational background and very recent arrival in the country.

## Parents' support for homework

The majority (80% n125) of parents supported their children with their homework. We did not define in what way they might support their children. The most common reason people gave for not helping their children with their homework was they didn't have the education themselves or they didn't understand English (46% each)

### ii. Extra Tuition outside school

We were interested to find out about parents' attitudes to extra tuition outside school and whether they accessed extra tuition for their children.

1. Do your children attend a supplementary/Saturday school? If Yes, Why? (*Tick boxes and write in*)
2. Do you pay for regular extra tuition for your children? (*Tick boxes*)
3. Would you like your child to have additional educational support? If Yes, Why? (*Tick boxes and write in*)
4. What prevents you from accessing this now? (*Write in*)

### Attendance at Supplementary/Saturday Schools

Over 49% of parents (79 out of 160) reported that their children attend supplementary schools. The key reasons they give for this included:

- Parents feeling that they are not equipped to help their children with the curriculum due to their own poor English or lack of education
  - The opportunity to ensure their children get culturally and religiously appropriate teaching to reinforce their heritage and enhance their use of Somali and/or Arabic
  - Desire for their children to do well educationally and in their careers
- 14% of parents commenting send their children to Quranic schools (Madrassa).

### Tuition Fees

67% of the parents (101 out of 151) said that they pay extra tuition fees for their children. This is despite the high levels of poverty in the Somali community, as exemplified by 35% of parents reporting that they are on a low-income and that this prevented their children accessing additional tuition. The tuition fees that parents reported paying for include the fees (formal and informal) paid to the various supplementary schools in the area as well as to individual tutors.

### Additional educational support

Over 85% (129 out of 151) of parents reported that they wanted additional educational support for their children. The reasons they gave for wanting more help included:

- 35% wanted more homework for their children and more help with homework
- help for their children to do well in schools especially GCSE grades in core subjects such as English, Science and Maths
- parents felt unable to help their children
- not enough lessons in school
- language help especially for children newly arrived in the UK
- 1 to 1 tuition
- To keep children busy rather than wasting time e.g. watching television.

The main factors that parents identified that prevented them from accessing additional educational support were:

- low household income (38%)
- lack of information on how to get it (12.5%) – and another 11% said they do not know why they cannot get the support
- schools do not offer it
- poor experience with previous tutors
- language problems

### iii. Other educational issues

When we asked parents if they had any other comments about educational issues many took the opportunity to repeat points made elsewhere. New comments included:

- “Most important to give them (young people) respect and their rights”
- “Parents need extra language support”
- “Our children should be saved from bullying.”
- “Education needs to be encouraged by the media.”
- Many parents, especially mothers, want to learn English to help their children with school work. Nowadays we have to pay for ESOL learning. But if we are working to earn money we find it difficult to attend classes.
- Suggestion that siblings should be able to go to the same school
- More help wanted from the Somali community

### iv. Education Conclusion

While 85% of parents have given high satisfaction ratings for the education their children receive at school an identical proportion felt that their children need additional support for their children, with two thirds of parents paying for additional support. This seeming contradiction may reflect parents’ expectations of what a school can provide and recognition that schools have a part to play but so too does the community. It also suggests to us that parents set a high value on formal academic work as opposed to more informality and that parents take a great interest in the education their children receive.

The main suggestions parents gave about what is taught in school were about providing more teaching on core subjects of Maths, English and Science. Parents particularly stressed the need for more homework to be given to their children and schools and parents working together better to support their children. Most parents were happy with the facilities available in schools but felt that language support needed to be improved. Having bilingual teachers and language support for parents were particularly mentioned.

Most parents were satisfied with the information they received from school and the usefulness of school reports in showing them how their children were progressing. The vast majority of parents attended parents’ evenings. Despite high levels of satisfaction nearly two thirds of parents gave suggestions about how communication between could be improved relating mainly to the type and regularity of contact.

Majority of the parents support their children with their homework, but some reported that they do not help their children because of their language problems and lack of educational background.

Half of the parents reported that their children attended supplementary schools. 14% of parents sent their children go to Quran (Madrasa) Schools. The most common areas where parents felt children needed additional support were in the core subjects, English, Science and Maths. Just over a third of parents (35%) said that being on a low-income prevented them from accessing additional tuition for their children.

## 6.2 Education Recommendations

1. General	Who needs to be involved
i. There should also be extra tuitions in schools in Maths, English and Science for Somali children and young people who are struggling, and Somali language should also be taught.	Schools
ii. More homework should be provide.	Schools
iii. There should be after school clubs and safe environments for the Somali community.	Schools
iv. There should be smaller class sizes to improve the quality of teaching in the classrooms	Schools
v. There should be more cultural awareness events and displays on walls run by schools, where most Somali young people attend school, to promote Somali culture and also to help Somali young people understand British culture.	Schools
vi. More funding should be available to support supplementary schools	Manchester City Council Other Funders
2. Language Support	
i. More language support in schools especially for the new arrivals whose English language is not up to the standard required.	Schools
ii. There should be more bilingual teachers (English and Somali) or bilingual support workers in the classrooms and more qualified Somali speaking teachers in schools.	Schools
3. Parents and Schools Working Together	
i. There should be closer cooperation between parents and schools to improve the information received from schools, and more use of electronic communication	Schools
ii. Parents should be given a breakdown of the curriculum at the start of the school year so that they know in advance what to expect and the work their children need to do during school term.	Schools
iii. English classes at all levels e.g. ESOL should be made available for parents.	Schools
iv. Somali speaking staff should available in school to talk to parents who do not speak English well and so break down the language barriers	Schools
v. Schools should also provide information leaflets in Somali language for the new parents.	Schools
vi. Have a room for parents to meet and discuss issues about their children's education and talk to staff.	Schools



## 7. Young People

This young people's section of the report primarily gives the perspective of the 97 young people we interviewed. We talked to:

- 44 Somali 11 to 16 year olds
  - 53 Somali 17 to 21 year olds, about whom we gathered some more demographic information:

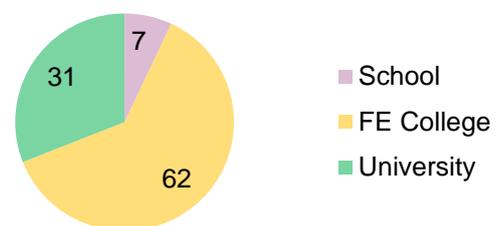
### Economic status

- 90% were studying full time
- 8% were studying part time
- 4% were working
- 12% were looking for work

### Educational attainment

- 76% had GCSEs
- 48% had BTECs
- 38% had A or AS levels
- 8% had degrees

17 to 21 year olds currently studying at...



It also compares many of the young people's opinions with those we recorded from the 138 parents who had children aged 11 to 21 and who completed the young people's section of the adult survey.

