

**Somali Refugee Women's  
Perception of Access to Services in  
the UK**

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## **Abstract**

My research explores Somali refugee women's reported experiences of access to public services in the UK. Since the majority of women in the Somali community are illiterate, I conducted qualitative research involving 50 interviews, (some repeat), between May and July 2010, with 26 Somali refugee women who came to Britain between 1990 and 2009. In this thesis, my analysis roughly follows the chronology of refugee women's entry into the UK. Therefore I start with access to immigration services. My key finding here is that people who have little experience of the public sphere due to their gender, find themselves in difficult situations when dealing with officials when they arrive in their new environment. The women's access to services was strongly impaired, partly due to discrepancies between regulations around immigration and the lived experiences the women had. This was also evident in the context of education services, the topic of my second chapter. Here two key issues emerged. One was the importance of language skills. The other was the contradictory demand of learning about the culture into which the women had moved and being required to hunt for jobs at the same time. Ultimately, only very few women participated in education and employment. However, these are resources that facilitate effective integration, and lacking them had a detrimental effect on my participants. My analysis of the women's access to housing, the third area I researched, revealed that their preferred social model of congregation had consequences for their settlement. They defied government policies on housing and abandoned their given accommodation to move near relatives and community members. As a result they lost access to services such as education and support towards employment. My discussion of the women's access to health services demonstrated that cross-cultural issues impacted on that access. Not having previously engaged with first-world style infrastructures, the women had difficulty understanding the UK's public service system and how it operates. This was complicated by the policy demand of eligibility, which can create confusion and this affected their ability to take advantage of services. Throughout their years in the UK most of the women struggled in their use of services and in their everyday routines and relied heavily on mediation. Such dependency continued to subjugate them and situated them as vulnerable to subordination. In this thesis I argue that lack of education and communication skills create a situation of unequal access to public service utilisation, and this functions to exclude certain minority women in our society.

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## **Author's Declaration**

I declare that this thesis was carried out in accordance with the Regulations of the University of York. Except where specified by references indicated in the text, the materials used are original and no part of the thesis has been submitted for any other academic award or published elsewhere.

## **Chapter 1: Introduction**

In my thesis I examine Somali refugee women's use and perception of four public services in the UK:

- immigration
- education and employment
- housing and welfare
- healthcare.

The main research question I investigate is, 'what experiences do Somali refugee women have in utilizing services available to them in the UK'? Within this I explore the research participants' use of public services and how accessing them impacted on their daily experiences in the UK. Since there is little official data available on this group and their access to public services, the research draws strongly on the articulated perceptions of the Somali women I interviewed.

Before going any further I would like to explain the terminology I use when discussing my interviewees.

Throughout my thesis I refer to all my participants as migrant women in the sense that all of them had migrated from either Somalia or another EU country to the UK. In addition some of them had at one stage been asylum seekers and the term asylum seeker means a refugee whose claim has not yet been accepted (Human Rights Education Associates, 2011). An asylum seeker would need to prove that she has well-founded grounds of persecution and must submit to legal proceedings where the host country decides if she qualifies for refugee status (ibid). Once her asylum status has been approved, she gains refugee status. In this thesis my discussions about asylum seekers and refugees centre on one group and it focuses on two transitional periods: the period when my participants were asylum seekers and the time they gained refugee status in the UK. The aim is to enable discussions about the changes in the women's immigration situation from the time they arrived in the UK through processing their asylum claims until it was validated and they attained refugee status. These transitional moments provide context for understanding how changes in status were related to policies of immigration and affected the women's experiences in accessing services in the UK. Since there were also some interviewees who came for family reunion and others who came as secondary migrants from neighbouring EU countries, I use the term migrant women at times, particularly when I make general statements about migrants of which asylum seekers and refugees are subsets.

In the context of this thesis I should also make it clear that I discuss the women's experiences in terms of the extent to which these experiences enabled them to integrate into the UK, or not. There is a vast literature on the topic of integration (Portes, 2000; Zetter, 2002; Ager and Strang, 2004a and 2004b, 2008, UK Home Office, 2005; Phillimore and Goodson, 2008; Strang and Ager, 2010; Hammond, 2012; Saggat et al., 2012). The term is organised around two dimensions: the first concerns the kinds of indicators for integration one might use and the degree to which immigrants feel settled. The second concerns the conceptual framework of how immigrants are expected to conform to certain structural regulations and cultural values within the socio-political and economic environment in which they have come to reside. As Ager and Strang (2008: 166/7) indicate, both these dimensions, the empirical and the conceptual, are complicated by the various forms of indicators, which often generate different forms of meaning.

Zetter et al. (2002) identify four elements by which effective integration is determined. These are: legal status, rights to public services, cultural and functional integration as well as social inclusion. As Ager and Strang (2008) suggest, public policy on integration often measures migrants' success in four domain areas and, as phrased by Hammond (2012), together they 'constitute holistic integration'. These include migrants' ability to access housing, health and education and to successfully maintain employment. Other attainments that are expected of migrants are: their ability to cut through structural barriers to attain language proficiency and be conversant with the culture of their host community, knowledge about their new environment and their level of social connectedness with other members of the society as well as their status of citizenship and rights as citizens. Thus, as Li (2003) observes, the discourse of integration expects newcomers to become members of a given society and their success or failure is measured in terms of how well they perform in achieving an outcome of already-laid-down policies and regulations. Therefore, if immigrants earn as much as the native-born, for example they are considered to be economically integrated. In much the same way, successful social integration is measured by an immigrant's ability to adopt the English language. To the extent that, where they move away from ethnic concentrations and participate in the social and political activities of mainstream society, immigrants are seen as well integrated. But such an assessment, where migrants' integration is seen through the lens of how well they perform vis-à-vis a native-born national, is narrow and rigid, according to Li (2003), and it raises all sorts of conceptual issues.

For the purposes of my thesis, I define integration as the interviewed women's ability to take advantage of the opportunities that the host culture offers them. I discuss how well equipped (or otherwise) they were to deal with the structural issues they face in order to be able to take up these opportunities and benefit from them. It is within this framework that I seek to discuss the structural obstacles in both their country of origin and their host community which work to limit my participants' ability to participate in the UK government's intervention programmes. This was important because, as Ager and Strang (2004 and 2005) have noted, integration is central to the UK government's policy on refugee reception and it determines their settlement.

In this introduction I situate my experience within the context of the women participants' experiences as part of the feminist qualitative research process I undertook, described in terms of situated knowledge and reflexivity (Haraway, 1991). This involves thinking about my relation to the research field and how this influenced my production of knowledge and the data analysis. As suggested by Reinharz (1992) and Ramazanoglu et al (2002), a researcher's position within the research field both frames and constructs meaning. This not only helps me to find common ground with the women, it also helps me to uncover the voices and understand the experiences of the research participants. In exploring the women's use of services I take into account Collins' (1990: 95) assertion that, 'our ability to represent the subjects of our research is limited by our distinct subjective locations ... our interpretations of the narrative interviews should take such limitations into account'. Below I discuss my involvement with the women participants and how my experience prompted this research.

## **Undertaking the Research**

I first came into contact with refugee women and their children during my work as a teacher in London. Teaching in a multicultural, multi-racial community, I came across refugee children who had language problems and were frequently absent. When I had the opportunity to approach their parents, issues regarding settlement emerged. There were occasions when some parents had to contact me for supporting letters to the council or the Home Office. During these encounters some of these parents poured out their hearts to me

regarding their settlement in Britain. The common phrase that always came out was, ‘they don’t understand what we tell them’.

With deep concern in my heart and being motivated by my own background as a diasporic who has also had a troubled background and a turbulent life, I asked a parent of a child in my class, Mandan (not a research participant), who was going through counselling with her two children if she could tell me more about her life experiences as a refugee. At this stage I had developed a friendship with her, so it was easy for me to approach her. I had no idea what I was going in for. She arranged for me to come to her house. Through her emotional narration, it became apparent that the difficulty facing her children at school was the result of the trauma the whole family had gone through in the war zone, which brought them to Britain as refugees. Her narrated experience opened up a whole new realm of understanding of some of the experiences these refugees encounter in Britain, from the time they arrive, through counselling, and after resettlement.

Mandan particularly expressed her disappointment at the hierarchical nature of the counselling procedures, which to her did not encourage people like her to meet as peers and to help one another, share their pain and open up their wounds. She confessed that most people like her, who came to the same counselling centre, never met. She had looked forward to counselling where people with the same experiences would come together to narrate, share their ordeal and hold each other’s hand as they walked through their problems together. Mandan would have preferred older refugee settlers who had gone through the same problems as herself to be on the counselling panel because she thought they have a better cultural understanding of refugees’ situation. She saw herself as lucky, especially for the support she had received from the Special Educational Needs department of our school, which enabled her to secure counselling and accommodation. She agreed that there are many refugees who struggle to survive because their stories are not credible to their hearers. Often their stories are not properly understood. Several reasons may account for this. One is the language barrier which makes it difficult for interpreters who may themselves be less fluent in English to translate the stories faithfully and sometimes they contradict the intended stories of the women. The result is that officials who have limited cultural understanding of the women’s situation, and who do not seem to understand what is being said to them, end up mis-representing those they are meant to support, thus rendering their stories not credible. Mandan raised concerns that there is a lack of proper legal protection to enable refugees to narrate their stories at ease, and with

no fear of intimidation. Like other refugees, she did not feel empowered nor in control of her own life and situation. She indicated that most refugees do not only suffer silently from the trauma that brought them into their host country in the first place, they also struggle to survive.

This woman's narration was quite compelling and aspects of it overlapped with my own diasporic experience in the UK. One other parent's (not a participant) story was striking and resonated with what my sisters and I experienced when we were growing up. The only difference was that whilst I overcame my plight, she had no way of escaping. Mushra was bright and desired to go to school but because of cultural, traditional and religious demands, her parents preferred her to stay at home and look after her younger siblings, whilst also helping out on the farm to supplement the family's income in order to support her brothers' education. She was not even allowed to attend the Qur'an class taught in her own household for the other children: boys and a few privileged girls within the neighborhood. As Ntiri suggests (1987), in Somalia traditional Koranic education which started over twelve centuries ago was geared towards catering mostly for men/boys. Women/girl's educational needs were neglected. Mushra indicated that she would sneak in to sit at the back of the class to listen and when her parents found her there they would shout at her to come out to do housework. The Qur'an teacher noticed her enthusiasm and spoke to her parents to allow her to join the class for free. According to Mushra, within a few weeks she was able to recite pages of the Qur'an to the surprise of her teacher. She claimed that before the end of that term she was one of the few children in the class who could recite pages of the Qur'an the class was assigned to study. The Qur'an teacher persuaded her parents to allow her to attend school so that she could become a Qur'an teacher, but Mushra's parents did not agree to that. In the paragraphs below, I discuss how this woman's experiences intersect with mine.

### **Mapping Experiences**

I was very young when my parents separated. My father sent my mum, my three siblings and I back to our home town and he virtually abandoned us. Growing up I remember that life was hard for us. My grandmother who was a palm wine trader at the time supported my mum financially sometimes. My mum would go to the farm early every morning to hunt for cola nut, a predominant money-gaining activity at the time. It was, and to some extent still is, a practice for unskilled uneducated men and women, boys and girls to go

hunting for cola nuts that have dropped down from their trees. They would sell these cola nuts for very little, but without this they would not survive the day. The buyers are aware that the livelihood of these people depends on selling these nuts, but they cheat and pay them little. With little or no choice, the sellers have to agree to whatever money is offered to them. It is worth mentioning that though the cola trees may have plenty of nuts, if anybody, apart from the owner of the cola plantation, plucks any of the cola from the tree, they could be arrested and brought to the palace for stealing and they could be fined. One is only allowed to collect colas that drop from their trees. We lived from hand to mouth. Such was the reality of our lives.

At about 5am in the morning, my mum would wake us up and get us ready for the hunt. She could not leave us behind because she did not have money or food for our feeding, even if someone volunteered to look after us. For her, the best option was to go with us. Whilst in the bush, our breakfast and lunch were fruits, which had fallen from their trees. When we came home, she would prepare the cola by removing the peel and arranging them beautifully in a basket. After this my mum would instruct us to stand outside to direct buyers into the house to buy. The proceeds would then be used to buy the necessary ingredients including fish and meat, to prepare the evening meal.

Well, one may ask whether there was any educational prospect for any of us. There would not have been if there had not been a 'divine' intervention. When my older sister was about nine years old, an uncle of ours came to adopt her and travelled with her to another town. He was a teacher so through his influences, my sister was enrolled in a class that was two years lower than her age. Even with that, my uncle had to tutor her at home. My second sister, who lived permanently with my mum, did not have the opportunity to go to school and the same would have happened to me. Like Musha when I became six, I grew fond of those privileged girls who went to school and I wished to be like them. One afternoon, when we returned from our cola hunting, I sneaked out of the house to a school nearby. Because I was young and I was not doing much at home, I could sneak out without being noticed.

I found myself in a classroom which I was later told was a year three classroom. I remember being asked by the teacher if I had registered. She asked one of the children to take me to the head teacher's office. The head teacher asked me where my parents were and demanded that I should bring them. I knew my mum would not be pleased with me for

appearing at the school without her knowledge and I was also aware that I would be severely beaten for that so I started to cry. The head teacher allowed me to sit in a year one class and promised to go home with me so he could plead with my mum, seeing how tenacious I was to be in school. I guess he also had compassion for me. Based on the positive report the head teacher received from the class teacher whose class I sat in that afternoon, he was even more determined to convince my mum to allow me to attend school, so we came home.

After a lengthy discussion in which my mum expressed her disapproval and disgust at my action, she insisted that going to school was not something she could afford. The head teacher nearly gave up when he could not get my mum to agree with him, but as fate would have it, my grandmother arrived. She had come for a short visit because she had not seen us for the past three days. When she heard of my intellectual abilities, she agreed to support my mum with the payment of the school fees. In spite of that, my mum still insisted that she could not afford them. For my mum, the issue was not just about the payment of fees; rather, she was not very keen on educating girls. It was a commonplace for girls at the time not to be educated; those lucky ones who went to school, finished at primary six, or at best at elementary school level, form four. My auntie's daughters were not schooled. They were helping their mum to sell things in the market and take care of their brothers who were at school. So why should my mum's story be different? The only difference was that she only had girl children and not boys. After a long unsuccessful discussion, the head teacher opted to pay the remaining half of my school fees. At this my mum had no choice but to agree; after all, she was not implicated financially.

From this time on, I went to live with my grandmother, supporting her in her trade and helping out with the house duties. At school, I was a bright pupil, very determined, tenacious and I passed all my exams with good grades. I was amongst the first three pupils in every exam. I was liked by my teachers, so much so that when they heard of my financial predicament some of them opted to help me, which they did. They would buy me clothes and offered me presents.

As in other African countries, the education for girls in Ghana is tailored to suit their future mothering role, and even this was reserved only for the daughters of well- educated men (BBC News, 2000). In many African countries, higher education is mainly reserved for males due to the cultural perception of the female role as centred in the private domain.

Therefore educating girls is perceived as a waste of resources. Female education is focused on gender-specific skills (Offorma, 2009) which are supposed to enhance their role as mothers and keepers of their home. Most rural families sacrifice educating their female children and send boys to university because they are the ones who work to support their families and to deal with politics and socio-economic issues. In Ghana, tribes whose custom is matrilineal inheritance believe that the female has the responsibility to produce children who will inherit their uncles' property (Scholz, and Gomez, 2004). Girls from such backgrounds are not encouraged to be educated. Since I belong to such a tribe, and did not live in a particularly big city, it was not the practice of my family to allow girls to attend school. Though this trend is changing, until recently, it was mostly rich parents that sent their girl children to school and like most Sub-Saharan African countries, financial difficulties still prevent many parents to send their children to school (Sutherland-Addy, 2008; United Nations 2008; Lewin, 2009). For instance Fenrich and Higgins (2002) noted that in 1994 the population of girls in primary education in Ghana was 47%. A census conducted in 2000 indicated that this had increased to 49.80 (CIA Fact Book, 2012). Whilst one-third of the senior secondary school population was girls, at university level about one quarter of the students were women (Fenrich and Higgins, 2002: 260). In recent years, government initiatives to eliminate school fees and to provide mandatory education for every child of school-going age, including the tiered secondary education system in junior and senior secondary schools, have helped to bring an upward trend to girls' education (Dolphyne, 1991). Many more girls are now able to attend junior secondary school, but they often drop out before they can reach senior secondary school that offers a chance for them to pursue tertiary education. The government move to increase secondary day school system has allowed more girls the opportunity to attend further education. This system does not only require less tuition fees, but girls are able to offer the necessary domestic and trading support to their family as required. Increase in publicity to encourage girls to participate in male-dominated professional courses has also helped to increase girls' education (Dolphyne, 1991). This has helped to narrow the gap between boys' and girls' education to a ratio of about 1:0.96 (Charity Medal Ghana, 2011). For instance research by Grzybowski in 2010 suggests that girls' enrolment of 11-16 year olds is 8% lower than that of boys. In spite of the above there is still a high rate of illiteracy among Ghanaian women (Scholz, and Gomez, 2004) and the situation in the rural areas is even bleaker (Dolphyne, 1991; Sutherland-Addy, 2008)

Growing up in the 1970s, my life was shaped by the fact that boys and girls have specific gender roles. In my step-mother's house (where I later went to live with my younger sister upon my dad's request), my half-brother was always stuck with my dad in the garden whenever we came home from school. When they finished with whatever they were doing, they would go for a walk or sit down together. The other girls who lived with my step-mother and I (there were two nieces who lived with her) did all the house duties, even though we all went to school and came back feeling tired. My understanding of what it is to be a woman is therefore shaped by this reality. And for those of us coming from Africa, or more precisely Ghana, this reality is what prevails in our marital homes even here in Britain (Adonu, 2005). In about 70% of homes, household expenses are shared equally between man and wife, yet the man still expects the woman to do all the household chores. As Stier (2000) indicates, this has received inadequate attention. Most women have to cope with this to keep the marriage going or else it will break; and with the high cultural demand on the woman in particular, and the stigma of divorce that will be attached to her, she succumbs to 'multi tasks' deferring and sacrificing her own needs to stay in a relationship that may not benefit her or her children. For my mum, divorce was not her decision and yet she not only lived her day-to-day life facing social condemnation, she also had to struggle to look after her four abandoned children. She became both the breadwinner and the one who took the decision on significant issues affecting her family. According to my mum, life was a challenge, save for my grandma who often supported her.

The situation is no different in our time even amongst the Ghanaian diaspora (Adonu, 2005). Being diasporic, our settlement pattern is shaped by our historical background. It dictates to us what we should expect from life and even though life could be offering us something far better, breaking away from the norm is often hard. Those who attempt to break away from the norm are met with social and cultural disapproval; they are seen as out-casts and cultural deviants whose aim is to create conflict. Being in the UK and having the opportunity to study for higher education, every step I made was met with heavy criticisms from among the social group I belonged to. I was criticised for choosing education instead of family life and I was condemned and accused when relationships with male partners did not work. My encounter with refugee women and their lived experience in Britain revealed a similar pattern. Many found it difficult to break away from their past experiences and what their culture dictated to them. Therefore, the majority of them failed to take advantage of the opportunities that UK society had to offer them and remained at

the bottom rung of the economic ladder. Most of the women had the opportunity to receive an education, but they could not break away from their cultural norms. But in the UK's literate society which favours mostly the educated, copying with life without education is challenging.

Growing up in an environment which was hostile to people like myself – a step-daughter in the home of a step-mother, the mis-treatment meted out to me, which I had to endure because I was different as I was not regarded as being part of those that saw themselves as 'belonging' - made me wonder what life was all about. I concluded that life is not the same for everybody, or not meant to be. Coming to Britain made this even clearer. The demarcations that exist here of class, race, sex, gender, cultures, ethnicity among others, confirmed my initial conclusion, particularly for those whose voices are not heard, and who have nobody to speak for them. I was struck by the social inequalities. It was this that inspired me to embark on my research because I noticed how important it is to belong and what difference it makes if someone sticks up for you. This was something I never had when I was growing up in that hostile environment and in a society that did not defend girls but boys.

Prompted by my experience, I vouched to devote my life to helping people from disadvantaged backgrounds. This is particularly so because I came to realize what difference this makes to the lives of those from a disadvantaged background. Coming across the parents of the Somali children in my class, I noticed that the majority of the women lacked a basic understanding of most of the things I explained to them about their children's educational needs and I wondered how they could cope with their day-to-day life in an elite society like the UK. This stimulated my interest to research refugees' integration into the UK and the kind of support available to them.

## **The Experiences of Women in Patriarchal Somali Society and in Western Europe**

My internet and library search on the women indicated that as in my case, education was non-existent for Somali women when they were growing up in Somalia (Bryden and Steiner, 1998; Cassanelli et al 2008). Though there are convincing research claims (Menkhaus, and Marchal, 1999; BBC News, 2000; Kimani and Njambi, 2004; Abdi et al 2009) that the trend is changing, a BBC report (2000) and research by Kimani and Njambi (2004) as well as Abdi et al (2009) show that girls' education is still minimal due to

continuous unrest and warfare that has disintegrated the country's infrastructure. This is augmented by the structure of Somali society and women's place within it. For instance, writers such as Bryden and Steiner (1998) and Maxamuud (2011) argue that the social organizational structure in Somalia is such that men define the public domain. Within it women are not just relegated to a submissive role, their presence and contribution is rendered negligible. Maxamuud (2011) asserts that because Somali society is rooted in patriarchal and patrilineal traditions, it has neglected women's participation in education, economics and politics. This has kept them out of the decision-making process and confined them to the domestic sphere. The civil war introduced a new status to Somali women who had to take on new roles as merchants, providers and heads of families, particularly when the men left for war (Bryden and Steiner, 1998). This was challenging because most of them were learning to do it for the first time. Besides education, other reasons cited for Somali women's lack of participation in the public domain include: the clan-based system which is mainly male dominated and does not allow women a decision-making right. Similarly relevant is the Islamic male-dominated religion whose practices function to exclude women from public decision. Women are viewed as weak leaders, which is compounded by their lack of education (Maxamuud, 2011).

Ntiri (1987) and Bennars et al (1996) indicate that the historical context of education for Somali women only favoured the minority privileged women rather than the majority of women. Though primary education was established before Somalia's independence, it was not equally distributed across the regions and not within reach for the majority population (Bennars et al, 1996), particularly in the rural areas where the majority of women lived. Colonial domination and religion had a part to play in this. As a nation, Somalia had two colonial rulers: Britain and Italy. Educational policies in colonial times functioned differently in Italian Somaliland and British Somaliland (Morah, 2000; Cassanelli et al 2008). Each regime designed education to suit their economic goals and political ambitions: Italian Somaliland educated people to become farmers and unskilled labourers who would work in the plantations of their colonial masters. The British offered Somalis education in English that enabled them to read and write and to enhance their access to job opportunities (Reece 1954). As a move to ensure that as many children as possible had access to education, British colonial rulers opened elementary schools and training schools to train Somali males for administrative and technical jobs. Research by Turton (1974) and Ntiri (1987) suggests that Italian Somalis received sub-standard education and they became mostly unskilled/semi skilled labourers. This created unemployment problems in Southern

Somaliland. International demand from the UN for improvement in the standard of education resulted in efforts to integrate both systems of education (Ntiri, 1987). But the majority of parents refused to allow their children formal education. Religious and cultural affiliations, as well as economic issues, appear to be the cause of this. Due to the primary function of women as keepers of the domestic sphere (Abdi et al., 2009) both society and the parents took less interest in girls' education. Girls' education was seen as less significant because of the perception that girls are not permanent members of their natal family as they are married off and live with their husbands. Therefore, they mostly received traditional education that prepared them for their married future. Islamic religion placed restrictions on women's ability to leave the domestic domain unsupervised. The majority of my women participants did not have the opportunity to attend formal education.

Most parents in Somalia were concerned that through the education offered by the colonial forces their children might be indoctrinated into Christianity and lose their Islamic faith. In Somalia, people view education as 'foreign and not Somali'. Educational advancement was particularly slow for girls. For instance in 1970, out of the total of 1,171 students in British Somalia, only 64 were female; no female was enrolled at the intermediary, secondary and vocational levels and there was no post-primary female education (Menkhaus and Marchal, 1999). A similar situation of low female participation in education existed under the Italian administration (*ibid*). These figures increased through literacy campaigns, from an estimate of 28,000 school children in 1976 to 271,000 in 1982 (Morah, 2000; Bertelsmann Stiftung, 2009).

Due to the economic decline that stemmed from government spending on defence to combat the emerging internal civil war, secondary education was only focused on in the capital cities (Morah, 2000). Education and other social development became derailed by excessive spending on defence and security. This dropped the literacy rate from 55% to 24% between the beginning of 1982 to the end of the same year and the enrolment rate also dropped from 14% to 7% between 1980 and 1988 (Mohamoud, 1993; UNESCO, 2002; Colclough et al, 2002; UNDP 2007). By 1990, the educational rate in Somali was the poorest within the sub-Saharan African states and in the world.

What I have tried to focus on here is how the system of education in Somalia positioned women in society and by implication prepared them for their lives in the UK. Such

differences in education influenced the lives of the majority of Somali women who arrived in the UK from the 1990s. The post-colonial tribal wars in Somalia also meant that most children born within this era did not receive any education in Somalia (Bekaloo, 2003). The only educational institutions that were sustained at the time of the civil war crisis in Somalia were the Koranic schools (Bennars et al, 1996; Morah, 2000).

In Europe the Somali refugee population has been one of the largest and longest groups since the 19<sup>th</sup> century (Holman and Holman, 2003; ICAR Briefing, 2007b) and the UK experienced the arrival of an escalated number of Somalis from the 1990s through to the early 2000s (Communities and Local Government, 2008 and 2009). The 2001 census estimated about 43,000 Somalis in the UK. The Somali community estimate the rate of their population to be about 95,000 (Holman and Holman, 2003). A recent report by the International Organisation for Migration (IOM, 2006) shows a range of estimation between 95,000 and 250,000. About 70,000 Somali immigrants live in London and probably more than 50,000 secondary migrants from EU countries (IOM, 2006). The ICAR Briefing (2007b) indicates that 56% of the overall population living in London were women, 44% were male and 67% were between 16 to 44 years old. Elam et al. (2001) indicate the possibility that any numbers may be inaccurate because often with a census of this kind asylum seekers are excluded and there is always the difficulty of sourcing accurate information from ethnic minority groups.

For Somali refugee women who have fled to countries such as Britain, learning to function in their new roles whilst at the same time focusing on integrating into their new environment, a society with different cultural and social norms, is challenging. Coming from a patriarchal background where women/girls were made to depend on men, most Somali refugee women in Britain find daily life demanding. For the women who lost their husbands to the war, functioning in their domestic role and having to make major decisions originally taken by men, whilst at the same time engaging in issues of public relevance to their settlement, tends to be very complex. And with a lack of education they struggle to function in UK society.

In this research I prioritised Somali refugees' women perspective of utilising public services to provide an insight into the views of the users of these services. Through this I aim to contribute understanding to the issues involved in public service provision from the users' perspective and facilitate bridging the gap between the experiences of users and the

quality of public service delivery. The issues gleaned from exploring the views of Somali refugee women's use of services in the UK could inform policies how public services can be provided for this group of people. In the following paragraphs I outline the structure of my thesis.

### **The Structure of the Thesis**

In the next Chapter I focus on the migratory aspects of contemporary Somali history that link to my interviewees' settlement in the UK. I outline the major political events that preceded my interviewees' emigration from Somalia to the UK. I discuss how colonial education reinforced traditional pre-colonial education to discriminate against women and how this has persisted to date. I highlight how clan differentiation positioned women to depend on men and affected their ability to participate in the public sphere. In the same chapter, I examine how the lack of infrastructure in the rural areas denied access to public services for the majority of Somali women and how the eruption of war in Somalia broke down infrastructure and restricted access to the few educated urban-dwelling women. I also examine existing research about Somali refugee women's access to public services in the UK to enable me to review the context of my research participants' perception of these. I discuss their perception of their settlement processes in the UK and draw on discussions about the women's positioning in Somalia to discuss their positioning in the UK. The aim is to examine how they accessed services in the UK to facilitate their settlement. Chapter 2 then provides contextual information relevant to the lives of my interviewees.

In Chapter 3, I discuss the methodology I used for this research. I discuss the sampling procedure and the ethical issues involved. I also examine the interview process. I elaborate my involvement in the research setting and how this affected the research process. I discuss the fact that I had to use translators and how this impacted on the interview procedure and the data collected. This section highlights issues in feminist research methodology and why adopting feminist qualitative interviewing suited this research and enabled access to the research field.

The second part of the thesis is divided into four analysis chapters. Each deals with a key service that the women had to access on entry. These chapters are sequenced to follow roughly the women's entry into the UK and their final settlement and thus, focus on immigration, education and employment, housing and state welfare and healthcare services

respectively. The chapter on immigration discusses the migratory realities of the women participants to the UK. It deals with their different entry points for arriving in the UK. I examine how these entry points interrelated with the women's access to, and experiences of immigration services. I then explore the circumstances surrounding the participants' asylum applications. This section also deals with the immigration interview procedure and the women's ability to deal with that. Importantly, this section considers the Home Office's initial decision and how this affected the women's need for and access to initial accommodation and welfare benefit. The final stage of their asylum claim and appeal and the women's perception of this are also analysed

In Chapter 5 I investigate issues of education and employment as discussed by the research participants. Situating this within the historical context of their experiences in Somalia, I examine how their past experience affected the women's present lives in the UK and how this impacted on their ability to fully engage and access education and employment services in the UK. This includes a discussion of the education of the women's children. Chapter 6 centres on the research participants' perception of housing and welfare benefit in the UK. This involves an exploration of the housing policy for immigration and its effects on the research participants. In particular, questions of accommodation size and accommodation allocation are analysed. In Chapter 7 I investigate how immigration policies impacted on the women's ability to access healthcare services. I analyse cross-cultural issues in health service provision and utilisation and how this hindered and/or facilitated the women's engagement with health services. Within this context I examine health professionals' attitudes towards the women, as they emerged in their stories.

The conclusion summarises my main findings and the contributions that I have made to the study of Somali refugee women's perception of access to services in the UK. The next chapter provides context information for Somali migration to the UK.

## **Chapter 2: The Context of Somali Women's Migration to the UK and their Access to Services in the UK**

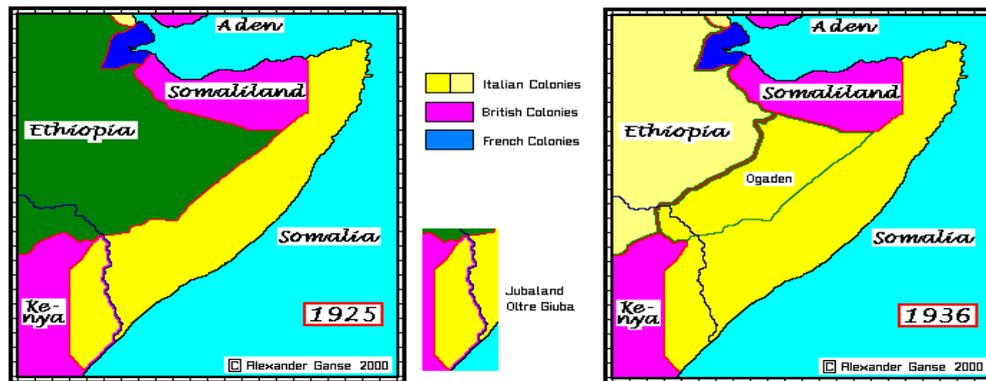
This chapter focuses on the migratory context of contemporary Somali history that is relevant to my interviewees' settlement in the UK. In the first section, I outline the major political events that preceded my interviewees' emigration from Somalia to the UK. In order to understand their settlement processes in the UK, I locate the women's position within a wider context of how they were situated in Somali society. Section two reviews the literature that is relevant to accessing services in the UK, where the women have settled. In particular I will be examining gender-specific needs related to accessing services. Such needs are linked to education, language, employment, housing, familial obligations, changing family structures and gender roles. To meet these needs effectively, refugees must be able to access the relevant public services to help them integrate effectively into their host country. Against this backdrop, I will reflect on how Somali refugees, and in particular women, receive and utilise the public services offered to them in the UK and how this is perceived by these women as facilitating their settlement. This is particularly relevant because, as suggested by Jacobson (1997: 19), 'patterns of settlement set the parameters for refugees' interactions with their host community.' Below I give a brief historical account of colonial and post-colonial rule in Somalia as these historical eras have implications for Somalis' migratory settlement in the UK.

### **Colonial and Post-colonial Regimes in Somalia**

The process of colonising Somalia began shortly after the 1885 conference in Berlin where rules were laid down for the partitioning of Africa. The four colonial powers (England, Italy, France and Ethiopia upon the consent of the European powers) started to divide their sphere of influence in Somalia between them and by 1897 they were already occupying the country (Reece, 1954; Besteman, 1993; Abdi, 1998; Lewis, 2002). The British occupied the port of Aden in Yemen because of their interests in India (Abdi, 1998). They also claimed occupancy of the coastal regions of Somalia bordering with France which occupied the regions in and around Djibouti. The Italians occupied the south of Somalia and the Emperor of Ethiopia occupied the western part of the country – Ogaden and later the Haud area (Reece, 1954; Abdi, 1998; Kleist, 2004; Mesfin, 2009). This division brought the northern and western clans of Somalia under British rule and created a rift between British Kenya in the north and Italian Somalia in the south. Southern Somalis,

who settled east of the river Jubba, came under Italian domination. The map below exemplifies the territories of these colonies but, for the purpose of this thesis, I limit my discussion to the British and Italian regions, from where the women in this research mostly came.

Fig. 1: The main European colonies of Old Somalia, including Ethiopia.



Source: Somalia, at <http://www.worldstatesmen.org/Somali>, accessed 7/11/09.

Somalis are mostly people with a nomadic tradition. The southern population is the largest in Somalia. The population is made up of about 85% ethnic Somalis (World-mark Encyclopaedia of Nations, 2007). They consist of two main clan families, the Samaal and the Saab clans. The Samaal clan contains the Darod, Isaaq, Hawiye and Dir clan groups and the Saab the Rahanweyn and Digil clans. The Samaal clan are nomadic or semi-nomadic pastoralists, but the Digil and the Rahanweyn clan are ‘farmers and sedentary herders’ (ibid). There are other minority clans in Somalia. Amongst them are the Jareer or the Bantus<sup>1</sup>, who settled along the Jubba River. They were mostly agricultural farmers (World-mark Encyclopaedia of Nations, 2007). They were given no clan rights but had to affiliate through the majority clans, mostly the Rahanweyn and some pastoralist clans. This gives the Bantus some protection, but not without cost. They are often subjected to marginalisation and hard labour, including discrimination and sexual exploitation, and are prevented from intermarrying with the majority because they are regarded as inferiors. During the 1991 civil war, the Bantus were brutalised, particularly by the war factions who tried to control their farmlands. There were also the Benadiri, who settled along the Benadir coast and its inland areas. The Benadiri had separate identities and, like all the

<sup>1</sup> The name Bantu, which was identified and accorded recognition in the 20<sup>th</sup> century, describes the appearance and the black African ‘ness’ of the Tanzanian slaves who settled in the southern part of Somalia. They have separate cultural traditions and language and they are one of the minority clans in Somalia, forming the Gosha communities (Hill, 2010).

minorities, they too affiliated themselves to the Rahanweyn and pastoralist clans. This gave them some level of autonomy and, unlike the Bantus; they were not discriminated against or excluded. However, they too suffered from a lack of protection during the war and were severely attacked by soldiers who subjected them to constant looting of their property and businesses. Other minority groups such as the Saab or the Boon also suffered occupational discrimination. They are found in all the Somali territories and in Somaliland they are the main minority group. Although they physically resemble the pastoralist clan, they are occupationally discriminated against (Hill, 2010). The remaining 15% are made up of the non-indigenous population, which consists of Arabs, Italians, Pakistanis and Indians. The main professions of the Italians were teaching, business and banana plantations. The Arabs, Pakistanis and Indians, on the other hand, were shopkeepers. The differences between the clan groups and knowledge about them are important for an understanding of how the war ensued in Somalia.

About 75% of Somalis live off the land. Somalis who were under British dominion mostly tended animals, but those under Italian rule were farmers (Reece, 1954; Abdi, 1998; Kleist, 2004; Mesfin, 2009). The Somali economy is said to be dependent on pastoralists whose production of livestock is the backbone of the economy (Ahmed, 1999; UNPD, Somalia, 2010).

Whilst the claim of homogeneity among Somalis might be true among those in the north, it is not so between the north and the south (Gundel, 2002). The northern clans consider themselves to be the elite, noble and 'pure' clans. They believe themselves to be the descendants of the Arabic nobles who established Somalia. The southern clans on the other hand, including the Bantus and the Jareer, are believed to be descended from slaves brought from East Africa in the 18<sup>th</sup> century (Van Lehman and Eno, 2003). In Somalia, they are treated as out-castes and despised by those who call themselves 'pure nobles'. The latter maltreat these southern Somalis and use them as slaves (Samad, 2002). This caste stratification is a daily reality in Somali society and it continues to create divisions even among Somalis in the diaspora (Samad, 2002; Olden, 2008). Knowledge about this is important for an understanding of the events that followed after the fall of the colonial regimes and the rise of a new military government. It also sheds light on the reasons why the minority clans continue to suffer indignities and discrimination.

The two colonial regimes had very different approaches to the indigenous population. The British rulers set up some education but in the Italian region this did not really happen (see

discussions in the Introduction). Importantly, none of the colonial powers changed the basic social structure of the country, which is a patriarchal Muslim culture where women are oppressed (SIHA Network, 2010: 24; Amnesty International Report, 2011). For instance, research by UNICEF (2002: 15) and Crosby (2006) shows that formal education which started in the colonial era, was embedded in Somali cultural and traditional practices that fed into societal demands and needs. Education was mainly the preserve of males. Young boys had opportunities to develop their intellectual skills. Establishing this fact is important because it is within this culture that the research participants grew up and experienced complete oppression, with the consequence that a lack of education prevented them from being able to read and write and they had no independent rights.

In Somalia, girls and women reside in an environment where two enforcing codes of belief determine their place. Women's space within traditional settings is located within tribal and clan rules (Xeer) (Hamdi, 2012). In the domestic sphere, fathers, brothers and male cousins decide. Within the wider social, economic and political context, community leaders have the sole power to decide on issues concerning a woman and to determine what rights she is allowed to have (Aden, 2012). In the introduction, I highlighted the fact that a lack of education situated Somali women outside the realm of the public sphere where they could have access to influence political action, have a voice in the social issues of their community and be able to produce economic resources. I have also drawn attention to the fact that the roots of women's exclusion were embedded in patriarchal norms and traditions and were influenced by clan affiliations and Islamic principles. In this chapter, I discuss the fact that differences in clan affect how Somali women function in Somali society.

### **Clan Variation, Educational Dynamics and Women's Exclusion in Somali Society**

The basis for Somali's political and societal structures is a system of lineage, divided into clans and sub-clans (Besteman, 1993; Rutter, 2004a). This filters down to the extended family, headed by elders. To a Somali, one of the most important aspects of self-identity is clan affiliation. One is not part of Somali society if one is not a member of a clan. It is these clans that form the units of political action and they are the force behind mobilising for war (Besteman, 1993; Rutter, 2004a). To an extent, those who see themselves as superior and claim to be 'pure' Somalis do not intermarry with the less significant clans

(Country Studies Program Series, n.d.). As indicated above, not being allowed to intermarry, the minority clan get no protection or security from the major clans in situations of external invasion (Besteman, 1995; Norton, 2008). Although both men and women suffer in such situations, women endure the most suffering because when men are not able to defend themselves, they cannot protect women. Thus, differences in clan bear on women's varied experiences within Somali patriarchal society and, as will be discussed below, women's subjugation in these areas is compounded by Islamic control (SIHA Network, 2011).

In Somalia's male-dominated society women are only seen as a means for the biological reproduction of the lineage and inter-clan alliances (Maxamuud, 2011). In Somali customary law, women are not considered responsible members of society and therefore they do not have equal value with men. Throughout a woman's entire life, she is controlled and protected by men and she has no decision-making autonomy. In civil law, women are always under the authority of men. Somali women are identified with their paternal clan as are their children (Gardner and El Bushra, 2004). Before marriage a woman is under the care and control of her father. If her father dies before she marries, her paternal uncle assumes the responsibility for her care. When she gets married, she comes under the control of her husband, although she still holds her place in her father's clan and is meant to honour her father's lineage by what she does. Her male relatives are supposed to protect her even in her marital home, and they will claim compensation if she is mistreated. She is expected to be devoted to her husband's clan and she is linked to it through her male children (Bestemann, 1995; Maxamuud, 2011). One can assume that if she fails to have a son, she will have no link to her husband's clan and therefore may lack the security that should be extended to her. Islamic religion sanctions a man to marry up to four wives (Elhadj, 2006) and in some traditional African settings a woman who fails to produce children is exposed to abuse and rejection by her husband. In societies that esteem male children more than females, she may also be abused if she fails to give birth to a male child.

As a feminist I am concerned about the powerlessness that women in this position experience and their lack of a rightful existence in their marital homes just because they have no male children. In a situation where there is conflict between clans, particularly when it involves a woman's husband's clan and her father's, she becomes a victim. Although she is not allowed any decisions on clan-based issues, she is supposed to

negotiate clan boundary issues through relational networks across clans in order to maintain peace and harmony (Maxamuud, 2011). But with such societal perceptions about women, she may not be taken seriously (Norton, 2008). Again, one can speculate that such negotiations are master-minded by men, whose purposes they may serve. Due to the fact that Somali society places less value on women, when a woman is killed by a man the clan of the murderer pays half the price they would pay if the victim were a man. The reverse is true for a woman who perpetrates the same crime against a man.

During periods of war, when many families break up involuntarily, women have to flee to their ancestral homes, sometimes leaving their children behind because they belong to their father's clan (Timmons, 2004). In their ancestral homes their own mothers may need to go somewhere else, to their fathers' ancestral home. The eruption of the Somali civil war escalated this situation for many women, some of whom ended up being isolated and homeless as widows. Many became vulnerable to sexual attacks and torture (Timmons, 2004) and for those who travel to other countries as principal applicants for asylum the traumatic effects of this are profound. Research by the Women's Resource Centre (2002) and Zimmerman et al. (2009) indicates that the number of women seeking asylum in the UK as principal applicants has increased and this includes Somali refugee women (ICAR, 2007b). A report by the Women's Resource Centre suggests that in 2002 Somali women were among the largest population of females who sought asylum as principal applicants in the UK. This has partly altered the demographic trend of principal asylum applicants, which had always been male.

To avoid the constant eruption of conflict, the British and Italian colonial governments attempted to bring all the clans together into a unified Greater Somalia state, and to eradicate clan affiliations and divisions (Mesfin, 2009). But this was short-lived as General Mohamed Barre Siad took over power through a 'bloodless' coup on 21 October 1969 to bring Italian and British rule in Somalia to a close (ibid: 3). Like the former regimes, his government also tried to institute a 'clanless' Somali state (Mesfin, 2009). However, loyalties to extended family and conflicts around 'clanism' soon choked the initial desire for democracy and Mohamed Barre Siad fell victim to the continual pursuit of clan affiliations (Mesfin, 2009). He Mohamed Barre Siad showed partiality towards members of his clan at the expense of others and he used state resources to favour them (Africa Watch Committee, 1990; Leeson, 2007; BBC News, 2009b), thus defeating his own intentions.

Following the overthrow of President Barre Siad in 1991, the northern clans instituted the Republic of Somaliland and declared independence from the Somali state. In an alliance with western and central Somalia they fought against the southern minority clans (Timmons, 2004). The northern clans perceived the southern minority clans as a threat because the latter did not involve themselves in the initial civil war against Barre Siad's regime (Cassanelli, 1995). Many southern Somalis were displaced by the war, fleeing to neighbouring nations, the United Kingdom, elsewhere in Europe, North America and Canada. Research accounts have linked Somalia's disintegration to the war that erupted between Somalia and Ethiopia, brought about by Somalia's desire to reclaim their land (Mesfin, 2009). The effects of the war continued to have a lingering effect on Somalis in the diasporas. Such information is useful for understanding how clanship bears on Somali's social networks in the UK, an area that my thesis explores. Having briefly considered how clanship was used to dominate Somali women, I now examine how education was organised to exclude girls/women and how this reinforced their exclusion from mainstream activities.

In the Introduction I have already discussed the lack of girls' education in Somalia and I do not intend to replicate such information here. However, in order to understand the dynamics of Somali women's ability to negotiate access to services in the UK, it is important to examine how education was delivered in Somalia from pre-colonial through colonial to post-colonial times and how this helped to consign women to a specific position in the social stratification of patriarchal Somalia. This will set the context for examining how they function within the UK's socio-cultural economy in order to become integrated into it.

Pre-colonial education in Somaliland was delivered through informal systems of communal interaction and across tribal lines (Abdi, 1998). As described by Keto (1990), such a system of education was designed to suit the prevailing socio-economic and political climate. It was also meant to impart historical knowledge that equipped the young generation with fighting and military skills. The socio-political structure positioned men as the givers of laws, customs and roles that govern the family and society (Reece, 1954). Colonial and post-colonial formal education on all levels in Somalia, especially higher education, was designed to accomplish that which was already embedded within Somali socio-traditional culture. Education was mainly preserved for males (Crosby, 2006). Due to the cultural perception of the female role as centred in the private domain, female

education was focused on gender-specific skills (Gardner and El Bushra, 2004). Girls were subjected to household chores and early marriage (Aden, 2012); often they were given in marriage as early as 15-16 years (Lewis, 1995; UNDP, 2010a). As a result, most families did not educate their female children at all.

One group that did not participate in Somali mainstream education until later was the nomadic pastoralists. For them, knowledge of traditional skills that would enable them to survive in their nomadic life was paramount, in contrast to getting a formal education (Olden, 1999). This is particularly significant because, as the discussion above indicates, this group became a target during the war and had to flee Somalia. Since those refugees found their way to the UK the issue of education has a significant bearing on their integration into British society.

In the mid-1980s, the lack of education amongst nomads was brought to the attention of the UN at a conference on the Least Developed Countries (Bureau of African Affairs, 2012). The UN policy on education for all made it imperative for all children to be educated, including the nomadic (Dyer, 2001). The World Declaration on Education for All (1990) re-affirms education as a fundamental human right, essential for individuals to accomplish their aspirations in life. But for the pastoralists, education undermines their traditional societies (Krätli and Dyer, 2000; USAID, 2008). The cultural expression within schools focuses on the individual, but pastoralists deal with a whole group. In this way education is seen as destabilising social identity, one's sense of belonging and the way of life of the pastoralists (Krätli, 2000). Establishing knowledge about the pastoralists' group identity is relevant for my research as it enables insight into the implications for refugee women's negotiations towards acculturation in the UK, a nation whose state apparatuses are designed to facilitate an individualised lifestyle. The question is: how does this impact on refugee women's day-to-day living in their new environment? Any attempt to encourage nomadic communities to become educated is seen as damaging to their nomadic nature, as formal education required them to stay in one area (Anderson, 1999; U.S. State Department, 2012). This poses serious problems for this group of people, who are culturally oriented to move around (Dyer, 2001). For the nomads 'sedentarisation' is an attempt to change their way of life (Krätli, 2000). However, anything that denies any group of people access to education is harmful (Danaher and Danaher, 2000; Dyer, 2001). Any improvement is particularly due to the use of mobile schools, where teachers follow the pastoral community to educate their children (Aderinoye et al., 2007; Dyer, 2006), as an

alternative means of enabling access to formal education for nomadic children. This has been fostered especially due to the UN's pledge of education for all (Krätli and Dyer, 2009). Researchers such as Danaher and Danaher (2000) place the discussion about pastoral education within the wider context of the discourse of inclusion and exclusion from power sharing. Klute's (1996) perspective on this is that nation states have always considered nomads to be people whose very nature rejects anything modern. Therefore from the outset they were not encouraged to participate in developmental initiatives. This may account for their late entry into education.

In Britain, Australia and elsewhere in Europe, similar issues surround gypsies' education. However, unlike the case of the nomads, government policy on education in Britain articulates compulsory education for all children from early childhood to secondary school (Danaher and Danaher, 2000). For the gypsies in Britain this is a challenge. As a feminist scholar, my concern is how the forces of patriarchy has effectively objectified Somali women and their female children and has kept them away from education, seen as the gateway to social and economic development. Without this intellectual capital, they are neither able to participate fully in the public sphere, nor function effectively in their domestic arena. Lack of education renders them powerless to exercise their right and to exert influence in both the public and private spheres.

In 2009, The World Bank estimated the gross primary school enrolment in Somalia to be 22%, which remains the lowest in the world. This report suggests that one in five Somalis is illiterate and shows that twice as many boys as girls attend both primary and secondary school. Similarly, twice as many men as women are literate. During Siad's reign from the 1960s through to 1991, women enjoyed certain privileges. Education for girls was increased and female enrolment in schools reached its highest ever level. In correspondence to this, women's employment and their participation in the public sphere broadened. Women managed to occupy positions in the army and civilian government institutions. Legal reforms were instituted to favour women as the Family Law of 1975 offered equal rights to women and men on issues about marriage, divorce and inheritance. The law also forbade wife beating and abolished the practices of *diya* payment and polygamy, except in certain circumstances (Human Rights Internet, 1994).

Ten Islamic leaders resisted the implementation of this law, but Mohamed Barre Siad executed them. However, these privileges were not to last as the collapse of the government, continuous civil war and the breakdown of the country's infrastructure

brought them to an end. The situation of women deteriorated, particularly when male Somali migrant workers who had gone to the Gulf in the mid-1970s returned home bringing with them conservative Islamic doctrine, which they introduced to Somalia (Ahmed, 1999). These young, Islamic scholars, teachers and imams demanded the adoption of Islamic concepts based on conservative fundamental principles to counter the westernised impact of secularism. Women were the target and they were required to adopt the *hijab* dress code to show modesty grounded in the Muslim faith (SIHA Network, 2011).

### **Gender Roles under Islam and Islamic Extremism**

Research by Norton (2008) highlights the Islamic nature of Somali society as a key factor in the oppression of women. According to this writer, the application of Islamic rules has helped to enforce restrictive Somali cultural norms, traditions and customary laws (ibid). Somalia's involvement with Islam pre-dates the arrival of European colonial powers in the country (Somalia, 2005). It was introduced by a group of Arabs in 700 A.D. when Somalia came under their control. The Arabs built Islamic and theological schools to teach the Qur'an with Arabic as their official language. The control of the Arabs was weakened by the presence of Europeans in Somalia in the 18<sup>th</sup> century, but Islamic religion and education continued to be influential. Many people rejected European education in favour of its Islamic rival; therefore the colonial regimes, recognising that Islam was the only formal education acceptable to the majority of the people, sometimes subsidised the opening of Qur'anic schools (Norton, 2008). Qur'anic schools are said to be very popular among Somalis, particularly among the nomadic clans (Anis et al., 2008). Research by Maxey (2004) shows that 85% of rural, nomadic students lived within 0.5 kilometres of a Qur'anic school, 28% of children lived within 5 kilometres of a primary school and there were no secondary schools nearby. This illustrates the extent of Qur'anic schools and the struggle that Europeans faced in their quest to introduce formal secular education.

Somali women's hardship took a new turn with the emergence of the Al Shabab religious group in the 1970s (Amnesty International Report, 2011). This was at a time when the military government under Mohamed Barre Siad had introduced the communist ideology of 'scientific socialism' in Somalia. The people saw the values of Islamic fundamentalism as an antidote to this ideology and so they embraced it. The group further gained the sympathy of the people when the government attempted to stop the movement. However,

support for this group started to diminish by the close of the 1990s, particularly when the people perceived it to be foreign-funded and also that its principles contradicted the interests of the Somali people (Ahmed, 1999). As a result some Somali elders spoke out against the propaganda of Al Shabab, particularly when the group openly showed a lack of respect towards community leaders (Amnesty International Report, 2011). Since then women's oppression by the group has received public condemnation, but only when they had a confrontational clash with Somali elders. This justifies the Abdullahi's (Amnesty International Report, 2011) claim that Somali women have no control over their own lives or a voice of their own.

A BBC report (2012) suggested that since 2006 Al Shabab had declared allegiance with al-Qaida and in 2012 it announced its amalgamation with the global Islamist terrorist group. It controls 90% of south and central Somalia (Hammond et al., 2011). Women in these regions face a culture of severe oppression (Ahmed, 1999). The extremist group suppresses women's rights within marriage and opposes their economic role, including having a very limited public presence. They also have no freedom of dress or behaviour (Shannon, 2011). They are made to wear red socks during menstruation so their community will know that they are contaminated. In their daily routine activities, they are not permitted to interact with men. Where they are found to be doing this, even when they are trying to earn a living, they are accused of prostitution, the penalty for which is death by stoning (ibid). If a woman complains of rape, she is accused of prostitution and spreading false accusations against the community 'brotherhood' (Shannon, 2011). Crimes such as these are punishable by beheading or stoning. Such restrictions dehumanise women and women who engage in street vendor activities are vulnerable to violence and are often accused of being sexually permissive, an accusation that has led to the deaths of many. Due to the drought and severe famine that have crippled the nation, affecting farming and other economic activities, many women are not able to pay their debts, and they face death (SIHA Network, 2011). Such challenges, issued in the name of religion, have created widespread confusion among many Somali women about their rights, obligations and duties stipulated in the Qur'an (UNICEF, 2002). Somali women had long been aware of their subordinated position and had started questioning their objectification, both in the domestic sphere and the public domain (Ahmed, 1995) to the extent that, as far back as the 1940s and 1950s, when Somalia was struggling for independence from British and Italian domination, a national women's movement sprang up to raise awareness of their subjective experiences. Although other setbacks choked their initial ability to pursue this course, in recent years a

few more educated women have stepped forward and they are mobilising women to raise consciousness about their oppression. This is discussed below.

### **Somali Women's Agency In Pre-war, War and in Post-War Somalia**

In spite of their socio-cultural positioning Somali women had always applied various forms of strategies and personal agency to intervene in their patriarchal domination. One of the ways they do this, according to Adan (1994), is through the use of poetry, which helps them to express their plight within Somali society. In Somalia, poetry is seen as an important medium that gives artistic expression to the daily realities of the masses, offering an understanding of the experiences of the ordinary citizen. Within the pastoral community, Gardner (2004) recounts how women's resilient attitude helped them to support their families both during the pre-war and post-war eras in Somalia. Women are a major component of the labour force and they women contribute to the family income through their role in feeding and milking animals, managing small stock and selecting animals for slaughtering and for sale. They sell surplus products and process others for preservation. As pastoral families move about, women are responsible for arranging transport, preparing materials and building huts for their new settlement area. Depending on the size of the hut, work on a building takes several days. Warsame (2001) suggests that women's role within the pastoral community is crucial to the survival of the pastoral system. She illustrates that some men consult their wives privately on decision-making issues but for fear of public criticism they do not acknowledge this publicly. What this implies is that to date the dichotomy of the private/public is used to situate Somali women in an inferior position, to the extent that their contributions to their family and to the survival of their community are continuously marginalised.

For instance, in her discussions of Somali women's literary expressions within patriarchal Somalia, Kapteijns (1994) argues that, although they are offered a space within the public domain to narrate their experiences, they cannot challenge patriarchal discourses that subject them to subordination because most of the poems, particularly love songs, are written by men for women to read. This places a limitation on how much they are allowed to disclose directly. Therefore, although we gain some understanding of the women's experiences from what they say, it is only a partial and generalised perception of what they imply. In this way, women's voices are muted and this is the reason that their narration is tolerated within the patriarchal domain (ibid). Once women's voices are silenced, it

weakens any personal agency they have and their positioning within patriarchy continues to be negatively affected.

For instance, during the wars in Somalia men were afraid of being killed by government troops and so they sent women to market (Ahmed, 1999). As a result, the male-reserved activities of marketing livestock and buying necessary foodstuffs and ingredients for their families were gradually left to the charge of women. On the surface, this was seen as shifting women's role and increasing their participation in the public sphere, but in the first instance it served males' interest because their decision was to escape attack and death. However, they did that to put the lives of these women in danger. Report from wars indicates that during periods of war women become victims of rape, all forms of abuse and even death. There was no evidence to suggest that the women's lives would be spared, had they met government troops. This is not to deny the fact that women's appearance in the public sphere helps to boost their socio-cultural positioning in Somalia. Nonetheless, research by (Gardiner, 2007) has shown that the basic value attached to gender identities still remains the same with the expressed fear that once men regain their pre-war status they will redefine women's role within the family.

After the war some women activists engaged in grassroots activities stepped forward and began to empower women through education and other self-help community activities designed to inform them about their rights. These include Hawa Ali Jama (1991), who founded WAWA; Fatima Jibrell (1992), *Horn Relief* (now ADESO- African Development Solutions); Somali Professional (1996), *Women and Child Care Organization* (WOCCA). These are also co-founders and members of the *Coalition for Grassroots Women's Organizations* (COGWO), founded in 1996; Hawa Aden (1999), *Galkayo Education Centre for Peace and Development*; Mrs. Jawahir Elmi (2007) *Somali Women's Concern*, to name but a few. These educated women face constant opposition from the fundamentalists, who accuse them of drawing women away from their primary moral obligations and turning them against society. In 2009 Zam Zam Abdullahi, a human rights activist and capacity-building officer for COGWO narrated the challenges she faced every day as she confronts opposition and false accusations (Amnesty International Report, 2011).

Abdullahi sees education and access to information as the best way forward to break enable Somali women to understand their rights (Amnesty International Report, 2011). The truth is that as long as education is provided and controlled by men, the chances are that

the material conditions will still not favour the education of women, particularly when there are widespread reports that young women who have managed to go to university are vulnerable to abuse (Hamdi, 2012). Having more educated women involved in the political arena to advocate for changes in the provision of women's education may be a way forward. However, such activities only attract a few urban-dwelling women. Those who most need support are the rural women, but conditions do not always enable them to be reached, particularly because of the activities of religious extremists.

In *The Untold Story: The War through the Eyes of Somali Women* (2004) Judith Gardner and Judy Bushra use women's oral testimonies to focus on the daily lives of ordinary Somali women. Like other researchers (UNICEF, 2002; Haggmann, 2005; Norton, 2008; SIHA Network, 2011), Gardiner and Bushra suggest that the impact of the war has altered women's gender role. Many women have now assumed the roles of main breadwinner. This enables them to contribute to domestic issues relating to property ownership, marriage and divorce. Timmons (2004) reports that, due to Somali women's negotiating role during and after the war, leaders in Somalia have agreed for them to be considered as the 'sixth clan' so that they can be represented in each of the main clans. The UN has also recognised the need to include women and women's issues in all official peace negotiations. However, this has yet to be translated into the real experience of women's gender roles within Somali society. The continual neglect of women in the political arena has been highlighted as the source of the delay in this process of translating the changes in their gender roles within the wider context of Somali society (Tran and Ford, 2012; Amnesty International Report, 2011). Ironically, such oversight of women's involvement happens to Somali women even in parts of the developed world.

For instance, a report by the *Guardian* (Tran and Ford, 2012) suggests that Somali women in the UK have expressed displeasure about their lack of involvement in the forefront of social issues about Somalis. Speaking at a round-table conference in London about the current situation in Somalia, Rahma Ahmed expressed concerns that women are not fully involved in Somalia's future. Amina Suleiman, a Sheffield-based Somali activist who has spoken with hundreds of Somali women, was also worried that women were being ignored and reiterated that Somali women's 20 years of suffering had been under men's control and although they had failed the country, a draft constitution on Islamists in Somali politics has failed to include women's involvement in public role (Tran and Ford, 2012). Such inferences highlight a rather bleak picture of women's freedom in Somalia.

Women in Somalia understand that to function effectively in a male-dominated society, as well as receiving education and improving their negotiation skills, they also have to acquire knowledge about information and communication technology (Aden, 2012; Amnesty International Report, 2011). This will help them to stay in touch with women in other parts of the world (Timmons, 2004). Unfortunately, the forces of tradition and religion often choke the rights of Somali women between ‘layers of complex rules’ (Aden, 2012). This is particularly so because in Somalia the rights of the group are seen as superior to the rights of the individual (Hamdi, 2012). Within this context of societal rights, religious doctrine surpasses secular rights, as illustrated in the Foreword and Preamble to the Universal Islamic Declaration of Human Rights (1981; Al Qur’an, Al-Imran, 3: 138). Both sets of rules are determined and formulated by men. To locate women’s rights within this complex terrain requires women to be well-informed and equipped to help themselves to better embrace both the challenges and the conditions of change.

The changes in gender roles in Somalia described above mainly occurred during the 2000s, when the majority of the population of Somali refugee women had already arrived in the UK. Therefore they missed out on this opportunity. In any case, the women who mostly benefitted from these changes were educated women in urban centres.

### **Somali Women’s Access to Services in Somalia: A Preparatory Process**

Continuing civil war and a lack of central government to restore security in many parts of the country has led to a breakdown of Somalia’s infrastructure. This has worsened access to welfare provision. For instance the World Bank (2009) suggests that in Somalia there is inadequate access to basic services and infrastructure. The situation has also resulted in extreme poverty of less than \$1 income per capita. The provision and utilisation of health services is also the worst in Africa. In 1972, the Somali government brought both health facilities/services and public and private medical personnel under state ownership (Worldmark Encyclopaedia of Nations, 2007). Government policy was to offer free health treatment to all Somalis and local clinics were built to that effect. However, lack of resources and medical personnel frustrated this initiative. By 2004 it was reported that the ratio of physicians to patients was 5: 100,000, that of dentists was 1: 100,000 and only 27% of the population had access to healthcare services. In 1991 the maternal mortality rate was very high, estimated at 1,100 per 100,000 live births. In 2002 the mortality rate

was estimated at 18 per 1,000 and the infant mortality rate was 116.70 per 1,000 live births. In 2009 the estimated life expectancy was 47 years, and under-five and maternal mortality rates were 156 and 1013 per 100,000 live births, respectively (World Bank, 2009). Research by Peace Women (2004), which was also confirmed by the World Bank (2009) and SIHA Network (2011), indicates that only a minority of the population (29%) has access to an improved water source and 25% to improved sanitation facilities. Out of this 31% were urban dwellers, and access for women is relatively less.

Between 1980 and 1988, the number of housing units in Somalia was estimated to be 710,000 with an average of 6.8 people per dwelling (Worldmark Encyclopaedia of Nations, 2007). However, with the breakdown of infrastructure and so many internally displaced persons, 85% of the population live in slums or almost derelict housing. There were few or no records of social services provision in the country.

Education in Somalia went through different phases of transition. In 1975, primary education was made compulsory (Worldmark Encyclopaedia of Nations, 2007). Students were expected to complete eight years of primary education. In 1992 all private schools were either closed down or became public schools. Lack of investment in both the educational and health sectors hampered access for women to adequate health services. This also resulted in a high infant mortality rate<sup>2</sup> and because Somalia's labour force and the care of the aged depends on children and young adult sons, such a loss is significant as it has a detrimental impact on economic output. For most women in rural areas, this affected their ability to participate in other productive ventures (Merryman, 1996). In particular, women in pastoral and other rural settings could not participate in independent economic activity because of the amount of time that is usually taken up by their domestic responsibilities, which include processing food, collecting firewood and fetching water. They were also affected by the Islamic rules that limit their ability to engage in outdoor economic activities in the public arena, as the discussion above has suggested.

Women have always experienced discrimination in Somali society, but the impact of the war aggravated women's situation when it comes to access to services. In particular, gaining access to adequate education and employment, health services, decent housing and

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<sup>2</sup> Norton (2008) The average number of conceptions per woman was 7 and of these 32 percent failed due to miscarriage, stillbirth, or neonatal death, with 25 percent of babies born alive also dying by the time of the interviews.

sufficient food continues to prove challenging for the majority of the female populace (with the exception of the few educated women). As a consequence of their disrupted educational histories, children coming directly to the UK from Somalia or from refugee camps and other neighbouring countries may have little or no education. Research (Olden, 1999) indicates that some Somali fathers who worked in Saudi Arabia and/or the Gulf States had the opportunity to educate their children there, and although they will speak Arabic, they will not necessarily know how to write Somali. Most Somali children born to refugee parents may have had no formal educational opportunities in their home country.

The above discussions have reviewed Somali refugee women's background in their home country. Traditional practices, customary laws and religious principles have combined to subject Somali women to discriminatory practices. Women's position in the country depends on the policies of the current ruling regimes (SIHA Network, 2011), and in most areas where Islamic extremists are in control, such changes have affected many women's ability to function as full citizens, particularly those in the southern and central parts of Somalia.

Although women's involvement in resolving conflict and negotiating peace both during and after the war has minimally increased women's participation in the public sphere, this is not linked to ideological perceptions of gender relations within Somali society that could translate into a prevailing reality of women's participation in the public realm. Many Somali refugee women who came to the UK in the early 1990s missed out on the current changes in female roles in Somalia and, of course, the majority would have missed out had they been in Somalia because they mostly came from rural areas and were uneducated. As the discussion above shows, these changes only impacted on the minority of educated women. It is important to understand how women, particularly the uneducated, travelling from such a social, economic and political environment to a country like Britain, are able to cope with the socio-cultural environment of Britain, whose structural systems and infrastructure are literacy based.

My research aims to investigate how the women's background history impacted on their ability to utilise services offered to them in the UK. In the paragraphs that follow, I examine the literature that discusses my research context for women accessing services in the UK. In particular I review what research material exists about how Somali women participate and utilise education and employment, housing and welfare benefits as well as health services. I correlate the women's access to services in Somalia to the way they

managed it in the UK. Research does not exist separately for Somali refugee women's immigration history into the UK. Therefore in the next paragraphs I discuss Somali refugees' presence in the UK generally.

### **Literature Review: Somalis in the UK**

Somalis have lived in the UK since the 19th century (Casciani 2006; Rutter 2004a). Their migration to the UK is linked to colonialism (Muir, 2012). The first migrants were seamen who came to join the British Merchant Navy (ICAR Briefing, 2007b; Olden, 1999). Their earlier arrival during the 1860s coincided with the opening of the Suez Canal in 1867, so most of them settled in shipping and heavy industrial areas (Jordan, 2008). During the Second World War and post-war reconstruction, a new wave of Somali economic migrants entered the UK (Muir, 2012). They mostly worked in industrial cities across the country and were joined by their families (Sporton et al., 2007; Jordan, 2008). The next phase of migrants arrived during the late 1980s and from the early 1990s when they came to seek asylum due to clan upheavals in Somalia. The last phase of migration started around 2000, mostly to join family members who had received refugee status and citizenship. Others migrated from other EU countries such as the Netherlands, Finland and Denmark as secondary migrants (Muir, 2012). Over the past decades the size of the Somali diaspora living in Europe, North America, the Gulf States and in other African countries has tripled (Danso, 2001: 4; Rutter 2004b; Balanced Migration, 2009). It is estimated that Somali refugees form one of the largest refugee groups in the UK (Jordan, 2008).

In the UK, most of the northern clan (Isaaq) settled in Cardiff, South Wales. In London they mostly settled in the boroughs of Newham and Tower Hamlets. The southern Somalis (Daarood), who arrived during the early 1990s, settled in areas such as Camden Town, Islington in the north of London, Streatham in South London, in Kilburn, Paddington and Acton Town in West London, Redbridge and Tower Hamlets (Griffiths, 2000; Rutter, 2004a; Hopkins, 2006). In the paragraphs below, I review the demographic discussions of Somali population in the UK to explore how their settlement pattern reflects the dynamics of their social and communal networks. The need to review refugees' social context in this research is relevant because, as Nielsen (2004) suggests, social context determines how well refugees can interact within their social world and is closely linked with refugee integration. The question I wish to answer in subsequent chapters is how such a settlement pattern bears on the way in which Somali refugee women access services in the UK.

The 2001 census estimated a total of 43,532 Somali-born residents in the UK (Home Office, 2007a). In 2006, the IOM reported an estimated figure of 250,000, and 90,000. Currently the figure is estimated to be between 350,000 and 1million (Muir, 2012). The differences in these statistics can be explained by the fact that different surveys base their findings on different samples. As demonstrated by Harris (2004), the 2001 census only recorded Somali-born residents and did not include those who were born in the UK, but who might still define themselves as Somalis. Research by McCarthy (1995), Cole and Robinson (2003) and Sporton et al. (2007) indicates the difficulty involved in getting an exact figure for the number of Somalis living in the UK. Sporton et al. (2007) attribute this to the complexities of their migratory histories, including their nomadic nature, which affects how data is collected and categorised. There is also evidence to suggest that the response to the 2001 census was low and might not be a true representation of all Somali-born residents. According to Elam et al. (2003) and Harris (2004), the 2001 census was an underestimate because asylum seekers were not included in the census data. Accurate data collection involving ethnic minority groups has proven to be difficult (Harris, 2004).

Research evidence by the Home Office (2007a) has suggested that at least 78% of Somalis live in London (Home Office, 2007a). The remaining 22% live in places such as Sheffield, Leeds, Manchester, Bristol, Cardiff, Birmingham, Leicester and Liverpool, with Liverpool having the lowest population. By the year 2006 the population of Somalis in London had reached approximately 59,000 (Spence, 2008). Tower Hamlets had a population of about 10,000; this area has been the home of Somalis for more than 200 years (Land, 2009). The above information suggests that Somali refugees may settle in cities where other Somalis have already settled, but this has an adverse effect on the distribution of resources, as research by Ahmed (1991), Girbash (1991), Ahmed et al. (1992), Brophy et al. (1998), Bloch (2002), Phillimore (2006) and Warfa et al. (2006) indicates. Discussions below review Somali refugee women's need for public services in the UK. I evaluate their familial obligations and how this is affected by the changing family structures and changing gender roles within the UK socio-cultural economy.

### **The Educational Needs of Somali Refugee Women, Children and Older Refugees in the UK**

Education has generally been acknowledged as one of the basic rights of a person. Hence the UN Millennium Goal advocates for all nation states to offer education to all their

citizens because denying individuals access to education negates their rights as social beings. Education plays a central role in helping refugee children and adults to integrate into their new society (Salinas and Müller, 1999; Rutter and Jones, 2001; Rutter, 2003b; Luciak, 2004; Szente et al., 2006; Ager and Strang, 2008; Heckmann, 2008). For the host society, education is a key to transmitting its cultural values and skills, which refugees need in order to make a smooth transition. This has been confirmed by Voltanen (2004), who argues that education helps refugees to gain access to occupations that enable them to occupy certain social positions and to compete for other opportunities in society. In our modern societies, education and employment choices are closely linked (Feliciano and Rumbaut, 2005; Crosby, 2006). Education is a prerequisite for good career prospects and a key to progress (Saylac Education Report, 2008; Seetanah, 2009). It is linked to economic development because it focuses on knowledge that develops our intellectual capital, helping individuals not just to understand and adjust to changing situations in their environment (Fagerlind and Saha, 1989; Education News Archive, 2007), but also enabling us to develop the material resources for living. Education thus becomes a vital tool for social change (Bačáková, 2009; Voltanen, 2004).

Research by Krahn et al. (2000) and Robinson (1993) demonstrates that refugees are better able to integrate where they can draw on skills from their previous education. However, for some Somali refugees, in particular women, such educational opportunities have not always been available, particularly for most first-generation Somalis in the UK. Schools research by Cole and Robinson (2003), Khan and Jones (2004) and Rutter (2004b) shows that the Somali community is under-represented in the UK's socio-cultural and political society, even though they have been in Britain for centuries. Research in Australia, Finland, Denmark, Canada and Norway suggests similar concerns. For instance, Fangen's (2007) research about Somali refugees in Norway draws attention to the high illiteracy rate among Somali refugees. The writer correlates this to their high rate of unemployment. In Canada, a survey about unemployment among educated people showed that even well-educated Somali refugees with an employment history of managerial and professional positions face acute unemployment. The problem is not solely an issue of lack of education, but also a lack of proficiency in the English language (Krahn et al., 2000). The problem is not only faced by newly-arrived Somali refugees, but also by those who have been settled in the UK for a long time (ibid). The language used in Somali education was changed from English in Somaliland and Italian for those in southern Somalia during the post-colonial era when Mohamed Baré Siad's regime came to power (ISS, 2005).

Therefore in the UK both educated and uneducated Somalis faced language problems and, although this is worse for the uneducated, both groups depend on government intervention and exposure to other social activities to learn English, including mingling with others. But Somalis prefer to keep to their own, closely-knit community. My research will explore how such cultural and traditional traits, including the choices Somali refugee women make, impact on the way in which they participate in education in the UK.

Research does not exist for Somali women's education specifically. However, existing research discusses migrant women's education generally. Often such discussions focus on barriers that limit migrant ability to learn the English language that could help them integrate into their new environment. There are several reasons why people learn, but for migrant adults, evidence by Barton et al (2004: 100-101) suggests that, apart from learning for self-advancement, for interest, to meet their own expectations and maintain social relationships, they also learn for empowerment. The purpose of taking ESOL classes is so that asylum seekers and refugees can use their new language to access services and for asylum seekers, to deal with their asylum claim (Tully, 2005). However, for some migrant women, particularly those who have had no formal education in their own country prior to arriving in their host country, issues such as their gender identity, reaction to exile, cultural shift and the underpinning reality of dealing with the formalities involved in ESOL learning, including the lack of familiarity with a formal classroom setting, demotivate their ability to pursue education (Tully, 2005).

