

A young girl with dark hair, wearing a white t-shirt and blue jeans, is walking down a staircase in a shopping mall. She is carrying a black backpack. The background shows other people walking in the mall, including a man in a dark jacket and a woman in a striped shirt. The scene is brightly lit, and the mall has a modern, clean appearance.

The Prospect of Bristol's BME Young People

"The Community's Feelings & Sentiments"

April 2017

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Here is the list of the people who contributed preparing this report, some are not listed and wished to remain anonymous, and we would like to take this opportunity to extend our gratitude to them.

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Executive Summary

This report was put together by a group of dedicated Somali volunteers in Bristol. The purpose is to uncover key challenges and problems affecting Somali young people in Bristol, and the community's interpretation of what the underlying causes and potential solutions are. It follows an impetus from the outcome of Operation Brooke, which involved a child sexual exploitation case in Bristol. The case made both the local and national media headlines, and many of the BME community members in Bristol expressed their condolences to the victims and their families.

Many among the community were also furious as to why and how this happened in the first place. In general, there is a negative community sentiment and connotations in the future prospect of the BME young people's lives and wellbeing. This is exacerbated by a widespread believe that agencies working with BME young people are not proactive in addressing the needs of BME young people, often turning a blind eye to an extensive endemic use of drugs, Anti-Social Behaviour (ASB), drug dealing and other criminal activities.

From early discussions, ASB, Drugs and Sex crimes emerged as key issues and challenges BME/Somali young people face. Series of focus group meetings were organised over 3-4 months period. Participants included parents; young people and BME led community groups. Focus group members were given an opportunity to add to the emerging issues, after which discussions followed to identify underlying causes and community-led solutions. The data collected was later compared with police data and the general trend of the issues identified. Trained volunteers conducted the focus groups.

There is an information gap between BME community and mainstream service providers. This gap enables different interpretation to problems faced by the community to emerge and spread. In some cases, rumours and media outlets exacerbate the situation and add confusion to already an ambiguous situation, making matters worse and damage the trust between the authorities and the BME community. Data provided by the police depicts different picture and is in conflict with the general views and perception of the Somali community. According to the police data, overall crimes committed by the Somali young people over the past eight years have remained stable, whereas the community's perception disagrees with this view.

The police data also shows 415% increase in the number of crime incidents relating to 16 - 18 years age group when compared to 10-15 years. This indeed is a phenomenal increase and requires urgent attention given to it. From the focus group discussions, three topic areas emerged to influence young people's lives significantly; 1) Streetlife culture; 2) Family Culture & Identity and 3) Institutions & Community Support. These were identified to contain underlying causes detrimental to the choices BME/Somali young people make on a daily basis. Two other topic areas were also identified, 1) Poverty and Lack of Finance and 2) Empowerment & Skills for both parents and their children. Streetlife culture (i.e., Peer pressure, the environment young people grow up, etc.) emerged as the primary dominant topic area, which considerably influences young people's lives.

Preventative is better than cure in that there is a strong correlation between lack of recreational activities and crime. Poverty and Lack of Finance were identified as a critical barrier to engaging most BME/Somali young people in positive activities. It is also linked to Theft and Handling Stolen Goods incidents, which many BME young people get involved in. The benefit to support young people in positive recreational activities is likely to outweigh, in the long-term, the cost to society if they engaged in criminal activities.

Many of the solutions suggested by the focus group participants are things the community can do for themselves, for example promoting positive role models and successes, which were deemed not to have been celebrated enough. However, there are other solutions, for example improving access to services and institutional racism, which the community identified requiring support with and a real commitment from mainstream services to tackle. A suitable platform is needed to engage and improve information sharing between BME/Somali community and service providers. There is also a need for the BME/Somali community to develop a suitable mechanism to oversee the implementation of the recommendations presented in this report and to provide checks and balances on services provided to the community.

I. Introduction

Bristol is socially diverse city located in the South West of England. It is economically vibrant city, with a reputation to welcome and provide sanctuary to many refugees and asylum seekers. The city is also recognised for its role in promoting multiculturalism and Community Cohesion. According to the 2011 census¹ Bristol has a population of 442,500, of which 16% are from BME community. The 2014 Mid-Year Population estimates young people to make up almost 24% of the total population of which 28% are of BME background². The vast majority of the BME community live in the inner city, most notably Lawrence Hill ward, where the BME community make up nearly 60% of the population followed by Easton 37.9% and Eastville and Ashley each hosting 35% and 34% respectively³. In addition, a large proportion of the city's young people live in the East and Central part of the city.

Sadly the city's prosperity is not shared by all, there are number of disadvantaged communities living in the city. Most notably in areas like Easton and Lawrence Hill, Hartcliffe, Hillfields and Southmead, where majority of residents are white working class and/or BME communities. Many BME young people are exposed to drugs and gang violence in their neighbourhoods from an early stage of their lives. Numerous studies link lower socio-economics status and social problems such as drug abuse, crime, inadequate housing, physical and mental health⁴. The vast majority of BME young people experience multiple disadvantages - including geography, employment, financial and education to name few. They also face many challenges, some of which include drugs, ASB, mental health problems, poor policing and educational achievement.

¹ Bristol City Council (2016). The Population of Bristol:
<https://www.bristol.gov.uk/documents/20182/33904/Population+of+Bristol+July+2016/858ff3e1-a9ca-4632-9f53-c49b8c697c8c> Accessed on 18.04.2017.