## 7.1 Young People's Findings

### i. School/College/University

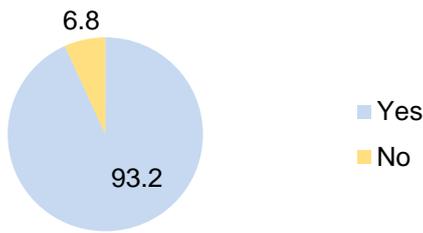
#### Current places of education

All 11 to 16 year olds were at school. Of the 50 17 to 21 year olds currently studying the majority were at FE colleges.

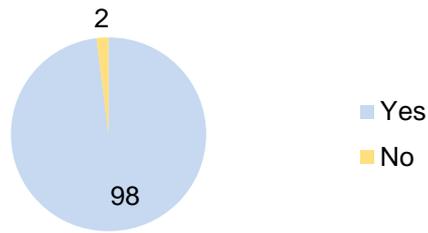
We asked the following questions about their place of education to both sets of young people:

1. Do you get enough help from school/college/university with your studying? (*Tick Boxes*)
2. If no, what kind of help would you like? (*Write in*)

**Satisfaction with school (%)  
11-16 year olds**



**Satisfaction with school (%)  
17-21 year olds**



This suggests rather more satisfaction than parents have, (86% of whom were satisfied or very satisfied) though the latter were also broadly satisfied.

The ideas young people gave for improving school/college in decreasing order of frequency were:

11 to 16 year olds	17 to 21 year olds
1. Revision and after school clubs	1. Extra English classes
2. More sport	2. More hands on, practical work, work experience
3. Better understanding of how to use facilities like libraries and laboratories	3. A Somali GCSE
4. Clubs on poetry, creative writing etc.	4. More youth work to steer people away from misbehaviour
5. More fun	5. More days/time spent in college
6. Better lunches	6. Arabic lectures
7. Better teachers	7. Lockers
8. More respect from teachers	8. "Exams not to be all at once"
9. More careers advice	9. "More contact time with tutors or lecturers"
	10. Better online file sharing between students and teachers, for lectures etc.
	11. "more clarification of what's expected of you in the exams"
	12. "putting lectures online on time"

These views can be compared with the Education section of this report, covering adults' views of how education can be improved (see p23). Apart from the wish for more fun, and requests about specific aspects of everyday school life, their suggestions are broadly similar to those of their parents.

## ii Aspirations

We were interested to find out what sorts of careers the young people were interested in. We asked them:

- What type of work would you like to do when you are older? (*Write in*)

Their answers were impressively varied and ambitious. Answers approximately in order of decreasing frequency were:

11- 16 year olds		17-21 year olds	
• doctor	• computer scientist	• doctor	• banker
• dentist	• engineer	• engineer	• psychologist
• pharmacist	• pilot	• nurse, practice	• business
• nurse	• astronomer	nurse	• economist
• consultant midwife	• a job that helps	• teacher	• politician or
• psychologist	people	• pharmacist	civil servant
• scientist	• police officer	• midwife	• audiologist
• neuroscientist	• business	• other medical work	• educationalist in Somalia
• footballer, referee or coach	• archaeologist	• care worker	• human resources
		• accountant	• sociologist
		• scientist	
		• optician	

## iii. Finding Work

78% of young people said it was “not very easy” or “not very easy at all” to find work. And some told us why they thought this is so. Comments approximately in decreasing order of frequency were:

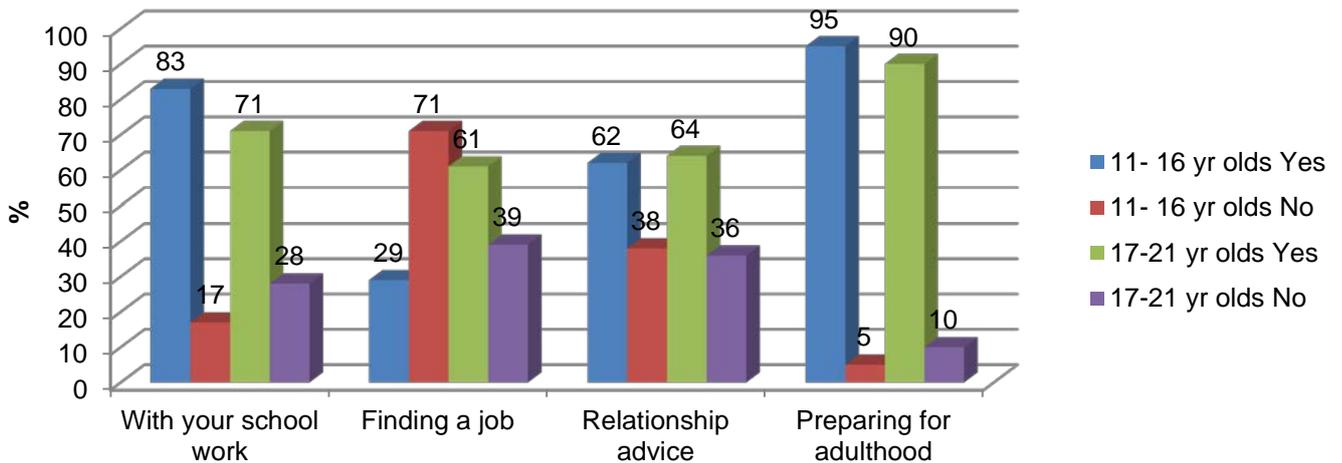
- a. the lack of good quality jobs on offer
- b. their lack of experience and difficulty in getting any
- c. their lack of recommendations (“It is not about what you know but who you”)
- d. the lack of suitable part-time jobs e.g. to fit in with studying as well
- e. Some also cited difficulties with the interview process and one cited age discrimination.

## iv. Support from Parents

We were keen to discover what sort of help young people felt they received from their parents. We asked them:

- Do you get help from you parents (*Tick boxes*)
  - a) With your school work
  - b) Finding a job
  - c) Relationship advice
  - d) Preparing you for being an adult (e.g. cooking, shopping skills).

