

Introduction

As Covid-19 spreads across the globe stirring up clouds of fear, death, and uncertainty, an unexpected and brutal vicious circle slowly comes into focus. One, Covid-19 is disproportionately killing socio-economically marginalised groups. Consider that 14% of England and Wales is Black and Minority Ethnic (BAME) but 34% of those critically ill with Covid-19 are BAME. All 10 UK doctors killed thus far by the disease are BAME. [1] Two, as Nobel Prize winner Joseph Stiglitz says 'the poorest populations are more likely to have chronic conditions, this puts them at higher risk of COVID-19-associated mortality'. [2] In the UK, poverty rates are 'twice as high for BAME groups as for white groups'. [3] As they have no financial buffers, government responses to mitigate Covid-19 spread risks pushing them even deeper into poverty. Three, as they slide further into poverty due to the lockdown, their health is further weakened, which in turn weakens their economic situation. Four, In post-pandemic life, inequalities that led to the differential infection and death rates are likely to be further solidified. As Stiglitz et al say, since the pandemic has 'perpetuated an economic crisis, unemployment rates will rise substantially and weakened welfare safety nets further threaten health and social insecurity.' [4] Those most in need of a welfare safety net may suffer irremediable harm when these safety nets are withdrawn as a response to economic crisis caused by the pandemic. Thus, the vicious circle is complete.

This emerging narrative is causing significant alarm and fear amongst the UK's BAME populations. While the policy responses proposed in this paper will resonate across BAME communities, our aim here is to illuminate the impact of Covid-19 and lockdown on our key constituency - British Somalis. Our analysis is based on research with 27 Somali-led organisations, 12 Somali community leaders and academics, 3 Somali professional associations, 9 Somali businesses, 4 Somali media channels, and dozens of British Somali individuals.

Somalis in the UK: The COVID-19 Context

It is estimated that there are 350,000-500,000 people of Somali origin in the UK based on local statistics. Current census data account only for 108,000 Somali-born immigrants and does not capture those born in the U.K or those with settled status (ONS, 2018). Collectively, they face 'significant inequalities in accessing education, employment, health, and housing with resulting poor outcomes'. [5] They are trapped in a web of serious and inter-connected vulnerabilities in the context of the pandemic. We detail these in the following briefing.





Housing

About 40% of black Africans in London live in overcrowded housing [6] and Somali housing in the UK has for long been characterised by overcrowding, poor physical conditions, [7] and 'hidden homelessness'. [8] A large number live in flats without gardens or even balconies. Two or three generations commonly live together in small spaces. The effects of lockdown are heightened in these circumstances: mental and physical health is worsened in the absence of fresh air and exercise when access to public spaces remains curtailed, self-isolation at home is impossible even when necessary, eg where one or more are at-risk key workers or have Covid-19 symptoms, the large number of Somali children with ADHD/ autism are displaying pronounced behavioural difficulties from overstimulation due to everybody always being in the crowded home.

Latest available figures show an estimated 95% of UK Somalis live in rented accommodation, of which about 80% are in the social housing sector. [9] With loss of income due to shutdown, **eviction and high rent arrears** are real threats. One in five UK renters in shutdown say they are having to choose whether to pay for rent, or for food. [10]

Health

High rates of poverty amongst Somalis [11] translates into poor nutrition, poor health and well-being, and **poor health outcomes**. [12] High rates of mental illness in UK Somalis [13] comes from a variety of causal factors: experience of the **brutal conflict** in Somalia, traumatic journeys to get to the UK, and being trapped in sexual exploitation or dangerous gang activity (involving about 70% of young Somalis in some neighbourhoods). This makes lockdown experiences in crowded homes particularly difficult. Somali mental health is further affected by **racism**, **discrimination**, **and violence** due to ethnicity, religion, and perceived refugee status.[14] There is also a high prevalence of hypertension, [15] respiratory disease, diabetes, and obesity – **risk factors** for susceptibility to Covid-19. Episodes of miscommunication, misdiagnosis and perceived discrimination have resulted in **wariness of the health system**. [16]



Income

Somali migrants occupy some of the lowest rungs of the economic ladder. [17] Men in the UK who were born in Somalia have a 37% worklessness rate. [18] We know anecdotally that a very large proportion of Somali men who do earn, work in the informal or gig economy or on zero-hours contracts, or are self-employed. They do not have enough reliable income to build up financial buffers; 79% of BAME small businesses expect their businesses to close, and 100% of self- employed persons say they can no longer deliver their product. [19] An increasing number of Somali women, including many single mothers, are low-earning financially insecure key workers (eg cleaners, nurses, healthcare staff). Like others in these roles, they currently work without adequate PPE and are at high risk of contracting Covid-19. [20] Moving between high-risk workplaces and their own overcrowded homes, they risk initiating community transmission.

Education & Technology

During shutdown, school and university classes have moved online. But living in low-income high- poverty households, adequate access to computers, smartphones, and broadband is rare. Young people study in overcrowded homes, and have parents with low literacy, low technological know-how, and poor access to educational resources. In these circumstances, keeping up with classes and coursework is a huge challenge. Somali children already face poor educational outcomes and grade underpredictions. The above conditions will exacerbate learning inequalities post-shutdown, making Somali pupils competitive for jobs and university places and affecting their life prospects. Older Somalis are not technologically literate and cannot use smartphones or computers to access information on Covid-19. The tech shortfall has also made them vulnerable to phishing scams. ATM has spoken to 4 people who have lost money to fake messages asking for bank details.