² Bristol City Council (2015). Joint Strategic Needs Assessment (JSNA) report 2015. Data profile of Health and Wellbeing in Bristol. <https://www.bristol.gov.uk/documents/20182/305531/JSNA+2015+v4/fc4df8f4-5c65-4b2e-8ee3-e6ad56f1004f> Accessed on 18.04.2017

³ Bristol City Council (2016). Easton: Statistical Ward Profile. V2 June.
<https://www.bristol.gov.uk/documents/20182/436737/Easton.pdf/a27d08ae-9a03-405f-a96f-a41018364763>
Accessed on 18.04.2016

⁴ Casey, L. (2016) The Casey Review: A review into opportunity and integration.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575973/The_Casey_Review_Report.pdf. Accessed on 18.04.2016

Many BME parents make daily sacrifices to ensure that their children have access to valuable education in order to have better prospects to lead successful lives. However, many are heartbroken to see their children end up in low-level crimes, drugs and ultimately imprisoned. Bristol City Council's strategy to target troubled young people and their families failed to have positive impact on many BME young people's lives. Many statutory agencies including the police, council and health authorities struggle to engage meaningfully with BME community, hence leading to a gap in provision in addressing issues disproportionately impacting on the BME community living in Bristol.

II. Aims of the report

The aim of this report is to identify and expose issues affecting many BME/Somali young people and their families in Bristol, and to involve the Somali community in problem solving in order to help identify and resolve key underlying causes affecting BME young people.

It is hoped the report would be a catalyst in fostering better-working relationship between the BME community and mainstream institutions.

III. Background

In March 2002, the Home Secretary at the time, David Blunkett came to Stapleton Road Bristol to launch the cornerstone of his administration's national strategy for tackling drugs, and to reduce crime across the country. The visit entailed targeting and focusing resources on what was then labelled "Five Policing Priority Areas", which included Stapleton Road. Police data was used to identify nationally areas with high crime rate including ASB, drug dealing, murders, gang related incidents and persistent offenders. The aim was to provide and deploy extra support and resources in these areas to tackle persistent criminals and to eliminate deep-rooted problems.

Meanwhile, oblivious to all this, many Somali family migrants were coming to settle in around Stapleton Rd neighbourhood in Bristol where housing was available. The majority were refugees fleeing war and persecution in their home country. They appreciated the welcome they received in settling in these neighbourhoods. However, after some time, they experienced many issues including overcrowded housing, unemployment or precarious employment, poor environment and insufficient academic attainment for young people. These challenges led some young people

to engage in ASB and drugs. A recent study⁵ shows that Somali families encounter social problems after arriving a new country as refugees, for many young people these challenges begin in schools and local neighbourhoods, subsequently creating anxiety among Somali families. There are also many single parents in the community, often raising many children alone with limited experience in the host country; this was in agreement with the Somali community in Bristol. It has been found that many Somali young people⁶ struggle to settle into their new community and are uncertain which peer group to follow. In general, the Somali community faces stereotypes and discrimination, largely in connection with their race and religion. There is also representational issues and inadequate access to local resources due to lack of knowledge or limited services that promote youth activities or integration.

The breakdown of the ethnicity of different BME population is not readily available, making it difficult to find the exact population figure of the Somali community in the UK. In the 2011 census, Somalis are categorised as a part of BME group though the estimated number of the Somali community in Bristol was estimated to be circa 10,000. Significant numbers of Somali households have children; hence represent 5.3% of all school children and 4.5% of all births in Bristol, the highest of foreign-born mothers in Bristol².

Twelve years on since David Blunkett declared Stapleton Rd as one of the most dangerous Roads in the UK, very little has changed. In 2014, an investigation code-named Operation Brooke had been launched by the police in responds to a child sexual exploitation case involving serious systematic failures to protect vulnerable young girls. Thirteen young Somali men were convicted of sex-related offences and dealing drugs. The case was unprecedented in Bristol, resulting in a huge shock to the Somali community in the city.

Most people were not surprised that drugs were readily available in the city, in fact, Bristol is known as the hypermarket for illicit drugs, and drug cartels use it as their supply route to distribute to the Southwest. What shocked most people, in particular, the Somali community was how quickly and easily drug cartels in the city managed to recruit from the recently established migrant community.

⁵ Osman, F., Klingberg-Allvin, M., Flacking, R., and Schö, U. (2016). Parenthood in transition – Somali-born parents' experiences of and needs for parenting support programmes. *International Health and Human Rights*. 16:7

⁶ Bigelow, M., (2008). Somali adolescents' negotiation of religious and racial bias in and out of school. *Theory Into Practice*, 47(1), 27-34.

² Ibid p 1

Countless community meetings were organised some with the police and others in local communities and Mosques, in an attempt to redress the many challenges BME young people face. In frustration, vigilante groups emerged from some of these meetings, including parents and faith-based communities, who started to organise regular patrols along Stapleton Rd area with the intention of dispersing young people who were deemed to congregate in order to cause trouble. Thus, far many in the community feel no significant progress has been made to turn the tide.

IV. Methodology

The Bristol Somali Resource Centre (BSRC), a charity which works with the Somali community in Bristol invited prominent Somali professionals to examine the impact of Operation Brooke scandal. The invited team consisted of ten Somali professionals who have been active both in private and public institutions for some time. The team comprised male and female individuals, and most of them had school-aged children or teenagers.

After holding some consultation meetings, the team continued to meet every Sunday at Barton Hill Settlement. They met many Somali parents, young people, BME led agencies and Bristol Youth Link service providers to understand the needs of the BME young people and the effectiveness of the mainstream youth services. The aim of the team was to understand underlying problems faced by Somali young people who appear to be disproportionately ending up in the criminal justice system and to identify community led solutions to these challenges.

The team conducted a review and developed focus group questions, which were based on issues emerging from group discussions. The questions were designed to highlight the extent of crimes such as ASB, Drugs and Relationship & Sex-related offences. The literature reviews and backgrounds were brief information, mainly covering the Somali community living in Bristol. The group also approached the police for data relating to crimes specifically committed by Somali young people and followed up with another request to provide crimes perpetrated by all other ethnic groups living in Bristol.