### Do you get help from your parents....?



The majority of young people in both age groups felt they got support from their parents in each area apart from finding a job. The results in this area are likely to be skewed as many of these young people may not have been looking for work. Apart from looking for work, the results from the two groups are broadly similar, with most young people reporting they received practical help preparing for adulthood. The areas where they got least help were:

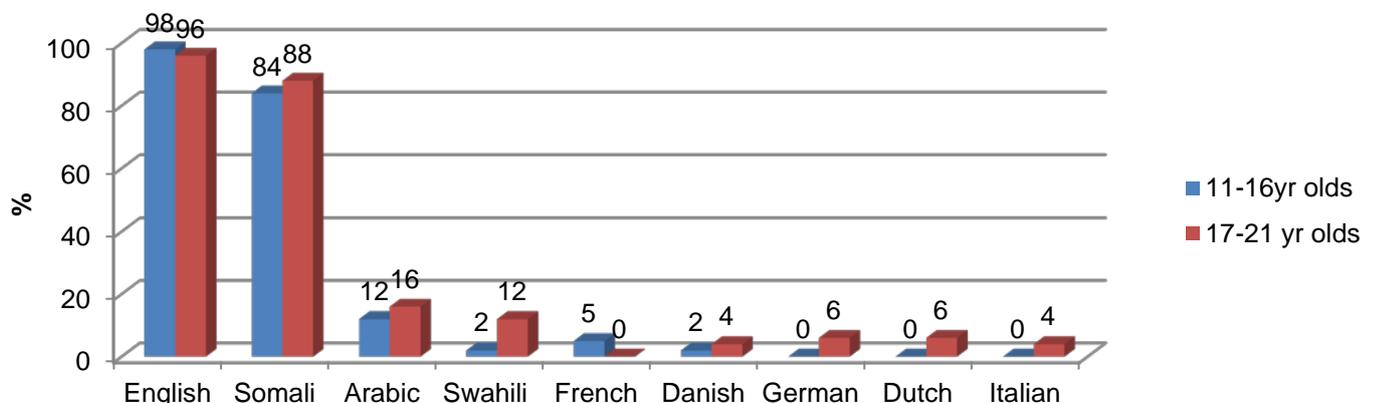
- Finding a job – though as stated elsewhere this may be higher as some are not currently looking for work and their ambitions may mean their parents do not feel equipped to support them
- Support on relationships - a consistently large minority of both age groups (average 37%) say they do not get help from parents. Some believe that there is a lack of support and encouragement from their family.
- 

Again the reported experience of young people can be contrasted with the perception of parents about the help they offer their children (see p25).

### v. Languages and Communication

We asked all young people what languages they speak.

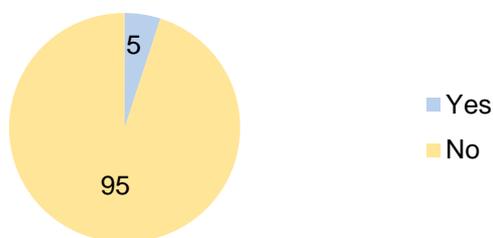
#### Languages spoken



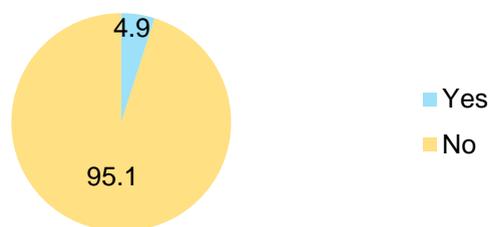
The languages spoken are broadly similar between the age groups, but a little more diverse among the 17 to 21 year olds (who may have lived in more countries as they migrated).

We then asked all the young people whether they have any language difficulties communicating with teachers and parents? (*Tick boxes*)

**... difficulties communicating with teachers? (%)**

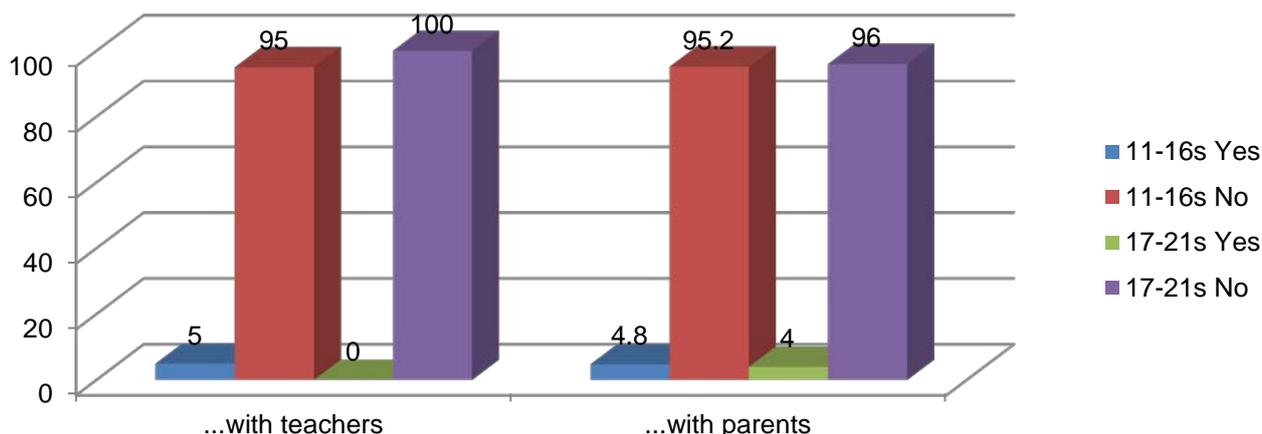


**... difficulties communicating with parents? (%)**



While 5% of or fewer young people said they had difficulties communicating with parents, 29 out of 130 (over 22%) parents, who completed the young people’s section of the adult survey, said they had difficulty communicating with their children.

**Difficulties communicating with..... (%)**



We asked all young people what might improve communication with parents. The solution 11 to 16 year olds most often suggested was better language skills (for both parents and young people) but mention was also made of parents speaking to them in a more kindly way.

Among the 17 to 21 year olds, 25 interviewees made suggestions on how communications could be improved with teachers and/or parents. Suggestions, approximately in decreasing order of frequency, were:

1. Parents and young people improving their English language skills
2. Young people spending more time with parents and the Somali community
3. Young people learning to speak Somali better
4. “Mutual respect between parents/students and teachers”
5. Young people overcoming fear of talking openly to parents

While most young people say they have little trouble communicating with their parents, this relates especially to languages. Some parents do not speak English well, while their children, especially older ones, may not speak Somali well. Communication problems are also about differences between the generations, for example, about the amount of control and obedience expected. Young people appear to be more quickly immersed in mainstream UK culture than their parents.

Finally on communication we asked all young people how easy it is to make friends of people their own age outside their family. 89% of 11 to 16 year olds and 98% of 17 to 21 year olds said it was easy or very easy. One commented that *“people judge me, thinking that all Somalis (just) eat bananas and rice”*.

