Sure Start and Black and Minority Ethnic Populations

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Sure Start Local Programmes (SSLPs) supported children under 4 and their families by integrating services such as early education, childcare, health and family support in specified geographic areas. All programmes worked within the framework of a set of key principles which included ensuring that all local families were able to use Sure Start services, and being culturally appropriate and sensitive to particular needs. This study reviewed the policy and practice issues that arose from the operation of the programmes in areas where there were significant black and minority ethnic (BME) populations, and also looked at how smaller BME populations were served in other SSLPs. The researchers sought to identify good practice in working with minority communities, parents and young children.

Key findings

▶ SSLP experiences and practice in this area varied widely, because their ability to respond to the diverse needs of their communities was affected by the complexity of the ethnic composition of the population and the balances between ethnic groups in it. The most successful work was based on a good understanding of these complexities and a willingness to be flexible in creating and delivering services.

▶ SSLPs that were successful understood and worked closely with local community organisations and encouraged them, in their turn, to see programmes as partners and to engage with programme plans and activities.

▶ Because creating links with minority communities could take a long time, especially where an area was ethnically very diverse, some SSLPs had been discouraged from pursuing relationships with certain minority groups and abandoned the attempt, effectively excluding some already very marginalised communities.

▶ Some services needed to be targeted in order to reach minority groups. Frequently, universal services could fail to reach minority populations.

▶ Outreach work, especially using venues familiar to minority ethnic populations, linked to the targeting of services, was an essential tool in contacting BME families.

▶ Parents were used by SSLPs to offer effective outreach into their own communities, to encourage families to use SSLPs, as interpreters of publicity materials and as informal reception staff in Sure Start centres.

▶ Although translation and interpretation services were comprehensively and effectively used by some SSLPs, there was poor practice in others, where relatives and peer group members were used, or where there was little or no use of translation. SSLPs needed to be aware of wider good practice in this area of service delivery.

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Evidence & research

Key findings (continued)

▶ SSLPs required strong, explicit guidance to help them understand difference and diversity and on the implications for service delivery. Guidance had been issued by the Sure Start Unit but many local programmes had not used it.

▶ Few minority staff were employed in senior positions in SSLPs, which sent an important but negative message within and outside projects. SSLPs did employ minority staff, but usually in subsidiary roles which gave them little control over SSLP policy and practice. Training, support and mentoring were needed to help BME staff take advantage of opportunities for advancement and promotion. Many of the issues which faced SSLPs in trying to reach BME communities were similar to those encountered by other DfES programmes like the Children's Fund, but there was no evidence of shared knowledge or experience between programmes locally.

▶ Detailed monitoring of minority use of local programmes and individual services was needed both at local and national evaluation levels in order to understand whether SSLPs were achieving outcomes for BME children and whether the services provided were appropriate for these populations. Often, the monitoring categories used at the local level and by the National Evaluation did not enable appropriate judgements to be made.

▶ There was evidence that SSLPs could help to build trust and respect between different communities through bridge-building activities (see examples in boxes below) but there was room for much more to be done. In significantly more than half of the SSLPs examined there appeared to be no strategic or effective approach to working with BME communities.

Background

Sure Start local programmes were community-based and served neighbourhoods with on average 400-800 children under four. By March 2004 524 programmes had been established over six rounds. The earliest of these programmes were approved in later 1999, the later rounds by early 2002.

A comprehensive national evaluation (NESS) has assessed the impact, implementation, community characteristics and cost-effectiveness of SSLPs by examining the first 260 programmes.

This study was part of the Implementation module of NESS, which examined how SSLPs were set up and delivered, what services were provided and how these were organised locally. NESS identified that there was a minority ethnic population of 20% or more of the total SSLP population in 38% of the studied programmes. This compares with a national figure for minorities of 8% of the total UK population, reported in the 2001 census.

Aims

There is a strong link between certain minority ethnic populations and the incidence of poverty. In ethnic minority communities there may be different forms of household structure, child-rearing practices, levels and forms of employment. These differences were all relevant to the aims of Sure Start Local Programmes, which were intended to address disadvantage in early childhood to improve outcomes for all children in the SSLP area. There is considerable difference between minorities in the UK in terms of economic and social indicators. As a general rule, welfare outcomes are poor for most minorities, though there are differences between and within minority groups.

The study aimed to review the policy and practice of SSLPs operating in areas where there were numerically significant BME populations, and in some where the BME populations were much smaller. After a preliminary examination of existing NESS data a series of questions to be addressed by the study were formulated.

