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National evaluation report



Sure Start and Black and Minority Ethnic Populations

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Evidence
& research

***Sure Start and Black and Minority
Ethnic Populations***

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The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education and Skills.

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Sure Start and Black and Minority Ethnic Populations

National Evaluation of Sure Start Themed study No 9

Executive Summary

This Executive Summary provides a brief account of the origins of the Sure Start programme and this themed study; examines the services being delivered for black and minority ethnic groups, specifically; identifies the major policy and service issues emerging from the themed study; and offers some examples of good practice.

The origins of the study

Sure Start was set up as a 'cross-departmental initiative with the aims to improve the health and well-being of children under four and their families. It is a cornerstone of the government's drive to tackle child poverty and social exclusion'. Its ultimate goal was 'to enhance the life chances of children less than four years of age growing up in disadvantaged neighbourhoods.'

The programme, running since 1999, is based on a wide range of types of intervention and aimed to privilege the involvement of local parents and communities. It had five objectives concerned with improving emotional and social development, improving health, improving the ability to learn, strengthening families and communities and increasing the productivity of resources devoted to young children. A national evaluation (NESS) has been ongoing for five years, involving case studies, national surveys and other means, including a developing series of themed studies, and is assessing the effectiveness both of the programme and services developed, the impact on children, families and communities, and of the organisational framework for delivering services to young children. The themed study reported here, building on the work of NESS, sought to review the particular practice and policy issues raised by the operation of Sure Start in areas where there are numerically significant black and minority ethnic (BME) populations but also to explore how Sure Start Local Programmes (SSLPs) in areas where there were small BME populations, sought to involve them in its work.

NESS identified that there was a minority ethnic population of 20% or more of the total SSLP area population in 38% of the 250 round 1-4 areas¹ (the national figure for minorities was about 8% of the total UK population, as of the 2001 census).

¹ 524 SSLPs were set up over six separate rounds between 1999 and 2003. All SSLPs are expected to become Sure Start Children's Centres as part of the move from a range of local initiatives to a mainstream service.

The national context: poverty and deprivation amongst black and minority ethnic children

Ethnicity has strong associations with the incidence of poverty, with different forms of household structure, with child-rearing practices, and with differing levels and forms of labour market participation, all relevant factors in relation to the goals of Sure Start. The original choice of SSLP areas, based on measures of deprivation, reaffirmed this link between deprivation and certain minority ethnic groups. Research more generally has shown that the UK's minority ethnic groups as a whole are more likely to be in poverty than the population at large. This is the consequence of a number of factors.

Research also increasingly tells us however that the UK's ethnic minorities - now numbering about 4.5million, or 8% of the UK population - are marked as much by diversity and difference, within and between particular minority groups, as by their common experience of racism (both individual and institutional) and discrimination. There is considerable difference between the various UK minorities in terms of economic and social indicators. To put it another way, a wide range of welfare outcomes are generally poor for most minorities although there are differences also between (and sometimes within) minority groups and on the basis of class and gender.

Review of national and local documentation

Apart from a literature review, the early part of the study 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, of local evaluation reports, research reports, Themed Studies, workshops and conferences and of the NESS website. The picture we derived from this was that the treatment of ethnicity as an important dimension in the work of Sure Start was fragmented, partial or lacking altogether. Ethnic categories were conflated in a way which was unhelpful in reflecting diverse outcomes for different minority ethnic groups; and initial national guidance lacked either any follow-up or sustained monitoring of its usefulness, by either the SSU or from Government Regional Offices.

Case Studies

The main element of the study consisted of twelve case studies, eight of them detailed case studies of SSLPs, involving the collection of background policy papers and project and contextual data, interviews with staff, other relevant local policy and service providers, and interviews and group discussions with parents who were local users or non-users of Sure Start services. All of the SSLPs had been operating for at least three years, in some cases up to six years, and therefore had adequate time fully to address issues of ethnicity in their work. Five out of the nine researchers who undertook the fieldwork described here were from minority ethnic communities themselves and, where appropriate, had a range of languages available for conducting interviews and focus groups.