Migrant women's difficulty of accessing English language classes and training that might enable them to enter the job market has also been indicated by Bloch (2004b) and Dumper (2002b), who argue that a general problem confronting refugees who enter ESOL classes is the difficulty to complete the course. According to Dumper this is particularly so for single mothers who have difficulties accessing language classes such as ESOL. The main reasons cited for this is child care and family commitments (Bloch, 2004b). Citing her sample group, the writer indicated that there was still a core group with language needs that were not accessing classes. This is an area I will explore in relation to Somali women. Training offers a significant pathway for unemployed people to gain access to the labour market, but Bloch (2002) indicates that take-up of training among refugees is low. Some of the reasons cited for this low participation are a lack of information about entitlements and availability of training. My research will investigate how the women managed barriers to education

and the kind of personal agency they brought to bear on the situation to help them and how these impacted on their integration.

London-based studies by Harris (2004), Khan and Jones (2004) and Rutter (2004a) show that Somali refugee children are underachieving in education, both in GCSEs, Standard Assessment Tests, and across primary education. Most of these children also have parents who are illiterate. Mohamoud (2011), however, shows that the trend is changing and that many second-generation young Somalis are leaving school with grades that qualify them for degree courses. Research also suggests that Somali young people are adapting fairly well to their new environment (Berry et al., 2006: 139). This is in line with Kasinitz' (2008: 277) argument that the second generation of refugees stands a better chance of performing well in their new social environment. The first generation then is always at a disadvantage due to a lack of structured social provision and social models tailored to meeting their needs.

Research on the provision of education for older refugees (those aged 60+) and information about their educational needs is generally very limited. Most literature on integration focuses on the lack of access to the language of their host country as a hindrance to older refugees' ability to access information and other public services, including employment (Connelly et al., 2006). In the UK, being able to speak English enables refugees to be more independent, self-reliant and self-confident in their use of public services, transport and health services. When older refugees become literate in the English language, it helps to reduce their isolation and they are able to communicate and interact with neighbours and people in their neighbourhood who are not from their immediate community (Connelly et al., 2006).

In the UK organisations such as Sierra Leone Women's Forum (SLWF, 2003), Refugee Women's Association (2001) and the Africa Educational Trust (2005) provide resources that empower refugee women to attain education to enable employment prospects. A forum report by the Sierra Leone Women's forum indicates that older refugee women are being given access to computer literacy to help address gender stereotypes in learning. Similarly, the Refugee Women's Association (2001) focuses on giving ESOL classes and an employment mentoring programme. And the Africa Educational Trust provides free educational and vocational training advice for unemployed African women refugees and asylum seekers. Nonetheless, for most of these women, including Somali refugees (Bloch, 2002), domestic chores hinder their full participation. Equally hindering is the feeling of

low self-esteem when faced with the challenge of learning with younger refugees. The myth that older people are sluggish when learning a new language and family members' lack of patience to bear with older refugees in their learning journey usually account for older refugee women's poor literacy skills (Knapp and Kremla, 2002: 13).

Rutter (2004a) suggests that some older Somalis who settled in the UK between 1989 and 1991 were mostly urban middle-class people who had some level of education. However, this demographic trend changed when more Somalis from rural areas with no education started to come to the UK from the early 1990s. A report by the London Borough of Haringey in 1998 suggests that at least 50.6% of Somali adults in that borough had no literacy in any language (ibid: 116).

There has thus been some research on the educational needs of Somalis in general and the difficulties that women have in participating in education, but nothing is recorded about how they access education. To be able to participate in education one needs to be able to access it, for it is the dynamics of access that determine participatory level. Unfortunately, research is silent in this area. There is little or no research about Somali refugee women's access to services in the UK, and neither is there any adequate information about their educational needs and the diverse ways in which they enter education. My research thus addresses this gap, as it is designed to investigate Somali refugee women's articulated views on their access to education.

### **Somali Women's Engagement with Employment in the UK**

There is little or no existing research that separately discusses Somali refugee women's employment situation. Existing research often focuses on the general employment state of the Somali population in the UK, and most of this only records high level of unemployment. For instance, research conducted across two London boroughs, Camden and Tower Hamlets, showed that 90% of Somalis were unemployed (Khan and Jones, 2004). Within both boroughs it was suggested that almost 100% of those unemployed were over 24 years old, and 80% of the 60 female participants were on state benefits. Rutter (2004b) indicates that between 70 and 97% of Somali men are unemployed. Earlier research by Flatley (1999) and the Home Office (1995) suggested that refugees and asylum seekers living in London are more likely to find employment than those living elsewhere.

Similarly, research by Rosenkranz (2002: 90), as well as later studies by Bloch (2004a), recorded that Somali refugees' unemployment levels in the UK were as high as 75%.

Cunliffe and Bahiraey (2006) indicate that Somali refugees' employment shows that refugees who tend to secure better jobs that attract higher wages are mostly the educated and that the reverse is true for those with little or no education. The majority of Somali women lack the skills to access employment that could bring them better career prospects in their settlement area. France and Wiles (1997) suggest that to be a worker or a wage earner is an essential part of the modern economy and in their host countries employment defines who a citizen is, thus connecting the individual to their social world. This was re-emphasised by Valtonen (2004) when she argued that employment determines a person's level of integration. With the acquisition of material resources gained from employment, refugees are able to build other 'social capital' that gives them access to the wider community (Valtonen, 2004: 3). Hammond et al. (2012) have emphasised the importance of Somali Diasporas 'remittance in the rebuilding of Somalia's economy, suggesting that an estimated 130-200 billion US dollars is sent home every year by Somali diasporas to support humanitarian relief projects, including friends and families. Employment would not only help Somali refugee women to be independent economically and facilitate their contribution towards rebuilding their country, it will also enhance their effective integration. Participation in employment would also enable them to have contacts with groups outside their immediate community and establish networks that reinforce continued relationships with other people within their place of domicile.

Within Britain, Ahmed (1991), Ahmed et al. (1992), Brophy et al. (1998)<sup>3</sup>, and (Olden, 1999), have indicated that refugees' settlement patterns are part of the reason for the high unemployment among Somali refugees. According to Olden, when refugees congregate in one catchment area, they struggle to compete for the few resources which are insufficient to meet their needs. Girbash (1991) and Bloch (2002) also suggest that employment in cluster areas attracts poor terms and conditions as well as unusually long working hours with lower wages. Besides, people living in such areas tend to experience high levels of deprivation (Olden 1999; Phillimore and Goodson, 2006; Warfa et al., 2006). This has been confirmed by other writers, who have indicated that a high number of minorities turn to live in urban areas and they experience high levels of unemployment, social exclusion,

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<sup>3</sup> For more information about factors that work against Somali refugees' employment read Dixon, Carter and Lukes, 2006; Khan and Jones, 2004; Oona King, cited in Harris, 2004; Rutter, 2004b; Olden 1999, Craig and Timms, 2000; Hamid, 1993 and Lamont, 2000.

racial discrimination, financial difficulties and some even draw near to suicidal thoughts (Wilson, 1998; Cabinet Office, 2000; Bhui et al., 2003; Warfa et al., 2006).

Dixon et al. (2006) suggest that the barriers to refugee employment are due to a lack of knowledge about available opportunities. For refugee women who are working Bloch (2004b) noticed that their work did not reflect the skills that some brought with them on arrival in the UK. A similar trend was noted in a research audit conducted two years earlier by Dumper (2002b) for the Greater London Authority on refugee women who are teachers, nurses and medical professionals. And this has been confirmed by researchers such as Bloch and Atfield (2002) and Khan and Jones (2004) who suggest that Somali refugees' unemployment is partly due to the fact that the qualifications some bring from Somalia are not recognised and some have not practised their skills for many years. Even Somalis who were meaningfully employed before coming to the UK are not employed in the same way once they arrive. Somali refugees who arrived in the UK with professional skills still do menial jobs, working in retail and security, whereas those with fewer qualifications are better able to adjust to different jobs. For the highly skilled Somali refugees this can be a very painful change (Olden, 1999; Dixon et al., 2006). Bloch and Atfield (2002) conclude that the Somalis who are meaningfully employed are most likely to be those who have a high proficiency in English and have been living in the UK for a long time. The writers suggest that Somalis who were born and/or educated in Britain are more likely to secure good jobs. Bloch (2004b) shows that not all refugee women want to work. Shireh (cited in Harris, 2004) attributes Somali women's unemployment to their preference for cultural and familial obligations that often pose as major barriers to employment.

There is no separate demographic information about Somali refugee women's employment history and the diverse ways in which they enter the job market. Available research mostly highlights the reasons for Somalis' lack of employment, but it does not consider how they access employment. This is one area that my thesis aims to explore.

### **Somali Refugee Women and their Health Needs**

Straus et al. (2007) and Essen et al. (2011) have conducted research that investigates the healthcare experiences of Somali women within a western context. In the UK, healthcare issues among Somalis refugee women mostly centre on certain cultural and traditional practices, including: the cultural perception of how treatment should be administered

(Kosom-Thomas, 1987; Calder et al., 1993; Ntiri, 1993; Maffia, 2009), women's traumatic experiences during the war in Somalia and its effect on their health (Kemp and Rasbridge, 2004), the lack of healthcare facilities in Somalia and in some intermediary refugee camps (Byng, 1998 and 2008; Maffia, 2009), refugee women's lack of understanding of the UK health system (Maffia, 2009) and the implications of resettlement issues on their health (Palmer, 2006; Warfa et al., 2006). Several studies have reported on these issues. I focus on how research discusses Somali refugee women's perceptions of how they receive healthcare treatment.

Research in the UK on Somali refugee women's health needs that is linked to cultural practices is mainly about female genital mutilation (FGM) and its effects on childbirth, including maternal outcomes in general. A report from the Office of the Senior Coordinator of Women's Issues (2001) suggests that about 90% of Somali girls are subjected to different types of genital mutilation at a young age. Although it is meant to protect the virginity of females and to preserve the family's honour (Dyer, 2001; Morland, 2004; *IRIN News*, 2005), FGM causes ill-health among Somalis and affects women's reproductive systems. The high birth-rate among Somali refugees often presents special health-related problems. Research conducted by Upvall et al. (2009) shows that while Somalis living in Britain and Canada are more willing to abandon female circumcision at a very early stage of their resettlement, this might not be so for Somali refugees living in America. Those in refugee camps will circumcise their daughters before leaving the camps, aware of the fact that circumcision is illegal in America. Upvall asserts that the attitude towards the continuing practice of female circumcision might change through the acculturation process. In the UK, not enough research exists about its continuing practice among the Somali diasporas.

Due to the lack of adequate health knowledge, women who have been subjected to FGM often reject interventions that health professionals recommend to them (BBC News, 2009a; Royal College of Nursing, 2006). For example, during urinary tract infections patients are recommended to increase fluid intake because, for those with infibulated circumcision, this helps to soften the tissues of the infibulated area, which often makes urinating difficult (Calder et al., 1993). However, a study by these writers suggests that about 84% of Somali women would rather reduce fluid levels during such periods instead of increasing it. Research indicates that it is not only Somali women who have limited knowledge about the condition. Health practitioners also often lack adequate information about the regulations

relating to its treatment. For instance, since FGM has four forms, women may present diverse health needs to practitioners. Calder et al. (1993) suggest that circumcised women in need of gynaecological or obstetric care may need their genitalia to be altered, and previously infibulated women may request to be re-infibulated after giving birth. In the UK this is illegal, but research conducted in 2010 by the Royal College of Midwives indicates that only 22.1% of midwives or doctors interviewed knew that it was illegal. It is not surprising, that in the UK there is a report that some doctors perform the act illegally (*The Huffington Post*, 2012). This may be due to inadequate information surrounding its performance. For instance, the Royal College of Midwives' report shows that 47% of those interviewed were unaware of the data collected by their Trust on FGM and 24% of interviewees said that their Trust did not collect any data on FGM at all. With such inconsistencies in data collection and the lack of adequate awareness of the law governing the practice of FGM, uninformed doctors and midwives, faced with women who present different health scenarios often backed by superstition, may fall prey to persuasion.

Other health problems associated with Somalis generally among the new arrivals, communicable diseases such as tuberculosis, HIV and syphilis, as well as the physical effects of war, torture, displacement and tiredness (Helge et al., 1990; Hargreaves et al. 1999; Matheson et al., 2008). Mental health issues seem to be profound among refugees. Among women, and as Kemp and Rasbridge (2004) infer, the most common condition is post traumatic stress disorder (PTSD). The most common signs of PTSD involve the inability of the patient to remember significant details around the trauma they experienced, emotional deadening, avoiding the offending stimuli, difficulty with sleeping, poor concentration, hyper vigilance and irritability (ibid). For those who experienced poor access to healthcare and poor social service facilities at the refugee camps, Byng (1998; 2008) argues, their experience of PTSD may be chronic.

In their host country, such conditions may affect how the women adjust to settlement, and research by Savoca and Rosenheck, (2000) and Prigerson et al. (2001) about the settlement situation of migrants who suffer from PTSD has confirmed this. The writers indicate that adjustment is particularly difficult for ex-combatants. In the UK, Palinkas et al. (2003) indicate that refugees' and migrants' adjustment to their host country may result in a large number of them experiencing physical and psychological difficulties. Bhugra (2004) attributes this difficulty in relocation to changes in refugees' economic situation, their shifting social status and their separation from loved ones and from community members.

In the case of Somali refugees, Rousseau et al. (1998) suggest that their communal nature may conflict with the norms of western societies, which are traditionally individualistic, and that this could cause difficulties for their adjustment. Research by Palmer (2006) and Warfa et al. (2006) reveals that frequent residential mobility and changes in residential status within the first five years in the host country are a strong indicator of depression among Somali refugees.

Adams and Assefi (2002) and Jaranson et al. (2004) suggest that many Somali women and girls experienced interpersonal violence during the war. They became victims of violence and may have experienced torture and loss and such traumatic experiences cause PTSD. For others it is the trauma of losing loved ones. As Jaranson et al. (2004) indicate, many Somali women and girls may have suffered sexual trauma and may have experienced unwanted pregnancies. Many face divorce and separation from their husbands when rape results in pregnancy and the shame of having to live with this experience causes some to isolate themselves from the community from which they had always drawn support. Such traumatising experiences cause anxiety disorders, depression and personality disorders. According to Rodgers et al. (2003), women in such a condition usually experience a higher incidence of somatic complaints, such as gastrointestinal complaints and chronic pain. Therefore, in their country of settlement, Somali women and girls who have had such experiences may need specialist healthcare treatment.

Besides physical and mental issues, other research about Somali refugee women's health needs shows that there is a lack of understanding on the part of the women of the UK's health system and the behaviour of health professionals. Most of these women have difficulty negotiating with receptionists, who are the frontline personnel in their healthcare treatment. Their cultural perception of how treatment should be administered is another indicator of the problems that occur when providing healthcare treatment for this group of people. Since attitudes towards healthcare are different in Somalia than in the UK, most Somalis do not translate easily into the UK context (Maffia, 2009). This is mainly due to the fact that there is no primary care system in Somalia, and as a result Somalis would rather treat common diseases through the application of herbal and traditional sources and only attend hospital with major illnesses (BBC News, 2009a). In the UK, Somalis will go to their GPs with the assumption that they are aware of the symptoms of their illnesses and expect their GPs to give them treatment accordingly (ibid). In most cases they will turn up at service centres without prior appointment, but will expect to receive services promptly

(Upvall, 2009). They also rely on accident and emergency departments and expect a quick fix. Among Somalis, the expectation of ‘good’ treatment includes being given medication (Maffia, 2009). Therefore, if they go to their GPs and are not given medication, they become disappointed and conclude that the doctors do not understand their health needs, and treat them as second-class citizens.

Among Somali women, family planning is not considered relevant (Tahir, 2012) and the use of contraception is about 1% (Worldmark Encyclopedia of Nations, 2007). There are underlying reasons for this. Firstly, Somali women are culturally encouraged to have many children and their status is enhanced by the number of children they have (Lewis, 1995; Lewis et al., 1996). Secondly, unlike in the developed world, most developing countries do not have pension schemes or welfare services so they tend to use their children as ‘insurance’ and a ‘social welfare’ system that will support and care for their parents through to their old age (SLP Message Board, 2002). Also, due to the high infant and child mortality rate, Somali women prefer to have more children. The above issues may have a conflicting effect on the expectations they bring to bear on the UK’s health system. In Somalia, women have strong cultural sexual modesty and sexual taboos (Johnsdotter and Essén, 2004), and they are often kept uninformed about sex education. Therefore such women may feel embarrassed and shy when discussions about such issues arise. They may actively avoid these topics. This discomfort may present difficulties when health professionals have to discuss issues pertaining to contraception and reproduction.

Access is the first step in offering these women healthcare services that allow them to present their various health needs. However, little or no research has examined refugees’ access to healthcare services and people are not particularly concerned about the fact that in order to deal with these health issues one needs, in the first place, to have access. With my research question: ‘What is Somali women’s experience of access to health services?’ I aim to explore this issue.

### **Housing Needs Among Somalis and the Effect of Dispersal Policies**

Generally, immigrant families face difficulties in trying to adjust to a new environment, especially where the understanding of the concept of family contrasts with what they are used to. The family life of Somalis is embedded in a culture and religion which places a strong emphasis on the extended family that children are expected to emulate (Lewis,

1995; Lewis et al., 1996). Obviously, this contrasts with the UK family structure, which has a nuclear family structure. Somali refugee family members face challenges in maintaining strong family ties (Heitritter, 1999).

In Somalia, family and clan define the social structure and, as discussed in Chapter 1, membership in a clan is determined by patriarchal lineage and marriage into the clan (Lewis, 1996). A man who marries four wives under Islamic law also allows all the women and their children to live together in the same household and in most cases with the extended family (Lewis et al., 1996). For those living in rural areas, living together enables the whole family to take care of the farm and the cattle. A man with multiples wives who lives in an urban area and can afford it provides separate homes for his different families (Lewis, 1995; Lewis et al., 1996). The extended family unit is an important cultural domain where the everyday lives of Somalis are centred. This family consists of children, grandparents, uncles, aunts and sometimes other family members who live in the same household. Somalis thus have a large family size. They are by nature hospitable, especially to outsiders who are in need, and they welcome friends, the people they help to settle with them, thus enlarging their extended household.

In the UK, Somalis' large family structure poses serious problems for them (Cole and Robinson, 2003; Khan and Jones, 2004; Rutter, 2004a). A BBC News report (2009b) shows that UK houses are the smallest in Europe, originally built to accommodate only the four people who constitute the average size of a nuclear family (Gernsheim and Gernsheim, 1995; SIRC, 2008; Stroud, 2012). Large Somali families thus, become problematic. Accordingly, and as research by Khan and Jones (2004) shows, they tend to live in overcrowded households where five or six children share two bedrooms with their parents. Such overcrowding has a negative impact on their health, especially if there is an outbreak of disease. Cole and Robinson (2003) suggest that overcrowded conditions may not only cause physical problems, they can also create mental and emotional stress. This is particularly the case because most of these houses tend to be in poor condition with damp and condensation problems and inadequate heating systems. Research by Rutter (2004a) suggests that teeming households affect children's educational achievement as they may find it hard to do their homework due to the noise and/or lack of space.

Khan and Jones (2004) indicate that the Somali population is clustered in inner-city neighbourhoods. These residential areas are characterised by acute unemployment, destitution, crime, inadequate quality of services and restricted local amenities (Cole and

Robinson, 2003). In spite of these problems, Somali participants expressed a commitment to living in these neighbourhoods. Factors underpinning Somali refugees' use of housing facilities include the benefits of staying near members of the same community. This provides safety and security and it helps them to receive support and advice from friends and family. They are also able to negotiate access to the local Somali community through social networks, and to benefit from other social resources, including shops run by Somalis (Cole and Robinson, 2003).

A major constraint for Somali refugees' choice of accommodation is the Home Office's regulations pertaining to settlement (Griffiths et al., 2006; Hynes, 2006). The Immigration and Asylum Act 1999 expects asylum seekers and refugees to be dispersed away from London, the south-east and other urban areas to ease pressure on housing, especially in places where there is a shortage of accommodation (Home Office, 2002). Zetter and Martyn (2005) argue that the dispersal of minority groups creates fragmentation of refugee/asylum seeker communities and their well-established networks, community organisations, family members and friends. Similarly, research by Schönwälder (1999), the Refugee Council (1999) and the Institute for Race Relations (Bloch, 2001) indicates that Somali refugees who reside in countries where dispersal policies operate (Germany, the Netherlands, the UK, Denmark, Norway, etc.) experience social isolation and violence because of their separation from social links. Since the principal aim of dispersal is to offer accommodation to refugees, no consideration is given to the cultural impact of this policy (Bloch, 2001). Effectively, refugees can find themselves in the midst of a predominantly white population where they lack access to community links, and where their cultural needs, including food and places of worship, are not catered for. Such conditions leave asylum seekers vulnerable to abuse and racist attacks. For newly-arrived asylum seekers, this is traumatic as lack of contact with existing social networks within their own community alienates them from the host country (Bloch, 2001).

Various pieces of research have documented the provision of housing facilities for Somali refugees and the difficulty they have in using these, particularly because of their large family size and their choice of residential settlement. I shall explore how they access housing. In Chapter 6, I investigate Somali refugees' perceptions of utilising housing to offer an understanding of how they negotiate their housing needs within the UK's situation and the effect this has on their everyday lives.

## **Managing Family Life and Using Public Services in the UK**

The situation created by the war in Somalia is currently shifting Somali women's dependency from men and this is affecting women in both Somalia and in the diaspora. In most homes women have become the breadwinners for their family and are also solely responsible for taking care of the children as the men have lost their traditional roles (Elmi, 1999; Khan and Jones, 2004). The consequences of war have left many Somali homes without men, who have either been killed or gone missing during the war. Furthermore, men who are high consumers of and addicted to khat tend to be depressed and are psychologically dependent and generally unproductive (*IRIN News*, 2005; Odenwald, 2007). It is this that forces most women to become heads of their households and to provide economic support for their families (Goldstein, 2001). Whilst the majority of women refugees may choose domesticity over work and prioritise familiar obligation (Franz, 2003), there are a few educated women who struggle to combine care and work. But like all working mothers this often means that they are not able to work long hours and this affects the family income.

A report issued by the United Nations High Commission for Refugees shows that about 80% of refugee women are responsible for taking care of themselves and their children (UNHCR, 1995: 6). In addition, in their new environment, the women have the responsibility to ensure that both they and their children have access to the language used by their host country in order to understand its cultural and social expectations. They also become burdened with addressing issues involved in educating themselves and their children in order to gain access to the material world of their host community and for daily survival (De Voe, 2002). They seek employment and find strategic means of balancing their lives with the expectations of their host country although, as indicated by De Voe, this is not always easy, especially for some women and girls whose clothes make them noticeable and render them vulnerable to hostility.

In a (western) world where notions of equality and women's rights are prevalent, maintaining traditional roles, especially after one has been exposed to education, training and employment, can be challenging (Crosby, 2006). Though some research already exists about settled Somali refugee women and their changing gender roles (Heitritter, 1999; Krahn et al., 2000; De Voe, 2002; Crosby, 2006), there is still the need for more research in this area in order to understand Somali refugee women's struggles and successes in the UK in this area. This is important because research by UNICEF in 2004 (*IRIN News*, 2005)

indicates that the current changing roles of Somali women do not reflect an improvement in their status and that the women still remain at the bottom of the social hierarchy and face continuous abuse (*IRIN News*, 2005). Discovering the impact of the UK socio-cultural and political economy on the lives of these women is thus important. My research aims to explore how changes in gender roles affect Somali refugees' family dynamics in the UK; how this may impact on their ability to enter the job market and how it affects their day-to-day lives.

Research about Somali refugees' use of public services is very limited, as the discussion above has illustrated. Existing literature on the service needs and service use of Somali refugees is mainly focused on guidelines and good practice for healthcare practitioners and/or service providers and most of it emphasises health, housing and education rather than focusing on social services generally (Lewis, 1995; Lewis et al., 1996; Waxman, 1998; Whittaker et al., 2005; Morland, 2004; Warfa et al., 2006; Upvall, 2009). However, it is worth mentioning that, as a community, most Somalis are not familiar with public services.

After independence and post-independence, social services, including health services and other social amenities, were privatised (Bekalo et al., 2003), rendering them unaffordable to all but a few Somalis. In Somalia people tend to rely on support from family and friends, but in the UK and elsewhere in the west, people rely on state support and life tends to be individualistic. As a result and as demonstrated by Elmi (1999) the majority of Somalis will ignore, under-utilise or simply refuse to seek help from certain services. Upvall (2009) gives two perspectives on this: firstly, that such services are not available in Somalia, and secondly, that Somalis might not know where and how to get them.

Receiving and making use of social resources may thus be unfamiliar to the majority of these refugees. The use of public information, for example, is fairly new to most Somalis, who only started using official information in the 1950s (UNESCO, 1974). UNESCO's report suggests that, prior to Somalia's disintegration, international donor agencies facilitated in developing an information infrastructure in the country, including the development of libraries to equip its educational institutions. In spite of the effort and resources invested in the project, the Somali government could not provide information that was appropriate or adequate to meet the information needs of different groups within Somali society. Somali culture relies heavily on oral traditions (Olden, 1999 and 2008). The Somali language and literature were not written down until 1979 (Olden, 1999).

Before this time, arts, poetry, proverbs, words of wisdom and narratives were all orally presented (Afrax, 2000). Accessing and utilising information would by definition be difficult for the majority of Somalis, who might not be accustomed to using information services, especially information that involves traditional paper and written manuals. The western style of information which involves literacy skills can be particularly difficult for Bantus, the nomadic older generations and the non-literate urban dwellers who have never had any access to formal education.

This chapter was intended to review the existing literature about Somali refugee women's access to public services in the UK. The discussion above suggests that, whilst existing literature focuses on the general Somali population in the UK and their participation in public services, there is no research that examines Somali refugee women's participation in, or access to, UK public services separately. People cannot engage with services without having appropriate access. My research therefore provides an intervention in this area, as it seeks to explore Somali refugee women's perceptions of accessing services in the UK. I focus on the women's narrated experiences to draw attention to some of the embedded gender inequalities in the provision of services in the UK.

In the next chapter, I explore the methodological issues underpinning my research. I discuss this in the context of feminist methodology to highlight how qualitative interviewing suited this research and enabled access to the research field. This chapter discusses sampling and the composition of interviewee groups, including issues in my use of translators. I examine how power relations provide a learning context for both the interviewer and the interviewees to glean an understanding of the research field.

### **Chapter 3: Methodological Approach and Conceptual Paradigms**

This chapter describes the main research methodologies of my empirical work on how Somali refugee women access available services in the UK. In this chapter, I shall discuss my perspectives and my reasons for choosing certain methods. I outline feminist debates about epistemology and the ethics of research and how I addressed the ethical issues in my research. I shall discuss my sample choice, recruitment and composition, the interview approach and data analysis. I proceed by explaining my experience of pursuing research cross-culturally. This includes the strategies I adopted in order to gain access to the research setting and how this impacted on my understanding of my research participants. I shall consider my participation in the research process and how my presence affected the research. I shall also describe how transcribing the data offered me an opportunity to reflect on my experience of conducting my research. For the reasons indicated below I had to change the way in which I recruited interviewees during the course of my research. This had a profound impact on the interview process and eventual data, as I shall discuss. Finally, I reflect on how the methods used the procedure and the techniques for collecting the data impacted on my own understanding of the research field and the participants.

#### **My Research Perspective and Position as a Feminist Researcher**

My research analyses gender inequalities through the lived experiences of Somali refugee women in Britain. This prompted me to situate my research within a feminist methodological tradition which prioritises women's realities (Ling and Man, 2001; Franks, 2002; Ramazanoglu and Holland, 2002; Letherby, 2003), and seeks to deconstruct dominant discourses about women's experiences (Anderson, 2009). In particular, the conventions of this methodology have widely been seen as enabling the silenced to speak (Cottle, 1978; Fontena, 2008). It also allows women to tell their stories through a mutual building of rapport with researchers, although Finch (1983) argues that this can potentially cause over-exploitation of interviewees. As I shall show, although the women I interviewed told their stories, I had no direct access to what they said, and what they described is therefore multiply mediated. Nonetheless, it offers some insights into their views and experiences.

A feminist epistemological approach is distinctive in its claim of situating knowledge from the perspective of gender (Doucet and Mauthner, 2005) and it rests on a consensus to frame issues around social injustices from a gendered viewpoint (Sprague, 2005). Feminist methodology prioritises an awareness of gender inequalities in fieldwork through a reflexive approach that facilitates researchers in addressing power imbalances (Collins, 1999). This approach advocates that a researcher declares her standpoint which is crucial in enabling researchers to be accountable and to present their findings with their audience in mind, knowing that their audience depends on their interpretations to make meaning out of participants' experiences (Reay, 1996: 443; Gilgun, 2010). This is what I seek to do in this research.

The literature review indicated that in the UK there has been relatively little research examining how gender and ethnicity affect the ways in which services offered to Somali refugees are perceived and utilised, in spite of the intensive documentation that examines how public services are distributed (Hunter, 2005; Wise and Fuertes, 2006; Alford, 2007; Bovaired, 2007; Horne and Shirley, 2009; Boyne and Hood, 2010; Mauger, et al., 2010). Although there have been a number of important studies that document Somali refugee women's lives (Polese, 2001; *IRIN Humanitarian News and Analysis*, 2004; Badawi, 2010), such research has tended to focus on analysing their experiences in the aftermath of war trauma. Little research has been dedicated to the area of service provision. Such a gap in the literature may potentially affect the way in which theories about service utilisation in the UK are conceptualised. This may lead to objectifying perspectives in this area, thereby silencing the voices of women. As a feminist researcher, my aim was to focus on the women's reported experiences.

I classify my research as cross-cultural for two distinct reasons. I am an educated, urban, middle-class woman interviewing women who were mostly uneducated. Although we were from the same ethnic background, my perspective is influenced by western feminist ideologies because of my exposure to western education. This is different from the experiences of the few educated women in my sample, who were also urbanised, but the majority came from the rural parts of Somalia. The differences in our perspectives, including my lack of understanding of the cultural indices of Somalis, came to bear on the research. I needed to learn to understand the cultural specificities of my participants in order to forge a relationship that enabled me to access their world view. Secondly, and most important of all, I am not a Somali and therefore not familiar with the Somali

language and, although I used interpreters, their linguistic competence was hard to establish, so that my data was refracted through what they said. I discuss this later below.

### **Methods, Sampling Choice and Composition**

I conducted my fieldwork over a period of eight weeks – between May and July 2010. The interviews were carried out in four different locations: one in the home of the participant, one in a day-care centre, two in a public park and the rest in a community centre. The interview carried out at the participant's residence lasted more than two hours, while those in the public park, the community centre and the day-care centre lasted between one to two hours. I found that carrying out interviews in these different locations had diverse effects on how the interviews were conducted and the participants' responses to the questions. I discuss this later in this chapter.

One central question guided this research: What experiences do Somali refugee women have in utilising the services available to them in the UK? Investigating this question prompted my use of qualitative research interviews because, unlike survey methods, this approach offers opportunities for me to hear the participants' own perceptions in an extended way. Most literature on interviews (Reinharz, 1992; Kvale, 1996) assumes that the interviewer has a straightforward, linguistically unproblematic relation to the people she interviews, by having access to participants' views in their 'own words rather than in the words of the researcher' (Reinharz, 1992: 19). However, in my case not only did I have interviewees who did not speak English and for whom I had to use translators, but also for eight interviews I was not allowed to tape-record the data. Therefore, as will be discussed later, all I had was a summary of what was said to me. This means that much of the material, if not all, was extensively filtered. This makes the existing claims that interviews enable a researcher to hear interviewees' stories in their own words problematic and, in the context of my research, irrelevant. Nevertheless, though these stories were mediated to me, this constitutes a starting point for trying to engage this under-researched group and suggests avenues for further work that one might do. The research involved a group of people who are marginal in the UK. Qualitative interviews have become widely used in studies involving women's lives and are particularly useful for investigating the lives of social groups whose voices are not usually heard (Letherby, 2003) and 'whose discourses have not, until recently been perceived as legitimate' (Chantfrault-Duchet, 1991: 77).

Early feminist researchers writing about qualitative interviews present a picture that portrays the researcher as powerful and the researched as powerless within the research field, and the researcher is meant to equalise this power (Cotterill, 2002). The problem with this view is that experiences in the field do not always follow this feminist methodological assumption. In my experience as a researcher, I noticed fluid encounters of power balances that shifted between the participants and me during the interview. There were times when both my respondents and I equally experienced a sense of vulnerability. During the fieldwork, I felt very powerless, particularly because the people I went to gather information from were not very keen to help me as will be discussed below. There were other times when my interviewees became powerless. For my part, my subjective experience was as important as the information I went to gather as it helped me to be creative in my approach to engaging with these women and I was able to develop interpersonal relationships with them in a way that proved very educational.

My decision to conduct semi-structured interviews was strongly influenced by the specific demographic background of my research participants. 18 out of the 26 women I interviewed were illiterate or semi-illiterate (see Tables 1 and 2 for demographic information and summary of education). With such a high proportion of women who could not read or write, I could not conduct a written survey like a questionnaire (Walonick, 1993). Interviewing became a better option because it helped me to solicit the views of these women through the two-way conversational dimension involved, which enabled the set of themes and topics emerging in the process of the conversation to be explored in depth (Mason, 2009). Similarly, the time span of my PhD did not allow for extended research. Participant observation, for example, demands that a researcher engages with the research field to observe the life and cultural experiences of her participants for a period of time (Mason, 2009). But this was not within the scope of this research. As a result, the in-depth interview approach seemed the most viable method for accessing the understanding of the women concerned (Fontana, 2008).

In the introduction, I have already discussed how my contact with Somali refugees prompted my research interest. In this chapter, I explain my choice of the specific individuals I interviewed for this research topic. As a teacher in an inner London school, I encountered a large number of refugee children and as a means of helping these children the school organised a family literacy and numeracy class. I happened to be among those recruiting parents, and knowing that many of the children in my class were Somali

refugees, I spoke to their parents to try to encourage them to attend the classes. From these discussions, I realised that parents felt that these classes would have an enormous impact on their children's education. The only thing they were not sure of was whether the school was going to design strategies to incorporate the knowledge the children would acquire from their out-of-class situation into the classroom scenario to help enhance children's learning and to make up for the time they would miss by being out of the classroom. It was apparent that anything that took these children away from the classroom was a concern to the parents. This made me think that the parents might welcome research that dealt with their ability to access and use public services. My prediction proved right, because almost all the Somali parents I spoke to agreed to participate in research that would address the service-related problems they encountered every day.

A year later, I went back to do the research. I went to the research setting with the assumption that the parents I had met had already agreed to participate in the research. Since I had known some of them personally as parents of pupils I taught, and I had supported some of them in diverse ways, I thought that it would be easy to connect with them. But as it turned out, I was wrong. These parents completely rejected me. I thought I knew the women, but I did not consider that their cultural perceptiveness might create a problem. This highlights the fact that knowing people does not necessarily imply access into their world. I knew how the women functioned in the context of the school environment, but when it came to the interview setting, where I was no longer perceived as a teacher but as a researcher, the relational dynamics were different. I realised that I had misunderstood them because as a community of people Somalis are very close. To be able to access that community required a different approach which I shall detail later.

In the end I interviewed 26 Somali refugee women, many of whom had lived in the UK from the 1990s, and had experiences of using public services over a period of at least 10 years (see Table 1 below).

Table 1: Participants' Demographic Information

| Names        | Age at the time of interview | Year of entry to the UK | Immigration status  | Education                     | Employment            | Marital status | No of children |
|--------------|------------------------------|-------------------------|---------------------|-------------------------------|-----------------------|----------------|----------------|
| Musa         | 35-45                        | 1990                    | BC                  | None                          | None                  | Married        | 4              |
| Liana●       | 40-50                        | 1991                    | BC                  | ESOL                          | None                  | Married        | 4              |
| Mosna*       | 45-50                        | 1991                    | BC                  | ESOL                          | None                  | Married        | 9              |
| Azus*        | 40-50                        | 1992                    | BC <sup>2</sup>     | ESOL/College course in Qur'an | Key worker            | Married        | 9              |
| Helima*      | 40-50                        | 1992                    | BC                  | Starting ESOL                 | None                  | Married        | 6              |
| Neena*       | 35-45                        | 1992                    | BC                  | None                          | None                  | Married        | 3              |
| Dumna*       | 30-40                        | 1992                    | BC                  | Starting ESOL                 | None                  | Single mother  | 6              |
| Hadma Moham* | 30-40                        | 1992                    | BC                  | Health and social care, UK    | Key worker            | Married        | 7              |
| Shahma ●     | 40-50                        | 1993                    | BC                  | Intermediary/ESOL             | Key worker Haringey   | Married        | 3              |
| Kandi*       | 30-40                        | 1993                    | BC                  | ESOL                          | Cleaner               | Married        | 6              |
| Evansa●      | 35-40                        | 1994                    | BC                  | UK undergraduate              | Family support worker | Married        | 3              |
| Haruanna*    | 25 -35                       | 1994                    | BC                  | Business Studies, UK college  | None                  | Single parent  | 2              |
| Ebas*        | 40-50                        | 1995                    | L to R              | None                          | None                  | Married        | 7              |
| Masla*       | 35-45                        | 1995                    | BC                  | None                          | Cleaner               | Married        | 7              |
| Maryous*     | 45-55                        | 2000                    | BC                  | None                          | None                  | Married        | 6              |
| Bonte*       | 55-65                        | 2001                    | Ref St              | None                          | None                  | Married        | 4              |
| Hawa *       | 30-40                        | 2001                    | Ref St              | None                          | None                  | Married        | 6              |
| Hada*        | 25-35                        | 2001                    | L to R              | None                          | None                  | Married        | None           |
| Shumi *      | 20-30                        | 2001                    | L to R              | None                          | None                  | Single parent  | 5              |
| Hasma*       | 30-40                        | 2005                    | L to R              | None                          | None                  | Married        | 5              |
| Fatura●      | 25-35                        | 2005                    | EC <sup>4</sup>     | Secondary school in Finland   | None                  | Married        | 6              |
| Flavia*      | 30-40                        | 2006                    | EC                  | Starting ESOL                 | Cleaner               | Single mother  | 2              |
| Marian*      | 35-45                        | 2006                    | L to RBC            | intermediary                  | None                  | Single         | None           |
| Adiye *      | 40-50                        | 2008                    | FYR                 | Starting ESOL                 | None                  | Married        | 1              |
| Belinda●     | 35-45                        | 2008                    | L to R <sup>3</sup> | None                          | None                  | Married        | 4              |
| Nimo *       | 30-40                        | 2009                    | EC /the Netherlands | None                          | None                  | Married        | 5              |

Note: Age: The majority of my participants were reluctant to tell me their age because this was considered inappropriate in their culture, so I used an age ranking method to categorise their age, something they were happy with.

Status: Ref St = Refugee Status; BC=British citizenship; L to R =Leave to Remain; FYR= Five years to Remain; EC=European citizenship Recruited at: \* = Community centre ●= other.

Source: Interviewees' Demographic Information (2010).

The information in Table 1 is useful for developing an understanding about the correlation between the interviewees' age in the year of entry, their family situation and their access to education and employment. This information is particularly useful because, although the

women came to this country during different periods, their experience of education and employment shows no significant differences. Glancing through the information in Table 1 above, one notices that many women who came in the 1990s did not gain any education or employment in the UK and this same pattern was repeated with those who came in the 2000s. These issues are discussed fully in Chapter 5. The demographic information was also essential in understanding the importance of translation facilities in this research, without which I could not have had access to the views of the women.

I used purposive sampling (Bryman, 2004: 333; Trochim, 2006), which draws on a range of non-random sampling techniques. This is a research sample that is chosen with a purpose in mind and with predefined groups that researchers are interested in studying and they select to meet their criteria (Trochim, 2006). This was a suitable technique because my plan was to use demographic criteria to select interviewees whose backgrounds would enable an understanding of the phenomenon in question. For instance, I was looking for Somali women who had come to the UK at different times, who had different immigration statuses, were of varied ages and whose economic living conditions also differed.

I conducted interviews with 26 participants; out of these I interviewed 12 women only once. Eight of the remaining 14 participants were interviewed three times. I interviewed four participants twice and the remaining two women I interviewed four times. In total I conducted 50 interviews. The large number of interviews was due to the fact that, for some participants, I needed to break the interview into two or more sessions, which I conducted at different times, to enable flexibility in their time schedule. This has been emphasised by Meleis (1996) and Yancey et al. (2006), who suggest that in cross-cultural research among ethnic minorities, especially in research involving participants of African descent, consideration must be given to flexible scheduling of contact times (their cultural orientation about time-keeping contrasts with that of other cultures). Therefore, research dealing with participants from this cultural background needs to be flexible to enable time adjustments to be made (Meleis, 1996). Knowledge about this was particularly important for this research because my participants were all women from the Horn of Africa who fall within this category. There were moments in the research when I had to reschedule interviews at very short notice from the participants. Some did not turn up for interviews as scheduled and gave no reasons, while others came late. The following paragraphs represent a reflective overview of the methodological process that underpinned the enquiry.

## **Developing Questions, Dealing with Ethical Issues, Recruiting and Interviewing the Participants**

I decided to focus my interviews on four key areas of inquiry where access to services is crucial: immigration, education and employment, housing and welfare benefits and health. I developed the research questions into an interview guide (see Appendix A), which would give the interviews their focus (Mason, 2009: 12). This served as a prompt to the main issues and questions for my research. Although I had an initial draft of questions, I noticed that I could not easily refer to them while conducting the interviews. This was because I was aware that my participants might be overwhelmed and discouraged if they saw the large number of questions I had prepared and also I needed something that I could refer to at a glance, an overview of the areas I needed to cover in the interviews. Therefore a set of index cards proved useful. From the interview guide I developed a specific topic and issue guide – a theme guide (see Appendix B). This helped my focus and I was able to develop every theme into bite sizes. In situations where the discussion diverted to unrelated issues, the topic list helped me to ask appropriate questions that brought participants back on track. I was able to prompt them to talk about issues that had a direct bearing on the research. For instance, one participant, Hadma-Moham (a woman I interviewed without mediation, who was also one of my translators) recounted how her experience of using a translator at the housing services offered her the opportunity to meet a Somali translator who later became a family friend and provided useful services that facilitated their lives in the UK. Hadma-Moham said that the translator would come to their house to educate her family about things they needed to know about the UK. Sometimes he would accompany them to places where they needed translators – including shopping, visiting places of interest etc. Hadma-Moham was of the view that the services of translators go beyond just translating and, for those who speak little or no English, having translators helps to avoid most of the frustrations they go through when accessing public services. This is because their inability to express themselves may result in them conveying or receiving the wrong information and this may discredit their stories.

The narrated experience of the women confirmed Hadma-Moham's story that their involvement with the translators yielded both positive and negative results. On the one hand the translators offered useful information about the UK and supported the newly arrived asylum seekers in their use of services, but on the other hand their overly familiar presence became a problem to some of the women. For instance, Hadma-Moham told me

some of the things she did for this translator, which included cooking for him each time he came to visit them in their house. She seemed to imply that after a while the interpreter had become too familiar, his presence became too much to bear and she felt uncomfortable about it, particularly when she complained that this man would come to their house without prior notice and would chat for hours with her husband, and would prevent him from sleeping, thus affecting his (her husband's) ability to get up early the next morning to go to work. At this stage, I realised that I had to redirect the focus of the interview. It was important to know the role that translators play in the lives of these women, and how their services extended to making the women's lives easier in the UK. But the extended narrating of such issues was too digressive. In order to bring Hadma-Moham back to our topic, I commented on the positive role this translator had played in facilitating her stay in the UK, but I also wanted to know how he facilitated her use of health services. With this intervention, I was able to move the interview forward and in the right direction. This and other such incidents made the interview guide handy as it became a useful tool that helped to backtrack and redirect issues.

Before the fieldwork, and before I made any attempt to recruit participants for the empirical study, I sought ethical clearance from the Centre for Women Studies' Ethics Committee. In Chapter One, mention has already been made of the historical background of Somali women. Research on Somali women indicates that the majority of them are uneducated and this was the case in my research. As a result, my research raised ethical concerns and challenges in terms of sampling. I was committed to social research ethical practices. This was particularly necessary because participants who are illiterate and semi-literate are classified as a vulnerable group (Morrow and Richards, 1996). Researching such a group of women demanded that I maintain and safeguard the anonymity and interests of my participants (Statement of Ethical Practice for the British Sociological Association 2006), and handled their identity, data and final analysis with respect and care (Bryman, 2004: 39; Farber, 2006). As a result, I sought informed consent from them. I did this by talking to them before the interview through intermediaries so that they could make informed choices as to whether or not they wanted to participate (Miller and Bell, 2002; Broom, 2006). As I shall discuss below, this process was difficult.

I used snowballing to recruit participants. The use of this approach meant that I recruited people who were recommended to me by others. Some of the women were unknown to me, and I met them in different locations. Meeting people under such circumstances raises

safety issues for me as the researcher. As a result, before I went to the research field, I informed a friend who also had my contact number. Each time I was in the research field, and two weeks into the community centre interviews (recounted below), my friend would call at least twice a day just to see where I was and how I was doing. This offered some security and I was motivated by the fact that someone was taking an interest in what I was doing.

My participants were recruited in two phases, firstly through snowballing and then via a non-randomised approach to a community group. I considered recruiting participants through snowballing because of its social networking dimension and its interpersonal approach, which tends to facilitate recruitment in an informal way (Atkinson and Flint, 2001). I was aware that this methodological approach might exclude or include certain individuals (Browne, 2005), and data produced by such a sub-group may generate identical accounts (Faugier and Sargeant, 1997; McDermott, 2002). Snowball sampling can be particularly suitable when trying to access hard-to-reach populations (Trochim, 2006). Accessing one or two people who know their vicinity and know how the group dynamics operate, can make recruitment more effective. The relevance of this approach for my research was that I had an initial person who was supposed to become the gateway to recruiting further participants.

However, this approach did not prove effective. This is because the women who had initially agreed for me to do the interviews in their individual homes did not want me to come to their homes when I finally tried to arrange this. They wanted Liama (my contact participant) to come with me, or for them to come to her house (check to see how this fit or bring the cut back). But that arrangement did not suit Liama, I discuss this later in this chapter. Liama was one of the parents who had agreed to participate in my research a year before. She also promised to contact other parents and to find me 11 further Somali women as a starting point, who would then refer me to others. My second meeting with Liama was on 17/05/10 in Ramsey Acum Primary School's playground. I had a discussion with her about the purpose of the interviews, the form they would take and how long it might be. She needed this information so that she could explain it to the women she was recruiting. On this day, Liama and I scheduled the first interviews for Wednesday, 19/05/10 at 9:00am.

I got to our meeting point on time, on the morning of 19/05/10. Liama and I had arranged to meet the other women at the school gate after they had dropped off their children.

However, whilst I was talking to a parent who later became a participant, Liama passed by, unaware that I had been waiting for her, but also forgetting about our meeting arrangement. She went to see the head teacher and explained to him that she had an interview arranged with me. I know Liama did this because she had known me in the school as a teacher. She did not know that my research had nothing to do with the school. Two hours later, I received a phone call from the head teacher of Ramsey Acum Primary School requiring me to contact him urgently. The head called me to a meeting because he was concerned that I had not informed him about my intention of using parents from the school for my research. I explained that my first contact person happened to be a parent I knew at the school, but my research had nothing to do with the school, nor with the parents at Ramsey Acum Primary School. This made me aware of the way in which institutions control their sites. If I had used an institution I would have had to go through certain procedures before I could recruit participants.

The first interview with four women was conducted in a public park, with all four parents showing up together. Although I negotiated with them to conduct the interviews in a less distracting place – in a friend’s house – they were unwilling to go there and insisted on the park. It was mid-morning so it was fairly quiet. My intention was to interview each of the women on their own, but they insisted that the interviews, though conducted individually, be in the presence of all four women. I realised that they felt a lack of confidence about being alone with me. My experience since has been that Somalis are a people who like to be in each other’s company and they derive confidence and support from that. I assume this is why they wanted to be interviewed as they did. This kind of congregating is not unusual. For instance, research findings by Mohanraj in rural Madhya Pradesh, India, (2010: 81) illustrate that when she tried to interview people individually, groups of neighbours congregated. One other reason for the women’s unwillingness to be interviewed separately was that this was a research format they had not been exposed to before. I learnt this from my first contact person, who informed me that they had had a few group interviews before with researchers, and that they had been given payment. This may also explain why, in the end, many women did not want to do the interviews once they realised that I was not going to pay them.

Before starting the interviews, I sought consent from the participants and explained the research verbally. I also explained how the research materials would be handled and stored. From their responses, I assumed that they understood the research and that they also

agreed to participate. Due to time constraints, I could not interview all four women as anticipated, and they insisted that I do further interviews in their homes, at Liama's house, or in a place where they could all be.

The participants were particularly uneasy when I informed them that I was taping the interviews for the sake of accuracy and they asked about the storage of my data and who else might listen to the tapes. Similarly, confidentiality in transcribing and anonymity in the written narration were some of the concerns they expressed in regard to recording their narrated stories. It was quite a surprise to me when the women raised these concerns, given their level of illiteracy, until Liama informed me that they had been involved in similar interviews before. After the first interview, it became clear that the other women could not wait to be interviewed individually because of a prolonged delay in the interview. The reasons for this setback were twofold: Liama had promised to find me women who could speak to me without a translator, but unknown to me the first participants could not speak English so one of the other participants (Fatura) agreed to translate and that prolonged the interview. The second reason was that the women would occasionally speak in their own language among themselves, causing a lot of delay. It was obvious that we would not finish all four interviews on that day as all the women expressed the desire to go home early to prepare food before their children came home from school. After the first interview, Fatura stayed to be interviewed for only 20 minutes because she had left her sleeping daughter at home. She agreed for the next session of the interview to be arranged on the phone. The other two women decided to make an arrangement for their interviews to be done on the 24/05/10, but only if the contact person would physically be present at an agreed interview setting. At first, Liama agreed to this arrangement, but she later turned it down, saying that it was not convenient for her to be always there for these interviews. She mentioned this to me when I met her at her house for our scheduled interview. She expressed concern that these arrangements did not suit her. She had tried to persuade the women to allow me to come to their homes for the interviews, but they had refused.

Since Liama could not be physically present, the two other women did not participate in the interviews and that also discouraged Liama from proceeding further in getting me other people as she had originally agreed. I was very dejected by the women's unwillingness and thought that the interviews might not progress, so I came out of Liama's house feeling very disappointed and also disturbed. In my confused state I headed towards a friend's house nearby, but she was not there. Whilst waiting for her, I took advantage of the opportunity

to approach people in the street as a means of trying to recruit my own participants, but that method proved to be seriously flawed, because none of the women I approached would stop to engage with me. My experiences with the passer-by women and the first set of interviewees showed that if I had to rely on snowballing it could create problems for me. I needed a place where the participants congregated, because my experience with Liama and the others had shown me that the women preferred to be together in groups. This is what precipitated my second phase of recruitment, which happened in a community centre in the north east of London; the paragraphs below explain how I found out about this centre.

When the friend I had been waiting for came home, I told her about my dilemma and she took me to a Somali internet café where I met and spoke to a Somali man (Ali) about my project. Ali assured me that he could introduce me to a community group that met in one of his rooms, when they arrived at 2:00 pm. It was 1:00 pm when I went there and I waited for another two hours, but nobody showed up that day. Ali then directed me to another community centre on the high street, where I went, and there I met Khadiac, the director of the women's centre. Khadiac was delighted about my project and was very willing to allow me to do interviews with the women who used the centre. She not only agreed to persuade the women to participate in the research, she also promised to support me with translation, since most of the women had little English. At this meeting, Khadiac and I agreed on a day to meet the women at the centre.

The majority of the women used the centre on Tuesdays and Thursdays for the special services that the centre ran on those two days. My first visit to the centre was therefore on a Thursday, but Khadiac (the director) could not let me start the interviews then because it was her staff training day. However, she promised I could meet the women at the centre the following Tuesday. Khadiac requested an introductory letter from my university and since Tuesday was almost a week away, I asked for an urgent letter from my supervising professor. She was away at the time, but she managed to post some letters, which I received the day after I was supposed to deliver them to Khadiac.

Tuesday 26/05/10 was my first meeting day with the women participants. I arrived at the centre at 9.30 am, but without a letter. Khadiac understood the urgency of my situation so she allowed me to proceed with the interviews with the promise that I would bring a letter of introduction as soon as I received it. She introduced me to the lead translator, Asuz, who was also a key female worker at the centre, and a university graduate in Somalia. In the

UK, Asuz had done ESOL and a course on the Qur'an. She was not very fluent in English and from the very start this became a concern in terms of the effectiveness of her translation. I had a 20-minute meeting with Asuz to discuss the aim of my project, why I was doing it, the long-term benefits and how I would handle the information that I would gather. I also briefed her on her role and what I was expecting from her. I told Asuz to interpret what I said to the participants, and to translate what they said to me; that if participants did not understand something, she should not try to explain it in her own way, but she should let me know so I could explain it in context because that would help me to restructure my questions and enable me to understand some of the emerging themes and issues to focus on. I encouraged Asuz to ask me questions and to raise any concerns. She also had meetings with the women in separate groups since they had different things to do at different times and she encouraged them to participate as and when their schedule permitted.

During the course of the research, I used three women translators. All three were key workers at the community centre, working with clients who used the centre. The second interpreter, Hadma-Moham, was a part-time paid staff member, but the third interpreter, Kandi, worked as a voluntary unpaid worker and was a member of the management committee. The reason why I recruited two more translators was that after conducting the first interview with my first translator/interpreter, I realised that she lacked understanding of certain basic words used in my questioning and I was therefore uncomfortable with the ethical issues that I perceived might emerge in this interview. For instance, I was concerned that she might not translate the research questions exactly. As a result of the above issues, I amended my research questions to make them simple to understand, and I also amended my sampling to include two more translators/interpreters who would relieve one another. So from the second week I was given two more interpreters who were meant to alternate with one another to suit their work schedule and to ensure that I always had someone to translate for me. However, this did not always work out and I had to negotiate with the translators on very inflexible and tight occasions to suit the interviewees' time schedules. For instance, on one occasion an interview was scheduled for 9.00am because that was the only time the interviewee could manage. My translator agreed to be there at 9.00am, but had requested to leave after half an hour. A second translator was scheduled to relieve her from 9.30am to 10.00am because the interviewee could only stay for one hour. Instead of 9.00am, the first translator arrived at 10.00am and the second translator did not show up at all. This and other such encounters made the use of translators quite stressful

because, in similar situations to the one described above, the participants who left and promised to return did not come back. For this particular participant, it was her willingness to participate in the interview that persuaded her to continue to wait; otherwise she too would have left.

The use of translators was important for this research; they were an essential tool in the data collection because without them I would not have been able to communicate with my participants, most of whom spoke little or no English. Out of the 26 women, 20 were illiterate or semi-illiterate. Some had had no education in Somalia and did not engage in education once they came to settle in the UK (see Table 2).

Table 2: Educational Background of Research Participants

| Type of education      | Education in Somalia | Education in the UK |
|------------------------|----------------------|---------------------|
| No Education           | 18                   | 12                  |
| Primary education      | 1                    | -                   |
| Primary drop out       | 1                    | -                   |
| Intermediate education | 1                    | -                   |
| Nursing/teaching       | 2                    | -                   |
| Secondary/college      | 1                    | 2                   |
| Secondary drop out     | -                    | -                   |
| University education   | 1                    | 1                   |
| University drop out    | 1                    | -                   |
| ESOL                   | -                    | 4                   |
| ESOL/Others            | -                    | 2                   |
| Starting ESOL          | -                    | 5                   |
| Total                  | 26                   | 26                  |

Source: Data from participants (2010).

As indicated in Table 2, 18 women had no education at all in Somalia. In the UK, 6 out of the 18 uneducated women managed to acquire some sort of education (this is discussed in detail in Chapter 4). Out of the remaining eight women, one had primary education in Somalia, one also started but dropped out before attaining year four. One was an intermediary graduate and two women had attended professional institutions and became a teacher and a nurse respectively. Only one participant attended higher education in Somalia. Two women attempted university education in Somalia, but one dropped out to have children. In the UK, she was one of the four people who pursued a college education. Out of the 26 women, only one had pursued a UK university degree. This meant that I could only interview most of the participants by relying heavily on translators. The literature that discusses the effect of translators points out how difficult it is to literally translate meaning from one language to another (Twinn, 1997; Edwards, 1998; Jentsch, 1998; Esposito, 2001; Adamson and Donovan, 2002; Temple, 2002, 2006) without losing

the cultural norms, specific terms and values of a language, and the taken-for-granted assumptions of meaning.

Translation in this sense becomes a source of threat to the accuracy of the research data. And since similar concepts may not exist across different cultures and languages, the loss of language value is significant (Temple, 2006). These points hold true for this research. I was not familiar with the values and norms of Somali culture. The translators interpreted what was said but I could not judge the quality of their translation very easily. Esposito (2001) recommends professional certified translators because they can produce more trustworthy data. However, no translator is able to produce a translation that fully reflects the multifaceted dimensions of meaning to enable a fuller understanding of what is being translated (Temple and Edwards, 2002; Hsin-Chun Tsai et al., 2004; Temple, 2006). Lopez et al. (2008: 1729) recommend a complex, rigorous approach like that based on Brislin's Seven-Step Translation Model because it gives some indication of accuracy. However, this requires several individual competent translators, graders and moderators working at different levels on the same piece of research to translate from the source language to the target language, whilst others translate from the target language to the source language, and still others translate from the 'original language to the target versions'. The idea is to determine differences and inconsistencies in translation. But this model also requires that the translated material be free from colloquialisms and idiomatic phrases (Lopez et al., 2008: 1729). This still points to the fact that no single translator can provide an accurate interpretation of a language without losing certain underlying norms and values. I was not in a position to adopt such a complex model of translation because it is time-consuming and resource-intensive. The three different translators used for this research were not certified professional translators. Thus, the issue of effective translation was something I battled with. As a result, sometimes I was prompted to ask the translators the same questions they asked the participants just to check their understanding of the question. I was also concerned that the interpreters might convey their own agenda. Below, I discuss the challenges I faced with the presence of translators in the research field and how this impacted on the data generation.

The presence of the translators/interpreters in the interviews generated three different interpersonal interactions (Greenhalgh et al., 2006) – participant–translator, participant–interviewer, interviewer–translator – which competed for priority in the restricted time and space, and in a way the interviewees were torn as to where to position their loyalty within

this. I did not expect that the presence of the interpreters would create a power struggle, but it did occur and came to bear on the available time and interview space. The insider identity that linked the translators and the interviewees rendered my presence 'invisible' in the social world of the interview. For instance, because my participants had more understanding in their own language than in English, seeing other Somalis around was a relief to them (Baldry et al., 2006). This situated them more closely to the translators because they spoke the same language and their connection objectified my presence in the interview field. As a result, it was essential that I became a functional part of this prevailing 'triangular' social relational setting and I had to do this through developing interpersonal relationships and trust. In my research, interpersonal relationships were crucial for achieving success. For my part, I had the dual responsibility of establishing relationships with both participants and translators. I achieved effective communication with the participants through empathy and respect and sensitivity to their issues.

During the interviews, especially those involving translators, I noticed that the interviewees did not have direct face-to-face contact with me and I was positioned completely outside of their visual field. Even in situations where I was effectively asking them the questions because some could understand English, but could not speak it, they completely avoided any eye contact with me and kept looking at the translator or elsewhere. On one level their body language made it clear to me that I was effectively not significant in their discussion. By the way in which they sat (particularly those I interviewed without mediation), they expressed how they read their relation to me. Culturally, it was a function of what was considered polite in their culture. But such positioning also meant that I missed out on most of the added meaning that non-verbal cues can bring to bear on a discussion. For those whose interviews involved translation, not being familiar with the Somali language, I could not understand what my participants were saying. Neither was there an opportunity to probe into the reasons for their bodily and facial expressions. To date, I am not sure whether the data I collected reflect a true picture of the lived experiences these women expressed in their stories. The implication for this research is that I lost a vital ingredient that could enhance a better understanding of my participants' stories. In cross-cultural research, non-verbal cues are important since they are usually understood more quickly than verbal messages, and they leave a lasting impression on their audiences (Bente et al., 2008). Hsing-Chun Tsai et al. (2004) argue that conducting one's analysis only through translated data can limit the depth of understanding of the cultural and social meaning derived from them. Since language conveys concepts

and is a tool used to ‘conceptualise values and beliefs’ (Edwards, 1998: 5), when it goes through the process of translation it loses the in-depth understanding of culturally specific aspects that add meaning to a narration.

One other concern was the prolonged interview period. All the translators expressed worry about the length of the interviews and they felt that they were put under pressure to rush in translating questions for participants, who normally complained that they were in a hurry. But I also noticed that the translators would have lengthy discussions with participants and then when they translated, it would be very brief. Although their shared background made it easier for the interviewees to understand the issues being discussed (Bhopal, 1995), I was concerned that an over-elaboration of the questions might distort the data (Hsin-Chun Tsai et al., 2004). The translators’ insider knowledge of the culture of interviewees and the fact that they were familiar with the women and had been with them at the centre might lead to them overlooking language concepts that in fact added meaning to the data. I was also aware that they might report findings that reflected their own perceptions rather than the narratives of the participants (Hsin-Chun Tsai et al., 2004). However, this is a normal practice when people interact in this way. I felt powerless, and kept reminding the translators to communicate any questions that participants asked, especially issues they raised that were outside the realm of the research. This was because I realised that such issues might add meaning to some of the emerging themes.

Sometimes I felt excluded and experienced a loss of authority in the interviews and so I needed a strategy to retain and balance the exercise of power. Sometimes interviewees were allocated two, and in most cases, three appointments, 20-30 minutes, to be continued at a time that suited both interpreters and participants. I worked out this plan and allocated time to the interviewees according to their schedules. I was also the one who planned the rotas for the translators and led discussions as to who was to be interviewed next. The translators always came to me if there was going to be any change in their plans. All this made me feel that I was in control of the process to some extent. The interpreters articulated dissatisfaction with the way in which they tried to keep the interview to time, but the participants persisted in having unrelated conversations with them and with other users of the community centre who passed by. This caused prolonged delays to the interview sessions. It also brought to the fore the multiple social roles which the translator/interpreter occupied within the interview.

My engagement with the interpreter/translator and interviewees highlighted a triangular conversation, as discussed by Greenhalgh et al. (2006: 1170). As a researcher, I communicated my views to the participants through the translators, who were supposed to convey these views/questions to the participants, as though I was the one engaging with the participants directly. Although the interpreters received most of their instructions from me, I was aware that they also took the initiative to explain things to the participants themselves. In this way, the interpreters became two-way speakers and listeners. They communicated on my behalf and on behalf of the participants. This dual role required considerable skills. The translators' presence brought a balance to the interview, because the interviewees trusted them. In the following paragraphs I describe the practical challenges I faced as I set out to access, engage and participate in the community centre. I also discuss the use of 'social capital' (Sixsmith et al., 2003: 578) and how it became a moving force that propelled the data collection and the final data analysis.

My first participant was Ebas and the translation was done by Asuz. The first thing I did after an initial greeting and a smile was to thank Ebas for participating and also to explain the purpose of the interview through the translator to her. Ebas's reactions and her responses towards me expressed a particular reaction to the situation that made access to the research field harder than I had anticipated. She did not relate to me, as her body language made clear. It was obvious that there was a lack of willingness on the part of the participants to cooperate in the research, especially with my involvement in it, something which I was later told by the translator. My earlier involvement with my snowball participants had already highlighted some difficulties in accessing research participants. I anticipated (from the way the women wanted the interviews to be conducted in the presence of several women) that once a lead Somali person and other Somali women were involved, access to the participants would be easier and it would help to resolve the issue of trust. Therefore, I assumed that the community centre would provide the ideal setting because it is a place where Somali women congregate regularly. However, this assumption was wrong. The community centre participants were basically reluctant to talk to me even though I tried to take a subordinated stance by adopting a laid-back attitude and allowing the translators to do most of the initial talking. I can only speculate about the reasons for this. They may have seen me as a threat to their sense of security, perhaps because they thought that I might convey information about them to immigration officials. I was aware that some of these women were secondary migrants from other European nations and a few

had only been in the UK for a few years and might not have their immigration status fully resolved. In the face of recent negative media representations of immigrants and with the emergence of a new Conservative government in the UK (2010), the women's caution can easily be understood.

Similarly, the women's attitudes suggested that they might not previously have had the opportunity to talk about their daily activities in the way the interview process was asking them to do and they were therefore struggling with how to put their thoughts and feelings into words. One participant actually expressed fear about sitting down for the interview. I was told this by the interpreter/translator when Hasma (a participant) spoke at length in her own language and would not face me to start the interview. This confirms Franks' (2002) argument that, when people are faced with telling stories about themselves, it is like confronting a dilemma. The thought of having to arrange their thoughts into a narrative design can be overwhelming for some.

As an African, I am fully aware that, just as children are not allowed to talk about things in a reciprocal way with adults except at the moment of interrogation when the child is already judged guilty, nor make eye contact when adults are talking, for most women, especially uneducated women in a typical traditional African marital home, similar silence is expected. With my own marital experience, I was fully aware that most couples do not sit down to have a reciprocal conversation. Mostly the women are told off, shouted at or asked to perform a task for their husbands. For uneducated women who might not know how to stand up for their rights or find ways of insisting on an issue, their experience is doubly jeopardised. Sometimes the only time these women get to talk about their issues is when they meet with their female friends. It was obvious from what I was told, and from the way others expressed a lack of confidence in settling down for the interview, that they were not familiar with the format followed by my interviews, where a researcher interrupts so they can probe for insight or clarification on an issue.

Realising that I was being treated as an outsider, I felt a sense of alienation from the research domain and this created a conflict within me that was truly demoralising, especially during the first ten days, when I was still learning to adjust. This made my access to the women a complex process of having to deal with my own emotional conflict and then building up an outward appearance of composure in order to sustain and manage the relationships with these women. I felt a certain frustration, which stemmed from two things: I went to the research field with the mindset that I would have an easy and smooth

research process because my participants are people from the same continent who have the same diasporic experiences as myself in the UK and therefore I expected, wrongly, that they would be willing to help me gather the information I needed. As already mentioned, because I had known some of the women personally as parents of children I had taught for at least 6 or 7 years, I convinced myself that approaching them would be easy. When I noticed to my dismay that my 'perceived connection' with these women did not have the intensity that I had anticipated, I needed to develop a strategy that would help me position myself in such a way that I could feel empowered to deal with the difficulties I was going through. I needed to develop some form of relationship with these women that would move the research forward. This was important because it proved to be the case that the only way the participants and I could work together more effectively was to achieve a 'social connection and the attendant norms and trust', which Putman (2000) terms 'social capital'. It can be difficult to find an adequate language to discuss the experience I had in reporting my emotional responses. I agree with Watts (2006) that no amount of prior reading can prepare the researcher to deal with the reality, and that the uniqueness of each project demands that an individual researcher determines how best to proceed. A multiplicity of challenges is often faced by researchers who differ from their participants in their ethnic background, sexual identity, primary language, racial identity, gender and/or social and economic background (Clingerman, 2006). With such complexities, my relational stance to the participants was inevitably complicated and, as discussed above, this was compounded by the presence of translators. All this functioned to make access into the research domain difficult.

For those women who had not met me before (there were a few women who came to the centre for the first time either to join or to make enquiries about the centre, whom I was privileged to interview), it was my researcher role that framed the interaction between us. But for the women I had already encountered and with whom I had personally developed some level of connection, it helped us to engage with issues at a deeper level, especially where we had shared experiences.

Hoggart (2004) has argued that no research is value free, but the extent to which the researcher's values are revealed to the participants is crucial and underpins how the research is conducted, what information is gathered and how the results are interpreted. For my part, to situate this research within the context of feminist methodology and to balance it with the demands of being open, mutual and having integrity became very difficult at the

beginning when there was limited room for me to be mutual in order to forge openness. Nonetheless, the struggle towards gaining mutuality also became the main strategy for developing good relations in the research setting. This process then proved a constructive way of gaining access to these 'resistant' participants and into their 'world'.

In order to engage my participants, I decided to get involved in the research setting and contribute to the activities of the centre whilst at the same time establishing relationships with my participants. This follows an ethnographic tradition of 'being there' (Sixsmith et al, 2003), which helps the researcher to get closer to the participants (Smith, 1996a; Genzuk, 1999). It is in line with Eastland's (1991) assertion that, in order for a researcher to participate in women's social lives, she needs to immerse herself in the everyday lives and situations of her subjects. In order to actively contribute to the day-to-day aspects of the community's life, I decided to take on administrative responsibilities at the centre, receiving calls, welcoming members, offering seats, preparing tea/coffee and directing members of the public to the right personnel. First I spoke to the project coordinator (who also functioned as an administrator due to the lack of staff/volunteers to perform such duties) about my intention to get involved with the activities of the centre. When I explained why I wanted to do this, she suggested that the task of administration would be best suited since that gave me direct access to the users of the centre. She also promised to discuss it with the director and, based on the director's approval and her (the project manager's) recommendations; I began administrative work at the community centre during my second week of being there. I did this by making sure I attended the centre early so that the women would come to meet me at the centre and I would be the first to welcome them with a smile. When they were settled, I asked if they wanted coffee or tea. Initially most of them were reluctant, but they came around when they recognised my persistent friendliness and gradually started to open up. Before long they greeted me when they came in and bade me farewell when they went out. This continued throughout the research period, although the level of urgency had reduced by the third and fourth weeks when I had established rapport with the women.

My engagement at the centre determined how the data was collected and influenced the final data analysis. First and foremost, it became the starting point for establishing a relationship with the women and it enabled access to meet people I could interview. My involvement with the centre was filtered through my lack of understanding of the research setting and the indifferent attitudes and negative responses I received from the women

participants during the initial stages. This relational dynamic functioned to influence the interview process and the data collection (Sixsmith, 1999). I was not just an ‘objective observer of the social context’ of the interviews (Phoenix 1991: 19) but was a functional member of the community centre and I occupied a specific social location. Such involvement was crucial and, in time, when I was able to develop rapport with my participants, it helped me to create an insider empathy with their experiences. This made it easier for me to interview these women. I noticed that it was only through having rapport with them that we were able to negotiate points of difference and similarities. But, as a temporary presence, I was also something of an outsider – not least since I did not speak their language (Song and Parker 1995; Sixsmith, 1999). This is important because participants need to be able to trust that a researcher will not reveal their private issues to anybody within the community where they spend most of their time. The interviews gave me an understanding of the circumstances of these women’s lives and helped me to place their narrated experiences into context.

As the discussion above indicates, the negotiation to arrive at gaining trust was very complex. Particularly because my first encounter with the women at the community centre and their reaction towards me when I was introduced to them was not a pleasant one, I realised that researching women within a community setting involves a negotiating process and that gaining access to the participants presents its own difficulties. Several studies (Gavalier et al., 1999; Gilliss et al., 2001; Harrison, 2001; Hodge et al., 2000; Cohen-Mansfield, 2003; Sixsmith et al., 2003) admit to the complex nature of recruiting participants from certain populations. Yet there has not been equal documentation about the inherent difficulties involved in recruiting ethnic minority participants for research projects (Hodge et al., 2000; Agodoa et al, 2007; Wodall et al, 2010). Recruiting ethnic minorities into research projects is not always successful and it usually takes longer than expected (Swanson and Ward, 1995) as they can be suspicious of researchers (Gilliss et al., 2001). Overcoming the initial obstacles and gaining access was a major learning process for me. In the following, I discuss how my interactions with the women after my initial struggle necessitated me adopting new ways of taking stock of my own approach and attitude in dealing with my interviewees differently

## **Using a Reflexive Approach**

As an on-going practice, I adopted a different approach that enabled me to connect with the women participants from the second week onwards. My starting point was reflexivity, as it offered a means of allowing me to understand both the phenomenon under study and the research process itself (Papadopoulos and Lees, 2002). This helped me to make connections between theory and practice as a new researcher and facilitated demystifying the dividing line between the two domains. Glesne and Peshkin (1992: 13) argue that conducting research in a reflexive mode improves the dynamics of the interview process. It also made it possible for me to maintain credibility and trust because I made sure that I thought carefully before I approached each participant. Letherby (2003) asserts that reflexivity is continuously engaged by both the researcher and their participants throughout the research process. It enabled me to examine the impact of my own subjectivity on the research process and also meant that I was able to empathise with my participants.

Due to the rapport that we had started to build by this stage, some of the participants would ask if they could make me a cup of tea/coffee and, without my asking, they would find out if I was conducting an interview and if they could be interviewed at specific times that suited their learning schedule at the centre. During my third and fourth weeks at the centre, two training sessions were run for the women. One was by a government-initiated community group, 'Forward', which is based in Bristol. They came to organise a training workshop for the women about the effects of female genital circumcision on women's health. The other training course was on child abuse, organised by Harmssock local authority. Even before the director at the centre invited me to the training sessions, the women mentioned to me that they would be useful for my research and that it would be good if I attended. At the meeting I was active and everybody wanted to talk to me. They had now developed some trust and friendship with me and they congregated around me with a series of questions about my project: what I would do when I finished, why I had chosen to study Somalis etc. It was such a delight to see that a channel of communication had opened up between the women participants and me.

Khadiac, the director, involved me as the secretary who took notes on important issues and she also introduced my project. Using the training workshop as a platform, she encouraged the women to communicate their views. Like the first four women, one thing they were concerned about was the issue of anonymity; they were worried that their names might filter through to expose them, in case someone did not take kindly to their perceptions and

got them into trouble, something they wanted to avoid. Although this had been explained to some of them earlier, it was obvious that they needed more reassurance. After the training, as many as ten women wrote down their names to participate in my research at different times and they included their telephone numbers so I could phone them to remind them. On this day I was able to interview two women, and although my translator was not available, the interviewees were confident about being alone with me. As they could speak English unaided, it was convenient for me to interview them. That was the first time since I had been at the centre that I interviewed people without the physical presence of a key-worker or another Somali sitting in with us. Although these two women could not speak English fluently, they were able to express themselves and, with a bit of clarification from me, they could answer the questions.