- Did programme areas chosen for the national evaluation reflect the ethnic, religious and cultural diversity of the population at large?

- Were 'ethnic effects' emerging from NESS data so far, in terms of service provision and usage, participation and outcomes?

- Were SSLPs targeting services effectively and delivering them in culturally appropriate ways, with appropriate support in place?

- Was the organisational framework within which SSLPs were operating equally supportive of parents and children from minority groups?

- Were there specific ways in which the involvement of BME communities had been promoted through partnerships and within SSLPs?

- Were SSLPs contributing to social inclusion and social cohesion within local communities?

- Were there specific local or regional factors affecting the development of SSLPs in relation to ethnicity?

- Were issues relating to other social divisions (gender, disability, for example) affecting the use of services by minority groups?

Methodology

The research had three aspects:

i   Literature review - to provide a general context for the study.

ii Examination and analysis of relevant data about SSLPs from DfES, NESS and other sources. This involved a review of national policy, research and guidance papers from NESS, from the Sure Start Unit (SSU) based at the Department for Education and Skills (DfES), of local evaluation reports, research reports, themed studies, workshops, conferences and of the NESS website.

iii Twelve focused Case Studies, eight in depth, four at less intensive level. The case studies were all conducted in SSLPs which had been operating for a minimum of three years and in some cases up to six years, so all had had enough time to address issues of ethnicity in their work. Five of the nine researchers who carried out the fieldwork were themselves from minority ethnic communities, and had a range of languages available for conducting interviews and focus groups. The case studies involved the collection of background policy papers, project and contextual data, interviews with staff, relevant local policy and service providers, and interviews and group discussions with parents who were users and non-users of SSLP services.

Findings

The Literature Review

The literature review suggested a range of factors - childcare, household income, household size, incidence of poverty and lack of necessities, inability to make effective use of services - which had been identified as important factors among BME families, shaping their experience of SSLPs.

Review of National Data

The picture derived from the review of national data was that the treatment of ethnicity as a dimension of the work of Sure Start was fragmented, partial or lacking altogether. Ethnic categories were conflated in a way that did not reflect different outcomes for different minority ethnic groups and initial national guidance lacked either follow-up or sustained monitoring of its usefulness by the SSU or Government Regional Offices.

Local Populations and Contexts

In the twelve SSLP areas studied the proportion of the populations from BME communities ranged from 2% to 70%. In several, one minority (usually of South Asian origin, but in two areas from Black African and/or Caribbean origins), dominated. In two areas, however, differing minority groups were more balanced within the population. In most areas ethnic diversity was wide, with typically about twenty languages spoken but sometimes with as many as sixty languages in a small neighbourhood. Diversity had increased in recent years, due in part to the arrival of asylum-seeking refugees. Most SSLPs had reasonably up-to-date information about the ethnic composition of the neighbourhood. In several, where there had been monitoring and evaluation of service use, the numerical dominance of one community had led to a recognition that smaller minority communities were not being reached by SSLP services. Even where ethnic monitoring was not being used, SSLP staff reported that they realised services were not being used by BME families. Sometimes they were 'crowded out' by the White population. This indicated that outreach to such excluded communities was necessary.

Several SSLPs described their populations as being transient and mobile as well as diverse. One reported an annual population turnover of 30%. This meant that programmes and individual staff had to renew their contacts with communities continually, to develop new levels of outreach work and reach new cohorts of parents every few months. Collaboration with community workers from local authorities and voluntary groups working close to local populations helped with early identification of new groups and needs in the community.

Areas were often densely populated and, particularly where there were communities of Pakistani or Bangladeshi origin, there were higher than average numbers of children. Although a

degree of separation between minority groups was reported by SSLPs, programmes were in a good position to build bridges between them.

Good Practice: Building Bridges

One SSLP used a lunch and cooking group as a means to engage families from a traveller community in Sure Start. Families had asked for an activity involving cooking and staff saw this as a good opportunity to build bridges between different sections of the community. A traveller mother who had been harassed by her 'giorgio' (non-traveller) neighbours said that at the mixed session at the SSLP she felt that "*nobody judges me here for my culture*". In another programme the idea of an 'edible quilt' meant that one BME group of parents cooked health food for parents from other national or ethnic origins and then one of the other groups reciprocated. Some programmes took advantage of high profile events such as the Asian tsunami to bring groups together for celebration or commemoration.

