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# An exploration of the needs of Somali visually impaired people in Sheffield.

Research Briefing - December 2006



SHSRC



Sheffield Health & Social Research Consortium

*What are the experiences of Somali visually impaired people (VIP) in Sheffield? Researchers from the University of Sheffield in collaboration with the Horn of African Blind Society interviewed Somali visually impaired people, their carers and service providers in Sheffield*

## Key Findings

- The findings of this study indicate that many of the health and social care needs of the VIP of Somali origin who reside in Sheffield are fundamental in nature.
- A presumption exists that individuals of Somali origin live in large extended families, yet in this study a profound degree of isolation was expressed by most participants.
- Language barriers appeared to be the major factor in creating barriers and obstacles to accessing services for Somali visually impaired people living in Sheffield.
- Almost all of the participants in this study felt a level of threat to their own personal security and safety, despite the huge growth in electronic and technological equipment; most of the VIP in this study did not have adequate security systems in their homes.
- Socio-cultural perceptions of visual impairment mean that sight loss is highly stigmatised within the Somali community.

## Background

The incidence of visual impairment is high within some ethnic communities. The Horn of Africa Society estimates that approximately 150 people in Sheffield of Somali origin are blind or visually impaired. In considering the needs of Somali populations in England, it is true to say that a paucity of information exists. Studies that do exist are local and tend to focus on the psychological and emotional wellbeing of Somali populations following displacement due to civil unrest. Little attention is afforded to health and social needs of Somali VIP living in England. In this respect, visually impaired Somali people can be regarded as a marginalised minority within a minority who may experience a triple jeopardy in terms of ethnicity, visual impairment and migration as refugees. All of these factors potentially limit access to health and social care.

## About the study

The research was conducted in Sheffield between 2004 and 2006. Sheffield has a substantial population of people of Somali origin. The research methods used were focus group interviews with service providers and individual interviews with Somali VIP (32) and their carers (5). Both men and women were interviewed and the length of migration to Sheffield ranged from between less than 1 year and over 40 years. All participants were afforded the opportunity to self-assign ethnicity and detailed biographical information was elicited from each participant.

## Findings

In this research briefing paper we highlight a small number of the key findings, for more comprehensive findings please see the full final report (details on page 4).

## Socio-cultural perceptions of visual impairment and blindness

*"My god! Well they see blind people as if though they do not exist and not counted. Even when they are counting how many in the family they do not is not counted in the community anyway. They are discriminated even if the person lost their sight as child they grow up with that kind of negative..."*  
Carer of VIP

Visual impairment and blindness are highly stigmatised in Somalia. It is believed that the civil war in Somalia has resulted in a greater number of people with visual impairments due to trauma experienced from landmines and explosions, although the exact figure is unknown. A negative attitude towards blindness prevails; therefore individuals may be reluctant to identify themselves as visually impaired.

## Identified needs

*"In fact the main problem or the worst problem that I faced in this country was the language barrier. And it doesn't only affect my education but my whole life. And that is the main problem that I face so far. And I still don't have a full command of the language".* Somali VIP

*"...another problem which I am still suffering of, is to understand the system and to know the opportunities that are available for disabled people like me"* Somali VIP

The Somali community in general in Sheffield encounter difficulties in accessing health and social care services, visual impairment exacerbates barriers to access. Key issues are speaking English as a second language or limited English language skills, lack of awareness of types and range of service provision, cultural issues e.g. lack of provision for prayer within the service. In this study there was a consensus within the findings that guide/assistance dogs are unacceptable to Somali VIP because of both religious and cultural reasons.

## Information and communication

*"The truth is that the equipment used by blind people is very expensive. And that equipment sells in the market at a price that I cannot afford. And so far I don't have any individual or any group who are ready to help me financially to buy these things. And I have no idea now who I can go for help about this expensive equipment, apart from my own pocket, my friends and my family".* Somali VIP

The telephone is an important means of communication for Somali VIP, but not all the participants in this study were confident of using the telephone because of limited English language skills. Only two participants in this study mentioned the availability of specialised IT equipment for VIP, however the cost of such equipment is prohibitively expensive for many of the participants in this study.

## Family and social networks

*"My son and his family live here but I don't like bothering them".* Somali VIP

*"We are a big family, but these are two men [sons]. A daughter would have been much closer to me. Men always look after their families and forget their mothers. Do you understand?"* Somali VIP

The findings of this study challenge the widely held perception of a close knit extended Somali family providing support for vulnerable family members. In general a picture emerged of isolated Somali VIPs who had little opportunity for a life outside the home. Many struggled with the tasks associated with daily living and expressed a need for home carers.