Key issues emerging from the study were:

Delivering services and the role of the local communities

1. Our study suggested that there is a need for SSLPs to develop a wider community development role which could engage with local community organisations and encourage them in turn to work with SSLPs in a number of ways. The provision of outreach work is not necessarily the same thing as doing good community development work. The latter would help local organisations, community groups and groups of parents to engage with SSLPs more as partners with something to offer and less simply as the deprived recipients of services. This might have important knock-on effects in terms of how SSLPs were seen in localities. SSLPs could also be used as a way of bridging groups to other important services.

Using the SSLP as a bridge to services: A SSLP caravan has achieved some indirect gains: it has been used as a base for work with traveller youth by another programme; it has been a base from which important health and safety work has been initiated (such as installing safety gates for children in the caravans); it has been used by the traveller community themselves as they have a key and can use it for community meetings; and the ongoing contact with Travellers has led to a level of trust so that when the local newspaper printed some hostile stories about Travellers, the SSLP has been able to respond to the media coverage as an advocate on their behalf.

A more community-oriented approach would also tacitly recognise the fact that drawing in certain groups (which were overlooked in some SSLPs studied) is a process which would take time. Some SSLPs seem to have been easily discouraged from building links with certain minorities and effectively abandoned that work, leaving the most marginalised communities excluded from its work.

2. The report stresses the importance of targeted services or conversely, the failure of a 'colour-blind' approach, in terms of reaching minorities effectively. The 'colour-blind' approach as a mode of good service delivery to minority ethnic groups has been discredited in most 'race'-oriented service and policy programmes and it was surprising to find it practiced within this major government programme. There is a need most of all for some very strong guidance on understanding difference and diversity and the implications of this for service delivery.

3. Related to this, the report stresses the importance of outreach work. This work needs to be varied and appropriate and linked to the targeting approach described above.

4. Very uneven use was made of translation and interpretation work. In some areas it was comprehensive and effective, in others it exhibited many examples of poor practice, including the use of relatives, inappropriate use of peer group members, or little or no use of translation at all. There are many published examples of good practice (some referenced in the report) on which

local projects could draw and national guidance should be made available to help projects access this.

Using volunteers to promote outreach: there were examples of the effective use of parents as volunteers to help with outreach work. Some had used peer group members to encourage new minority group members to make use of SSLPs. Others had used parents as informal interpreters of publicity material within their own communities. Yet others had acted as informal reception staff to welcome casual callers.

Key issues here are not just about the importance of these kinds of service but who should undertake it.

Staffing issues

5. Many SSLPs needed to review their employment practices. Very few minority staff were employed in senior roles in SSLPs and this had an important symbolic effect within and outside projects. Many SSLPs employed minority staff, though some employed rather less than might have been helpful and appropriate, and most minority staff employed were in subsidiary roles which gave them little effective control over the overall direction of SSLP practice and policy.

Managing a staff team response to diversity: In one inner city area, the SSLP and many of its partner organisations were effectively run by members of BME groups. One early years team had staff speaking up to 12 different languages '*... we try as best as possible to represent their [service user] background ... there is a big number of Arab families that felt very isolated but we get feedback from them saying they are now happily using the services*'. In several other programmes, however, a generally welcoming atmosphere, regardless of culture or ethnicity, was commented on by parents. '*The ambience is very welcoming, without saying it, but the way you are made to feel ... when a woman comes in, whatever her background, it doesn't count. The main important thing is that we are here and that we are not alone.*' Ethnic matching was also important where parents were used as volunteers: one programme had initiated story-telling by South Asian story-tellers for parents and children. Another had used trained volunteers for interpretation and translation where minority numbers were small.