Culture

Mosque attendance and group prayer provide emotional, spiritual and social anchoring, and helping to cope with stress and mental illness. Group prayers are particularly important this time of year, with the impending start of **Ramadan** on April 23 and the daily 16-hour fasts. There is much distress in the community that this will not be possible. Mental health issues may become more pronounced due to this. Mosque leaders rarely know how to reach people in their homes through technology. Further, as normal funeral prayers cannot be offered for Covid-19 fatalities, the community is uncertain about appropriate funeral arrangements.

An additional barrier is **language**; ATM believes that 60-70% of the older generation speaks little or no English. They are unlikely to call the NHS helpline for advice if they or their loved ones are symptomatic. The few Somali elders who have been admitted to hospital with Covid-19 have had traumatic experiences, unable to speak to or understand staff, unable to use family members to interpret as no visitors are allowed, and of course like everyone else, at risk of dying alone. This has proved an extremely difficult issue to manage within the community.

Community Infrastructure

70% of BAME social enterprises and community organisations, including small **Somali charities**, report significant increase in demand for their services. [21] They are now delivering food, helping access health and educational support, caring for victims of abuse etc. ATM's consultations show that many charities are in **financial distress** and may have no resources by the time the pandemic ends, leaving the community unsupported and disorganized.

Recommendations for Statutory Agencies



In light of the above circumstances, we propose the following policy responses:

Health Authorities

- Issue urgent explanatory messages and reassurance about Covid-19 BAME fatality rates.
- Provide clear messaging about hospital admissions: admission process, language support, communicating with family, etc
- Use technology to help non-Englishspeaking patients speak to family.
- Encourage and support community organisations and mosques to risk-assess Ramadan fasting requirements: so Covid-19 high-risk groups do not put themselves in increased danger of succumbing to the disease.

Police

- Be sensitive when dealing with people using outdoor spaces for exercise and fresh air. Be aware they may come from overcrowded and airless living conditions.
- Beware of stereotyping or criminalising BAME young people who are seen outside the home. Somali families often send youngsters out to run errands outside the home and this is even more likely to be the case during lockdown.

Greater London Authority

- Encourage government to provide financial support to gig economy and zero hours' contract workers in London.
- Encourage and support mosques with tech know-how and financial resources to livestream prayers to congregations in their homes.
- Clarify special arrangements for Covid-19 funerals.
- Increase support for victims of domestic violence, eg by resourcing culturally-aware specialist agencies.

Department for Education

- Provide extra educational support to address inequalities likely to be exacerbated or caused by the shutdown.
- Take account of shutdown-related inequalities in grade predictions, so as not to unfairly penalise Somali students affected by poor learning conditions in homes.

Local Authorities

- Guarantee housing security for low-earning renters in financial distress; consider rent waivers or discounts for vulnerable cases.
 Payment deferments do not help - it will be impossible to pay a huge lump sum at the end of a significant non-earning period.
- Find solutions for groups who need to selfisolate but can't easily, eg. homeless, those living in overcrowded homes, and those in habitually abusive situations (including child sexual abuse) where help is now particularly hard to access.
- Provide support to low-income families where children and young adults are struggling with education due to technological deficit.
- Hold urgent discussions with single mothers who continue in work as key workers to agree how to provide care to their children if they fall ill.
- Make private squares, gardens of private estates and private schools, golf courses etc. available for those living in poor/ overcrowded housing. [22]
- Provide accessible advice and support for small businesses who lack technological know-how to access currently available grants.
- Consult with small charities for ways to safeguard their existence post-pandemic.
- Protect existing charity grants, agree revised timelines for delivery of activities and results.



Endorsements

This policy briefing was compiled with the contributions and full support of 27 organisations accross the United Kingdom. See the full list of supporting organisations below:

- 1. British Somali Community Centre (London Camden)
- 2. Council of Somali Organisation (UK wide)
- 3. Bristol Somali Resource Centre (Bristol)
- 4. Somali Community Parents Association (Leicester)
- 5. Bright Centres (London)
- 6. Women's Inclusive Team (East London)
- 7. London Somali Youth Forum (London)
- 8. Help Yateem Charity (Global)
- 9. Leaf Education (West London
- 10. Global Somali Diaspora (Global)
- 11. Somali Welfare Trust (East London)
- 12. Friends of the Horn Foundation (UK & Horn of Africa)
- 13. Elays Network (South London)
- 14. Somali Youth Development Resource Centre (London Camden)
- 15. Somali Advice and Development Centre (London Ealing)
- 16. Lido Foundation- (London)
- 17. Hodan Somali Community (West London)
- 18. Qaad-Diid Foundation (Global)
- 19. Somali Youth Union in UK (West London)
- 20. Enfield Somali Community Association (London Enfield)
- 21. Mother and Child Welfare Organisation (West London)
- 22. TSD Academy (Global)
- 23. Islington Somali Community (London Islington)
- 24. ELAYSNABAD: Dialogue and Development Initiative (Global)
- 25. Somali Development Services Ltd (Leicester)
- 26. Midaye Somali Development Network (West London)
- 27. Dream Chaser Youth Club (Birmingham)

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