The group were advised that the data given by the police are unaudited figures extracted from a live police system and were warned may be subject to change. Caution should also be exercised when interpreting longer-term trends, as these may reflect changes in recording practices on police systems. The data show an annual breakdown of the offender's ethnicity by offence group where the offender was under the age of 18 at the time the crime was committed. Moreover, the

way ethnicity data is collected by the police is on voluntary bases. Hence the information provided by the police only relate to those who identified themselves as of Somali origin.

a. Focus groups:

Different strategies were deployed to recruit focus group participants, and they all took part on voluntary bases. Social media was used to invite teenage girls, of which majority of the members responded. A more targeted approach like friendship buddying was used to encourage teenage boys, who were deemed to be active in using, selling or trafficking drugs. Two focus group sessions were held at Qalib Tuition Club of which 56 young people participated. Parents were invited by word of mouth.

In total, 12 Focus group meetings were held. The focus group discussions were participated by the following groups, all voluntarily attended and they have been briefed before the focus group meetings:

64 teenage girls and boys.
Parents [25 fathers and 27 mothers]
15 Somali agencies and 4 BME stakeholders.

During the focus group discussions, significant respondents including parents and young people raised the challenges young Somali people faced, and many possible solutions were suggested. The team had maintained constancy for the entire focus group meetings, ensuring to ask designed questions for each cluster in the same way and order. Training was provided to Somali community volunteers helping with the focus group sessions. To collect a representative data from the community, all the focus groups were facilitated by male and female individuals to capture the feeling and gesture of the respondents. The only exceptions were the young teenage girls and boys focus group sessions. A female volunteer was used to recruit and facilitate the girl's session, and friendship buddying was used to recruit and facilitate the boy's meeting. Respondents were from different sections of the community, and no particular cases or persons were discussed to maintain the Data Protection guidelines. The respondents have been provided with the purpose of the focus group before the focus group discussions commenced. Written or verbal consent was obtained from the parents/carers before young respondents were included in the focus group meetings held at the Qalib Tuition Club.

In total twelve focus group meetings were carried out in Lawrence Hill, Easton, St Pauls and St Jude's areas of Bristol. A Large part of the focus group participants was from the inner city neighbourhoods, although there was minority who came from other parts of the city. The focus

groups ethnographically captured the culture, socio-economic patterns of the community by continuously enquiring the designed tasks, enabling respondents to share their thoughts without a controlled environment.

The size of each focus group varied, the maximum allowed was ten participants and the least was four. Focus groups with large participants had one researcher facilitating the discussion and a transcriber to record the discussion. Two of the focus groups had four participants each, and so had one researcher facilitating and transcribing.

Drugs, ASB and Relationship & Sex-related crimes were identified from early discussions. Before discussions began at the focus group meetings, each focus group was given an opportunity to add any other problems they felt was an issue for Somali young people. Respondents suggested a number of possible causes and solutions for each identified thematic problems.

V. Themes analysis

a. Anti-Social Behaviour (ASB)

Four topic headings were used to categorise the Causes identified in the ASB focus group discussions; namely Streetlife Culture; Family Culture & Identity; Institutions & Community Support; Empowerment & Skills. The table shown below shows summary of the Causes respondents identified along with number of suggested solutions under each topic heading:

Table 1 The causes and solutions that respondent identified relating to ASB.

Streetlife Culture	Family /Culture / Identity
10 Causes (31.25%) and 24 Solutions	9 Causes (28.13%) and 31 Solutions
Institutions & Community Support	Empowerment and skills
8 Causes (25%) and 23 Solutions	5 Causes (15.62%) and 13 Solutions

More than 59% of all the Causes identified by the participants relate to two topic areas, namely the Streetlife Culture and Family Culture & Identity. In many ways, these areas contradict with each other and often contribute to family feuds. For example, many Somali parents continue to practice their traditional cultural roles, when they come to settle in Bristol. The norm expected from the fathers is to be the family breadwinner while the mother is supposed to be a housewife concentrating raising the children. Even though many Somali fathers struggle to find work, they do not help or get involved in their children’s development, hence have very little contact with

their children. The continuation of such practices at best leads to lack of role model for the children in particular young men and more severe incidents leads to neglect, abuse and family breakdown.

Also, parents put immense pressure on their children to learn about their culture, religion and to do well in mainstream education, in some cases beyond the child's ability. At least one of the focus group discussions focused on this. Many parents hire personal tutor for their children, and/or take their children to supplementary schools to support them with their learning and teach them about their culture and religion. The teaching techniques used by some of the personal tutors and supplementary schools are alien to many of the children, finding them repetitive and boring. There is no adequate link between what children are taught in supplementary and mainstream schools and often parents are not aware of the added benefit provided by supplementary schools. This coupled with lack of parent's understanding of the education system and financial burden exacerbate the parent's expectations. The outcome for some children is a combination of losing confidence and interest in learning.

Young people integrate and adapt quicker than their parents when they arrive in Bristol. Indeed some parents rely on their children to interpret for them when visiting shops, schools, health centre, etc. The school, housing and surrounding environment are key factors influencing whom young people make friends with. Given most BME families live in the inner-city areas, many young people socialise in Stapleton Rd and surrounding neighbourhoods. They become accustomed to existing Streetlife Culture and adapt quickly to ensure they fit into the environment they hang out and seek comfort in belonging to their neighbourhood and make new group of friends. They also become easy prey for local drug dealers who are notoriously well known in operating in the inner-city neighbourhoods. No preventative measures or strategy to keep children safe from getting involved in ASB or drugs were identified.