Khadiac's statement empowered the women, who now saw themselves as stakeholders in my research project and wanted to take ownership and contribute their views. Ultimately, I was only able to gain sufficient interviewees after negotiating many conflicts and power struggles between the participants and me, and I was only able to sustain this through a process of ongoing negotiation that involved a huge investment of time and emotional energy on my part, and on the part of the participants. Although my experience of gaining access to a close-knit community was certainly problematic and at times felt precarious, nonetheless there was great satisfaction as the process of negotiating access developed.

One thing I learnt from this project is that recruitment into projects cannot be successfully done without taking into account the socio-cultural context of participants (see Campbell and McLean, 2001). It was by understanding the norms and way of life of my participants that I was able to gain access into their world. To understand the complexities involved in the researcher/researched relationship demands a closer examination of the concept of outsider and insider positionalities (Jewkes and Letherby, 2001). This is not just a continually negotiated relationship, but a switch between social locations that flows simultaneously with unfolding events and narrations. Letherby (2003) suggests that the researcher and the researched are situated in a complex relational position. Below I discuss how this affected the way my participants and I were positioned throughout the research process. I highlight the confusion I went through as I struggled to establish the boundaries of power between myself and my participants, in spite of the fact that I had read relevant literature before proceeding with the research.

## **Understanding Insider and Outsider Dynamics and their Impact on the Interviews**

I had read some literature about the effects of interviews (Webb, 1984; Song and Parker, 1995; Yow, 1997; Watts, 2006; Chavez, 2008), but I had little idea about their profound influence on the people involved in the interview. As a minority researcher of African descent, I was struck by the number of themes and issues that arose in this research project, which made me think that the existing literature on research methodology does not adequately address an insider's expectations of the research field. As Chavez (2008: 475) writes, 'the development of an insider methodology has failed to systematically describe what insiders actually experience....'

Several studies (Song and Parker 1995; Papadopoulos and Lees, 2002; Marshall, 2003; Sixsmith, 2003; Temple, 2006; Clingerman, 2007; Chavez, 2008) argue that, whilst there is a growing repertoire of research on differences in positionality and their benefits to research, there is less focus on developing theoretical data and a methodological framework that articulates the challenges that cross-cultural researchers face in the research field. Issues within cross-language research have to be given detailed attention, as do the effects of being bilingual on research (Temple, 2006). This is important because, from what has already been discussed above, based on my own research experience, the binary divisions of outsider/insider or black/white are not adequate to depict the complexities of the experiences that cross-cultural researchers have in relation to the individuals we interview. In my case, there were scenarios in the research process where the perimeters of my position as a researcher in relation to my participants were not easily defined. In my research, for example, the description of ethnic identity, African(ness), Black(ness) and diasporacy, among others, were paramount in the ways in which my participants and I positioned ourselves. In Table 3 below, I present an overview of some of the traits that my participants and I shared and did not share.

Table 3: Insider/outsider dichotomy between the researcher and the interviewees

| <b>Insider Positioning</b>             | <b>Outsider Positioning</b>                                                  |
|----------------------------------------|------------------------------------------------------------------------------|
| Struggling for education               | Researcher overcame educational disadvantages, participants still struggling |
| Ascription of ethnic identity as black | Different ethnicity from participants, i.e. Ghanaian versus Somali           |
| Diasporic experiences; immigration     | Reasons for immigration different                                            |
| Women                                  | Different classes and experiential backgrounds                               |
| Immigrants to UK                       | British Citizenship/ not all interviewees had one                            |
| Familial orientation                   | Married and divorced young/Married middle-aged women                         |
| Religion                               | Christian researcher/ Muslim participants                                    |
| Social repositioning due to migration  | Social position: class, intellectual capital                                 |
| Need to learn new language             | Fluent in English/ most interviewees spoke little or no English              |
| Effect of colonialism                  | Relationship to colonial experience different                                |
| Perceived relational bond (sister)     | Limited actual bond                                                          |

Source: Evidence from research data (2010)

Below, I use the information from Table 3 to elaborate on the situational encounter with my participants and how this interaction affected the power relations between my participants and me.

One of my interviewees, someone I've named Masla, started telling me about her immigration experience to the UK: 'Sister! You know! It's the same for everyone who comes here, especially from Africa; they [the immigration officials] asked so many questions and even though you might have the correct documentation they still expect you to answer so much....' Here, Masla touched on my own immigration experiences. When this occurred there was a strong temptation to immediately begin to narrate my own story, but I also knew this would have hampered the narrative pattern of her story. And even though I did not make a verbal utterance, my reaction and facial expression, followed by (if I'm not mistaken) a nod of my head, engendered the motivation in Masla to carry on telling me her story.

I also noticed a line of association that she had already drawn between her experience and mine, as a migrant, and as an African.

As a feminist researcher, I was aware of the nature of my relationship with those I was interviewing and I was aware of the power hierarchy between us. I identified my explicit role as both an 'insider' and an 'outsider'; I was aware that my interviewees and I did not share the same ethnic background although, as defined by western industrialised society, we were all black, and such a description also identifies us as having the same diasporic experiences, and is blind to the distinctiveness of our individual cultures. To start with, and

within this interview process, the definition of ethnicity in the western context placed us in a contradictory position. Both my participants and I had to confront the situation of unpacking who we are in order to relocate our distinctive cultural identities as well as the cross-cutting aspects of our African-ness. This involved a complex shifting of position (Ramazanoglu and Holland, 2002).

I shared some aspects of Masla's diasporic experiential pattern. In the way in which she addressed me, I felt as though I was being prompted to look at my own life experience to find Masla's there. I had a similar experience of immigration as my participants and therefore I could make sense of the reality of their lived experiences. But I was also a researcher whose social world was different from that of Masla, who is an uneducated housewife.

Masla's (and almost all of my research participants') reference to me as 'sister' has cultural implications. As an African, I understand that the use of 'sister' 'functions to locate an individual within a socially recognised grouping' (Oyěwùmi, 2003: 12) that creates a strong sense of community and emphasizes the fact that an individual's experiences can only be realised within a group. It posits Masla's narrated experience in a communal context that engages collectivity. From a feminist perspective, Masla's reference to me as sister mirrored an experience of shared oppression and common victimisation (Oyěwùmi, 2003), and this holds true about our diasporic and colonial experiences in a foreign land.

When I felt myself being drawn into the narration in the way described above, it brought about a shift between my insider/outsider positioning. We could be sisters in the symbolic sense but we were also distinctive in terms of our culture. hooks argues that it is possible for 'sisterhood' to exist between women of racially and culturally diverse groups, but it requires a great deal of continuous work against all sorts of divisions (hooks, 1995, cited in Oyěwùmi, 2003: 12). I could not accept the claim of sisterhood the women accorded me after their initial rejection, so I could not reconcile this statement with the prevailing situation.

However, whatever conflict I was struggling with did not erase the fact that these women saw me as one of them, and addressed me as 'sister'. It was almost as though Masla was telling me, 'come on, you should answer this question yourself because you have the same life experience as I do.' I felt that Masla was drawing my attention to the fact that this is an insider situation that I was equally aware of, or even better informed about. At that time, I

felt a bit weakened in my position as a researcher because I had not anticipated that I would be placed in a position where I had to confront the reality of diasporic sisterhood that also has a bearing on our racial identity. The shift of locations in which I found myself – culturally disjointed, which brought about rejection, as well as racial and diasporic connections – and my ability to create a balance, which confused me. In this narration, the experience of commonality was assumed to be the experience of racial harassment. Masla's narration ended with a remark that drew both of us together in a fitting combination: 'These are things they continue to do to us sister, even after all these years we've been here, you know?'

My insider positioning through Masla was in line with Naple's (1996) and Labaree's (2002) claim that the insider's position may be strengthened or weakened by the various social identity shifts that occur during interactions with participants, depending on the level of the researcher's perceived and/or real closeness to them. As indicated, I found Masla's appeal to sisterhood difficult to reciprocate. Research is needed to explore the reality of experiences faced by researchers who interview people with whom they have some similarities. Although I could criticise myself for taking some of the experiences I encountered with the women on a personal level, it is precisely for some of these reasons that more research needs to be done to establish the kind of relationship that the researcher has with her participants, how such relationships are culturally defined and what impact they have on the research.

I was an outsider in that I did not share the same educational background as my participants. This positioning got in the way at the start of my research, and it persistently hindered access to new users of the centre who were recruited for the interviews. Whenever a new person was introduced to me, who was also new to the centre, she moved away quickly to sit down and would steal glances at me until I would consciously go back to her to begin a conversation. Usually, when she had opened up, she would congratulate me for advancing so far along my education path. I also noticed that those who had got to know me would always want me to be the one to read their letters and explain the contents to them. Most of these women seemed to think that I could settle issues articulated in the letters for them and expressed disappointment when I told them the right procedures to follow. Some of the participants esteemed my level of education so highly that they felt collecting information about them was too trivial. As a result, whenever they answered a question they usually also asked if the answer 'was good enough'. This statement, offered

by Bonte, is an example of such a scenario: ‘I hope this is OK ... Does it really help? Did what I said make any sense?’ One woman (not a Somali and hence not a participant) who had been coming to the centre and had been listening to our interview conversations casually commented: ‘I thought that people like you need big information, how will this “trivial” information benefit your study?’

My research functioned within a range of complex situations that engaged my participants and I in a terrain of sameness and difference at differing junctures (see Song and Parker, 1995). There were times when we claimed sameness on one aspect, but drew apart on another. In describing the dynamics of social identity and the relation between researcher and participants, Chavez (2008) affirms that a shift may occur within an individual interview. She argues that one part of a narration may enable closeness between the researcher and the researched, but another part within the same narration may remove that closeness, making the researcher an outsider (Chavez, 2008: 475).

Flavia’s narration presented a different level of insider/outsider positioning. She described the reasons why she and all the other women came to the community centre and what they did there.

It’s good that there’s a place like this for only women, you know; because when we come here we get to do women’s stuff. At home, when you want to do something the men will say: ‘why are you talking, why do you do that, why do you do that’; you can’t do anything without being shouted at. But here no one asks us why we are having fun, you know, ehee, my sister you know these African men. (Flavia, 30-40, uneducated, unskilled labourer and married)

Whereas I was an outsider to most of the things they did when they came to the centre, I was an insider in terms of the reasons that brought some of them there. I had also been in a marriage situation where I constantly had to find a place of escape because of the oppressive atmosphere in the house. Therefore, Flavia’s gendered account of her marriage, resonating with the oppression in a certain African marital home, which makes women feel powerless and worthless, was familiar to me in both content and context. So familiar was Flavia’s narration that I nearly said, ‘yes, I’ve been there’, because I had. As a young woman who had just completed a Higher Diploma at the University of Ghana, I had little idea that the man I helped through university was going to enslave me... (That is a chapter to open another time). But I also knew that if I had interrupted Flavia with my own story, it would have ended the interview. I allowed Flavia’s story to flow. Such shared experiences are important in creating understanding (Frost and Barry, 2010).

Having the knowledge that I shared some experiences with Flavia enabled me to collaborate with her narration and my responses and reactions helped her to tell her story. For instance, when she opened my own life chapter in hers, I was not just interested in knowing how it was going to end, my facial and bodily expression communicated a sense of understanding, which I am sure motivated connectedness, because at that moment I saw myself in her and therefore an equal person engaged in this battle together. The only difference within the narration was that I had got out and she was stuck in it and that upset me. Such insider/outside positioning that generated differences and similarities was key in shaping my relationship with my interviewees. Oakley (2004) argues that, where the researcher is also the interviewer, their encounter generates intimacy between herself and her participants, and this can be a positive tool that can engender shared satisfaction in the research.

Discussions on insider/outsider dichotomies quite often place a lot of emphasis on differences rather than sameness of experiences between researchers and their participants (Song and Parker, 1995; Chavez, 2008). However, from the above description, it is apparent that an insider experience has an equal bearing and influence on the research process. For instance, there were moments during the women's stories where I was drawn back into intensely personal and often agonising life histories that reflected my own life experiences. There were moments where I found it difficult to focus on the interview process, my participants' responses and the narrative pattern. This was because I found that I was being distracted by reflections on my own similar experiences. Like Song and Parker (1995), Chavez (2008) cautions that where the narration connects a researcher and her participants, it presents issues about how much they each can be sustained from moment to moment in the narrative flow.

I also noticed that our social differences, which disconnected us in the narrative flow, became a source of power for some of my participants, and I felt intimidated by some of the statements the women made in reference to my education and their lack of it. I am an educated middle-class woman, and to some extent had more refined speech patterns than my participants. Additionally, I am divorced with no children, while most of my participants were married with between 4 and 9 children. Some of them saw my education as a hindrance to having children and they would prefer children. They thought that I was only able to go to university because I had no familial responsibilities. As one of them said:

No, I wanted to learn other things like childcare, but it was difficult. My children were young and I could not learn anything... In this country it's not easy to get education if you have children, you can't combine them, it's impossible. (Musa, 30-40, uneducated, unemployed and married)

Others also expressed doubts about whether education was able to prepare a person for household chores.

Because of the way education has affected their [referring to her children born and brought up here in the UK] behaviour, sometimes they lose our language, respect, identity, everything. When I remember myself at their age, at the age of 12, I could do everything; cleaning, cooking, but these children can't do anything. I felt like a woman when I was a child; I cooked and did everything in the house. (Mosna, 45-55, ESOL, unemployed and married)

Mosna's statement explains why she would not choose formal education as a preferable option for her children because she wanted these girls to be prepared for household chores. This is important because, in some African settings, preparing a woman for household chores means preparing her for family life, which they deem to be just as important as formal education.

It was obvious from my encounters with my participants and the research setting that my earlier assumption of having some connection with my participants was wrong, because even where we shared the same experiences the way we dealt with them was different due to our social and class background. The effect of colonial history on my life was not the same as on my participants' because of the advantage of education. It was obvious that I was not fully aware of the differences/similarities between myself and my participants in advance. Neither did I understand how such differences/similarities would affect the dynamics of the interviews. Therefore, these differences/similarities proved to be a learning process for me as much as for them.

Dealing with elderly refugee women also proved challenging. I asked Bonte if she had attempted to undertake any education when she came to the UK. Instead of answering directly, she started narrating her life story, drawing on the historical account that finally disintegrated Somalia and sent her to Ethiopia and then to the UK. Bonte was of the view that I could not understand the effects of her experience, why at her age she should be suffering in a foreign land, because I am still young and had not encountered life's pain that comes with old age. Bonte thought that I could only think of education as being for everybody because that is the order of things in 'our time' (our modern period), and this was the only reason why I would expect her to have studied when she came to the UK. She

was of the view that education was not for everybody. I felt put down by Bonte, but I also understood her dilemma. As a young African dealing with an elderly African, I should have known that it is culturally unacceptable to approach an elderly person to ask them why they have not done certain things, let alone asking them about their education. In Bonte's case, I was fully aware that her socio-historical and cultural background could not permit her to be educated. Therefore my questions were an act of disobedience in the African sense, and I felt that I was intruding on Bonte's position because of my education.

My emphasis on how I was positioned in the interview process does not make my participation in the interviews or my position as a researcher any less significant. This positioning, which situated me both as subject and as an instrument of data collection (Kanuha 2000), provided me with a unique methodological platform to understand my participants, both through our interactions with one another during their narration and through engaging with the research setting (Baca-Zinn, 1979; Banks, 1998). My positioning in the research was key in shaping my relationship with my interviewees and it became a positive tool for generating empathy and respect towards them (Papadopoulos and Lees, 2002; Marshall and Batten, 2003; Oakley, 2004; Clingerman, 2007). The quality of the research data I gathered was a direct reflection of the ways in which I managed to negotiate my 'insider' and 'outsider' statuses.

Thus, the discussion above reveals how my interaction with the women created a power struggle and this links to Foucault's description of the reciprocal nature of power as a relationship between human subjects and their superiors. Foucault is less concerned about the oppressive aspects of power, than with the resistance of those upon whom power is exerted (Bălan, 2010). In an interview on the "**The Ethic of Care for the Self as a Practice of Freedom**" (Fornet-Betancourt et al., 1987) he suggests that power and resistance correlate and that no matter how extremely power is exerted and practised, resistance is always applied. Foucault argues that individuals upon whom power is exercised also exert agency to resist it (Foucault, 1980). As the discussion above shows, the relationship of power between my participants and me was mutual. Power shifted and was not static

There were instances during the fieldwork where the women applied various forms of agency to resist my position. Their rejection of me and my struggle to gain their trust weakened my position and strengthened theirs in relation to mine at least from my

perspective. Similarly, there were things they said that weakened my position. For instance, they said to me that they would prefer to have a family rather than education. Foucault suggests that power is not top-down because it is exercised between human beings who are able to exercise their will to make choices and decisions (1980), although he admits the structures within which power is exercised create certain constraints that often influence the outcome of choices made by the individuals involved. In spite of these constraints, individuals upon whom power is exerted are able to apply various forms of resistance to either frustrate the goal of power or to weaken it and this was true in the way in which relational power was played out between my participants and me. Hence I conceptualise power here in Foucauldian terms.

### **Locating Themes within the Research, Recording and Transcribing the Data**

I conducted the interviews following a thematic pattern; this is because they were framed by a pre-prepared topic list. As a result, all the interviews produced data on the main research themes:

- Entry into the UK
- Education and employment
- Housing and welfare benefits
- Accessing health services

The thematic nature of my research fitted well into a qualitative methodology and it provided a flexible way for my participants and me to explore evolving issues (Mason, 2009). Since it was structured along the lines of ‘a conversation with a purpose’ (Mason, 2002: 62), it helped me to explore the views and the articulated experiences of my participants. It also encouraged them to talk about issues in their lives in more depth (Reinharz, 1992; Brown and Dowling, 1998; Fontana, 2008).

I followed the structure of my questions. Mostly, I allowed the conversation to flow, especially where I realised that it was producing the information/answers I needed. At the beginning of my research, I was anxious about getting this information and this became the motivating factor. Throughout the interviews, I used narrative prompts (Chase, 1995) such as, ‘what happened afterwards?’ ‘Tell me about ...’, ‘How did you feel?’ ‘Why was that the case?’ as a means of generating detailed accounts from my participants. Below, I

recount how I recorded the research interviews and how I dealt with some of the ethical issues that arose.

The primary means by which I gathered and analysed the research information was through audio recording and hand-writing. Before each interview, I asked participants' permission to record and I also discussed issues of confidentiality and how the data would be protected. It became obvious that most participants were apprehensive about recording the interview. To calm their expressed fears about whether aspects of themselves would appear in the data, I assured them that they could have access to the final research material and also passed on the details of my supervisor to them so that they could make contact to clarify their doubt. In spite of this, eight interviewees did not allow me to tape-record their interviews. In these cases, I hand-wrote their responses whilst listening to their stories as they were translated to me by the translators. Overall I tape-recorded 18 interviewees' narration and recorded eight interviewees' manually. The audio-taped interviews captured everything narrated by my participants through the translation, which I later listened to. Therefore I was less burdened than when I had to focus on listening, participating in the interview and writing extensively at the same time. Managing to write and listen to the translators' report for the eight participants who would not allow me to tape-record their interviews was quite challenging. This affected how much detail I could write down and it also slowed down the interviews as the translators at times had to wait for me to finish writing down a point. I was particularly concerned that the intermittent pauses I caused by trying to write would interrupt the conversational flow between the translators and the interviewees and could lead them to deviate from the topic, or that they might cause translators to forget the information they were to convey to me. The effect of this on the research was that I could not produce a verbatim account of what the translators reported to me. Rather I had to summarise and paraphrase in order to manage the interview time and to avoid too many pauses within the interview. Since the information was filtered through so many processes, the immediacy of the data was reduced.

Cross-language interviews are time-consuming to transcribe because the transcription involves listening to the taped interview of what was interpreted before listening to the translation and providing a written English version (Temple, 2006). With this particular research, because the participants spoke a language other than English, I had to listen to two different versions of languages; one which I did not understand, and a translated version. I transcribed all tape-recorded interviews by listening and writing what I heard.

Most of my interviews took more than one hour; transcribing such material therefore took longer, often four to six hours.

Although I would have benefited from applying transcription software to cut down the number of hours used in transcription by a third or a half (Burke et al., 2010), because of the nature of cross-cultural interviews such as mine, which involved a language other than English, transcribing electronically proved rather complex. My participants, including those I interviewed without a translator, spoke with a strong Somali accent which would have been difficult for any software to transcribe. Although I knew the methodology behind my research, I could not leave any section un-transcribed as Burke et al., (2010) suggest PhD students could do. This is because my participants did not narrate their story in sequential order and sometimes I depended on what they had said in one section to make sense of what they then said in another. From what the translators said, I had a strong sense of the content of the women's comments but of course a limited understanding of the specificities.

Listening to, transcribing and reading the interviews offered me an opportunity to identify the themes for the data analysis. Engaging with the transcribed material triggered a multi-faceted recollection of the interview moments where participants seemed enthusiastic in speaking about certain events, at least as expressed by the translators and from those I interviewed without mediation. This added relevance to the data analysis, and I would have missed this if I had allowed professional transcribers to do the work. The transcription was exactly what the translators said, but for the sake of anonymity and for a better understanding of the research data, I removed certain phrases and repetitions. For instance, Asuz recounted a story of a Muslim student who was forced to take off her headscarf in order to wear a swimming cap. The girl was obviously upset by this and cried throughout the swimming lesson and even afterwards and could not be stopped. Asuz was called to the school as a translator for the girl's parents. In her narration, she repeated the phrase 'why do you allow the girl to cry?' several times. During the transcription, I noticed that if I only wrote the phrase down once, it would not distort the meaning the narration suggested. I also adjusted some sentences to make sense of the meaning they conveyed. By tampering with transcription in this way, Kvale (1996) argues that transcribed information ceases to be a representation of reality, but rather becomes an interpretative construction that 'decontextualises conversation'. In this research, the focus was therefore on thematic content rather than on the specific expressions my interviewees used.

I have already mentioned that most of the data became meaningful to me during the period of transcription when I reflected on some of the occurrences during the interview process. The underlying structural issues behind the life patterns of these women, which I had taken for granted, were now starting to make sense. For instance, most of these illiterate women depended on other people: relatives, friends and members of the community centre, to attend to certain basic needs in their lives such as reading and replying to letters, making phone calls and even shopping. During the transcription, one of the themes that kept recurring was the fact that lack of education and communication skills had reduced the women's ability to be socially mobile. But it never occurred to me at the time how seriously the issue of lack of education and language skills had affected these women's lives, and how their own cultural traditions had helped to shape this. During the transcription process, I noticed these recurring trends and started reflecting on them in relation to the women's lives at the centre. The various themes that run through the transcribed material point to the impact of the women's lack of education in a literate society like the UK, a nation oriented to producing facilities that suit its subjects, but alienate people like my participants and position them as second-class citizens.

### **How did Conducting the Research Affect Me?**

Doing research as a participatory researcher impacted on me and changed my attitudes towards these women and the way I perceived their situation. Initially, I could not understand why they did not educate themselves when they came to the UK, a country with so much opportunity to learn, at least to a level where they could read their own letters. This was my initial reaction. But when I got involved and became engaged with their everyday routine at the centre, I came to understand that my participants were people who had been brought up to obey and follow certain rules.

There were incidents that happened at the centre which reinforced certain fundamental understandings of the situation of these women, but at the time my insecurity about my research did not allow me to properly take stock of some of these happenings, except that I recorded a few of them in my field diary. When I had time to reflect on them, I understood the women's experiences better and how they influenced the way they encountered and utilised services in the UK.

It is important to spell out how my epistemological position situated me within this research. I grew up experiencing denial and rejection at different levels (see introduction).

Through education and immigration as well as some other familial issues, I had convinced myself that I had finally crossed the line of denial and rejection, and I was not ever going to allow myself into that terrain again without fighting back. Therefore, being thrust into the domain of rejection in both research settings, and having to confront the reality of it in the way it happened, but also having no power to fight back and/or to stop it, was hard. My position as a feminist and a believer in the fight for gender equality and social injustice was challenged. I have had a number of advantages in life that were liberating for me, so I thought I could help women who are not in the same position as myself. But the rejection that I received from these women challenged my thinking around this. This was particularly because I had imagined that their reaction would be quite different, so I was not prepared for the rejection. My frustration centred on the way in which I had been involved with some of them in the past, but also on the basis of our shared ethnicity. Therefore I expected a certain degree of reciprocity, but as it turned out I was wrong. Reading through my field diary and noticing the number of entries I made in regards to how the research impacted on my emotions, the situatedness of my position was brought home to me. By giving in to rejection the way I did, I felt I was reliving my past experience. However, I would be defeated in what I stand for if, as a result of this, I decide to alter my ideological, political and epistemological stance of fighting injustice and the causes of the oppressed. Such challenges show how the interplay between emotions and reflexivity can become a useful tool that produces positive results. But it also reveals how emotions can distract from the very information we (researchers) have gone out to seek if they are not handled properly.

The field diary became a spatial domain outside of the interview setting where I reflected on the day's events and where I could make adjustments to both my emotions and my field material to ensure better engagement the next day. Nevertheless, this did not make the research process any simpler since reflexivity is also a distraction from the focus of data collection (Glaser, 2001). By keeping a field diary, I felt I was wasting valuable time, time that could have been used in reading and editing my research data. Therefore there were moments when I jotted down only a few things and overlooked some important issues that could have offered a useful context for understanding my participants' experiences. However, the little information I did record in the field diary provided a space where I could process my feelings and reflect on the day's activity. With the dilemmas I confronted in this research, my field diary helped me to write through my emotional responses and enabled me to analyse my data collection in a more meaningful way.

## **Conclusion**

In this chapter I have described the methods used to collect information about Somali women's perspectives on public service utilisation. The contextual framework that shaped my methodological approach and engendered the research design was three-fold. First and foremost, the research was designed to fill an empirical gap which was identified through the literature review. Furthermore, it was committed to an ethical research practice and also it was cross-cultural research on hard-to-reach participants. Although these issues each functioned in different ways, they collectively operated to shape the data produced by this research. A lot has already been said about the difficulties I encountered in trying to recruit my female participants. All that needs to be said here is that, as a cross-cultural researcher, I had not adequately prepared myself to meet either the contextual or the conceptual issues involved in cross-cultural research.

In my situation, the complexities I encountered during the interview process got in the way most of the time and affected the power privileges that I had. The area where I felt I utilised power strongly was my control over the questions and my ability to ask questions and plan the interview schedules (Ramazanoglu and Holland, 2002). The difficulty I encountered with recruiting my participants rendered me vulnerable as I depended on mediators to speak for me. The research narratives and the way in which the research was conducted were influenced by features of feminist research methodology and functioned within the contextual and complex inter-relational issues involved in feminist research approaches. In the chapters that follow, I analyse the women's narrated experiences, focusing on the four main services: immigration, education and employment, housing and welfare benefits and health. I illustrate how the women's access to services was affected by a policy framework that placed limitations on how far they could go and how this was particularly reinforced by their lack of education and communication skills.

In the next chapter, I analyse the women's use of immigration services. I discuss their journey to the UK and examine how their encounters with immigration officers and the immigration procedure provide pointers to understanding their situated positioning within patriarchal Somali society and how this has helped to shape how they accessed public services.

## **Chapter 4: Immigration Rules and their Impact on Somali Women's Experiences on Arrival in the UK**

In this chapter I explore Somali refugee women's immigration experiences in the UK. I discuss the issues around immigration policies and examine their impact on my participants' experiences on entry into the UK, and what these policies meant in terms of them engaging with, and utilising support services. To understand the relationship between UK policies and my interviewees' experiences of immigration, it is necessary to trace how the interviewees entered the country. Table 1 shows a timeline giving the year in which each participant arrived in the UK. I use this to discuss the different phases they passed through in the process of their immigration settlement. Such discussions will include how my participants came to the UK border and their methods of transport. Analyses of who they travelled with and the kind of documentation they had will enable an understanding of their experiences of port of entry processes. I examine how entry processes structured the women's immigration experiences in different eras and how their particular circumstances came to bear on their immigration claim. I also investigate the factors that affected the women's decision to seek asylum at the port of entry and why others chose to seek asylum in-country. I then consider how this impacted on their claims and enabled access to support services in the UK.

The 26 women I interviewed came to the UK between the early 1990s and the later part of 2009. For the purposes of my thesis, I have classified and labelled my participants according to the period in which they came to the UK. Among the 26 women, 12 came to the UK during the 1990s. I classified this group as '1990 Arrivals'. Six of the remaining 14 women arrived between 2000 and 2007. These I classified as '2000 Arrivals'. Two arrived in 2008 and I have classified them as 'Recent Arrivals'. Three of the women were secondary migrants, who came from neighbouring EU countries, the Netherlands and Finland, between the middle of 2000 and 2009; I have classified them as 'EU Arrivals'. Finally, there were three participants, now adults, who accompanied their parents as minors to the UK between the year 1990 and early 2000. I have named this group 'Accompanying Minors' (see Table 1).

Table 1: Time line of my participants' arrival in the UK, 1990-2009

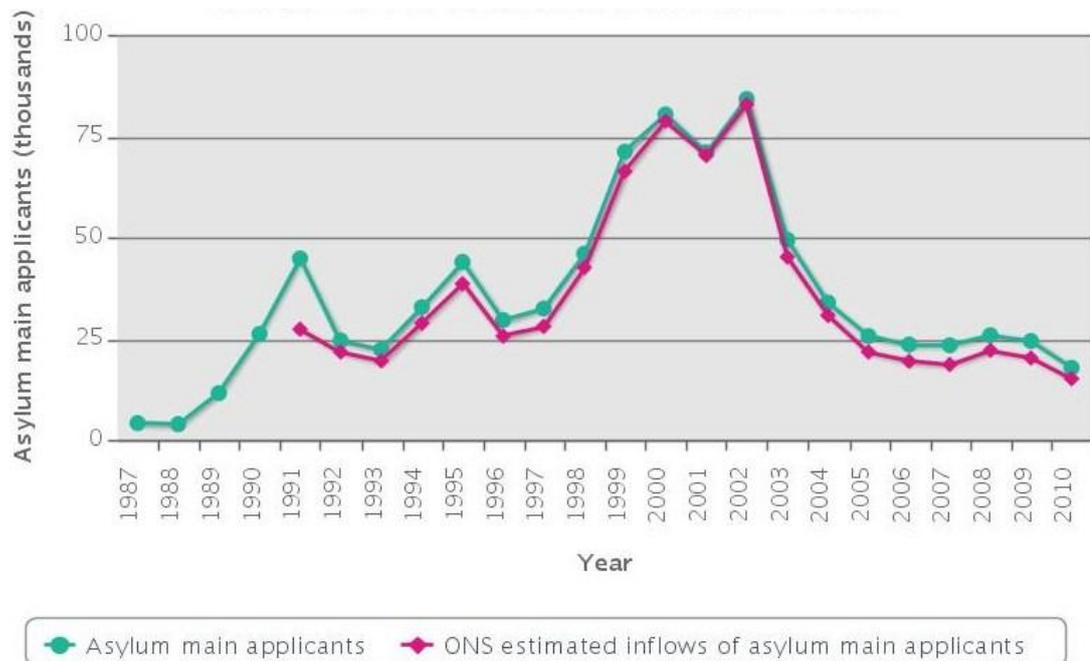
| <b>Number of Participants</b> | <b>Arrived in the UK</b> | <b>Classified as...</b> |
|-------------------------------|--------------------------|-------------------------|
| 12                            | 1990s                    | 1990 Arrivals           |
| 6                             | between 2000 and 2007    | 2000 Arrivals           |
| 2                             | 2008                     | Recent Arrivals         |
| 3                             | 2005 and 2009            | EU Arrivals             |
| 3                             | 1992 and 2001            | Accompanying Minors     |

Source: Information given by research participants (2010).

The sub-division of my participants into different eras of arrival is necessary because it provides me with a starting-point to discuss the different immigration policies that existed when they made their entry into the UK. It also offers me a platform to compare the different transitional periods of these women's presence in the UK. Below I apply the framework sketched out above to examine the changes in the UK's immigration law since my women began to arrive in the UK and I will use this to discuss how those changes came to bear on their immigration processes.

From the 1990s onwards, British immigration witnessed successive legislative changes to the 1971 Immigration Act that continues to form the bedrock of immigration law in the UK. The main reason for these changes was to decrease immigration flow, particularly with the influx of asylum seekers to the UK during the 1990s. This justified the need to control immigration to the UK (Flynn, 2002). The increase in immigration was particularly due to the political unrest that swept across the globe during the 1990s and displaced several nationalities worldwide. This includes the breakdown of the Soviet Union and the outbreak of war in Yugoslavia as well as the upheavals in Somalia. The Office of National Statistics (ONS) estimated figures for the early 1990s indicates that asylum-seeking accounted for a significant proportion of the overall net migration increase in the UK (Blinder, 2011). Graph 1 below gives an indication of asylum applications and estimated inflows between 1987 and 2010.

Graph 1: Asylum Applications and Estimated Inflows between 1987 and 2010



**Source:** Blinder (2011) at <http://migrationobservatory.ox.ac.uk/briefings/migration-uk-asylum>, accessed 25/03/12.

As indicated in the graph above, between 1994 and 2003, the rate of increase in yearly migration was between 25% and 54%. Blinder (2011) demonstrates that the increase was mainly due to immigrants from Somalia and Iraq, whose presence caused a historic rise of asylum seekers in the UK, particularly in the year 2002 (Blinder, 2010). This rising tide of asylum applications raised concerns about the lack of efficient immigration rules to manage the large influx of refugees to the UK (Schuster and Solomon, 2001; Flynn, 2002). The concerns mainly stemmed from Britain's lack of preparedness. As a nation, Britain had experienced much lower annual immigration before 1993. With an annual number of about 5,000 asylum seekers until the late 1980s, it had little need to control immigration and there was no formal legislative system to regulate it (Schuster and Solomos, 2001). Immigration rules were mainly concerned with the number of asylum seekers accepted or refused and the decision mainly rested with the Secretary of State. This was the case until 1993 when the Labour government (Jeremy Corbyn) incorporated a bill into immigration law that clarified the 1951 Geneva Convention, which had not been made a part of the British immigration law since Britain became a signatory 40 years previously (Schuster and Solomon, 2001). The bill was to clarify Britain's responsibility towards asylum seekers and refugees. Although the Conservative government opposed this bill, with modifications it later became the 1993 Asylum and Immigration Appeals Act. Although legislation incorporating the 1951 Convention legitimised refugees' access to state

privileges, the 1993 Immigration Appeals Act restricted this access. The Act restricted asylum seekers' rights to employment, housing and child benefits (Home Office, 1993). This mostly affected those whose asylum application had failed. Before the 1993 rules, an asylum seeker was entitled to claim state benefits and would continue to claim when they became refugees. The restriction generated an attack on the bill. Subsequent to that, the 1996 Asylum and Immigration Act was introduced with its concept of the 'white list', where countries deemed to have no serious risk of persecution were fast-tracked with accelerated appeals procedures (Flynn, 2002). The aim was to reduce the backlog of immigration appeals that had stacked up due to the 1993 Appeals Act and to improve conditions at the reception stage (ICAR, 2009; Home Office, 1996, Paragraphs 8–11). This change was necessary because it was envisaged that early decision-making would enable asylum seekers to gain access to employment and other public services that would enhance their integration into their new environment. The immigration process was reduced to six months, from initial decision through to the final granting of asylum. But this was limited in its effectiveness due to the large backlog of immigration cases (Nicholson, 1996). However, unlike the 1993 Act, the 1996 Act completely removed asylum seekers' rights to claim ordinary benefits. Only those with leave to remain received state benefits. Failed asylum seekers were left with nothing, even if they could not be deported because they could face persecution if sent back to their country of origin.

Public criticism of human rights abuses led to the introduction of the Human Rights Act 1998 (HRA) (Maer and Horn, 2009: 15). This focused on the rights of asylum seekers to freedom from inhumane treatment, degradation and torture. This Act allowed a refugee who had completed four years of exceptional leave to qualify to apply for Indefinite Leave to Remain. Before this Act a person who had been granted exceptional leave had to wait for seven years to qualify (Migration Watch, 2003). Although a person with Exceptional Leave to Remain (ELR) had the same rights to access employment services and other state benefits, they did not have immediate rights to settlement, had no access to refugee travel documents and they had to wait four years before they gained family reunion rights (Migration Watch, 2003).

Following the above, the 1999 Immigration Act was introduced with a 'One Stop Appeals' system (Schuster and Solomon, 2001). The purpose was to speed up the process and reduce the immigration backlog. The 1999 immigration regulations removed access to support for destitute asylum seekers with the aim of discouraging them from coming to the UK.

However, a local authority operating within the Human Rights Act of 1998 was allowed to exercise its powers to provide support to destitute asylum seekers (Home Office, 1998). The intention behind the design of both the 1998 and the 1999 Asylum and Immigration Acts was to provide support and to safeguard genuine asylum seekers. It was also to strengthen powers to deal with those not entitled to asylum. The bill also provided access to bail for asylum seekers who were detained and it clarified rules for dealing with offences (Fiddick, 1999).

The 2000 Nationality, Immigration and Asylum Bill was passed a year after the 1999 Act, and it revoked the automatic right to a bail hearing given to asylum seekers as part of the 1999 Immigration and Asylum Act. Home Secretary Blunkett was reported to have said that claimants whose stories were unfounded would be sent home without appeal (The House of Commons, 2002: 29). This Bill enabled applicants who sought asylum at the port of entry to claim NASS support until the initial decision was made on their application (William, 2007). The reverse was true for those who submitted to immigration in-country and those whose applications were refused. According to the government, any genuine asylum seeker would claim asylum at the port of entry (Bagilhole, 2003; Baker, 2008).

The introduction of the Nationality, Immigration and Asylum Act 2002 Article 33(2) forbade member states from returning asylum seekers to face persecution unless they had committed a crime that rendered their presence a threat to the community (Joint Committee on Human Rights, 2004). Under this bill, asylum seekers were required to show adequate understanding about life in the United Kingdom. Those who were applying for naturalisation had to show they possessed sufficient knowledge of the English language for an application for naturalisation. The 2002 Immigration and Asylum law again gave immigration officers the power to extend bail and to detain asylum seekers at any time during their application (*The Guardian*, 2009). The 2004 Immigration and Nationality law prohibited a person from crossing the UK border without proper documentation. Any immigrant who failed to produce the right documentation was liable to be detained. Similarly, if a person destroyed her documents based on a smuggling agents' advice, this was considered an offence and any person who was found guilty had to pay a fine or face two years' imprisonment (Refugee Council Briefing, 2004).

The changes in immigration laws continued to worsen the situation of asylum seekers and refugees in the UK, but the government persisted with frequent amendments to the laws (Schuster and Solomos, 2001). As shown in Graph 1 above, there was a general decline in

asylum applications between 2004 and 2007. The trend then started to show a steady increase from 2008 to 2009 until it began to decline again in 2010. Blinder (2011) suggests that the decrease in asylum applications from 2005-2010 was due to the policy change in 2005, which no longer granted immediate settlement to asylum seekers who received leave to remain. Rather, they were given an initial five years' leave to remain and re-application was subject to a change in the situation in their home country. This was done to delay 'settlement for those granted refugee status, humanitarian protection (HP) or discretionary leave to remain' (DL) (Blinder, 2011: 3). This caused a decrease in asylum applications by principal applicants between 2004 and 2010 from 11% to 4% of net migration (ibid).

It was within this context of immigration changes that my participants' migratory experiences occurred and their immigration processes were framed. For instance, the women who arrived in the 1990s witnessed four different kinds of immigration changes before the close of the decade: the 1993 Immigration Appeal, the 1996 Asylum and Immigration Act, the 1998 Immigration Act and the 1999 Immigration Act. A similar situation held true for those who arrived in 2000-9 as this period also witnessed a series of immigration amendments and policy changes. These successive changes had a devastating effect on the overall immigration experiences of some of my participants. In particular, transitioning into these different phases of policy changes and understanding how they enabled them to access services was very challenging. This forms the basis of the discussion in the next paragraphs as the changes came to bear on the women's immigration processes. Due to their lack of understanding of how the UK immigration system operates, in some cases the women acted contrary to what was expected of them and this at least temporarily affected the outcome of their immigration applications.

Out of the 14 women who arrived in the UK during the 1990s (and this includes two accompanying minors) only eight enjoyed the no restriction immigration rules that existed before the changes began in 1993. Three participants came to the UK in 1993, but unless they arrived before the changes began, I cannot be certain that they experienced no restriction immigration rules. Three other women came in 1994 and 1995, at the time when the enactment of changes was in motion. This was the situation for all the women who came at different times in the 2000s. The differences in arrival points give an indication of the differences in immigration experiences that the women had. UK immigration has several differential categories of status (Brown, 2008) that determine the kind of support and entitlement asylum seekers receive. An awareness of immigration policies and

regulations is therefore crucial in understanding how the women utilised the services available to them.

In Chapter 2, I discussed the reasons for Somalia's political disintegration that caused many of her nationals to emigrate. I shall therefore not elaborate upon this further here. However, one issue emerged during my research which gave an indication that, whilst most of the women came to the UK as a direct result of seeking refuge from the threat of war, some came for other reasons. This forms part of the discussion in the next paragraphs, but to do this I must first set a general historical context for the women's inflow to the UK as this links to their different migratory purposes and the locations from which they travelled.

A large number of Somali refugees who arrived in the UK had been caught in the Somali civil war (Harris, 2004; Price, 2006). Many of these were women and children who had come for family reunion. A few of these women's husbands stayed in Somalia to fight, and others were killed (Price, 2006). As a result, the demographic make-up of the Somali community in the UK, which had always been male until then, changed (Price, 2006). In recent years, the influx of Somalis to the UK has largely been from other countries in the diaspora, and by people who were applying to reunite with their relatives, separated by the war and have been residing in other countries (ibid). Research by Nielsen (2004) and Harris (2004) indicates that the UK has the largest Somali community outside Somalia and it is seen as 'meeting point' for Somalis formerly living in countries such as Norway, Sweden, Denmark and the Netherlands (Harris, 2004; Nielsen, 2004). The paragraphs below describe the women's entry to the UK and the things they experienced in common. This will be followed by a discussion of the differences in their immigrational experiences.

### **Travelling to the UK**

One common purpose made the women travelled to the UK, to find refuge. There are three main transport methods by which one can enter the UK: by ferry, by air or by train, and at each point non-EU nationals must prove their eligibility to enter the UK (Home Office UK Border Agency, n.d). The majority of my participants came to the UK by air and the rest by train. This was a result of differences in circumstances that made them travel from different locations. In total, 22 women arrived at their port of entry by air. These included 14 women who arrived in the 1990s, among them two accompanying minors. The eight other women who travelled by air to the UK were five 2000 arrivals, one accompanied

minor and two recent arrivals. One woman travelled from Paris to the UK on the Eurostar and therefore arrived at Waterloo Station by train. The three remaining participants were EU nationals, and they too came by Eurostar through Waterloo Station. In total, 17 of the 26 came directly from Somalia. Of these, 10 arrived in the 1990s, six were 2000 Arrivals and one was a Recent Arrival. Six of the remaining nine participants came from other neighbouring countries where they had taken initial refuge, and three women migrated from the EU between 2005 and 2009.

The six women who migrated from neighbouring countries, along with four other women coming directly from Somalia, had applied to reunite with their families living in the UK. In all, 10 women came for a family reunion. Five of these arrived in the 1990s, including the two accompanying minors (now adults) who came with their parents. Evansna and Haruanna travelled with their parents to the UK to reunite with family members. The five remaining participants joined their families in the 2000s and one came in 2008 as a Recent Arrival (see Appendix C for an overview of the women's migration experiences). This means that there was a steady stream of family reunions over the whole period. The variance in travelling arrangements and companions had a profound impact on the women's journey and its outcome and I discuss this in the section entitled 'mediated entry'.

Azus had taken initial refuge in Yemen and it was from there that she travelled to the UK on a UN quota. Similarly, Neena had travelled from Nairobi through Paris, from where she had a transit to the UK. Liama travelled directly from Somalia through Moscow on a transit. Liama's description of her journey from Moscow was rather unpleasant as the immigration authorities in Moscow demanded money from her. When she could not pay, they took her only proof of identification. This made it impossible for her to board the next flight, until a Good Samaritan came to her rescue. The 1951 UN Convention allows a refugee to pass through intermediate countries on transit to countries where they prefer to seek asylum and for their cases be considered (Harvey, 2009). But Liama's experience shows that this arrangement can present its own trauma to asylum seekers. Fatura migrated to the UK from Finland in 2005, Flavia from the Netherlands in 2007 and Nimo arrived in the UK from the Netherlands in 2009.

One might expect that those who fled directly from Somalia as a result of the war, and did not have time to pack their things or carry any documentation, would have been seen as having well-founded reasons for claiming asylum. However, as emphasised by Brown

(2008a), the complexities of immigration rules make such assumptions inappropriate. As will be discussed later, the women themselves complicated their own situations by the contradictory stories they narrated. Therefore what determined the outcome of their immigration status was not the different migratory routes they took, but the kind of claims they put forward and how such claims met the criteria for immigration rules.

Most of the women travelled with family members, such as: husbands and children, children only or children and parents. 12 women travelled by themselves. These included six 1990s women arrivals, three 2000 Arrivals, one Recent Arrival and two EU Arrival. Five came with agents, or an agent arranged the journey. At least four women who came to the UK in the 1990s, one who arrived in 2000, and one other Recent Arrival, came with their entire family, including children and husbands. Seven women in total came to the UK with their children, of whom one came with her mother and children. Six of these seven women arrived in the 1990s and the last arrived as an EU secondary migrant. Dumna travelled from Kenya, where she had taken refuge with her parents, but where her father died as a result of war trauma. Haruanna travelled with adults directly from Somalia, but Evansna journeyed from Ethiopia, where she had taken initial refuge with her parents. Adiye, a Recent Arrival, travelled with her husband, also from Kenya, where they had taken refuge for nearly 20 years before coming to the UK. Her narrated story, told below, describes the torture and abusive experiences that most asylum-seeking women go through; however, these experiences do not count as reasons why one can seek asylum. That has to do with the fleeing of war, experienced by both men and women, which usually has national/international recognition. Several women who failed their asylum claim have had such traumatic experiences (Refugee Council, 2007a), yet immigration procedures make it difficult for them to tell their stories, and give no scope to consider refugee women's traumatic experiences when deciding their asylum claim.

Adiye recalled how the gun fighters at the time took all their farmland and subjected both her husband and her to torture before one gunman took pity on them and helped them to escape. The severity of her husband's torture left him physically unable to protect Adiye, who was left in the hands of her abusers. Nonetheless, any intervention from her husband would have resulted in his death. This abuse, which affected both of them, left her husband with permanent severe physical damage and so he was not able to do any physical activities. Living by begging and not being able to pay for medical bills, she became concerned that her husband could die in that poor condition. She decided to make the UK

their final home; being from the minority clan and with the militia and gunmen still killing and looting properties in Somalia, especially where she came from, they could not return home.

I have been living in Kenya for the past 20 years. When the war started the major clan attacked the minority clan. My family, we were quite rich because we worked hard on the farms. We planted crops and we had lots of animals. The major clan, they attacked us and took everything. They said, 'if you don't leave here now we will kill you as well.' They beat my husband, dragged him onto the floor and they were hitting him with their guns. Oh! They did so many terrible things to us. One man said, 'come here quickly,' and he helped my husband I into the boat. I was in terrible pain, but I was worried about my husband. I thought he was dead. We escaped to Kenya. The militia, they attacked us and they took everything and they beat us so badly. (Adiye, 45-55, uneducated, unemployed, married)

Adiye's statement, 'I was worried about my husband' (even though she was also molested and was in severe pain), suggests that she was offering emotional comfort to her husband while making minimal emotional demands on herself. This situation was not isolated to Adiye, almost all the married women prioritised family needs over their own. But this further reinforced a family structure that subjected them to patriarchal domination. The awful experiences that Adiye went through left a lasting psychological effect on her, so much so that one could feel the intensity of her hurt and pain as she poured out her heart. The trauma had affected Adiye mentally. This was evident because she not only repeated most of the things she said, there were times when she spoke out of context and I noticed that every question I asked her, whether it was on health issues, education, welfare benefits, etc, she would always come back to talk about how the majority clan fighters maltreated the minority clan. Adiye's reaction to my questions suggested that she might not have had the opportunity to voice her hurt openly and directly to those she thought were responsible for her pain and the interview process became a medium for her to release her pent-up feelings. It was easy to see that Adiye was going through mental distress. As a result, I stopped the interview. I was particularly concerned that her utterances might provoke anger among some of the other users of the centre. I was aware that some of the women who were present at the time of the interview came from the majority clan. People present at the community centre were quiet, they just listened, but a few of these women had what I perceived as 'a frown' on their faces. I felt the need to end the interview and I apologised to everybody present at the centre for what the interview might have stirred up in them. However, I became interested to find out what kind of

counselling support was available for people like Adiyee. As it turned out, there was none. According to the director of the centre, the women's traumatic experiences could heal when they came to the centre and interacted with one another. This might be true to some extent and Launer (2005), describing how a patient, Anna O's, interaction with her physician brought healing for her 'distressing psychiatric symptoms', suggests that talking within a relational context provides a therapeutic cure to painful emotions. However, Adiyee was not engaging with the other women and therefore did not benefit from their social interactional relationship. What she needed was counselling and so I suggested this to the director and followed it up to ensure that this was provided for her.

The services provided at the community centre where I did my research were geared towards African women generally, but Somali women predominated. This is possibly because the director and the founder of the centre is a Somali; therefore Somali women are attracted to attend. I did not investigate the general composition of the centre, but events during the interviews revealed that, among the Somali women, clan differentiations were unspoken. As one of my interview questions, I wanted to know which clan the women belonged to. This was to enable me to understand their particular immigration situation in light of the fact that, a few years before these interviews, members of the minority clan were being favoured over other Somali asylum seekers in terms of immigration status. But, as it turned out, the women were not comfortable with this question. The interpreter indicated this to me, so I had to avoid that question. But such concealment created lots of problems even during the time I was at the centre, raising tension among some of the clan members.

For instance, a month after my interviews, I went back to the centre for a management committee meeting as the newly appointed secretary to the women's group. Jildart (one of the committee members) also came. She looked sad, but also angry. It turned out that she had lost some family members that week in Somalia because a group belonging to Khadiac's clan (the director of the centre) had ransacked Jildart's village and killed at least five of her family. She was enraged and expressed her disgust about the clan divisions, but this anger was directed towards Khadiac. As a result of this, she resigned from her post that day and left the centre in rage and resentment. There was a lot of anxiety in the faces of people in the room, but no-one said anything. I noticed that the women came together and acted as though everything was all right. Openness and counselling for those who have been hurt by the war could help women like Adiyee and Jildart. Jildart's situation and

Adiye's relational condition with the women at the centre, confirm the findings in the background study which suggest that the effects of clan conflict still exist among the Somali Diasporas. This situation was reported by Casciani (2006) and the Bradford Resource Centre (n.d.: 17), when they suggested that clan conflict is still prevalent in the UK and is having a devastating effect on some Somali communities.

Knowledge about the women's different needs was necessary as they helped me to develop an understanding of the conflicting situations involved in immigration law. The law purports to protect asylum seekers from international persecution, yet ignores the suffering effect of persecution during immigration claims. For instance, the UK government was prepared to offer immigration protection to the Somali minority clan to allow them into the UK. However, the complexities of immigration rules were such that the effect of the women's flight was ignored during the immigration process. The women complained that counselling procedures that could have helped them to narrate their experiences were not part of the immigration process. This would probably have made a difference to the outcome of their asylum claims. Refugee women's suffering bears on their immigration claim, therefore, internal protection from clan conflicts should be made a research focus to offer an understanding of the depth of its effect on those who come to seek asylum in the UK. In spite of these differing needs, Brown (2008c) confirms that immigration rules usually treat asylum seekers/refugees as a homogeneous group, particularly in the areas of service provision and strategic planning. In this particular instance, the women made it impossible for me to ascertain the full scale of their needs. This was also due to my own lack of knowledge, experience and skills to help me dive into their lives with sensitive caution and understanding.

### **Agent-arranged Journeys**

People who are running away from persecution would normally leave in haste and would avoid attracting the attention of state authorities. Such a situation often compels most of them to pay an 'agent', who arranges fake documentation to facilitate their flight (Refugee Action, 2005). These difficult and dangerous journeys involve children and women. Under the 1951 UN Convention on Refugees, asylum seekers fleeing from danger should not be punished for entering a country illegally as long as they submit to immigration authorities on arrival (Refugee Action, 2005).

From 1973, the UK government ruled that Somali nationals must apply for a visa to enter the UK. Since then, people seeking to enter the UK for the purposes of asylum have engaged in different forms of entry strategies that often place them in the hands of people smugglers and traffickers to secure entry (Morrison and Crosland, 2001). Many of these people become trapped by traffickers at the asylum camps and girls are often sold for sex to highly organised networks that operate transnationally (Bhabha, 2002). These are illegal commercial agents who extort money from fleeing persecuted asylum seekers with the promise of sending them to a place of safety.

The use of agents compelled these travellers to use counterfeit documents and to evade visa requirements (Bhabha, 2002). Sometimes, the refugees are coerced into believing that there is a greener pasture out there, only for them to encounter far worse problems. The agents who travelled with my participants posed as family members, but there were a few whose journeys were monitored by these agents from afar. I categorised them into two groups: accompanied and non-accompanied. Two out of the four women whose journeys were arranged by agents were accompanied by their agents as family members. One of the women came to the UK in the 1990s with an agent who posed as her husband. The other came in 2001 as an accompanied child with the agent assuming the role of her father. However, those who were not accompanied by agents avoided the hassle of having to confront immigration officials by having all the information about them written on pieces of paper, which they handed over to the clearance officers. Both Dumna and Bonte came on an agent-arranged journey and, although they were not accompanied by their agents, the latter directed them as to how to get assistance through detailed written instructions. Both women had been told to hand over a paper to the clearance officers, who would be able to offer them the necessary support, as in Bonte's statement below:

I came with my two children and I didn't have any papers. The agent [the man who arranged her travel] told me, 'show this paper to them and they will get you someone.' So when the man [immigration official] asked me something in English I just gave him the paper, so he said, 'sit here ...' (Bonte, 55-65, uneducated, unemployed and married)

This written information enabled the immigration officer to offer her the necessary support. Maryous also arranged to travel with an agent, who collected money from her and pretended to be her husband. Maryous and her supposed husband travelled with a visa and were given temporary leave to enter the UK. Maryous was aware that her real husband had filed her name as dependent spouse, so she travelled under a different name. She was sure

that, with her real name filed at the Home Office by her husband, it would be easy for her to proceed in processing her immigration status as a dependent. But subsequent events showed that the situation was more complex than she had anticipated. This is discussed later in this chapter.

### **Documentation, Dealing with Officials and the Situation of Family Reunion**

Having a travel visa is the first requirement to enter the UK as it specifies the reasons for your journey (Home Office, UK Border Agency, n.d). Bhabah (2002) asserts that asylum seekers' flight in today's world is likely to be indirect, mediated by commercial intermediaries and with the use false of documents. This is because of the multifaceted circumstances involved in asylum seekers' flight from their original location. Harvey (2009), assessing the claim of a group of Turkish asylum seekers, observed that applicants travelled with false documents; for some, this was the only means by which they could escape to safety. People who enter a country without a valid visa are regarded as illegal immigrants. However, under Article 14 of the 1948 Universal Declaration of Human Rights, everyone has the right to seek asylum and the 1951 Refugee Convention forbids countries from punishing those entering 'illegally' if they come directly from a place where their life or freedom is endangered (The Universal Declaration of Human Rights, (1948); Philips, 2011).

According to the the UNHCR, a person with a well-founded fear of persecution should be classified as a refugee and not as an 'illegal immigrant' (Phillips, 2011) and should not be treated as a criminal (Bhabha, 2002; Philips, 2011). This is because the very nature of their persecution is an indication that their only means of escape may be through illegal entry and/or the use of false documentation (Philips, 2011). The UK immigration policies equally acknowledge the difficulties asylum seekers face in obtaining the necessary documentation prior to their flight to safety (Bhabha, 2002). A document compiled by the Council of Europe, European Courts of Human Rights (2007), about a case involving Salah Alah Sheekh (a Somali asylum seeker) and the Netherlands immigration authorities, revealed that most human traffickers, after collecting money from these travelling refugees, also control their documents and in most cases take them away from the asylum seekers completely.

This report indicated that, where agents arrange the journeys and the refugees travel with fake names and fake documents, they often discard them on arrival so they can claim asylum (Bhabha, 2002; Council of Europe, European Courts of Human Rights 2007). Nine of my participants did not have travel documents. Some correlated this lack to the urgency of their journey. This supports the claim that asylum seekers who are genuinely being persecuted will not be able to pause to collect their belongings/documentation (Harvey, 2009). Among the nine women, some reported travelling with fake documents to board a plane, but said that they discarded their documents upon arrival. This confirms the report by the Council of Europe, European Courts of Human Rights (2007) discussed above, that agents who travel with refugees, having forged false documents for them, also seize these documents upon arriving at the airport. They either disappear or coach the refugees into seeking asylum without documentation. However, such a situation only implicates these innocent people to have difficulty facing the UK immigration laws that forbid anyone who destroys their documents to be arrested unless 'it is for the right purposes' (Refugee Council Briefing, 2005: 4).

Asylum seekers who enter the port of entry without proper documentation are not only subject to vigorous questions, but those who are suspected are detained. With no documentation, asylum seekers' identity becomes problematic and controversial and their credibility is called into question (Bhabah, 2002). The participants who had no travel documents felt they received hard questioning from the immigration officials and, from what was reported to me, at least two women were detained.

In the UK, asylum seekers who arrive at the port of entry without a valid visa or passport are initially detained while security and character checks are carried out. In detention, they are supported to apply for refugee status. Once an asylum seeker fulfils the criteria for the assessment, she is granted refugee status (Refugee Council, 2007b). Arriving in 1992, when the 1993 Appeal Act had not yet been introduced, Mosna was able to have a hearing whilst still in detention and this allowed her to apply for asylum. After four weeks she was released and given temporary accommodation in London.

Under UK immigration law, immigration officers have the right to allow a person temporary leave to enter if the purpose is to seek asylum (Home Office UK Border Agency, n.d; Refugee Council, 2005b). Usually, the women who came without visas submitted themselves to the immigration authorities at the port of entry. Those who do not apply for asylum at the point of entry must make their application as soon as reasonably

possible on arrival, or they lose their eligibility for social support. They must also show evidence that they were fleeing persecution to be allowed temporary entry. Again, they are allowed to choose where to submit themselves to the Immigration Service when they arrive, either at the 'port or in-country at one of two Asylum Screening Units (ASUs), based in Liverpool and Croydon' (Refugee Action, 2005: 2). The narrative experience of my participants indicates that most of those who submitted themselves at the port of entry were those without valid travel documents.

Since Belinda was coming to join her husband, she did not have to seek asylum. She told me that she had no problems dealing with officials because her husband came to answer questions on her behalf. Adiyee, however, had to prove her identity through the numerous questions the screening required. She had the choice of either seeking temporary entry to the UK or submitting herself to the Home Office at a later date, or to seek asylum immediately at the port of entry. The advantage of seeking asylum in-country is that it helps the women to find someone (a relative, friend etc.) who might accompany them. For those who submit at the port of entry, the initial information they provide to the port authorities is critical to the success of their claim. At their second screening at the Home Office, where they are assigned case workers, asylum seekers are supposed to repeat what they said at the port of entry. It is critical that they organise their thoughts properly because what they say has an effect on their overall claim.

Evansna and Haruanna's parents came with a visa to join their family. As two accompanying children, they had no problem declaring who they were and why they had come to the UK because their visas gave an indication of where they were going, and they had no problem being allowed into the UK as a result. On the other hand, Shumi and her supposed 'father' had neither visas nor any contact person in the UK. As a result, they sought asylum at the port of entry. She was 17 years old and 7 months pregnant at the time. Shumi and her 'father' were given temporary leave to remain in the UK and they were also given the names of 'case owners' who would deal with their cases. She recalled that the screening was quite intense, but everything was directed towards her 'supposed father' and, as a child, especially not being directly involved, she had no idea what the whole thing was about. However, she was scared that they might find out that she was not the man's real daughter.

They asked a lot of questions and the man answered all of them. At that time I thought they were going to say, 'OK, we will check and see if she is your true daughter.' I got a bit scared, especially when the officer looked at me. Although I did not understand what the whole thing was about at the time, I was a bit scared that they might find out I was not the man's daughter. I was so happy when they did not ask me about that because I might have said something to give myself away. (Shumi, 20-30, uneducated, unemployed and a single mother)

This approach of presenting inconsistent stories and needing to lie is in keeping with Bhabha's (2002) assertion that asylum seekers in our current global economy have mastered the art of lying in order to reach a place of safety at all costs. But this has negative consequences that can affect future asylum seekers, who might have to face the challenge of proving their identity and whose credibility may also be called into question. However, as indicated above, it points to the various non-conventional ways in which some women asylum seekers negotiate the immigration system that require a further look. Some of my participants said that they were detained because they did not have valid visas and they were put in a place near Heathrow in Harmondsworth. Hadma-Moham, for instance, told me that after going through difficult questioning by immigration officials, and feeling criminalised, she and her children were sent to Harmondsworth and Hounslow where they spent two weeks each before they were moved to a 'proper accommodation' in London.

Several factors prompted the women participants' migratory journey, but one common reason that directed most of them to come to the UK was community affiliations. The Somali community is well-established in the UK (Nielsen, 2004). Haruanna's family came here for two reasons: war broke out and intensified in their town in Somalia so they had to run for their lives and early enough to avoid losing any of their family members. This early, but pre-planned journey helped them to apply for a visa and to prepare for their travel, although on a very tight schedule. Just after leaving their town, in a narrow escape to travel to the town where they could apply for a visa, gunmen ransacked their village and destroyed everything. They chose to come to the UK because her brother had already settled here and had filed their names at the Home Office as family members who would join him in the future. A further reason why Haruanna's family chose the UK was the communal network that exists here, which made it more like a home for them. The fair justice system was also one of their reasons for choosing the UK. Therefore, when asked at the port of entry why they were in the UK, Haruanna's father said:

...during wars people run for their lives and therefore would go anywhere they

could be safe to start with, but after some time you then decide on where to settle to start life again, especially with the war still going on in our country. Over here in Britain we have family members who have already settled here and that helps people like us who have lost everything to start again because we can get the support. Also, British people are good and accept people no matter where you come from. We need a place like this to feel safe. (Haruanna reporting)

Evansna's parents had escaped the war by moving from Somalia to Ethiopia. However, whilst in Ethiopia, war broke out there. It was convenient for Evansna's family to come to the UK because a relative had already settled here and had been granted indefinite leave to remain. Family reunion at the time (in the early 1990s) was not as difficult as it is now, except that there was a long waiting period of seven years (for those with exceptional leave, and four years for recognised refugees), before family members were allowed to come on a reunion ( Migration Watch, 2009). Evansna's brother had just qualified to apply for his relatives to come and join him. Therefore, for Evansna and her family, it was convenient to come to the UK. This is expressed in her comments below:

If you already have permission to come here to join your family it is easy for you because the Home Office has already agreed for you to come and live in this country, so once you enter on that agreement, getting your status is easy. For us it took a few weeks to process our papers, yeah! I know that for those who come from the minority clan of Somalia it used to be easy for them to get their papers; that was a few years back, but when we first came, it was easy for everybody. It was only when so many people started coming in that the UK government restricted Somali asylum seekers from staying in the UK. From that time on they say only the minority could be allowed to stay. Even now almost everyone coming from Somalia claims that they are from the minority clan, so it is now becoming very difficult for anybody who comes from Somalia to be accepted as a refugee. (Evansna, 30-40, educated, employed and married)

Evansna's account, first of all, exemplifies what happens when people come with inconsistent stories to claim asylum and how such behaviour affects those who genuinely need international protection. As Evansna confirmed, it also justifies why governments in member states use stricter means to prevent access to fraudulent asylum seekers, even though in the process, those who genuinely need protection are also affected.

Shumi's reason for coming to the UK was not directly related to the war in Somalia, although she based her entry and subsequent claim for asylum on the war. She became pregnant when she was 16. As a Muslim girl, her parents' expectation was for her to get married in the traditional way. As a result, Shumi became the target of physical and

emotional abuse, by her parents, her extended family and the community in which she lived. The man who brought her took her on as a daughter, but soon realised that her staying behind whilst he travelled to the UK could be disastrous, so he decided to bring her along without the knowledge of Shumi's parents. He agreed with Shumi for her to seek asylum in the UK because it was dangerous to go back to Somalia under the circumstances.

Adiye and her husband had lived in Kenya for 20 years, but never felt that it was a home for them because of the many problems they faced daily. Besides facing difficulties in making ends meet, they were also subjected to cheating and bullying and, since they could not go back to Somalia, they made their way to the UK after their initial attempt to go to the USA – where most of the southern Somalis went (Morland, 2004) – failed. They had no contacts in the UK, but they had heard that it was a country where people are treated with respect and where nobody could hurt them, at least not in the way they were treated in Somalia and in Kenya, without having the law to defend them.

I come from Kismayi, so many of us, they went to USA. My husband said no we stay in Kenya, what is in Kenya? Problems every day; today they arrest you, tomorrow they arrest you and say bring money; what is in Kenya? For 20 years I have been in Kenya, problems all the time. I always hear that the UK and America are good countries because the government will look after you; they will not allow anybody to hurt you. So I said, 'OK, we will go to the UK, because we are tired of people hurting us all the time.' I like UK, it is good and I enjoy it here. I should have come here a long time ago. The government, he is very good; he will not allow anybody to hurt you. He will put them in prison if anyone does anything bad to you. That's why I like him [the government]. I like to be in the UK (Adiye, 45-55, uneducated, unemployment and married)

Adiye expressed her deep appreciation and how much she liked being in the UK because they treat people humanely and their system of justice is fair to even the ordinary person. Throughout the interview, she never stopped mentioning how happy she was to be in the UK. This statement also implied her resentment about injustices in her own country. It is usually reported by the tabloid press that asylum seekers only come to the UK because the welfare system is a 'soft touch'. Yet, the above statement makes no mention of this. It rather confirms a survey carried out by the Home Office (Robinson and Segrott, 2002), which reported that family, language and colonial history determine where asylum seekers go, rather than the provision of welfare. As indicated above, for most Somalis, both those in the diasporas and those in homeland Somalia, the reasons why the UK is their favourite location is their reliance on family members, community affiliation and networks.

The procedure for family reunion was the same for all year groups, except that by the year 2000 the waiting period to apply for a family reunion had been reduced from seven years for those with discretionary leave to remain (Flynn, 2002). Those who received refugee status usually qualified to apply for family reunion immediately (ibid).

Family reunion allows refugees who have been settled in the UK for a number of years and have been granted leave to remain in the UK to bring their families to join them (Flynn, 2002; Home Office Statistics Bulletin, 2008). Such people are allowed to include dependents in their application for asylum. This may include dependents who travelled with them to the UK or those who have become dispersed by the war. Under the immigration rules, only those relatives that formed part of the family unit at the time of their flight (husband, wife, civil partner or unmarried/same-sex partner, with any children under 18) can apply to reunite with their family. However, where there are compassionate grounds, family reunion with other relations is allowed (Connell et al., 2010; Home Office, 2011b).

For the 10 women who came to be reunited with family members, entry was usually smooth for most of them as family members were called to prove their legitimacy and to speak on behalf of dependents at the port of entry. In a situation where the principal applicant had transferred from a first country of asylum and was awarded leave to remain before 30 August 2005, the law allowed them to invite their relatives after three to five years of being awarded humanitarian protection and qualifying for indefinite leave to remain. Evansna's brother came to the UK from Ethiopia, where he had taken refuge with his parents. He had just qualified to apply for indefinite leave when his relatives came to join him. Similarly, Haruannah's parents came to join their son, who had just qualified to apply for his relatives to join him in the UK.

### **Applying for Initial Accommodation**

Applying for initial accommodation was the same for all the women. It was often easy for those seeking asylum at the port of entry to use this support, particularly those who had no contact person in the UK. They normally applied for this support under the Asylum Support Scheme pending the initial decision (Williams, 2007). This support scheme was set up in 1999 as part of the Home Office's Immigration and Nationality Directorate and it was managed and co-ordinated by NASS (National Asylum Support Service). Before this

date, the IND (Immigration, Nationality Directorate) offered such services. NASS was responsible for offering welfare support to asylum seekers until an initial decision was made about their asylum claim (The Scottish Parliament Information Centre, 2001). Currently, the UKBA is responsible for the accommodation and support needs of those seeking asylum in the UK (O' Hara, 2010). Before the establishment of the 1996 Immigration Act, those who failed in their asylum claims received support whilst going through their appeals. The 1996 Immigration Act completely ended this privilege, but the 1999 Immigration Act allowed destitute failed asylum seekers could only apply for support from the council (Laing, 2009). Following the 2004 Overseas Amendment Act, failed asylum seekers have received no state support (Aspinall and Watt, 2010).

The only thing is, if you enter before going to give yourself up to the immigration, they don't want to accept you, so I don't actually know what happened to these people. At that time, my understanding of the UK system was limited because I hadn't been here for long. (Azus, 40-50, educated, employed and married)

Seeking asylum at the port of entry was very important, and for those who applied for accommodation, they had the added benefit that curtailed the hassle of having to collect documentary evidence from home-owners in support of their immigration claim. This may include a letter from your landlord, a bill, proof of identification, personal statement etc. (Home Office, UK Border Agency, n.d). However, if the relatives they lodge with live in private rented accommodation, then it can be difficult for landlords to give letters to people who do not rent their accommodation in the first place. Kandi's (a 1990 Arrival) perception of the UK immigration process for newly-arrived Somali asylum-seeking women sums up the frustration involved in having to provide the right documentation for one's application, especially for asylum seekers who have just arrived in the UK:

Sometimes some of us [asylum seekers] don't get our asylum accepted because they [immigration officials] ask you to provide so many things to support your claim. But how can a person who has just got here get all the things they are requesting? I think that is too much, they are just trying to find ways to throw people out and say 'you don't qualify'. (Kandi, 30-40, ESOL, employed and married)

The women's frustration was not just about having to produce documentary evidence, but also about being dispersed away from their community members. Since NASS operates under the government's dispersal policy, asylum seekers who come under NASS support are accommodated away from London and the southeast, in other urban communities

throughout the United Kingdom. This is to avoid overcrowding in the southeast and London areas (Home Office, 2008b) and to distribute the costs of looking after asylum seekers more evenly. For Somali refugees, who are culturally oriented to live communally (Cun, 2006), a policy that causes them to be dispersed acts against their cultural disposition. Those of my participants who were subjected to dispersal away from their own community complained about the alienating nature of such practices. As one participant stressed:

When we come they take us outside London because they say there are too many people; they are overcrowded. Some of them they try by any means to get an address so they don't have to go outside London. Ehuh, because they don't know anybody, how can you live in a place where you don't know anybody and you can't speak English? Everybody wants to live in a place where they feel at home and outside London is not that place. (Adiye, 45-55, uneducated, unemployed and married)

Like Adiye, most of the women expressed disappointment about the government's dispersal programme, arguing that it separates them from their community and makes them feel alienated from the society they need to integrate into. Whilst it is reasonable for the women to live together for community support, this did not help them overcome their language problems. They sacrificed the opportunity they would have if they had to live among non-Somalis to speak English. As a result, up until the time I was conducting the interviews in 2010, many of the women could still not speak English even though some had been in the UK for almost two decades.

For the women, dispersal might be seen as one vital ingredient in facilitating their ability to learn the English language as they have to speak and engage with people other than their own compatriots. Doing so helps their communication skills. But the women saw this as having a negative impact on them. For my interviewees, clinging to their culture was vital and that required staying together; it was the reason many of them chose to come to the UK in the first place (Nielsen, 2004). As a result, they believed that allowing unaccompanied Somali children and minors to be fostered by foreigners was problematic. Bonte's statement below sums this up:

We could understand if there were no Somalis here, but no, there are plenty of us here in the UK now. The best thing is to bring them to our community centre and we will help to settle them, once the government is ready to provide the means for their support. Why do they give unaccompanied Somali children to other nationals for adoption and not Somalis? They can't do that. These children need to grow with their culture. How will they learn to fast and pray, read their Qur'an and learn to respect

adults? When we hear this we get really worried. (Bonte, 55-65, uneducated, unemployed and married)

Most of the women expressed such sentiments, but statements such as this are at odds with the women's need to integrate into UK society. Throughout the interviews, the women admitted that not being able to speak English made it difficult for them to integrate and they found it hard to do things without support from family members or friends. Yet, from the views such as those expressed above, it seems they prevented themselves from doing the very thing that would help to foster their integration and enable them to overcome their predicament. By trying to stop the children from mingling with other foreigners, they passed on the cycle of their own predicament to the children.