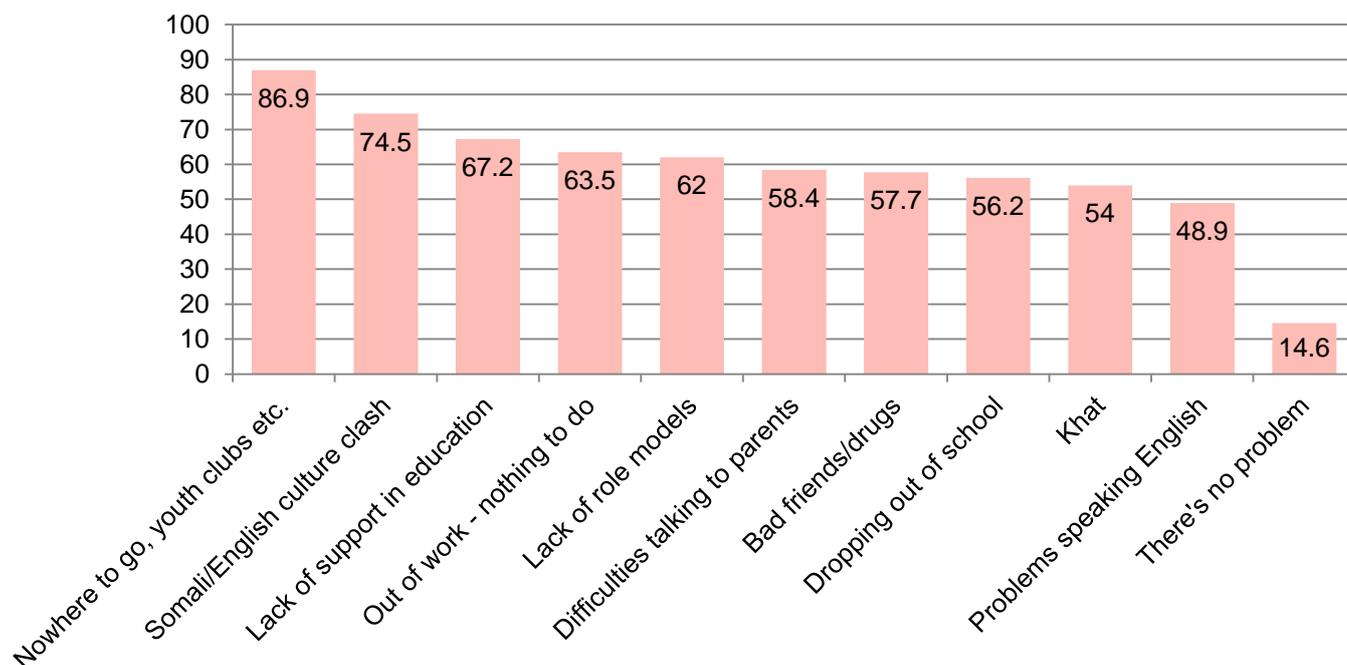
## vi. The main challenges facing Somali young people

We asked all young people what the main challenges facing Somali young people are (*write in*). Answers approximately in order of decreasing frequency were:

11 to 16 year olds	17 to 21 year olds
1. Lack of jobs, including being informed about jobs in time to apply for them	1. khat
2. Lack of advice from all sources	2. <i>too much free time and lack of jobs and thinking they will not get anywhere in life</i>
3. Language barriers	3. <i>bad friends/getting involved with drugs, not having anywhere to go, no youth centre or group, and lack of role models</i>
4. Lack of youth facilities/centres	4. <i>parents might not know English and the kids don't know the Somali language</i>
5. Crime, khat, gangs etc.	5. gangs
6. Not knowing their Somali heritage	6. <i>more help and direction from their teachers and parents</i>
7. Stereotyping	7. <i>they don't take education seriously and then drop out (as they fall behind)</i>
8. Lack of social cohesion	8. <i>(over) controlling from their parents</i>
9. Parents not showing an interest in them	9. <i>gap in communication between the community and Somali youth</i>
10. Young people hiding things from the parents	10. <i>they are easily pressurised, public perception that we are criminals</i>
11. Too much freedom	

When we asked adults in interviews about their views on youth issues, they cited many similar concerns, though did not highlight prejudice from the host community and a substantial minority (14.6%) thought there were no challenges.

**Challenges for youth identified by percentage of all adults**



Adults also cited:

- a. Lack of fathers' active role in young people's lives
- b. Poverty
- c. "Some of them could be traumatised because they might have lost their loved ones or witnessed the execution of their loved ones before they left Somalia"
- d. "Parents can't tell off their children: less power for parents to control their children"
- e. "in this country children have been given freedom and (do) not listen to their parents."

The chief concerns of both adults and young people about the main challenges facing Somali youngsters are very similar, but in slightly different proportions. The adults tend to emphasise lack of support in education more than the young people.

## vii. How to improve the lives of Somali young people

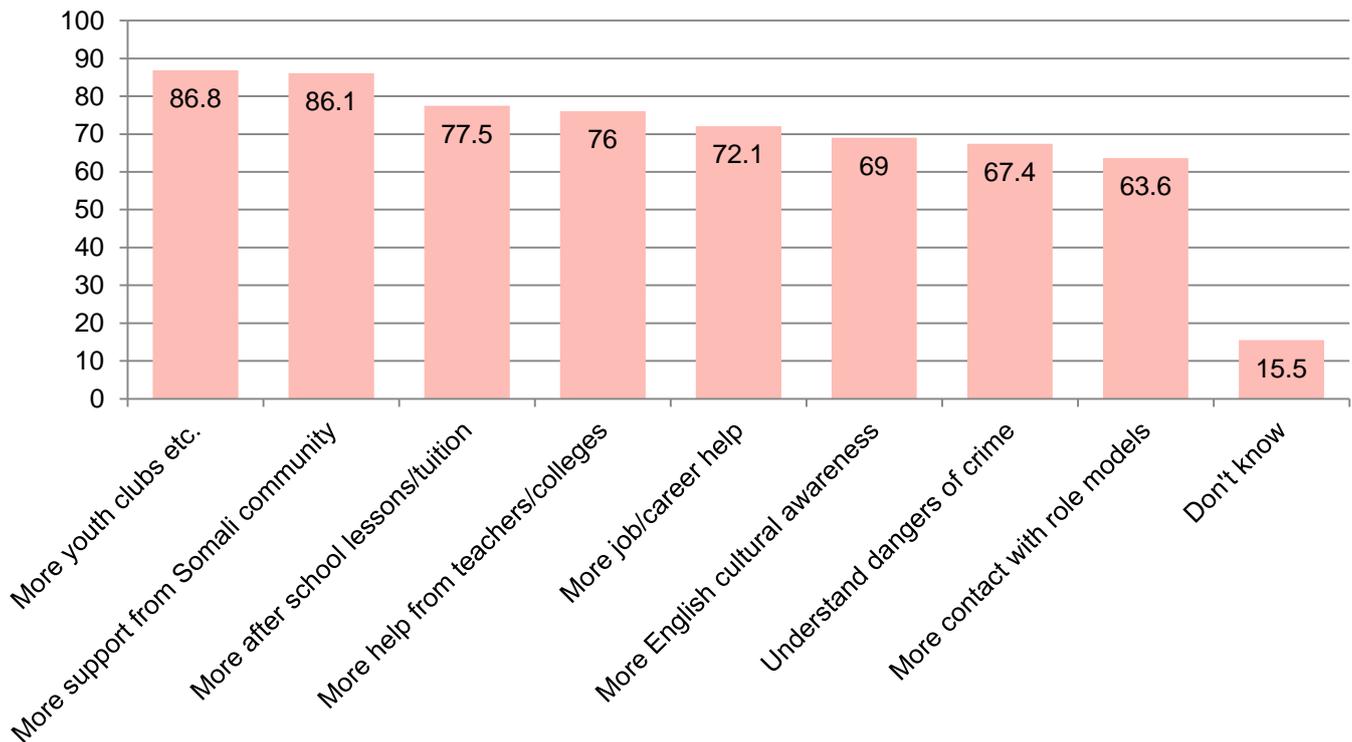
We asked all young people for their ideas on how life could be improved for Somali youngsters. Answers approximately in decreasing order of frequency were:

11 to 16 year olds		17 to 21 year olds	
1.	more support at school and with learning after school	1	Youth centre/s e.g. “where Somali youth meet and discuss problems, (and a) website where students and youngsters can exchange ideas on education and things that concern them”
2.	More after school clubs, including religion and self-awareness, also more physical activities using martial arts and self-defence” and similar suggestions	2	Mixed youth and sports clubs so they can communicate better with people outside the Somali community
3.	more jobs	3	Jobs
4.	teaching young Somali people about their country	4	Learning support
		5	Better communication with both mothers and fathers
		6	taking responsibility for own actions rather than always doing what parents say
		7	extra time to complete work
		8	educating youth about their own Somali culture and heritage
		9	volunteering in Somali and other community organisations
		10	helping them stop using khat, alcohol and other drugs

Very many 11 to 16 year olds gave variations on the first three replies listed above left. One 17 to 21 year old respondent neatly summed up their recipe for change as *1. get an education, finish school, get involved with the community; 2. aspire to do better*. The answers of the two groups are similar, but, as would be expected, those of the older group are more sophisticated and informed by experience.

Again, we also asked adults what they thought could improve the lives of Somali young people.

### How to improve lives of Somali youth - identified by % of all adults



15 adults also suggested some other improvements:

- Targeting those new to the UK to explain its systems and encourage them to study and work, so they can do well
- Greater focus on traditional Somali culture and religion
- More family time
- Better cooperation between community members and the local authorities to give them safety
- Free family exercise clubs
- Organising trips to Somalia to help and teach children would broaden their minds
- Working on issues with the police

The adults suggest many of the same improvements to make young people's lives better. There is a greater emphasis on the authority of parents and duty to the family and Somali culture and beliefs.

### viii. Conclusions

Young people's opinions and experience are very varied and they are keen to express them. They are acutely aware of issues facing them and many of their views are similar to what their parents think, but there are some significant differences.

Our conclusions in this section are, like those elsewhere, point to the importance of communication: between the generations and between young people and the wider community. Young people are often aware of the issues affecting them and could engage with and articulate their needs more effectively, if they better understood how UK systems work.

Our findings from young people raise issues for the young people themselves, the wider Somali community and all agencies that have contact with Somali young people – above all those that provide education, youth and access to employment services. Professionals should take steps to better appreciate the perspectives of young Somalis and understand Somali culture. If services are to improve their work with young Somalis, senior management in such agencies need themselves to learn more and hard wire the variety of needs into service planning (including measuring impact) and budgeting.

More specifically the data has shown us that young Somalis:

- need more learning support on various topics - especially for young new migrants.
- are at risk from similar societal factors as all young people in the UK today: substance misuse, disaffection from the community, anti-social behaviour and crime, poor role models. For them such risk can be intensified by language and cultural barriers, greater likelihood of failing at school or by difficulty establishing an identity when they feel at a distance from both their Somali community and heritage. The announcement, since we conducted the interviews, of a ban on khat in the UK from June 2014 may help. But it may make it harder to deal with, as people may be less willing to admit openly that they have a problem.
- may identify more with the host community than their parents, but they can still find it hard to come together as a group, away from the family home. The “territory” they know is either the family home or places in which they are a minority. Hence the calls from young people (and adults) for youth centre/s.
- The importance of Somali young people being at the heart of decisions about services that will benefit them.

## 7.2 Young People Recommendations

General	Who needs to be involved
<p>i. Having a youth centre, and facilities for young people, this includes:</p> <ol style="list-style-type: none"> <li>a safe space where all young Somalis can go in a broadly Somali environment to pursue learning or leisure activities</li> <li>a safe space where Somalis can meet other young people for community ore learning activity, sports and leisure activities</li> <li>where young Somalis born in the UK and those recently arrived can meet and exchange ideas and educate each other on both Somali and English culture to help them better integrate in to the wider society.</li> </ol>	<ul style="list-style-type: none"> <li>• MCC</li> <li>• Voluntary sector</li> <li>• Somali community organisations</li> <li>• Schools</li> <li>• 6th form and further education colleges</li> <li>• Connexions</li> </ul>
<p>ii. More support in terms of educational and career guidance, preparing for the job market and finding a job.</p>	<ul style="list-style-type: none"> <li>• MCC</li> <li>• Connexions</li> <li>• Schools</li> <li>• 6<sup>th</sup> form and further education colleges</li> <li>• Training &amp; employment agencies</li> </ul>

<p>iii. Role models, such as Mo Farrah and Rageh Omaar, as well as young local Somalis progressing in academia, employment and their own businesses, should be invited to come and talk to inspire young people and act as mentors to local young people</p>	<ul style="list-style-type: none"> <li>• Schools</li> <li>• 6<sup>th</sup> form and further education colleges Universities</li> <li>• Businesses</li> <li>• Chamber of Commerce</li> <li>• Somali community organisations</li> </ul>
<p><b>Language and Communication between parents and young people</b></p>	
<p>i. Parents should prioritise learning English and young people encouraged to learn Somali and take pride in their heritage</p> <p>ii. For both generations we would like to promote the idea that Somalis in Britain do not have to forsake their culture and heritage, but at the same time can take a full part in all aspects of life in Britain and thereby benefit themselves and their family.</p>	<ul style="list-style-type: none"> <li>• Parents</li> <li>• Manchester Adult Education Service</li> <li>• Schools</li> <li>• 6<sup>th</sup> form and further education colleges</li> <li>• MCC</li> </ul>
<p><b>Education – Schools and Colleges</b></p>	
<p>Changes in schools and colleges including</p> <ul style="list-style-type: none"> <li>• more language support,</li> <li>• longer breaks,</li> <li>• more teacher training on cultural awareness,</li> <li>• making classes more fun,</li> <li>• employing more bilingual teachers (this is a long term issue but one way to address it is to encourage more Somalis to consider teaching as a career).</li> </ul> <p>Extra teaching, Including</p> <ul style="list-style-type: none"> <li>• after school classes and one-to-one tuition from schools especially for those who were not born in the UK</li> <li>• community led supplementary schools</li> <li>• focussed private sector tuition from tutors skilled in addressing needs of migrant young people</li> </ul>	<ul style="list-style-type: none"> <li>• Schools</li> <li>• 6<sup>th</sup> form and further education colleges</li> </ul> <p>Somali community organisations</p>



## 8. Conclusion

This research identifies the particular concerns of the Somali community in Manchester about issues to do with Health and Health services, Education and Young People.