The focus group members also discussed the role of institutions and community support. The cultural norm for many Somali families in Somalia is to depend and gain support from tribal clan based system. It is common for extended family or clan members to support with education, employment and development opportunities for their clan members. They also play a significant role in resolving social problems, including family feuds. The state provision available in the UK protects and supports individual's rights, including those of young people. Thus eliminating the need to depend on tribal clan system and eradicating their role in helping families going through social problems. In the absence of extended family support, there is a great emphasis, and

expectations on Somali-led community organisations to support the Somali community members in whatever challenges they face, even if it is not within their remit. At focus group meetings, many suggestions were directed at Somali-led agencies, including help with family feuds, organising community activities, training, etc.

Furthermore, many of the participants find institutions such as the schools, police and judiciary system in the UK alienating. Some of the focus group participants took part in the recent Operation Brooke hearings at Bristol Crown Court and shared their frustrations at the focus group meetings. Another parent explained how schools harbour drug dealers. This view was later reinforced by another comment made by a young person, who explained how the school let them down and related their drug involvement to the school they attended.

BME young people encounter deep rooted educational disadvantages from young age, which leads to lowered expectations and self-fulfilling prophecies of failure. There is a strong correlation between lack of attainment in education and ASB. In another focus group, there was a strong feeling that lack of opportunities for many BME young men; beyond school life presents a major problem. Number of BME young people accessing employment or apprenticeship was deemed to be insufficient and many of the participants described this to be due to institutional racism.

Many of the proposed possible solutions and activities identified by the focus group members predominantly focused on engaging young people in positive activities during their spare time. Developing and engaging BME young people, in constructive activities was perceived to have a positive impact to reduce ASB and help them develop new abilities & skills including self-esteem, confidence, a sense of purpose and identity.

However combination of lack of parental supervision, resources and young people's developmental needs causes many young people to seek alternative ways to occupy themselves. This then presents an opportunity for drug dealers to fill the gap and exploit the situation to take advantage of many BME young people.

b. Drugs

All of the focus group clusters discussed separately potential triggers and solutions of drug dealing or selling. Participants identified numerous hindrances and an inability to overcome pressures from many factors including the environment, institutional racism, poverty and a new

paradigm of culture and identity after settling in Bristol. Table 1 shown below depicts summary of the Causes respondents identified along with number of suggested solutions under each topic heading.

Table 2 The causes and solutions that respondent identified relating to drugs.

Streetlife Culture	Family /Culture / Identity
4 Causes (36.36%) and 8 Solutions	3 Causes (27.273%) and 17 Solutions
Institutions & Community Support	Poverty& Lack of Finance
3 Causes (27.27%) and 21 Solutions	1 Cause (9.12%) and 4 Solutions

More than 36% of all the causes identified related to Streetlife Culture topic. These were triggers that caused young people to get involved in drug dealing or usage and typically involved peer pressure, bullying, violence and easy access to drugs. Few of the young people respondents in the focus groups were involved with drugs. The majority of the respondents had no experience of drugs or its classifications, and those involved in drugs had no contact with local services to seek help.

The views of the respondents were consistent regarding drug dealing and were in agreement that drug dealing is unhealthy behaviour and were in conflict with the Somali culture. The participants showed level of awareness and understanding about the risk of drugs, however, were unaware how they could access institutions/agencies providing support for BME young people with addiction. They were also ignorant of available opportunities to improve young people’s lives, such as apprenticeship or employment opportunities.

The lack of career opportunities for Somali young people coupled with easy access to drugs and money within the vicinity of the inner-city neighbourhood make it an attractive alternative for many young people to get involved in drugs. In fact, Poverty and Lack of Finance were identified as a key underlying motivating factor causing young people to sell drugs. Many of the young people involved in selling drugs are from broken deprived families, with very limited access to money. Drug dealers use this to their advantage by using it to coax and lure BME young people to work for them. Many of the Somali drug dealers actively target and recruit from the Somali young people. With so many drug dealers readily available in the inner city neighbourhoods, many BME young people are recruited to carry or distribute drugs. In return, they are provided generous payments and flashy incentives like Nike trainers, mobile phones or electronic games. BME young people quickly find themselves progressing through the ranks in selling and distributing drugs.

Many parents (particularly fathers) resort to traditional ways of dealing with these issues, ashamed in what their children do, they disown them for bringing shame to the family and ultimately cut ties with them. The consequence of these actions leads to many vulnerable children being left alone to survive in a place classed by the government to be one of the most notorious neighbourhoods in the country. Hence many young people become susceptible to drug dealing to survive.

Other key causes identified by the participants related to Institutions & Community Support and Family Culture & Identity in equal amounts. The participants' highlighted stereotypical racism limited educational attainment for many BME young people. From a young age at the school environment, BME young people are labelled to be violent with emotional and behavioural issues, which in later life hampers employment opportunities and compel them to engage in negative activities and ultimately into the criminal world.

Other relevant views expressed included that there are limited initiatives to combat social problems within the disadvantaged communities coupled with insufficient actions and measures to combat drug dealing. Although many discussions were undertaken in local communities to support BME young people, there has been an insufficient response from the Somali community to combat drug dealings too. Somali parents struggle to access local services due to language barrier particularly single parents and newly arrived families. The focus groups also highlighted that there is insufficient information sharing practice to learn from those who managed to do well to excel in schools and employment.

There is also an argument that predominantly non-BME-led organisations are leading the delivery of youth services without knowing the dynamics or cultural backgrounds of the BME community adding further complications between the local community and local service providers, hence generating trust issues between the community and local service providers. This is exacerbated by the lack of BME representation in the local decision-making process.