Some of the women admitted that submitting to immigration at the port of entry would have been the best option, but they were not well-enough informed to enable them make the right choices. This has been confirmed by the Refugee Council (2010), which argues that asylum seekers lack understanding of the process and therefore are not able to access services in a timely and consistent way. Brown (2008b) has emphasised the complex nature of asylum seeking and suggested that such complexities mostly lead to asylum refusal. Researchers like Crawley et al. (2011), discussing the complexities of asylum policies, have raised concerns about the barriers they create to prevent genuine asylum seekers from receiving protection. Such statements show that social policies governing public services are generally made to exclude others. There are obvious indications in the women's stories that their lack of education and lack of understanding of the dynamics of the British system became a hindrance to accessing the services offered to them. However, the reason behind this barrier was not what they lacked, but the design of policies that place limitations on how far they could go. The regulatory power of immigration policies facilitates creating a distinction between who fits to be included as a citizen and who does not, who is allowed to belong and who is not. It is a system that creates 'otherness' – 'us' and 'them' and it helps to control who has access and who does not. This is in line with Foucault's panopticon theory, which highlights how modern democratic societies use a system of social order to repress individuals and to regulate and control their actions. Using this concept to discuss the 'nature of power in society' (Foucault 1980: 30), he suggests that power affects the actions and attitudes of individuals and it influences 'their discourses, their learning processes and their everyday lives' (ibid). In the case of my participants, immigration policies were used as a controlling mechanism to regulate who has full access to services and who does not. The Social Exclusion Unit (Bradshaw et al.,

2004) suggests that such a system creates social exclusion and this affected a number of my participants. Some of the women suggested that they did not submit at the port of entry because they wanted to escape the hassle of having to confront immigration procedures, which most of them found overwhelming.

In 2006, the Home Office abolished NASS and instituted a new model called the New Asylum Model (NAM, although this is still widely referred to as NASS). Under this model, a case owner (the person in charge of the immigration decision) makes support decisions (William, 2007). Under this change, an asylum seeker who is 18 years or over, and who makes their claim soon, can claim NAM asylum support to cover their housing and living expenses. To qualify for this, asylum seekers have to show that they are 'destitute' and without sufficient income or capital to cover their housing and living expenses within the first two weeks of lodging their claim. By this time an initial decision would have been made on their claim (William, 2007). Adiyee took advantage of this support service and it also facilitated her in getting her own accommodation.

## **EU Secondary Migration**

The pattern of secondary migration to the UK was more common as a post-2000 phenomenon, particularly after 2004 when many Eastern European nations became part of the European Economy (Balance Migration, 2008; Burrell, 2009). However, for Somalis in the diaspora, migrating to the UK had been part of their migratory experiences (Nielsen (2004) long before the 2004 'Accession 8' migrants started to arrive. In her research on the migration of Danish Somalis to the UK, Nielsen (2004) suggested that some of the ways in which Somalis get information about the UK are through friends and family who have already settled in the country and by short visits to the UK. My research confirms this because all three EU migrant-participants mentioned that they received information about Britain from relatives living in the UK. At least one of the three participants made an initial visit before coming to settle. Prior to settling in the UK, Fatura visited friends and relatives in the UK and she thus heard that it is a country that is flexible in allowing migrants to form community networks.

I always heard reports about how Somalis live together like a family in Britain and that made me start coming here to visit and I always enjoyed it each time I came because in Finland it's not easy to have so many Somalis staying near each other. So I decided I wanted to change environment and come to Britain because all my relatives are here. Over here we live like a family and even if you don't have your

own family, you still have people who will take you as their family and they will help you when you are having problems in life. I like it here more than Finland to be honest. (Fatura, 25-35, educated, unemployed and married)

Such comparative statements clearly indicate differences in settlement procedures and, in this case, the UK seemed more favourable to the participant than Finland, where asylum seekers submit their applications to the police or to the passport control officer. They are then transferred to one of 20 reception centres located in different parts of Finland (Asylum law.org, n.d.; Mikkonen and Kärkkäinen, 2002). Depending on which centre an asylum seeker is sent to, it is almost impossible for people from the same community to settle together.

The Netherlands has a similar system. With the enactment of the Aliens Act 2000, which took effect in 2001, Dutch immigration rules have become stricter. Within these rules, the Netherlands exercises tougher requirements for family reunification, qualifying and being admitted into the country (Chadbourne, 2003; Pascouau and Labayle, 2011). Human Rights Watch (Chadbourne, 2003) has criticised aspects of Dutch asylum policy as violating international refugee standards. According to this report, Dutch restrictions upon asylum immigration are second to none within western European countries (Human Rights Watch, 2003). As a result of these restrictions, many Somali refugees find it hard to integrate into Dutch society and some find the UK more attractive because of its community network (Nielsen, 2004).

In the Netherlands, housing for asylum seekers is a condition for their future integration. However, most are accommodated in reception centres, which are often not conveniently located and normally isolated from their community groups, social and health services and facilities (ECRE, 2006). Asylum seekers are also meant to stay in the centres for as many years as it takes for their residence permit to be issued (Ghorashi, 2005). Therefore, when they hear stories about the UK, they yearn to come here so that they can associate with other Somalis and lead a communal family life. Flavia recalled that when she lived in the Netherlands she was alone with her four children because her husband died during the war, and with no Somali family around her, life felt really miserable. She also confirmed that when they hear that Britain allows community settings it makes them want to come here because in the Netherlands refugees are not allowed to live together, so loneliness is commonplace.

This country is good for Somalis because we are allowed to live together. Many Somalis don't have families because they lost them in the war. In the Netherlands we are not allowed to live together and sometimes loneliness makes people go mad. My husband died in the war and in the Netherlands I was only staying with my children with no Somalis around our neighbourhood. It was really depressing. Over here I live near at least 5 other Somali families. There are so many community groups even around where I live and we can go, and this centre, which is mainly for women, is a good place for us. I come here all the time and I meet all these women. It feels like my real home country most of the time. (Flavia, 30-40, ESOL, unskilled labourer and married)

For Flavia 'real' family life does not refer to the nuclear family, but to an extended sense of community. This reveals the kind of family units that exist in Somalia and other parts of Africa, where family stretches from the extended family to the community – where everyone is responsible for other people's well-being (Renzaho et al., 2011). From her perspective, living near Somali families makes a 'real family life', but she lacked this in the Netherlands, where they experienced residential segregation (Karsten et al., 2006). She lived with her four children in the Netherlands, but that did not seem like a 'real family life' to her. Such belief filters through her statement and it reveals her dilemma in living in a cultural setting that is individualised. Within such a cultural milieu, negotiating everyday life in order to become a functional citizen is very difficult and challenging (Karsten et al., 2006). This was particularly the case for all the women because they valued their extended family and community affiliations. Nimo too came to the UK to look for a job and to be near the Somali community.

I came to look for a job. ...Also there are so many Somalis here. In the Netherlands we don't live together that way so it's good for me in the UK, because for us if someone gets a job, for instance, they can tell you. That's how we hear about jobs. (Nimo, 30-40, uneducated, unemployed and married)

The statement above indicates that this participant thought that being able to live and mingle with other Somalis would facilitate her chances of getting a job. She recognised the use of word-of-mouth communication as a productive means of getting a job and therefore living among Somalis could help secure employment. However, if the priority of this participant's coming to the UK was to learn English, then living amongst Somalis might not be a good idea. This is because the temptation to keep on speaking Somali and not allowing herself the opportunity to practise speaking English is very high. Research by Dimitriadou (2006) shows that in the UK the success of a refugee's integration rests mostly on their ability to speak English, which also facilitates their understanding of the cultural

indices of their host country. This participant's desire to stay within the Somali community, as she reported, was to enjoy the social network, but it could also prevent her from being able to speak English properly and this would ultimately affect her ability to integrate successfully.

As EEA nationals, participants had free entry into the UK. All they needed to do was to demonstrate their purpose for wanting to be in the UK. Nimo asserted that she came to work, but for the others the main purpose was to come and live here. They needed to prove that they could support themselves and their families in the UK without recourse to public resources. According to European Law (Home Office, UK Border Agency, n.d.), an EEA national living in the UK can apply for registration certificates to confirm their rights of residence. Although there is no official demand for EEA nationals to apply for a registration certificate, there are situations under which this may be beneficial to those who apply.

For instance, where employers require this it could serve as proof of the right to live and work in the UK. It is also useful in circumstances where one wants to acquire an inheritance from overseas or have non-EEA family members who require a family permit or residence permit. Moreover, EEA nationals have the right to apply for confirmation of permanent residence if they have been living in the UK for a continual period of five years. None of the participants had qualified to apply for the confirmation of permanent residence, apart from Fatura, who had been in the UK for five years at the time of this interview in 2010. When the women were asked about how immigration affected their lives in the UK, they all indicated that they had no problems at all: that they had the right to enjoy all the privileges a British citizen enjoys. Since many women might not have the need to bring their family members to the UK or obtain an inheritance from overseas, they may not need to apply for a registration certificate.

## **Language and Translation**

Lack of access to the English language was one of the traumas that confronted the women at their port of entry and throughout their immigration processes. At the port of entry it was almost impossible for immigration officials and the women to engage with one another without translator/interpreters. Among the 26 participants, only two spoke a little English on arrival in the UK. Even they needed translation to be able to fully understand the

involved issues about immigration. For the rest of the women, the only way they could communicate was through translators, who were therefore very important in the women's entrée. Translation involved family members, friends and interpreters offered by the government. From the perspective of the women, interpreters became a useful tool who not only provided the mediated support they wanted but their presence also brought relief in a situation that made them nervous. Therefore at the point of entry they described their ordeal of confronting immigration officers directly before an interpreter came to their 'rescue'. Such statements offer an understanding of the kind of internalised identity the women carried, an identity which had been created by Somali patriarchal norms within which they functioned. As the background study indicates, the women were used to having other family members mediating for them in matters of public and community interest. Without this mechanism they did not feel confident to deal with the official issues they encountered at the port of entry. Seeing a Somali person who took such role was a relief, particularly this being their first appearance in the UK, it was difficult for them to operate in something they have never practiced. Drawing upon their past experience became useful, but this positioning subjects them to continual patriarchal subordination. At the point of entry, they were offered an interpreter only after an officer had ascertained that they needed one. However, some of the women expected the interpreting arrangement to have been made by officers as soon as they knew that the migrant was a Somali. Their argument was that several of these women passed through the port every day because of the war and they all exhibited a lack of English.

He [an agent traveller who posed as her husband] asked for an interpreter, but I think the officers should know that most of us Somalis, we don't speak English. Why don't they bring someone straight away? They are always talking to us in English before they bring someone to interpret. Sometimes it is very embarrassing when everybody is looking...Because many Somalis had already come here and they come here every time, at least they know by now that most of us, we don't speak English. Instead of asking, they should just bring someone because sometimes they make you feel inadequate when everyone is looking at you. (Maryous, a 2000 Arrival, 45-55, unemployed and married)

Maryous' concern about feeling vulnerable is explained by the fact that she was used to having such mediated facilities ready before approaching an official in Somalia. But at the port of entry this was lost to her; instead she had to wait whilst an unknown person made that arrangement on her behalf, which was frustrating to her and, as indicated above, shameful. Such concerns were also discussed in work by Fangen (2007). The writer demonstrates that lack of language and cultural knowledge about their new environment,

coupled with the majority population's prejudices against refugees, creates uncertainty and feelings of humiliation amongst refugees. However, whereas the uneducated women had difficulty in dealing with immigration authorities, the two educated women suggested that they had little difficulty in transitioning because of their access to the English language. Evansna admitted that she lacked understanding of the UK immigration system and needed time to understand certain fundamental issues about the country's socio-cultural economy. English enhanced her ability to grasp such knowledge. She indicated that, although other factors contributed to her successful immigration claim, being able to speak the language definitely facilitated it:

Actually it was a smooth transition for me coming here...for me it was comfortable. Before I came to this country I understood English, I was not very good at it, but I understood it. Not only I but two or three of my family members could speak English so for us it was easy... Because I could understand what people were saying, that wasn't much of a deal. I could understand a lot of the basic questions and things they were asking, like where I'm going and things like that. Getting directions and reading signs were all easy for me. Basically I could communicate with them and this was very useful to us because at the Home Office we didn't need a translator to help us when we went to the Home Office. (Evansna, 30-40, educated, employed and married)

Evansna correlated comfort regarding her journey with her ability to communicate with immigration officials. This helps to confirm how vulnerable the participants who were unable to speak English were, as they were confronted with having to deal with documentation and the screening as well as having to deal with the language difficulty. Those whose husband could speak a certain level of English admitted that they could not engage in a dialogue with immigration officials because they were not familiar with the way the native speakers spoke English.

Yes, my husband understood English a little because he was learning it when we went to Kenya, but he could not understand how the people spoke English in the UK, so yes, we got an interpreter. (Adiye, 45-55, uneducated, employed and married)

Language was an important part of the women's immigration process and it determined whether they succeeded in their claim or not. Both at the port of entry and throughout the immigration process, it was crucial for interacting and engaging with immigration officers. Research indicates that inadequate interpretation causes many people to lose their immigration claim (Prior, 2000). Such communication difficulties in articulating their claims could result in negative decisions, as inexperienced interpreters could pass on

incorrect information due to not being able to translate exactly what applicants tell them (Prior, 2000; Inghilleri, 2007).

The general principle for winning an asylum claim is to have a credible story and to provide all the requested supporting documents. But, as will be discussed later, the women had complicated storylines, as some indicated that they were told by agents to say things in specific ways, which some could not remember. This and other such factors complicated their immigration experience. For those who need an interpreter/translator, their claims are affected by how well a third voice is able to represent their claim. From the perspective of one failed asylum seeker I interviewed, who finally had to seek a lawyer to handle her case, some interpreters were not trained adequately to deal with the task of translating legal matters, as she explains below:

Our [with her husband] interpreter was not speaking with a proper Somali accent, I'm sure he spoke Swahili, not Somali. From the very beginning I knew we were going to have problems. Before the interview, we were asked to sign a form, but the content of that form was not properly explained to us. My husband told the interpreter, 'I don't understand this one,' but he only said, 'just sign because it is only a requirement.' Again after the interview, we were asked to sign another form without a proper explanation. Then when we had our second interview at the Home Office, they said, 'why have you changed your story?' No! 'We haven't, because we didn't say that.' (Hawa, 30-40, uneducated, unemployed and married)

Hawa lost her claim and had to appeal through a lawyer, but her story above indicates that interpretation issues, as well as her ability to remember her given script, might have contributed to her problems. Both Nimo and Flavia, EU Arrivals, spoke 'a little' English, but it was difficult to communicate with immigration officials. Fatura, on the other hand, spoke fluent English and was able to communicate with officials. She never required any translating support because she could communicate effectively; however, understanding how the UK system works took some time and this affected her ability to access services. For Nimo, the reason she liked being in the UK was that it enhanced her opportunity to learn English, a language she described as an 'international language', that would help her mobility across the globe.

I like the UK because I want to learn English; English is an international language and if I learn it, this will help me to travel around the world and I will not have any difficulty to communicate with people... (Nimo, 30-40, ESOL, unemployed and married)

Nimo saw English as an important aspect of our current globalised world and she assumed that coming to the UK would assist her to learn and communicate properly in English. Nevertheless, like the other women, she also showed a desire to live near community members. Whilst this would provide community support, it also of course limited her ability to speak English. Adiye, for instance, felt that the demands of filling in forms and related paperwork were inappropriate for a person like herself with a husband who was not feeling well enough to write:

I came here with my husband and they allowed us in because we are from the minority clan, but we had to wait for six months and sometimes they say sign this, sign that. My husband looks after me because I can't read or write, but he was beaten so he can't write so someone else filled in the form. (Adiye, 45-55, uneducated, unemployed and married)

Adiye's comments elucidate the problem that most uneducated people face in the UK, which presents an issue of dependency for most people. Western information requirements involve literacy skills and this can be particularly difficult for the older Somali generations like Adiye, who never had access to formal education. This is particularly so because the kind of information required in western contexts is new to most Somalis (Olden, 1999). Until recently, Somali culture relied mostly on oral information, passed on from one person to another (Olden, 2008). For people like my research participants, who are mostly illiterate, dealing with written materials is difficult. It means they have to rely on others to mediate that material.

In the following paragraphs, I discuss the differences in the women's immigration experiences as they proceeded on to securing their refugee status. Drawing on the immigration policies discussed above, I investigate how different immigration rules impacted on their immigration narratives and affected their experiences differently. I examine how their status outcome became the basis for the kind of state support they received. Following on from that, I discuss how the women negotiated their everyday experiences through these legal structures.

### **Processing their Immigration: The 1990 Arriving Women**

To seek asylum in the UK, refugees are required to go through a screening process (Refugee Council, 2005b). This is a questioning process routinely performed by immigration officials to ascertain the identity of a new asylum applicant (Home Office, UK Border Agency, n.d). After screening, asylum seekers are given an Asylum Registration

Card as proof of their application for asylum. This qualifies them to state entitlements, using it as evidence of identity and immigration status. The card also holds vital information, including fingerprints and reporting arrangements, in a microchip placed within the card (ibid). My research participants did not feel comfortable with the process:

They asked too many questions and that was very scary. Sometimes I got confused and I was concerned that I might end up saying things I hadn't planned to say. (Dumna, 30-40, uneducated, unemployed and married)

Dumna's view was shared by most of the women, who expressed concern that the officers were trying to catch them out so they could refuse them if they found the women were lying. This assumption might be true to some extent, but under UK Immigration law, every asylum seeker who seeks asylum at the port of entry is expected to attend screening at the Home Office, where they will have the opportunity to present their claim (Refugee Council Briefing, 2004). Immigration officials have powers conferred upon them to identify and refuse 'bogus' applicants who want to abuse the system (Sales, 2002; Lynn and Lea, 2003; Goodman and Speer, 2007). And they usually double-check the credibility of applicants' stories when unsure. Depending on the individual's circumstances, an applicant may be detained and, if they have leave to remain, they may be given instructions to report regularly to the immigration authorities at a particular address (Coker et al., 2004). Applicants who are successful at the screening are issued with an Application Registration Card (ARC) (William, 2007).

During the 1990s, when these participants came to the UK, immigration regulations did not necessarily include restrictions as to where they could seek asylum. In fact, those who sought asylum in-country were regarded as more genuine because the assumption was that the fear of being persecuted might have prevented them from submitting at the port of entry (Bagilhole, 2003), but it had not been made a law. However, one early 1990-arriving participant's situation stands out. She reported seeking asylum in-country, being heavily pregnant at the time, and yet receiving harsh treatment and hard questioning for failing to submit to the port authorities at the point of entry:

When I went to the Home Office, they made it difficult for me when I applied for asylum. They asked me why I did not give myself up at the port of entry... For me, immigration was really tight. (Kandi, 30-40, ESOL, unskilled labourer and married)

Kandi explained how her cousin, with whom she stayed, warned her to submit herself to immigration as soon as possible because she would not be able to receive anything until they had approved her stay. She also admitted that not submitting herself to seek asylum at the port of entry was the biggest mistake she made as she narrated her traumatic experience when she finally went to the immigration officials at the Home Office:

It was after one month of being here that I submitted to the Home Office and they made it difficult for me. I was initially given a month to stay and this was the same for the second and the third months. The third time I complained that I was due for my baby and couldn't come for some time. Then they gave me two months later; the next time I came for the interview my son was nearly two weeks old. I had the baby in Newcastle. They interviewed me again and asked me on that day if I had a picture. I think I was a little bit unlucky, they wanted to give me a paper to live here, but I didn't have a picture so they told me, 'come the following week.' I went the following week there, but I met a different person who said to me 'sorry the story is going to be the same thing, you have to come back and tell us everything we want to hear from you.' Again they gave me one month, I came back the sixth time; but on this day I was interviewed by a black man. He felt sorry when noting that I have been made to go to and fro with a tiny baby and a two-year-old daughter. He went to speak to the boss again on my behalf and when he came back he instructed a guy to show me where to take a picture in the building. On that day they gave us six months. After that they gave me three years, then another three years. After seven years I applied for indefinite. (Kandi, 30-40, ESOL, employed and married)

Kandi's situation typified the experiences of the women who submitted to seek asylum in-country due to changes in their circumstances, particularly those who came on family reunion at the wrong time and had to seek asylum because they could not return home. For instance, Mosna did not submit to seek asylum at the port authorities because she had a visa to join her husband, but when her application for family reunion failed she had to apply for asylum in-country. She also recounted that she received hard questioning and attributed the loss of her asylum claim to the fact that she felt nervous and intimidated and knew she could not answer the questions adequately. It was through a lawyer that she eventually received her leave to remain.

The immigration process was smooth for most participants who came to join their families. This was because their already-resident family members were supposed to have filed their names as dependants with the Home Office before their arrival. However, their immigration experiences varied depending on the credibility of the stories they told. Some of their stories conflicted with what was said at the port of entry. For instance, both Liama and Helima came to join family members, in 1990 and 1992, respectively. They came at a time when their relative had not completed the waiting period. As a result, both women

lost their claim and were refused leave to remain in the UK on the basis of a family reunion. They did not receive the right to appeal because the 1993 Immigration Appeal Act had not yet been enacted. Both women were told to consult a private lawyer. They were both given exceptional leave to remain on compassionate grounds because it was dangerous to send them back to Somalia.

Some of the 1990-arriving participants whose claims were refused before 1996 benefitted from the 1993 Immigration Appeal Act and they were eventually given exceptional leave to remain through the immigration appeal system. However, a few of the women reported that the decision took too long and that they were unsure of the result. Some of those who came to the UK in 1996 and were refused asylum complained about restricted access to social benefits, including housing. According to these women, they had to rely on friends and family for their sustenance. In a summary briefing draft to the UK Border Agency (UKBA), the Refugee Council (2010) warned that the UK asylum support system had failed in the provision of timely, consistent and adequate financial support to asylum seekers. This left many people, including children and those with serious health issues, destitute and struggling to make ends meet. As indicated above, this was the case until 1999, when changes made to the Immigration and Asylum Act allowed asylum seekers who would otherwise be destitute to apply for support for themselves and their dependent children (Home Office, 1999).

It appeared that my participants who complained of being destitute did not realise that they could apply for support from their local authority under the 1998 Human Rights Act (Home Office, 1998). This is probably due to the high level of illiteracy amongst them, which limited their ability to access the necessary information that could help them to pursue such support. Rather, the women admitted having to depend heavily on family members and other charitable agencies for their daily needs. For instance, Liama, a 1990 Arrival, lost her claim to a family reunion and was made to appeal; she recalled that this was a prolonged stressful period and with her lack of employment and no state support her only source of hope was her sister, whom she relied on for her daily sustenance.

I didn't know what they were going to say, whether yes or no; I was not sure and I could not work until they had accepted me to stay here and the whole process took ages. I was lucky my sister was here, she was quite helpful, but life was really bad for me. (Liama, 40-50, ESOL, unemployed and married)

Liama was not the only person who encountered difficulty with a failed asylum claim. There were six participants among the 1990 Arrivals (see Appendix C for the women's immigration experiences) who lost their claim for asylum and they all admitted experiencing similar hardship. The UK government is obligated under the United Nations Convention 1951 and the 1967 Protocol relating to the Status of Refugees not to return any asylum seekers to their country if their lives are in danger. As a result, throughout the 1990s asylum seekers whose claim did not fall within the 1951 United Nations Convention for asylum, but whose lives were perceived to be in danger if returned, were granted exceptional leave to remain, especially persons from a country where there was upheaval, such as Somalia (Bagilhole, 2003; Baker, 2008).

However, by the 2000s, exceptional leave to remain had changed to discretionary leave and humanitarian leave to remain (Home Office, 2008b; William, 2007) and this affected the women who came to the UK in 2000 differently.

### **Processing their Immigration Status: 2000 Arrivals**

The immigration situation was different for those who came in the 2000s. My participants who submitted to port of entry authorities were favoured over those who submitted in-country. They could claim NASS support until the initial decision on their application (William, 2007). The reverse was true for those who submitted to immigration in-country and those whose applications were refused (Bagilhole, 2003; Baker, 2008). The women who sought asylum in-country reported receiving harsh treatment.

The year 2004/5 experienced the highest levels of family reunion in the UK, as many asylum seekers qualified to invite their relatives to join them and to obtain settlement in their host country (Heath and Jefferies, 2005). This was also true for my participants who came to the UK in the 2000s. Out of the six women in this group, four came for family reunion. Differences in their purposes for travelling, including travel arrangements and when they came to the UK, affected their claim for family reunion. Three women out of the four women re-submitted to the in-country immigration authorities for a new application due to changes in their circumstances. Their stories indicated that their encounters with the immigration authorities at the in-country asylum unit were not very pleasant. Maryous compounded her problems by the contradictory stories she presented, both at the port of entry and at the in-country immigration office. This was detrimental to her asylum claim and it decreased her chance of having her claim accepted.

When Maryous realised that the only way to pursue her immigration status was by telling the truth, it annulled her claim both for family reunion and for asylum and it resulted in an uncomfortable situation because she dragged her husband into a messy situation that neither of them had any control over. Her husband admitted that he had not explained the proper procedure for family reunion to her, because he was not sure about how it works. By the time he learned about her intention to come to UK, it was too late to seek advice from anybody:

They would have sent us back to Somalia. They said, ‘why did you not declare this at the entry port?’ ‘You lied to officers at the airport and after such lies are we supposed to arrest you and detain you...’ The man kept saying, ‘why did you not wait for your husband to complete processing his own papers so he could invite you to come?’ My husband explained that our living conditions were bad, but he was not aware that the man was bringing us until we got to Britain. I told them I arranged the journey and my husband was not aware. But that was the truth, my husband did not know until the night before we travelled. He was even afraid that the immigration officers might not let us enter. But the Home Office refused my claim. In the end I had to seek a lawyer. (Maryous, 45-55, uneducated, unemployed and married)

Having lied to immigration officials, Maryous’ asylum claim was refused, but she could not be removed because it was regarded as unsafe. Eventually, she was granted humanitarian protection, but only through a lawyer’s appeal. Maryous was granted three years’ leave to remain, but that too was subject to immigration control since humanitarian protection during the 2000s meant a possible return to his/her country if there was no need for continuing protection (Migration Watch, 2009). Continual upheaval in Somali saved Maryous from being removed. Eventually, she became eligible to apply for settlement in the UK. Humanitarian protection attracts a different level of benefit from refugee status (Fitzpatrick, 2010). Throughout her appeal process, Maryous did not receive any support and after she was granted humanitarian protection, she was only supported under the ‘interim scheme’, a support system that denied her access to housing benefit and council tax benefit until she was granted refugee status. This support system has been criticised as creating social exclusion (William, 2007; Fitzpatrick et al., 2010).

For some of the 2000-arriving participants, the success of their claim was a result of the humanitarian protection (HP)/Discretionary Leave (DL) system introduced on 1 April 2003 that allowed failed asylum seekers who could not be removed to be granted three years’ leave to remain (Migration Watch, 2003). Both Hada and Belinda were granted DL to remain, given in two periods of three years (ibid.) through a lawyer’s appeal after their asylum claim failed. Such conditions usually affect these people’s asylum processes; they

can receive neither state benefits nor legal aid. They usually have to renew their stay at short intervals. Hada faced none of the above conditions, except to renew her stay at a shorter time interval and that put a constraint on her. She recounted that she became stressed and depressed when she had to renew her leave to remain. This was because it involved a vigorous review by the Home Office to consider whether the criteria for the original grant of DL still applied to her case and whether there had been any changes in the country she was from. This might change the case and warrant a total refusal of HP or refugee status and it could even lead to deportation (Refugee Council, 2007b). Hawa was another 2000 Arrival whose asylum was refused. She reported facing similar economic difficulties and explained that she relied on Somali community members and churches to support both herself and her husband:

At the beginning they used to give us a little money, but when they said no, they stopped. At that time, I used to cry every day, but Somali people, they helped us a lot. I used to go to this particular church for food to cook for my husband. Sometimes they gave us clothes and things like that. Oh! It was hard for us. (Hawa, 30-40, uneducated, unemployed and married)

Like Hawa, the women who submitted to the port authorities were also given vouchers that supported their basic needs, besides receiving initial support from NASS. But as soon as they were refused asylum, access to this support was denied; only those who were granted asylum status could claim state benefits. Refused asylum seekers with children continued to receive benefits until they were removed under Schedule 3 of the Nationality, Immigration and Asylum Act 2002 (Family Rights Group, n.d). But those without dependent children immediately lost any state support they had been entitled to within 21 days of being refused.

### **Immigration Status for the Recent Arrivals**

The immigration laws have changed for those who came in 2008. From 30 August 2005, asylum seekers who qualified for refugee status were granted five years' limited leave to remain (William, 2007). At any time during these five years, the Home Office could review this status and decide whether the person still qualifies to remain. A refugee will lose his/her status if he/she returns to their home country before the five-year period expires. Often the Home Office will grant the person leave to stay indefinitely unless their circumstances change during the five-year leave. Adiyee, a 2008 Arrival, had just been granted five years' leave to remain when I met her at the centre and her situation was under

review. Again, one of the conditions for an applicant to qualify for the five years' leave to remain is that she/he is expected to pass an English language and UK society test (Home Office, 2006). In light of Adiye's lack of education, it was doubtful that she would qualify. She claimed that, because she came from the minority clan in Somalia, she would qualify for indefinite stay. Whether Adiye's claim holds true or not, making an English language test the basis of granting indefinite leave to asylum seekers like my participants is problematic if they do not receive adequate training.

From 2005, immigrants' right of appeal against refusal of nearly all types of visa was removed under the Immigration Asylum and Nationality Bill 13 of 2005/6. The Bill also provided a limited appeal right for people who were refused entry to the UK at the border (Young and Thorp, 2005). Belinda, one of my participants who came to the UK in 2008 to join her husband, did everything through a lawyer. According to Belinda, it was easier applying for her status through a lawyer because it saved time and her husband could not take time off from his busy schedule to queue up early at the Home Office. Immigration rules require principal applicants to include the names of family members in their applications and they will normally be granted leave to remain based on their sponsor's immigration status, in Belinda's case, her husband's. It is therefore difficult to understand Belinda's situation, and since my research did not pursue the reasons for this, I can only speculate that she might have been refused her claim and, since the government's appeal system had been removed, she and her husband had to hire a private lawyer. Again, new legislation passed in 2007 (Refugee Council, 2007b) allows asylum applicants to be exempted from the asylum interview where there is an indication of torture or other visible disability, which is assessed by the medical foundation. In such a situation, the interview arrangements can be made through other means. Furthermore, changes in immigration rules from 2007, which were meant to clear all overdue applications, allowed applicants for family reunion to apply online (Connell et al., 2010). Belinda's situation might have been any of the above to have stopped her and her husband from going to the Home Office.

Some of my participants came at a time when their relatives'/spouses' waiting period for a family reunion was not over. Therefore they missed out on the opportunity of being granted leave to remain based on their sponsor's account. And, like Belinda, they also pursued their cases through lawyers. Adiye recounted that she went to the Home Office with her friend and that her friend was very useful because he helped to fill in some of the information that the interpreter missed. This is in line with the 2007 immigration changes

that allowed applicants to be interviewed in the presence of family members unless the Secretary of State considers it inappropriate (Statement of Changes in Immigration, 2008). Some of my participants found the presence of a family member very useful in their screening process. Adiye would have lost her claim if her friend had not been there to fill in important information.

### **Perceptions of the UK's Immigration Services Processing Asylum as an Accompanying Child and the Women's**

The status of being an accompanied minor was granted based on their parents' claim and my two participants who came to the UK as minors for a family reunion were granted leave to remain according to their family members' status. Both Haruanna and Evansna reported that coming for a family reunion made it easy for them to get their stay:

For us it took a few weeks to process our papers, yeah, because my relative had already filed for us to come. I know that for those who come from the minority clan of Somalia it used to be easy to get papers; that was a few years back, but when we first came, it was easy for everybody. It was only when so many people started coming in that the UK government restricted Somali asylum seekers from staying in the UK. (Evansna, 30-40, educated, employed and married)

Like Evansna, Haruanna too had it smoothly. Haruanna reported that her family came at a time when her brother was due to apply for his refugee status, so all he did was to apply for the entire family. Since Evansna and Haruanna had received their asylum status they also qualified to receive state support, including applying for their own accommodation and receiving welfare benefits. According to the 1993, 1996 and 1999 Immigration and Asylum Acts, women with children are to receive support from the local authority where they live, even whilst they wait for their claim to come through (Home Office, 1993, 1998, 1999). This support was to continue until the children were 18 years old or until they were removed. However, the women's accounts suggested that this support scheme was not in fact available to them and they depended on their relatives for support:

....the only problem was that we could not receive proper financial support from the government until after we were allowed to stay. Neither could my mum nor dad work, because they did not have the correct documents. For my mum, she was worried that she depended mostly on my brother and she felt sorry for him. But for the children we were quite happy to be in the UK anyway, so we didn't care about anything else. Sometimes as a child you don't even know about such things and if do you know, you don't think about them because you don't appreciate the seriousness of it. (Haruanna, 25-35, educated, unemployed and

single parent)

Huruanna's statement that her parents depended solely on her brother indicated a situation of destitution where seven people – two sisters, three brothers and two adults – depended on one person who also had his own family – two children and a wife – to look after. The 10 months' waiting period before their status was granted might have been hell for the family. I assume that this was due to a lack of understanding of the British immigration system. This situation was common to many of my participants, who missed out on a lot of benefits they were entitled to due to a lack of information and knowledge about their condition. Evansna reported that her parents also depended on her brother until their documentation was successfully processed, but their immigration status took only a few months. The women's situation might have stemmed from Somalia's culture of orality. One thing is certain among Somalis, and this is further identified by the literature review as well as discussions in these research findings, Somalis rely mostly on oral information as part of their cultural heritage and they depend on this to organise their day-to-day lives, mostly through social networks and community affiliations. But the complexities of informal messages that come from other people are not only powerful: those who receive them just take them at face value and do not verify their authenticity. This may account for the reasons they lose out on some things.

Shumi's situation was different. She faced severe immigration problems because, by the time she went for her second interview, the reasons for seeking asylum at the port of entry had changed from being an accompanying child to being an unaccompanied child. Such contradictory evidence was enough to jeopardise her claim and, for her, it was only on the grounds of compassion that she won her case. As discussed above, she passed through the port of entry with a 'supposed father', but he later abandoned her. From Shumi's story, the initial agreement between the two before they set off from Somalia was for her to remain an accompanying minor with this man whilst she processed her status and until she was able to start work and remit him. But this took a different turn when the man got to the UK. He did not carry on with the responsibility of taking care of her and left their accommodation. Therefore, by the time Shumi next appeared before the immigration officers, her story had changed. Since she did not declare on arrival who she actually was and why she was running away, she now had the responsibility to re-submit herself in-country and to disclose her reasons for coming to the UK. It was important for Shumi to come clean and be truthful because, as a pregnant minor, with no support and only

temporary accommodation, which was also given based on her supposed relation with a travelling male, the only thing that could save her was a change of story. However, this was not immediately accepted by the immigration officers. This was particularly so because the immigration rules concerning her situation needed to be applied differently.

According to the the Home Office an unaccompanied child should be under 18 years of age, is separated from both parents and has no adult, who by law or custom, has the responsibility to care for them (Crawley, 2006). Following the crucial public debate about the impact of children's separation from their parents on their wellbeing, the UNHCR and other agencies of asylum expressed a preference for the term 'separated children', in order to lay crucial emphasis on the impact of this separation (Ayotte, 2001).

The issue of separated children received national attention in the UK when many separated children started to arrive at its shores after 2000 (Howe, 2010). From the year 2000, between 2,700 and 3,500 unaccompanied asylum-seeking children came to the UK (Thomas and Byford, 2003). These were children who had fled their countries for a several reasons, including persecution for ethnic, religious or political reasons, war, forced military recruitment and other human rights abuses. Some of these children had experienced the horrific brutalities of ferocious death or suffering of their parents or siblings; others had been victims of sexual exploitation and various kinds of abuse (Ayotte, 2001).

At the port of entry, Shumi and her 'father' had been given a caseworker and an appointment date for screening. Shumi had to attend this screening alone, with a Somali woman she came across in her neighbourhood. This lady, whom she referred to as a cousin, took pity on her and accompanied her to the screening interview. It was here, at the Home Office, that her story of being an unaccompanied minor was heard by immigration officers for the first time. Shumi reported that the officer was furious because immigration law does not permit an unaccompanied minor to be interviewed without the presence of a social worker who acts as a parent figure and assists in ascertaining the necessary facts from the minor asylum seeker, including age-appropriate checking and support arrangements, even before a screening appointment. A report from the Refugee Council (2007a) points out that unaccompanied children seeking asylum are not catered for and their plight remains a serious concern for agencies that deal with children's issues. Whilst this is true, the narrated experiences of my participants also indicate that their particular situation helps to complicate the state of affairs. Other structural condition that needs to be satisfied before screening a minor include having social care workers to establish the level

of support the children need, and also ascertaining when they are likely to reach 18 years (Refugee Council, 2007a).

Since the above conditions could not be met, the caseworker could not conduct an interview with Shumi on this day because of her special circumstances. It had to be rescheduled on a date that could not be confirmed. Shumi could not be allowed to leave without proper arrangements as to who was to take care of her. Since her immigration situation had changed, she needed the presence of experts who deal with children to assess her case and to attend to her asylum needs. Before the caseworker could make an arrangement for a carer, her 'supposed' cousin, who went with her to the interview, agreed to support her until she was due. The interview was rescheduled pending an appropriate procedure since she was considered a minor, and was also pregnant. After the caseworker had taken all the necessary information, Shumi and her new relative left, but from this time on she was under the local authority and a social worker's supervision. Under Section 20 of the 1998 Immigration Act, local authorities are given the responsibility of looking after and providing accommodation for these children/minors (Refugee Council, 2007a).

During her next visit, Shumi met a female officer who asked her many questions, including wanting to know whether the age she had given at the airport was true and why she had come to the UK. Shumi admitted that it made her feel uncomfortable and although she had lied once because of the circumstances she found herself in, she was not a criminal. She indicated that it made her feel vulnerable and defenceless, and though she was running away from her family's persecution, she felt in a sense that she needed her family to protect her as a child. It was obvious that this assessment process was not adequately explained to her beforehand to enable her to understand why things were being done in a certain way. This would have resolved her anxiety, since the assessment was designed to enable her get the necessary support, not to incriminate her. Crawley (2006) has argued that Home Office procedures are not sensitively or appropriately designed to take into account the position of the children they encounter.

Raising concern about the inherent tension between the enforcement of immigration rules and child welfare, Crawley (2006) argues that the complexity of the immigration system exposes unaccompanied children to significant harm that demands a child protection mechanism. Crawley is particularly alarmed that immigration policies about migrant childcare are marginalised and she maintains that this could create long-term risks for children who reach the age of 18 and might be sent back to unsafe situations if expertise

and procedures are not developed and maintained to monitor the delivery of after-care services. Before Shumi's assessment, she recalled being given a £10.00 voucher from the NASS, but like most other Somalis, she received support from her 'cousin' until she had her baby.

Shumi's asylum claim was refused partly because of the contradictions in her story, but more importantly, her claim of being persecuted by family members was not accepted under the immigration rules as a valid reason for seeking asylum (Jayasinghe, 2006). Research indicates that women's reasons for claiming asylum may be the same as those of men, but their persecuted situations may not only be different, they may vary. Women are more likely to flee from gender-specific forms of persecution such as domestic violence, forced abortion or sterilisation, marital rape, sexual violence, female genital mutilation, etc. (ICAR Briefing, 2007a). Unfortunately, these are not valid reasons to claim asylum under UK immigration law.

Since she could not be removed because of the continuing war in Somalia, Shumi was granted humanitarian protection. She could have been given up for adoption, as required by Section 20 of the Children Act 1989 (Refugee Council, 2007a) and outside of London (Refugee Council and the British Agencies for Adoption and Fostering 2001), if her 'cousin' had not agreed to support her. According to Shumi, the decision to offer her humanitarian protection took over a year. This meant that she was granted leave after she was 18, thus disqualifying her from adoption/fostering, under Section 20 of the Children's Act 1989 (Refugee Council, 2007a). From the narration of the women who lost their claims and could not be removed, in particular those whose claims coincided with the enactment of the 1993, 1996 and the 1999 Immigration Acts, they received no state support. This created problems of destitution and made them heavily dependent on relatives, friends, the Church and charities. Such over-dependence has the potential to create abusive situations.

The majority of my participants raised concerns about the deteriorating effect of the current immigration laws, stressing that it raises issues about human rights protection. They believed that the UK government does not give enough support to newly-arrived Somali women, especially those with children and who cannot go back to their home country because of the risk to their lives. Both Nimo and Shumi thought that, although the government has the right to protect its own borders, if it knows that a country is not safe, it

should provide accommodation and food at least until they can go back to their own country. The women believed that where children are involved the government has a responsibility to protect them:

They have to house them properly even if they are not going to accept their cases until they have decided they are sending them back. I know of situations where the immigration authorities know that they can't send these people back because it is not safe and yet they don't give them anything, they just leave them to go. But without proper documentations, they cannot get accommodation or receive benefit. They only leave them to suffer. That is not right. If they know they cannot remove them because it is dangerous to take them back, they should then provide for them. (Shahma, 40-50, educated, unemployed and married)

The women might be right in their perception that the UK government does not adequately cater for asylum seekers. However, as discussed above, and in light of the huge number of refugees who have come to the UK, particularly during the 2000s, the government has a responsibility to strike a balance between protecting its own nationals and nationals from other countries. Policy decisions are always tailored to protect those who truly need protection, including those whose claims do not fall within the 1951 UN Convention for Refugees, but who require international protection (Gibney, 2011). Therefore any measures taken to deter those with unfounded claims have the potential of being branded as hostile. Another difficulty facing the government, as Aspinall and Watt (2010: iv) assert, is the issue of mistrust and criminality associated with asylum claims by people who just want to abuse the UK economy. This makes it hard for governments to identify those who genuinely need international protection. In spite of the above obligations, as a signatory of the UN Convention for Human Rights, the UK government has a responsibility to provide the basic necessities of life to everyone who comes to the shores of their land to seek asylum and that includes food, shelter and medical care. From the women's stories above, the UK government falls short of this at the moment.

### **Mediated Entry**

What most characterised what my participants said was the way in which their journey, right from the initial location to entry into the UK and their immigration process, was all mediated. From the inception of their journey through to the port of entry/in-country asylum process until they were finally granted their settlement, my participants depended on the support of others to articulate their needs and to understand the demands of the complex asylum process. As discussed above, their entire journey revolved around male

partners, upon whom they relied for support, and this included those whose journeys were arranged by agents and/or who travelled with agents.

The agents who travelled with the women dealt with immigration issues and did most of the talking. Where they did not, they ensured that the women were secure through the written instructions they gave them to enable them to receive help. Travelling male partners likewise took most of the responsibility for the immigration process. Those women who travelled alone and/or with their children (and the women themselves said so), exhibited traits that indicated insecurity and vulnerability due to lack of male support. Their position reflected the highly patriarchal, hetero-normative structures they were accustomed to and the difficulties they felt in managing without these. From the point of entry, and throughout the immigration process, similar patterns (the need for mediation) prevailed. The women could not go to the Home Office without a family member or friend. Each time their voices could only be heard through these third parties. Those who travelled with their spouses relied heavily on them to answer most of the questions. The women's over-reliance on men reveals how they have been infantilised by Somali patriarchal society, as discussions in the introduction and the background studies suggest. Male family members had always mediated for them in matters involving public issues. But this renders their presence in the public realm invisible and their voices lost to men in the process. In the UK, they feel unable to cope without this mechanism and they have to rely on it to deal with public matters.

Thus, the women's vulnerability was a product of factors (Palmary et al., 2010) such as culture, language barriers and the institutional structures that tend to discriminate against women. In the following paragraphs, I elaborate on some of these factors in order to highlight their implications for the women's immigration process and their day-to-day life in the UK.

The first factor that helped to place my participants in a position of dependency was the public/private distinction in their culture that categorises women into their culturally 'proper' space and defines what they can and cannot do. In Somalia, women are not encouraged to speak in public unless it is reaffirming their position as mothers and carers (Kandiyoti, 1994). They are obliged to submit to men and to fulfil their duties as daughters, wives and mothers, and generally they do not socialise with men in public spaces (Cun, 2006). Somali women's exclusion from decision-making outside the family and, to a large

extent, within the family, contributes to their continued marginalisation (Odowa-Neilson and Sucaad, 2008). In particular, women are excluded from clan-based administration and reconciliation processes, whose membership consists of clan elders and militia, typically male (Achieng, 1999; Adelson and Jowhar, 2000). Women are excluded because they are considered clan-‘less’ (Achieng, 1999). My research participants were largely uneducated, and decision-making in their lives was and still is reserved for men. Such cultural beliefs and traditional practices that reserve the public domain for the male also position women, particularly the uneducated, as dependants of men in roles that call for public agency. It was not surprising that some of my participants were overwhelmed when they had to confront government officials and to perform public acts mostly reserved for men.

As already discussed in the introduction and Chapter 1, historically, education for girls in Somalia was virtually non-existent (Cun, 2006). This explains why most of my participants who left Somalia in the 1990s and early 2000s had little or no education and therefore could not communicate, read or write in English. Moreover, with the development of a written Somali language in 1972 that mandated the medium of instruction in schools to be in Somali, including official business and instructions for the country, many Somalis lack the ability to communicate in English (Harding et al, 2007). Although there are private schools where English is taught, it is only the wealthiest who can afford to send their children there. Knowledge about this helped me to understand why the majority of my participants were illiterate, and why those who were educated could not communicate in English. It also explained why the women needed mediation to be able to communicate with government officials.

Given the complex nature of immigration and asylum (Brown et al., 2006), it is not surprising that my participants found it difficult to understand the process, as many of them confirmed. Such a system creates and reinforces a tiered system of inclusion and exclusion, us and them, those who are capable of understanding and those who are not. This restricts access for others. For my research participants, accessing this system without mediation was impossible. Although life might be changing for some women in Somalia because of political change, this was not so for most of my participants in the UK, who face life’s exclusion daily because of lack of education. Living in an elite country like Britain, such exclusion becomes a continuous phenomenon. The feeling of vulnerability and dependence thus becomes a fact of their everyday lives in the UK.

Unfortunately, the women did not help themselves to grow out of such positioning. In the UK, where they have greater access to education and job opportunities that could help them to break away from some of the cultural prescriptions they were subjected to, they still preferred to stick together and to live near other Somalis. During the interviews, most of them complained about the government's dispersal programme and they lamented the fact that the government should allow Somali children and minors to be fostered by other foreign nationals. Again, almost all the women admitted that the only people they were close to, apart from their Somali friends, were their neighbours. Even with these the women only experienced a relationship on a casual level.

Living like this does not help them to be literate in English, the lack of which keeps them in a state of dependency. Mingling with other nationals is a gateway to being able to learn English. Most of them had the opportunity to study and to work, which would have helped them to mingle with other people and to improve their lifestyle, but they chose to stay at home and look after their children, a practice which is sanctioned by their culture (Lewis, 1995 and 1996). The cultural disposition of Somalis, as in some African countries, is to live communally, but this conflicts with cultural expectations in the UK, where people function more individualistically and this is supported by the institutional structures. African communities mostly function in communal settings and often farming, the predominant occupation for the majority of the people is done on a cooperative basis. One may find a whole community engaged in cooperative farming and in such a communal setting, things can be negotiated easily to suit particular needs. It can also be easier to negotiate support from family members, friends, relatives and people in the community.

This is unlike the UK, where people have their individualised work schedule, and where one person's free time might not necessarily fit in with another person's; with a protocol to follow if one has to absent oneself from work. In such a setting, relying on other people for mediation, such as that described above, can be difficult. Although some of the women mentioned that, when a family member was not able to accompany them to where they needed to go, friends and other extended families also supported them, this might not always be simple. For instance, from my own observations at the community centre where I did my interviews, the women who came to seek support in contacting public officials had to go through bureaucratic procedures and also wait for hours until someone became available for them. And that included reading their letters or making follow-up telephone

calls. Such an arrangement is time-consuming and unproductive when measured against how they could have saved time if they were to attend to their own needs.

Equally significant are the institutionalised structures that function to discriminate against asylum seekers. To start with, during the mediated interviewing process for their asylum, the positioning of these women in relation to the mediator/government official creates an imbalanced power relation. Doing an interview in an immigration situation creates a different form of power dynamics where questions are not negotiated and the asylum seeker stands no chance of negotiating for an alternative. Therefore, the asylum seeker has to brace herself to produce a strait-jacketed answer. But most of the women had complex story patterns that tended to be irregular in nature.

This is because one person (the case owner) controls the interview and he/she is meant to (re) examine the applicant on specific issues (Evan, 2006). This leaves no room for the asylum seeker to negotiate for collaboration. The mediator who is translating the interview might come from Somalia, but she/he might not be sympathetic towards the women. These people are employed by the government and they stand to lose their jobs if they do not comply with government interests. In the view of Foucault, the agents internalise government roles and 'self-police' themselves (Cun, 2006). Azus, one of my participants and an interpreter/translator, contextualised this in her statement when she mentioned that:

Some of them – because we are Somalis interpreting for them – they expect us to help them say the right things on their behalf. But, no! We can't do that because after we are finished, the immigration officials, they also expect to listen and translate what they told us in Somali and compare that with our response in English. If they get to know that we were saying something different from what the person told us, we will be in serious trouble. You lose that job to start with, and they can also prosecute you. I didn't understand it at that time. But from time to time the immigration keeps changing. (Azus, 40-50 years, educated, employed and married)

The statement above indicates that the women's relief at seeing a Somali person might not be matched by the translator/interpreter supporting them in organising their story into the appropriate context for a successful asylum claim, as much as the women might have wanted it. Such contrasting expectations on the part of the asylum seekers and their interpreters have a great impact on both the content of the interview and the result of the asylum claim. My own observed experience of a case involving a family member and social service interpreter/translator revealed that the client/accused wrongly assumed that the interpreter would correct any careless or wrong information that might jeopardise their claim; they might therefore say things that are not pre-planned and/or pre-organised.

Although the interpreter might be cautious in order not to compromise their own position as a government employee and to lose their job, they might still signal wrong information to the client through their cultural mannerisms and disposition. But these are signals that only create confusion and continue to encourage the asylum seekers' wrong assumptions. Inghilleri (2007) and Lagnado (2002) have made similar observations concerning the relationship between the asylum seeker and the interpreter/translator. In their discussion about the factors that shape the role of translator/interpreter in the asylum process and which contribute to the applicants' expectations and experiences in relation to interpreters, Lagnado (2002) asserts that the interpreter's role is often hybridised with other roles that contradict their neutral stance.

Ingrihilleri (2007) expands on this when she suggests that asylum seekers depend on interpreters to competently narrate their stories with cultural and linguistic meanings that would solicit a better understanding and fair evaluation by the host country authorities. Interpreters can represent a threat and signal intimidation to the asylum seekers, thereby jeopardising their claim, in particular where an applicant's persecution is the result of regional and/or ethnic conflict. Interpreters who migrate from the opposing region/clan may be viewed with suspicion or alarm. Both applicants and interpreters may encounter mutual forms of mistrust and this is continually reinforced by an asylum system that contributes to the reproduction of the conditions of fear and intimidation that drove applicants to seek asylum in the first place (Ingrihilleri, 2007). My participants' reports about interpretation by rival Somali clans confirm Ingrihilleri's assertion, and this will be discussed in Chapter 7.

Discussing the complex interplay between culture and universal principles that inform refugee and asylum policies and practices, Palmary et al. (2010) argue that immigration policies do not accommodate the different situations of migrants, but rather have tended to homogenise and universalise their diverse particularities. This attitude creates difficulties when it comes to designing support services for asylum seekers, particularly for women who have gender-specific needs. For instance, references to gender are absent from the Refugee Convention. As a result, women who have experienced persecution because of their gender have to argue their claim in line with existing definitions (Humphrey, 2008). Member states tend to develop their own policies to deal with female persecution issues, which often fall outside of the UN Conventions. In March 2004 the UK Border Agency (formerly the Home Office) included into its Asylum Policy Instructions (API), gender

guidance to help deal with gender issues in asylum claims (Home Office, 2004). The aim was to address differences in the ways in which women's experiences of persecution were framed under the Refugee Convention, and to point out those obstacles that create unfairness in decisions pertaining to the claims of women asylum seekers. However, research by Singer (2006), published in March, and a later report by ICAR (2007a) noted, by way of evidence, that not enough of this gender guidance was being applied by the Home Office. But an institutional structure that takes no recognition of women's issues creates a platform for continual discrimination against women (Women Asylum News, 2009; Singer, 2006). Statistical reports from the United Nations High Commission for Refugees (UNHCR, 2010b) show that, by the end of 2009, women and girls constituted almost half of the 42 million refugees in the world today. This implies that there are a considerable number of people whose lives are marginalised by dominant institutional rules that exclude them from normal everyday life.

Asylum-seeking women who manage to make it to Britain are often traumatised prior to arrival, but what they have gone through is hardly taken into consideration when dealing with their claims. Adiyé's story, above, is a typical scenario. Coming from a minority background, she had suffered the trauma of war. In the UK she went through the immigration process with no consideration for her situation. Anybody who comes into contact with Adiyé for the first time can see that she is mentally traumatised, and yet this was ignored. As revealed during the interview, no counselling arrangements had been made for her, not even at the women's centre that she attended.

Concerns have been raised about how asylum policies neglect women's particular needs during the screening process. Research by the Scottish Refugee Council in association with the London School of Tropical Medicine (Zimmerman et al., 2009) revealed that UK immigration processes do not recognise women's particular needs and this results in high levels of depression, suicidal thoughts and suicide attempts among asylum-seeking women.

Research by Zimmerman et al. (2009) suggests that 22% of the asylum-seeking women they interviewed had tried to commit suicide, and one in five had attempted to take their own life during the seven days before the interview. Furthermore, 57% of Zimmerman et al.'s (2009) women interviewees were recorded as having suffered post-traumatic stress disorder, which resulted in difficulty in remembering important facts about their asylum claim. Again, the writers indicated that 70% of asylum-seeking women had suffered sexual or physical violence. Almost all of my participants complained about stressful and

depressing waiting periods, resulting in lack of sleep, inability to focus on things, crying in the night and loss of appetite.

Historically, asylum claims in the western world had always centred on young, single men (ICAR Briefing, 2007a). As a result, women asylum seekers have at times been rendered invisible within the male-dominated discourse on asylum law and policy. For instance, Zimmerman et al. (2009) indicate that, when it comes to advancing issues involving violence against women, women who are settled in the UK get better treatment than asylum-seeking women. Such a taken-for-granted attitude towards asylum-seeking women affects their integration. For most asylum-seeking women, lack of education and the difficulty of understanding the UK system means that they lack knowledge about their rights and how to exercise them.

## **Conclusion**

My research has highlighted some of the multifaceted issues that women asylum seekers face on arrival in the UK; their vulnerability as a result of lack of education results in them failing to understand the UK immigration system. Equally relevant is the stressful situation and the effect of this on their well-being, as indicated by some of the women and discussed above. This creates a certain level of exclusion. In spite of the difficulties the women faced during their asylum-seeking process, they managed to stay in the UK. The question really is, what about others? Throughout their asylum claim, some of the women presented inconsistent stories, which created different difficult scenarios. The discussion above points to the fact the women's encounters with UK immigration show that they concocted different stories, many of which were untrue, in order to make an asylum claim. Although this is seen as unlawful by the receiving country, as stipulated in the 1951 UN Convention, such people are not to be regarded as criminals, nor penalised for their actions. And as long as they submit to the immigration authorities, they must be given equal and fair chances to claim asylum (Bhabha, 2002; Philips, 2011).

The effect of this 'need to lie' does not end with the claimant; it has a lasting negative impact on future asylum seekers. Although Bhabha (2002) has suggested that the flight of asylum seekers in today's world is mostly indirect, and mediated by commercial intermediaries with the use of false documents (ibid), the writer also demonstrates that such a scenario creates identity problems for the asylum applicant. This attitude, in relation to the UK moral code, where deception is seen as fraudulent and deserving of punishment,

might be seen as unethical and unacceptable. The UK has immigration rules that detain any asylum seeker found to be lying. But asylum seekers may desire to reach a safe place at all costs, and they may propound different stories to get away from danger (Bhabha, 2002; Karsten et al., 2006; Harvey, 2007; Philips, 2011). This is why many pay huge sums of money to agents to provide them with fake names and fake documents to travel (Harvey, 2007). Many asylum seekers fall prey to these travelling agents, who instruct their victims in scripted stories that they must rehearse and recall when needed, so they can make money out of their unfortunate situation. Yet immigration rules discriminate against these unfortunate victims and in most cases deny them their rights, when the real perpetrators are freed. Though the majority of my participants won their stay, others went through long periods of hardship and it was only through lawyers' interventions that they finally gained their stay.

The women's participation in immigration services and their narrated stories discussed above, give indication of the dynamic processes that women adopt when negotiating the immigration system and the difficulty they encounter without them. But to date, this has not been made a research focus. Throughout my research it was clearly indicated that, for some of the women, their journeys were carefully structured by agents who had also pre-coached them on the right lines of narration. When they became overwhelmed by an immigration system that they were not accustomed to, they either forgot what to say or went blank and this affected their claims. It would be helpful to have research that analyses the reasons for asylum seekers' failure from a gender perspective. Such knowledge may not only enhance a policy framework that delivers services from a gender-awareness viewpoint, it will help provide an effective context within which women asylum seekers can be supported. Such research should be culturally contextualised so that it can map the frequency with which specific groups of migrants fail in their claim

Establishing answers to the issues above calls asylum seekers' credibility into question, especially in the wake of the rising tide of terrorism, economic recession and national security. With the complex claims for asylum made by my participants, with inconsistent stories, establishing the truth to aid in assessing genuine claims can be difficult. It is partly based on this that most receiving countries resort to continuous immigration changes that result in tougher measures aimed at 'stamping out' bogus asylum seekers. Unfortunately this tends to also affect asylum seekers who genuinely need international protection. What

remains is the continuing effect of these immigration policies on those who are yet to come.

The next chapter explores my participants' access to education and employment. My desire to discuss these two services together is due to the fact that the former influences, and in some ways enables, the latter. This chapter is designed to enable an understanding of how the women managed their lives in the UK.

## **Chapter 5: Somali Refugee Women's Experiences of Education and Employment in the UK**

In this chapter, I explore the issue of education and employment as discussed by the Somali women I interviewed. Whilst education and the lack of it were repeatedly mentioned as affecting the women's lives throughout my research, they also emphasised the importance of their cultural affiliation to their community as a bond of unity that reaffirmed their sense of identity and nationality in the diaspora, away from home. However, as will be discussed, for most of these women the essential ingredient necessary for their integration into life in the UK, education, was sacrificed. This issue forms the basis of this chapter. I begin by discussing specific demographic information about the women's education and employment, in both Somalia and the UK, as a means of identifying and discussing the thematic issues that emerged around their access to education and employment and how this affected their lives in the UK, their children's lives and their children's education.

### **Demographic Information: Education and Employment Experiences Prior to and after Arrival**

In both the Introduction and Chapter 2, I examined some of the issues that impinged on the women's ability to receive formal education in Somalia and I do not intend to restate these discussions here. Rather, I explain how the same obstacles that prevented their educational advancement in Somalia recurred in the UK and encroached on their ability to participate in education and to effectively utilise the other public services available to them in the UK. I examine the conflicting issues that emerged between the socio-cultural and political structures of their new environment and the practice of traditional culture and how this offers an understanding of their lives in the UK. To understand the contradictions that underpinned the relationship between Somali women's cultural background and their changing circumstances, I discuss the early settlement situation of my participants in the UK. This will help to identify how the women negotiated their lives in an elite society like Britain, since the majority of them were without formal education. In Table 1, I correlate my interviewees' educational attainment with their age, marital status and number of children.

Table 1: Women's Education Information

| Participant | Education in Somalia    | Education in the UK                                            | Age   | Marital status | Children |
|-------------|-------------------------|----------------------------------------------------------------|-------|----------------|----------|
| Bonte       | None                    | Learning to read the Qur'an                                    | 55-65 | Married        | 4        |
| Adiye       | None                    | Learning ESOL                                                  | 45-55 | Married        | 1        |
| Ebas        | None                    | Learning to read the Qur'an                                    | 45-55 | Married        | 7        |
| Maryous     | None                    | Starting to learn ESOL                                         | 45-55 | Married        | 6        |
| Mosna       | None                    | ESOL                                                           | 45-55 | Married        | 9        |
| Dumna       | None                    | Starting to learn ESOL                                         | 30-40 | Single mother  | 6        |
| Helima      | None                    | Learning to read the Qur'an                                    | 40-50 | Married        | 6        |
| Belinda     | None                    | None                                                           | 35-45 | Married        | 4        |
| Masla       | None                    | Learnt computing skills                                        | 35-45 | Married        | 3        |
| Neena       | None                    | Learnt computing skills                                        | 35-45 | Married        |          |
| Nimo        | None                    | Learning to read the Qur'an                                    | 30-40 | Married        |          |
| Hasma       | None                    | Learning to read the Qur'an                                    | 30-40 | Married        | 5        |
| Flavia      | None                    | Learning ESOL                                                  | 30-40 | Single mother  | 6        |
| Hawa        | None                    | Learnt computing skills                                        | 30-40 | Married        | 6        |
| Fatura      | None                    | Secondary school in Finland                                    | 25-35 | Married        | 6        |
| Hada        | None                    | Starting to learn ESOL                                         | 25-35 | Married        | None     |
| Shumi       | None                    | None                                                           | 20-30 | Single parent  | 5        |
| Liama       | Primary drop out        | ESOL                                                           | 40-50 | Married        | 4        |
| Musa        | Primary                 | Learnt computing skills                                        | 35-45 | Married        | 4        |
| Kandi       | Intermediary            | ESOL                                                           | 30-40 | Married        | 2        |
| Marian      | Nursing training        | None                                                           | 35-45 | Single         | None     |
| Shahma      | Teaching/Post secondary | ESOL                                                           | 40-50 | Married        | 3        |
| Haruanna    | None                    | Business Studies, college                                      | 25-35 | Single parent  | 2        |
| Hadma-Moham | University drop out     | Health and social care/ESOL                                    | 30-40 | Married        | 7        |
| Azus        | University Accounting   | ESOL/College course in Qur'an upgrade accounting qualification | 40-50 | Married        | 9        |
| Evansna     | High School             | UK undergraduate                                               | 35-45 | Was a minor    | 3        |

**Source:** Information gleaned from interview data (2010).

Table 1 is structured to show the women's educational histories prior to arriving in the UK and I compare these with their educational achievements after they arrived. I lay particular emphasis on the women who had no education in Somalia in order to discuss the structural factors operating in UK society that kept them uneducated and/or militated against their desire to study. Again, using this table, I discuss how the few women who were educated in Somalia functioned and performed within the UK socio-cultural economy as a result of their education. For the purposes of this thesis, I categorise the women into two distinct groups: educated and uneducated. This is to help me compare life for these two categories of women in the UK as a result of education. Since the majority of my respondents had no education prior to coming to the UK, I start by discussing those women's educational experiences.

As Table 1 shows, out of the 26 women I interviewed, 18 had no formal educational background in Somalia. Three of the remaining eight women had either completed primary or intermediate education (see also Chapter 3) and one was a primary school dropout. Only five were educated to a higher level. Four out of these women had attended professional institutions in Somalia and one attempted a university education, but later dropped out in favour of raising her children. The final participant, Evansna, came to the UK in 1994 as an accompanied minor. Prior to that, she had attended a private high school. As a result, she had had the opportunity to study the English language. In spite of this, she recalled that she was not fluent in English and that she did not understand the UK education system when she came. I analyse her educational experience later in this chapter when discussing the education of the women's children, since her educational experience was the same as that of the children of the other women I interviewed. In the UK, six women had done ESOL courses and five were in the process of doing so when I met them at the centre. A number of them were studying the Qur'an at the centre and a few were learning computing skills. Among the 26 women, only one had completed a UK university education and almost half made no attempt to attain formal education in the UK.

This knowledge helped me to understand the relationship between educational attainment and the effective utilisation of services by the women. This is because it lays emphasis on the difficulty these women faced upon their entry into the UK, where everything is paper-based and the social structure mostly favours the educated. This means that the women depended on other people to function in their day-to-day routines. As seen from Table 1 above, only the few educated women could speak English fluently, and the majority were concerned that their lack of English-language proficiency was affecting their ability to access other services in the UK. The women confirmed that lack of education was a major barrier to their integration. Yet further discussions in this chapter will reveal that they rejected every opportunity offered them to become educated. In the section below, I analyse the employment histories of the uneducated women to establish the factors that kept them unemployed and/or militated against their desire to enter the job market.

In discussing the women's employment, I use the term professional to refer to the educated women who were engaged in professional employment in Somalia. The term 'professional' is therefore correlated with their academic qualifications. This is to help me discuss the specific issues that emerged with their use of services as a result of education and/or lack of it. A person's level of education is closely linked to their employment opportunities

(Krahn et al., 2000); education directly affects job opportunities (Krahn et al., 2000; Crosby, 2006). As Table 2 below indicates, amongst the 26 women only eight had held paid jobs or were self-employed prior to arriving in the UK. This employment history filtered through into their lives in the UK and almost the same pattern of employment was repeated here.

Table 2: Women's Employment History in Somalia and the UK

| Participant | Employment in Somalia | Employment in the UK                                                       | Age   | Marital status | Children |
|-------------|-----------------------|----------------------------------------------------------------------------|-------|----------------|----------|
| Helima      | None                  | None                                                                       | 40-50 | Married        | 6        |
| Musa        | None                  | Worked only a few years at her early years in the UK. Has since had no job | 35-45 | Married        | 4        |
| Belinda     | None                  | None                                                                       | 35-45 | Married        | 4        |
| Hawa        | None                  | None                                                                       | 30-40 | Married        | 6        |
| Maryous     | A housewife           | None                                                                       | 45-55 | Married        | 6        |
| Liama       | A housewife           | None                                                                       | 40-50 | Married        | 4        |
| Ebas        | Housewife/farming     | None                                                                       | 45-55 | Married        | 7        |
| Mosna       | Housewife/farming     | None                                                                       | 45-55 | Married        | 9        |
| Neena       | Housewife/farming     | None                                                                       | 35-45 | Married        | 3        |
| Bonte       | A farmer              | None                                                                       | 55-65 | Married        | 4        |
| Adiye       | A farmer              | None                                                                       | 45-55 | Married        | 1        |
| Dumna       | A farmer              | None                                                                       | 30-40 | Single parent  | 6        |
| Nimo        | A Farmer              | None                                                                       | 30-40 | Married        | 5        |
| Masla       | A Farmer              | Cleaner                                                                    | 35-45 | Married        | 3        |
| Hasma       | Grocery trader        | None                                                                       | 30-40 | Married        | 5        |
| Flavia      | Grocery trader        | Cleaner                                                                    | 30-40 | Single parent  | 6        |
| Kandi       | Grocery trader        | Cleaner                                                                    | 30-40 | Married        | 2        |
| Hada        | Trader                | Lost cleaning job/was seeking job                                          | 25-35 | Married        | None     |
| Shumi       | Was a minor           | None                                                                       | 20-30 | Single parent  | 5        |
| Haruanna    | Was a minor           | None                                                                       | 25-35 | Single parent  | 2        |
| Fatura      | Was a minor           | None                                                                       | 25-35 | Single mother  | 6        |
| Evansna     | Was a minor           | Family support worker                                                      | 35-40 | Was a minor    | 3        |
| Marian      | Nursing               | Cleaner on an accident leave                                               | 35-45 | Single         | None     |
| Shahma      | Teaching              | A council key worker                                                       | 35-45 | Married        | 3        |
| Hadma-Moham | Secretary             | Key worker at the centre                                                   | 30-40 | Married        | 7        |
| Azus        | Accountant            | Key worker at the centre                                                   | 40-50 | Married        | 9        |

Source: Data gathered from the interviewees (2010).

Table 2 shows that 14 out of the 26 women never had any paid work experience in Somalia. Six of the 14 had no job, three were part-time farmers who helped their husbands to farm and, according to them, they also spent time at home caring for their younger children. The remaining five women were full-time farmers who worked with their husbands. Amongst the twelve remaining women, only eight had held paid jobs and

worked outside the home or were self-employed at some time before arriving in the UK. Four of these were in professional positions and four were traders. Three out of the four professional women – Azus, Hadma-Moham and Shahma – were employed in various professional occupations back home in Somalia. Marian had completed nursing training at the post-intermediate level and was working as a general nurse at a Somali hospital prior to arriving in the UK. Four minors accompanied their parents, but one of these settled in Finland before migrating to the UK as a secondary migrant in her adult age. The majority of the women were housewives who helped their husbands on the farm and none of these had any job training prior to coming to the UK. At the time of the interviews, one out of the four professionals, including one accompanied child who managed to gain an education in the UK, were in paid employment. Two other educated women were volunteering as key workers at the centre and three others were in unskilled labour. Marian had lost her job due to an accident she had had at work, but the rest of the women were unemployed. In this sample, there is no significant difference between age and employment experience when the women were in Somalia.

I had expected that younger women might be more likely to have been employed than those from the older generations. Although this was true for those who had paid jobs in Somalia, there were other younger women who were unemployed, were housewives or who sometimes worked on farms with their husbands. The older women in this research mainly worked as farmers. From Table 2, it can be seen that at least 60% of the women aged 30-40 did not have paid jobs prior to arriving in the UK; they worked on farms just like the small proportion of women in the age-group 50-60. Apart from the few professionals, the majority of the women had no job training prior to coming to the UK.

The information in Tables 1 and 2 enabled me to identify intersecting factors such as age, marital status and number of children, and how they impacted on the women's need for education, and their use of public services. With this I was able to trace the patterned themes that emerged in their narrations and these thematic strings are represented in Diagram 1, below.

Diagram 1: Emerging Themes from the Women’s Educational and Employment Stories in the UK.

| <b>Emerging Themes</b>                                                                                   |
|----------------------------------------------------------------------------------------------------------|
| Accessing adult education: where/when/how?                                                               |
| Participating in education                                                                               |
| Barriers                                                                                                 |
| How education helps in coping with life in the UK                                                        |
| Accessing and choosing a school for children: Where/how/why                                              |
| Limited knowledge of UK education system and difficulty in supporting children’s education               |
| Children’s performance at school                                                                         |
| Perception of how children’s educational needs are met by the UK education system                        |
| Perception of how education enables employment (Somali youth’s employment situation in the UK)           |
| Experience of employment in the UK (women)                                                               |
| How employment helps to cope with life in Britain                                                        |
| Conflicting issues in controlling and disciplining children: Somalia and the UK socio-cultural dimension |
| How the educated manage their children’s education                                                       |

Source: Interview data (2010).

I use these themes to analyse the women’s and their children’s needs for education. I discuss the importance of knowing the English language for the successful integration of refugees into British society. This is further developed in the next two chapters as education determines the women’s access to public services in the UK. Below I discuss issues of education for women refugee resettlers generally, and my women participants specifically. This is to identify the factors that militate against these women’s access to education in their new settlement area and shows how their own cultural norms and traditions affect their ability to advance themselves and integrate effectively.

### **Resettlement Issues and Education for the Refugee Women**

Education is seen as a basic right that enables both adults and children to access many of their other rights throughout their lifetimes (Pigozzi, 1999). All the United Nations Conventions – the 1951 Convention Relating to the Status of Refugees, the Geneva Convention and the Universal Declaration of Human Rights – advocate that nation states should enable refugees who come to their countries to have access to education (United Nations, 1948, cited in McHugh, 2007). In spite of this, recent UNHCR records show that about 0.9 out of 1.9 million recognised refugees throughout the world aged between 5 and 17 years are not enrolled in educational programmes (INSPIRE, 2004). This number does not include illegal asylum seekers or displaced persons who are not recognised by the UNHCR. Education is essential to improve the livelihood of families (Dryden-Peterson, 2006) and to addressing concerns about refugees’ presence, enabling governments and

other organisations to provide a structure that ensures more economic opportunities for displaced persons and their children (Buchmann, 1999; Dryden-Peterson, 2006). If they gain the ability to speak English, refugees are more likely to become functional and productive members of society and to integrate effectively. According to Seva (2006, cited in McHugh et al., 2007), where refugees lack education, they tend to resort to crime, drug addiction and prostitution.

This assertion is true for some of the children of my participants who completed their education in the UK without any qualifications, as in Mosna's statement below:

They say Somali children are fighting in the street, they have formed gangs. It's because they are frustrated; they have nothing to do. If they don't know what to do because they don't understand the teaching, they will be frustrated and fight. When they leave school with nothing, they can only gang themselves up and do bad things on the street because they can't get jobs. It's a big, big problem, this one. (Mosna, 45-55, ESOL, unemployed and married)

Almost all the women expressed the same sentiment regarding the way in which a lack of educational qualifications had turned some Somali children towards crime, with at least one participant reporting that her child was in prison. Other participants reported sending their children home to Somalia until they were of a certain age before bringing them back to the UK. Others narrated stories of relatives and friends who sent their children home to Somalia before they could be arrested and put into prison. I discuss this further later in this chapter.

In 2000, the UK government responded to the Geneva Convention and EU policies by introducing the Refugee Integration Strategy, also known as 'Full and Equal Citizen' (Dimitriadou, 2006). This strategy was designed to enable refugees to integrate through different intervention programmes. The strategy targeted education, housing, employment, health and community participation (Home Office, 2000). The success of this intervention strategy, Bloch (2002 and 2003) argues, depended on refugees' ability to speak English, since this determines their ability to enter the labour market.

However, the settlement experiences of women refugees are often embedded in their historical background experiences, which usually situate them within the regime of familial responsibilities and traditional role models prevalent in their patriarchal home country (Franz, 2003). Therefore, in their host country, even where refugee women are offered the opportunity to better themselves through education that could earn them better

employment, they often choose familial responsibilities instead of waged labour and liberation that may enhance self-fulfilment (ibid). In the following paragraphs, I discuss my participants' participation in ESOL and how their cultural values and beliefs constrained the choices they made and impacted on their settlement in the UK.