In areas with a long-settled minority population, SSLPs were more likely to take ethnic sensitivity for granted, avoiding conflicts with religious observation, for example. In areas with lower levels of minority settlement, SSLPs could be less sensitive, but some acted as trailblazers in their work with minorities. Several SSLPs which pioneered work in this way found themselves having to justify the approach to partner organisations and to encourage them to work more positively with diversity. Where there was a thriving ethnic voluntary and community sector, SSLPs could have good connections with it, but in some areas few support organisations for minority groups existed. This made it much harder for SSLPs to develop work with families from these communities.

SSLP Organisation and Management

Parental Involvement

Most SSLPs stressed the importance of parental involvement in programme management. In some areas a number of places on management boards were reserved for parents, but no instances were found of places reserved for representatives of particular ethnic groups. Where there were small BME populations, no BME parents were involved in these activities. In some instances it appeared that the lack of engagement by local minority parents in management was because minority parents felt uncomfortable in committee meetings and needed more support to participate. Some SSLPs reported that local suspicion of statutory bodies (which is how the SSLP was often seen) and the fact that local minority organisations were also suspicious of one another had limited local involvement. In another area Asian community members were suspicious of the intentions of a 'free government-sponsored service', but the wariness was overcome because Asian staff members were well-known in the community. It was reported in several SSLPs that the services were seen locally as being for disadvantaged families and this had put people off.

Good Practice: Parental Involvement

Some SSLPs had tried to involve BME parents in the organisation by training them in aspects of the work such as evaluation or as interpreters. (One drawback was that trained parents often found paid employment as a result, but as improving the employability of parents was a Sure Start goal, this can be seen as a positive outcome). In one area minority parents had chaired the partnership board. Parental involvement of this sort provided a vehicle for community capacity-building and supported the changing aspirations of parents, allowing women, for example, to venture beyond traditional roles.

Staff from the Local Community

The distinction between parental and professional involvement at the staff level was often blurred as staff and particularly ethnic minority staff were often themselves local community members. Some of them were parents, including of children of Sure Start age. The case for appointing staff from the local community was put by one Programme Manager: "*if you come from that culture, you have a lot more idea of what is going on, we can only try and understand, we haven't got the inner workings…some of them needed skills, we have really, really developed [them]…*" In this programme local recruitment had eventually been successful - but it took a long time. The benefits were described as:

- the SSLP staff team was attuned to the needs of the whole community
- White team members could get guidance from BME staff
- BME staff were role models for the community
- BME staff were particularly useful in outreach work and as a point of contact for new users.

Ethnic Composition of the Staff Team

SSLPs in multicultural areas might have 50% of the staff team from varying minority groups, working in informal community and professional roles. One SSLP employed people from seven different minority backgrounds, broadly matching those of the local population. BME parents noted that ethnic matching in the staff team was a reason for using SSLPs – and for not using them. But the attitude of staff was also significant: they needed to "*show a willingness to learn and appreciate alternative perspectives*". (SSLP team member).

Race Awareness Training

The level of preparation of staff for work in multicultural areas was generally rudimentary and inadequate, often comprising no more than basic equal opportunities material. Some of the written

materials provided for training were inappropriate and perpetuated stereotypes, and disappointingly high levels of staff reported that while they had had a small amount of training when they joined Sure Start, there had been no follow-up. Programme leadership was important here. Equal opportunities and diversity training were set up at the discretion of SSLP managers, some of whom had not taken note of government guidance entitled Sure Start for All (1999) encouraging them to do so. Some committed managers did not feel that packages of training were the most effective way of raising cultural awareness, believing that staff 'went through the motions'. One manager felt that the most effective training was through "*challenging negative perceptions and bombarding staff with positive examples*". (Manager, SSLP)

Good Practice: Race Awareness

Staff who had been sent on good quality race awareness training could disseminate what they had learnt to the rest of the Sure Start team. One staff member reported that the training had "*made her think, because from an inclusive perspective … we might not realise but we might be institutionally racist because you might have developed things from your cultural background, so if the dominant culture is European, you might do that without realising and you are actually excluding people.*" Good practice in another SSLP involved offering specific training to money advice and credit union workers on how to handle debt issues according to Sharia (Islamic) law.