A vast number of solutions identified were directed at the community, and it is within their means, for example bringing parents to network, share experiences and to learn good practice from one another. To initiate and organise activities for young people and promote positive role models within the Somali community. However focus groups also identified what they need help with in particular improving access to institutions and providing better support for Somali

community led agencies, which face immense pressure and expectations from the Somali community.

c. Relationship & Sex Crimes

Sex is a taboo subject amongst the Somali community. It is not common for Somali parents to discuss sex openly with their children. There is a general lack of understanding among the Somali community what constitutes to a sex crime and the concept of consent. Many are unfamiliar with formal technical language used by the authorities to describe sex crimes, for example Indecency with a Child/Molestation Crimes, Aggravated Sexual Assault, Statutory Rape, Sexual Assault of a Child, Possession of Child Pornography, Sex Offender Registration Violations, Internet Sex Crimes / Attempted Sexual Assault, etc. Focus group members identified 10 main underlying causes relating to sex crimes, these are summarised in the Figure 1 shown below.

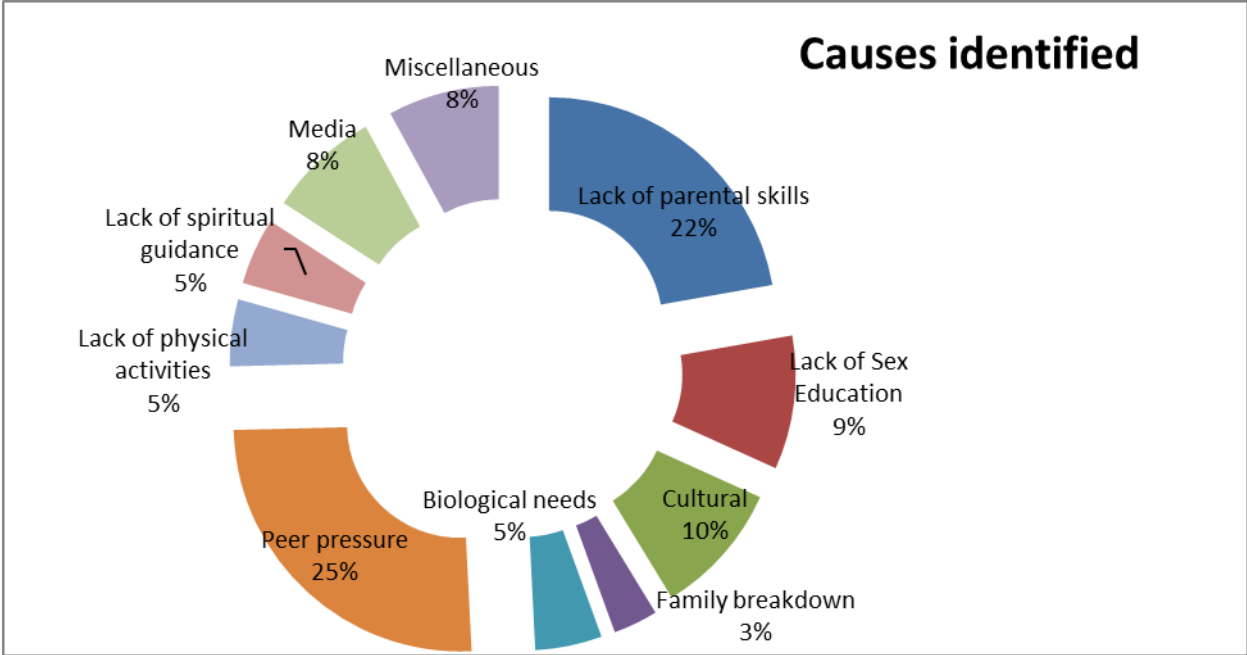


Figure 1 Causes of Sex & Relationship identified by the focus group respondents.

Peer pressure was identified to be the highest influencing factor to engage young people in sex-related incidents. For many young people friendship is an incredibly important factor, they rely on each other for support, guidance and learn from one another about sexual related issues. One of the young people participants explained how they were pressured by their friends to have a relationship with an opposite sex.

Part of the street culture norm, particularly affecting young men, is to boast and brag about how “hard” one is or how they have outwitted the authorities. Quite often the behaviour of the

dominant few influences the gentle, sensitive and vulnerable ones, who often end up following their peers by changing their attitudes, values or behaviours to conform to fit in with their peers. It is common dominant individuals to deploy bullying tactics like name calling or taunting to dare their peers to commit a crime or challenge them to prove their loyalty to their group/gang. This type of pressure differs from general social pressure because it causes an individual to change in response to a feeling of being pressured from a peer or peer group.

Both parents and young people highlighted “Lack of parental skills and understanding” as another main underlying cause. When children reach certain age parents often disregard parental guidance, while young people, on the other hand, believe the way their parents nurture them is not uniform with the practical life outside their home.

The traditional way of dealing with sex-related conversations is no longer relevant. One of the challenges parents identified during the focus group discussions include how they could communicate with their children about teenage puberty or changes in sex hormones. They also identified the Internet as a potential hazard, which seduces young people to become sexually active early before they reach the legal age of consent. An important solution, which emerged from the focus group discussions, is to educate and empower parents and young people about the subject of sex and to encourage greater participation in sex educational programmes. Empowering young people is likely to prepare them emotionally so that they can deal with outside pressures more effectively and would help them be more responsible from an early age.

Many BME/Somali young people growing up in the UK also face other challenges including balancing inconsistent instructions and messages from their culture, religion and peer pressure. Practicable religious conducive practices and lifestyle can help guide young people to navigate their way through this minefield. Hence it is essential that parents, Mosques, supplementary schools, Malcaamad (traditional Quranic schools) and mainstream schools work in partnership to aid young people.

VI. Police data and relevant observations

Operation Brooke affected the Somali community considerably in Bristol in more ways than one. The case received national media coverage and interest, and many of the Somali community were concerned about potential repercussions in the form of hate crime. The community was divided how to respond to the media interest and who should respond or liaise with relevant

agencies. Many of the directly affected families felt they were not getting the support they needed from both the community and agencies alike, often feeling alone and vulnerable. Others were ashamed in what happened and were concern about the tarnished it caused to the community’s reputation. Despite these different divisions between the local communities, Operation Brooke has brought a unified voice to combat BME youth problems.