We have recommended action from a lot of different organisations. We would like to keep in contact with those organisations and monitor their responses to our findings and recommendations. We would also like to work with those organisations, to support them in their efforts and help them increase their understanding of the Somali the community and its needs.

There are also recommendations for the Somali community itself:

- SASCA
- Other community organisations and the community collectively.
- 

We very much hope to develop continuing discussions within the community. We want to know first if people agree with our findings and recommendations. To do that we must make sure they are fed back to the community, not just those who answered the questions but the others we did not manage to talk to. We hope that the community debate that we have will

- confirm what the priorities are for action by and for the Somali community in Manchester
- explore how best to address them
- lead to practical projects, campaigns etc. to make the beneficial changes we want
- lead to agreement on what further areas of research are needed in the future. It may be particular aspect/s of health, education or young people. It may be very different topics. Further research may be an area that the community can work with other agencies so that both sides can benefit.



## Appendix 1 Questionnaire for Adults

Name of interviewers: .....

Date: .....

AsalaamuAllaykum

My name is (Magacaygu waa) .....

and this is .....(name of other researcher)

We are here to carry out research conducted by SASCA and Manchester Metropolitan University to find out the issues or problems facing the Somali community in Manchester. We hope this research will improve services to our communities. Do you live in Manchester? (if no, say "Sorry, we can only collect information from people who live in Manchester")

The research is designed by a team of Somali people, who have received training and support from MMU. We have chosen what to research, written the questions and will analyse the information and write a report for SASCA and the City Council.

All the information we collect is confidential, no one will know your name or address.

If you don't want to answer a question or want to stop the interview at any time please tell me.

The interview will take about 15 minutes.

Waxan halkan u nimi inan qaadno baaritaan/xog ururin ay SASCA iyo MMU samaynayaan si ay u ogaadaan dhibaatooyinka ama baahida haysa Somalida reer Manchester.(hadii ay maya tahay, raali geli una sheeg arintani waxa ay qusaysaa reer Manchester oo keliya)

Baaritaankani waxaa diyaariyay koox Soomaali ah, oo ka helay tababar iyo taageeraba hay'adda SASCA iyo Jaamacadda MMU . Inagaa dooranay waxaynu baarayno, qornayna su'aalaha kadibna inagaa eegayna macluumaadka una diyaarin donna warbixin / report SASCA iyo Manchester City Council.

Macluumaadka aynu ururino waxaa uu noqonayaa mid la xafido, cid magacaaga iyo cinwaankaaga ogaaneysaa ma jirto.

Haddii aadan doonayn in aad ka jawaabto su'aalaha ama aad dooneyso in aad joojiso waraysiga fadlan ii sheeg.

Waraysigu waxaa uu qaadnayaa ilaa iyo 15 daqiiqo.

# HEALTH QUESTIONS (to all adults – over 21)

**“First we would like to ask you some questions about health and health services”**

Marka hore waaxan jeclan lahayn inaan ku weydiino su'aalo ku saabsan caafimaadka iyo addeegga acaafimaad

## 1) How easy is it for you to access health services?

Sidee ayay kuugu fududahay inaad hesho adeeg caafimaad?

- |    |                    |                          |               |                                 |                                     |
|----|--------------------|--------------------------|---------------|---------------------------------|-------------------------------------|
| a) | <b>G.P:</b>        | Very easy<br>Aad u fudud | Easy<br>Fudud | Not very Easy<br>Aanan fududayn | Not at all easy<br>Marnaba fududayn |
| b) | <b>Dentist:</b>    | Very easy<br>Aad u fudud | Easy<br>Fudud | Not very Easy<br>Aanan fududayn | Not at all easy<br>Marnaba fududayn |
| c) | <b>Consultant:</b> | Very easy<br>Aad u fudud | Easy<br>Fudud | Not very Easy<br>Aanan fududayn | Not at all easy<br>Marnaba fududayn |
| d) | <b>A + E</b>       | Very easy<br>Aad u fudud | Easy<br>Fudud | Not very Easy<br>Aanan fududayn | Not at all easy<br>Marnaba fududayn |

## 2) Do you need an interpreter when seeing the doctor/dentist/nurse?

Ma u baahan tahay turjubaan markaad arkayso dhakhtarkaaga /kan ilakaha/ ama kalkaalisada?  
Yes / No

### a) If Yes, how easy is it to get an interpreter?

Hadii ay haa tahay, side kuugu fududahay inaad hesho turjubaan?

- |                          |               |                                 |                                     |
|--------------------------|---------------|---------------------------------|-------------------------------------|
| Very easy<br>Aad u fudud | Easy<br>Fudud | Not very Easy<br>Aanan fududayn | Not at all easy<br>Marnaba fududayn |
|--------------------------|---------------|---------------------------------|-------------------------------------|

## 3) If someone has got a mental health issue where would you suggest they go to for help?

*(Tick all that are mentioned)*

Hadii qof xanuunka dhimirka qabo, xagee baad kula talin lahayd inay kaalmo ka helaan?  
Sax dhamaan jawaabaha la magacaabo)

G.P.  Hospital  Traditional Treatment  Mosque

Other (write).....

## 4) As a community how do we treat people with mental illness?

Bulsho ahaan side baan ula dhaqanaa dadka qaba xanuunka dhimirka?

- |                            |                   |   |                                |
|----------------------------|-------------------|---|--------------------------------|
| Very well<br>Aad uwanagsan | Well<br>Wanaagsan | Not very well.....<br>Si an wanagsanayn | Not at all well<br>Si aad uxun |
|----------------------------|-------------------|---|--------------------------------|

**5) How would you recognize it if someone had a mental illness?** *(Tick all that are mentioned)*  
Sidee baad ku garan kartaa qofka qaba xanuunka dhimirka? (sax dhamaan jawaabaha la tilmaamo)

Talking to themselves  Paranoia  Low mood  Stressed  Lack of sleep  Other  
(write).....

**6) What effect do you think that Khat has on:**  
Maxay kula tahay saamaynta uu qaadka ku leeyahay:

- a) **Physical/Mental Health**(write) Jir ahaan/maskax ahaan (qor)
- b) **Families**(write) Qoysaska (qor)

**7) What are the benefits of physical exercise?** *(Tick all that are mentioned)*  
Waa maxay faaidada jimicsiga jirku leeyahay? (sax dhamaan jawaabaha la tilmaamo)

Losing weight/ Caatowdo   
Heart / Wadnaha   
Good for Blood Pressure/ U wanagsan Dhiig karka   
Diabetes / Sokorta   
Improves mood/ U wanagsan farxadda   
Other/Mid kale (write).....