## Recommendations for the Horn of Africa Blind Society

- There exists the potential for much closer collaboration between the Horn of Africa Blind Society and The Sheffield Royal Society for the Blind at a local level. This would enable a greater number of Somali VIPs to become aware of the services of the SRSB and potentially to become registered as a VIP, which is imperative as in many instances, registration is the key to services. Collaboration between HABS and SRSB on specific event/s for Somali VIP.
- Potential exists for greater collaboration between HABS and the Royal National Society for Blind and perhaps linking with international groups such as Unite for Sight [www.uniteforsight.org](http://www.uniteforsight.org)

- Outreach work in the form of home visiting needs to be undertaken by the Development Worker firstly to help alleviate the social isolation that many Somali VIP experience, secondly to act as a conduit and referral agency to the specific agencies and service providers whose services can improve quality of life for Somali VIPs.
- Greater collaboration with local Somali groups and associations locally and in the region.
- Outreach work in the Somali community, including exhibitions, fairs in geographical locations with large Somali populations.
- The development of professional publicity material including a poster or stand to be used at a local event/s and in formats accessible to VIPs.
- Awareness raising within the local Somali community of the needs and potential of VIPs in the UK.
- Lobbying of local service providers to ensure information is provided in an accessible format.
- Hosting of a dissemination (in respect of the findings of this research) conference to which all key stake holders and service providers are invited.
- Development of an information and resource pack for Somali VIPs and their carers

## Recommendations for service provision:

- Participants in this study were generally unaware of services that might meet their needs, often because information about such services is provided in an inappropriate written format. In order to ensure that highly marginalised groups, (such as the participants in this study) can access service, new forms of delivery of information must be developed. In addition, outreach into the community may be needed to make initial contact. This might be in the form of linking for example with the Nurse Consultant for Refugees and Asylum Seekers, in addition to local community groups
- Participants in this study have expressed a number of unmet needs. These were largely clustered around service provision and assistance that focused on fundamental and basic needs for daily living, in particular:-
- The acquisition of English language skills, specific programmes are needed for the Somali VIPs.
- Obtaining appropriate housing, with the correct safety features and adaptations emerged as a significant unmet need. Whilst strategies are in place in Sheffield Homes and Sheffield City Council to meet the housing needs of visually impaired people, these mechanisms were unknown to the participants in this study. Alongside this, there is an urgent requirement for Somali VIPs in Sheffield to have their safety and security needs met.

The installation of a shower was the most frequently mentioned home adaptation that participants felt in need of.

- Help and assistance with housework and shopping. This was the most frequently expressed unmet need in this study.
- Mobility requirements; many of the participants lacked the mechanisms to achieve mobility outside their home
- There exists an urgent imperative for social support to alleviate social isolation and perhaps the provision of a service/venue where VIPs of Somali origin and their families might meet.
- It is unlikely that VIPs of Somali origin will seek education or employment until their fundamental needs for daily living are met. However Sheffield lacks the specific educational programmes to meet the needs of VIPs. Programmes that have existed in the past according to participants' perspectives have failed to fulfil expectations.
- Some service providers appear to offer a model of good practice which others may wish to emulate e.g. the Royal Hallamshire Hospital. However during this study we did not have the opportunity to evaluate this from this from a service user perspective.

## The Authors

The research team comprised Gina Higginbottom, Robin Story, Kaltum Rivers, Rosemary Barber, Abdihafid Mohammed, Mohammed Bashir, Muna Usef and Carmen Calvo

## How to obtain further details

**A hard copy of the final report is available from**

Dr Gina Higginbottom,  
Principal Research Fellow,  
Centre for Health and Social Care Research,  
Sheffield Hallam University,  
33 Collegiate Crescent, Collegiate  
Campus, Sheffield, S10 2BJ  
Email: G.Higginbottom@shu.ac.uk  
Tel: 2255733

OR

Hard copies, Braille or audio-taped version from

The Horn of Africa Blind Society  
[www.hornofafricablind.org.uk/index.htm](http://www.hornofafricablind.org.uk/index.htm)

Carmen Calvo-Rodríguez, Horn of Africa Blind Society, c/o SADACCA, 48 Wicker, Sheffield S3 8JB or e-mail [info@habsoc.plus.com](mailto:info@habsoc.plus.com).