According to police data, for the periods of 2008/9 to 2015/16, the offences Somali young people between the ages of 10 to 15 were involved in is predominantly Theft and Handling Stolen Goods, Violence Against Persons, Drug Offences, Burglary and Robbery. Sex crimes do not feature in this age group. Theft and Handling Stolen Goods account for the highest offences while Arson, Other Offences, Criminal Damage and Crime Related Incidents account for the least. In total, during this period there were 40 incidents for this age group, which with fifteen incidents, Theft and Handling Stolen Goods was the highest and with nine incidents Violence against the Person second highest. Making the two 60% of all incidents 10-15-year group were involved in during this period. The Figure 2 illustrated below shows crimes committed by Somali 10-15 year age group, during the periods of 2008/9 to 2015/16.

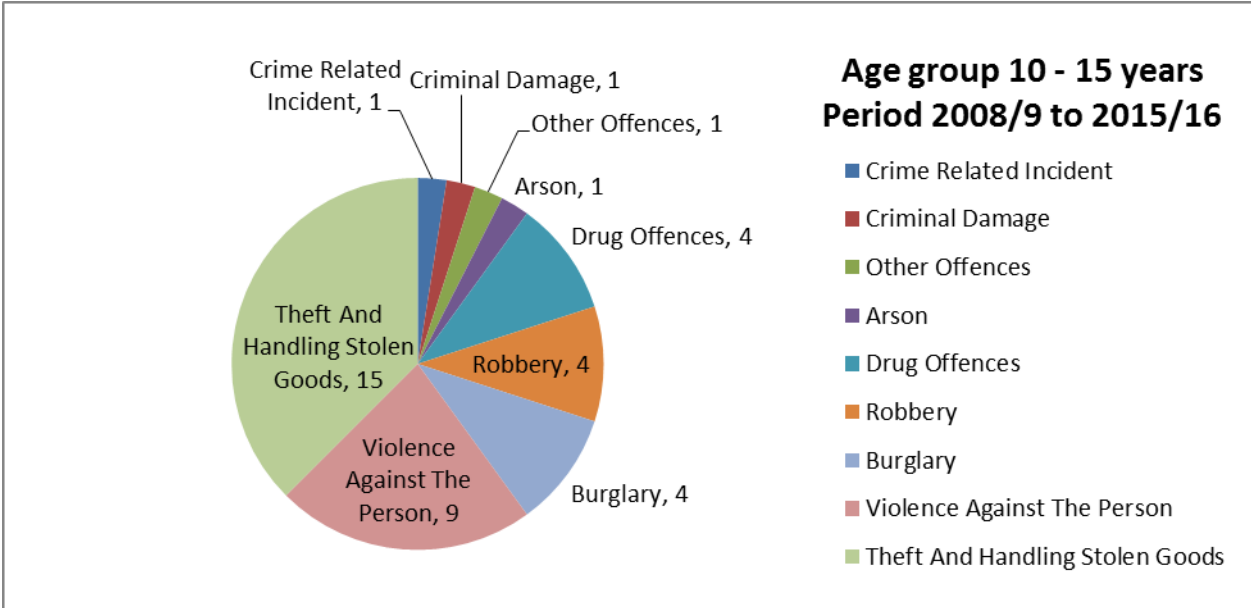


Figure 2 Shows crimes committed by Somali 10 to 15 year age group in Bristol, during 2008/9 to 2015/16.

Strangely focus group participants did not identify Theft & Handling Stolen Goods as an issue. Aggressive behaviour and to less extend drugs were raised as an issue for this age group. The trend and pattern of crimes committed by this age group (10-15 years) appear to be in line with

their counterparts from other ethnicities. Table 3 shown below demonstrates the summary of main crimes committed by young people by ethnicity for under 18-year groups.

Note Black African ethnicity could relate to any one from the 54 African countries in the African continent. There are large communities from Somalia and the Sudan from East Africa; Algeria and Libya from North Africa and other West & South African countries.

Table 3 Offender (Under 18) by Ethnicity and Offence Group Period Data 2008/9 to 2015/16, Bristol

Crime type	Ethnicity										Total
	Asian Indian	Asian Pakistan	Asian Bangladesh	Black Caribbean	Black African	White & Black Caribbean	White & Black African	White & Asian	White British	White Irish	
Arson				3	2	2	2		308	2	319
Burglary	1	3		35	18	94	11	5	2,444	29	2640
Criminal Damage	4	9	4	62	30	84	90	10	7,240	16	7549
Drug Offence	8	8	8	85	59	51	49	22	3,174	8	3472
Other Offence	1		1	24	7	27	7	1	718	3	789
Robbery	5	17	2	115	79	68	32	3	532	2	855
Sexual Offences	3	2		16	17	2	2	1	415	1	459
Theft/handling Stolen goods	27	55	11	205	211	169	174	81	13,005	73	14011
Violence Against The Person	19	38	6	270	193	216	177	30	13,140	51	14140
TOTAL	68	132	32	815	616	713	544	153	40976	185	

Source: Avon & Somerset Police

However, Sex offences do feature in police data for Somali young people 16 to 18 years age group. When data is included in this age group, there are five sex offences. Other incidents significantly increase too; total crime incidents increase from 40 to 166. This is four times more or an increase equivalent to 415%. This is indeed a serious issue and requires further study and research to understand this inexplicable phenomenon.