**8) How often do you take physical exercise?** Intee jeerbaad jimicsiga samaysaa

Once a day / Halmar malinkii   
Twice a week / labajeer todobadki   
Once a week / haljeer todobadki   
Once a month or less Halmar bishii   
Never / Marnaba

**9) What types of physical exercise do you do?** *(Tick all that are mentioned)*  
Jimicsi Nooc ee ah ayad samaysaa? (sax dhamaan jawaabaha la tilmaamo)

Walking /Socod  Zumba / Sumba  Yoga / Yoga   
Swimming / Dabaasha  Football/ kubadda cagta  Basketball / Kubadda kolayga   
Other/ Mid kale (write).....

**10)How much do you know about food which is good for health & prevents heart disease?**  
Intee in la'eg bad ogtahay cuntada caafimaadka u wanagsan?

Good knowledge  Little knowledge  No knowledge   
In wanagsan In yar Waxba

**11)Do you ever eat fruit and vegetables?** Ma cuntaa miraha iyo khudradda? Yes / No

**a) If Yes, how many portions do you eat each day? A portion is roughly how much you can fit in your hand.**

Haddii ay haa tahay cadad intee la'eg ayaad cuntaa maalin walba? Cadadu waa in dhuubka gacantaada la'eg.

- |   |   |
|---|---|
| 1 portion/ 1 Qayb <input type="checkbox"/>  | 4 portions/ 4 Qayb <input type="checkbox"/>                       |
| 2 portions/ 2 Qayb <input type="checkbox"/> | 5 portions / 5 Qayb <input type="checkbox"/>                      |
| 3 portions/ 3 Qayb <input type="checkbox"/> | More than 5 portions/ In ka badan 5 qayb <input type="checkbox"/> |

**12) Do you have any other comments you'd like to make about general health or health services? (not about personal issues)**

Ma qabtaa faalo kale oo ku saabsan caafimaadka guud ama adeega caafimaadka? (ma'aha mid shaqsiyadeed).

## EDUCATION QUESTIONS

**1) Are you a parent/guardian/carer? Waalid ma tahay? Yes / No**

*(If No – Go to About You questions on page 10/*

*Hadii aadan ahayn u gudub su'aasha About You ee bogga 10)*

**2) If Yes, have your children attended school in the UK? Yes / No**

Caruurtaadu Ingiriiska iskuul ma kadhigteen?

*(If No – Go to About You questions on page 10/*

*Hadii aadan ahayn u gudub su'aasha About You ee bogga 10)*

**If Yes: “We would like to ask you some questions about your children and their school even if they are not in schools now.”**

Hadii jawaabtu haa tahay, “waxaan jeclaan lahayn inanan ku weydiino su'aalo ku saabsan caruurtaada iyo iskoolkooda, haddii xitaa ayan iskuul dhigan hadda”

**3) Is your child or children at: (Tick all that apply)**  
Ilmahaagu ma wuxuu tagaa: *(sax dhamaanj awaabaha la bixiyo)*

Primary School  College  Secondary School  University

My children have left school/college/university

**4) Are you satisfied with the education your child or children receive at school?**

Ma ku faraxsan tahay wax barashada ilmahaaga laga siiyo skuulka?

Very satisfied	Satisfied	Not very satisfied	Not at all satisfied
Si aad ah	ku qanacsanahay	kuma qanacsani	sinaba kuma qanacsani

**5) Thinking about education in schools, how could it be improved in each of these areas?**

Adoo kafakaraya waxbarashada iskuulada, side baa horey loogu marin karaa?

- a) **What is taught?** Duruusta
- b) **How it is taught?** Sida loo baro?
- c) **Facilities offered at the school?.** Qalabka yaala iskuulka?
- d) **Language support?..** Kaalmada xagga luqadda?

**6) How satisfied are you with the information you get from the school?**

Sidee ayaad ugu qanacsan tahay macluumaadka uu iskuulka ku siiyo?

Very satisfied	Satisfied	Not very satisfied	Not at all satisfied
Si aad ah	ku qanacsanahay	kuma qanacsani	sinaba kuma qanacsani

**7) How good are the school reports in telling you how your child is doing?**

Sidee kuula wanagsantahay warbixinta iskuulka kaaga sheegaa heerka wax barasho ee caruurtaada?

Very Good	Quite good	Not very good	Not at all good
Si aad ah	ku qanacsanahay	kuma qanacsani	sinaba kuma qanacsani

**8) How could the information you get from school be improved?**

Sidee baa loo wanaajin karaa macluumaadka aad iskuulka ka hesho?

**9) Do you attend parent evenings?** Ma kaqayb gashaa shirka waalidiinta? Yes / No

If no why not; Haddii ay maya tahay, maxaa sabab ah?

**10) Do you support your children doing their homework?**

Maka caawisaa caruurtaada cashara guriga? Yes / No

If no why not; Haddii ay maya tahay, maxaa sabab ah?

**11) Do your children attend a supplementary/Saturday school?**

Caruurtaadu matagaan iskuulka sabtida ama looyaqaan sablimantariga? Yes / No

If yes why? Haddii ay haa tahay, maxaa sabab ah?

**12) Do you pay for regular extra tuition for your children?**

Lacag maku bixisaa cashar tuushan joogto ah oo aad ugu talogashay caruurtaada? Yes / No

**13) Would you like your child to have additional educational support?**

Ma jeceshahay in ilmahaagu la siiyo kaalmo dheerad ah oo waxbarasho? Yes / No

If yes, why? Haddii ay haa tahay, maxaa sabab ah?

**14) What prevents you accessing this now?.....**

Maxaa kaa hor taagan in aad hesho kaalmada dheeraadka ah hadda?

**15) Do you have any other comments about education? (not about personal issues)**

Ma haysaa faalo kale oo aad ka bixiso wax barashada? (ma' aha faalo shaqsi)

# YOUTH QUESTIONS (to adults with children 11 – 21)

**1) Have you got a child or children between the ages of 11-21?** Yes / No  
 Ma leedahay caruur da'doodu u dhaxayso 11-21?

*(If No Go to About You questions on page 10)  
 (haddii ay maya tahay, aad su'aasha About you ee bogga 10aad).*

*If Yes,*

*"We'd like to ask you some questions about the challenges facing Somali young people"  
 "Hadii haa ay tatahay waxaan jeclaan lahayn inaan ku weydiino su'aalo ku saabsan dhibaatooyinka haysta dhalinyarada Soomaaliyeed."*

**2) What are the main difficulties facing Somali youth people?**  
 Waa maxay dhibaatooyinka haysta Dhalinyarada Soomaaliyeed?  
*(Tick all that are mentioned)*

- Not having anywhere to go / No Youth Centre or Groups*
- Out of work – Nothing to do*
- Not enough support in school or college*
- Dropping out of school*
- Difficulties talking to parents*
- Problems speaking English*
- Lack of role models / people to look up to*
- Clash between Somali and English culture*
- Khat*
- Bad friends/getting involved with drugs*
- Other.....*
- No problems*

**3) What would help improve the lives of Somali young people?**  
 Maxaa caawin kara kor u qaadida nolosha dhalinyarada Soomaaliyeed?