To help refugee parents and their children to integrate into the UK system (and due to the demands of the UN Convention as discussed above), the UK government has initiated projects through voluntary organisations to allow refugees access to free English language training in the form of ESOL. In the UK, the main ESOL providers are further education colleges (Griffiths, 2003), which accept refugees as ESOL students under the 'Widening Participation' scheme (Dimitriadou, 2006). Often the ESOL courses are adapted to the needs of students and are classified as "English as an Additional Language" (EAL) and 'English for Women' classes. They all lead to an approved national qualification in ESOL. According to Ward (2008), funding cuts since 2007/08 have both affected the provision of ESOL and restricted access for asylum seekers age 16-18 and supported asylum seekers who are awaiting the outcome of their application or asylum appeal. Also affected were unemployed refugees and refugee learners receiving income-based benefits, as well as people receiving Section 4 support (The British Refugee Council, 2011). This restricted access could have affected the few participants who came to the UK within this period, particularly if they had to pay to study. The chances are that they would not be in a position to afford payment.

The opportunity to learn English was available to all the women I interviewed when they first came to the UK. This was particularly so for those who came between 1990 and 2006, before restricted access was imposed in 2007. Although official information concerning where to enrol was provided by adult and FE colleges, refugee groups and organisations as well as local education authorities (Dimitriadou, 2006), the women were mostly introduced to the courses by friends/relatives who had already done them, or through ethnic social networks. For instance, a report by the Refugee Council (2007c) suggests that ESOL courses are very popular and therefore waiting lists to get onto one can be long. But since the women were introduced to formal colleges by friends and relatives, according to them access to ESOL was relatively easy, particularly for those who came to the UK before the beginning of 2006.

ESOL is designed to meet students at their own level (Dimitriadou, 2004). Depending on the literacy level of an asylum seeker or refugee, they will need basic literacy tuition or

beginners classes (ibid). For those who may not be literate in their mother tongue, their starting point is the beginners class (The British Refugee Council, 2011). The majority of the women in my research were illiterate. Among the 26 participants, only four were literate in their own mother tongue when they came – Azus, Marian, Shahma and Hadma-Moham – so the others might have started ESOL with basic literacy tuition. The other participant who was literate in her mother tongue was Evansna, but she did not do ESOL because, as indicated above, she came as an accompanied minor and therefore qualified for UK mainstream education. During the interviews, most of the women repeatedly emphasised the importance of education in meeting their settlement needs in the UK.

Education is good, I know. If I had learnt English I would have been able to communicate properly and I wouldn't have to depend on people to help me when I go to the hospital or to my children's school. (Masla 30-40, uneducated, unemployed and married)

Masla acknowledged that not being able to speak English left her in a state of dependency and helplessness; she could not use public services without others being her voice and articulating her needs. In discussing the importance of education in the life of older refugee women, Connelly et al. (2006) stress that English proficiency not only makes refugees less dependent on younger family members, it gives them self-confidence in their use of public services. It also reduces isolation and helps them to interact with their neighbours and other people around them. In an elite country like the UK, the only way the women could access tangible information was through education. But since many of my interviewees had no English language skills, they had to rely on relatives and friends to access anything. This confirms the findings of many researchers (Salinas and Müller, 1999; Rutter and Jones, 2001; Rutter, 2003a; Luciak, 2004; Szente, Hoot Tylor, 2006; Ager and Strang, 2008; Heckmann, 2008) that education for refugees is important to enhance their independence.

In spite of the general acknowledgement of the importance of education, at the time of the interviews only six out of the 26 women had completed ESOL courses, one at level 2 and four at level 1. Five others were in the process of studying for level 1 at the centre where I did the interviews, which had just started running ESOL courses. Considering the fact that the women struggled in the UK without education, one would have expected them to be enthusiastic about participating in the ESOL courses being run at the centre but, as indicated in Table 1, there were only a few women taking part. The majority had not yet taken the opportunity to do so. Most of the women who came to the centre came to learn the Qur'an, participate in exercises (massaging) and to learn computing skills. It is not

clear why they did not participate in the language classes. Research by Phinney et al. (2001) has shown that when settlement becomes too overwhelming for migrants they may adopt a lifestyle that is more conservative than they were used to. Discussions in the introduction and the background study have shown that patriarchal Somali society confined them to a subordinated position, with no voice of their own and no access to public space. Their needs within the public sphere and to a large extent the family as well, were all mediated by men. This was reinforced by Islamic principles and traditional norms that gave them no access to education; rather, they have been taught to submit to men's authority. This has inclined them to be conformist. Living in British individualistic society, with its overt messages about gender equality and individual autonomy, the women have had to learn a new model of life. Such complexities might have confused some of the women, particularly the uneducated, and they reacted by reverting and remaining more traditional. As indicated above, only a few took up the challenge and utilised the opportunities they were offered by the British government.

The learning of computing skills might have been linked to the fact that in some parts of the UK Somalis dominate the operation of internet cafés (Olden 2008). This might have aroused the women's desire to acquire such skills. Again, a report by Abdullahi (Amnesty International Report, 2011), a Somali woman activist, is said to have highlighted the need for Somali women to have access to information to help them break away from ignorance and to know their rights. In the same report, she called for Somali women to acquire skills in information technology so they can stay connected to other women in the world and to help equip them with the resources needed to face the challenges of change against male domination. This, and other similar messages, may have motivated the women's desire to learn computing skills. Learning the Qur'an indicated their commitment to their religion. In particular, learning the Qur'an involves memorising and chanting things in unison, unlike the learning of English, which requires a more individualistic and formalised way of learning, which the women were not used to. Burgoyne et al. (2007) and Brown et al. (2006) argue that refugees coming from countries where there is no written form of their own language will be overwhelmed by formal learning that depends on the written word. As indicated Chapter 2, the Somali language was first set down in writing in the 1970s and requiring the uneducated women, who were only used to oral forms of communication, to engage in learning written vocabulary was difficult.

Both McHugh et al. (2007) and Jelle (2007), discussing refugees' learning requirements in Bangkok and New Zealand respectively, point out that most refugees come to their host countries with little or no education and/or experience with English. Therefore they find the learning of ESOL very challenging. This adds to the difficulties that refugees face in their host countries. From the narrations of my participants who studied ESOL, the course content was difficult to understand and they felt frustrated that they did not know what was going on. They felt that everything was new, different and made no sense within their world-view.

For me the course was difficult and sometimes I got lost because I did not know what the whole thing was about. The teachers did their best but for some of us, because it's new, we got confused and the teachers they know. ....Also getting help with my homework was a problem, because sometimes I didn't know what to do and when I asked my son, he would tell me 'mum, I'm also busy getting my work done so why don't you ask your teacher or tell them that you can't do it.' That made me so sad and sometimes I just stopped. Sometimes my children also don't know the answer in order to tell me. (Neena, 35-45, uneducated, unemployed and married)

Neena was not just frustrated at finding it difficult to access learning from within an environment that was remote from her cultural reality but, like the few uneducated women who participated in this, and in line with Moro's (2006) findings, the cultural differences within the classroom setting and the lack of home support made it difficult for her to succeed. For some of the women, the very first time they had ever entered a formal learning setting was in the UK. Therefore being able to understand how to negotiate it was challenging. Some of the women complained that there was a lack of support, not just at home but also at the school, and this made the learning unattractive:

...I didn't have anybody to help me at home or at the college. My sister was working and it was not right to bother her when she comes home at night. At one point I wanted to stop. My sister's encouragement kept me going, my sister said, 'don't give up, stay in it, one day you will be OK.' I had to go and tell my teacher that I needed support and that I didn't have anybody at home. She then told me to come and see her at certain times so she could help me. (Liama, 40-50 years old, ESOL Level 1, unemployed and married)

The support that Liama received from her teacher was an isolated scenario and was not a common experience. She only received it because she was bold enough to seek individual help. For other women, who were not as bold as Liama, these impediments hindered their ability to pursue learning English, even though some suggested that they were determined to do the courses. Liama's experience of a lack of family support was not an isolated case;

Musa and a few other women raised the same issue and reported that the lack of support from family members was among the many hindrances to their desire to learn.

Apart from the difficulties they encountered in having to combine looking after their children and studying, there was also a demand placed upon the women, especially those who were receiving social benefits, to prove that they were actively looking for jobs in order to qualify for financial support. Some of the women also had to sign on for their weekly benefit at specific times. The effect of this was that they had to leave their classes to go and fulfil these requirements. I did not investigate how old their dependent children were, but government policies do not require parents with children less than seven years old to show availability for work. However, changes in immigration policies from the 1990s also obligated those eligible for benefits to show availability for work and that included refugees (Refugee Council, 2008: 1). Similarly, some of the women complained that they had to leave their class early so that they could attend scheduled job interviews, and others had to pick up their children from school. Such obstructions prevented them from learning English and from educating themselves and the women wished that this was not the case, as in this statement by Ebas:

Those who go for English classes, the benefit office should not force them to look for a job before they qualify for the benefit. Learning English should qualify one for benefit because if you always have to come out of the classes because you have to go to work, or look for a job because you must qualify for benefit, it does not help you to learn English. Many people drop out, and even where they complete the course, they are not able to speak English properly. (Ebas, 45-55, uneducated, married and unemployed)

In Somalia, the women had never experienced education to help equip them for the challenges they faced in their new environment. Their lives mostly centred on the home and their family and domestic responsibilities. Most of them worked on farms, often with their entire family. Therefore, work was not separated from home and childcare was not difficult to negotiate. In contrast, in the UK, the women's need to separate themselves from their children so that they could study and look for jobs in the public arena was challenging, not least because most of them were doing this for the first time. Adding to their frustration was the fact that they could not function alone, but always had to have someone with them to be their voice. It was an easy option to drop education that seemed alien and difficult. Ebas' statement was a concern expressed by almost all the participants. They saw such demands as interrupting their studies and they had problems in coping with the pressure of trying to satisfy the requirements of the course as well as the demands of

the benefit office. As a result, many of these women dropped out of their studies because, as Dumna explained, it left them with limited time to learn. This demotivated people and reduced their desire to learn the language. As Neena said:

When I came to this country, my friend told me I needed to study English, so she sent me to her college where she had studied. So I tried to learn English but the benefit office said if you study for 16 hours you can't get benefit and if you're working you can't study because you would lose the money. For me that was a big problem, because in some countries you can take a long time to study if you like but not here in the UK. To be honest, I wanted to study but they said you can only learn English for two hours. But you can't learn English and know it unless you spend more hours. In my country, I spoke Arabic and Italian, not English, so I needed longer hours. (Neena, 35-45, uneducated, unemployed and married)

The need for more time to learn English was obviously in conflict with the policies regulating social benefits. However, for any meaningful learning to take place, the women had to engage with the learning materials over a longer period of time. But they were denied this opportunity. Therefore, even where learners had completed the course, they still lacked the ability to speak the language, as confirmed by Ebas' statement in the previous page.

Connelly (2006) has highlighted that other barriers to the learning of English include the assumption that older people have difficulties in learning new languages and skills; therefore, when younger learners are involved in a class, older ones often lose the confidence to participate in class activities. This was true for some of my participants. Some of the women indicated that finding themselves learning the same thing as their children at home made them feel inadequate and the feeling of shame they experienced made it difficult for them to cope. This has been emphasised by Connelly et al. (2006) in their discussion of the things that hinder older refugee women from learning English. However, in my research, whilst some of the women found it hard to study at home, and expressed feelings of inadequacy because they were learning the same things as their children, for others their children became a great source of support. This is emphasised in Mosna's statement below:

I was lucky when I started learning the alphabet and the letter sounds because my children were also learning the same thing at school and they used to bring a lot of homework and simple books. Well, for me, we all sat down together to learn. I was desperate to know something, and to know it better than they do so I can support them. (Mosna, 45-55, uneducated, unemployed and married)

Like Mosna, a few of the women indicated that learning at home with their children and the desire to support their children became the drive for them to pursue learning with her children. For others, the need to pick up their children from school added to the pressure they encountered in their pursuit of learning English:

I was struggling, I rushed to take my children to school and rushed back to college and I was doing this every day. It was hard because in this country there is no support for looking after children. Sometimes I'm ill and my husband will be at work with no-one picking up the children from school. One headmistress was very good because she would always get someone to bring the children home, especially when I got high blood pressure. (Azus, 40-50, educated, employed and married)

All the women who participated in learning English, including those who dropped out, felt unhappy with the way their learning was interrupted by structural demands and felt that such demands restricted their ability to participate fully and be able to acquire fluency in speaking English. What was interesting was that these impediments were not something that the women attributed to themselves, but they saw them as inappropriate structural arrangements made by the UK government. As a result, some of the women expressed concerns that the money the government was investing in their learning was being wasted and they questioned why the government should invest in their education in the first place, when it knew that it was going to make it hard for people to succeed. Nonetheless, the discussions below demonstrate that, as well as the constraints they faced in their new environment, the women's traditional beliefs, religious principles and patriarchal norms that permeate their background equally contributed to the choices they made that affected their ability to attain education and kept several of them unemployed. I analyse this below.

### **Constraints on the Women's Access to Education in the UK**

In this section, I examine how cultural and religious demands prioritised a certain gender role and influenced the choices the women made about accessing education and employment services. I explore the contradictions that ensued as a result of these choices and the effects they had on their everyday lives. With the women in this research, such choices were influenced by their cultural, religious and traditional practices, which often situated them in a subordinated position. I discuss how the problems associated with refugee settlement resonate with those of my participants' experiences. In Table 3, below, I illustrate a correlation between the women's educational and occupational status and how

the educated and uneducated women dealt with their familial obligations differently in their pursuit of education.

Under ‘educational background’ in Table 3 I have classified my participants as follows:

1 = No Education in Somalia or the UK

2 = No Education in Somalia, but education in the UK

3 = Education in both Somalia and the UK

4= Education in Somalia and none in the UK

O\* = Accompanied child; attended high school in Somalia before coming to the UK and was educated in the UK

O\*\* = Accompanied child; educated in Finland

O\*\*\* = Accompanied child; no prior education in Somalia, but education in the UK

O\*\*\*\* = Accompanied child; had no educational background prior to arriving in the UK and had no education in the UK either.

Table 3: Gender Roles and the Pursuit of Education and Employment in the UK

| Participant | Family Life    |                | Educational background | Employment         |
|-------------|----------------|----------------|------------------------|--------------------|
|             | Children (No.) | Marital status |                        |                    |
| Azus        | 9              | Married        | 3                      | Professional       |
| Mosna       | 9              | Married        | 2                      | Unemployed         |
| Ebas        | 7              | Married        | 1                      | Unemployed         |
| Hadma-Mo    | 7              | Married        | 3                      | Professional       |
| Masla       | 7              | Married        | 2                      | Unskilled labourer |
| Dumna       | 6              | Single parent  | 1                      | Unskilled labourer |
| Flavia      | 6              | Single parent  | 1                      | Unskilled labourer |
| Maryous     | 6              | Married        | 1                      | Unemployed         |
| Hawa        | 6              | Married        | 2                      | Unemployed         |
| Helima      | 6              | Married        | 1                      | Unemployed         |
| Hasma       | 5              | Married        | 1                      | Unemployed         |
| Nimo        | 5              | Married        | 1                      | Unemployed         |
| Shumi       | 5              | Single Parent  | O****                  | Unemployed         |
| Liana       | 4              | Married        | 2                      | Unemployed         |
| Musa        | 4              | Married        | 2                      | Unemployed         |
| Bonte       | 4              | Married        | 1                      | Unemployed         |
| Blinda      | 4              | Married        | 1                      | Unemployed         |
| Evansna     | 3              | Married        | O*                     | Professional       |
| Neena       | 3              | Married        | 2                      | Unemployed         |
| Shahma      | 3              | Married        | 3                      | Professional       |
| Haruanna    | 2              | Single Parent  | O***                   | Unemployed         |
| Fatura      | 2              | Married        | O**                    | Unemployed         |
| Kandi       | 2              | Married        | 2                      | Unskilled labourer |
| Adiye       | 1              | Married        | 1                      | Unemployed         |
| Hada        | -              | Married        | 1                      | Unemployed         |
| Marian      | -              | Single         | 4                      | Unemployed         |

Source: Interview data, 2010.

The women's employment experience in the UK as shown in Table 3, above, indicates that the number of children they had did not affect their employment status, but educational attainment did. As shown in the Table, the four professional women – Azus, Hadma-Moham, Shahma and Evansna – had family sizes that ranged between 9 and 3, yet they were employed in various professional occupations at the time I met them for the interview. The three unskilled labourers had family sizes ranging between 7 and 2, yet this did not stop them from entering the job market.

The information in Table 3 also indicates that all the women who had education and were employed in Somalia also had education in the UK, with the same desire to be employed. The reverse was true for those who did not have education or employment in Somalia. For instance, as indicated in Table 3, three women who attained education in Somalia and were employed also furthered their education in the UK and were similarly employed in spite of their family sizes. As number 4 indicates in Table 3 above, one educated participant, Marian who was employed in a professional career in Somalia was not educated, had done no training or employed in the UK. This was an isolated situation because Marian informed me that she had planned to upgrade her education but she had an accident at work and she had not been able to do much physical activity since. Number 2 demonstrates that there were seven women in total who had no education in Somalia, but who had managed to acquire ESOL level 1 and/or 2. Amongst them were three women who were traders in Somalia, two of whom had managed to secure employment in the UK, but one did not. The remaining four women were all unemployed. In the 1 category, eleven women were neither educated nor employed in Somali and a similar pattern emerged in the UK, where all these women were neither educated nor employed. There were four women in the 'O' category, who came to the west as accompanying children. The information from Table 3 demonstrates that one accompanying child, who attended high school in Somalia, also became educated to university level and was employed in the UK. Two other accompanying children had no prior educational background in Somalia, but in the west one of them was educated in Finland and the other in the UK. Both women were unemployed at the time I met them. The last accompanying child in this category had no educational background prior to arriving in the UK and she did not make any attempt to study in the UK or find employment either. The above description shows that educational and employment attainment back home in Somalia is a very good indicator of whether the women would be educated and employed in the UK or not. Almost the same proportion of women who were educated and employed in Somalia were also educated and employed in

the UK, as the discussion so far has indicated and as shown in Table 3. Although these women had equally large family sizes, including the few unskilled labourers, some of whom were traders in Somalia, they still pursued education and employment. This is an indication that number of children does not correlate with employment, but educational attainment does. As discussed earlier in this chapter, for the educated women, the problem was finding steady employment that matched their educational attainment and equated with their occupational standing in their home country. More than 90% of the uneducated women chose to stay at home to look after their children and did not bother to advance themselves.

In their new environment, the women were offered the opportunity, first and foremost, to learn the English language, but from what they said to me, cultural and religious expectations required them to meet their familial obligations more than anything else, so the majority prioritised household responsibilities. This is summarised in Azus' statement:

The Islamic religion and Somali culture prefer the woman to stay at home, even to pray at home. But if you are a single mother in this country you can't stay, you have to work. In Somalia, educated women work, but only when they are sure they can balance it with their housework and looking after their children. But back home it is not difficult if one wants to work because there are so many people to support you in your domestic activities, including looking after the children. But now things are changing so more women are working to support their family, especially women in the cities. (Azus, 40-50, educated, employed and married)

Azus' statement indicates that Somali women's decision to work or remain in work is dictated by cultural and religious demands. Influenced by such demands, the women deemed familial responsibilities to be their most significant role. This has been confirmed by Kabeer and Ainsworth (2011) who suggest that Somali women desire to take up economic responsibilities due to the effect of post war and forced migration economic crisis. However, the need to work must not alter their domestic responsibility to affect their gender positioning. Since the responsibility is placed on the man to be the breadwinner, some of the married women whose husbands had shirked their fatherly responsibilities, and also the single parents, are at a disadvantage. For these women, combining domestic responsibilities and paid work in their most effect way becomes inevitable. They must adjust to dual responsibilities whilst in the UK: fending for their children and enduring the difficulties involved in adjusting to an unknown environment, as Musa said:

When I came here initially, it was very difficult for me to cope all alone with the children. I lost my husband to the war and came here alone with my children. This kind of life [being a widow] was new to me in this country and I did not know what

to do. It was hard, because I tried to learn English, but I had to work as well. I was doing this cleaning job that my friend found for me because I did not have enough money to look after the children. I chose to work and I stopped learning English because with the cleaning at the time you don't pay any tax. In the morning I would take the children to school and rush to work. I was struggling to pick the children up from school. It was difficult for all of us, especially the children, and at school they were confused and they could not learn. The staff members were quite helpful, even sometimes when I went late to pick them up, and they would speak nicely. I said to them that in Somalia children go to school all by themselves but they all come home safe. The school was very helpful. (Musa, 35-45, uneducated, unemployed and married – Musa was speaking about the early stages of her time in the UK when she was still a single mother. She had re-married by the time I met her.)

The discussion in Chapter 2 indicates that the situation in post-war Somalia altered women's roles as many women now assumed the role of breadwinner because the men had lost their traditional roles due to the breakdown of infrastructure. However, this mostly happened to women in the urban areas and my participants missed out on this opportunity. Also, this happened at a time when more than half of the women had already left Somalia. Therefore many were experiencing this responsibility for the first time in the UK, making it challenging to cope. Under such circumstances, it was easy for them to stick to what they were used to: domesticity. The majority of the uneducated women abandoned both work and education in order to look after their families, in spite of the economic hardships they might endure. Others, like Musa, took up the challenge and prioritised having to work in order to support themselves and their children. Unfortunately, she too was forced to abandon her course because she could not combine work and education as a single parent. Combining work, childcare responsibilities and learning was too hard for the uneducated women, and the single mothers in particular struggled. Lacking the support of a man and other family members, and like some married women in this research, Musa was faced with the challenge of having to do everything by herself. In Somalia, she had not only her husband's support, but also the support of her relatives; however, in the UK such support mechanisms did not exist. At her children's school, she could not meet the expectation of picking them up on time, but the teachers allowed her to sometimes be late. She also compared the expectations of UK schools and those of Somalia, where children are able to go to school and come back home by themselves. What Musa did not realise was that the environmental conditions in Somalia, where she lived in a small suburban area and where every member of the community was the other person's keeper, enables children to move about freely. This is unlike UK metropolitan society, particularly London, where she lived with her children and where people live individualistically. However, as a result of the

constraints she enumerated above, most of the women who started learning English dropped out, and others never made any attempt to learn English or to pursue education and/or a career, as Dumna recounted:

I could not learn English because there was too much pressure on me to look after my children and my mum, look for a job and study at the same time. I registered to learn English and the day I went to the college, I had an interview appointment so I had to leave the class to go for the interview and at the same time I was thinking about my children at home, so I stopped. If I had help I would have been able to study, but in this country you get support from nowhere and I couldn't leave my children with a nanny. I did not even have the money to pay for that and my mum was also quite old and always depressed about my dad's death. I had to look after my children because for me that should be the first priority. (Dumna, 30-40, uneducated, unskilled part-time labourer and a single mother – She was also looking after her elderly mother at the time I met her.)

Like the other single parents in this study, Dumna chose to look after her children. She reported that, even if she could have afforded a nanny, she would still have chosen to look after her children. This statement indicates how Somalis value children (Lewis, 1996; Morland, 2004: 3). In her discussion of barriers to refugee employment, Lamb (1996) asserts that a lack of childcare facilities is one of the major constraints that prevent refugee women from entering the labour market. However, as Dumna's statement indicates, the choice of childcare and domestic responsibility was preferred not just because of the breakdown of support mechanisms, which were lost to her on coming to the UK, but because when it comes to choosing between traditional practices and the resources needed for effective integration, the former was paramount to her and to the majority of the women.

When Dumna was confronted with a situation that demanded that she make choices, she chose to stay at home in order to look after her children. The assumption one can make is that, besides finding it hard to cope with life in the UK as a single mother, in an environment where the support network is different from what she was used to, her decisions and choices were also guided by her cultural and religious background. This was highlighted by almost all the women.

When children are young they need to be taken care of. It's important for a mother to look after the children. In Somalia men are supposed to work and bring the money, and women look after the home, it is our culture. But over here if you don't help your husband, the money would not be enough. It's difficult because, for us Somalis, children are important and they must come first. When the children are older, then you can work to help your husband. (Helima, 40-50, uneducated, unemployed and married)

Helima's statement complements Dumna's above, and it explains why most of the women who adhered to their cultural demands remained uneducated and unemployed. The women's attitude also highlights how they applied their personal agency to the changing circumstances they faced and to help them take decisions that could enhance their integration. The women were very much aware of the need to work in order to supplement the family's income, as Adiye indicates below:

I think that if it is possible to work, then it is a good thing because sometimes if you don't work you live like a poor beggar; you have to wait for someone to give to you before you eat. Work brings money and you live your life the way you want and it helps you to feed your family properly. (Adiye, 45-55, uneducated, unemployed and married)

This view was shared by most of my interviewees, who felt that relying on state benefits made them feel like children and sometimes they felt they had failed in life as a result. However, the choices they made suggest that they had not realised the long-term effect of not having any transferable skills that could help them secure good career prospects, which only education can provide. Although they affirmed that education was important, only a few of them participated in it.

... Yes education is important, especially in this country, you need to be educated, it helps you to support yourself, you know, you will get a good job and you will not be a loser. (Kandi, 30-40, ESOL, unskilled labourer and married)

Kandi believed that education provides access to other facilities and it also paves the way to employment. Lacking education therefore blocks access to such amenities. Kandi's statement highlights France and Wiles' (1997) assertion that employment does not only make one a citizen, it provides access to social privileges towards good living. It helps refugees to establish social network with groups outside their immediate communities. This facilitates effective integration (Valtonen, 2004). Yet these uneducated women thought education was distracting and that work took them away from their domestic responsibilities, and it should therefore not be a priority. Rather, they waited until their children were older before some decided to look for a job.

I know that many Somali women did not work because they were looking after their children and now they are old and they cannot work. Others are doing cleaning jobs and are working part-time because they have to come home early to pick up their children from school. If you are a mother with a lot of children, like most Somali mothers, it will be difficult to work in this country unless you try hard. (Adiye, 45-55, educated, unemployed and married)

For the women to wait for their children to grow up before seeking employment amounts to deferring their own lives and the detrimental effect of this practice was also expressed by some of the women. Hada, a participant, was of the view that the high birth rate among the women was a possible cause of their unemployment. This statement cannot be substantiated by the narration of these women, as there were women with large numbers of children who managed to balance looking after them with work. Azus, Hadma-Moham and Flavia had nine, seven and six children respectively, but they still managed to combine childcare responsibilities with work. In this research, family size had no obvious effect on the women's willingness to work and/or stay at home.

Thus, although newly arrived refugees are entitled to participate in resettlement programmes that could help them to integrate effectively, and enhance their chances of gaining access to the economic and social privileges of their host country, achieving these goals requires commitment, not just from statutory bodies, non-governmental agencies and refugee communities, but more so from the individual refugees involved. However, constraints such as those described above, coupled with the choices the women made, limited their ability to use those resources. From what most of the women said to me, the need to look after their children was an important indicator to their lives in the UK, and they prioritised this above the need to achieve effective integration into their host country. For the single mothers in this research, the priority was to find a balance between looking after the children and work; almost all the uneducated women prioritised childcare responsibilities.

The above justifies Mallki's (1995: 13) scepticism about the assumption made by some researchers in refugee studies that refugees leave their identities behind in their own country when they are forced to move and that they lose their traditions and culture to their new environment. The women's statements support Mallki's scepticism because they did not lose their cultural identity or their traditions. In fact, it was their attempt to fulfil cultural obligations that resulted in the choices that some made. In the UK's socio-cultural economy, however, being educated is a necessary requirement for successful integration. Integration in this sense is loosely used to explain how the women successfully utilised social resources as a means of enabling their settlement in the UK. In Somalia, going out to work was not obligatory because it was expected that a woman would stay at home and look after the children (Lewis, 1996; Bryden and Steiner, 1998). But in the UK the women

faced the need to work if they wanted to move beyond economic hardship, enhance their economic status and integrate properly into their new environment.

Discussions in Chapter 2 indicate that women in Somalia are now engaged in economic activities and paid work. This helps them to contribute to the family's income, but also enables them to appear in the public arena (Carson, 2002; PDRC, 2004): 18. In the UK similar opportunities existed for my participants to help better their lives and to make an impact in their family and their community. But the uneducated participants still remained on the bottom rung of the economic ladder. Nonetheless, a few of the uneducated women reported that, within their household, they took greater responsibility to support their family.

Struggling to cope with day-to-day life was an intrinsic part of the women's situation during their early years in the UK. This was because, as the women indicated, they were not used to the cultural demands placed upon them in the UK, including childcare responsibilities, looking for jobs and engaging in education. Confronting each of these issues demanded that they made choices. But, as Franz (2003) suggests in his discussion of Bosnian middle-class refugee women, for most refugee women in their new environment, the choice will always be in favour of their family's future and advancement, both socially and economically, rather than their own independence because they view this as the most important aspect of their lives.

The transition from having no decision-making power back home in Somalia (Carson, 2002), to coming into a culture where they were expected to make decisions, seemed very difficult for the women, but the extent to which they felt able to embrace this new role, and/or felt resistant to it affected their lives in the UK. Most of the women I interviewed resisted the change that UK society offered them and clung to their traditions because that was what they were familiar with and could manage – staying at home to look after children. What was significant was the impression that domestic chores, which also got in the way of the women, were blamed on UK society, which functioned individualistically, as in the statement Ebas made:

In this country no one helps you, you do everything all by yourself. In Somalia you will find the support that you need. There are always people around to give you help in everything, but not in the UK. My husband works and because I have many children, I could not do anything. I just could not cope with the situation and with doing everything all by myself. (Ebas, 45-55, uneducated, unemployed and married)

Ebas' sentiment, which was also expressed by other women, highlights the traditional practices that these women were exposed to in Somalia, but which were in conflict with the practices of the UK socio-cultural economy, dominated by individualism. The women obviously found it hard to adjust to the differences in culture between the UK and Somalia.

### **The Women's Post-Migration Experiences in the UK**

In order to understand my participants' desire to be educated and/or enter into employment, it is necessary to examine the implications of gender positioning and its effects on the women's lives within the constraints of the situations presented to them. Such considerations bring at least one indicator to the fore: the relationship between gender and the structural arrangements of society and how they functioned to situate these women.

The discussions in this chapter and in previous chapters, including research discussions on education generally, and refugee education specifically, have demonstrated that education is a key to life. But this route was closed to the majority of the women in this research. In their home country, education was non-existent for the majority of them. In the UK, this predicament followed them and, as discussed in Chapter 4, every aspect of their lives had to be mediated. Since they could not grasp the opportunity offered to them to be educated in the UK to better their lives, they could not escape from patriarchal domination.

The constraints that resigned the uneducated women to their assigned gender roles of domesticity and childcare (Abdullahi, 2001) were, first and foremost, cultural practices that are designed to position women in their 'natural' role, and to put a limit on what they can and cannot do. Educated Somali women, even in the western world, must learn to balance this role with employment. But their ability to cope with such multi-tasking also affected and limited how far they could go.

The stories of the women in this research, and their educational and employment experiences in the UK, reveal unequal access to resources. It was their lack of education that made most of them resigned to their private domain. For the uneducated women, stepping out of their traditionally assigned domain of domesticity was seen as a breach of obligation. Likewise, some of the educated Somali women were limited in their access to resources in the public domain as they were mostly only able to work part-time. According

to Long (2010), men are free from the constraints of domestic responsibilities and therefore they have greater access to economic opportunities.

The discussion above indicates that there were certain structural constraints affecting the women's ability to educate themselves and to pursue employment, in both Somalia and the UK. This situation is particularly complex for refugees and asylum seekers because of immigration restrictions that limit the kind of employment they can pursue. The discussion in Chapter 4 suggests that social policies are used as a mechanism to control who is included who is not, creating an exclusionary situation where others remain as outsiders. Lack of language skills makes access to employment difficult. Childcare responsibilities were an obstacle to the women's desire to access educational and/or employment facilities. The high cost of childcare was another constraint, since many refugees and asylum seekers live in poverty and are not able to afford childminders (Archer et al., 2005). In addition to these factors, almost all the women were practising Muslims and their dress code and forms of religious practices made it hard for them to get jobs (Syed, 2007). Like poor language skills, their headscarves can sometimes be perceived as a communication barrier as well as a health and safety hazard in the work environment (McGowam, 1999). In this research, some of the women wearing headscarves reported being discriminated against during job interviews and some viewed the wearing of the scarf as the main reason for both their children's and their own continual employment struggle. This was emphasised by Azus:

One of the interviews I attended, I even know the person who took that job. They are thinking that maybe your image is not something that they like or they are looking for. They look at your personality to give you the job. I think that in this country and for some jobs, our cultural appearance and the way we dress stop us from getting the right jobs. But the interpreting job was OK. I did not have any problems at all. They needed some people to interpret and they did not really care about the cultural appearance, in fact that was the job description. Anyway, now it looks like it is improving everywhere. Now British people understand people from other cultures so it is getting better. When we first came here it was not easy at all. When we covered our heads to go to the hospital or the park, people used to look at us as if they had never seen people like us, but now it is improving. There is still a lack of jobs for us, but I don't know why. (Azus, 40-50, educated, employed and married)

This was particularly the situation for the women who first arrived in the 1990s. They said they were discriminated against because of their dress, but Azus agreed that the situation is changing. Islamic religious practices also put a limitation on the kinds of jobs that women can do. For instance, Musa recounted how her daughter complained to her manager in the

supermarket where she worked that she could not touch pork and so could not refill the shelves, and as a result she was told to leave the job.

You know if you are working in the supermarket, religiously you can't touch alcohol and you can't touch pork and the entire supermarket is selling these things. My daughter was told she cannot have any more jobs because she told her boss she could not fill that shelf. The manager got upset and said, 'I cannot employ you any longer.' Many people who come to the centre complain that their employers want them to label alcohol and pork and when they refuse they kick them out. Even when you work on the till you still have to scan the items and so you still have to touch them, but we are not allowed to touch any of them. (Mosna, 40-50, unemployed and married)

Such cultural dispositions affect what Somali women can and cannot do and since employers were not able to segment specific work roles for them, their employment opportunities were limited. However, this is not so much the case for the next generation, who are much more relaxed about their culture and religion. As Hadma-Moham said:

If you are neglecting your religion you can work everywhere, which some people do, but others don't. Because I have seen many young people who work in the supermarket who scan the pork and the alcohol and they don't care. (Hadma-Moham, 40-50, educated, employed and married)

Unless they are prepared to ignore their culture and religion, Somalis cannot work in such places. But for those with such strong internalised cultural identity, breaking away from such norms is always challenging. The younger generation who were mostly born and/or brought up in the UK, has less attachment to the indigenous Somali culture and they are less serious about adherence to it. All the women expressed concern about their fear of losing their children to the UK socio-cultural tradition. In the following paragraphs I discuss employment access for the women and how this enabled them to cope with life in the UK.

### **Coping with Life in the UK**

Research about refugees' education and employment is not completely new (Psoinos, 2007). In the UK and other parts of western Europe, there has been investigative research into refugees' education and employment situations, including issues of post-migration experiences, physical and psychological wellbeing, economic situation, familial obligations, effects of social life, health situations etc. (Hassan, 2002; Whittaker, 2005; Psoinos, 2007). The means of study has mainly been to collect views from agencies and

community groups that provide services and/or work with refugee groups (Psoinos, 2007). My research helps to fill a gap by exploring refugees' own views about their access to education and employment within the context of how their educational and occupational experiences prior to arriving in the UK impacted on their ability to utilise such facilities in the UK.

According to the women, finding a job was not a major concern, particularly during their early years in the UK. This was because they depended on social networks to gain employment: contacts in their own communities, friends already in work, or advice given by refugee advice agencies (Humphries et al., 2005). This has been highlighted by Horst (2001), when she asserted that refugees rely on wider social networks to survive in their settlement area.

Research indicates that in the UK migrants who have been successful in finding jobs and are happy are mainly unskilled. This is because they have no specific expectations of the kinds of work they might find, as opposed to the experiences of professionally qualified people (Humphries et al., 2005). This was true for the few unskilled labourers in this research. They never complained about the jobs they did. They were quite content to have secured jobs through social networking. In contrast, the educated women said that they had struggled to secure the jobs they desired and complained of having to start with volunteering and other 'less appropriate' jobs before securing jobs that were within the realm of their qualifications.

The women never mentioned any training opportunities apart from ESOL. Either they were not aware of any or how they were told about them did not make them seem an attractive option to pursue. Research by Barba (2007) and Velasco (2002-4) indicates that unskilled migrants who manage to secure employment are trapped by poor pay (Piper, 2005) and so engage in multiple jobs, working long hours to make ends meet. This makes it hard for them to get out of their 'unskillfulness' (Velasco, 2002-4; Piper, 2005) and it may hinder their ability to ever attempt to get training that could help them to develop their potential and advance their lives. This was true for at least three participants who were unskilled labourers. All three unskilled working women worked for long hours and had multiple jobs just to supplement the family's income. The women reported that this partly explained why they could not better themselves through education, even though they wanted to, as in this statement from Masla:

It was difficult for me at the time doing about three jobs just to earn more money. Even now I still do; you have to do that to earn more money. But that means you are stuck. You can't go out to do something that could improve your life. With household responsibilities still waiting for you, you can't do anything else no matter how hard you try. (Masla, 35-45, uneducated, unskilled labourer and married)

Masla's job experience was not an isolated scenario; the other two unskilled labourers also reported being stuck in multiple jobs. The women knew that having some skills would have improved their chances for better jobs, but not only did childcare and time constraints hinder their ability to train, long hours of work also contributed to the problem. The use of Job Centres was unknown to some of the women and they could not navigate a job search effectively using this system. They also complained that the Job Centre staff had little patience and would send them to employers who did not want them. The uneducated, unskilled women reported that it was much easier for them to get jobs through social networks from Somali community members. Several factors accounted for this, but the most significant was their lack of proficiency in English. According to the women, they could not communicate with their employers in English, so often their presence was met with negative responses from employers and staff members, as indicated by Hada.

To be honest I don't even know why they would ever ask us to go and work out there when we have no-one at such places to interpret. I went to this factory for a trial day and I was told by the Job Centre officers that I was going to do some packaging. It was difficult because the manager could not understand me and I could not understand him. We both got frustrated. (Hada, 35-45, uneducated and married)

There are other significant dimensions when dealing with the English language as an obstacle to work. As discussed by Humphries et al. (2005), it is not just about lacking knowledge and proficiency in English, but even those who were fluent in English prior to arriving in their new environment may find the accents in their host country difficult. There is an assumption that employers use this as a cover for racism and to discriminate against people even when they have high levels of English and could secure certain jobs. This was true for my educated women, who had managed to acquire some level of spoken English. The women reported that they struggled to find jobs because of the language barrier. At least one educated participant reported being discriminated against during job interviews because of the way she spoke.

According to the women's stories, the first generation of their children faced unemployment. These were mostly children who came to the UK with their parents to be educated here. However, due to the women's own lack of understanding of the UK

education system as well as the children's lack of education prior to coming to the UK, they left school without qualifications. As a result, they faced all kinds of risks associated with long-term social and economic exclusion. The women were convinced that their children's predicament was because the UK education system had failed them:

To get a job in this country you need education and these children don't have the qualification to get the jobs they need. Even in Haringey Council only a few Somalis are working there. And how many Somalis live in Haringey? How many thousands and thousands of Somalis live in this area? I have lived here for almost 17 years and the only jobs that most of these children do is bus driver or cab driver or ...and even the business they do is not a big business; internet café is not anything. Self-employed is not even enough. The problem is once their educational needs are neglected then it creates problems. (Kandi, 30-40, ESOL, unemployed and married)

As Kandi's statement indicates, Somali children mostly do low-skilled jobs that, according to her description, amount to nothing. Some of the women reported that a few of their children who qualified to work were discriminated against in favour of their white counterparts. They attributed this partly to the September 11 event, arguing that since then most of their young men had been perceived as potential threats, making it hard for employers to employ them.

Before, Somali children would get jobs after university, but now things are getting worse since 9/11, particularly for the boys. They think every Muslim is a terrorist so they don't want to give our children jobs. They would rather give jobs to other people and not our children. (Helima, 40-50, uneducated, unemployed and married)

This may just be the women's perception. However, if this is the case, then this situation does not only create 'otherness', it is also discriminatory.

### **Pursuing Career Paths in the UK: The Educated Women**

In modern Somalia, a minority of urban, educated women can pursue a career, but only if they are able to combine this with their household responsibilities (Carson, 2002). The four educated women I interviewed who were employed in various professional settings attempted to pursue similar career paths as they had had in Somalia, using their qualifications when they first arrived in the UK, but subsequent developments indicated that the situation was more complex than they had imagined. As indicated above, these women struggled in their job hunt and after initial frustration, when they engaged in low-level jobs, they finally decided to upgrade their qualifications. Even so, they still did not

get jobs that matched their qualifications or corresponded to the jobs they had had in Somalia.

Research by Krahn (2000) shows that across the globe immigrants and refugees experience downward occupational mobility in their host countries. Chiswick et al. (2005) related the occupational rate of this group of people to a U-shaped pattern that illustrates where refugees are positioned on the occupational ladder when they first arrive in their host countries. This is particularly so because, as Psoinos (2007) suggests, it is usually more difficult to transfer 'advanced studies, internationally than basic and/or more general studies.' This makes the gradient of the U-shape steeper for immigrants with a higher level of education, especially during their initial hunt for an occupation in their host country (Duleep and Regets, 1999), as illustrated in this statement from Azus:

Back home in Somalia, if you are looking for a job, you are thinking about getting the job you want with your qualifications. As a Muslim woman, I'm allowed to work only if I can combine it with looking after my children and my husband. I have a bachelor's degree in accounting and I was working very early; starting work at 8am and finishing late... When I came to this country, I tried to find an office job with my qualifications, I tried and tried, but nothing came. I was quite frustrated about it. And I didn't understand why. Whenever you go for an interview they say: 'You are good and we will call you.' But no, they never did. (Azus, 40-50, educated and married)

Azus' statement illustrates the difficulty that refugees and immigrants, especially those with higher qualifications, go through in their search for jobs when they first arrive in their host country. Although she had a degree in accounting, she could not secure a job that matched her qualifications. Azus, like the rest of the professional women in this research, struggled with menial jobs to make a living. Hadma-Moham recounted doing a cleaning job and working as a dinner supervisor in a school, before finally deciding to undertake some short courses to upgrade her qualifications. Her experience was not an isolated case. The educated women in my research experienced the same problems. Psoinos (2007) asserts that, in the UK, underemployment of refugees is a major problem. She describes how refugees with higher education end up doing low-paid unskilled jobs, and emphasises that the percentage of refugees who manage to get stable jobs is very low. Even for these few it comes only after a long period of struggle and unemployment (Carey-Wood et al., 1995; Bloch, 1997/1999a; Barer, 1999, 1999; Shferaw and Hagos, 2002). Like these writers, Duleep and Regets (1999) suggest that a few refugees are able to make a recovery, but only through great investment in other training and after a considerable length of residency. Duleep and Reget argue that the level of one's education also helps to influence

the rate of recovery. This finding applied to the educated women I interviewed and, although they are not representative of my research participants, who had a high rate of illiteracy, they are individual cases who illustrate the experiences of educated refugees. Shahma recounted:

I could not do any formal education in the UK apart from ESOL (English for Speakers of Other Languages) courses. Getting a job in the UK was really difficult even though after my ESOL course my level of English was improving. I was desperate to better my English so I volunteered to support children with their work in schools. I knew it was going to be difficult to get the same sort of teaching job as I was doing in Somalia because of my poor communication skills. But I was able to get an interpretation job with Haringey Council after my ESOL course. When I was with them I was also volunteering at the housing department. I kept volunteering, for about one and a half years, sometimes twice a week, especially during times when my husband was off work and he could look after the children. Then a vacancy came up. The council was looking to recruit a housing officer. I applied and I got it. I was doing this alongside interpreting for Haringey schools. (Shahma, 40-50, educated, employed and married)

Like Shahma, all the educated women stressed that they faced challenges during their attempts to re-enter their original career. Shahma used her experience as a teacher back home in Somalia to help school children even when her language skills were not good, alongside doing cleaning jobs. She invested time to volunteer as a housing officer so that she could get the experience she needed in order to apply for any future vacancy and, although housing was not her original profession, it was a much better-paid and more dignified profession than most unskilled labour.

In the UK, research shows that many refugees not only have high educational qualifications, but they also tend to have knowledge-based skills and varied forms of knowledge because of their diverse social and cultural backgrounds (Psoinos, 2007). This could help them to contribute positively to the UK economy (ibid). However, this high level of education and experience does not always correlate with the kinds of jobs they do in the UK (ibid). To a great extent, this holds true for the four women professionals I interviewed. The women described how their qualifications were not accepted even after they had done short courses to upgrade them. Azus, with her accounting degree from Somalia, could not get any employment in the UK, so she decided to do a ten-week course to upgrade her qualification. In spite of this, she could not get employment. Azus believes that the problem was her inability to speak English at the time:

I did a ten-week accounting course at the college to upgrade my academic qualification. But even then it was still difficult to find a job. Who would employ

me? I could not speak English, could I? Well I volunteered in schools helping children and using that opportunity to learn the English language. It was difficult, but I had to try hard so that I could help my children and myself, because I wanted to find a job by any means and the only way I could do that was to know how to speak English. (Azus, 40-50, educated, employed and married)

Azus' question: 'Who would employ me?' mirrors the experience of the few educated women interviewees, particularly those who volunteered in schools. Volunteering in schools helped them to acquire communication skills in English faster than they had expected and it also helped them to gain knowledge about the school system so they were able to support their children. But they also knew that they would not be employed in a school setting even if a vacancy came up, because they lacked confidence and fluency in English.

Shahma narrated how she used to take her children to a distant relative who lived miles away, and she would watch him teach her children mathematics and English. This continued for almost one and a half years until she felt confident enough to start teaching her children herself.

The Refugee Council (2007c) has recommended that volunteering is an excellent way for refugees and asylum seekers to gain experience of the UK job market. This benefitted the educated women. It helped them to secure jobs, although not in the areas they had been trained for. Hadma-Moham was a secretary with a United Nations Industrial Diploma but she became a health and social care worker even though in the UK she had also taken City and Guilds courses in mathematics, English and computing. At the time of the interview, Hadma-Moham was on incapacity benefit and had temporarily resigned from paid work because of ill-health. She was volunteering as a Qur'an teacher and was also managing projects for elderly Somali women at the centre. Marian was another educated professional, but she had not undertaken any education at the time of the interview, and she was also not working. She had lost her cleaning job due to an accident at work two months before the interview. Marian had plans to further her nursing career in the UK by attending relevant courses, but this had not worked out for her by the time I met her at the centre.

The other two educated participants, Haruanna and Evansna, came to the UK as accompanied minors and took either a college course or a university degree in the UK. Haruanna had chosen to stay at home to look after her two children until they were older, so she had not used her qualification to work since completing her college education. Why

Haruanna chose not to work is uncertain. Growing up in a UK metropolitan area like London, she was aware that work is a necessary part of an individual's life in the UK. One can only speculate that she did not want to work, or that she was responding to a life-cycle event that helps to reproduce forms of Somali cultural traditions and systems of beliefs. In the latter case, Haruanna was repeating what most Somali women chose to do – stay at home to look after their children. If she had worked, she would have been gainfully employed and enjoyed other privileges, to attain certain social positions and to compete for other opportunities in society. However, Haruanna did not take advantage of such opportunities. Instead, and like the generation above her, she prioritised looking after her children.

Evansna's situation was slightly different. Having joined the UK school system in Year Nine, she managed to go to university to study computing and accounting, but she chose to work as a family support officer for Islington schools outside of her career path. This was because she had noticed there was a need to support Somali women in this area. Ironically the choices that the women (both the educated and the uneducated) made centred on families and it indicates how much they valued family. The uneducated women pointed out that they chose not to work because of their families' and for the educated women the choice to better their education to find an appropriate job was to support their families. Although none of the educated women confirmed that the choice of their specific career was linked to their family's needs, it was obvious from Evansna's assertion that she valued the Somali family unit and she was prepared to relinquish her real profession so she could help maintain Somali families. She said that she had never regretted digressing from her career path because she finds fulfilment in helping her community, especially newly-arrived Somali women, many of whom are uneducated and do not understand either the education system or UK society as a whole.

I know there are active Somali community members who are helping with children and family members, but it is not enough. These people need a lot of support every day and wherever they go because the illiteracy rate among them is very high. A lot of people have come here before and have seen the problem and they can tell the newly-arrived how this place is, so they do get a lot of support as well as information. There are a lot of groups that help with new families that come to the country now, but that wasn't the case in 1990. Basically the majority of the people who came here in 1990 to 2006 were still finding their feet and there was not time to think about their own children. (Evansna, 30-40, educated, employed and married)

Evansna's statement bears out my own observations of what happened daily at the centre. Several Somali women came in, both registered members and non-registered. The majority came for support, to pay their bills, have letters read to them, follow up on a call to them, have certain legal procedures explained, sort out issues related to welfare support, or issues about their children's education etc. Mostly they waited for hours before someone was able to attend to their needs. For these women, the community centre was a haven without which they could not very easily have survived their day-to-day life in the UK. The women urgently required access to all types of services, but they were restricted in negotiating such access by their lack of education, knowledge and language skills. They would have lost out on benefits but for the community centre, although that took hours of waiting.

Like all working mothers living in UK urban areas who have had to build their lives differently from men by engaging in jobs that enable them to take responsibility for the care of children and older people, and to perform household tasks (Atubo and Batterbury, 2001), the educated Somali mother's ability to function in the public sphere depended on the effective management of her private sphere (Carson, 2002). Some of the women in this research described how they were not only burdened with childcare responsibilities, but were also tasked with sorting out their husbands' emotional stress and the frustrations caused by social problems, particularly around unemployment and working in areas that were far inferior to what they (their husbands) had been used to in Somalia. This caused the men to experience feelings of failure, loss of confidence and pain at the reduction in social status.

Well the men face so many problems that they cannot solve many social problems. They think life has failed them so they don't support themselves any longer. In the house some are never seen, they go out and always come home late, some are there but it's better if they are not there. Women do everything; and they have to comfort the men also, if not it will create divorce and truly in some homes these are causing big problems and are causing so many divorces. If they are responsible, they do everything, but most of them are not and they are causing the women double pain. (Belinda, 30-40, uneducated, unemployed and married)

Beneath the above statement is the multi-burden task of helping to sort out men's emotional traumas as well as other responsibilities. The women's emotional investments in their family and in sustaining their relationships added weight to their domestic responsibility. The women had to defer their own emotional needs in order to meet their family's expectations. Unfortunately, as Reay (1998) points out, this is an area that has received little research attention.

The above discussion highlights the experiences the women encountered in their private domain, which are shaped by the wider sexual division of labour. This lays emphasis on gender roles rooted in the binary division of public and private spheres, where the woman's experiences are embedded in the private domain of childcare and domesticity while the man, the main breadwinner, functions in the public domain of employment. For the educated women, immigration did not alter these roles. The few unskilled labourers and the single women not only had to work to supplement their family income, they also had domestic responsibilities. This confirms Chiung-Tzu (n.d) assertion that the old notion of the private sphere being the domain of the woman has not changed (Chiung-Tzu Lucetta Tsai n.d). A few of the uneducated and the educated women in this research might have broken away from aspects of traditional gender roles, and may now find that they have more experiences in common with their male partners, but in reality they had doubled their burden and increased their responsibilities.

In Somalia, the woman's contribution to the home is not as highly valued by society as that of the man (Ahmed, 1999; Carson, 2002). For the uneducated Somali women, whose lives centred on patriarchal practices (Brydon and Stein, 1998), breaking away from traditional roles to engage in activities that took some of them into the public sphere of paid jobs felt overwhelming; hence the majority did not even make any attempt to study or work. But such an attitude continues to keep the women dependent on both men and other people. Their dependence on state benefits also traps them in a state of poverty (Unwin, 2011). The women admitted that sometimes they felt as though they lived by begging. Such a dependent situation creates continual subjugation that confines the women to patriarchal domination.

The educated women's pursuit of education and employment were affected neither by their marital status nor the number of children they had, as the discussion above indicates. Hadma-Moham, for instance, had lost her husband to the war and had travelled to the UK with her children alone. She recalled that she used to leave her children in the care of a Somali housewife who lived a few blocks away from her house. The nanny would collect them from school and look after them until she returned from college or work in the evening:

I was not sure how secure it would be with the children and sometimes I panicked, because I was told so many stories about child-minding in this country. But when I thought about how we lived in Somalia as one people who cared for one another, yes, because in Somalia, you can even leave your child with your neighbours and go to

work and that was perfectly all right, but here I wasn't sure. Anyway, I trusted that that woman would look after my children like her own. Any time I came and asked the children they always told me she was nice, but at the beginning it was not easy at all that way. (Hadma-Moham, 40-50, employed and was remarried at the time of the interview)

Hadma-Moham's statement highlights some of the issues inherent in the situation of working mothers and the responsibilities of childcare. Even though her carer was a Somali, leaving the children with this woman was difficult for her initially. Childcare as a significant issue impacting on refugee mothers' employment has been discussed by Fidazzo et al. (2006), who illustrate that the lack of collaboration between refugee-serving agencies and mainstream childcare services is one reason for the dilemma faced by refugee working mothers. I do not know if Hadma-Moham had any knowledge of the existence of government-supported childcare, since my research did not explore that area, but whatever difficulties she encountered with regard to childcare, in the end (as indicated in her statement above, as well as statements made by some of the other women), the educated women managed to acquire a career.

Refugees and asylum seekers go through many different stages of adjustment as they settle into the UK; therefore they resort to different strategies to cope with life in this new country. Some of them arrived having left their families behind. At the time of the interview, about one-fifth of the women were without husbands. Some of the women came to the UK widowed and remarried, whilst the marriages of others had ended due to social and economic issues in the UK, which often result in conflict and lead to separation. At least two of the women were separated from their children and one had sent her children home because she could not control them and could not bear to see them taken away by social services. Some of these women had no family links in the UK. Therefore the social network at the community centre was of vital importance to them.

The women described life in the UK as lonely, hard and distressing without the community centre, where they came to socialise and get help for their day-to-day needs and problems. Problems of communication were the main difficulty that most of them experienced in their day-to-day lives. Most of these women had lived in the UK for over 15 years and some almost 20 years but they still could not speak English nor understand it fully. Therefore, as detailed in Chapter 4, they could not function without mediation, often by their children, friends and other relatives. The problem of allowing children to interpret for parents has been emphasised by researchers such as Papp (n.d) and Yee (2003), who argue

that it not only puts pressure on the children, but it also involves them in situations that are inappropriate. Yee sees this as child abuse, particularly because some of the children become traumatised by the kind of information they are made to pass on to parents. Yee (2003) asserts that children do not have the capacity to mediate complex communication because they lack access to adequate vocabulary. Importantly, they find it challenging to convey sensitive information and might want to 'pick' and 'choose' which information to pass on. This is fully discussed in Chapter 6. Many of the women expressed regret that they had not taken the opportunities offered to them when they came to the UK, and felt that it was now too late for them to do otherwise. As Bonte said:

.... I know I did the right thing to stay at home and look after my kids, and of course when my children were at home life was OK. They helped me with everything, you know, shopping, going to the hospital, to the benefit office and they did all the phone calls. Everything was fine, but now they have all left and my husband cannot read either. So now it is hard. I have to come to the centre for them to help me with all the letters I receive. Sometimes it feels like I have failed in life. (Bonte, 55-65 years, uneducated, unemployed and married)

There is a problem with using and needing to use children in that way and thinking it was appropriate. Bonte relied on her children to take responsibility for all communication. By leaving her responsibilities to her children, she remained like a child to them. This can create discipline difficulties as parents might lose their sense of authority to their children who may capitalise on their parents' ignorance to misbehave. Some women actually confirmed this to be their experience when using their children as interpreters. By saying that life had become hard because her children had left home, Bonte was suggesting that her support network had gone. Some of the women who had stayed at home whilst their children grew up, felt they had lost confidence in their ability to go out to work, as expressed by Maryous:

At the beginning I liked it because it is the best thing for a mother to look after her children. That was OK. The problem was that after some time when the children grew up, it was then difficult to go out and look for a job because I couldn't speak English properly and I had no skills, no qualifications, so I thought there was nothing out there for me. So I gave up and now it's too late. I have no more strength left in me to go and look for even a cleaning job. Who would give me a job to do? Right now I feel stuck. (Maryous, 45-55 years, uneducated, unemployed and married)

As seen from their stories, education did not mean anything to them until their children had left home, at which point they could not cope any longer. It was this that had brought most of them to the community centre. Similarly, because of their age, it was not possible for

some of them to engage in paid work that required physical strength – unskilled labour – the only jobs available for people with no academic qualifications and no training or skills. They regretted not taking advantage of the opportunity to learn English when they had the chance. Almost all the uneducated women who had relied on their children for support shared the same sentiments. None of the women I spoke with were happy about their current situation; they were all sad and quite disappointed about their predicament, and in some cases angry. One can speculate that, having stayed at home for too long, they had completely lost interest and the motivation to go out to work. On the surface, this might seem like a gap between what the women say and what they actually do but, as indicated above, not being used to a formal learning environment could partly explain this.

Some of the women did not necessarily have the words to describe how they thought about their experiences, but they knew that they were quite happy that they had stayed at home to look after their children. At the time, they were hopeful that they would be able to get a job whenever they wanted to enter the labour market, but later they realised that they did not have enough confidence to go out again after staying at home for a long time, and therefore they gave up the idea completely. The women identified their lack of confidence to go out as one of the reasons for giving up on employment. However, others also felt that there were no jobs available for people like themselves. As Helima said:

...., I think that for employment it is our fault, we put ourselves down and did not enter into jobs at the very beginning when we first arrived. Now when we wish we can work, but the work is not there. Every one of us wishes we had a job, but when you go looking there is no job anywhere. For two years I have been looking for a job and nothing came up. Like me, many Somali women pulled themselves out of education because they wanted to raise their children; and now we want to work and there is no job. That is the problem and for this it is not just about education, but the right skills as well, because it depends on which job you get and, yes, education will help you get a better job. In this country if you don't have education and the right skills the employers are looking for, you will not get a job. (Helima, 40-50, uneducated, unemployed and married)

According to Helima, the same reasons that prevented the women from attaining education also hindered their employment opportunities. Being educated and fluent in English was recognised by nearly all of them as a prerequisite for survival in this country. Lacking these skills, the women felt that they had failed in life.

Now I wish I was doing something for myself out there, but I can't. The only thing I can do now is cleaning, which needs no certificate and now even a cleaning job is difficult to get. At times when you are not working you feel you are a loser, because

you only get income support and you depend on someone else. For me that is difficult. (Flavia, 30-40, uneducated, unskilled labourer and single parent)

Without education, the women lacked the ability to adjust effectively to their new environment, get employment, acquire social status and enjoy other social privileges (Saylac Education Report, 2008; Voltanen, 2004). They congregated at the community centre and engaged in activities that alleviated their boredom and isolation and enabled them to engage with other Somali women. But these were not activities that profited them financially; rather, they depended on the state for their financial needs. Research by Krahn et al (2000) that explored integration and the Canadian labour market, and similar research by Robinson (1993), demonstrates that refugees are better able to integrate where they can draw on skills from their previous education. However, with Somali refugees, this was mostly not possible. The paragraphs below discuss how the women dealt with issues relating to their children's education and how they managed to support them.

### **Supporting their Children's Education and the Women's Perception of Education for their Children in the UK**

The women expressed difficulty in supporting their children's education because they were constrained by a lack of understanding of the school system and handicapped in their ability to communicate with teachers and other agencies. They felt disappointed that schools did not involve them in their children's education and suggested that it could have motivated them to learn English. For the same reason, they also found it hard to engage with their children's education and to support them with their homework. This was particularly so for the uneducated women, but it was also true for the educated ones, who were also learning to adjust to a new environment. This limited their ability to support their children in the initial stages:

You know, when we first came to the UK, we thought, 'we are in England,' so we left everything to the schools and we didn't worry about anything. We didn't know we have to help our children, we thought we were in the best place to educate them, so we just relaxed thinking that they will just know everything. Later on we got to know that the children didn't learn anything. (Liama, 40-50, ESOL, unemployed and married)

The misconception that the parents held about UK education as being a place where their children would do well even without their involvement made them relax. Their inability to support their children and reinforced by the fact that they came from a culture where education was the complete responsibility of teachers and the children themselves, with

little or no support from parents. Therefore, they left the education of their children to the schools. Such false anticipation created problems for the first generation of Somali children who came to the UK from 1990 onwards, including the first generation born in the UK. The women asserted that most of these children left school with no qualifications that could support them in securing a better job. Being left jobless, with nothing to live for, they formed gang affiliations on the street and many ended up in prison, like Maryous' son. She regretted not sending him to Somalia before he became a victim of this gang attachment. Research that details the educational experiences of asylum-seeker and refugee children has emphasised their lack of awareness of, and access to services for their educational needs, as well as social entitlements (Arnot and Pinson, 2005). The writers call for schools to address these needs through 'mainstream approaches to inclusion and racial equality' (ibid: 5); giving advice and guidance on how to access education for young people and their parents or carers. The writers also advocate classroom support, tailored to facilitate meeting the needs of these students. Due to the above lapses on the part of both the women and the education system, the first generation of children born in the UK and those brought from Somalia became a burden of frustration to them, as reported by Hasma:

Our children came out of school without anything, with no qualifications, no certificates, nothing. In this country they can't do any proper work without qualifications. As parents we were very worried that our children had failed. We couldn't support them because we didn't know either; we had no education, no training, nothing to enable us to be able to do that. (Hasma 30-40, uneducated, unemployed and married)

Like Hasma, the other women do not blame this solely on the British education system, but on their own illiteracy and ignorance. Some of the statements that they made illustrate the concerns they raised about the inherent differences between the education system in Somalia and Britain, and that this was affecting their children's performance. Others pointed to a lack of children's self-motivation because of a lack of competition, yet others were disappointed that schools allowed too much playtime.

In Africa you don't have to worry. Children work hard and they do everything by themselves, they don't rely on anyone. The children try to challenge each other in exams, in coursework and in class work, so they are always learning hard so that they can outscore the other person. But it's not the same in the UK. (Mosna, 45-55, ESOL, unemployed and married)

British education aims at a holistic and accelerated approach to learning. Therefore, in both the classroom and the playground, activities are focused towards the physical, emotional

and social development of the children (Williams and Black, 2001). As a result, there is an emphasis on play and exercise, and most after-school clubs are geared towards providing children with activities that exercise their bodies whilst at the same time helping them to learn (learning through play/games). But most of the women saw this as a waste of their children's precious learning time, and they raised concerns that schools had inaccurate perceptions about the way they raised their children, as described in Musa's statement below:

During school hours, the children had plenty of time to play outside. Teachers always say, 'you need this, you need exercise.' Where is the time to learn? Where is the education? They go outside to play four times and they have homework only on Fridays, where is the learning? The government thinks the children don't have time to play at home, but they have Saturdays and Sundays to do plenty of play and to go outside. Sometimes the teachers complain to parents 'oh, your children they stay at home a lot,' but we go outside, we are not animals, we like our children so we take the children outside. The school thinks we don't. When I bring my children to school I want them to learn, that's why we bring them, you know. One break is ok for the day, but four times is a lot. Now P.E. is two days, before it was one day. The government changed the time so they go outside four times to play and then two days for P.E. Where is the learning time? Some people, they don't recognise that the children waste plenty of time. (Musa, 30-40, primary education, unemployed and married)

These sentiments highlight the different emphasis that the two countries (Somalia and the UK) place on children's education. In contrast to the UK's education system, the Somali education system (which exemplifies most African education) lays greater emphasis on academic development for the able child and all activities are geared towards developing their mental faculties, to the detriment of the child's holistic development (this was also my own experience, as a pupil and teacher in mainstream education prior to relocating to the UK). As a result, teachers apply force to get their children to learn, and they use the cane on a child who is not achieving (Pflanz, n.d). There is also a lot of rote learning because the aim is to achieve immediate results. The emphasis on break time activity is not geared towards preparing the child's physical body to aid learning in comparison to the UK. Therefore, unlike UK schools, playtime activities are not modelled for children and break time play and activities are not supervised and monitored in the same way, as I found from my own experience as a teacher in mainstream education in inner London. Most of these parents were unaware of the importance of play and recreational activities as ingredients for learning; hence they questioned their usefulness in the education of their children and complained that teachers were allowing their children too much playtime.

One participant recounted that her son was discouraged by the education system and dropped out. Some of the other women recalled the experiences of family members and friends whose children, particularly those who came from Somalia and had no educational background, got frustrated because they did not know what to do with education, which they were not used to in Somalia. This was compounded by the problems they encountered in the UK in school settings, including bullying, intimidation by school-mates, difficulty in accessing learning resources due to the language barrier, etc. This made them dislike school, as in Maryous's statement:

Some come here [to the UK] when they are 12, 15, 14, something like that. The system of education is different, and these children had no formal schooling in Somalia before coming. In Somalia, they are not forced to go to school, but here they must go. Some of these children did not see the need for education. My son, he could not cope, he always complained about people teasing him and when he fights them the teachers will blame him. He dropped out and what did he do? He ended up on the street. I lost my child to gangs. It was difficult for both the teachers and us parents as well because we were being forced to do something that some of the women had never dreamt would happen in their lives. (Maryous, 45-55, uneducated, unemployed and married)

Maryous's statement highlights some of the problems that refugee parents and their children face in a new country in the area of education. Due to the differences in educational systems, children who would not normally be forced to go to school in Somalia are mandated to do so in the UK because of the educational policy that expects every child to access education. But the frustrations that the children encounter in their new setting, and the lack of proper supervisory support from both teachers and parents, affect their ability to achieve. The parents lamented their children's failure and they blamed it on UK education policy for discriminating against their children. The question that comes to mind is: what is it about education that makes the difference in these women's lives? Some of the research discussions that come across in third world countries is that people, as well as societies, place a huge premium on education (World Bank, 2000) and the women's narrations clearly show indications that they valued education and that without it they felt they had failed in life (also see discussions in Chapter 4). In first world countries however, education is viewed differently. If one has access to education, it does not necessarily lead to better things. This can partly be explained by the fact that there are wider opportunities for people to improve their lives. They have no need to learn the English language, which is the first prerequisite for acceptance into employment, education, a community etc. if they are born in the UK. Therefore, their situation is not the

same as for migrants in the diaspora. Even those with higher qualifications find it hard to secure good jobs and those without education are left at a disadvantage. As a result, even in their host countries, most minority women continue to see education as everything. My participants expressed disappointment that their children were not succeeding in the UK education system. Furthermore, like most third world parents, the women saw the investment in their children's education as a social security for their own future. As the discussion in the background study shows, most third world parents depend on their children for support throughout their old age, and they see this fulfilled through their children's education and careers. Therefore, what the women could not achieve in life, they wanted to see happened in their children. Learning from past mistakes, the women stressed that they now hire private tutors to teach their children English, maths and science at home because, as parents, they still lack the ability to support them:

The previous generation didn't do anything, but now our children go to university. Parents are taking care of their children's education and now in every Somali home you will see a private tutor, everywhere. We don't rely on the schools anymore. Parents are serious about their children's education. They pay money for their children to be taught at home so very soon they will get good jobs. My sister-in-law's children say they are doing biomedical studies, why biomedical only? Why not medicine, or law? Sometimes I think, because parents don't know anything, it affects the children, who are also playing ignorant. (Helima, 40-50, uneducated, unemployed and married)

This reaction was repeated by most participants; the perception that some subjects are more deserving than others and if only Somali children concentrated on the 'good subjects', rather than what the child is good at, they would succeed. In spite of their own lack, the task of supporting their children was mostly left to the women as husbands were either working or were no more taken responsibilities for their families. My interviewees expressed concern that UK schools were not helping their children to get the right jobs with their qualifications, especially those who had been able to make it to university.

I don't know what they do with their qualifications. Most of them I've seen as bus drivers, cleaners and things like that. They are now in the communication business, even after their university degree, but anybody can do that, you don't need education. The previous generation didn't do anything, but now they go to university and yet they are not doing proper jobs. My daughter completed university last year and now she is working in a clothing shop in the city of London. Education in this country has failed our children. I know the trend is changing for education, but it has to change for jobs as well. (Masla, 35-45, uneducated, unskilled labourer and married)

For these parents, the fact that their children were not employed in the area they have studied means that the UK education system has not favoured them. But in the UK, research by Churchard (2011) indicates that about 52% of graduates are either unemployed or under-employed and this is set to increase to 55% by the summer of this year (2011) for those who are graduating (Graduate Rush Unemployment, 2011).

Besides employment, the women also raised concerns about the harmful influences of the UK's culture on their children. They were alarmed about the negative behaviour their children had adopted since arriving in Britain and they partly linked this to the practices of UK schools. One mother gave this example:

My son goes out at night with his friends and comes home late all the time. This started when he completed secondary school. After the celebration he went out with his friends and came home at 2am. From that time on he started going out to meet his friends. You tell your own child what is not right and they say, 'you shout at me, you do this, you do that.' Yet they can use bad words and gestures that are not allowed in our culture or religion.... (Musa, 35-45, uneducated, unemployed and married)

One of the things that saturated the women's discussions was the cultural differences in disciplining children. The cultural orientation of Somalis requires them to inculcate the values of respect, good manners and good behaviour in their children. But my participants were concerned that their disciplinary practices are viewed as problematic in the UK. One interviewee raised issues about the way some teachers and other personnel involved in the education of children misinterpret their intentions to discipline their children.

I haven't seen a parent who killed their children or sexually abused their children in Somalia, yet they say if your child is not happy it means they are emotionally abused. What is emotional abuse? They are only encouraging the children to say something, so that they will call the social services. Social services do not understand our culture. If a parent shouts at a child because they have stayed outside for too long, do you call that an abuse? Should I sit down until my child is spoiled and not say anything? (Helima, 40-50, uneducated, unemployed and married)

Problems associated with refugees' transition into a new cultural environment have been discussed by Morland (2004), who asserts that this could take years. Besides learning to adapt to their new environment, my interviewees also had to think about how to settle their children, by providing for their educational, emotional and physical needs. The women not only faced situations that were largely unknown to them, they were also expected to defer aspects of their belief system in order to integrate effectively, and aspects of their cultural practices were sometimes misinterpreted (Morland, 2004: 1). Traditional practices that

leave cultural cuts, burns and scars may be read as abuse. However, in Somali culture, there are many practices that allow children to play outside without adult supervision. In the west this can be judged as parental neglect. Disciplining children can also be regarded as abuse. The role of social services in particular seems to create concerns for them. This is discussed further below.

During the interviews, several women expressed concern about some of the practices in the UK education system that they perceived as having contributed to their children's underachievement in school. This was particularly articulated in the area of placing children in their new class. Most of the women were of the view that placing the children according to their age group was good, but might be too difficult academically.

It does not make sense if they put them together in the same class with those who already know the system when they come to the UK without giving them any initial support. (Masla, 35-45, uneducated, unskilled labourer and married)

The women felt that age-appropriate placement helps to avoid humiliating the children in the presence of others who are much younger. And since most Somali refugee children who come to the UK are older, usually aged 8 and above, they would be ashamed if they were unable to answer questions in the presence of younger classmates. The women's major concern was the fact that most of these children come without any educational background, therefore it was not appropriate to place them together with students who already know the school system and have higher academic ability. They prefer schools to prepare the children through a remedial system before adding them to mainstream classes:

I like that they put them with their age-group so that younger children will not laugh at them and older children bully them, but they need lots of support and they need special classes to teach them to understand English, the way the schools work and to get them to understand better before joining them into the main class. Particularly, children who are new, they face language problems and when they don't understand the language they make trouble; it's difficult for them. They mixed them with the other children who know everything and the Somali children don't know anything, they can't speak English, nothing. How can they join them? (Kandi, 30-40, ESOL level 2, unskilled labourer and married)

The system of UK education, relative to that of Somalia, was seen by the women as one structural constraint that hindered their children's education. The UK school system contrasts with the Somali education system, where children are placed in classes according to their academic ability and where they are made to repeat classes if they do not perform well (Bakaloo, 2003). There were some parents who expected their children to repeat

classes if they did not do well in their end-of-year class examination. There were a few parents who agreed with the UK's age-appropriate classes, nevertheless they expected schools to support their children through initial interim classes where they could develop their language skills and receive support in the basic understanding of the subjects taught. In this way, they would not be frustrated when they were put into the main class. Almost all the parents expressed the view that when newly arrived Somali students are placed in a classroom with students who are already familiar with the school system this creates a lot of bullying and other children take advantage of their lack of knowledge and understanding of the UK education system to intimidate them, yet when they retaliated teachers accused them of being aggressive. This frustrated most of them to drop out of school:

When they don't understand the lesson and people frustrate them by laughing at them, they fight. Some of them fight to give themselves power and identity. But teachers don't understand this, they label them as bad. It's a big, big problem, this one. (Mosna, 45-55, uneducated, unemployed and married)

The women's lack of English proficiency constrained them from discussing with teachers the numerous concerns they had about their children's education. They also felt that a lack of collaboration between the school and home kept them away from the school. But this did not help them to understand the school system. During the early stages of their lives in the UK, the parents complained that they felt quite perplexed about the education system and complained that teachers only told them what their children had done well without letting them know the full scale of any underachievement or bad behaviour. But the report at the end of the year showed that the children had done poorly academically:

They have to involve parents. Many of us go to the schools and when we go they only show you the good things. They don't tell you everything. We want to hear what the children are doing academically, what they learn in school and how we can help them. How do we know how to help our children when we don't know how and what they learn in school? We will not know what they are doing wrong if they don't involve us parents so we can monitor and correct our children. (Mosna, 45-55, uneducated, unemployed and married)

They felt that if schools had involved them in the education of their children, this would not have happened. However, such involvement requires schools to develop strategies that first and foremost help parents to understand the school system and know how it works for their children. Liama initially felt that the school's failure to involve her in the education of her children was wrong. She agreed that the first step in parents' involvement in the school

community is to be able to communicate with teachers and the school staff, but as a parent she did not have the skills to do that and so felt that schools were not to blame:

I was wrong to expect that because you cannot understand the school system or know what they were talking about if you can't speak English. How do you communicate with teachers? (Liama, 40-50, ESOL level 1, unemployed and married)

Schools have a dual responsibility when it comes to newly-arrived refugees. The first is to be able to settle refugee children and to meet their needs and the second is to develop strategies that help to involve their parents in the school community. This will enable the school and the home to collaborate in working to meet the needs of children. The parent felt a sense of alienation as far as schools were concerned and they assumed that this affected their children's achievement. Some of the women also perceived that teachers were biased towards their children because of their religion and the way they dressed. This is recounted in Azus' shared story:

I think the schools in the UK do not understand our culture like they understand Asian culture, but I don't know why they don't understand us. Somalis have lived in the UK since long before the war ... Yet they still don't understand our culture and religion. They should know that these are important aspects of our lives. Yes, we live in a multi-cultural society, but they have to respect everyone's culture. One day a young lady, nearly 12, in year six and they were swimming; this young lady was being forced to remove her scarf. She said, 'I don't want to take off my cover,' and they said, 'no you have to,' and she cried and they were pushing her to do that. I was called to the school and found the girl had been crying so badly as a result. I was very upset about how the teachers treated her, but I didn't show that much. The child was affected and she was crying and crying and sitting in the water, she did not want to come out. That was dangerous but she was upset. I was crying inside as well, but I didn't show it. (Azus, 40-50, educated, employed and married)

Like Azus, the other women maintained that schools' failure to understand their culture was part of the reason why their children fought in school. Some of the women were of the view that schools have a responsibility to know the traditional beliefs of the children they teach. Others were worried that some schools encourage children to call 999 when they report things happening at home without a proper check on the children's report. They were concerned that minor issues like 'I'm being verbally and/or physically abused' were taken so seriously by some teachers that they felt it warranted a 999 call. This perception stems from the conflicting understanding of UK culture versus that of Somalia. Whereas a minor form of physical punishment might not be taken seriously in Somalia, in the UK physical abuse is considered differently. None of the women indicated having any issues involving the social services, but they reported the experiences of friends and relatives.