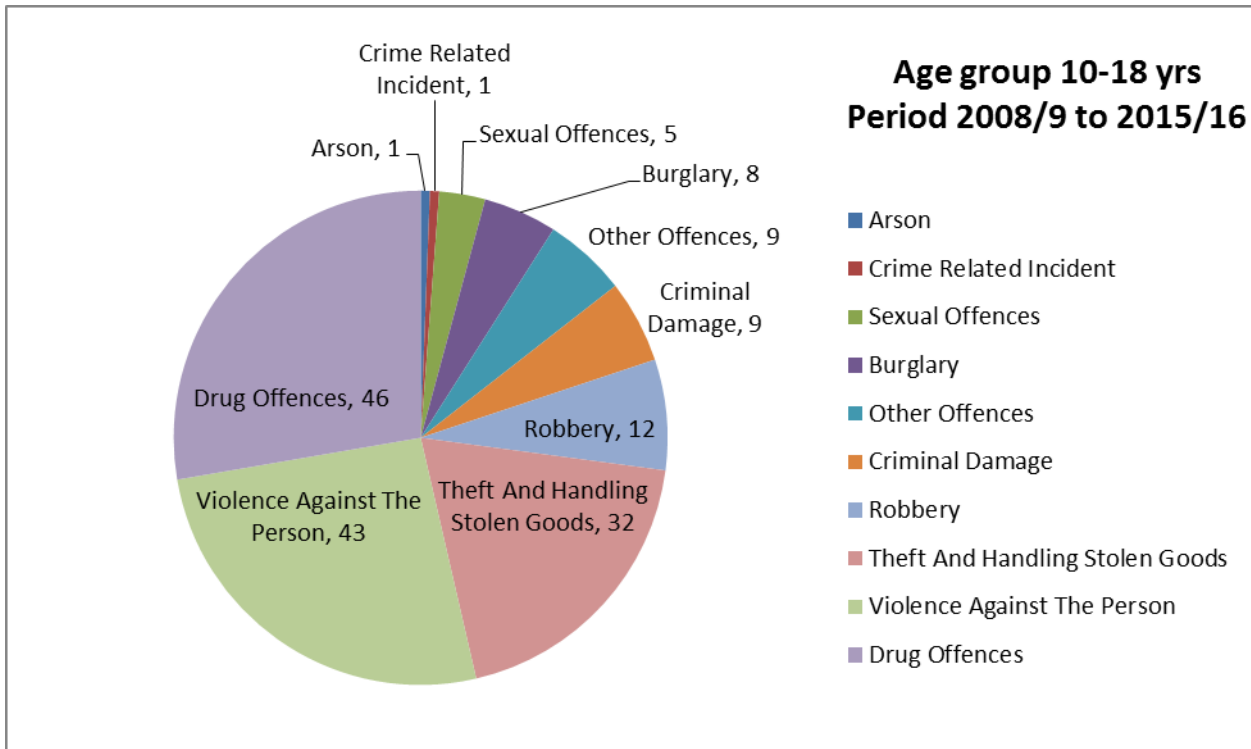


Figure 3 Crimes of Somali young people (10-18 years) between 2008/9 until 2015/6

Source: Avon & Somerset Police

The data also shows drug offences count for the highest, more than 27.7% of these incidents relate to Drug Offences (46), followed by Violence Against the Person with 26.9% (43) and Theft & Handling Stolen Goods 19.3% (32). This is in contrast when compared to their peers from other ethnic groups- where drug offences are ranked 3rd or 4th. This supports the general view in that drug dealers, particularly from the Somali community actively recruit young people from their community.

Apart from drugs and to less extend Violence Against the Person, none of the focus group participants raised issues relating to Theft & Handling stolen goods, robbery, criminal damage and burglary, etc. However, sex offences, which accounts for 3% of the total crimes and is in line with other ethnic groups, dominated the focus group discussions. This is partly due to the recent high profile Operation Brooke case and the fact that this was a new landmark, which such obscene crime has been associated with the Somali

community in Bristol. It is worth noting with exception of drug offences, generally Somali young people are either under represented or in line with their peers in all other crimes. In addition, it is unclear from the police data whether prolific core criminals within the young Somali community committed the crimes or it is a widespread issue.

Although it is difficult to interpret long-term trends due to changes in the way the police data is managed over prolonged periods, the chart shown below shows overall crime committed by Somali offenders under the age of 18 for the periods of 2008/9 to 2015/16 remain to be stable apart from 2 main spikes during 2009/10 and 2013/14.