- More Youth groups/ clubs*
- More support and advice available from within the Somali community*
- Extra help from teachers/college staff*
- More after school classes/ extra tuition*
- More help to get a job / careers advice*
- Having more contact / talking to role models*
- Learning the English culture / awareness of life in UK*
- Understanding the dangers of crime*
- Other.....*
- Don't Know*

**4) Do you have any language difficulties communicating with your child/children?**  
 Ma jirtaa dhibaato xagga luqadda ah oo kuu diidaysa inaad is fahantaan caruurtaada?

Yes / No

**If yes, what would help you overcome these difficulties?**  
 Haddii ay haa tahay, waa maxay waxaaad kaga gudbi lahayd dhibaatooyinkan?

5) **Do you have any other comments about Somali young people** (general not personal)  
Ma qabtaa faalo kale oo aad ka bixiso dhalinyarada Soomaaliyeed?

## **ABOUT YOU** (ask everyone)

1) **Are you** Male  Female

2) **How old are you?**

21 – 25  26 – 35  36 – 45  46 – 55  56 – 65  Over 65.....

3) **What are the first three letters/ numbers of your postcode?**

M8 <input type="checkbox"/>	M14 <input type="checkbox"/>
M9 <input type="checkbox"/>	M15 <input type="checkbox"/>
M11 <input type="checkbox"/>	M16 <input type="checkbox"/>
M12 <input type="checkbox"/>	M19 <input type="checkbox"/>
M13 <input type="checkbox"/>	M40 <input type="checkbox"/>

4) **Do you consider yourself to be disabled?** (physical or mental)

Yes

No

5) **Are you** (*tick one*)

Employed – full time

Employed Part-time

Self-employed

Unemployed

Retired

Other (write).....

6) **Do you do any voluntary work?**

Yes

No

## Ending

- ❖ **Do you have any other questions you'd like to ask me about the research?**  
Ma qabtaa su'aalo kale oo ku saabsan baaritaankan xog ururintan?
- ❖ **If you have any questions in the future please contact SASCA** (*give them a leaflet*)  
*Haddiii aad mustaqbalka qabto wax su'aalo ah la xiriir SASCA (sii warqadda)*
- ❖ **We hope to finish the research in April and will be publicising the results**  
Waxaan rajeneynaa in an baaritankani dhamayno April waana soo bandhigi doonaa jawaabta inshaa Allaah
- ❖ **Thank you very much for your help and time. We have a small gift for you to show our appreciation** (*give them a pen*)  
*Aad baad ugu mahadsantahay caawimaadda iyo waqtigaaga. Waxaan jecel nahay inan kusiino hadiyadan yar si mahad celin ah. (qalinka sii)*

## Appendix 2 Young People's Questionnaire

Name of interviewer: .....

Date.....

Asalaamu Allaykum

My name is (*name of interviewer*).....

- We are here to carry out research conducted by SASCA and Manchester Metropolitan University to find out the issues or problems facing the Somali community in Manchester. We hope this research will improve the lives of Somali young people in Manchester. Do you live in Manchester? (*if no, say Sorry, we can only collect information from people who live in Manchester*)
- The research is designed by a team of Somali people, who have received training and support from MMU. We have chosen what to research, written the questions and will analyse the information and write a report for SASCA and the City Council.
- All the information we collect is confidential, no one will know your name or address.
- If you don't want to answer a question or want to stop the interview at any time please tell me.
- The interview will take about 15 minutes.

1) How old are you? 11-16  17 - 21  (*go to relevant section*)

# Questions for 11 to 16 year olds

2) Do you go to school? Yes  No   
If no, why not?.....

3) Do you get enough help from school with your studying? Yes  No

4) If no, what kind of help would you like?

5) Do you have any other ideas about how school could be improved?

e.g. What is taught? How it is taught? Facilities offered at the school? Language support

6) What type of work would you like to do when you are older?

7) Do you get help from your parents

a) With your school work Yes  No

b) Finding a job Yes  No

a. Relationship advice Yes  No

c) Preparing you for being an adult Yes  No

e.g. cooking, managing your money

8) What languages do you speak?

English  Somali  Arabic  Italian  Swahili

Other (write).....

9) Do you have any language difficulties communicating with:

a) Your teachers Yes  No

b) Your parents/carers Yes  No

10) What would help improve communication with your parents/teachers?

11) How easy is it for you to make friends with people your own age outside your family?

Very easy Easy Not very Easy Not at all easy

11a) If not easy, what would help you make friends more easily

12) What do you think are the main challenges facing Somali young people?

13) What ideas have you got to improve the lives of Somali young people?

*(Go to About You questions)*

# Questions for 17 to 21 years old

1) Are you: (Tick all that apply)

Studying full-time

Studying part-time

Working

Looking for a job

2) Have you achieved any of these qualifications?

GCSE  A or AS Levels

BTEC  Degree/BA/BSc

Other (write).....

3) If you are studying at school/college/university do you go to:

School  College  University  Not studying

Other (write).....

4) If you are studying do you get enough help from the teachers /lecturers?

Yes  No  Not studying

5) If no, what kind of help would you like?

6) Do you have any other ideas about how school/college/ university could be improved? e.g.

What is taught / How it is taught / Facilities offered at the school / Language support

7) What type of work would you ideally like to do when you are older?

8) If you are looking for a job, how easy is it to find one?

Very easy Easy Not very Easy Not at all easy Not looking

8a) If you are looking, what are the main difficulties in finding a job?

9) Do you get help from your parents/carers

a) With your studying Yes  No  Not studying

b) Finding a job Yes  No  Not looking

c) Relationship advice Yes  No

d) Preparing you for being an adult Yes  No

e.g. cooking, managing your money

10) What languages do you speak?

English  Somali  Arabic  Italian  Swahili  Other (write).....

**11) Do you have any language difficulties communicating with:**

a) Your teachers/lecturers Yes  No  Not studying

b) Your parents/carers Yes  No

**12) What would help improve communication?**

**13) How easy is it for you to make friends with people your own age outside your family?**

Very easy    Easy    Not very Easy    Not at all easy

**13a) If not easy, what would help you make friends more easily**

**14) What do you think are the main challenges facing Somali young people?**

**15) What ideas have you got to improve the lives of Somali young people?**

# ABOUT YOU *(ask everyone)*

1) Are you            Male        Female   

2) What are the first three letters/ numbers of your postcode?

M8               M13               M16  

M9               M14               M19  

M11               M15               M40  

M12  

Other *(write)*.....

3) Do you consider yourself to be disabled? (physical, mental, learning difficulties)

Yes                No   

4) Do you do any voluntary work?

Yes                No   

## Ending

- ❖ Do you have any other questions you'd like to ask me about the research?
- ❖ If you have any questions in the future please contact SASCA *(give them a leaflet)*
- ❖ We hope to finish the research in April and will be publicising the results

Thank you very much for your help and time. We have a small gift you to show our appreciation *(give them a pen)*





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