They were concerned about how their children capitalise on the use of a 999 phone call to gain freedom from parental control. Some stressed that this was reinforcing disrespectful attitudes in their children. They also expressed anxiety about the fact that when social services take the children away they do not monitor them to ensure they keep practising their culture and religion.

Another time, my friend's daughter had an accident with the iron; when she went to school the next day the school called social services. My friend went to pick up her child after school and they said, 'your child has been taken.' How do you take someone's child like that? Accidents do happen, so you need to find out what happened first. But no, they will not talk to the parent; they will just remove your child. When they remove them they don't monitor them to practise their culture and religion, they don't fast, they don't pray. A child cannot learn respect without religion. (Hawa, 30-40, uneducated, unemployed and married)

Some parents argued that their children had misinterpreted the schools' and social services' actions to be their rights (e.g. the right to leave home as and when they liked), and they were concerned that government policies and the role of the school were eroding their parental position. Another thing that the women were worried about was the thought that their children might abandon their Somali culture and Islamic religion altogether as they were becoming more influenced by UK culture.

I know the young people have rights but what they have now is not a right at all, they just want to run away from their parents' control and to have their freedom. .. In the night children under 16 years go out and if their parents say don't go outside they tell their parent 'we will go outside.' And they go without permission from their parents. When they come back what would their parents do? Of course they would shout because they did not obey their parents. Every parent has good intentions towards their children. When they go to school the next day and complain that their parents shouted at them, the school will ask them: 'Do you want to stay with you parents? Are you unhappy to stay with your mum?' A child will surely say no when you ask them such questions, because they want freedom...Before you are aware of it, they have called the social services and the social will just come and take your children away. He/she is still a child.... If a child wants to say, 'I don't want to stay with my mum,' as a mother how would you feel? It breaks your heart. (Azus, 40-50, educated, employed and married)

The women blamed the schools for asking their children questions that probed into their domestic affairs. Since most of these children are aware of the ignorance of their parents, they take advantage of that to sabotage their parental role and allow the social services to interfere. But Maryous assumed that if schools understand the cultural practices of the children's home, and work hand in hand with the parents and do not misconstrue their intentions towards their own children, they can work together for mutual benefit:

The problem I have is that although the schools are helping them to learn, when they have problems in the school, they say 'you don't come back to school; ok.' I think schools are not able to deal with the problems that children cause in the school. So they call social services for the parents instead of calling for themselves. (Maryous, 45-55 years, uneducated, unemployed and married)

Maryous thought that schools were not able to deal with the cultural issues that their children present in the school environment and in their ignorance they allow social services to have possession of the children. The women admitted that many Somali parents in the UK send their children back to Somalia when they notice that they are playing truant, which could create social service involvement. Almost all the women complained about the activities of the social services, saying that they work to interfere with their 'good' parental intentions. They argued that part of the reason why their children fail to achieve at school is because of lack of control. They blamed this on the policies governing schools and teaching.

Policies, it's because of government policies; the government has taken control of parents' rights and teachers as well. So children don't listen to their parents or their teachers. When the teacher gets frustrated with the children because they are not listening to them, they too blame that on parents and they call social services. They put thirty children in a class and the children don't listen because of policies, they are so wrong to be honest. The children in this country get everything, fast, fast, fast; money for food, books and everything, yet they don't listen. That is not the fault of the school or teachers or parents, it's the government. When my son finished high school, he went to do 'A' levels and they changed the time he had to go to school; he went at different times and that affected him a lot. He slept and did things at different times. Oh my son did very, very poorly. (Flavia, 30-40, uneducated, unskilled labourer and single parent)

In the opinion of some of these parents, too much government intervention has spoilt their children. Children have lost respect for both parents and teachers. The women felt that government policies on schools need to be reviewed because they do not seem to be yielding positive results:

But I think the government can do something about this if they want to because there is no point wasting teachers' time and the children's potential, if you understand what I mean. The government is spending a lot of money and if they go to do GCSEs and they are not succeeding, why are you spending their money for the school? In this country you can't say, 'OK you didn't do well so go and learn a trade, like carpentry or tailoring or mechanics.' In Africa it's easy, but over here it's not that easy. There are no vocational schools, commercial colleges or polytechnics for those children who are not doing well at school like we have in Africa. (Hawa, 30-40, uneducated, unemployed and married)

The women believed that reviewing the education system and knowing what works for the children was the best way forward. One of the solutions they proposed, as seen from Hawa's statement above, was for the government to create other learning paths where students who are academically weak can be channelled into vocational and technical schools. They advocated commercial, technical and vocational schools for children who have knowledge in these areas and not to waste their time by channelling them through the regular secondary school system where they can become frustrated. This concern has recently been raised by advocates of graduate appointments (Churchard, 2011) in the face of acute graduate unemployment. There is a call on the government to invest in vocational and technical courses to raise standards in these areas. As the discussion above indicates, the challenges posed to their children by the UK education system forms a major discussion in the women's narration in this chapter.

## **Conclusion**

It is clear from these discussions that the women's lack of education functioned to impede their access to the labour market and other opportunities that would enable their development and integration into UK society. Since education is a gateway to development, refugee education is particularly significant to enable effective utilisation of public services. Lacking such potential, the research participants' only means of coping was through support from their community, family members, children and friends. When such support failed, the women felt handicapped.

Having lost the opportunity to participate in education, my participants lacked the ability to communicate in English. Limited by this, the unskilled labourers could not compete in the UK job market; without the social networks within the Somali community, they would have found access to employment very difficult. The majority of uneducated women who chose domesticity also waited too long until their children grew up and left home and it became almost impossible for them to gain access to employment. Lack of education helped to keep these uneducated women ignorant of their rights, and of what services and information were available to them. Lacking confidence and with no job training, they depended on state benefits for their daily needs.

One common theme was that the participants experienced unequal access to public services. This inequality was firstly conditioned by patriarchy in their home country where they were denied education, were positioned to rely on men and were denied access to the

public domain. In the UK, due to the institutional structures that favour the educated rather than the uneducated, men rather than women and white rather than black, these women were handicapped in accessing those services that could enhance their integration. The women themselves said that they felt socially excluded and discriminated against. The uneducated women felt unable to cope with life in the UK and failed to take advantage of the opportunities offered them to better themselves. In the case of the uneducated women in this research, the reasons for their lack of education and employment in the UK represent a gap in knowledge that needs further investigation.

In the next chapter, I discuss the women's access to housing and welfare benefits. The need to discuss these two services together was due to the fact that the majority of the women were unemployed and so they depended on welfare benefits. Almost all the women in this research live in local authority accommodation and rent payment was either subsidised or fully paid. These women completely depended on welfare benefits to sustain their families and themselves. Discussing these services jointly is therefore appropriate.

## **Chapter 6: Somali Refugee Women's Access to Housing and Social Benefits in the UK**

This chapter discusses access to housing by Somali refugee women in the UK who settled in the north-eastern part of London. I will consider the process through which they acquired housing and how port of entry negotiations impacted on their access to accommodation. I discuss the effect of family reunion on their access to housing and, in doing so, I categorise the women into two distinct groups: 'knowing someone' and 'not knowing anyone', as these categories became determining factors in their access to initial accommodation. Related to this, I shall also examine the women's access to, and utilisation of, state benefits. Having to leave their familiar cultural and traditional way of life to live in a cosmopolitan area in a developed western country, the Somali women experienced dramatic changes in their social environment and physical domestic space, and functioning within these proved challenging.

Housing is key to ensuring refugees' effective long-term resettlement, particularly for those who have lost both properties and relatives to flee to safety (Sherrell et al., 2007), finding good-quality accommodation, supportive neighbourhoods and welcoming communities are necessary to foster rebuilding a successful life (Carey-Wood, 1997; Peckham et al., 2004; Quilgars et al., 2004). The literature on refugee housing has indicated its critical role in refugee integration (Hact, 2003; Quilgars et al., 2004).

The need for accommodation begins at the port of entry and in the UK, under section 160 A (1) and (3), and 185(2) of the 1996 Housing Act, a person who is subject to immigration control (PSIC) is not eligible for social housing or housing assistance, unless s/he comes under immigration regulations prescribed by the Secretary of State (Wilson, 2011).

Asylum seekers who may be eligible for housing include those who applied for asylum before 3 April 2000 and were granted humanitarian or discretionary leave to remain and those granted refugee status. The reverse is true for those who applied for asylum after 3 April 2000. They are only covered by an independent support system (ibid).

In the UK asylum process, individuals who are physically present at the port of entry are eligible to apply for initial accommodation, regardless of how they got to the UK and regardless of their current immigration status, particularly if they have no contact person. They do so by submitting an application, alongside their asylum application, to the UK Border Agency, now the National Asylum Support Services (NASS) (William, 2007).

Pending the completion of their asylum process (which at the time of writing in 2012 took about six months from the initial application), the applicant is accommodated but not allowed to work (ibid). Below, I discuss housing policies to examine how they impact on the settlement process of my participants in the UK.

### **Refugees and UK Housing Policy**

Until the 1990s, UK migration policy, founded on the 1971 Immigration Act, mostly dealt with post-war economic needs, Commonwealth migration and the creation and expansion of the European Union (EU). Asylum needs played less significant part in the legal framework surrounding migration (Rice and Angus, 2011). This was because the UK was receiving less than 10,000 asylum applications per year during the 1980s (Schuster and Solomo, 2001) Therefore only a small proportion of the work of the Home Office was related to asylum (ibid). Legislative rules that define refugee status were determined by the 1951 Geneva Convention. The UK government used an improvised approach to respond to refugee resettlement needs by setting up specific resettlement programmes for particular refugee groups (Quilgars et al., 2004). Within this, the government provided grant-aid to voluntary and community organisations to provide activities that facilitate the resettlement experiences of refugees (ibid). This approach, which lacked a well-structured policy on refugee integration, was condemned by writers such as Kaye (1992) and Robinson (1999). Until 1993, asylum seekers had the same access to public services as refugees, and this included social rented housing (Quilgars et al., 2004). However, the last two decades have witnessed massive modifications to the UK immigration laws, and this has impacted on those seeking asylum and the kind of support available for them. It is important to outline these changes as they inform the experiences of my participants who arrived in the UK at different times. In Table 1, below, I list the different periods during which the women arrived in the UK and highlight changes in immigration policy and how they affected the rules regulating housing/state benefits.

Table 1: Effects of Immigration and Asylum Policies on Housing/Welfare Benefit: Impact on Participants.

| Policies on housing for 1990-1992 arriving participants                                                                                                                                                  | Policies on housing for 1993-1999 arriving participants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Policies on housing for 2000-2005 arriving participants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Policies on housing for 2005-2009 arriving participants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <b>THE ARRIVING WOMEN</b>                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Hadma-Moham, Helima, Musa, Azus, Neena, Dumna, Liama                                                                                                                                                     | Haruanna , Shahma Evansna, Kandi, Ebas, Masla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Maryous, Hawa, Hada, Shumi Flavia, Bonte , Nimo, Fatura                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Hasma, Marian, Belinda, Adiye, Nimo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>POLICIES AND IMPACTS</b>                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p>-1971 Geneva Convention</p> <p>-1987 Immigration laws</p> <p>-Improvised policy to cater for immigration issues including housing</p> <p>-Asylum seekers received same social benefit as refugees</p> | <p>-1993 Immigration and Asylum Act:</p> <p>-Reduced rights to social housing for asylum seekers</p> <p>-Local authorities did not re-house asylum seekers permanently under the homelessness legislation as before.</p> <p>1996 Immigration Act:</p> <p>-Limited access to social benefits</p> <p>-Port-of-entry applicants received 90% of benefits</p> <p>-In-country applicants received limited benefits from local authorities.</p> <p>-Destitute children and families received support from local government under the 1989 Children Act</p> <p>- Single asylum seekers were made destitute,</p> <p>-1997 High Court Appeal ruling made local authority provided support under the 1948 National Assistance Act.</p> <p>- Immigration and Asylum Act, 1999:</p> <p>-Excluded all asylum seekers from the social security system</p> <p>-Replaced with support through the National Asylum</p> | <p>The Nationality, Immigration and Asylum Act, 2002:</p> <p>-NASS support was removed for all destitute applicants</p> <p>-Applicants for asylum ‘are to apply as soon as reasonably practicable’ after arrival in the UK</p> <p>Court Appeal ruling enabled caseworker to consider circumstances leading to applying/not applying as soon as reasonably possible</p> <p>- Plans to set up induction centres across the UK (with a pilot centre operational since 2002), where asylum seekers would stay for a maximum of seven days whilst being screened and having their rights explained.</p> <p>-The Act also outlined the setting up of accommodation centres (not expected until 2005) with full facilities on site, including education and health care, which would house some asylum seekers until their claim was determined, whilst others continued to be dispersed.</p> <p>Treatment of Claimants Act, 2004:</p> | <p>2006 Allocation of Housing and Homelessness (Eligibility): (England) Regulations</p> <p>- Amended by the 2006 Allocation of Housing and Homelessness (Eligibility) (England) (No.2)</p> <p>-Came into force on 1 January 2007, in response to the accession of 12 new states to the EU.</p> <p>- Under these regulations, the right of a foreign national to an allocation of social housing was made dependent upon the immigration controls to which they were subject and their residency status. The 2007 Act of No Recourse to Public Funds (NRPF)</p> <p>-Immigrants have 5 year 'probationary citizenship' stage, (Paragraph 1951)</p> <p>-No immigrants entitled to mainstream benefits or local authority housing.</p> <p>-‘No recourse’ aims to decrease costs for providing benefits and housing to migrants on their path to citizenship.</p> <p>-All migrants to undertake work and have NRPF in order to be granted</p> |

Table 1: Effects of Immigration and Asylum Policies on Housing/Welfare Benefit: Impact on Participants.

| Policies on housing for 1990-1992 arriving participants    | Policies on housing for 1993-1999 arriving participants                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Policies on housing for 2000-2005 arriving participants                                                                                                                                                                                                                                                                                                                                                                                                                 | Policies on housing for 2005-2009 arriving participants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>THE ARRIVING WOMEN</b>                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Hadma- Moham, MosnaHelima, Musa, Azus, Neena, Dumna, Liama | Haruanna , Shahma Evansna, Kandi, Ebas, Masla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Maryous, Hawa, Hada, Shumi, Flami Bonte, Fatura                                                                                                                                                                                                                                                                                                                                                                                                                         | Nimo, Blinda, Hasma, Marian,Adiye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>POLICIES AND IMPACTS</b>                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                            | <ul style="list-style-type: none"> <li>-Replaced with support through the National Asylum Support Service (NASS)</li> <li>-Vouchers rather than cash</li> <li>-Compulsory dispersal for all asylum seekers who were unable to access housing with friends or relatives</li> <li>-Eight regional consortia to organise provision of housing for dispersed asylum seekers contracted housing providers</li> <li>-14 days (in 2011 it is now 28 in 2011) grace period for accepted refugees to move out of NASS accommodation</li> </ul> | <p>Treatment of Claimants Act, 2004:</p> <ul style="list-style-type: none"> <li>-It improved speed and finality of the appeals and removals system by merging Immigration Appellate Authority and the Immigration Appeal Tribunal into a single tier of appeal on 1 April 2005</li> <li>- Two new offences in September 2004 for those who deliberately disposed of or destroyed their travel documents in order to lodge false claims or frustrate removals</li> </ul> | <ul style="list-style-type: none"> <li>All migrants to undertake work and have NRPF in order to be granted permanent residence.</li> <li>-People who are destitute to receive support from local authority (under the National Assistance Act, 1948).</li> <li>-Language learning requirement for all who intend to settle in the UK.</li> <li>-Citizenship and Immigration Act 2009: safeguard and promote the welfare of children.</li> <li>-Borders, Citizens and Immigration Act 2009 came into force July 2011: non-EEA economic migrants and family reunion will only receive full access to benefit by becoming a British Citizen or permanent resident</li> </ul> |

Sources: Quilgars et al. (2004); Robinson (2009); Home Office (2008a); Policy Bulletin 75 (2007); Wilson, (2011)

Note: Any emerging Act does not override the existing Act. They function to overlap one another with only a few amendments. One Act does not completely cease to apply upon the institution of a new Act.

Using the information in Table 1 enabled me to examine the different pathways the women took to secure initial, temporary as well as permanent accommodation in the UK. Below, I use the information from Table 1 to discuss the immigration changes and how they affected my participants' settlement processes in the UK.

### **Changes in Asylum and Refugee Housing Policy: Effect on Access to Housing**

Table 1 illustrates the massive changes in UK asylum policies over the last two decades. The primary objective of this was to control the number of people coming to seek refugee status and remain in the UK (Kaye, 1992; Robinson et al., 2003; Vertovec, 2006). This became particularly necessary when concern was raised over the increase in immigration posing difficulties for service providers (including local authorities, the law enforcement agencies like the police and educational institutions) and affecting community relations (Robinson, 2009). One aspect of the debate was access to social housing. Service providers were worried about meeting the needs of this diverse population of new immigrants (Audit Commission, 2007; Cambridge Police Authority, 2007). Prompted by this, in May 2007, the then Cabinet Minister Margaret Hodge questioned why the housing needs of immigrants should be prioritised over those of residents. Her comments sparked a defensive media discussion and debate (Hodge, 2007; Robinson, 2009). Although later evidence showed that she had no basis for her argument (Robinson, 2007; CIH, 2008; IPPR, 2008), the public perception did not change (Phillips, 2007). Some of the far-right parties, particularly the British National Party (BNP), capitalised on the housing debate to challenge the established political parties for failing to provide housing facilities for British citizens (John et al., 2005 and 2006). These issues had escalated with the arrival of work migrants, in particular those from the European Union (EU) accession states who flooded into the UK between 2004 and 2007 (Robinson, 2009). The UK Independence Party (UKIP), through its 2007 manifesto, called upon the 'government to ensure that immigration is brought under control in order to reduce the rate of housing demands' (UKIP, 2007: 2).

As a result of the above debates, which started as far back as the 1990s, asylum seekers and refugees arriving in the UK met hostile reactions from the public (Gilbert and Koser, 2006; Robinson and Reeve, 2006; Smart et al., 2007). The press portrayal of immigration issues encouraged the contentious public opinion that the UK was being taken over by

asylum seekers (Buchanan and Grillo, 2004; Smart et al., 2007). The perceived threat posed by new immigrants gained further weight through the suggestion that they ‘jumped the queue’ to gain access to limited resources ahead of those who mostly deserve it (Cowan, 1998). Therefore, as an issue that saturated public debates, it created concern and panic among the public, and as such the demand for ‘migrants’ exclusion’ became inevitable (Tyler, 2006: 191). In response to this crisis, the legislative machinery was used to ensure that measures were put in place for effective immigration laws. Thus between 1993 and 2005 six parliamentary measures on asylum and immigration were enacted (Vertovec, 2006), as evidenced in Table 1, above.

In 1993, the Asylum and Immigration Appeals Act was enacted to deal with applications ‘quickly and effectively’ (Quilgars et al., 2004). The purpose was to restrict access to social housing and state welfare for asylum seekers, and local authorities no longer had an obligation to house asylum seekers (Quilgars et al., 2004). This means that only a small proportion of my participants had full access to welfare benefits, namely those who came to the UK in the early 1990s, as indicated in Table 1. As discussed in Chapter 4, the women had different immigration statuses and, coupled with the immigration changes, their immigration processes and early settlement in the UK affected the amount of state benefit they received. Policies regulating family reunion, for instance, placed a limitation on state benefits and affected those whose statuses fell within that immigration regime. Also affected were those whose immigration applications were refused. I discuss this later in this chapter.

Three years after the 1993 Act, the Asylum and Immigration Act, 1996, with its associated Housing Act, further reduced asylum seekers’ rights to housing and welfare services (Quilgars et al., 2004). Different rules were applied to port-of-entry and in-country applications, with those who applied for asylum at the port of entry assumed to be genuine and they received 90% of state benefits. However, this was reduced for in-country applicants, who depended on restricted ‘in-kind’ support from local authorities (Shaw, 2002; Bagilhole, 2003; Quilgars et al., 2004). Under homelessness legislation, local authorities were initially permitted to house asylum seekers. Nevertheless, this assistance was removed for in-country applicants, but not for those who applied at the port of entry, who continued to receive support, particularly those who had no contacts in the UK and who were seen to be destitute (Quilgars et al., 2004; Robinson, 2009). The 1989 Children Act obligated local authorities to house and support families with children, but it singled

out asylum seekers who were without families, often leaving them impoverished. This was the case until February 1997, when a High Court Appeal, ruling under the 1948 National Assistance Act, sanctioned local authorities to be legally bound to support single asylum seekers (Quilgars et al., 2004; Perry, 2005; Robinson, 2009).

Three years later, the Immigration and Asylum Act, 1999, was enacted to provide further changes to the policy regulating asylum seekers and refugees' access to social benefits (Shaw, 2002). The 1999 Act functioned to remove mainstream housing benefit, income support, income-based job seekers' allowance among others, for asylum seekers who made their claim by 3 April 2002 (Shaw, 2002). Instead, asylum seekers received 70% of income support, mostly in vouchers rather than cash, through the National Asylum Support Service (NASS). However, a fierce public outcry about this part of the Act resulted in the complete annulment of the policy. Some of my participants, including Shumi, who came to the UK as an accompanied minor, recounted facing a similar situation. According to Shumi, when the immigration authorities finally decided to consider her case after the initial complications (see Chapter 4), she was referred to NASS for support. To her dismay she was only given a £10 a week voucher for food and groceries. Shumi recalled that with her seven-month pregnancy a voucher for £10 was inadequate.

I was given a voucher by NASS; it was £10.00 a week. ...I was expecting them to give me enough money for food so that the baby in my stomach will also get proper food to eat. ...I was seven months pregnant. (Shumi, 20-30, uneducated, unemployed and a single parent)

The UK government issued vouchers as a measure to stamp out bogus asylum seekers who were supposedly draining economic resources (Finney, 2003). In the face of media-fuelled propaganda, which had generated intense public concern that foreigners were overwhelming the UK economy (Robinson, 2009), this measure seemed appropriate for the government to prove that immigration issues are under control.

The 1999 Act also brought about a compulsory dispersal policy that gave no choice to asylum seekers, in particular those who had no relatives in the UK (Shaw, 2002; Quilgars et al., 2004). The main reason for this was to reduce the high demand for housing in London and the South-East (Home Office, 1999). A system of eight regional consortia was made responsible for providing accommodation for dispersed asylum seekers. Other housing providers were contracted to assist in this operation (Shaw, 2002; Finney, 2003). Asylum seekers who became eligible for refugee status were allowed 28 days, instead of

the original 14, to move out of NASS accommodation and to approach local authorities as homeless (Quilgars et al., 2004; Phillips, 2006; Robinson et al., 2007).

In 2002, further changes were made to the 1999 Nationality, Immigration and Asylum Act, and this enabled the government to provide funding for resettlement programmes that instituted initial reception and longer-term integration programmes for asylum seekers/refugees in the UK (Shaw, 2002). In the same year, a government White Paper reported initiatives to provide induction centres across the UK, to pilot plans that keep asylum seekers in centres for at least seven days in order to complete requirements for screening and facilitate explaining their rights (ibid).

The above discussion shows that UK immigration laws regulating housing and state benefits increasingly restrict asylum seekers' and refugees' access to these benefits (Wilson, 2011). It also lays emphasis on the fact that the status of people who have the right to stay in Britain is not a straightforward issue. Once people's status changes, their access to state benefits also changes and the law itself is constantly being modified. The peak period of arrival in the UK for migrants with permanent residency was between the 1990s and the early 2000s, dropping off since then (Gidley and Jayaweera, 2010). Since the majority of my interviewees arrived in the UK from the early 1990s through to late 2009, they had differing immigration statuses (see Chapter 4) and this had a tremendous effect on their access to welfare. In the paragraphs below, I consider some of these effects.

In discussing the women's access to housing, I categorise my research participants into three groups: those who came for a family reunion, women who had contacts in the UK and those who did not know anybody. The categories are important because they indicate the women's needs in relation to accommodation and how their individual circumstances impacted on their accommodation processes and resulted in the particular support they received from the government.

There were 14 participants (including two accompanied minors) who came to the UK in the 1990s. Of these, three women came for family reunion, four had friends and other relatives they could go to and the remaining seven were housed by the UK Border Agency. For the first two categories of women (family reunion and those who had other contacts), the initial settlement was easy because of the spouses, relatives and/or friends who had already settled in the UK and who offered them initial accommodation. I discuss their subsequent access below. For those who were accommodated by the UK Border Agency,

there was no proper regulation for providing initial accommodation during the early part of the 1990s; as discussed above, asylum seekers had the same access to public services as refugees, and this included accessing rented accommodation (Quilgars et al., 2004).

However, changes in housing regulations from 1993 onwards reduced the right to welfare support for women who arrived from this time on. Kandi, a 1993 arrival, recalled how she suffered and was subjected to harsh treatment during her immigration process because she did not seek asylum at the port of entry (see the discussion in Chapter 4), although the law regarding port of entry and in-country submission was not enacted until 1996. This resulted in delaying the processing of gaining her immigration papers and impacted on her ability to claim housing support:

When I went to the Home Office, they made it difficult for me...The man asked 'why did you not give yourself up at the airport?' It delayed my asylum claim and they kept tossing me up and down. I said to the man 'I have no place for myself and the two children to stay,' but he only said, 'you get that at the airport.' When I came back the fourth time I met this guy who said to me 'go to the local authority with your children tomorrow, don't wait for the immigration, and tell them you have nowhere to stay.' I used to live with my cousin then, but the house had become too crowded for us and I was concerned for my baby. (Kandi, 30-40, ESOL, unskilled labourer and married)

Although Kandi was initially accommodated by her cousin, that arrangement was not to last, especially since she had two other children and with a new-born baby the house became too congested for all of them. Her cousin also had two children and the flat was only a two-bedroom one. It was important for Kandi to settle in her own accommodation with her children, but that depended on the outcome of her asylum claim. But with the restrictions on what social benefits asylum seekers could have, particularly those whose claim had not been decided, Kandi's only hope was to wait for a positive outcome and this was also delayed. Quilgars et al. (2004) suggest that, although the 1993 Immigration Act removed the obligation on local authorities to issue support for asylum seekers, where they faced destitution they could seek support from this source. It was evident that Kandi did not have access to this information until she was prompted by a Home Office official. Robinson (2009) has suggested that asylum seekers are more informed about social housing pathways than migrant workers, because they receive directive information from the UK Border Agency (formerly NASS). It is expected that refugees will tap into such advice and support to their advantage (Cole and Robinson, 2003). However, it was obvious from Kandi's situation (and this was also evident in some of the other women's stories)

that not all refugees are able to utilise such facilities, as lack of knowledge and understanding as well as the language barrier make this difficult.

All my participants who arrived during the 1990s and who did not have any contact person in the UK were given initial accommodation by the UK Border Agency. The women recalled that they were asked if they had any contacts in the UK, and once the response was 'no', the immigration officials made them fill in a form that entitled them to receive initial accommodation whilst a decision was being taken on their immigration. As Hadma-Moham recalled:

...we waited until the morning. In the morning, they said 'do you know anybody in this country?' And I said 'no', and they said 'you have to wait.' In the afternoon, before they had to interview me, they brought someone and then made me fill in a form to say that I needed accommodation. After that they put me place near Heathrow for two weeks before bringing me to a hotel in Hounslow. Here too I stayed for two weeks. (Hadma-Moham 40-50, educated, employed and married)

In the UK, refugees are encouraged to apply for initial accommodation if they have no contact person. They would normally apply for accommodation support under the asylum support scheme pending an initial decision (William, 2007). Those who applied for accommodation from NASS were housed outside London, but some of the women to whom this happened, including those who came with their children and husbands, expressed disappointment at being accommodated there.

Dispersal had been used since the 1940s in the UK for accommodating quota refugee groups, but when the Immigration and Asylum Act 1999 was put into place, for the first time dispersal was deployed to accommodate spontaneous asylum seekers (Finney, 2003; Quilgars et al., 2004). Until that date, all asylum seekers who requested accommodation assistance were dispersed on a no-choice basis to a cluster area within one of eight dispersal consortia around the UK (Finney, 2003; Robinson, 2009). But for Somali refugees, who are culturally oriented to live communally (Cun, 2006), this went against their cultural disposition. Those of my participants who were subjected to dispersal away from their own community complained about the alienating nature of such practices. They held the view that the continuous dispersal of Somali women and children who come to the UK is problematic. As one participant stressed:

Well, Somali people are from Africa, but we are different in everything we do and that includes our religion and culture. I know there are a few other countries, like Sudan, who are also just like us. As a result, we need to be treated according to our

culture and who we are. But they treat Somalis like any other African, and that's a problem. When you put a newly arrived Somali woman and children outside London, who cannot speak English, it is big issue; outside London is only good for people who speak English and can interact with the local people. (Evansna, 30-40, educated, employed and married)

Evansna believed that because Somalis are distinctive, treating them in the same way as other African nationals created problems. In her view, involving Somali women in a dispersal programme like any other nationals was inappropriate. Like Evansna, most of the women expressed disappointment about the government dispersal programme, arguing that it separated them from their community and once this vacuum was created, it compounded their feeling of being alienated from the society they needed to integrate into. It could be argued that, considering the women's inability to speak and understand English, which affects their integration and results in them needing continuing mediation, the dispersal programme is useful in order to facilitate their motivation to learn English and improve their communication skills. Dispersal could also lead to their engagement with people from other nationalities. However, the women saw this as having a negative impact on them. For them, remaining within their culture was vital and that required staying together. Importantly, many of them chose to come to the UK to be with other Somalis. Research by Nielsen (2004) also identified similar findings. The women thought that allowing unaccompanied Somali children and minors to be fostered by foreigners was inappropriate. They felt that it was only Somali parents who could inculcate Somali culture and Islamic values in them. Shumi, who came to the UK as an accompanied minor, expressed her disgust that she was about to be given away to a foreign foster parent when her 'cousin' (someone she had met in the area where she was housed initially) stepped in to accommodate and foster her until she gave birth to her son.

When the man [the Home Office official] said to me he had to arrange another appointment, because I was under age and I needed a social worker to be there, my cousin explained to me they will give me away for fostering because that was the law for people like me. I was very upset about it. But my cousin promised to ask them to allow her to look after me until I was due for my baby and until I was 18 years old and she did. I was very happy about her arrangements because it made me feel as though I was with my real family. (Shumi, 20-30, uneducated, single parent and unemployed)

Shumi's concern was not about how to integrate into British society, an environment where she had come to start a new life, but about how she could continue to enjoy a real family life. One can argue that, for Shumi, what defined the perimeter of her life in the UK was

the continuity of cultural and traditional practices and, once this was taken away from her, she felt distressed. But such sentiments frustrate the women's need to integrate into UK society and it contradicts their own statement that they were saddened by the fact that they lacked access to the English language. Yet their focus on the Somali community meant that they were preventing themselves from doing the very thing that would facilitate their integration and enable them to overcome their dependence. By trying to stop Somali children from mingling with other foreigners, they passed on the cycle of their own plight to their children.

As already discussed, before the 1999 Immigration Act, refugees who were accommodated stayed in NASS accommodation for 14 days and this applied to my participants who arrived during the 1990s. Musa recounted how, after her application was granted, she was given two weeks' notice to get ready to leave her accommodation for a new house, which she later discovered was temporary council accommodation. In the early 1990s, this was an indication that Musa had become eligible for refugee status and it gave her the right to access social support from the local authority (Home Office, 1999).

They told me I have two weeks to get ready to leave my accommodation and that they were taking me to a place in London. I was happy at the time, particularly because the place was in London. It was a place I was hoping to go so in fact I liked it, though I was getting used to my old accommodation and I did not know what to expect at the new place they were taking me to. (Musa, 35-45, uneducated, unemployed and married)

For this woman, coming to London was like heaven and although, as she indicated, there was uncertainty, just being closer to people she was affiliated with culturally was enough grounds to look forward to coming to London. Robinson and Reeve (2006) suggest that migrants often choose to live near people of the same background, and benefit in several ways from doing so; this can be a factor for successful integration in a number of ways, including finding a way into the labour market. As a result, new migrants choose housing among already-settled migrants as well as where family or friends live (Markova and Black, 2007).

Nine out of the 26 participants arrived in 2000. Of these, five women (Hasma, Belinda, Hada, Maryous and Marian) came for family reunion; two of the four remaining women had no contacts. At the port of entry the women applied for initial accommodation with the NASS, who allocated accommodation and co-ordinated support assistance for them. This support only favoured those who came to the UK before 1 April 2002, as changes in

immigration rules removed all forms of state support for asylum seekers after that date. Adiye came to the UK in 2008 and did not know anybody, but coming from the minority clan she recalled that she was given accommodation by NASS and when she finally received 5 years leave to remain she moved to London so that she could be near other Somalis. This was necessary because her husband suffered from war trauma and had been left disabled as a result, and she could not read or write, so her only means of coping was to live near other Somalis to enable mediation facilities. This was particularly important because, at the time Adiye arrived in the UK, as her narration suggests, interpretation services offered by the government to asylum seekers had been reduced. The women supplemented this with their own interpreters/translators whenever they approached government officials. Therefore, Adiye's decision to come to London was justified. When I met her she had become a regular user of the community centre, particularly for mediation services.

### **Negotiating Initial Accommodation: The Women with Contact Persons in the UK**

All the women who had contact with other relatives before coming to the UK had similar experiences. They recounted that initial accommodation had been prearranged for them while they were still in Somalia. Whilst some arrangements were made through family members, relatives and friends, others were made through agents who had organised their passage to the UK (see Chapter 4). Therefore, upon arrival in the UK, they approached distant relatives or others who had already agreed that they could spend an initial period of time with them. Yet there were others (not participants, but looked after by some of my participants) who lied to the immigration authorities that they knew someone (for whatever reason) when they actually did not have any contacts at all. Particularly due to their lack of knowledge of the English language, they could not access any of their needs when outside Heathrow Airport and they wandered about with no idea where to seek assistance. In these instances, the newly-arrived Somali immigrants sought out other Somali people at the airport, or a Somali community and religious facilities in London in the hope of securing assistance for their initial stay. Liama said that she had received and accommodated several such people for weeks and that Somali women in the community took turns to accommodate and support such individuals until they were able to process their immigration claims and secure their own accommodation. For my participants who had pre-arranged accommodation, the length of stay first and foremost depended on the length

of their immigration process and the situation of ‘overcrowding’ in their new homes. Others waited for their asylum claim to be accepted, particularly where there was hope of a positive result.

However, for those whose immigration was refused and who had to appeal against the decision, lack of certainty about the length of time relating to their asylum appeal, coupled with overcrowding in their new homes, compelled them to seek support from the homeless unit of the local authority with the help of their relatives. There were also those who moved from one Somali community member to another and sought support from churches and other charity organisations until their appeals were successful. For example, based on the support of a Somali woman Hawa and her husband met in their initial settlement area, they managed to leave their initial accommodation to come to London to lodge with a cousin of this interpreter pending the outcome of their asylum application. When they were refused and had to appeal [and due to the overcrowding in their new home], their host arranged through Somali community leaders for them to be accommodated by other Somali women who took turns to offer such assistance. Hawa recalled that they appreciated such support, which also offered them the opportunity to continue being with other Somali families, but life was not as pleasant as they would have wished.

It was difficult, we moved from one house to another when we had to appeal against our claim because our hosts’ homes were getting congested, and with no money and no work, we depended on churches and other organisations for food, clothes and sometimes a little money. The Somali community was very helpful, they supported us, but it was not the same. We wanted our own home, but at the time we could not. (Hawa, 30-40, uneducated, unemployed and married)

Hawa’s case was not an isolated situation; some of the other women faced similar destitution, but did not seek assistance from the local authority even though the law allows them to. The reason for this could be a lack of appropriate information that could help them to access the necessary support from the local authority under the Human Rights Law of 1948 (Finney, 2002; Shaw, 2002; Balgilhole, 2003; Robinson and Reeves, 2006).

The women who came to the UK on a spouse visa were initially dependent on their spouse and/or their spouse’s family for accommodation and therefore never exercised their individual agency during the early phases of their settlement in the UK. This was the same for all these women regardless of the year in which they arrived in the UK. The only time these women reported having to deal with housing officials was when their family size began to increase due to childbirth, or when a spouse had only a single rented room prior to

the arrival of their relatives. In such a situation, the couple applied for a bigger space. My participants who came for family reunion and those who came to live with friends and other relatives reported that their initial accommodation was not difficult to find. However, as time went on, it became necessary for them too to look for alternative housing arrangements because of congestion in the homes where they had taken initial shelter. This was significant because most of these women travelled with their family and/or their children, as in the case of Haruanna:

...In my brother's house..., we stayed in my brother's house when we came to the UK at first, all of us including my family. My brother lived with his family, his wife and kids at the time. The house was really full because it was only a two-bedroom flat, but we managed. I was sleeping in the living room with all my brothers and sisters. My mum and dad shared one bedroom and my brother, his wife and their two little kids shared one room. At the time it did not mean anything to me because it was just like being in Africa. Anyway, it was not long before my parents knew we had to look for our own accommodation, but luckily our papers didn't take that long. At the time my brother had just applied for his indefinite stay so they added our names to it. (Haruanna, 25-35, educated, unemployed and a single parent)

Haruanna felt comfortable with the living arrangements they had in her brother's house because it reflected a typical African household setting where siblings sleep together in one room and in most cases on a mat on the floor. Therefore, although there was serious congestion in this two-bedroom flat with ten people, it did not matter to her as a minor. Nonetheless, it was an arrangement that did not last because, although she was satisfied because she was familiar with it as a minor, her brother who had lived in the UK for some years was probably not comfortable with it. Cole and Robinson (2003) and Khan and Jones (2004) have suggested that large families pose serious problems for Somali refugees living in the UK. As indicated above, UK houses are built to accommodate only a few, and an overcrowded home can cause physical, emotional and mental distress (Cole and Robinson, 2003). As a result, it was not possible for some members of the Somali community to accommodate their relatives for a long period, especially, as in the case of Haruanna, when these people also had their own family, adding to the overcrowding.

There were other participants who came to join relatives other than their spouse, whose asylum was refused so they had to appeal and had to apply for accommodation through the homeless unit. Liama was one such woman. Having come to join her sister, Liama recalled that she went to the homeless unit when she was informed by a neighbour that she could apply for accommodation. In her desperation she went:

...to the council. When I got there they kept asking so many questions and you have to answer as much as you can because these people, they don't just ask you questions and you think that they will give you what you want, no! No! It would have been easy if I had children then, but I didn't so I needed to prove to them that I qualified for a room. I started crying because I knew if they rejected me there was nowhere else to go. By this time I was having problems with my sister so I needed somewhere to go fast. But they had to interview me three or four times; it's not a straightforward thing. It would have been better if I had rented my own accommodation, but I was not working at the time. Sometimes the people in the housing department they can be horrible. Sometimes even before they see you they are angry. One day I asked one person 'are you tired already?' Just to let her know that she has no right to be angry with me because I have nowhere to sleep and I came to them for help. Sometimes when they see you their faces look as though they are so angry with you. (Liama, 40-50, ESOL, unemployed and married)

Liama became destitute, as it were, and having been informed by her neighbour that she could receive support from the homeless section of the local council she approached the local authority, who gave her the support she needed. She explained that it was not straightforward, but she did receive the necessary support eventually. If it had not been for her neighbour, Liama would have lost the opportunity of getting accommodation from the local authority because of lack of accurate information.

### **Settling in the UK: Women Arriving from the EU**

The three EU secondary migrants in this research arrived in the UK between 2005 and 2009. It was during the peak period of the public debate about migrant housing needs in the UK, particularly because of the influx of EU migrants. In the UK, immigration law regarding EU migrant settlement was introduced in 2007. This put restrictions on EU migrants' in the ability to secure social housing. The law stated that, before a migrant from any EU state could receive social housing, they had to register with the Worker Registration Team to indicate that they had been in residence in the UK for a continual period of 12 months and during this period the person had to have engaged in work for 12 months. However, most migrants lacked the knowledge to do this. For instance, Anderson et al. (2006), in their report of interviews carried out with some 139 accession state migrant workers, indicate that half of the interviewees were not registered with the Worker Registration Team. When they sought to find out why the EU migrants had not registered, it was revealed that they lacked a clear understanding of the reasons for it and therefore did not see the need to register.

This echoes the story of Fatura, an EU secondary migrant participant's experience with the housing unit in the north-eastern part of London where she first came to settle. Like the women described above, Fatura lived with her cousin for some time when she first came to the UK and then her cousin rented a room for her because their flat was too small for all of them. Fatura said that her rented room was OK for her because she was not married then. But her problems with accommodation started with her need to secure her own accommodation when she got pregnant and subsequently married. She recalled that at the time her husband was living in a small flat. He had lost his house to his first wife with whom he had five children. But his children used to visit him every weekend and later they moved in completely when their mother started developing mental problems from eating khat. As a result, Fatura could not move in to live with her husband. With her pregnancy she went to apply for a flat. But the council would not give it to her because she had not worked for a year, a condition that had to be fulfilled by an EU citizen before they qualify for state benefits. She recalled that at that time, she did not know about the law regulating social housing and EU migrants, nobody had explained it to her. The council told her to go and live with her husband because he was responsible for her pregnancy. Her husband could not afford a bigger place for all the family, including his five other children, so they lived apart until she had her second child:

... but that child was ill, she had breathing problems and the one rented room was not good for her so I went to the housing unit and asked them to re-house me and they said they would not help me unless I go back to work, but I could not go to work because of my baby who was always in and out of the hospital. They said to me, 'you are not a British citizen and if you are not happy you can go to the social services with your baby.' When I went to speak to the social services they suggested they would take my children and I could go and look for a job. It was very frustrating for me ...All I wanted was a place to live with my babies. (Fatura, 20-30, educated, unemployed and married)

It was obvious from Fatura's statement that she was destitute and, although her daughter was ill, the social services were ready look after the children so she would not have an excuse for not being able to work. This situation persisted until her daughter got seriously ill and doctors recommended that the baby could not live in her current house. Then the housing unit responded to Fatura's housing needs. Although this could be an isolated case, Fatura found herself in this situation because, as an EU secondary migrant, she had not undergone the proper procedure of settling in the UK. Robinson (2007) and IPPR (2008) have suggested that most EU migrants are ignorant about how to qualify to claim UK social benefits.

The Department for Communities and Local Government states that ‘EEA nationals should not be able to come to the UK with no intention of supporting themselves and then have access to benefits and housing assistance funded by the UK taxpayer’ (DCLG, 2006:2). Fatura did not qualify for support because she had not complied with these regulations. Her situation was not an isolated case. The other two EU-arriving participants experienced a similar situation. As indicated by (Robinson, 2007; IPPR, 2008), EU immigrant women mostly prefer to live in private accommodation because, as research by Robinson et al. (2007) and Hunt and Steele (2008) suggests, they assume that there is flexible accessibility to this sector. Some family and friends take the view that the private rented sector is more ‘flexible’ and easier to access (Robinson et al., 2007; Hunt and Steele, 2008) and therefore they counsel their relatives to go for this option. However, the problem arises when they lose their jobs or are unable to find one and cannot pay the rent. They then become destitute. Flavia, who arrived in the UK in 2006, said that she started looking for a job soon after she arrived because when she approached the local authority for support to pay her rent they informed her about the regulation involving the EU and state benefits. Because of this, she quickly had to look for a job and also to register with the Worker Registration Scheme. However, since she qualified, she decided to remain in private rented accommodation where the council subsidised her payments because she was still working. The local authority also offered welfare benefits for her under-age children.

### **Negotiating Ways to Arrive in London: The Dispersed Women**

Almost all my participants who were housed outside London managed to find their way back, including those who were temporarily accommodated and were supposed to have received permanent accommodation outside London. During the early 1990s, when asylum seekers were not so numerous in the UK, residing in London did not pose so much of a threat of causing congestion as it did from 1997 onwards, when global conflict caused massive movements of people who were displaced from their country of origin (Finney, 2003). In the UK, the migration of asylum seekers escalated from 4,000 per year during the 1980s to 80,000 per year in the late 1990s (ibid). It was a period of ‘New Migration’ into Western European countries. The majority of the people who made it to the UK declared their asylum applications in London or the South-East, but local authorities within these regions were burdened with providing resources that could meet the needs of these new settlers (Refugee Council, n.d.). As discussed above, it was this that led to the review of immigration policies in the 1999 Act because it was recognised that accommodating

asylum seekers had become a major problem (Finney, 2003). The 1999 Immigration Act, with its inherent dispersal policy, was passed as a solution to this dilemma.

In the following paragraphs I discuss three categories of women based on the way in which they managed to arrive in London: those who found accommodation through the help of other people, those who came voluntarily in spite of the promise of permanent accommodation and other support arrangements elsewhere, and those who were purposefully brought to London.

From the port of entry, many of the women who were accommodated outside London spent different lengths of time in their initial accommodation. Some were re-housed in London after the first two to four weeks. As indicated above, Hadma Moham recounted that, after four weeks of being housed in two different locations with her children, she was told she was going to be moved to a borough in the northern part of London the next day. Without any prior information, Hadma-Moham and about 100 other women had to be ready to leave their initial environment:

From Harmondsworth, they put me in a hotel in Hounslow and I stayed there for two weeks. After the two weeks, the man came and said: 'you're leaving tomorrow.' They never made us aware that we moving us and each time I had been worried; how was I going to get ready? I knew I had nothing much to pack, but at least I needed to know long beforehand so I would be aware and could be ready. Anyway, I think they asked the entire borough and they told them that they have new immigrants who have come into this country; actually we were about 100 emigrants, most of them they are from Kosovo, what we call Yugoslavia, and Somalia and other African countries. They put me and one other lady, she had one child; they brought us to Enfield. (Hadma-Moham, 40-50, educated, employed and married)

Dispersal depends on the availability of accommodation and this makes the scheme more difficult than anticipated. A briefing report by the Audit Commission Briefing (2000) enumerates the difficulty of securing dispersal accommodation and implementing its programme. In 2000, against the backdrop of over 10,400 cases, attainable accommodation, which were dispersed only amounted to 4,400 and 1,910 cases. It was not surprising that Hadma-Moham and the others had short notice, given that securing the accommodation and dispersing asylum seekers/refugees posed such problems for the implementers of this scheme.

Hadma-Moham's situation was no different from that of the other women. Several of them experienced the same problem, and a lot more also found their way back to London

without requesting it; a situation that defeats the purpose of the dispersal scheme, as in Dumna's case:

At first, when they said they had not given me accommodation in London, I felt so sad. Before I came to the UK friends and relatives in Somalia told me that I will see many other Somalis in London. So when I asked the man [interpreter] if I was going to be taken to London and he said no, I did not like it, but I did not know what to do. After a month whilst still in my hotel feeling sad and thinking about how I can go to London, my caseworker came with the Somali interpreter and said to me next week we will take you to London. I was so happy. At the beginning I thought I did not hear him well, so I asked again and the man repeated the same answer. (Dumna, 30-40, uneducated, unskilled labourer and single parent)

Dumna was disappointed at first that she could not go to London where there were other Somalis. Living in a hotel in one room with her children and mother, was something that she was not familiar with. In Somalia families who live in rural communities often live in a compound with their extended family and a husband who has three or four wives, all living together in the same house (Lewis, 1996; Dyer, 2001). And although in London Dumna might not live in the same house as other Somalis, having a social network that creates a kind of home extension was something that all the women looked forward to and was the major reason why the majority of them desired to live in London.

However, for the people who implement the dispersal programme, bringing the women to London was not to fulfil their communal desires. The report by the Audit Commission Briefing (2000), as well as later research by Finney (2003), indicates that, besides having difficulty in securing accommodation outside London for asylum seekers, the supply of other legal services and implementation are almost non-existent outside the capital. In spite of the importance of legal services in the settlement procedures of asylum seekers, particularly during the early stages in their new environment, only a small proportion of the immigration law firms commissioned by the Legal Services Commission to offer immigration services are located outside London (Audit Commission Briefing, 2000).

Whilst outside London, some of the participants were offered temporary accommodation that was supposed to have been followed by permanent accommodation, but the women voluntarily turned it down because they preferred to come to London. Therefore, when their request to move to London could not be granted, some of them went there anyway without due regard for the long-term consequences. Shumi's situation was a typical case. Five months after she gave birth to her son, she turned 18 and qualified to apply for her own accommodation. Not long after that her boyfriend joined her from Somalia and the

couple decided to move to London. When Shumi told her caseworker that she wanted to relocate to London, she was told she could not because there was no accommodation. Shumi got tired of being in Derbyshire, where she had been housed, and with the help and assurance of her boyfriend's relative, who promised to put them up and help them find long-term accommodation, the couple left their secure flat in Derbyshire and went to London. Getting a room with the council was difficult, but they eventually rented a flat with a housing association and later secured the council's support in paying for it.

One day I took my baby and my bag and with my boyfriend, we left. He knew someone in London. It was not easy because I had a little baby and I was afraid that my baby might be taken by the social services because when we came they told us so many things about the work of the social services and how we need to look after our children in the British way. Well I left anyway, and that's how I came to London and I never regretted it. To be in London is everything for people like me who cannot speak English. You cannot get Somali food to buy outside London, nothing. To be honest I hated it there. (Shumi, 20-30, uneducated, unemployed and a single parent)

For Shumi, proximity to her community and being able to have that social network where she could find her own kind of food and cultural affiliation was important. Although she had the opportunity of better housing in Derbyshire and a place where she could bring up her children among other nationalities that did not matter to her. Research by Cole and Robinson (2003) indicates that places where refugees congregate tend to be in poor condition. The areas are themselves characterised by deprivation, high levels of unemployment, crime, poor-quality services and limited local amenities. Again, the houses tend to be in poor condition. Shumi, like the other women described above, preferred to settle in such areas, as long as it brought them closer to their Somali community.

As the discussion above indicates, there were three different means by which the dispersed women came to settle in London. The first category used others as a means of finding accommodation in London. These women arranged matters with their caseworkers and left for London, hoping that if things did not work out as planned, they could come back to the camp. Ebas was accommodated in a refugee shelter with her husband. There she recalled that they were mistreated by other asylum seekers and the local people. She complained to her caseworker, who promised to move her to Liverpool with the next available accommodation. Ebas preferred to go to London instead and so she looked for ways to move there. In the process, her Somali interpreter arranged with his nephew in London to give Ebas and her husband initial accommodation. They arranged with the caseworker to apply for temporary accommodation with the local authority in London, but if that did not

succeed they could return to the shelter so that they could proceed with their initial plan of getting a permanent residence in Liverpool. As a result, they too left their initial accommodation to come to London. According to Ebas, she and her husband lost their asylum claim and that affected their housing application in London. The second group of dispersed women just abandoned their initial accommodation and came to London in spite of a promise of permanent accommodation elsewhere. However, and as discussed above, there were others who were brought by a NASS-designated housing agent to settle in London. These women did not have to struggle to come to London.

Thus, their initial accommodation served merely as a 'staging post' along the path towards a more long-term residence. From their narration, 'place' became a significant variable in their choice of settlement. As discussed above, whilst others negotiated access to London through third parties, some had established contacts from back home to help them settle there. Most of the women recalled getting help and advice from Somali people who were complete strangers to them. But whatever the means of arriving in London, one reason stands out for all my participants in wanting to come to London: nearness to their community to facilitate social networking and also the desire to settle in a place where they could have access to other traditional resources. All the women, including those who were accommodated by the UK Border Agency but later found their way back to London, as well as those who settled with relatives, began a pathway of securing temporary and permanent accommodation.

### **Housing Pathway towards Resettling in London**

Most of the women I interviewed had moved into permanent accommodation and the experiences they reported reflected the regulations associated with refugee housing, as discussed above. For some of the women certain problems persisted, even after one would have assumed that they had secured a permanent place and were therefore settled. For instance, social support facilities and delivery continued to create problems and affected their living conditions. Due to lack of education and communication skills, the women could not access the specific information that could satisfy their basic needs. Research by Bramley et al., (2010) for the communities and local governments, Experian (2007), Markova and Black (2007) and Robinson et al. (2007) suggests that many minorities, including refugees and asylum seekers, lack knowledge about their rights to housing benefits and how to access them. Though, with time, some acquire a degree of

understanding, awareness of the housing system is often minimal (Experian, 2007). Others completely avoid access to these benefits (Bramley et al., 2010), thus losing out on their rights (Robinson et al., 2007). Often information provided to them fails to meet their language needs, or does not do so in ways that enable this category of people to easily access such services (Experian, 2007; Kofman et al., 2007). Individuals like my participants, who could neither read nor write, become socially excluded. Without support from the Somali community, most of the women would have lost their place in the housing and welfare system and become homeless.

All the women complained that they were not involved in choosing where they would like to stay. Usually it was the housing officials who chose where to put an asylum-seeker/refugee. The only time they exercised any agency was when they had to reject accommodation because of its bad state. Even then they did not choose where to go next. The women mentioned that they had no rights or opportunities to housing when they first arrived in the UK.

I didn't choose, they gave it to me...at first they gave me this particular flat. When I went to see the flat, I noticed that the stairs were shaking so I said to the woman who took us to the house that I cannot accept that flat because it was dangerous. She said to me, 'well if you don't accept it, it will take a long time to get another.' Well, I had three little kids and I was not going to risk their lives in this flat...I didn't take it. (Helima, 40-50, uneducated, married and unemployed)

Like Helima, some of the women indicated that being denied access to decisions regarding where and what kind of accommodation they receive affected their experience of housing services. Often, they received accommodation that involved health and safety issues, as in Helima's situation. Refusing to accept a given flat/house is usually not an option because that leaves one in temporary accommodation for a long time. In recent years, the situation has become even worse for refugees who are given limited leave (five years) to remain. They are placed at a disadvantage when seeking employment, training, housing and rebuilding their lives (Cutler, 2008). This is because, unlike those with indefinite leave, who enjoy full social benefits like citizens, refugees with limited leave to remain do not and the uncertainty around what will happen at the end of the five years slows down integration. This leaves many people destitute and although destitute asylum seekers/refugees (particularly families) are supposed to receive support from local authorities under the 1989 Family and Children Act (Shaw, 2002), due to a lack of understanding of the housing system and a lack of accessible information, many of these women did not seek the support they needed. Leaving them vulnerable because they lacked

education amounts to denying equal access to the distribution of national resources and this adversely affected their settlement experiences. The situation was much easier for the educated women, as in the case of Evansna, who said that applying for her own house was not difficult. She stayed with her parents until she was pregnant. At the time she had just finished college in the UK and therefore she understood the social system.

According to Evansna, education made a lot of difference to her experience of the housing application. She admitted that meeting the criteria for housing does not make the negotiation any easier. In the UK, being able to read and write was paramount for accessing service facilities. What Evansna might be implying (something that all the uneducated women agreed with) was that lack of literacy skills frustrates the application procedure. All the women who settled initially with family members claimed that it was only through the latter's support that they could secure their accommodation. The elaborate processes involved in applying for housing were some of the concerns that the women raised. For the uneducated, the procedure was frustrating and confusing in spite of being given interpreters. Some pointed out that they had no idea about what they were being asked and they simply could not answer questions adequately, which was detrimental to their claim:

Generally speaking, for a lot of people the housing system is not easy. For the uneducated Somali women how to apply for housing is difficult with all the processes of attending interviews so many times. These women are not used to interviews and answering questions this way, and though they might give them interpreters, it might not mean anything. (Shahma, 40-50, educated and employed)

In Shahma's opinion, besides lacking the ability to read and write, Somali women had not learnt to organise their thoughts to answer questions in the way the housing procedure required of them. Therefore, having interpreters did not help them to produce the right information. Rather, understanding the system and knowing how it operates was the most important thing. However, the women lacked these skills. Murdie (1995, 2002 and 2005), describing the strategies used by migrants to secure affordable housing in Canada, emphasises the difficulties they encounter. The writer argues that linguistic and cultural barriers are involved in making it difficult for refugees to express their needs, access information and negotiate with the housing and benefit system.

My interviewees, having come directly from Somalia and some from the rural areas, struggled to use housing facilities in the UK. Many had never rented a house, paid a bill, gone to work or engaged with institutions such as banks, estate agents and government

officials. Some of the uneducated women admitted that they found the system daunting and frustrating when they first encountered the housing authorities, as in Bonte's statement below:

I was very scared the first time when they [the housing officials] asked me to wait for an interview. I told my friend I can't deal with this, let's go home. But she said to me wait, it's nothing. I will tell you what to say. (Bonte, 55-65, uneducated, unemployed and married)

For newly arrived Somalis, who might not have encountered interviews in a formal setting like this, asking them to attend an interview seemed overwhelming. It was not surprising that Bonte wanted to leave before they could interview her. Some of the uneducated women complained that they panicked when they were asked to fill in forms and wait to speak to someone. One participant recounted that the first time she went to the housing office and she was asked to wait until she was called, she panicked and had to use the bathroom several times. Her reason was that she did not understand what they wanted to speak to her about when she had written all her information on the form. Others recounted how they were asked to wait by a telephone to respond to calls from the housing officials and to confirm that they would accept the temporary accommodation being offered. If they did not respond to this call, they would miss their chance of being re-housed and their allocation would be passed on to somebody else. Not knowing what to do and having had no opportunity to use a phone, Hada went to the house of a distant relative, who responded to the call on her behalf. She recalled that it took almost the whole day before the housing official made that call and this prevented her helper from going out to do anything else.

For women who came from rural areas and did not know how to use such facilities, asking them to wait by a telephone and to respond when it rings was difficult and they could not do so without the help of someone they knew. The women confirmed that they relied mostly on the help of the Somali community. As Mosna indicated:

Many of us came from places where we never knew how to use many things they have here in the UK. I had never used a phone before I came to the UK. When we come here we learn to use many things for the first time and it's difficult for most of us. We need to support one another, and we can only do that if we forget about our fight in Somalia and live at peace with one another in the UK. (Mosna, 40-50, uneducated, unemployed and married)

The women recounted that, during the initial stages of their lives in the UK, they struggled to use household facilities. However, as time went by they learnt to use them. The need to

support one another in order to survive in an 'elite country' like Britain bonded the women. As Mosna argued, they tried to bury their clan differences in the UK so that they could live together in harmony and support one another. It was this social network that sustained and still sustains them in their settlement in the UK. Though Mosna may find the blurring of clan differences possible in this situation, discussions in Chapters 4 and 7 indicate that in other scenarios, this creates relational problems amongst Somalis.

Having come directly from a rural area, the majority of Somalis lack the ability to utilise UK housing facilities. Liama narrated a situation where she accommodated a newly arrived Somali family and they used to break almost everything they touched in the house, including the cooker and the toilet. They also bathed on the floor. She recalled that it was a very difficult time for both herself and the family, but she knew that she had to endure this in order to help them. According to the women's stories, there is a financial cost involved in accommodating new immigrants because during their period of learning to use western household equipment, they break many things.

I remember when we first came and I was living with my brother I used to break almost everything I used. Now when I look back, when I think about it I feel sorry for my brother because he was always buying new things. You would never know how much cost is involved until you settle in your own accommodation. For me when I knew that I made my brother spend so much money replacing things I had broken, I felt guilty. (Marian, 35-45, a trained nurse in Somalia, single and unemployed)

The use and breaking of household equipment by newly arrived Somali women was not limited to the uneducated. Marian was a trained nurse who worked in a mainstream hospital in Somalia, yet she did not know how to use most western household equipment due to their limited availability in Somalia. The difficulty for Marian in this situation was partly due to her lack of English, which made it difficult for her to read manual instructions that could enable her to use things correctly.

Success in asylum seekers'/refugees' access to housing is not only determined by immigration status and rights to social benefits, it also depends on the knowledge, awareness and understanding of the people who work within the housing system. For instance both the uneducated and educated women with no English needed to access the system and its facilities. As Azus said:

The social services system in this country does not favour the uneducated and that includes people from every nationality, especially women. Most women are not

educated and with added childcare responsibilities, it is difficult for them. If they understand they can help their children, but they don't... It is very difficult for Somali women because about 99% of Somali women are not educated. (Azus, 40-50, educated, employed and married)

Throughout their path towards securing longer-term accommodation, the uneducated women reported having to depend on interpreters offered by the council at the time and they still had to be accompanied by friends and relatives to facilitate interaction between them and the housing officials. The Somali women continued to experience difficulty with the housing system long after their settlement. They continued to depend on mediation to contact housing agencies, including their landlords, even those who had been in the UK for many years.

Usually their husbands made prior appointments. If their husbands could not accompany them because of work, for the few whose husbands were working, the responsibility fell on their relatives or friends. Since official interpretation facilities have been reduced the women complained that they could not approach housing officials or any government officials without having to arrange their own interpretation facilities. They now rely completely on family members, mostly their children, who have to be taken from their schools at odd times so they can interpret for them. The community centre had therefore become an important place where the women got support, especially those whose children had left home after leaving school.

Another concern that the uneducated women raised was the provision of temporary accommodation and the transition to permanent housing. This was confusing to them and they were unaware of how the system works. It seemed to involve apparently unplanned movements which damaged their social networks, affected their children's education and caused them to change their GPs arbitrarily.

When they move you, that way you lose a lot of things. Where I settled before in my temporary accommodation, I stayed there for almost three years. I had my GP there, there were local shops to buy everything I needed. I had also made friends and found relatives there. Since I stayed there for all these years I never thought they would ask me to move again. But one day they said to me, 'we are moving you from here.' They make you lose everything, but in this country you need to stay close to people who care about you because there are too many problems. I used to live very close to my parents and my brother, but now not anymore. (Haruanna, 25-35, educated, unemployed and a single parent)

Haruanna's situation was not an isolated case. Most of the women complained about abrupt movements. There were some who rejected the offer to move away from friends and family because they saw that as a significant part of their lives. These women were warned that they would lose their chance of being re-housed forever. And they did, only to restart all over again. Others too succumbed to repeated moves, as in the situation of Kandi:

The council told us that if we say no to what they are giving to us, we are not going to get another one, so we had to take it like that. And that was not even a permanent flat: that too was temporary accommodation, and they have completely stopped talking about moving us. I still don't know why they moved us from our first accommodation in the first place. Up till now we are still in this temporary accommodation, it gets very confusing, this housing system. (Kandi, 30-40, ESOL, unemployed and married)

Kandi did not attempt to reject the housing they were allocated despite the way in which moving affected their lives, because she did not want to forfeit the opportunity of being re-housed. But her story suggests that she was unaware of how her temporary accommodation had been arranged and she seemed to have had no access to negotiated preference. Some of the women were unsure how an alternative accommodation offer would work and therefore they could not refuse an offer, even when it was considered inappropriate or undesirable. Again this was reported by almost all the women. According to Gidley and Jayaweera (2010: 5), migrants are disproportionately likely to be living in various forms of short-term, insecure accommodation for longer periods than other Londoners. This frustrates their ability to access local social networks, participate in the life of their local community and integrate effectively. Kandi's statement above indicates that she was stuck in temporary accommodation and did not know what to do. She knew that to be in temporary accommodation involved random moves and such anticipation does not enable refugees to integrate effectively.

Research by Teedon et al. (2005) reported that refugees are more likely to be accommodated in poor-quality property and deprived locations. This assertion was true for some of my participants. The majority were housed in one of the poorest parts of London. Hadma-Moham reported that the first accommodation the local authority offered to her was in a very poor state. The house had no heating facilities and the electrical wires were exposed and hazardous. Besides, the house was very close to a stream that had an old broken bridge. As a result, she rejected this accommodation and was put back into bed and breakfast for another four weeks before she was finally given another temporary residence.

She recounted that her second home had no furniture and when she enquired how she was going to manage living in such a house with her children, the housing official told her to secure a loan:

I told the housing people, 'there is nothing in the house, so what am I going to do?' And they said to me, 'you can take out a loan...' I managed take out a £1000 loan from the Department for Education and Skills (DFES), what they gave, they took away gradually from my entitlement. I used to sleep on the floor with my children, so with the £1000 I bought a carpet, a duvet and pillows. After three months, I bought three beds from a second-hand shop and gradually I was able to furnish and decorate the house. (Hadma-Moham, 40-50, educated, employed and married)

Hadma-Moham might be one of the few lucky ones in this research who had access to the right information. Many of the uneducated women I interviewed could not access loans through borrowing from the DFES to buy furniture and other household goods, as Hadma-Moham did, even though most of the women reported being given empty, unfurnished accommodation, particularly those who rented private properties. As a result, many of these women relied on friends and extended family to loan them furniture and decorate their houses/flats.

Some of the women who rented private accommodation also reported poor treatment by private landlords. Ebas told me that her landlord came to cut off the electricity in her flat because he wanted them to leave his house for irregular payment of their rent. Ebas admitted that the local authority had paid the rent into her account but she used it to buy furniture for the house, hoping to get a loan from a friend who had promised this to her, but that money was delayed. Teendon et al. (2005) argue that landlords perceive refugees as high-risk tenants and are concerned about their ability to pay the rent. The landlord had asked Ebas to leave his house. He came back to warn her and on the third occasion, he got frustrated that Ebas had not moved so he cut off her electricity and took the meter key. There were no heating facilities and no electricity in her house for at least a day because by the time she was able to contact other Somali community members who helped to contact the appropriate department, it was too late to get the emergency team to attend to her needs.

The landlord cut off my electricity because he wanted me to leave. He said he had told me before, but how do I know? How does he also know that I did not understand him? At that time, I did not understand the system. (Ebas, 40-50, uneducated, unemployed and married)

In Ebas's case, it was the communication barrier that resulted in her problem with her landlord. The landlord assumed that Ebas had understood his intention to move them out of his house, but she had not. One interviewee, Marian, also recounted how she was abruptly thrown out of her accommodation by her landlord and she had to stay with one friend after another, sometimes for as little as a week and at other times for a month, until she finally secured other accommodation. For Marian specifically, and for all the other women, the network of friends and relatives was crucial. This was further emphasised by Rose et al. (2000), when they asserted that refugees who are in need of housing turn for help first to their family members and then to their friends and other community members (Rose et al., 2000). These contacts provide access to resources that can help with housing-related concerns. Some of the women used other resources, such as faith groups, which provided them with practical support. Those who were housed by the UK Border Agency admitted that, when they first came to the UK and were accommodated, they thought they were stuck there forever, but they soon realised that there were ways out of this, as Helima's statement shows:

Before, I did not have any choice where I lived, NASS chose for me and I did not think I could move away. But after some time I said I want to move. This particular area, where I now live, there are so many Somali people there because where I used to live at the shelter there were lots of other nationalities, but they were not very friendly. (Helima, 40-50, uneducated, unemployed and married)

Helima initially assumed that, once bound into the NASS dispersal programme, she could not exercise any agency and had no scope to change her situation. But from her story and those of others already discussed, they eventually did. Some of the women refused the opportunity to be re-housed by the local authority in their initial setting, but chose to move to where they could maintain contacts and social networks with other Somalis. Harrison et al. (2003) have emphasised the degree of agency that immigrants exercise in order to influence the outcome of their housing experiences in the UK. In the situation of Helima and the rest of the women, although they did not have any option at the beginning, later events indicated that they had a choice to negotiate leaving their initial accommodation. Although this might not always be easy, and as discussed elsewhere, Ebas' initial accommodation arrangements in London bear witness to this fact, so long as the women became connected to their Somali community, they preferred that.

The interpretation services were another issue that the women spoke about. They were happy that there were interpreting services for them when they first arrived in the UK since

they would not have been able to engage with the housing officials without these. However, they also felt that there were some inconsistencies in the arrangements, as indicated by Maryous.

I used to go with my husband and sometimes my daughter, and my husband would call them first. They would say 'we shall get an interpreter for you.' But when we went there was no interpreter. They used to say to us that she would come, but she never came. Sometimes my husband would be late for work and yet he had to wait. (Maryous, 45-55, uneducated, unemployed and married)

Interpretation was a significant aspect of the women's integration in the UK, and without it they would have found life very difficult. During their early years in the UK, they benefitted from the government's provision of interpretation facilities; therefore mediation was not as difficult. When the women had an appointment with the housing and/or benefit department, family members and friends accompanied them to help articulate their needs. However, interpretation was not always smooth and interpreters attended appointments late and sometimes they failed to turn up, as emphasised in Maryous' statement above. Sometimes the women also negotiated services through telephone calls and they admitted that telephone interpretation was not as effective as when the interpreters physically engaged with them face to face. Overall, interpretation arrangements were not always easy for the women, and family members, friends and other relatives became useful tools.

The women experienced additional barriers because of the large size of their households. Altogether, the 26 women had 120 children with an average family size of at least five children, excluding grandparents and other extended family members. But in the UK, neither private nor public sector accommodation is designed for large families, but for an average nuclear family size of four people (Gernsheim and Gernsheim, 1995: Stroud, 2012). Therefore, accommodation size posed a concern for many of these women (Rutter and Latorre, 2009). Almost all the women with a larger family complained that their housing was overcrowded and that it took a long time for the housing department to respond to their needs, with some still left in overcrowded accommodation.

It's difficult sometimes to live in a three-bedroom flat with six children, a husband and two nieces; we just have to keep on managing. At first I was living in a two-bedroom flat with my four children and when I gave birth to my fifth child before I lost her I applied for at least a three-bedroom house, but the local council gave me two and said they did not have enough houses. They kept saying that again and again so I got fed up and I stopped. It's sad because sometimes some people live in one and two bedroom places with six children so I would say that I'm lucky. (Musa, 40-50, uneducated, unemployed and married)

Almost all the women I interviewed had extended families, sometimes with friends and non-related Somali community members living with them. Usually it was these extra people who added to the overcrowding in the women's homes. My research did not explore whether the local authority knew about these extra people, and still could not provide bigger accommodation because of the nature of UK housing. In the UK, people qualify for accommodation based on their immigration status and the size of their family. It was unlikely that the housing unit of the local authority was aware of these extra people.

Research by Miraftab (2002) suggests that many refugees are not honest about the size of their family when negotiating housing contracts. They smuggle their relatives in after securing their accommodation. The story of Adiyee gives an indication that the women might not have disclosed extra family members to the housing department. Alone in the UK with her husband, Adiyee was given a one-bedroom flat, but later, through the help of an agent, she brought her two grandchildren from Kenya to live with her. This was because her only son, who lived in Kenya and whose children she brought over to the UK, was looking after his uncle who was suffering from mental problems brought on by war trauma. To relieve her son of the double burden of having to look after his uncle and his children, Adiyee decided to bring her two grandchildren over to the UK, where they could also get a good education. For the women who were in private accommodation, having extra people created problems between them and their landlords and they were harassed by landlords who usually threatened to evict them for bringing in additional family members. As a result, some of the women admitted that such situations subjected them to frequent movement, because often these were family members they had brought from their home country who might be living with them illegally. This placed greater financial strain on the household.

My landlord used to cause me a lot of trouble. He kept saying he would not allow so many extra people in his house. And you know the council was paying the rent so if he went to tell them I would be in trouble. Well, we had to move. First it was with my cousin who came from Somalia to live with us. We were living in a two-bed flat with three children. Then my two cousins also came and because they lost their claim and the immigration wanted to take them back to Somalia, we had to accept them to live with us. But my landlord was not happy. He asked us to leave his house. Well, we kept moving around all the time. Anyway, finally we managed to get a better place and this landlord was very understanding. (Maryous, 45-55, uneducated, unemployed and married)

When the women put themselves into a situation such as this, they rendered themselves vulnerable to landlords to mistreat them. And mostly they did not report such cases because they had to deal with their own stake in the situation and its consequences.