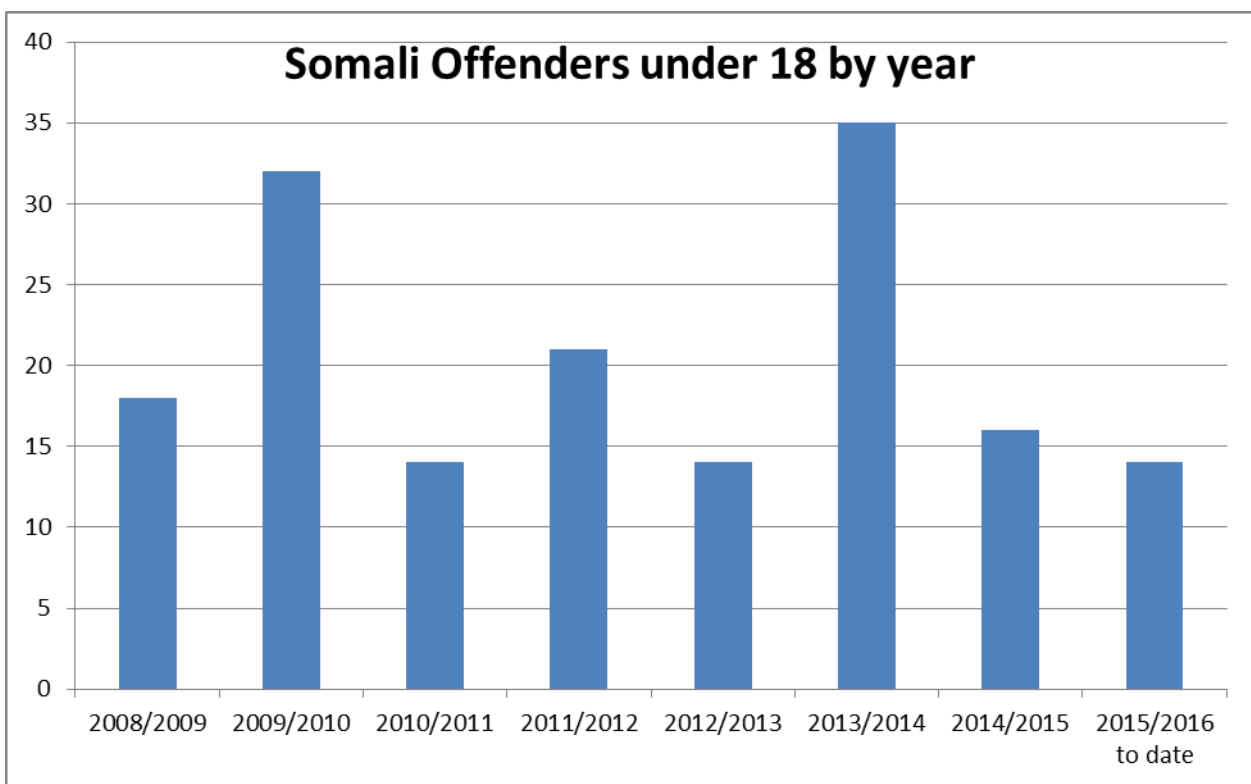


Figure 4 Somali offenders under 18 years of age between 2008/9 until 2015/16

Source: Avon & Somerset Police

VII Recommendations

- a) The focus of this report is based on issues the community identified. This does not mean to say that the issues highlighted in this report affect all BME/Somali children. Therefore, it is worth noting, against all the odds, many BME/Somali children have succeeded in their education and have managed to lead very successful lives. It would be useful to learn from their experience and factors contributed to their success. They should be recognised as a role model.
- b) The findings suggest a strong correlation between lack of recreational activities for young people and crime. Early intervention is likely to reduce ASB and more serious crimes later. Recreational activities would enable young people to develop new abilities and skills; including confidence building, self-esteem and developing a sense of purpose and identity.
- c) There is a strong feeling among BME/Somali community members that institutional racism hampers the chances of many BME/Somali young people to succeed. This is from primary to post GCSE through to employment. This requires further research focusing on barriers to education and employment.
- d) BME young people's voices should be represented at BCC consultations on Bristol Youth Links/services and its delivery. BME young people's voices should also influence strategic partnership boards in Bristol, in particular, the Children and Families Partnership Board and school governors.
- e) Given the current financial climate, the local authority and police should support and strengthen the capacity of existing local community-based assets to help address many of the issues highlighted in this report.
- f) Parents need to enhance their parental skills to identify and solve, at early stage, the impact of negative behaviours including drugs, ASB and sex-related engagements.
- g) Focus group members identified broad range of underlying causes and solutions to redress the needs of Somali young people. A mechanism to oversee the delivery of these actions should be developed and implemented.
- h) It takes a village to raise a child is an African proverb, which needs to be applied here in Bristol. Better partnership and collaborative working arrangements are desperately needed between parents, community voluntary organisations, police and local authorities, which is based on trust and placing the interest of BME young people at heart.

VIII Conclusions

- i) In contrast to the Somali community's concerns, sex crimes do not disproportionately affect the Somali young people. However, there is a need to enable young people to learn about it in a culturally suitable manner.
- j) Theft and Handling stolen goods is a hidden crime, which affect Somali young people. It is also common problem for all ethnic groups from the age of 10 to 18 year olds in Bristol and is closely associated with poverty.
- k) Drug related crimes are key dominant issues for Somali young people and impacts significantly when young people reach 16 years. There is evidence suggesting Somali drug dealers actively recruit from their community.
- l) Finally there is a communication gap between agencies and BME/Somali community members, which is an essential ingredient in addressing the issues highlighted in this report.

Terminologies

Black Minority Ethnic (BME): This is frequently used throughout the report and is referring to Somali ethnic group or members of other minority groups. The report entails a Somali case study in Bristol, however, could very easily apply to most other BME communities experiences in Bristol.

Causes: Factors identified to contribute to issues/problems affecting young people's lives.

Focus Groups: A group of Somali individuals invited to participate in group discussions about the problems Somali young people face.

Solutions: What participants identified as possible means of helping to resolve identified problems.

Themes: Broad subject area, which emerged from the focus group discussions- Anti-Social Behaviour (ASB), Drugs and Relationship & Sex crimes.

Topic Headings: This refers to headings used to categorise the Causes identified by the Focus Group participants.

Young People: This is primarily referred to children under the age of 18 years.

Definitions:

ASB: A widely used definition of anti-social behaviour is the definition contained in the Crime and Disorder Act (1998): 'Acting in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household as (the defendant⁷).' The focus groups used it to mean acts directed at people for example gang or group activities, aggression, harassment and violence.

Drugs: Focus group used drugs to refer to any prohibited illegal and legal high substances, including Class A drugs like cocaine, heroin and class C drugs such as Khat (a stimulant plant native to the Horn of Africa and the Arabian Peninsula) and cannabis.

Relationship & Sex crimes: Focus groups used it to mean the criminal offence of a sexual nature including rape, child molestation, prostitution, solicitation of prostitution, etc.

⁷ This definition is from the Home Office Report Defining and measuring anti-social behaviour. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/116655/dpr26.pdf Accessed on 18.04.2016