Providing Services

SSLPs provided a range of services, in some cases adapted to appeal to particular minority communities, but generally not. SSLPs tried to make access to services as easy as possible, which meant that premises needed to be as close to communities as possible. In areas where minorities were the majority of the population, they were likely to access services - for example, in one area where Pakistani people comprised more than 70% of the population a survey over one year showed that the numbers accessing services almost matched this proportion of the population. Some of the services had been adapted to meet cultural requirements. Some parents commented favourably on certain services, saying that they offered an opportunity to build bridges between different groups. "*It's a woman thing…we had the relaxation class once where there were new born babies and I brought my son and it was literally packed with mothers with new born babies and they were different cultures and it was brilliant to be there. I say I have a bad night and she understands completely and don't need to think about the colour of our skin or religion.*" (Mother, SSLP service user).

The Need to Target Services

In some SSLPs all services were offered on a universal, non-targeted basis, which assumed that if a service was available to everybody, everybody would be able to access it. It was appropriate that many SSLP services were universal, particularly in the early play, education and childcare area, but for other services, like health and family support, this approach did not take account of additional barriers that might prevent involvement by some minority groups. In fact, such barriers meant that minority communities were making a disproportionately low use of certain services, but even where SSLPs were monitoring this, and understood that it was happening, they did not always respond to it by changing the way services were delivered. It was clear that the universal approach meant that in effect some minority groups were excluded from services. For example, in an area where a user survey had been conducted (and where it identified the ethnic origin of respondents), no

analysis of the responses of different ethnic groups had been undertaken, so nobody had tried to find out if they might have specific needs and preferences. In order to target services that would meet the needs of minority groups in the local population, the following elements were essential:

- publicity for SSLP services translated into community languages and including images of people from minority groups;

- the innovative use of publicity to reach minority groups through, for example, local and national radio;

- the thoughtful deployment of staff drawn from the minority groups represented in the community;

- representation of minority communities in the management as well as the staffing of programmes;

- ensuring that where there is more than one local ethnic minority group, more than one is represented at staffing and management levels;

- analysing as well as collecting information from families, so that any specific issues for minority communities can be identified;

- a strategy for targeting work for specific groups. (Too often SSLPs became involved in targeted work only because a member of staff had experience, or a SSLP manager had an interest).

Good Practice: Targeting marginalised families

One SSLP had faced difficulties in working with a marginalised population of 'over-stayers': asylum-seeking families who had not received permission to remain. The SSLP felt that it needed to provide a service to these families, despite their formal legal status, because the children were often destitute. The families found it hard to trust the offer, so the SSLP ran advertisements saying "*Tell your friends to come because we….won't report you.*" (SSLP targeted publicity). The programme discovered a great deal of childminding among this population and were able to support and improve it.

Language, Translation and Interpretation Services

For non-targeted services and for parents for whom English was not the first language, the use of translation and interpretation services was an important first step to access. In most areas, local authority and commercial translation services were available, and, where minorities were in smaller numbers, some SSLPs had used a translation service even where one parent alone required it. However, in many areas the cost of translation meant that much of the SSLP publicity had not been printed in languages other than English.

Good Practice: Using Volunteers

The use of volunteers from BME communities was common and one local programme argued strongly that "*when we have parents working with us [as interpreters] it makes the staff group more representative and therefore more effective.*" However, the use of volunteers in small communities especially can raise confidentiality problems. Volunteers must not be exploited: programmes can avoid this by training volunteers into paid positions.

Language courses (English for Speakers of Other Languages) were used to help parents, and were often provided in conjunction with Learning and Skills Councils. But parents often had differing language needs, even if they seemed similar at a superficial level. A parent commented: *"Courses are useful for mums who can't cook or language courses for non-English-speaking parents…but they should do something different for us [British Asian mothers] like French language courses."*

Outreach

Outreach, by SSLP staff and by organisations working under contract for SSLPs was critical in accessing some minority communities. How outreach operated depended on the context. For example, one SSLP on a peripheral estate developed outreach in premises in the town centre where the small population of minority groups was concentrated and where Muslim families were accessed through a Muslim community group. This outreach focused on visiting families following a birth to connect minority families to health and education services, including ESOL services. There were examples of parents being used as volunteers to encourage members of their communities to access SSLP services. The reported difficulty of reaching certain communities – notably Bengali communities - led to some SSLPs situating innovative services in those communities, though others had simply given up trying with this minority group. Their marginalisation could be exacerbated by racism – for example, where White parents had told Bangladeshi parents that they could not use facilities. Other reported instances of racism were limiting the use of services by specific communities, including the White community on occasions.