### **State Benefits and the Welfare Reform Bill: A Reflection on the Women's Future Access to Welfare Services**

In the UK, welfare benefits are offered to people who require state support because they are unable to work due to health problems, lack of employment, widowhood etc. The majority of my interviewees were on state benefits and the information presented in Table 3, below, reflects this.

Table 2: State Benefits for the Women

| <b>Personal Allowance</b>                               | <b>Housing Benefit</b>                                  | <b>Child Benefit</b> | <b>Incapability Allowance</b> |
|---------------------------------------------------------|---------------------------------------------------------|----------------------|-------------------------------|
| Maryous, Masla, Mosna<br>Hawa, Neena, Belinda,<br>Liama | Azus, Flavia, Fatura,<br>Maryous,<br>Masla, Mosna Kandi | Azus, Dumna,         | Hadma-<br>Moham,<br>Marian    |
| Flavia, Adiye, Ebas,<br>Kandi                           | Flavia, Ebas, Marian,<br>Belinda                        | Kandi, Evansna       |                               |
| Azus, Fatura, Hada,<br>Haruannah, Kandi                 | Fatura, Bonte, Hadma-<br>Moham, Shumi Musa,<br>Dumna    | Fatura               |                               |
| Bonte, Musa,                                            | Adiye, Hada, Haruannah,                                 | Shumi                |                               |
| Shumi, Nimo, Dumna                                      | Hawa, Nimo, Neena,<br>Liama,                            | Liama, Flavia        |                               |

Source: Research Data, 2010

Out of the 26 women interviewees, only two (Shahma and Evansna) did not appear in any of the categories in Table 2. This was because they were in full-time professional work and were not dependent on the state for benefits. Evansna only received child benefit, which is a statutory allowance given to every child under the age of 18 in the UK. Shahma's children were over the age limit for child benefit by the time I met her. The remaining 24 women, whose names appear in the table, depended on the state for support in one form or another because of their different circumstances. The main reason for this, as they reported to me, and as already discussed in Chapter 5, was that their priority was to look after their children whilst they were young. These women mostly received a personal allowance and housing allowance. For others, the problem was ill health. There were at least two educated women who were on incapacity allowance, and one other professional, Azus, was doing part-time interpretation with the local council and was also volunteering at the centre where I did my research. With such limited employment, Azus said that she was receiving

a subsidy towards the payment on her house and she was also receiving a subsidised personal allowance and a child allowance for her son. Four other unskilled labourers, Kandi, Masla, Flavia and Dumna, were also subsidised by the local authority with housing benefits, child and family allowance and personal allowance.

However, in February 2011, David Cameron (the Conservative prime minister) announced plans to change the welfare system, ‘promising to re-introduce a culture of responsibility that he said had been lost’ (Chapman, 2011).<sup>1</sup> The reform is to restructure state benefits, which will affect people who repeatedly turn down jobs and refuse to take offers of voluntary work. New health checks are to be introduced to determine disabled people’s ability to work. The current Disability Living Allowance is to be replaced with a Personal Independence payment and it will only be given to people who are assessed as needing support (Chapman, 2011).

Those who are able to work will have a year’s restricted access to a Contributory Employment Support Allowance. This is set to affect women like Marian and Hadma-Moham, who were on incapacity allowance and whose benefit was based on the Contributory Employment Support Allowance. The women’s chances of receiving this benefit for longer will be determined by the outcome of a new health check. Similarly, the government also plans to replace household benefit, which currently exceeds ‘what the average working household receives in wages, with weekly earnings’ (Chapman, 2011). According to the report, housing benefit will be limited to match the cost of the most inexpensive 30% of homes in an area.

Such changes are set to affect the majority of my participants, who are mostly on state benefits.

## **Conclusion**

This chapter sought to discuss the arrival experiences and early settlement stories of the Somali refugee women whom I interviewed. In particular, attention was focused on their engagement with the housing system during their years of settlement in the UK. I also explored their experiences with the dispersal policy, their negotiations to settle in London,

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<sup>1</sup> This is taken from the Daily Mail online, written and posted by James Chapman on the 17<sup>th</sup> of February, 2011. It was about the Prime Minister’s speech on social benefit reforms. At At <http://www.dailymail.co.uk/news/article-1357792/Britain-welfare-reform-end-rewards-workshy.html>, accessed 7/8/11

their housing experiences with local authorities and their social networking with the Somali community.

For refugees, finding adequate housing is an indicator of successful integration into a new society. But for the participants in this research accessing housing services was very challenging. This was mostly due to a lack of understanding of the system and inadequate language skills, even for the educated women. The women depended on family members, relatives, friends and state-provided translators to access housing services, but this was not without its difficulties.

Although the sample in this research is not representative, understanding the housing experiences of Somali refugee women provides a significant context for assessing the diverse ways in which refugee women settle in the UK. For most of the women I interviewed, the need to find suitable and adequate housing marked the beginning of their resettlement experiences in the UK. However, as noted in this research and also as suggested by Potts (2011), not everybody in the UK has the same access to suitable accommodation. As noted by Potts, even people in the same socio-cultural and economic backgrounds may differ in the way they access available housing facilities due to factors such as lack of education, lack of access to adequate information and lack of understanding of the housing system. This assertion is true about the women in this research.

In Chapter 7, I discuss the women's access to health services. I highlight the challenges they faced due in particular to differences in immigration status and a lack of understanding of their rights.

## **Chapter 7: Somali Refugee Women's Access to and Use of Health Services**

The aim of this chapter is to discuss Somali women's experiences of health service utilisation in the UK. I look first at issues around healthcare policies and provision of services for asylum seekers and refugees, and then go on to explore how health issues impact upon my participants' need to access health services. These include anxiety caused by immigration waiting periods, birth complications due to genital mutilation as well as other problems affecting family life. Following this, I investigate the effect of changing gender roles and familial obligation on the women's need for healthcare services. I discuss the women's stories of health treatment in the UK in contrast to Somalia. I also discuss social care provision for their elderly relatives and the women's involvement in the care of their elderly relatives. I highlight how the issue of translation affected their use of health service facilities. I reflect on the policies of dispersal and housing allocation to discuss how they impacted on the women's access to health services in the UK. In the paragraphs below I set the context for the main issues in this chapter by examining how changes in immigration laws have affected health policies and the intended impact on refugees' and asylum seekers' access to healthcare services in the UK.

### **Changes in Immigration Law and Health Policies: Impact on Asylum Seekers' and Refugees' Access to Health Services in the UK**

For refugees and asylum seekers, immigration law and policy provide an important context regarding healthcare. Frequent changes in this area present a real challenge to healthcare professionals (Newbigging et al., 2010). In the UK there have been a significant number of changes to immigration law since the mid-1990s; this affects the everyday lives of immigrants. Table 1 shows policy changes in immigration for this period and illustrates how they correlate with health policies.

Table 1: Provision of access to health services under successive immigration rules, 1999-2008.

| 1999 -2001 Immigration Act                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2002-3 Immigration Act                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2004 Immigration Act                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2006 Immigration Act                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2007/8/ Immigration Act                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p><b>1999 Act</b></p> <p>-All asylum seekers and refugees are entitled to free NHS healthcare including maternity care.</p> <p>- All asylum seekers and refugees have the right to be registered with a GP.</p> <p>- Healthcare professionals must not discriminate against asylum seekers in the provision of services.</p> <p><b>Act</b></p> <p>-The National Health Service (Charges to Overseas Visitors) Amendment Regulations 2000.</p> <p>- Asylum seekers with low incomes are entitled to free prescriptions and a refund of fares to and from hospital by filling out an HC1 form to get an AG2 exemption certificate.</p> <p>- Pregnant asylum seekers should receive their maternity exemption certificate for free prescriptions when they book for maternity care.</p> | <p>-Tightening of controls on welfare entitlements in the Nationality, Immigration and Asylum Act 2002.</p> <p>-In 2003, Department of Health proposed amendment to the National Health Service (Charges to Overseas Visitors) Regulations 1989:</p> <p>-Failed asylum seekers and others who reside in the country illegally are to be charged for health treatment.</p> <p>-Health professionals have powers to levy charges and to pursue payment of them as far as is considered reasonable.</p> <p>-Best practice is to ensure that overseas visitors are aware of the expectation to pay charges.</p> | <p>2004/5Amendment Act and the Department of Health guidance on healthcare provision for refugees and asylum seekers:</p> <p>-Failed asylum seekers not eligible for treatment in secondary care unless treatment started before their asylum claim, or an illness with ‘public health implications’, such as tuberculosis and certain mental health problems.</p> <p>-Under the National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2004:</p> <p>- Failed asylum seekers not to be registered with a general practice, GPs use their discretion.</p> <p>-1July 2004: introduction of a European Health Insurance card regulation to allow EU residents on temporary visits to receive treatment which their state of health requires.</p> | <p>Under the National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2006:</p> <p>- Restricted appeal rights for failed asylum seekers.</p> <p>Asylum Seekers denied support under Section 55 of the 2002 Act, but still claimed asylum under fresh application:</p> <p>-entitled to both primary and secondary healthcare.</p> <p>Refused asylum seekers waiting for appeal decision:</p> <p>-entitled to both primary and secondary care.</p> <p>National Health Service Act 2006:</p> <p>- Services provided must be free of charge except insofar as the making and recovery of charges is expressly provided for by or under any enactment, whenever passed.</p> | <p>The National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2008:</p> <p>-Led to a high court ruling that the position of failed asylum seekers and their access to the NHS is uncertain:</p> <p>-GPs demand right to treat refugees/asylum seekers.</p> <p>- Asylum seekers are entitled to NHS treatment without charge for as long as their application (including appeals) is under consideration.</p> <p>-They pay certain statutory NHS charges (e.g. prescription charges).</p> <p>-They can apply to a general practitioner to register as a patient.</p> <p>-failed asylum seekers should not be registered, but equally, GPs have the discretion to accept such people as registered NHS patients.</p> |

Sources: Aldous et al. (1999); Pollard and Savulescu (2004); BMA (2008); General Practitioners Committee (2006). Hinslif (2008); Maynard (2008)

In the paragraphs below, I use the information in Table 1 to discuss how immigration changes affected my participants' access to primary and secondary healthcare, particularly during the early stages of their lives in the UK, firstly as asylum seekers and secondly as refugees. The situation for the EU participants and how the health policies affected them will also be analysed.

Before 1990 immigration changes were less frequent and asylum seekers enjoyed free access to health services in the same way as other UK nationals (Aldous et al., 1999; Joint Committee on Human Rights, 2007: 43). This included those whose applications were refused and who were going through the appeal procedure and/or waiting for deportation (Aldous et al., 1999: 6). However, government legislation on healthcare provision since 1999 has introduced a number of changes that restrict access to healthcare for asylum seekers (Joint Committee on Human Rights, 2007). Under the new legislation, asylum seekers' eligibility for treatment was restricted to those whose illnesses were deemed serious and detrimental to public health. However, the decision about what represents an urgent medical need was always left to the discretion of the health service providers. They face a dilemma when patients with less urgent illnesses such as diabetes or who require childhood immunisations are not able to afford payment (Huber et al., 2008).

In 2004, the NHS (Charges to Overseas Visitors) (Amendment) Regulation came into force (DoH - Department of Health, 2004a). This amendment was first introduced by the Conservative government in 1989. The NHS Trusts were expected to charge all 'overseas visitors' who received hospital treatment in the UK (Joint Committee on Human Rights, 2007: 44). At the time, the policy excluded asylum seekers and refused asylum seekers who had been living continuously in the UK for a year (ibid). However, government consultation in April 2004 led to an amendment that extended the regulations on overseas visitor charges to primary care (Cheedella, 2006). In 2006 the Overseas Charging Regulations Act was implemented, which placed a legal requirement on all medical professionals to identify and charge those patients who are not 'ordinarily resident' in Britain (DoH, 2011a/b). The new system permits asylum seekers to receive free NHS hospital treatment whilst their claim (including any appeal) is being considered. However, once they are refused, they lose access to free NHS treatment. This includes refused asylum seekers who are receiving Section 4 support and cannot be removed from the UK (Joint Committee on Human Rights, 2007: 44). Under this proposal, GPs are to use their discretion about charging failed asylum seekers (Cheedella, 2006, DoH 2011b). This

regulation also restricted healthcare entitlement to victims of trafficking, undocumented migrants, failed asylum seekers who could not return to their country due to safety reasons, and failed asylum seekers waiting to be deported (Aspinall and Watters, 2010). These were denied access to most NHS services (Yates and Hughes, 2008).

Criticisms from the government's own health select committee (Parliamentary Health Committee, 2005), and from the Mayor of London (Greater London Authority, 2004), as well as writers such as Cheedella (2006), Davies (2006) and Harris (2005), concerning a part of the policy that described asylum seekers as 'health tourists', challenged the validity of this policy (Medact, 2008). This led to a high court ruling that all asylum seekers who are allowed provisional admission, both at port of entry and in-country, whether their application was rejected or accepted, were in the country legally, were 'ordinarily resident', and should have free NHS treatment (The People's Health Movement, UK, 2009; Aspinall and Watters, 2010). This included people who were waiting for the outcome of their appeal. This was further affirmed by the Joint Committee on Human Rights (2007: 5), which challenged the UK government to observe the European Convention on Human Rights by providing free primary and secondary healthcare for all people who had applied for asylum and were in the UK. The only exclusion to the ruling was people who were completely undocumented and had never submitted to immigration authorities, or applied for leave to remain (The People's Health Movement, UK, 2009; Aspinall and Watters, 2010).

In 2008, a British Medical Association (BMA) report indicated that the Department of Health (DoH) appealed against this ruling (BMA, 2008) and on 30 March 2009 the Court of Appeal reversed an earlier High Court ruling that permitted failed asylum seekers free NHS hospital treatment (Field, 2009; Flory, 2009) and this entitlement was withdrawn (Field, 2009). Again, the DoH brought in new guidance that requires failed asylum seekers to be charged for health treatment in the UK even after they have spent one year in the UK. The DoH indicated to the Joint Committee on Human Rights (2007: 44) that it was reviewing the case regarding failed asylum seekers' entitlement, particularly those receiving state support under Section 4 of the 1994 Act. However, the Committee noted that there was no system in place to monitor the effectiveness of the charging regime (Joint Committee on Human Rights, 2007: 44), with the effect that a claim of a review would still lack coherence and efficacy. Again, the Committee realised that there had been no research carried out to justify the introduction of the Charging Regulations to enable evidential

claims that could quantify its impact on those whose access has been restricted. The Court of Appeal ruling empowered GPs to use their discretion to either offer treatment or demand payment before offering treatment. With these discretionary powers GPs may register refused asylum seekers and/or those who are waiting to be removed; the law does not prevent GPs from treating them (Aspinall and Watters, 2010).

Evidently, these changes created uncertainty about the use and delivery of healthcare services among both asylum seekers and service providers. Mainstream medical ethics requires health practitioners to provide healthcare to patients irrespective of their origin and not to assume the role of law enforcement agents (Reeves et al., 2006). Yet some, confused about eligibility, refused to offer healthcare to asylum seekers (ibid). These inconsistencies affected asylum seekers, settled refugees and healthcare professionals alike (Joels, 2008). For instance, in 2006, Medecins du Monde initiated a project in London and found that nearly 40% of its clients who were entitled to NHS services were not accessing health services. The report further suggests that many medical professionals, unfamiliar with the guidelines, could not ‘distinguish between access to secondary care (which is limited by law) and access to primary care (this is either guaranteed and/or at the discretion of the GP)’<sup>1</sup> (Project London, 2006; Medecins du Monde UK, 2007).

The guidelines for primary care were ambiguous and, in the case of the participants in my research and from the stories of other research participants and healthcare professionals discussed below, the guidelines’ outcome was different from what is outlined in it. For instance, the guidelines advocate that GPs use their discretionary rights to register failed asylum seekers, yet they forbid failed asylum seekers from registering at a general practice (Reeves et al., 2006). Research evidence (Cheedella, 2006; Refugee Council, 2006c; Joint Committee on Human Rights, 2007; Medact, 2008) suggests that this creates serious problems for patients, particularly for pregnant asylum-seeking women. Benjamin (2005) reports how the above is raising concerns among health practitioners, who are alarmed that asylum-seeking women are delivering babies at home. During a Healthcare Commission assessment on access to maternity services at the North West London Hospitals, NHS Trust (Healthcare Commission, 2005), staff reported that they lacked understanding of the eligibility for maternity care of overseas visitors, which by law includes asylum seekers

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<sup>1</sup> Médecins du Monde UK is an independent medical organisation, run by the international medical humanitarian organisation, Médecins du Monde UK. It was established in 1998 to contribute to the worldwide work of Médecins du Monde. This was a report that documented the problem of access to healthcare among the UK’s most vulnerable groups.

(ibid, 2005: 42). This uncertainty resulted in the finance office of the Brent Health Care Trust asking an asylum-seeking woman who was at an advanced stage of her pregnancy to pay £2,300 or lose her treatment (Healthcare Commission, 2005: 42). But the woman, who could not afford this bill, responded that she would have her baby at home (ibid; Aspinnall and Watters, 2010).

In another scenario, when a couple said that they could not afford to pay for their health treatment, the health official informed the woman she could deliver at home, without directing them to the accident and emergency unit (A and E) (refused asylum-seeking couple's story as reported in Project London, 2006: 21; Médecins du Monde UK, 2007). Similar incidences were highlighted by the Joint Committee on Human Rights (2007: 44), which reported public complaints that patients with acute life-threatening illnesses, as well as pregnant women and people with HIV/AIDS, had been denied hospital treatment. The reporters were particularly concerned about instances where hospital staff had wrongly refused to offer treatment to asylum seekers and had tried to charge them although they were entitled to free treatment (ibid). But denying treatment to pregnant women is particularly alarming, given that lack of antenatal care increases the risk of complications at delivery and can result in maternal death (Bragg, 2008).

The DoH guidelines advocate that all high-risk diseases, including maternity care in cases with risks of eclampsia and pre-eclampsia, should be treated with the utmost urgency: that patients in this category should not be discriminated against if they are unable to make advance payment (DoH, 2004b: 44 and 2012). However, some patients with these conditions are persistently refused access. This is due to lack of clarity regarding the 2004 Charging Regulations (Kelly and Stevenson, 2006: 17; Joint Committee on Human Rights, 2007: 44). As such, health treatment continues to create anxiety and many claim that the inappropriateness of UK health policy (Kelly and Stevenson, 2006: 5) represents a failure of the government's commitment to international human rights law (Reeves et al., 2006).

As a result of the above discrepancies and confusion, the Healthcare Commission requested its trustees to review 'operational procedures' (CHAI, 2005: 48). In April 2009 the Department of Health (DoH) proposed that health professionals should assess patients' situations to determine those needing urgent treatment (DoH, 2011a). Maternity treatment was deemed urgent and therefore care must never be withheld for any reason.

Nevertheless, changes continued to be made and in 2010 the DoH proposed that failed

asylum seekers who are about to be removed and are cooperating with the UK Border Agency should be exempted from secondary healthcare charges under Sections 4 or 95 of the Immigration and Asylum Act 1999. This includes adult asylum seekers who are willing to be repatriated and those who cannot do so because of a genuine recognition that removal is not safe. The consideration also included destitute asylum seekers. As part of the action to tackle NHS debt and to prevent people from abusing the system, the DoH (2010), in conjunction with the Home Office, proposed to refuse extending the period of stay to foreign nationals in the UK other than those from the European Community. However, the desire to make the Overseas Charges a condition for offering refuge and asylum seekers settlement status works against the code of ethics of the Geneva Convention, which advocates that a person is to be accepted as an asylum seeker if they have a genuine fear of persecution (McLeish, 2002; Aspinall and Watters, 2010).

The above highlights how changes in health policies cause confusion about health entitlements for asylum seekers and refugees (Kelley and Stevenson, 2006; Aspinall, 2007; MIND, 2010). Whereas health policy advocates that asylum seekers and refugees should be supported because of their vulnerability, asylum and immigration policy creates a situation that makes the provision of, and access to, health services for this group difficult. A report by the African Health Policy Network (AHPN) (2011) and MIND (2010) suggests that immigration and health policies function to exclude and marginalise asylum seekers in society. This is also reflected in a piece of research by Whitehead and Dahlgren (2007) and HPA (2007), which confirmed that, although health policies are designed to influence the pursuit of health as authoritative decisions, they benefit a distinct group of classes, individuals or organisations at the expense of others (HPA, 2007) and they affect groups, classes of individuals or organisations differently. This ultimately creates unequal access and it may discriminate against those who mostly need healthcare treatment. Lack of access to healthcare provision poses health risks to asylum seekers'/refugees' well-being (Patel and Kelley, 2006). Patel and Kelley caution that regular health policy changes and inadequate responses from policy makers to curb this situation infringe upon human rights law and make the effective integration of asylum seekers and refugees more difficult, helping to alienate them from the society they have come to. Cheedella (2006) noted that, due to the complexity of the health system, even those who qualify, including those with British citizenship, face challenges. This is particularly so because many of the asylum seekers who come to the UK lack an understanding of the UK health system and, coupled

with a lack of education and communication skills, this poses difficulties in educating them about the health facilities available to them (Fisher, 2004).

The problem with asylum seekers' access to healthcare is compounded by the fact that existing ethnic monitoring categories, used by service planners to collect health data on asylum seekers and refugees, lump them together with other ethnic black minorities with no consideration for their distinct experiences and needs (Patel and Kelley 2006). This makes it harder to distinguish between the specificity of their problems and understanding how to offer appropriate solutions. In the paragraphs below I establish the historical context within which the women's access to healthcare provision is situated to enable an understanding of their diverse needs and the extent of their vulnerability.

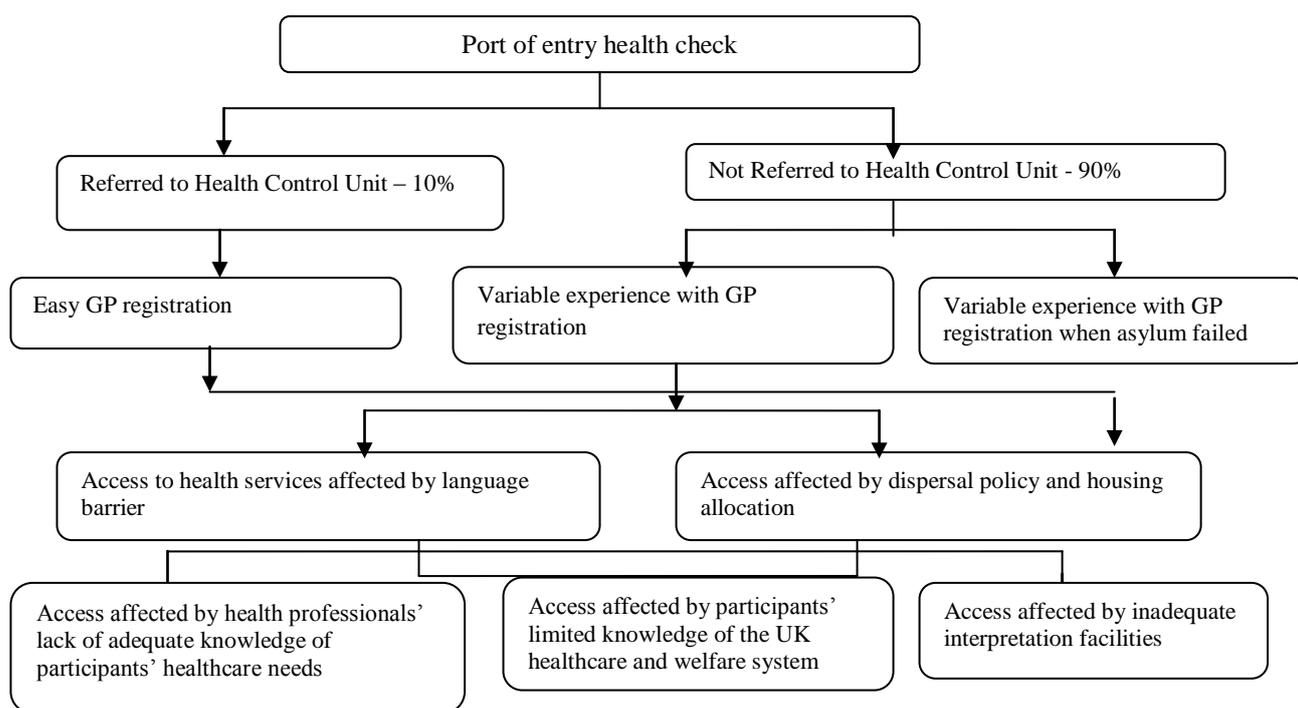
In Somalia, the western medical system is not familiar to people. According to Lewis (1996), access to such services depends on whether a person comes from an urban or a rural area. Originally, western healthcare provision in Somalia was designed to offer state-funded services for all (Qayad, 2008). However, this objective was never realised (ibid) because both parliamentary governments and military regimes during the 1960s and the 1970s - 1990s respectively failed to sustain progress towards this goal. Little research exists to provide statistical information about access and use of healthcare services in Somalia (Qayad, 2008).

Health reports on Somaliland (Ahmed, 2004) indicate that in some district capitals and villages there are no health facilities and fewer/no health service exists in the regional capital, particularly in the eastern part of Somaliland, Sanaag. In addition, no basic medical facilities exist in the district hospitals of Sanaag, the hospitals are not functioning because of lack of staff, supplies of equipment and drugs, as well as fuel and vehicles for staff to travel to district hospitals. The only existing regional hospital also lacks basic health facilities, ongoing training, supervision, evaluation and maintenance of equipment. With the turmoil of war and the absence of central government, the health situation in Somalia remains the poorest among developing countries, according to a report by the CIA (2005).

Qayad (2008) suggests that in Somalia only 30% of the whole population has access to healthcare services. The poor majority often rely on traditional treatment, which requires little or no payment.

With such differences in the experience of accessing healthcare services, some of my participants had very limited knowledge of the kind of healthcare provision they found in the UK, whose procedures, practices and physical infrastructure varied from that of their home country. The UK has sophisticated, complex and up-to-date hospital equipment, but in most African countries, including Somalia, hospital equipment tends to be less sophisticated. As a result, some of my participants not only came to the UK with health problems, but they had difficulty understanding its complex system and accessing the services offered to them. In Diagram 1, below, I give an overview of the pathways to healthcare reported by my participants.

**Diagram 1:** Research Participants’ Varied Access to Health Services in the UK from Arrival to Settlement.



Source: Research data

I use the information from Diagram 1 above to discuss my interviewees’ access to healthcare from arrival to settlement and to illustrate how immigration policies impacted on health services to affect them.

### **The Women’s Experiences of Health Services at Port of Entry**

The women’s experiences of health services began at the port of entry and depended on their immigration claim. In the UK, migrants who intend to stay for six months or more must undergo health checks (PHMEG Working Group, 2001). Under the 1971

Immigration Act, immigration officers are permitted to give migrants temporary leave to remain, and they are mandated to allow them to report their arrival to medical officers (Welseman and Basford, 2006). Often, asylum seekers who may not have any reliable address, including those coming for family reunion, are required to go for screening at the port of entry (PHMEG Working Group, 2001; *ibid*: 6). The focus on those with no valid address might be to avoid the difficulty it may present when these people are needed for screening checks. However, the report does not indicate what happens when there is an urgent need for a further health check. Usually a branch in each of the terminals at Heathrow and Gatwick airports has officers who are employed by the Local Authority and Health Authority. They receive and examine people referred to them by the air crew under the Aircraft Regulations and by immigration officers acting under the Immigration Act (Aldous et al., 1999: 38). Often those referred are from countries with a high risk of communicable diseases such as tuberculosis (TB), HIV, syphilis and hepatitis. Prospective migrants and/or asylum seekers may be given X-rays, mainly to assess whether they have any of the proscribed communicable diseases (PHMEG Working Group, 2001; Aspinall and Watters, 2010).

Hasma, who came for a family reunion, narrated how immigration officials led her into a screening room after they had ascertained that she qualified to join her husband:

After they had spoken to my husband, they took me to this particular room. I did not get to speak to my husband before then so I thought something was wrong. I was afraid that they were sending me back to Somalia. Later the interpreter came and said to me not to be afraid; that they were going to do a health check on me, but I should not be scared because they do that to everyone who comes to live in the UK. (Hasma, 40-50, uneducated, unemployed and married)

Hasma's narration indicates that the procedure was confusing; she assumed that she was being returned to Somalia, and that made her nervous. Most of the women reported being screened at the port of entry. Given the women's lack of understanding of the western healthcare system, as discussed above, their exposure to healthcare services in the UK, particularly during their early stages in the country, was rather frustrating for them. But healthcare was important for the women as it helped to treat them for any communicable diseases that might affect them and pose a risk to the UK public.

The findings from such health checks are forwarded to health officers at the Communicable Disease Control Unit, who try to contact the affected people to arrange further screening (Ormerod, 1990; Van den Bosch and Brecker, 1997). Research by Hardie

and Wilson (1993), Ormerod (2000) and Welshman and Bashford (2006) highlights that only about a quarter of these are traced for screening, and that the method of tracing and screening new migrants is not adequate because it is unable to trace at least 60% of those who settle in the UK. Many tuberculosis clinics that are meant to liaise with consultants in communicable disease control fail to follow up screening arrangements for the new arrivals referred to them. However, they often complain that they have no resources to pursue them and they also find it difficult to prioritise screening schedules (Welshman and Bashford, 2006). The women I interviewed complained about the lack of adequate information about having further health screenings and argued that the intrusive nature of the questions was one of the reasons many asylum seekers avoided it altogether.

I was directed to a clinic to do another health check, but I wondered why they had to do a further test after the one at the airport. I thought there was a problem. I asked the interpreter, but he said to me it was a normal thing for them to do another test. I did not believe that and I wanted to find out from the doctor. At the time I could not speak English properly, so I asked the interpreter to find out from the doctor, who said I had a chest infection and they wanted to be sure. I only had a cough, that was all and it was because of the cold in this country. (Hadma-Moham, 40-50, educated, employed and married)

Hadma-Moham panicked when she was recalled for a follow-up examination. All the women who were called back complained about the difficulty of understanding why they had been called for more checks. Their panic centred on the implications this call for a second health examination could have on their asylum claim, as in Shahma's account below:

I was scared that what I say might also affect my immigration; anything can go against me and that was scary and also very depressing. It would be best if they explained the procedure to us first, and then pass on the interview at the port of entry to the clinic staff. The whole thing felt scary and I was really anxious. (Shahma, 40-50, educated, employed and married)

The women were concerned that they would be told they could not stay in the UK because of their health. Their fears and misconceptions are understandable. They come from a background where they have no experience of the use of such facilities and therefore they have a complete lack of understanding of how healthcare operates in the UK.

Since the early 2000s, the debate around immigration and health screening has taken a different turn. Welshman and Bashford (2006) highlight a debate that called for the UK government to adopt the 'Australian model' of pre-entry screening. In this model, migrants, including students, intending to travel to the UK must, as well as applying for

visas, also undertake health tests and receive treatment in their original country of application. Although immigrants with any other communicable disease may be excluded on discretionary grounds, no exception will be made for those with TB of any kind. This has not been legislated yet, but since this debate citizens of countries suspected of a high prevalence of tuberculosis who intend to go to the UK for a period longer than six months are supposed to go through a pre-check examination in their country of origin to prove they are free of TB before submitting their visa application (IOM, n.d). As a consequence, this has restricted access for most economic migrants to the UK, but not asylum seekers and refugees, who come under different legislation because they are fleeing from life-threatening zones, and are often not able to undergo travelling protocols. The reason most of my participants went through health check procedures.

For the women who had a second health check, transferring their details to their new GPs after moving and settling into their temporary/permanent residence was not difficult. This is because the primary care group provides letters with relevant information which they must send to their new GPs so the latter can access their health history (PHMEG Working Group, 2001). However, to my research participants who could not read, written information meant nothing, except that this helped health officials to have previous information about them and it facilitated easy and continuous treatment. One of the problems is that the health service, like other services, runs extensively along written lines, but these women could not read or write (the language needs of the women and how they bear on their access to healthcare services is discussed later on in this chapter). Therefore, issuing them with letters they could not read on entry to the UK caused problems. Registration was particularly difficult for those whose asylum applications failed, and who could not be traced by the health authorities for follow-up routine checks after the initial port of entry medical assessment:

When I went to register with my GP they asked why I didn't have details from the Health Control Unit because my GP said I had a chest infection and that should have been checked first. Well I explained to him that I did not receive any letter. To be honest my brother-in-law had moved house when he knew I was coming because he used to live in a one-bed flat. If they sent a letter, I wouldn't know. (Marian, 30-40, educated, unemployed and single)

Marian could not be traced by the health authorities because the family member who had invited her had moved from the address Marian had given at the port of entry. Since she

did not have any screening information, like the women who did not attend an initial health screening, registering with a GP was hard.

Other women were concerned that their health screening information was not passed on to health clinics where they were to have follow-up checks. As a result they were subjected to repeated questioning, questions they had already answered during the initial screening. This occurred either because they chose to move in order to be near relatives and friends, or they were sometimes asked to move before their medical notes arrived. Therefore health professionals could only repeat questions to help them to understand the context of the women's medical history. But with the women in this research, the repetition of questions made them feel worried and they thought they had done something wrong or something was seriously wrong with their health. They also felt as though they were being positioned so that they might be caught out on something they had already said in order to use that against their immigration claim. Almost all the women who underwent port of entry health checks reported that a second health check gave a signal that all was not well with their health and well-being and they felt distressed. The anxiety they encountered added to their health problems.

When they have not told you what is wrong with you, but keep asking you the same questions again, you become very distressed and it sets you thinking about so many horrible things. I hated it when I visited the clinic and it made me suspect they wanted to catch me out on something. (Ebas, 40-50, uneducated, unemployed and married)

This view was shared by all the women who went through health checks. From their perspective it would have been best if they had been given advance notice and adequate information about the health procedures and if their health information had got to the clinic before their visit to help curtail the anxiety they went through. They were of the opinion that if the procedure was made simple and put them into less of a panic, it would motivate more untraceable asylum seekers who might require urgent medical treatment to come forward.

It was the reason why many asylum seekers never bothered to go back for a check though clinic centres might be very close to where they lived. The procedure is difficult and no one wants to go through it. (Shahma, 40-50, educated, employed and married)

Research by Welshman and Bashford (2006) indicates that about 60% of referrals do not attend health checks due to the complex procedures involved in the health screening

exercise. This is partly blamed on NASS accommodation contracts with various providers who operate under different regulations of accommodation and support services.

## **Issues with Healthcare Services during Early Settlement in the UK**

In my research, the women who arrived in 2000, whose asylum claims were refused and who went through an appeal process, faced challenges when they had to register with GPs. Table 2 below offers a summary of information about the women whose applications were refused and who hence faced challenges trying to register with a GP. As will be discussed in the next paragraph, confusion around policy changes implicated even those whose asylum was not refused and they too suffered difficulties in some form.

Table 2: Demographic Information on Immigration Status and Effect on Healthcare Utilisation of Somali Refugee Women

| <b>Policy favoured free healthcare for 1990-1999 arriving women regardless of immigration status.</b> | <b>Policy allowed free access to 1990-1999 arriving women when asylum claim was refused.</b> | <b>Policy allowed free access to 2000-2008 arriving women when given leave to remain, but they received variable access.</b> | <b>Policy denied access to 2000-2008 arriving women when asylum was refused and they received variable access.</b> | <b>Healthcare access for 2001-2009 arriving women EU secondary migrants</b> |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Asuz, Ebas                                                                                            | Hadma-Moham                                                                                  | Adiye                                                                                                                        | Belinda                                                                                                            | Flavia                                                                      |
| Dumna, Musa                                                                                           | Helima                                                                                       | Bonte                                                                                                                        | Hada                                                                                                               | Fatura                                                                      |
| Kandi, Masla                                                                                          | Liama                                                                                        | Hasma                                                                                                                        | Hawa                                                                                                               | Nimo                                                                        |
| Haruanna,                                                                                             | Mosna                                                                                        | Shumi                                                                                                                        | Maryous                                                                                                            |                                                                             |
| Shahma, Evansna                                                                                       | Neena                                                                                        | Miriam                                                                                                                       |                                                                                                                    |                                                                             |

Source: Research Data (2010).

Of the 26 women I interviewed, five 1990 arrivals and four 2000 arrivals were refused asylum, but only four women were in principle affected by the policy changes, as indicated in Table 2. These women arrived in the UK between 2001 and 2008 when the immigration policies in general were undergoing regular changes. Although several women in my research faced challenges in accessing healthcare, those whose asylum claims were refused had more problems. Some of the refused women recalled the difficulties they faced when they had to register with a GP:

I kept moving from one GP to the other, each time they told me it was full; we are not registering any longer. I was really frustrated about it... (Hawa 30-40, uneducated, unemployed and married)

Asylum seekers, including those whose applications have failed, have the right to register with a GP and GPs are expected to consider such applications and only decline them if their patient list is full or there are other valid reasons for not registering individuals

(BMA, 2008; DoH, 2008). But because of the uncertainty around asylum seekers' eligibility, most GPs' receptionists are unwilling to register them (Aspinall and Watters, 2010). Therefore, like the rest of the women, Hawa had to visit many GPs before she was finally registered. For some of the women, the demand to provide proof of identity was frustrating:

They asked me to bring my passport and when I said to them I didn't have one the lady at the reception said to me, 'it's going to be difficult to register you because we need to see this.' Then she went inside one of the rooms, I think she went to speak with the doctor, and when she came back she said to me, 'bring a letter from your landlord and we can register you.' (Hada, 30-40, uneducated, unemployed and married)

As discussed above, from April 2008 changes made to this healthcare regulation allowed asylum seekers to receive free NHS treatment and made it available to others if they were able to provide a Home Office identification card as proof that they had lived in the UK for a period of time (Dyer, 2008; Hargreaves et al., 2008). It was obvious from the receptionist's attitude that she did not have a clear understanding of what to do in this situation. My participant was lucky that she went to find out from a doctor. It means that those who do not seek such advice may just turn asylum seekers away, although they may qualify for registration. Highlighting the challenges asylum seekers and refugees faced in their access to healthcare services, Cheedella (2006) suggests that refugees and asylum seekers often find treatment by GPs inaccessible. This is not just because they have complex healthcare requirements, but both they and health officials lack an understanding of asylum seekers' eligibility. The women had no experience of primary care in Somalia so they lacked an understanding of the ethical workings of the UK's healthcare services.

Asylum seekers' lack of understanding of the UK health system has been confirmed in research by both Cheedella (ibid) and Healey (2009), particularly their right to use the National Health Service (NHS) without charge. Due to this, they actively avoid using healthcare services for fear that it might negatively impact upon their asylum application. Hada might have been fortunate to be registered just by bringing a letter from her landlord; for others the demand to bring proof of identity and a proof of address was all that it took for them to be denied access to GP treatment. The difficulty of securing documentation to prove their identity and their residential address resulted in a feeling of frustration, particularly among those who lived with family members and friends.

I can't imagine how they expected us to have proof of address or identification. My parents and I were living with my brother who already had his name on his bills. My parents had no jobs and no money to contribute to the bills in the house. How do we get a bill in the house? (Haruanna, 25-35, educated, unemployed and a single mother)

Some of the women expressed similar sentiments and felt that it was unreasonable to make such demands on people who are new to their settlement area. From the perspective of some of these women, it was just a strategy to refuse to register them.

I think they only did that to get rid of us, but that was not fair. In my case the moment they saw me at the counter they told me it was full. It took going to several GPs to be registered finally. (Helima, 40-50, uneducated, unemployed and married)

Research by Aspinall (2007: 47 and 51), who documented similar evidence, also indicates that most GPs only offer temporary registration even to refugees. Although those who could not register with a GP had the option of visiting the A and E unit, some reported that they were unsure whether they would be accepted. Such a lack of understanding derailed their rights to access health services and some of them said that they completely avoided accessing health treatment until they had stabilised their immigration status. The situation was harder for failed asylum seekers whose very condition positioned them in a vulnerable situation. This is discussed below.

### **Failed Asylum Seekers' Access to Primary and Secondary Healthcare**

The particular circumstance of asylum seekers and refugees place many of them in vulnerable situations and they may require support and protection from others to be sustained (Gentleman, 2010). Often they are denied access to employment and therefore they depend on state benefits. However, by virtue of their immigration status, failed asylum seekers face difficulty in accessing primary and secondary healthcare (Joint Committee on Human Rights, 2007; Fuseini, 2009). The demand for proof of identity and residential address, which most of these women could not provide, was seen by them as a 'good' way of refusing to register them.

No GP wanted to accept me. Everywhere I went they kept asking me to bring my passport and a letter from the Home Office and when I tell them that I don't have any because I am appealing my case, they would say we are full in this surgery. (Hawa, 30-40, uneducated, unemployed and married)

Hawa's statement indicates that some GPs' receptionists, acting as front line staff, position themselves to determine who they want to register. And although health regulations require GPs to provide primary care facilities to asylum seekers who are going through appeals, this is not always the case. A report by the Joint Committee on Human Rights (2007) admits that the eligibility issue makes GP registration difficult for the homeless and those in temporary accommodation who do not have an address. With the women in this research who were refused asylum, the difficulty in accessing health services was not limited to treatment from GPs. Hospital treatment was even more challenging. Some of the women who could not register with GPs recalled that they relied mostly on the A and E Unit for treatment, and there were times when they were asked to pay. For them that was threatening. Therefore, those who could not cope with the demand to pay before treatment stayed away completely. On one such occasion, Hasma recalled that when she told the receptionist she could not pay, they told her they could not offer her treatment, but her situation became critical and she nearly collapsed in the ward:

I had a very bad stomach pain on that day and my sister took me to the emergency unit. The people at the reception desk said to me I have to pay before I see a doctor. I said to them 'I have no money,' but they said to me 'you cannot see a doctor if you don't pay.' I was in so much pain and was about to collapse so they rushed me to see a doctor immediately. I was even admitted for a week. When they discharged me they said 'we will send you a bill but you have to buy your own medicine.' Life was really bad for me when my immigration was not accepted. (Hasma, 40-50, uneducated, unemployed and married)

The failed asylum seekers' restricted access to primary healthcare was particularly the result of the requirement upon NHS Trusts to charge 'overseas visitors' for hospital treatment as indicated above. Although GPs were supposed to use their judgment to charge or register failed asylum seekers (ibid; DoH 2011b), there were many who refused to register them because they continued to recognise them as 'health tourists'. But such restrictions violate their right to health as guaranteed by the United Nations (Hall, 2006) and it renders them vulnerable. For instance, in 2002, following a monitoring report by the Committee on Economic, Social and Cultural Rights, Doctors for Human Rights pointed out the vulnerability of failed asylum seekers and recommended their protection (Doctors for Human Rights, 2006). They also raised concerns about the UK government's continuing refusal to include the International Covenant on Economic Social and Cultural Rights within its national law (Physicians for Human Rights-UK, 2002). But the women's narratives and other research indicate that the situation is persisting. For instance, both

Medact Organisation (2008) and Cheedella (2006) highlighted this in their discussions of failed asylum seekers in Leeds who were given hospital bills that they could not pay. A similar report by the Refugee Council reiterated incidences where every week they encountered two or three distressed pregnant women who came to them because they were being chased by debt collecting agencies about bills they could not afford to pay (Cheedella, 2006). Both Bhatia and Wallace (2007) and the Joint Committee for Human Rights (2007) have also criticised as unethical the practice of denying free secondary care access to failed asylum seekers and limiting their access to primary care. Due to this, many asylum seekers, failed asylum seekers and people with newly arrived refugee status instead use the Accident and Emergence services intensively. But the cost involved in using Accident and Emergency is twice as high as that of accessing GP facilities. It also puts great pressure on the accident and emergency services and places financial strain on asylum seekers who have no source of income Bhatia and Wallace (2007) and the Joint Committee for Human Rights (2007). Most importantly, it adds to their already distressing situation and affects their health. A report by both McColl (cited in Refugee Council, 2006c: 7) and the DoH (2006) suggests that this is contrary to the NHS' core principle of universal free healthcare, which advocates that 'healthcare is a fundamental human right'.

Following the above, in February 2010, the DoH engaged in government consultations to review exemption of payment for secondary treatment for failed asylum seekers who are receiving support from the UKBA. This was particularly important because it was realised that some failed asylum seekers could not go back to their country because of safety issues (DoH, 2011b). Consideration of this proposal is to be completed in 2012. However, it is often the case that neither asylum seekers nor health officials are aware of these changes and they continue to create widespread confusion. There is a need for the UK government to monitor the impact of the Overseas Charges on access to healthcare for failed asylum seekers, as well as other destitute migrants. From my failed asylum-seeking women's stories, it is clear that they were very aware of how this affected them, and their inability to deal with it because of the fear of being removed. In the paragraphs below I discuss the cross-cultural issues identified in the women's use of health services in the UK. I also discuss the issue of communication, and how the lack of English prompted the use of interpretation and impacted on the women's access to health services.

## **Cross-Cultural Issues, Language Barriers and the Use of Interpretation in Healthcare Provision and Utilisation**

The majority of the women were concerned about the language barrier, which they asserted played a big role in the way they accessed healthcare services in the UK. They claimed they would have wished to understand the UK health system and to be able to describe their health problems directly to their GPs and doctors. But they could not, even at the time of interview in 2010, because of a lack of language skills, reinforcing their lack of knowledge about the health services available to them. Most of them felt that the language barrier contributed to the difficulties they encountered at the beginning of their settlement in the UK. They also raised concerns about the social stigma attached to some of the diseases they and their family members reported to health professionals. The women claimed that these were not handled with cultural sensitivity, which resulted in the use of culturally inappropriate interventions, a situation that has also been identified in a different context by the AHPN (2011) in their report about access to health services among patients with mental health problems. Aspinall and Watters (2010) and Palmer and Ward (2006) suggest that such a lack of cultural sensitivity results in inadequate health treatment among refugees and my interviewees' narration confirms and reinforces this assertion. For some of the women in my research, the barriers discussed above functioned to worsen their health situation, as in the statement by Maryous, below:

Sometimes when I go to the hospital, I come back feeling more sick. They ask questions you have no understanding of but they expect you to answer and sometimes they don't even care who else is listening. But when you want to complain about your health, that one they say they don't understand. It feels really sad and depressing sometimes. (Maryous, 45-55, uneducated, married and unemployed)

Maryous' experience was not different from other women's situation. A few other women reported similar scenarios where there had been a complete lack of understanding of their situation because of communication problems. It was not just health professionals who lacked understanding of the women's circumstances, the women also lacked knowledge about what was actually available to them and what they were entitled to due to a lack of education and understanding of the UK cultural system. This implies that they will have problems utilising all other services, including immigration services, healthcare services, housing, welfare benefits and education services.

Other women felt that doctors' questioning about their health issues was too intrusive. Mosna for instance recounted being asked about her health history, including that of her parents, and she could not understand why she should have to recall the health history of her family because in Somalia, and during the time of her parents, including her own upbringing and experience, western medicine was not commonly used and no-one kept records of what kind of diseases their family members had. For the women who felt uncomfortable about the questions they were being asked, their reason was that in Somalia some diseases like tuberculosis carry a certain stigma and people would not want to discuss or disclose having it in public, even if they know that it runs in the family.

Although in the UK it does not matter if people disclose illnesses such as tuberculosis, for a person coming from a country that stigmatises such diseases, it was difficult to accept discussions and diagnosis in the presence of a Somali interpreter, especially when they were unsure about the outcome of the diagnosis. Mosna and some of the other women recalled that they felt helpless about the situation and wished they could stop the health authorities from making these checks. But they could not and they did not know what to do in case anything they did or said jeopardised their immigration claim.

It is important to understand the context within which the women's uneasiness and feelings of intrusion were premised. Firstly, the idea of a health history is a western phenomenon; culturally, African medicinal practices have no sense of health history, therefore it is difficult for people to know what the history of a family is if nobody talks about it. Secondly, people do not talk about their health history because they have a superstitious attitude to illness and what kills a relative is often attributed to superstition. Thirdly, the women had no experience of primary care in Somalia so they lacked an understanding of how the UK's healthcare services work. Fourthly, as a people Somalis have a culture of silence and concealment (Lewis, 1996), so they have difficulty disclosing their health history in the presence of an 'external other'. This makes them feel uncomfortable. Therefore, when health officials ask questions about their health histories, they tend to assume that the discussion is diving into their personal issues whilst, in fact, the officials only do this so they can provide patients with an appropriate diagnostic treatment that is based on their family history. The women's feelings therefore had a cross-cultural underpinning:

I did not want to answer anything, I tell you, but I did not know what would happen either. I was really frustrated and angry that they were asking too many personal

questions. And they did not care that there was someone there who was not a family member and came from the same country as me. She might even know me and my family back home in Somalia, I don't know. I hated it all. (Masla, 45-55, uneducated, unemployed and married)

Like the other women, Masla's perception was a function of the different understandings of what is considered private in different cultures. She was not just worried that the questions were too intrusive; she was particularly concerned about the presence of an unrelated person from her country who might get to know about diseases that she would have preferred to keep concealed. Research has indicated that many refugees and asylum seekers come from societies that stigmatise certain illnesses (Clinton-Davis and Fassil, 1992; Ruddy, 1992). In Somalia (Lewis, 1996; Qauye, 2008), tuberculosis is one such illness. Therefore they are not only reluctant to discuss issues around such illnesses (and Papadopoulos et al., 1998), but the answers they provide to questions involved in examining such diseases that could enable effective diagnosis may also be unreliable (Berthoud and Nazroo, 1997).

Interpretation was a major issue in the women's access to health treatment. Although the majority were offered interpretation facilities, particularly during their early years in the UK, they reported that when they first arrived they used to supplement state interpreters with their own family members and friends. Nonetheless, interpretation produces its own difficulties and the use of translators does not reduce the barrier to healthcare services because one cannot assume that people are entirely competent in the English language. In Chapter 4 I discussed how my participants reported that some of the interpreters they were given had difficulty translating information to them because they did not speak the Somali dialect that they are familiar with. Even where a translator is competent in English, it is not likely that they are able to translate certain medical vocabulary or names of specific diseases they are not familiar with in their own language.

For instance, in a study conducted by David and Rhee (1998) on American Spanish immigrants' access to health services, the writers discovered that people with poor English skills, regardless of having a translator, had difficulty understanding the side effects explained to them compared to those with good English skills (41% vs. 16%). The writers concluded that the reason why even those 16% with good English could not understand the doctor's explanation was due to cultural differences about health beliefs. In the case of my participants, this double issue of interpretation, where interpreters themselves have language barriers and where they also have culturally specific health beliefs, inevitably

functions to affect these illiterate immigrant women's access to health services and there needs to be critical scrutiny to avoid the problem of medical error.

Some of the women expressed concerns about how far they could trust external interpreters. On one level they thought that external interpreters would be best because they would not disclose confidential details to their close community members. However, they were also concerned about the threat that Somali interpreters who belonged to a 'rival clan' might pose and they thought this might influence the outcome of their treatment. Some reported that they could not talk openly to doctors when they knew that an interpreter was from a 'rival clan'. A few of the women said that they were mostly given the same interpreters during their visits to their GP but the majority said they had different interpreters almost every time they visited the hospital.

Child interpretation is one thing that the women relied on to a great extent. From health treatment and benefit claims through to shopping, the women in this study agreed that the success of their settlement experience depended on the interpretation abilities of their children.

I used to take my son from school to interpret for me. For me that was much more reliable, because sometimes interpreters don't even turn up for appointments.  
(Maryous, 45-55, uneducated, unemployed and married, 2000 arrival)

Weisskirch (2002, 2005), discussing the language needs of bilingual parents in the United States, noted a high level of use of child interpreters, whom he referred to as 'cultural linguistic brokers'. Weisskirch noted that often the children of minority parents are the first to adapt to their new culture. They are also the ones to attain education and so they tend to acquire greater proficiency in the official language of their new environment than their parents (Suárez-Orozco and Suárez-Orozco, 2001). As a result, they become the voice of their parents who use them as interpreters. In Britain there is a great deal of research that discusses the effect of using children as interpreters, but little or none exploring the views of parents and how it affects their family situation. Similarly, in both Canada and the UK, research by Aruaja (2008), Hall (2004), Hall and Guery (2010), Hall and Sham (2007: 17) and Orellana et al. (2003) raises concerns about the negative impact on the child being used as interpreters. Researchers like Hall (2004), Kaur and Mills (1993) and McQuillan and Tse (1995) argue that this may alter the child interpreter's traditional role in the family. Peris et al. (2008) describe it as 'parentification', because children are seen as the authority figure and they play 'role reversal' (Weisskirck, 2010: 6) to take emotional and/or

behavioural responsibility for their parents. Therefore, even where parents see child interpretation as positively facilitating their settlement, as researchers such as Aruaja (2008) have found, other researchers like Peris et al. (2008), Martinez et al. (2009) and Weisskirck (2010) find it damaging to both parents and children and to their family dynamics. For instance, in a study about Latino parents and child interpretation in America, Martinez et al. (2009) identify a negative impact on the family, particularly where there was a poor relationship between family members and the need for language brokering was high. Weisskirch (2007) argues that this situation may result in negative emotions such as anxiety, feelings of shame and embarrassment, nervousness and discomfort.

Others, like Cohen (1999) and Gilbert (2005), are concerned that children interpreting during adults' health treatment and receiving adult information may not be proficient in their use of appropriate medical vocabulary in English or in their own language. Such limitations may result in delivering inadequate information. They might also miscommunicate their parents' message and may deliver their own modified version of the situation. Their emotional involvement, which often results in a tendency to protect their parents from bad news, might cause them to edit or change information. According to Gilbert (2005), children acting as interpreters might withhold vital information from their parents and not give complete explanations when information seems embarrassing. This might be detrimental and may mislead parents. This has been confirmed by Palmer and Ward (2006), who caution that such issues could result in medical error. However, according to Aruaja (2008), Hall (2004), Hall and Guery (2010), Hall and Sham (2007: 17) and Orellana et al. (2003), in spite of the widespread use of children in language mediation, the subject is not much discussed in academic studies. I also noticed that research on interpretation generally and the child interpreter specifically, places less emphasis on the impact of interpretation on the self-esteem of users of this facility. Nonetheless, most of the women still felt that using their children was a safer and more reliable means of accessing and meeting their health needs, and when given the choice they preferred their family members to know detailed information about them rather than a Somali interpreter who might be a threat. A few however, preferred an external interpreter who was not a 'rival clan' member to have access to their health histories. But they too were cautious about their clan differences:

There was this particular Somali woman interpreter, the moment I saw her I knew immediately she was from the north and something inside of me said 'you cannot trust this one.' Sometimes, it's really difficult because you might not know what they are thinking. What if a person still hates other clans in the UK and tells the doctor something completely different from what I said to her? (Dumna, 35-45, uneducated, unskilled labourer and single)

The women's fear and mistrust has implications for community relations. Due to the tribal war that disintegrated Somalia, they were of the view that such hatred might surface and the other party might make a plan that could jeopardise their treatment. This is the reason for their scepticism and fear about using external Somali interpreters. I did not investigate whether the women ever discussed their fears with health officials. Although the women chose child interpreters as the best option, some of them expressed worries that they felt victimised by their helplessness to control and discipline their children because of how much the children knew about them. They were alarmed that this was adversely impacting on their children's behaviour. The women disclosed that sometimes they felt disempowered as their children often took advantage of their (parents') vulnerability due to their lack of education and lack of understanding of the socio-cultural systems of the UK to disrespect them. The women's preference for family members over external Somali translator may have cultural underpinnings in how their lives are structured around families, in particular the way in which male family members mediate their lives in Somalia, as the background study revealed. Although they were not using the same male status because of changes in circumstances, they seemed to be adapting to an experience that they were familiar with, and that they found it difficult to break away from.

However, there are many policy implications regarding the use of family members as interpreters that need to be raised. In the UK, part of the problem is rooted in a lack of professional interpreters (Fisher, 2004). But the language barriers that immigrants face require in-depth examination in order to support their day-to-day settlement issues. During my research, the women said that interpretation provision had been reduced by the government, arguing that this was partly why they used family members. This might just be their perception, since there is no research-based evidence to support this claim, although in Norway research by Kale and Syed (2010) indicates that professional interpretation is under-utilised in the healthcare system. Evidence from the literature review suggests that Somalis may arrive at service providers uninformed, but will expect to receive service promptly. Although my research findings did not support this claim, and the women also said to me that they always made advance appointments before visiting

their GPs, if the claim in the literature is true, then some of the women might have assumed that they could go to their GPs and be able to utilise interpreters without giving notice. Obviously such an attitude may contradict the regulatory protocol at their surgical centres. Nevertheless, if what the women alleged is the case, then research is needed to focus on how the reduction in interpretation facilities might affect refugees' access to services and the impact this has on their integration process in Britain. From the women's stories, it appears that there is a shortage of trained medical interpreters.

My research participants admitted that even when they had interpreters, accessing health services was difficult and there were times when they noticed that GPs were struggling to understand what the interpreters were trying to communicate to them. In emergency situations, when it was not possible to book an interpreter, the situation got very frustrating. Priebe (2011) illustrated through her research participants the frustration that language barriers create in the consulting room between GPs and asylum seekers. Liama told of a similar instance of frustration:

I was so sick and when I woke up my sister had gone to work. At that time it was possible for anyone to go to their GPs for drop-in sessions so I asked a neighbour and she agreed to come with me. I tried to explain to my GP, but I noticed she was struggling to understand. Even with interpreters they still find it hard to understand. I could not walk straight without asking for someone to help and that lasted for months I think. I went to my GP several times trying to explain but she couldn't help me with anything, not even an x-ray. I was very frustrated. (Liama, 40-50, ESOL, unemployed and married)

Liama was able to communicate directly with the doctors, and assumed it was clear enough for her GP to understand her. But problems with pronunciation and accent may have contributed to why understanding was difficult. Doctors can only give a proper diagnosis when they have the full facts of the situation. In the scenario described by Liama, both the doctor and the patient were stuck and nothing seemed to be happening. For a patient in a situation like this, it can be very frustrating and throughout the interview Liama complained that this particular sickness was prolonged and she eventually had to apply traditional medicine to cure it. It is important for doctors to find alternative ways to communicate with people like Liama in order to ensure effective treatment. The women complained that their GPs often gave them painkillers and they related this to the fact that their situation might not have been adequately explained and with a lack of proper understanding about their health needs, doctors might not be able to give them the right diagnosis.

With GPs, when they misunderstand you they can't give you the right treatment and that will affect you. (Bonte, 55-65, uneducated, unemployed and married)

Bonte's quote indicates the women's assumption that, due to the language barrier, their GPs did not wait to hear everything they had to say. Some felt that GPs took little interest in them because they could not speak the same way as their GPs did. They claimed that they were made to feel they were boring and uninteresting so the GPs tried to get rid of them. According to the women, this explained why their GPs gave them painkillers all the time. Throughout her treatment, Flavia said that she was only given painkillers and was told to get enough sleep. She was disappointed that she was not given an injection. In her narration, and this was confirmed by what most of the women said, in Somalia doctors offer injections that (according to the women) help to ease pain and stop illnesses quickly.

In Somalia when you go to see a doctor, they will give you an injection. The injection works better than tablets, but here doctors don't give any injections. For some sicknesses I will not go to the hospital, but others I will. (Flavia, 30-40, ESOL, unskilled labourer and married)

Like Flavia, some of the women saw not being given an injection when they went to see their GP as poor diagnostic treatment and an indication that they had not been thoroughly examined. This is because they believed that injections work better than tablets, and were disappointed that doctors in the UK, in contrast to Somalia, did not give them. Like the other women, Flavia's statement highlights different treatment regimes in different countries, which raises issues of particular expectations. This is partly due to cross-cultural differences in health treatment in different countries. For instance, a report by Lewis (1996) about Somalis in America and their access to health services indicates that they may prefer to apply traditional oral treatment than allow specific medical treatment. And they are often very unhappy when doctors send them home with instructions that their illness will resolve itself in time. They are also often confused about the prescription of antibiotics (ibid).

My research participants expected to be injected when they visited their doctor, because that was their experience back home in Somalia. However, in the UK the situation is different. Other scholarly writings have highlighted environmental reasons other than culture, for some countries' preference for injection. For instance, at an international AIDS conference, involving AIDS researchers (Goldyn, 2000), President Thabo Mbeki of South Africa announced that due to the lack of adequate infrastructure, including safe drinking water, particularly in third world countries, and also due to the frequency with which

AIDS drugs are administered, vaccination is preferred. In the UK, however, patients can be given tablets because there is clean water to take them with, hence the president's assertion that the 'pharmaceutical-based model of H.I.V. care in the West is not applicable to South Africa'<sup>2</sup> (Goldyn, 2000). Nonetheless, such differences in treatment regimes in Africa and the UK raise particular expectations, as events in this research and the women's stories have indicated. As a result of these differences, some of my participants were not motivated to seek treatment for certain illnesses. Some of the women saw going to the hospital as a waste of time and instead they chose to use traditional medicine.

I regretted that I did not use traditional medicine in the first place, it was very effective that way ...There are some sicknesses that I will not bother to go to see a doctor. Body pains, swellings and boils for instance, if you apply traditional medicine it stops them faster. It depends ...but I wouldn't take everything to my GP. Sometimes it's a waste of time. (Adiye, 45-55, uneducated, unemployed and married)

Like Adiye, a cross-section of the women felt that in some cases traditional treatment was faster than western medicine. The women's stories and their experiences of health service utilisation elucidate the importance of cultural awareness as one factor in offering effective healthcare provision to these women (see also Bhatia and Wallace, 2007). Unfortunately, healthcare regulations are made to cater for all, with no room for individual expectations, making it even harder for healthcare personnel to help meet such needs. Cultural awareness may provide knowledge-based insights into the kinds of expectations that these women may bring and enable effective provision of service that fulfils their expectations. Both Ngo- Metzger et al. (2003) and Harmsen et al. (2003) highlight the need for health practitioners to understand the cultural implications of offering treatment to foreigners, arguing that cultural awareness provides a better platform for practitioners to manage communication. Although without the views of health practitioners it is difficult to make any conclusive statement about what actually happens in GPs' consulting rooms, from the women's perspective there was a lack of cultural sensitivity. This, coupled with inadequate interpretation facilities, means that refugees/asylum seekers may be given inappropriate treatment because doctors might have a limited understanding of the health history of these

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<sup>2</sup> The report was about an upcoming International AIDS Conference in South Africa. The writer was enumerating the of infuriating comments made by the Thabo Mbeki, the President of South Africa which was causing many to boycott the conference, but was also indicating the lack of resources in the third world countries to combat the epidemic, including the cultural differences in AIDS treatment. At <http://www.nytimes.com/2000/07/06/opinion/africa-can-t-just-take-a-pill-for-aids.html>

patients. The frustrations that the women experienced in accessing healthcare services also distressed many and it affected their health situation. This is expounded below.

### **The Women's Health Issues and Access to Health Services**

A lot of the early experiences of settling are accompanied by a state of emotional strain. My participants not only had physical problems, they also had emotional problems that were a function of traumatic experiences in their lives, both past and present. This included loss of loved ones, violent experiences, poverty and loss of identity and social status (McLeish, 2002; Bhugra, 2005). When this is combined with the stress of dealing with issues relating to their resettlement, they present complex health problems. The women in this research were also affected by a shift in their gender role. This phenomenon was identified by Costa (2009) as a major problem facing most asylum-seeking women in their new settlement area. It was mainly caused by separation from their husbands, who might have died in the war or who were left behind to fight. For a few other participants, their husbands' problems coping with life in the UK caused the men to abandon their responsibilities towards their family. The four single parents in the research reported the difficulties they faced as they had to head their families and run their homes, responsibilities which they maintained were the reserve of men back home in Somalia. Some of the married women also complained that they were forced to play the role of family heads even though their husbands were still physically present in their homes. The reason they cited was that their husbands faced social problems and had given up on life as a result. Therefore, the women bore all the household responsibilities, including looking after the children and their husbands. But this situation, alongside others discussed below, caused stressed-related problems for the women. These issues are classified in Table 3 into a series of themes and the information is used to discuss some of the reasons for the women's need to access health services in the UK.

**Table 3:** Participants’ experiences of stressed-related problems during their early settlement period in the UK

| <b>Situational Issues</b>                                                                | <b>Health Concerns</b>             | <b>Number of participants</b> |
|------------------------------------------------------------------------------------------|------------------------------------|-------------------------------|
| Anxieties relating to the outcome of their immigration status                            | Sleepless nights and panic attacks | 15                            |
| Children might be taken away by the social services                                      | Constant fear                      | 13                            |
| Women’s husbands’ refusal to work                                                        | Upset                              | 2                             |
| A shift in gender role                                                                   | Frustrated                         | 4                             |
| Problems relating to benefits, finances and uncertainties about new settlement area      | Worry                              | 22                            |
| Language barriers when accessing social benefits and difficulty understanding the system | Nervousness                        | 24                            |
| Dispersed away from community members and uncertainty about new settlement area          | Isolation/ loneliness              | 5                             |
| Missing families lost to the war as well those separated by the war                      | Sad and frequently tearful         | 8                             |
| Separation from loved ones left behind in Somalia                                        | Depressed                          | 14                            |
| Social problems and challenges within family                                             | Distressed                         | 16                            |
| Single parenting and changing family roles                                               | Panic                              | 4                             |

Source: Research Data, 2010.

Almost all the participants said that they had stressed-related problems due to the challenges they faced in their new environment. Such issues ranged from immigration, housing, benefits and education for their children, to isolation, lost of status, financial difficulties and uncertainty about their new settlement area. As indicated above, at least 15 women had sleepless nights because of anxieties relating to the outcome of their immigration status. Two married women were frequently angry about their husbands’ refusal to work and contribute to the family income. Similarly, the majority of the participants were worried about problems relating to benefits and/or with finding enough money to support their families and adjusting to a new environment. The language barrier and difficulties in understanding the benefit system were major issues and almost all the women indicated that it made them nervous each time they went to access social benefits or confronted public officials.

Five women indicated that they felt isolated by being dispersed away from community members and a further eight missed family members they had lost to the war, which made them sad and frequently tearful. Again, 14 women were depressed and traumatised about being separated from their loved ones left behind in Somalia. Furthermore, social problems and challenges within their family were some of the concerns that the women raised. Such issues have the potential to cause physical and mental illnesses (Connelly et al., 2006: 9-10). Derges and Henderson (2003), for instance, noted that anxieties due to loss of family

members, the loss of social roles and social status as well as cultural bereavement cause illness amongst older refugees.

Some of the women were uncertain about their asylum claim and the fear of being sent home contributed a great deal to their health problems. Reports by Carey-Wood et al. (1995) and Silove et al. (1997) have shown that asylum-seekers' immigration experiences in their host countries contribute to their health problems. Silove et al. (1997), researching asylum seekers in Australia, found that the fear that they might be deported saturated their narration and this was also true for the participants in this research. The lengthy and complicated asylum process created anxiety among the women and the majority of them agreed that immigration had a negative effect on their health.

The thought of being sent back to Somalia was so strong on my mind. I had sleepless nights and I couldn't eat. Every night I sat up and I cried. I was stressed and I nearly lost my mind. I also had lots of headaches every day. It was also affecting my children. They got very worried and they would cry and ask, 'mum are we going to be OK?' And when I saw them too worried I would pretend I was fine, just to stop them being worried. Then I would cry in secret. (Dumna, 30-40, uneducated, single mother and employed)

According to Dumna, waiting for the result of her immigration claim was a stressful period for her family. As a single mother, the stress might even be more profound because of the added burden of ensuring the welfare of her children single-handedly. Some of the women complained about experiencing distress caused by delays in immigration appeals and results.

When people have to wait for an appeal court result it is very depressing and especially when you have to go through a long period of interviews. I'm not well and every time I go through two hours of interviews sometimes I can't even sleep... the other time I told my solicitor that I am depressed... (Hasma, 30-40, uneducated, unemployed and married)

Hasma's situation was not different from the other women; Adiye too complained that the waiting period had an effect on her already sick husband, especially because it involved lengthy and complicated preparations, including travelling long distances to and from the Home Office and waiting in a queue. A few of the married women also described experiencing added emotional distress as they shared in their husbands' problems and had to deal with their problems:

My husband was so worried, he could not sleep. He cried in the night and I was so afraid I was going to lose my husband. (Neena, 40-50, uneducated and married)

Neena's statement demonstrates that she was not just dealing with her own problems; she had also taken on her husband's worry. Raey (1998) describes this as an emotional investment and it suggests that women participate in emotional labour in the family than their spouses and they assume obligation to maintain and respond to the emotional state of other members of the family. In the words of Bourdieu (2001: 77), 'women perform "a cathartic quasi-therapeutic function to regulate and calm men's emotions to help..."' them deal with challenges in life.

.... they cannot cope with life here [in the UK], in a new society with a new life, no jobs, no money; they can't look after their family as they were used to and they think they are failures. My husband was an engineer in Somalia. He had a good job, but here he can't use his certificate and there is no job for him. He tried and tried and finally gave up. So now he just sits there. Sometimes it's better if we don't have them in the house because their presence means nothing. You end up doing everything yourself, including looking after them. (Belinda, 30-40, uneducated, unemployed, married)

Belinda's statement gives an indication of the difficulties the women faced in their new environment. The social challenges that their husbands encountered altered the women's gender roles. For most of these women, who were doing this for the first time in an alien environment like the UK, it tended to be very daunting and sometimes scary. The women reported having panic attacks, anxiety and depression. They also felt vulnerable and helpless.

Most of these men, instead of trying to make the best of what they have, because it is not their fault and everyone understands that, including family members; but some of them are just wasting their lives away. I do everything; children's education, school meetings, food, everything and it is very hard. It's difficult when the man has to help you and he is not, that is very annoying. For me sometimes it makes me very frightened and I keep wondering how long I can cope with this. (Musa, 40-50, educated, unemployed and married)

Such great responsibility of taking care of everyone in the family has an impact on the women's health (Aldous et al., 1999). As a group, asylum seekers are perceived as a vulnerable group who tend to display a range of anxieties, stress-related problems and depression (Burnett and Peel, 2001). With the women in this research, such difficulties resulted in health-related problems that prompted the need for access to health services. But accessing health services, as the on-going discussion so far has indicated, posed serious challenges.

In spite of their negative experiences of accessing primary and secondary healthcare, the women explained that it was generally of good quality, compared to that of their home country. They were of the view that, once the doctors understood their health situation, they offered them good-quality treatment. This was particularly the case with the women who faced no restrictions on their use of healthcare facilities. They were happy to have access to basic healthcare services, both during their asylum-seeking years and settlement period, as difficult and challenging as it was.

I was pregnant when I ran to England for my life. As a pregnant woman, I had regular antenatal clinic appointments. In Somalia you don't get it as regularly. The midwives paid much attention to me, and above everything else it was free for me at the time. (Shumi, 25-35, uneducated, unemployed and a single parent)

Culturally appropriate healthcare is more readily available in London than elsewhere in the UK and this was an issue for some of my interviewees.

### **The Impact of the Dispersal Policy and Housing Allocation on Women's Use of Health Services**

The government policy to redistribute asylum seekers away from London affected access to healthcare services for some of my research participants. Research by Aspinnall and Watters (2010) demonstrates that finding specialist healthcare professionals who have in-depth knowledge about asylum seekers' health needs outside of London is difficult. Dispersing asylum seekers only on the basis of availability of accommodation without due consideration for adequate health service provision is problematic (Johnson, 2003).

The research participants, who were dispersed into and from NASS accommodation, including those who had to transfer into permanent accommodation, reported that they lost the continuity of accessing health services because of repeated and abrupt movements. This made their registration with GPs difficult. It was also one reason why many migrants did not attend health screenings, although Hardie (1993) and Ormerod (1998) also cited mistrust as added reasons for this.

Some of the women who applied for initial accommodation with NASS or the UK Border Agency reported that a few days before they were transferred to new accommodation they were given some medical forms and were directed to a centre to have other checks, but their sudden movement affected their ability to do so:

A day before I was due to be transferred to a new place, I received a letter to visit the health clinic. The next day I moved to a completely new area far away from where the clinic was so I could not go. (Bonte, 55-65, uneducated, unemployed and married)

Like Bonte, some of the other women complained that such movements affected their access to health treatment. In the UK, allocation of housing is made in two different stages: temporary and permanent. Before people qualify for permanent housing, they are offered temporary accommodation. Usually people are uncertain about when they will move from temporary to permanent accommodation. Such uncertainty distracts refugees' ability to access health services. Some of the women said that they just left their registered GPs and moved to a completely new environment. Those who kept the same GP struggled to keep their former addresses that would enable them to continue seeing their old GPs. Some of the women, who later told their GPs about their move, were told they could not maintain their registration with them because of regulations pertaining to postcode. But if they left their GP, the women faced the new challenge of having to re-register with new GPs:

We lived in our temporary accommodation for over three years and I didn't think they were going to move us anymore, but one day they [housing officials] told us they were moving us to a new place. I was very confused because my GP was very good and I did not want to lose him. (Kandi, 30-40, ESOL, unemployed and married)

Some of the women suggested that leaving their GPs was the hardest thing, particularly those they defined as 'good'. Therefore they hated it when they were forced to move unexpectedly. One participant also indicated that transferring GP registration to their new settlement area was as challenging as having a fresh registration:

When I went to register for a new GP after the housing people moved me, the reception staff did not even wait for me to tell them it was a transfer; they immediately tried to get rid of me. I went to three different GPs and for the third GP visit, before the receptionists got to throw me out, I told them I wanted to transfer from my GP. That was the only thing that saved me. If I hadn't been smart that way, they would have given me another reason why they couldn't register me. (Azus, 40-50, uneducated, unemployed and married)

The continual change of GPs posed challenges for the women, who sometimes missed out on treatment with their former GPs, and for the health professionals who registered them, some of whom complained of the difficulty involved in having to register asylum seekers (Fisher, 2004: 3). Others too complained that treating asylum seekers affects their ability to provide services for other users of healthcare services (ibid). Among the 26 participants was one elderly woman. Her narrated experience of healthcare is rather fascinating. Her

particular circumstance of being an illiterate, elderly refugee with no immediate family in the UK and a woman, all functioned to affect her access to healthcare services more than the rest of the women. This is discussed below.