Home visiting was central to the outreach strategy in SSLPs, and had often been the means by which minority families were introduced. *"The whole reason why our service works is because we are going into their homes,"* said a staff member in one programme. Home visits were often the province of health visitors, whose acceptability rested on their grasp of cultural and religious issues. Even where minority families are

suspicious of formal services they will use health clinics. In some areas these were based in local community buildings like mosques and temples, which also improved access.

> ### Good Practice: Reaching Out in all Directions
>
> - SSLPs reported that the following could help outreach to BME families:
> - pleasantly appointed buildings which families enjoyed using;
> - crèche facilities, which made visiting easier for mothers with more than one child;
> - staff to greet parents dropping in at the SSLP, (often leading to return visits);
> - language workers;
> - positive images of minorities on display in all premises used for outreach;
> - celebrating important festivals and paying attention to dress and food requirements;
> - being prepared to make small shifts in programme practice to accommodate different groups – sometimes it takes a long time for such shifts to lead to increased use by minority groups. Patience is often essential.

Working with Small Populations

Targeted services were particularly important where SSLP areas had small minority populations. SSLPs which were working with travellers noted that engagement with this community often progressed very slowly. The best practice tended to build on pre-existing services for this community - for example where Sure Start offered specific services for young children within a long-established programme for travellers' families. Helping travellers access basic services was one of the roles undertaken by SSLPs. Work with this population needed to respond to the needs expressed by the specific traveller population - what works in one area does not necessarily work in another.

Several SSLP areas had relatively small populations of asylum seekers, who might be of various cultural and ethnic backgrounds and were often living in the

area for a short time only. Work with these families was often of the most basic kind - offering toy library services and play opportunities. It could be challenging for SSLPs to provide short-term support alongside the mainstream work with its longer timescales. Other programmes working in the area of children's services sometimes assumed that SSLPs were experienced in working with minority groups, but in fact they were often struggling to find ways of engaging with the most marginalised families and with recent arrivals.

Conclusions

There was evidence that good practice in some SSLPs had successfully enhanced involvement by families from BME communities in programme activities. Where a strategic approach to working with these populations had been developed it included:

- gathering effective monitoring data (using a full range of standard ethnic origin monitoring categories);

- analysing data appropriately, updating them regularly and reviewing their messages so that they inform what new services are needed and whether adaptations to existing services are required;

- promoting effective consultation with communities. This means making contact with specific minority communities in ways which suit their community life, including the use of their meeting places;

- developing mainstream services in ways that are equally accessible for all minority communities;

- using a range of publicity material (and not only written material) to make contact with these groups;

- developing targeted outreach work;

- sensitising other local organisations and programmes to help them work effectively with minorities;

- employing a range of staff from local minorities and offering opportunities for advancement;

- providing comprehensive translation and interpretation services;

- identifying critical cultural and religious barriers and working to overcome these;

- consciously working across ethnic boundaries.

Although good practice along these lines was identified by the study, its overall findings were that both Sure Start Local Programmes and the National Evaluation of Sure Start had failed to address the question of ethnicity with sufficient rigour or sensitivity. Too often SSLPs took a whole population approach when social and economic indicators suggested that they should be targeting specific minority communities. In this and other ways the management and staff of SSLPs appeared unaware of research evidence on 'what works' for BME populations, and they had not noted guidance from the Sure Start Unit about the importance of using the evidence base and pursuing good practice with families from minority ethnic communities. In many SSLPs work of this kind was not fully integrated into the structure of programmes. Often it seemed to be marginal to the main SSLP focus. Although some programmes had an effective structural approach to minority groups, the majority were tending to respond in an ad-hoc, short-term way and often did not reach families who needed help. This was particularly true of groups described as 'hard-to-reach': very small populations, groups of travellers/gypsies/ Roma, migrant workers, families of Bangladeshi origin. Where SSLPs had been successful in their reach, this was often after a long period of challenging, slow and costly work.

As SSLPs move into the Children's Centre programme, there is a good opportunity to re-think the strategic approach to working with local minorities, in the context, it is hoped, of more, strong government guidance on working with BME families, and equally strong encouragement to them to use it.

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Further information

Further copies of this summary are available from:

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Copies of the full report Sure Start and Black and Minority Populations are available from the above address or from the Sure Start website www.surestart.gov.uk

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Further information about the National Evaluation of Sure Start (NESS) can be found at www.bbk.ac.uk

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