### **Healthcare Provision for Elderly Somali Refugee Women**

Older refugee and asylum-seeking women face multiple exclusion in the UK (ODPM-Office of the Prime Minister, 2006), but research is silent on their experiences (Connelly et al., 2006) and less attention is paid to issues that affect them (Refugee Council, 2006b). They have been largely ‘invisible’ to policy makers and service providers have completely failed to address their problems (Refugee Council, 2006a). In 2002, Dumper carried out comprehensive research on refugee women’s experiences in the UK, and the Refugee Council (2005a), through their project, ‘Making Women Visible’, developed strategic guidance to support refugee women. Neither Dumper’s research, nor the Refugee Council’s project focused on older refugee women (Connelly et al., 2006).

The above indicates that literature discussing older refugees’ access to healthcare services is limited and that there is little or no in-depth research on older refugee women’s access to healthcare services. In my research, the definition of older refugee women refers to the age range 55-65 years. Only one participant fell within that age range. However, the rest of the women spoke extensively about healthcare for their elderly relatives. As a community of people, they prefer to keep their older family members at home to look after them. Elderly Somali refugee women without family members became the responsibility of the general community. From the women’s stories, they took turns to look after elderly women who had no-one; they shopped and cooked for them. Some slept over and took them to visit the hospital. Bonte, the only older participant I interviewed, recounted how she relied on the young women at the community centre to survive. Where no-one was able to sleep over at her house, she had numbers to call in cases of emergency. When asked if she was always going to remain in her home or would be willing to go to a care home she said:

I hate the thought of care homes. I looked after my parents and I cared for them at home and at that time in Somalia nobody knew anything like a care home. I’m waiting for the war to stop in Somalia so that I can go back home with my husband. My two daughters live in America with their husbands; they will send money to look after us. In Somalia I still have other extended family; they will help to look after me. I would rather go back home to my country. (Bonte, 55-65, uneducated, unemployed and married)

Bonte was hopeful that one day she would go home to Somalia and would be looked after by her extended family. She hated the idea of a care home because in her generation older relatives were looked after by younger family members and, in the tradition of Africa, by the entire community. She seemed to be implying that by going home she would escape being put into a care home in the UK because in her situation that might be the convenient option. Throughout her interview, Bonte was aware that she was not always going to have the community centre women's support and knowing that the first generation of children born in the UK scarcely take an interest in matters concerning the older generation, she concluded that going back to Somalia was the best option.

Two different perspectives and responses surfaced during the interviews in regard to healthcare for elderly Somali refugee women. Whilst the older generation (the first generation of women who brought their children from Somalia and also gave birth in the UK) preferred their elderly relatives to remain at home and be looked after, the younger generation (children brought from Somalia and/or born in the UK) favoured sending them to a care home. When I asked Haruanna (who came to the UK as an accompanied minor in the early 1990s) how she would prefer her elderly relative to receive health care, she said this:

When my mum gets older, I will put her in a care home so that she does not become a burden. In this country everybody is busy, I wouldn't want a situation where my sisters and I will be wondering how we can go to work or go for a party and travel away, or get on with our lives. Obviously we cannot leave her in the house, so the best option is to leave her in the care home. There are people there to look after her and they have the facilities to do that. They are professionals and so they can give her the right food and the appropriate medication she needs to stay healthy. (Haruanna, 25-35, educated, unemployed and a single parent)

All the younger generation I interviewed who came to the UK as minors and grew up in the UK, held the same views. They saw looking after their elderly relatives at home as a burden and an obstruction to everyday life and they did not want to be bound by it. They believed that the reason for the creation of care homes was so that responsible, trained professionals would look after the elderly. This perception, however, contradicted the views of their parents, who believed that, as a community, Somalis must be united with their elderly relatives regardless of which society they find themselves in.

We have a responsibility towards our elderly family members, to look after them, so we keep them at home and that is regardless of which society we find ourselves in. (Liana, 40-50, ESOL, unemployed, and married)

Liamia believed (and this sentiment was shared by most of the women) that geographical boundaries should not shift their focus from the care they should give to their elderly relatives as they have a responsibility to offer such services. Care for an elderly relative was not left to individual family members:

Close friends in our community try to help. Sometimes my friend calls me and says 'can you come and take care of my mum because I want to go somewhere,' and I do that. Sometimes we make them come and stay with us whilst their relatives travel on holidays or just take a break. (Liamia, 40-50, ESOL, unemployed and married)

In the UK, the women had to make their own arrangements for friends, relatives and community members to support them to look after their elderly relatives. Without this, the care of the elderly would have been their sole responsibility. They agreed that in Somalia looking after elderly relatives is very easy and the entire extended family is responsible for such care. Where there is the need for someone to be around them continually, it is usually the elder daughter of the family who does so, but all the family members, including the extended family, contribute with cash and in-kind support. Members of the community and neighbours also contribute their part by regularly relieving the carer so that she can shop or attend certain functions. Besides this, there is also a hired maid servant who lives in the house to support and facilitate such care provision. In the UK, such facilities are not available. The centre where I conducted my research provided some support to facilitate the women. They also arranged hospital treatments and for someone to stay with them at the hospital, especially for women who had no relatives at home like Bonte:

We make appointments for them and those who don't have any relatives and whose children have left home and are not caring for them; we arrange to go with them to the hospital. For a major hospital treatment and operation we make an arrangement for someone to stay with them at the hospital. With other elderly people, we try to find their children or relatives to come and look after them, if that is possible. (Kandi, 30-40, ESOL, employed and married)

The workers and volunteers at the community centre were mostly from the older generation that was culturally oriented to look after the elderly. They were well aware that the younger generation was drifting away from this tradition and this was all the more reason for the centre to provide such facilities.

Everyone in our generation who is a Somali knows that it is important to look after their older relatives, so even here because of the system some people don't take that seriously, but where they are told to do it they tend to offer that care. (Dumna, 30-40, ESOL Level 1, volunteer at the community centre)

Some of my participants were aware of the generational gap between the children born in Somalia and those who were born in the UK and how this affected the care of their elderly relatives. The fear that their children were not going to give them the same care that they had given to their parents saturated their narration. And they expressed concern that they were losing their children to UK society with its individualised tradition.

Parents who never had children in Somalia before coming and have had all their children in the UK, they worry that these children will not look after them when they are old. The children's understanding of our culture is different. They don't respect our culture and they just behave anyhow. (Marian, 30-40, educated, unemployed, single)

Like the rest of the women, Marian was making a distinction between the attitudes of Somali children born in the UK and those born in Somalia and she reiterated parents' concerns of losing the generation of UK-born children to the UK cultural system.

Children born in this country don't respect relatives and the way they communicate is different. Those who grew up or were born in this country, they always have different views. They don't respect relatives as we expect them to do. Things are different in the UK, the culture is different. When they go back to Somalia it is very difficult for them... If you say some things in Somali they don't understand. (Maryous 45-52, uneducated, unemployed and married)

As a result of this generational problem, the community workers had taken it upon themselves to listen out and to look out for older women with no relatives or whose relatives were not giving them proper care, and they arranged for these women to come to the centre:

If we hear of any person like that we try to find out about their family and if we know that they do not receive much support because of their family's circumstances, we try to ask them to come to the centre and we follow up on support benefits for them. (Hadma-Moham, 40-50, educated, a facilitator at the centre and a member of the management committee)

In the UK, the possibility of having a community organisation to offer continual support to elderly refugees depends on government funding. But with the Conservative government's cuts in funding (2010), particularly for community initiative projects (Hoban, 2010); the care providers at the centre were concerned that their effort and services for these elderly women might not last.

My research participants claimed that within the north-eastern part of London, the centre was the only one where such care facilities were provided for elderly African women.

Therefore they were hopeful that the government might understand the importance of maintaining and running services that were designed to offer these women care provisions they can enjoy in their old age, and as reiterated by Shahma, ‘where they get decent treatment, to make them happy before they die.’ As a result, the centre set a long-term goal of providing a care home for these women:

Anyway that is why the centre wants to have its own care home where we can provide services that are based on our culture for our old people and for all the elderly African women. (Hadma-Moham, 40-50, educated, a key worker, a facilitator and a member of the management committee at the centre)

The desire for the women to see such home centres was so that they could help to provide culturally appropriate care facilities that satisfy the needs of elderly African women.

## **Conclusion**

This chapter examined my research participants’ health needs and how the provision of services and access to these services meet their needs. It indicates that asylum seekers’ access to healthcare is defined in terms of immigration and health policies. Issues regarding equality and human rights implications were identified and highlighted.

Several themes emerged in the interviews: the impact of asylum seekers’ immigration status and how it affects access to health services, confusion among health professionals about asylum seekers’ eligibility, the women’s own lack of education, language skills, translation and knowledge about the UK health system, the effects of stress-related problems, as well as the effects of dispersal and housing policy on asylum seekers’ access to health services. Access to healthcare services by the only elderly participant also revealed a lack of knowledge about her rights to health services. The language barrier was common to almost all the women regardless of age. However, unlike the other women, difficulty in accessing health services prevented the older woman from approaching health officials; she relied on members of the community centre to support her.

The research participants’ journey towards resettlement and their immigration status qualified most of them to access health services. But in this research, the category of asylum seekers who were entitled to health services did not always enjoy this right at ground level. Accessing health services was hardest for the people whose immigration status was uncertain and least difficult for the ones who had a clear status, particularly those who were coming for family reunion. Such differentiated experience also contributed

differently to their health situation, particularly for those who faced immigration, social and familial problems. These combined to create added health problems for the women. This was as much because of language difficulties and lack of knowledge of the UK healthcare system, which almost all the women faced, as it was because of the confusion among healthcare practitioners about eligibility. This was due in part to recurring policy changes. These functioned to restrict the participants' access to healthcare services, as most of them faced rejection by workers within the health system. The research participants also had their own expectations of health treatment that were culturally specific and this caused frustrating situations for some of the women. Situational experiences such as those described above created barriers that continually impeded their access to healthcare services.

The above discussion shows that there is a need for continued research that analyses the cross-cultural implications of healthcare treatment to enable an appropriate approach to diagnosis. Health practitioners may not be able to run different healthcare services for different groups of asylum seekers and refugees who come to the UK. However, they need to know that health treatment cannot be effectively administered to this group of people without mediation. The women's preference for translators and health treatment represent a cross-cultural aspect of health treatment, but it also highlights their inability to break away from certain past experiences that they were used to. In particular, the women's preference for interpretation facilities was seen as revolving around family members. The events discussed above show that there are several advantages as well as disadvantages of using family members as interpreters. It also became clear through the process of the research that finding alternative ways of communicating with asylum seekers and refugees has the potential to help meet their needs.

This research has demonstrated that asylum seekers and refugees have varied needs. By and large the women had no experience of healthcare systems of any kind in any significant way in their home country prior to arriving to the UK. The experiences they had were particular to their culture so they had certain expectations about the kind of treatment they would get and they did not really understand why they were not offered treatment that satisfied these expectations. Since they are illiterate, written information was impossible for them to digest. They come from cultures where there is no history of medical illness and where people relate most illnesses to superstition, therefore there are no records of family history. But in the UK they were expected to recall such a history that they had

never been a part of. All of this, combined with their experiences of settlement, including constant changes in immigration and which services they are entitled to, not only affected their health, it made healthcare access extremely difficult for them.

## **Chapter 8: Conclusions – Reflections on the Key Findings**

My thesis has centred on the exploration of Somali refugee women's use and perceptions of four key public services in the UK:

- Immigration
- Education and employment
- Housing and welfare benefits
- Health.

The point of this thesis is to provide an analysis of the reported experiences of women whose lives are not usually accounted for. My key research question was: 'what experiences do Somali refugee women have in utilising the services available to them in the UK?' Seven main points emerged from my thesis that contribute new understanding to academic knowledge:

- The first key finding is that these women remained in feminised forms of dependence.
- There was a persistent need for mediation in every sphere of their lives.
- Cultural conditioning (not having to take responsibility for negotiating in the public sphere) along gender terms affected my participants' ability to engage effectively.
- Not having previously engaged with first-world style infrastructures impacted on their ability to know about services.
- Contradictory immigration-policy imposed on them (the need to learn the English language verses the demand to show availability to work) affected them negatively.
- The need for socio-cultural education to facilitate an understanding of why certain processes have to be undertaken and to defuse assumptions of racial harassment in service provision became evident.
- The overwhelming importance of gaining language skills for all aspects of the participants' integration into life in the UK also became very clear.

I highlight discussions about the above findings through the summary below.

My research participants came from a cultural background where they had not been encouraged to participate in education. As a result they had no experience of negotiating in the public sphere. In Somalia a woman's entire life is controlled by male relatives. They mediate on issues pertaining to the community, the larger public domain and the domestic sphere, silencing the voices of these women in the process. Such was the experience of the

majority of my participants before they came to the UK. In the UK they had to take on responsibilities that they had not previously had and they had little understanding of how any of the public services operate. For instance facing immigration officials made them nervous and they felt intimidated when officers asked if they needed interpreters. They wanted interpretation facilities to be available once immigration officers knew that the arriving women were from Somalia. In Somalia, they did not have to think about who was going to speak for them in public. But this also made these women dependent on men for major decisions about their own lives and their children's. For instance from the inception of their journey, through immigration processing and their final settlement, this research reveals that the women depended on people – relatives, the state, community members at the centre – to sustain their lives. They could not access immigration, education and employment, housing and welfare benefit or health services without depending on other people to mediate for them. In the UK's individualistic society where they had come to reside, and where some had no male spouses or male relatives, this proved challenging. The women went through a major transitional period of readjusting and re-ordering their lives. Within this period of crisis, the majority of the uneducated women clung to their cultural identity and traditional practices, particularly when other structural impediments within the UK's socio-cultural community distracted them. This affected their ability to take advantage of the social provisions offered to them by the government, in particular education and employment, which some were experiencing for the first time. Education for instance, has the potential to alter the women's lives towards self-advancement, but structural factors such as the requirement of availability for work impeded their ability to participate in this. Once the opportunities to learn the English language were missed, and since almost everything else followed on from the acquisition of English language skills, my participants were handicapped in their ability to integrate effectively.

The next key point is that since they had no sustained experience of a first-world style infrastructure they did not really know what services they were entitled to and anything they knew was what they had been told by other people: hearsay. As they mostly could not read or write they could not read the information sent to them by government officials. This contributed to the services for them being delivered haphazardly. Another point that emerged were the contradictory demands made on them; the need to learn the English language and the demand to show availability to work. As my discussions in Chapter 6 indicate, in their early years in the UK, whilst they were offered the opportunity to study, some were at the same time expected to be available for work. Such demands, coupled

with childcare responsibility, hindered their motivation to study and most of them discarded education and employment for domestic responsibilities. This is not discussed in the literature, but is critical in relation to these women's ability to use services. As a result of their lack of understanding of the UK public service system, they complained about racial harassment and discrimination when their expectations were not met. There is thus the need for a sustained socio-cultural education for these women so that they can understand the specifics of a bureaucratic culture where there are rules that apply to everybody. That is not a matter of harassment and racism, but of a certain kind of rules that need to be followed to help citizens navigate the system effectively.

Evidence gathered from the literature review and the women's narrated experiences shows that my research participants had some shared experiences but there were also differences. The majority of the women were illiterate and had low levels of employment both before and after migration; a large number privileged family over work. In Somalia, the medium of instruction in their education system was not English. As a result, both the uneducated and the few educated women, except for two, lacked skills in the English language. Associated with the above, most of the women preferred community-based relationships to mingling with other nationalities. This was reinforced by a lack of communication skills and unemployment that limited their scope to reach out to people other than Somalis.

Although the women shared these similarities, there were also certain differences among them. For instance, there was a minority who had prior education and a paid employment history before coming to the UK. This became an incentive for them to participate in education and employment in the UK. The participants came to the UK at very different points in time and under different conditions, with the effect that they had very diverse experiences of immigration. Those who came for a family reunion had very few or no immigration problems except where their arrival dates did not coincide with those which were permissible under UK immigration rules. This was true for all the women across the different periods when they came to the UK. Other women had great difficulties because they came under a no-sponsorship arrangement; they had no relations in the UK and some had to apply for asylum after they had already entered the country. To this extent the research participants were not a homogeneous group; differences in their socio-economic situations, educational backgrounds and immigration status shaped the ways in which they experienced life in their host country.

When refugees, particularly those arriving from some third-world countries, come to a country such as the UK with a well-established infrastructure and welfare support services, they need to access these services as a means of settling into the country. But lack of education, lack of understanding of the UK system and lack of language skills cause restricted access and affect their ability to utilise state benefits that could enable them to develop their life. As a result, many asylum seekers/refugees face challenges in their new settlement area. In a literate society like the UK, where everything is paper-based and where the social structure mostly favours the educated, the uneducated women in my research could not function without mediation from external bodies, family members and/or friends. This affected the experiences of all the women in my study. The entire period of their settlement in the UK was structured by this need for mediation. I now move on to draw some conclusions from my research methodology.

### **Issues in Research Methodology**

One key issue that surfaced during the fieldwork was finding appropriate participants for the research and accessing this marginalised group. This issue has been discussed elsewhere (Song and Parker, 1995; Papadopoulos and Lees, 2002; Marshall, 2003; Sixsmith, 2003; Temple, 2006; Clingerman, 2007; Chavez, 2008), but not in the way in which I detailed it, which involved, for instance, being rejected by people with whom I had prior connections. As indicated in the methodology chapter, I was not able to find people through conventional means. My initial aim was to use a snowballing approach, but this proved difficult. The people with whom I had a prior relationship and through whom I had anticipated accessing their world were not supportive of my work. In fact, as indicated in Chapter 3, they did not accept me. This lack of trust and acceptance prompted me to change both the research location and the research approach. Since the second research field was a community centre, I assumed that selecting the participants was going to be easy, but the reverse was true. Despite the assumption that if one is an insider then it is easy to gain access, my research experience indicates that being partly an 'insider' and having some shared experiences does not necessarily mean easy access to participants. Discussions in Chapter 3 clearly show that this was not the case for me. Issues discussed in this research also show that power is not the only, or even possibly the only prominent issue in such encounters. It was also not about relative power because I was more highly educated than my participants, but that did not make them respond to me. So what improved my access to the research field? I think spending more time with the women and

producing a familiarising effect. This familiarised context helps them to develop a certain amount of trust and it became a moving force for this research. As a researcher it also helped me to understand the world of my participants. I had to apply an ethnographic approach that would allow me access into the women's lives. But I was not able to immerse myself in the research field for a long period of time as conventional ethnographic research methodology requires (Hammersley and Atkinson, 1995: 1; Garson, 2011). I participated in the activities of the women for a restricted period of time, but the purpose was not to observe them and to record a detailed account of their activities at the centre. Instead I used that immersion as a way of meeting potential participants and establishing a relationship with them so that they might become willing to be interviewed.

In spite of the difficulty of finding participants, there is little research outside of ethnography that deals with the problems researchers face when recruiting certain kinds of participants. Literature that discusses recruitment problems admits to its challenging nature (Dowling and Wiener, 1997; Patel et al., 2003) and although Dowling and Wiener (1997) and Watt (2006) argue that each research project presents its own particular recruitment problems, often, researchers do not offer discussions that adequately reflect the difficulties they faced. In particular, they do not engage with their actual endeavour or the steps they took to finally recruit and succeed in retaining participants (Patel et al., 2003). Research that discusses insider and outsider issues, for instance, often fails to emphasize the difficulty involved when researcher and participants share the same ethnicity (Dwyer, 2009). Where it does, it does not actually explain that this may cause any serious problems. But it can do, and my discussion in Chapter 3 confirms this.

There is not enough research examining not only the difficulty of finding research participants, particularly those from a similar ethnic background, but also the serious effect it has on the researcher. As a researcher, I shared certain characteristics with my participants. But those shared characteristics were not enough to create the sort of insider experience that could enhance my acceptance. The participants did not see me as being 'like them', and I did not see myself as being 'like them' either. Therefore, in many ways my outsider positioning outweighed my insider one. Research by Song and Parker (1995) and Chavez (2008) suggests that a researcher can move from being an insider to an outsider within an interview episode, but they do not discuss the added contradictions and challenges posed to the supposed insider researcher who might need to reposition and redefine her identity within this contradictory scenario.

One of the things I did not share with the women was language, so I had to use translators to be able to engage their views and that made me more of an outsider. The use of translators had a number of impacts on my research data. I was not only working in a language that I am not familiar with, I was also dealing with people whose linguistic competence was hard to establish. I could not always be sure of what the interviewees had said and that made the research process a delicate one. As indicated in Chapter 3, I repeated similar questions to other users of the centre for clarification, but it was only questions with a general bearing on their experiences that could be clarified, rather than specific personal experiences. For instance, two women narrated experiences of the use of khat by their family members. Other women I interviewed spoke from the perspective of their friends and other community members. This information, however, helped to clarify and shed light on what the two women said concerning their husbands. This was significant because I had no other means of gaining a better understanding of what the two women had told me.

One of the issues that emerged in my research is that the effectiveness of the women's access to available services depended on their ability to communicate verbally, to read and write in English, and on the public service providers' understanding that they have to communicate in a way that their clients are able to understand. In particular, the women who could speak some level of English complained that service providers could not understand what they say so were quick to dismiss them because they sounded slow and boring. This was an obvious misunderstanding from both sides, but the women attributed it to discrimination. At every turn in their settlement process my interviewees had to rely heavily on interpretation facilities. For instance, evidence from the literature review suggests that Somali refugees will avoid using healthcare services if they do not have access to an interpreter (Harper-Bulman and McCourt, 1997; Warfa et al., 2006). However, such reliance was not without problems. My research confirms that the women needed translators to access healthcare services, but they also relied extensively on family members, not just to substitute for a lack of professional interpreters, but also as people that they felt more comfortable with and preferred to use.

A few of the women were particularly concerned about the use of Somali interpreters who were from a rival clan. They feared that the civil war that disintegrated Somalia, and which still has a lingering effect on the Somali diaspora, could cause a rival clan member to tamper with their health history and that this could result in a wrong diagnosis. Clan

differences have the potential to affect Somali women's settlement in the UK. In consequence, most of them favoured using family members as interpreters instead, although as the discussion in Chapter 7 has shown, the women were aware of the implications involved in using family members, particularly children, who may have little or no understanding of certain medical terminology and vocabulary. The women also understood that using their children as interpreters had a negative impact on their family dynamics. The women's preference for family members as interpreters over an external Somali translator may have cultural underpinnings in the way that their lives are structured around families, as discussed below.

As discussions in the introduction and the background chapters suggest, in Somalia, women are not allowed to speak in certain public places so they are used to having other people expressing their views for them. Senior male members of the family and spouses mediate for women, but in the UK they use their children as well as other family members. By using family members, the women replicated the pattern of somebody else speaking for them. But such an attitude renders them vulnerable to continual dependence and subordination, which reinforces feminist assertions that the family is a site of power struggle and inequality (Sydie, 2006; Gerson, 2009). From the women's narration, it was obvious that, even if there were effective interpretation facilities, some would still choose to use family members. This indicates that the women had difficulty in breaking away from cultural norms. There is enough evidence in this research to suggest that, as in most diasporas, Somali women find it hard to break away from certain traditional practices and it was partly this that kept most of them from engaging in activities that could develop their lives. However, such discussions also highlight the ways in which the women in my research made choices and managed the decisions they made. As a researcher, it helped me to understand my participants' sense of personal agency in these critical areas of their lives and how much it contributed to their experience of being in the UK.

As I explored and analysed the women's stories in relation to their immigration situation in the UK, it was brought home to me how much Somali patriarchal power relations still affected them. Separated from their country and from their relatives by war, most of them were bound to their husbands and others by their children, as the only real source of family they had left. They had to negotiate living with a new family model that was different from the large extended family dynamics they were used to in Somalia, often adopting friends and the families of friends as their extended family. In Somalia, due to the mechanisms of

the extended family, even where a woman has no spouse, other male members of the extended family take responsibility for her welfare and they also take it upon themselves to support her in public matters. But in the UK this support is lost to most Somali women. The women indicated that friends and other relatives whom they had adopted as relatives sometimes accompanied them. Since they could not always depend on these people's schedule to fulfil obligations with government officials, it was easier for them to depend on their own children whom they often pulled out of school to accompany them. This highlights the intersectionality of certain key problems faced by the women that constitute an important finding in my research: lack of language skills impeded the possibility of adjusting to a changed socio-cultural environment. In the discussion below, I focus on the four key areas of this research: immigration, education and employment, housing and welfare benefits and health, to summarise my key findings and to highlight some implications for the participants' use of public services in the UK.

### **Immigration: The Changing Provision of Support at the Point of Entry and throughout Settlement – Effects and Implications**

In Chapter 4 I discussed the different situations that brought my participants to the UK. Those without visas and appropriate entry status faced problems. Women who came to join family members, regardless of the year they came, almost all experienced a particular recurring problem: most came at a time when their spouse's immigration status allowing family members to join him was not yet established. The discussion in Chapter 4 shows that this not only created complications in their immigration process and for a time adversely affected the outcome of their claims, but changes in immigration policies that also affected welfare claims prevented the women from gaining access to the necessary welfare support.

The women often had to rely on family and friends until they were able to sort out their immigration status. One of the reasons for this was the frequent changes in immigration policies, which may occur whilst refugees who have arrived are still processing their status, and they may not be aware of these changes. There is enough evidence in this research to suggest that this persistent situation has been left unresolved by policy-makers, not least because a similar pattern was repeated throughout the different eras when the women migrated to the UK. Whilst it was easy to blame them for joining their relatives at the wrong time and therefore denying them settlement access, it is also clear that the

immigration sector failed to pick up on this important issue. One can infer from the way the situation repeated itself that principal applicants were not adequately informed about the procedure for inviting their families to join them. Although documents were sent to them by the Home Office explaining the process, one fatal error was to assume that they understood everything sent to them through the post. This is particularly important because most of these people are uneducated, indeed illiterate, and whilst ignorance may not be an excuse, their particular situation requires special structural support mechanisms to ensure that they are adequately informed. As evidenced in this research, some of the women not only travelled with false documents, they travelled with people they claimed as family members, but who were not. Some also told contradictory stories at different stages of their immigration process, which created problems. We learnt from the women's stories in Chapter 4 that some were given scripts by agents and told what to say. Although most of the women came to seek asylum for very good reasons, they might lose their story because they could not remember what they were supposed to say. For others, their minds went blank even though they were telling their actual story. It is not surprising that some of those who failed in their claim lost it partly on the basis that their stories were not credible. What comes to the fore through the above scenario is how women learn to negotiate the immigration system, which raises issues about the importance of understanding women asylum seekers' and refugees' means of accessing immigration services. My research thus highlights the complexities of the immigration process, but also, perhaps most poignantly, the fact that the women in question had no experience of negotiating in a public space on their own behalf, or with men, or indeed with officials. These socio-cultural specificities affected their abilities to deal with immigration services in a pronounced way.

In discussing the women's immigration process I noted that, to date, certain Somali clans, particularly those from the minority who have no affiliation to a powerful clan, were more favoured in gaining UK immigration status than others (Home Office, 2011b). However, it seems that in the middle of 2000 every Somali arriving in the country started to claim membership of the minority clan, and this undoubtedly created severe limitations in the priority given to this group. This problem existed because immigration officers lacked adequate knowledge about who these clan members were to be able to differentiate who should be allowed in and who should not. Whilst my research could be used to highlight this problem, further work is needed to understand the reasons why refugee women in general, migrant women in particular, and Somali refugee women specifically, fail in their claim. There is little by way of research to analyse this issue at the moment. For though all

my participants had received their leave to remain by the time I met them, the majority were refused at the initial stages and had to struggle through different appeal processes, mostly relying on charitable organisations and relatives for their daily sustenance because they did not qualify to access public services.

Some of the women complained that some immigration officers were too harsh. Others hoped they would be provided with female interpreters instead of men to help them narrate their stories and they expected the UK government, which had received many Somali immigrants over the years, to be aware of the necessity for this. There were others who were concerned about the long queuing outside the Home Office before being called for interview or to apply for asylum. Refugees whose flight had already exposed them to violence and trauma did not need any 'add on' situations that would compound their problems. Understanding the intensity of refugees' situation and the need to treat them with consideration and with their particular circumstances in mind may help to reduce the women's anxiety. However, refugees' ability to apply their personal agency to help respond to their changing circumstances in order to facilitate adjustment in their new situation is equally crucial to bridging this gap, but how can this be achieved?

### **Pursuing Education and Employment: Challenges and Issues**

Throughout the research I noted that a lack of English language knowledge was a major drawback for the women's effective access to and use of services. As for all migrants, access to the dominant language of their host country is vital for integration into that country. My research highlighted the dilemmas immigrant women face in initially accessing language and other education. These were associated with conflicting demands made on their time. Some of the women could not take the opportunity they were offered to be educated in the UK because of the demands placed upon them to fulfil the obligation of looking for jobs in order to qualify for welfare benefits, whilst at the same time trying to meet the demands of their course and dealing with childcare responsibilities. Since the women were not used to education, it was easy for them to abandon it and to stick to their domestic responsibilities. In contrast, the educated women understood the importance of learning and regardless of the fact that they had the same conditions and childcare responsibilities as the other women, they pursued courses besides ESOL and this helped them to develop themselves.

It was clear from the women's attitudes that they lacked an understanding of the need to be educated. And why would they want to study when they had never had support for it in their country of origin, as the discussions in my thesis reveal? Cohan (2007) describes such forms of subordination as psycho-existential, arguing that they are the result of structural injustices that tend to be long-lasting in nature and deep-rooted in their victims. In Somalia, the strict social hierarchy of patriarchal and religious principles that condemns women to an inferior position had a strong influence on women. In the UK they also faced other forms of social injustice. Racial subordination, for instance, affects black and minority women. Some of the women in my research assumed that they were being racially harassed because of their language difficulty and that assimilating into the dominant group was difficult for them because people generally did not understand them.

Somali women's preference to remain in the domestic sphere is rooted in their cultural background. They came from a country where there were no public facilities for childcare for example. Those from rural areas were more likely to work on the land, and take their children with them, since the whole family, including the children, worked together on the farm. In contrast, in an urban industrialised society like Britain there is a separation of work from home. Negotiating childcare and being able to separate oneself completely from the family in order to go to work in a different location may prove challenging. It is not surprising that most of the uneducated rural women in this research chose domesticity over work. Coming from a background where men were seen as the main breadwinners, but sometimes having to take on the double roles of looking after the home and providing for the family, was hard for most of the women to deal with.

The obligation to satisfy requirements to qualify for welfare services, and the demands of childcare responsibilities that made some of the women ignore the pursuit of education, could become a further research focus to help identify refugee women's specific educational needs. Importantly, as my research shows, this requires considering whether an early phase of focusing on language acquisition and more general education needs to be separated from the demands for evidence of looking for work. It might also involve other special measures such as childcare provision to support the women in this phase.

Service providers have no records of the differences between the ways in which men and women access and utilise services. This increases the difficulty of identifying existing gaps and exclusions. A conscious effort is required to re-organise service provision and delivery from a gender standpoint that ties in with the needs of women. Migrants who have come to

a new environment where they are yet to understand the system experience double discrimination. Throughout the interviews the women demonstrated their struggle in the UK and their difficulty in accessing services, sometimes losing out on things they were entitled to, mostly because they lacked language skills and struggled to understand the UK system.

Without knowing the language of their host country, and particularly without some level of oral communication skills in English, as well as reading and writing skills, it was impossible for the women to engage in employment. It is therefore not surprising that the few participants who were originally unskilled labourers complained that they could not acquire jobs through conventional channels but had to depend on social networks. The women agreed that they used social networks to find employment in the UK and that it was these that helped those intending to work to remain in employment. Whilst these networks sustained the women and enabled access to employment, I would like to emphasise that such an arrangement has the effect of restricting, and/or completely blocking the women's ability to better their lives and it did not challenge them to develop skills that they could transfer into the job market. This poses a risk of continued low-paid jobs for this category of people and it might adversely affect their integration into the wider UK socio-cultural economy. Indeed, the vast majority of the women I interviewed had never entered employment.

However, it is important to emphasise that it was not just the educational system that did not provide the women with appropriate opportunities to learn the language. They also had a strong cultural desire to stay at home to look after their children. They waited to do things until their children were older, but missed out, not realising what was going to happen. By the time their children had left home, they felt that they had become too old, and that it was too difficult at that age to pursue qualifications and to enter the labour market.

It is important here to highlight the contradictory attitudes of these women, which also constitutes an important finding in my research. On the one hand they lamented their inability to speak the English language, but at the same time they were not using the language classes at the Centre. Most of them did not take advantage of the language classes offered there and those who could have particularly benefitted from them were not taking them, thus becoming their own stumbling block in attaining English-language competence.

I did not find any explanation for this phenomenon; further research is needed to ascertain why these women did not actually take up some of the opportunities offered to them.

The women were very aware that English language skills and education would allow them to manage life situations more independently. So what made them behave ‘irrationally’ towards something that they claimed they needed? Research shows that for most migrants their new environment seems too complex, and in that turbulence they revert to a much more conventional lifestyle than they adopted even in their home countries (Phinney et al., 2001; Wei, 2011). Some of my interviewees had spent their formative and early adult years in Somalia. There they were aware of the limitations they had and how powerless they were along gender lines to change anything. They then moved into a social context that contains stronger and more visible messages of equality and freedom of speech than they were used to. It was under such contradictory conditions that the women negotiated their early life in the UK. Phinney et al. (2001) argue that people involved in many diasporas have experiences like that; when the change is too complex and overwhelming, some cling to their traditions and refuse to adapt and they become more conservative than the people back home. Why do some women remain that way, but others seize opportunities and, even in the face of all those settlement difficulties, still strive to better their lives?

According to Phinney et al., where pluralism is encouraged, people may choose to retain their identity, but where there is pressure towards assimilation and the group feels accepted, adapting to the new environment could be stronger. On the other hand, perceived hostility towards migrants may make them either downplay their own identity in order to be accepted or assert their identity to retain group solidarity. I would suggest that further research is needed to ascertain why the women in my research did not actually take up some of the opportunities offered to them. What factors motivate the settlement pattern of migrant women generally and refugee women specifically, and influence the choices they make?

The findings I have presented on language and education have antecedents. Research by Esser (2006) showed a correlation between language acquisition and integration, including education and age at migration. In this research, only one in three minors who accompanied their parents to the UK was able to break free from the pattern of unemployment and lack of self-advancement displayed by their parents. Like the older refugee women, several of the younger women were also uneducated and unemployed. This presents difficulties when trying to make any conclusive statement about the positive

link between the refugee women's ages at migration and their self-advancement in the UK. Whilst some research documents the barriers presented by lack of language acquisition to refugee settlement (e.g. Smith, 1996b; Gray and Elliott, 2001: 6), the literature is silent on the effect of refugees' settling patterns on their ability to acquire the host language.

### **Issues in Their Children's Education and Their Dilemma in Child Raising in the UK**

The women's report that their children did badly in school was similar to that found in other literature (Kahin, 1997: 75; Jones and Ali 2000; Harris 2004; Rutter 2004a; 2004b). The reasons cited for this by the writers above are that the British education system follows a proscribed calendar year and a particular routine which Somali children are not used to and it places children in classrooms by age category instead of academic performance. This creates room for bullying, particularly where new students are unable to compete with classmates who are already familiar with the education system. My research confirmed only the second of these reasons and identified other different reasons as well. First and foremost were the parents' lack of knowledge of the British education system and their own lack of education, which made it difficult for them to support their children's learning. As a result the parents left the education of their children entirely to the teachers. Children with such backgrounds are likely to be adversely affected, particularly when both parents and children lack education before arriving.

From the women's narration, it emerged that they perceived that schools did not involve them in their children's schooling. They wished that schools had made more effort to involve them in spite of their difficulties. The women seemed to imply that if schools had reached out to them that would have helped them to try a bit harder to engage no matter how difficult. Secondly, because schools are seen as external to the women's immediate community and family, offering them such an opportunity might have signalled that the school saw the parents as important in the education of their children. Such messages carry with them the understanding that, although parents and schools have different cultural values, yet schools acknowledge the importance of the parents' culture in the development of their children. This helps to create an inclusive environment that forges a sense of belonging and wanting to belong. If the women's perception was 'true', then dissociating minority parents from the education of their children means that schools miss the

opportunity to understand the cultural context of minority children when such knowledge might enhance their education.

My research participants said that their children were bullied and they attributed this to the fact that most of the children they brought to the UK in the early 1990s had never been to school before. As a result, the children were teased by their classmates, so they developed a dislike for school. Due to this, some of the women said, their sons became aggressive as a self defence, but the teachers were not sympathetic towards this situation. Several of the boys dropped out of school and most of them, including those born in the UK, left without any qualifications.

The women's concerns about their children's education could be an indication of their own inability to manage their children's behaviour and their educational demands. They valued education and although they had been denied that opportunity themselves, they wished it for their children and wanted them to do better than they had done. They saw education as a tool to transform their children's status in life. Yet they also had little power to influence the situation that their children were in because of their own lack of intellectual capital. The women came to the UK at different periods, but all their children encountered similar problems in their education. Research by Condie et al. (2009) suggests that UK schools have numerous intervention programmes to prepare refugee children to enable their social inclusion within the school community. However, the women's stories demonstrate that these programmes may not be adequate for Somali children. Research is needed to explore the nature of the children's difficulties and to evaluate the current strategies so that more effective interventions can be devised for their particular circumstances.

One of the things I noted was the difficulty that the women had in raising their children in the UK. The women assumed that there were cultural contradictions in terms of how they wanted to raise their children and how UK culture expected them to act. In particular, they were concerned about the role teachers play in involving social services in their family issues. Coming from a background where children are 'seen and not heard' (Initiative of Change, UK, 2010), what these women might have needed was a parent training programme to help them in their cultural understanding of how children are expected to be raised in the UK. The women tended to do what they knew by repeating what their own upbringing had offered them (ibid). There needs to be a platform where immigrant parents can express common views with social workers, teachers and agencies that deal with

children so that experiences can be shared and advice offered where necessary. It would also pave the way for mutual engagement for the benefit of the children.

### **Employment and Effects of Changing Gender Roles on Somali Refugee Women**

The literature review revealed that, whilst unemployment percentages for Somalis in general are reported in some research (Olden, 1999; Khan and Jones, 2004; Rutter, 2004b), there is little evidence to show the percentage of Somali women in employment. There is also no research that helps to establish whether or not the jobs they do result from skills and qualifications they acquired from following the UK government's intervention programmes and education. In the absence of such data, it is difficult to analyse how such women fare in the job market and how best to measure this against the effectiveness of the training/education provision available to them in the UK. There are indications from other research (RAGU, 2007: 14), which looked at the involvement of refugees in the education sector of the UK economy, that many refugees are engaged in support roles in schools, but only a few pursue qualifications to become teachers. Again, RAGU (2007) noted that those who do acquire Qualified Teacher Status struggle to secure permanent teaching jobs. This surfaced in a different form in my research, where the few educated women who re-educated themselves acquired similar-level, but not the same, employment as they had had in Somalia prior to arriving in the UK. A few others who had no qualifications before coming to the UK, but who tried to better their lives by utilising the available language training opportunities they were offered in the UK, were able to secure jobs but only as unskilled labourers.

The majority of the women remained on the bottom rung of the UK economic ladder. They depended on welfare. These women had some opportunity to educate themselves, but the majority did not. Those who took these opportunities stopped at the level of ESOL and remained in unskilled labour. Again the educated women utilised their transferable skills, although not in their current jobs, but these became the source through which they were able to enter into their subsequent career paths. They used such skills in volunteering, some in supporting pupils in school settings and others at the local authority, and through these they were able to secure jobs. Upgrading their qualifications helped to facilitate this.

Research is needed to map how refugees and migrant women use or do not use available training opportunities. This would enable an understanding of why a particular group are

left out in spite of the provision of these resources and what can be done to include them. For those who re-qualify but do not get jobs, such mapping will help to reveal some of the reasons why they face such a situation and will facilitate strategies to deal with this. Mapping will also assist tracking the satisfaction levels of those who are engaged in careers different from those they followed prior to arriving in the UK. This will aid the government in assessing the adequacy of the training/educational schemes it provides.

My research suggests that there is high unemployment among the women I interviewed and similar findings were noted about Somalis generally by researchers such as Olden (1999), Bloch and Atfield (2002) and Khan and Jones (2004), although the reasons given for this unemployment were not all confirmed by my research. For instance, all the writers above assert that unemployment among Somalis is due to the fact that their qualifications are not accepted in the UK. Whilst this may be true, it did not stop the educated Somali refugee women in my research from pursuing careers that were similar in level to those they had been used to. It was only those who did not re-train or upgrade their qualifications that remained unemployed, like the spouses of my women participants, including those who had no prior qualifications, but who, as discussed above, did not educate themselves. The key in this research cohort was that most of them had no education or qualifications. Another reason given for Somali's unemployment was the difficulty of securing references for employers as well as their lack of skills that could be transferred into the UK job market. My research did not confirm this as one of the reasons for their unemployment since all the uneducated, unskilled labourers in this research, who wanted to secure jobs, did so through communal/social networks. It is important to point out that of the women participants who came to the UK in the early 1990s through to the early 2000s, only a very small number were educated, had a career in Somalia and therefore had skills to transfer. Most of them were either support farmers/co-farmers with their husbands or housewives prior to arriving in the UK. The women's lives in the UK marked the beginning of a new era in their domestic experience as some of them were, for the first time, forced to head their families because of changing circumstances. The implications of this are discussed below.

War changed the gender roles of my participants. As discussed in Chapter 5, some, both married and lone women, assumed the role of family heads that was originally reserved for men when they were in Somalia. This reinforced their traditional role as carers, but it also situated the few married, educated women and the working single women in a continual

struggle because they had to secure the resources necessary to look after their families. Some of the women recounted that, in many Somali families, the responsibility of looking after their children rested with the women because the men shirked their familial obligations, not least because of the social problems they encountered in the UK. But, unlike their husbands, who were better educated in Somalia and therefore earned enough to look after their family, most of the working women had low earning power, impeded by a lack of education and transferable skills. Some of the women mentioned that the men's unemployment created struggles in some Somali refugees' homes that resulted in divorces and separation.

Whilst the majority of the women chose domestic responsibility in the UK for the sake of their family, and thereby deferred their self-advancement, the few educated women were influenced by their previous work experience in Somalia and so continued in paid work, while at the same time attending to their domestic responsibilities. For the two single educated women amongst them (they had re-married by the time I met them) their desire to earn an income to support their family and still maintain their domestic role was justified by the lack of male support, particularly during the initial stages of their lives in the UK. For most of the women, the need to become heads of their households was obligatory, a role they had to learn for the first time in a foreign land. They asserted that it was very daunting and, in a way, threatening. When they came to the UK as refugees, especially where there was no family reunion, they were called upon to take on roles for which they had no experience.

One thing was clear in my research: most of the women did not make use of the UK's socio-cultural norms that advocate equality and liberation from oppression to enable them to break away from the subordinated position they were subjected to in Somali patriarchal culture. The women's stories gave the impression that they suffered oppression in their domestic sphere, and although they had access to the UK's legal apparatus to change their situation, they clung to their old lifestyle, highlighting the difficulty they faced breaking away from their 'deep rooted' cultural identity. They did not stand up for their rights, and this included the educated women. In particular, those who came with their husbands or came to join them felt bound to their husbands and the desire to retain their culture, but this reinforced their subordination. This could partly be explained by the fact that, having little or no access to the dominant language, they never fully came to understand the culture in which they resided. This made it difficult for them to break away from the sort of values

they were acquainted with. For example, some of the women described how, in some Somali homes, husbands who chose to abandon their familial obligations expected the women, not just to head their families, but also to look after the men. But this rendered the women vulnerable to exploitation and oppression. Yet, as my participants suggested, most Somali women were prepared to put up with this rather than divorce and/or separate because as discussions in Chapter 5 show, they assumed that the presence of a man in the house instilled discipline in their children and helped prevent them from being taken by social workers. As discussed in Chapter 7, one woman participant, who was just recovering from a ‘strange’ disease when I met her, attributed her condition to her husband’s unwillingness to support his family. Like the other Somali women, this participant preferred her husband to ‘stick around’, for the reasons given above. Whilst it is difficult for the government to detect such exploitation because of the prevalent issue of ‘silences’, further studies of the post-resettlement experiences of immigrants might help to unearth some of these oppressive practices.

In this study, the experiences of the research participants were similar to those that other scholarly discourse has identified about many refugee women: that they are often uneducated and submissive to male domination, and to cultural and religious norms (Lewis 1996; Bryden and Steiner, 1998; Franz, 2003; Voltanen, 2004). My research also shows that, as a community, Somali women use social networks to establish and maintain their cultural, religious and communal identities within their diasporic environment. This has been confirmed by Nielsen (2004), when she asserted that Somalis’ social networks distinguish the UK as a home for Somali refugees and this attracts Somali secondary migrants into the UK from other European countries (ibid). The social lives of Somali refugees and the way in which they build social networks in their new environments signal a positive sense of belonging. However, this communal association and social networking this particular community hampered the women’s opportunities to learn English. By moving away from areas that would help them to mingle with other nationalities and be encouraged to speak English, they sacrificed an ingredient for effective integration into the UK’s multicultural society. Having looked at how the women’s access to education and employment were affected, I shall now summarise my key findings on how access to housing affected the women’s settlement and their general access to public services.

## **Housing and Welfare Benefits**

My research participants gave some indications of the difficulties they encountered during their early settlement in the UK, particularly in their engagement with the housing system. Beyond the language barrier, some of the issues the women had to deal with during their early years in the UK were the effects of the dispersal policy, the desire to settle in London, approaching local authorities for both temporary and permanent accommodation, the effects of UK accommodation on their family size, familial obligation to accommodate extended relatives and their social networks in other Somali communities.

As the discussion in Chapter 4 indicates, successive changes in the UK's Immigration Laws – the 1993, 1996 and 1999 Acts – together combined to restrict some of the women's access to social security benefits, particularly when they were asylum seekers. Only those whose claims have been accepted qualified for social security benefits. However, upon arrival, all asylum seekers may apply for interim accommodation whilst they wait for an initial decision. In particular, those who have no relations in the UK and nowhere to stay were able to apply for interim accommodation with the IND before the 1999 Act, and with NASS after (Joint Committee on Human Rights, 2007: 24; Daly, 2011). Depending on when they arrived, some of the women were housed in hostels, others in hotels and some in induction centres whilst their immigration claims were processed. Some of the women claimed that they found life outside their community uncomfortable and managed to find their way back to London. Others were sent to London through arrangements made by their initial accommodation providers, but with very limited notice. The women complained that their moves were often abrupt and they did not get the chance to explore their new environment, and as discussed in Chapter 7, these moves also had an effect on their healthcare.

The women disliked the government's dispersal programme and preferred the choice of settlement to be left to individual refugees so they could settle near other community members from the very start. As a result, they found ways of leaving their initial settlement areas to go back to London where there are many Somalis. Some of the reasons the women gave for moving back to London illegally were a lack of a social networks, a lack of culturally appropriate resources including interpretation/translation facilities, the difficulty of getting appropriate foodstuffs in their dispersed locations, and employment facilities. The implication is that the government's attempt to decrease the migrant population in London was defeated. The UK government's dispersal plan had good intentions, and for

refugees involved in this it could have meant a positive opportunity to enable them to mingle with other nationalities and have access to learning new things outside their own community, in particular, learning the English language. However, the pitfall of this programme, as the discussion in Chapter 6 suggested, is the lack of an adequate distribution of social resources that meet the needs and expectations of those who are sent to other locations. Migrants who have moved to a new place, where they have little understanding of the customs and traditions, may find it difficult to cope without appropriate resources. But lack of understanding from both the receiving community and the people who joined them, coupled with refugees' cultural and individual expectations, created difficulties for the women in my research to settle in their dispersed areas. Research is needed to determine how the allocation of resources to more dispersed areas could serve as an incentive to attract refugees to such areas and how the receiving communities manage to cope with their new neighbours. For the particular participants I was dealing with, coming to London did not make their situation easier; although there were resources available to support them, they needed mediation to help them access these, and utilising the support to enable effective access to public resources proved challenging.

Complaints about the size of accommodation saturated the women's stories, but they also had extended family members they had not disclosed to the local authorities who took up space. The size of accommodation was an issue because UK accommodation is not built for the kind of family sizes these women had. The UK has become a multicultural nation with people who have different expectations of family size. The question we need to ask is: what expectations do these people bring with them and what design of accommodation can meet their expectations? Answering this question requires research that analyses users' expectations of accommodation.

Familial affiliations and obligations impacted on the women's access to housing. My research indicates that where the women were offered a three-bedroom house/flat because they disclosed a family size of six, there might actually be about ten people living there. Such cultural practices that are not, and may never be, disclosed to service providers create problems and they affect the housing situation of refugees. This is usually a problem faced by almost all migrants with extended family obligations, which are widespread in most third-world countries. This obligation comes with the responsibility to support and accommodate one another, but it contributes to the already overcrowded conditions in such

neighbourhoods. Bridging the gap between refugees' expectations and what is realistically available for them might thus not be an easy thing to do.

Since, the majority of the women were unemployed almost all of them depended on benefits to pay their rent and to survive in their day-to-day lives. They came to the UK at a prime age for working and contributing to the UK's socio-cultural economy, but as discussed above, factors such as lack of English, lack of childcare facilities and cultural and religious responsibilities became a hindrance to their ability to do so. The migrant workforce provides opportunities for both low and highly skilled jobs to be done. Even a highly skilled migrant will be willing to take up a low skilled job just to satisfy specific economic needs (Atfield, 2010). They not only fill gaps by taking those jobs that nobody else may be willing to do, they also help boost the UK economy. Therefore, hindrances such as those mentioned above could be seen as a detrimental to the economy. At the time of the interviews, some of the women wished they could enter the job market, but it was too late because of their age at the time and their lack of appropriate transferable skills. Further research is needed to examine what factors can enhance refugees' access to employment. Once people are disallowed from working until their immigration status is sorted out, they can fall into a routine of not wanting to work at all after they have received their leave to remain because they know that they will be supported by the state. Chapman (2010) points out that since 2010 the Conservative government has taken steps to review the welfare system. This is important for determining who receives state benefits and under what conditions. However, asylum seekers must also be allowed to work (at least in certain selected jobs) whilst they wait for the outcome of their immigration claim, particularly the educated ones with good employment skills. Potential womanpower is wasted by keeping asylum seekers unemployed whilst they wait for a minimum of six months, in some cases years, for the final outcome of their claim. Forcing refugees to depend on state benefits whilst they wait for the final outcome of their claim is a waste of public resources that could be used for something more beneficial to the migrants themselves and the state.

### **Access to Healthcare Facilities, Hindrances and Policy Mediation**

My discussions about my participants' use of healthcare services revealed that their immigration situation impacted on this. Access to healthcare was difficult for those whose asylum claim had been refused, especially for those who came during the major changes in the UK's immigration acts, including the Asylum and Immigration Appeal Acts 1993, the

Asylum and Immigration Acts 1996 and 1999, as the argument in Chapter 4 has indicated. The reverse was true for those whose claims were accepted. Such differences in their immigration status also impacted on their health situation differently, and for those who faced immigration, social and familial problems, these combined to create added health problems.

Although the NHS has a commitment to provide equal healthcare access to all based on health needs and not ability to pay (Hall, 2006; Kelley, 2006; DoH, 2011a), this commitment falls short in practice and my research has demonstrated that this was not only the case for failed asylum seekers, but also those with refugee status. Some of the women were asked to pay healthcare charges before receiving emergency treatment. Research by Cheedella (2006), Hall (2006) and Aspinall and Watters (2010) also confirms this.

My interviewees had limited pre-UK experience of healthcare. They were not used to the cultural procedure of the UK's healthcare services of diagnosis. They felt the questions were too intrusive, but were afraid that avoiding answering them could result in deportation. Those who left their initial accommodation before they could attend health screenings found registration with GPs difficult because the latter lacked previous medical information that could help them to offer easy diagnostic treatments. Those who had medical notes from the screening centres for their GPs found registration easy in their new settlement area. Such discrepancies in asylum seekers' access to healthcare services need to be avoided.

As discussed in Chapter 7, the women had their own expectations of health treatment and this caused frustration when the actual healthcare provision did not match these expectations. In Somalia, the women were used to having injections and they were frustrated about not being given one when they visited their GPs. They were also confused when they were asked questions that related to their family health history, because this was not a practice they were familiar with. Although they could not communicate their health needs directly to their GPs, they disliked reporting their health issues in the presence of a third person, whether this was a professional interpreter or, to some extent, a family member. The women's attitudes revealed the existing contradictions between what their expectations were and what was actually on offer from the healthcare services. Eligibility criteria were a major setback in the women's access to services, particularly during the early stages of their lives in the UK. Their difficulty in accessing healthcare services was not just caused by the confusion surrounding eligibility, changes in accommodation,

language and problems with understanding the UK healthcare system, but also dispersal policies. They felt that dispersal programmes were not tailored to meet their health needs.

My research focused on a small population of Somali refugee women in one geographical location in the UK. It neither included all Somali refugee women nor all migrant women. Such an enlarged sample would have given a broader understanding of how access to services affects migrant women generally and refugee women in particular. I also did not interview Somali refugee men, which might have enabled a more rounded discussion of gender issues in the provision and use of public resources in the UK to emerge.

Nonetheless, the study revealed certain specific difficulties that the women faced. There are strong indications in this research to support the claim that immigrants require the provision of services to survive in their new environment, and having access to these services is of crucial significance to their everyday lives. The problem with this for my female participants was that lack of education and language skills meant that they drew on their cultural practices as strategies for their settlement in the UK, rather than using what the UK socio-cultural and political economy offered them. The policies within the UK on immigration, education and employment, housing, welfare benefits and health, which govern the daily practices of the everyday life of its citizens also dictate what migrants can and cannot do in the UK. These policies are designed to help integrate those who take advantage of the intervention programmes that the government provides. But my research indicates that not all the women took up these opportunities. Rather, and as discussions in Chapter 2 and the women's narrated experiences in my thesis clearly show, the women had a certain amount of agency and they used various forms of intervention to assert this.

In terms of my research, they rejected my presence and they were not intimidated by my position as a researcher. More generally, they were able to reject everything they were offered, although, as described above, this was not without cost. One thing was clear, the women's agency was centred within their particular community, and their primary objective was not necessarily to integrate with people in the host country, but to create opportunities for themselves within their own communities. This was suggested by the way in which they desired to be near other community members, which led them to abandon other opportunities they were offered. This also meant that the women had little investment in the local area other than their own community and this confirms Hammond's (2012) assertion that Somalis' high level of mobility influences the priority they give to their

integration. But in the UK's literate society, which favours the educated, any intervention that the women applied tended to work against them in certain ways.

Discussions about the women's attitudes towards the UK government's intervention strategies, demonstrated in the way in which they rejected many programmes aimed at their integration in the UK, can be linked to Foucault's description of power. According to Foucault, power is exerted and contested between the state and active human individuals who are not powerless, but are capable of contesting every imposition of will upon them. He moves away from the Marxist ideology of power, which describes how institutions use their state apparatuses to oppress people and condition them to internalise the ideological practices of the state (Bălan, 2010: 38). The relationship between the women and the state, in my research as experienced through their access to facilities, was complicated. On the one hand, the state had the formal power to create rules and regulations but, on the other hand, the women were also able to resist them. This shows that the women were not entirely without power. For instance, my participants defied government policies on dispersal and moved to London to be near family and community members and the state could not stop them. Although some lost their immigration claims and had to go through lawyers, they were finally able to secure their status and were not deported. Again, although they did not learn the English language, yet after some twenty years they were still in the UK and were managing. However, not complying with the state also brought penalties; for example, they were able to resist dispersal and come back to London, but they also encountered difficulties in registering with GPs and accessing public services. The women also sacrificed the opportunity to acquire language skills that could have arisen had they lived amongst and mingled with other nationalities.

The women's exclusion might have been rooted in a lack of educational attainment, which made them unable to participate in a number of contexts. But educational attainment is determined by factors that are often embedded in systems of law and policies (Sparks and Glennerster, 2002) and which influence the economic distribution of a society's resources (Dworkin, 2002). For my participants, access to resources was effectively hampered due to a lack of educational attainment. By not giving them support that could make access to these services easier, the system basically excluded these women from the social provision of resources.

The role of English language competence and its relationship to integration for Somali refugee women became evident in my research. The main finding of my study is that language issues were at the root of many of the problems that the women faced. Their inability to speak English and to communicate meant that they could not understand how the UK system works and were not able to negotiate access to services effectively. For my participants, not having the language skills to meet the UK policy demands to effectively participate in 'transitional activism' (Hammond, 2012) had a detrimental effect on their settlement. Hammond argues that the more secure people are in their acquisition of housing, education and employment, the more likely they are to be able to participate in transitional activities. Whilst this is true to a large extent in the situation of my participants, the discussions in my thesis also indicate that there were other structural issues, including obstacles inherent in state policies that made access to such facilities difficult. However, service providers have no research data enabling them to examine how women are using services or to pinpoint the areas where they have difficulty. This therefore raises issues of continuous inequality in the distribution of services for some migrant women in the UK.

The implication of this is that clearly changes need to be made to facilitate refugee women's equal access to services and this may include modifying public services provision and regulations. There is therefore a need for comparative research that analyses the experiences of other uneducated refugee women concerning their use of and access to public services in the UK. This could help re-thinking service provision in order to ensure a more inclusive community.

## Appendices

### Appendix A: Interview guide

| Themes                                                                                        | Specific topics and issues to ask                                                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Introduction</b>                                                                           | Explaining interview purpose and ethical issues                                                                                                     |
| <b>Demographic background</b>                                                                 | Age, employment status, educational background, marital status etc                                                                                  |
| <b>Immigration experiences</b>                                                                | Effect of immigration in the negotiation of settlement. The length of stay in the UK and its effect on service utilisation                          |
| <b>Clan and tribal identities</b>                                                             | Clan and tribal negotiations and benefit in settlement in the UK                                                                                    |
| <b>Somalis' network experiences</b>                                                           | How negotiated network experiences facilitate integration in the UK. The benefit participants gain from community organisations and other networks. |
| <b>Perception of education services</b>                                                       | Experiences of utilisation of education service.                                                                                                    |
| <b>Participation in education and managing integration</b>                                    | How did education help them to cope with life in the UK?                                                                                            |
| <b>Perception of employment services</b>                                                      | Experiences of utilisation of employment services.                                                                                                  |
| <b>Perception of housing services and utilisation; effect on participants lives in the UK</b> | Experiences of utilisation of housing services.                                                                                                     |
| <b>Perception of health services</b>                                                          | Experiences of utilisation of health services and what they perceive of that.                                                                       |
| <b>Effect of new settlement area on family life</b>                                           | Changing gender roles and their effects on their families in the UK                                                                                 |

Source: Interview questions, 2010.

## Appendix B: Examples of specific issues and sample questions

| Issues                                                                                  | Sample Questions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Experience of immigration and its impact on your lives                                  | <p>How many years have you been living in the UK?</p> <p>What was your experience of immigration?</p> <p>How did you deal with the immigration issues?</p> <p>How did the issues affect your life in the UK?</p> <p>What was your perception about the immigration procedure?</p>                                                                                                                                                                                                                                                                                                                                                     |
| Participation in education and employment for themselves and their children: perception | <p>What is your own experience of UK employment?</p> <p>How do you think the education you have received is helping you to cope with life in the UK?</p> <p>How do you access your educational needs?</p> <p>How did you choose where to put your child into school?</p> <p>What would make you choose a specific area for your child's education?</p> <p>In which way were you supporting your children to learn?</p> <p>What is your expectation of the education system in the UK towards Somali youth's employment?</p> <p>What do you think schools can do to help Somali youth to overcome unemployment and other problems?</p> |
| Accessing health needs and perception                                                   | <p>How well are you able to access service at your GP?</p> <p>How satisfied were you with the services offered to you at your GP?</p> <p>In which way do these services meet your health needs?</p> <p>How do you access health needs information? , How often do you require an interpreter?</p> <p>How is this arranged for you?, What happens when there is no interpreter?</p>                                                                                                                                                                                                                                                    |
| Accessing welfare benefit and perception                                                | <p>What kind of benefit do you receive from the social security?</p> <p>How do you know about your service needs? How do you access your service needs?</p> <p>What do you think about the services you receive from the social services?</p> <p>How did you learn about your right for financial support?</p> <p>Are you aware of other benefits you might be entitled to?</p> <p>How often do you require an interpreter?</p> <p>How is this arranged for you?, What happens when there is no interpreter?</p>                                                                                                                      |
| Accessing housing needs and perception                                                  | <p>Tell me of your experience when you were looking for your house.</p> <p>What made you choose to live in the area where you currently live?</p> <p>What are your specific living conditions and housing needs? On benefit? Full payment or subsidised by the council?</p> <p>How do you interact with housing associations and landlords and/or the council concerning your house/flat?</p>                                                                                                                                                                                                                                         |

Source: Interview questions, 2010

## Appendix C: An overview of the women's migration experiences

Indicators \*= 1990 Arrivals ©=2000 Arrivals Ꞗ = Accompanied Children • = Current Arrivals ó = EU Arrivals

| Participants | From Somalia | From other country | Came with Husband/ Family | Came alone | Came with children and mum | Arranged by an agent | Family reunion | Did not speak English | Spoke a little/fluent English | With Visa | Without Visa | Port of entry | In-country | Home Office | Lawyer |
|--------------|--------------|--------------------|---------------------------|------------|----------------------------|----------------------|----------------|-----------------------|-------------------------------|-----------|--------------|---------------|------------|-------------|--------|
| Adiye•       |              | X                  | X                         |            |                            |                      |                | x                     |                               |           | x            | x             |            | x           |        |
| Azus*        |              | X                  |                           | x          |                            |                      |                |                       | X                             | x         |              | x             |            | x           |        |
| Belinda•     | X            |                    |                           | x          |                            |                      | X              | x                     |                               | x         |              |               |            |             | x      |
| Bonte©       | X            |                    |                           |            | X                          |                      |                | x                     |                               |           | x            | x             |            | x           |        |
| Dumna*       |              | X                  |                           |            | X                          | x                    |                | x                     |                               |           | x            | x             |            | x           |        |
| Ebas*        |              | X                  | X                         |            | X                          | x                    |                | x                     |                               | x         |              |               | x          |             | x      |
| EvasnaꞖ      |              | x                  | X                         |            |                            |                      | X              |                       | X                             | x         |              |               |            | x           |        |
| Fatura ó     |              | x                  |                           | x          |                            |                      |                |                       | X                             |           | EU           |               |            |             |        |
| Flavia ó     |              | x                  |                           |            | X                          |                      |                |                       | X                             |           | EU           |               |            |             |        |
| Kandi*       | X            |                    |                           |            | X                          |                      |                |                       | X                             |           | x            |               | x          | x           |        |
| Hada©        | X            |                    |                           | x          |                            |                      | X              | x                     |                               | x         |              |               | x          | x           | x      |
| Hadma *      | X            |                    |                           |            | X                          |                      |                | x                     |                               |           | x            | x             |            |             | x      |
| Hasma©       | X            |                    |                           | x          |                            |                      | X              | x                     |                               | x         |              |               | x          |             | x      |
| Hawa ©       | X            |                    | X                         |            |                            |                      |                | x                     |                               |           | x            | x             |            |             | x      |
| Helima*      | X            |                    |                           | x          |                            |                      | X              | x                     |                               | x         |              |               | x          |             | x      |
| Haruanna Ꞗ   | X            |                    | X                         |            |                            |                      | X              | x                     |                               | x         |              |               |            | x           |        |
| Liana*       | X            |                    |                           | x          |                            |                      | X              |                       | X                             |           | x            | x             | x          |             | x      |
| Marian©      | X            |                    |                           | x          |                            |                      | X              | x                     |                               | x         |              |               |            | x           |        |
| Maryous©     | X            |                    |                           |            |                            | x                    | X              | x                     |                               |           | x            | x             | x          |             | x      |
| Masla*       | X            |                    |                           | x          |                            |                      | X              | x                     |                               | x         |              |               | x          |             | x      |

## Appendix C: An overview of the women's migration experiences

Indicators \*= 1990 Arrivals ©=2000 Arrivals □ = Accompanied Children •= Current Arrivals ó= EU Arrivals

| Participants | From Somalia | From other country | Came with Husband/ Family | Came alone | Came with children and mum | Arranged by an agent | Family reunion | Did not speak English | Spoke a little/fluent English | With Visa | With out Visa | Port of entry | In-country | Home Office | Lawyer |
|--------------|--------------|--------------------|---------------------------|------------|----------------------------|----------------------|----------------|-----------------------|-------------------------------|-----------|---------------|---------------|------------|-------------|--------|
| Mosna*       | x            |                    |                           |            | X                          |                      |                | x                     |                               | x         |               |               |            |             | x      |
| Musa*        | x            |                    |                           | x          |                            |                      |                | x                     |                               |           | x             | x             |            |             | x      |
| Nimo ó       |              | x                  |                           | x          |                            |                      |                |                       | X                             |           | EU            |               |            |             |        |
| Neena*       |              | x                  | X                         |            |                            | X                    |                | x                     |                               |           | x             | x             |            |             | x      |
| Shahma*      | x            |                    |                           | x          |                            |                      |                | x                     |                               |           | x             | x             |            | x           |        |
| Shumi □      | x            |                    |                           |            |                            | X                    |                | x                     |                               |           | x             | x             | x          | x           |        |

**Source:** Information gleaned from interview data, 2010

## **Appendix D: Mini-biographies of Interviewees**

**Adiye** was 45-55 years old and she had one child. She came to the UK in 2008 as a secondary migrant from Kenya where she had taken refuge for almost 20 years. Her child was left in Kenya with his only surviving uncle and relative. Whilst here, Adiye managed to bring her grandchildren from Kenya to the UK through an agent arrangement. She was a farmer in Somalia, but did not work in the UK. She spoke very little English. At the time of meeting her, Adiye was starting to learn ESOL at the community centre.

**Azus** was aged between 40-50 years. She had 9 children most of whom had completed their education and had left home. Azus came from Yemen to the UK in 1992 on a UN quota. She had had a university education as an accountant before migrating to the UK. Whilst here she upgraded her qualification by attending short courses in English, Maths and Accounting. Her skills in English enabled her to be employed as an interpreter by the council where she lived. At the time of meeting her at the community centre, Azus was working as a part-time interpreter and was also a key worker at the centre where my research was conducted. She was the lead interpreter/translator for my research.

**Belinda** was between 35-45 years of age. She came directly from Somalia in 2008 as a family reunion. She was married and had 4 children. She had not had any job experience in either Somalia or the UK. She had no formal education and spoke very little English.

**Bonte** was aged between 55-65 and the oldest among the women I interviewed. She was married with 4 children, none of whom lived with her at the time of the interview. She was a bit fragile and her husband was not well either, so she depended on the Somali community members including the women who came to the centre for her daily sustenance. In Somalia she was a farmer, but in the UK she had no job experience. With no formal education, Bonte spoke very little English and needed mediation to carry out everyday communication. She came directly from Somalia and had received her indefinite stay by the time I met her at the centre.

**Dumna** migrated to the UK in 1992 from Kenya where she had taken refuge with her parents. She was between 30-40 years old, had 6 children and was a single mother. She came to the UK in 1992, and had British citizenship by the time I met her. In both Somalia and Kenya, Dumna lived by farming, but in the UK she had no job experience. She had no

formal educational background in Somalia and she had started to learn ESOL in the UK by the time I met her at the centre. She spoke little English.

**Ebas** was between 40-50 years of age. She was married with 7 children. She came to the UK in 1995 as a secondary migrant from Ethiopia. In Somalia, Ebas worked on a farm but in the UK she did not have any employment and with no educational background in either Somalia or the UK, Ebas spoke very little English.

**Evansna** was aged between 35-45 years old. She was married with 3 children and was a secondary migrant. Evansna came to the UK in 1994 as an accompanying child having had a private high school education in Somalia before taking refuge in Ethiopia with her parents, from where she migrated to the UK. She had an opportunity to continue her education in the UK up to university level. At the time of the interview, she was working as a family support worker for some schools in a different borough. She spoke English fluently.

**Flavia**'s age was between 30-40 years, she was a single mother with 6 children. She migrated from the Netherlands as a secondary migrant in 2006. Flavia had no formal education and at the time of the interview she was starting to learn English. She did this through her own private arrangements, which she paid for a teacher to teach her the English language at home. She spoke English unmediated. At the time of the interview, Flavia was working as an unskilled labourer.

**Fatura** was an EU secondary migrant. She was aged between 25-35 years and was married with 2 children. Fatura came to Finland with her parents as an accompanying child and then migrated to the UK in 2005. She managed to get a secondary education in Finland. She was fluent in English, was a single parent and had no employment history, either in Finland or the UK.

**Kandi** was between 30-40 years old. She was married with 6 children. Kandi came directly from Somalia in 1993. She completed an intermediary education in Somalia and managed to attain ESOL level 2 in the UK. In Somalia, she was a trader, but in the UK she worked as a cleaner. She spoke fluent English and was one of the interpreters/translators for my research.

**Hada** came to the UK in 2001 as a family reunion. She was 25-35 years old, married with no children at the time I met her. Hada had primary education in Somalia and in the UK

she was learning ESOL when I met her. She was a trader in Somalia, but in the UK she was a cleaner. At the time of the interview she had lost her job and was looking for another one. She spoke English without mediation.

**Hadma Moham** was between 30-40 years old, married with 7 children. She came directly from Somalia in 1992 with her children. She was educated and had worked as a secretary with UNIDO, the United Nation Industrial Diploma Organisation in Somalia. In the UK she not only did ESOL, she also took courses in mathematics and health and social care and this helped her to secure a job as a home carer. She also became a part-time interpreter for the council. At the time of the interview she was a key worker at the centre and also a project co-ordinator for the women. She spoke English fluently and was one of the interpreters/translators for my research.

**Hasma** came directly from Somalia in 2005 as a family reunion. She was between 30-40 years old. Hasma had no formal educational background. She was married with 5 children who were all in Somalia. At the time of the interview she was going through legal procedures to bring her children over to the UK. She spoke very little English and had no employment history.

**Hawa** was between 30-40 years old. She was married with 6 children. She had no educational background. She also had no employment history. Hawa spoke very little English.

**Helima** came to the UK for a family reunion. She was married with 6 children. Helima was between 40-50 years old and had been in the UK for 18 years by the time I met her. She had no formal education and no employment history. She spoke very little English.

**Haruanna** was aged between 25-35 years old. She was a single mother with 2 children. She came to the UK in 1994 as an accompanying minor and had no educational background in Somalia, but in the UK she had gone to college and studied Business Studies. She spoke English fluently but she was not in employment when I met her.

**Liama** was between 40-50 years. She was married with 4 children. Liama came directly from Somalia in 1991. In Somalia she was a primary school drop-out, but in the UK she managed to study ESOL level 1. She spoke English without mediation. She had no employment history.

**Marian** came to the UK for a family reunion. She was single and she had no children at the time I met her. She was a general nurse in Somalia, but in the UK Marian had been unable to upgrade her education so she was working as an unskilled labourer. She had lost her job due to an accident she had at work and was unemployed at the time of the interview. Marian was aged between 35-45 years old.

**Maryous** was between 45-55 years old. She was married with 6 children. She came to the UK directly from Somalia in 2000 as a family reunion. She had no educational or employment history, either in Somalia or in the UK. Maryous spoke very little English.

**Masla** came directly from Somalia in 1995 for a family reunion. She was married with 7 children and was aged between 35-45 years. Masla had no educational background. In Somalia she was a trader, but in the UK she worked as a cleaner. Masla spoke English unmediated.

**Mosna** was between 45-55 years old. She came to the UK directly from Somalia in 1990 and was married with 9 children. Mosna had no educational history in either Somalia or the UK. During the time I met her she had been studying ESOL at level 1. She had no employment history. She spoke English with little mediation.

**Musa** was married with 4 children. She came to the UK directly from Somalia in 1990. She had no educational or employment history. She was 35-45 years old and spoke little English.

**Nimo** came to the UK as a secondary migrant from the Netherlands. She was aged between 30-40 years. Nimo was married with 5 children and she had neither educational nor employment history. She came to the UK in 2009 and spoke little English.

**Neena** was 35-45 years old. She was married with 3 children. She had no education or employment histories and she spoke little English. She came to the UK as a secondary migrant from Nairobi with her husband and kids.

**Shahma** was aged between 40-50 years. She came directly from Somalia in 1993 and was married with 3 children. In Somalia, Shahma had intermediary and teacher education and taught. In the UK she managed to do some short courses including ESOL that help her secure a job as a translator and a housing officer with the council.

**Shumi** was between 20-30 years old. She came to the UK in 2001 as an accompanying minor. She was a single mother at the time I met her and she had 5 children. With no educational background, Shumi spoke very little English. She came directly from Somalia and had no employment history.

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