A review of employment practice might also require assessing a review of in-service training, and support and mentoring for BME staff so that they could take advantage of opportunities for advancement and promotion on reasonably equal terms with their colleagues. It seems ironic that whilst the orientation of some projects was on including marginalised communities, this approach was not reflected in some programme's employment practices. It is important for projects to take a strategic approach to staff teams, aiming for

Appointing local community staff: costs and benefits: The case for appointing staff from the local community was put enthusiastically 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, early team members had not been recruited from the local community but they were keen to do so. Although it took a year, local recruitment had eventually been successful. This meant, they felt, that the team was culturally attuned to the needs of the whole community. White team members felt they could rely on Asian staff members for guidance when they needed it. In general, many programmes felt that the use of BME staff as role models was very positive, including in the delivery of specific services such as outreach or providing the first point of contact for new users. In one area, the Manager had dealt with a lack of external support by seeking advice from a respected local Asian voluntary sector worker and, later on, had engaged a local organisation to provide training. In a third programme, however, Asian workers felt that the cultural diversity training was not helpful to them, that it was very basic and might lead to cultural stereotyping: they also felt they were being required to act as cultural experts in a way which went beyond their job descriptions.

a good mix of personal and professional skills, knowledge, experience and affiliations. The same general considerations apply to the use of parent-volunteers; here ensuring they were used appropriately was also critical.

The upside and downside of parental involvement: One or two programmes had tried to involve parents more strongly in the structure and development of the SSLP by training them in various aspects of its work, for example to undertake evaluative work or as interpreters to work with other parents. One SSLP had trained a number of parents in this way but unfortunately - at least for the SSLP's staff - most had then gained paid employment (which might be regarded as a positive outcome for them) and the scheme had not been repeated. In another area, there had been several attempts to have a minority parent chair the management committee (Partnership Board); an Indian parent had started as Chair and had recently been replaced by a Chinese parent who was joint Chair. However, none of the other members of the Board were BME members, leaving the chair quite isolated. There was little evidence of SSLPs providing systematic support or training for parent-Managers. Parental involvement in this way could be critical to the future of SSLPs: it would provide one vehicle for community capacity-building as well as supporting the changing aspirations of parents, for example allowing women to venture beyond traditional roles.

Strategic planning and the work of SSLPs

6. There is a need for an approach which is based on the continual renewal of services; not only are new residents becoming parents but new groups are moving into areas. Demographic change is moving more rapidly than ever before in Sure Start areas and SSLPs need to re-evaluate their services, probably on an annual basis, alongside collecting local data on demography, to ensure that groups are not being missed or services becoming redundant.

7. The role of national and regional guidance seems also to have been uneven, adding to the picture of considerable variation at local level. Whilst it is perfectly proper to stress the importance of local SSLPs reflecting local needs in their ways of working, this is not the same thing as ignoring the wide range of good practice available from many different sources for helping projects work in often complex and difficult areas. The study found very few examples of projects making use of guidance, literature, research findings available which discuss work in this area. Interestingly, the work of the DfES' national sister programmes - the Children's Fund and the Local Network Fund - which also were struggling with the kinds of issues discussed here - and which might have been drawn on for experience and help, were not referred to by any of the SSLPs visited. Given the government's emphasis on 'joined-up thinking and policy development', and the original desire to ensure that the Sure Start, Children's Fund and Local Network Fund programmes worked closely together (often with overlapping target groups), this seemed wasteful.

8. Because data had not been collected in a systematic way in terms of outcomes for minority groups, it was not possible for the research team to report on how outcomes for varying minority groups varied from those of the Sure Start children's population as a whole. This is presumably terrain which the National Evaluation will need to reflect on in its subsequent reporting but it will depend on a much better level of monitoring data than was made available to us and it will also require NESS to make use of more subtle ethnic categories than has been the case in published material to date. The general point to be made for local projects is that in any work with minorities, an effective ethnic monitoring system is absolutely crucial in understanding the extent to which a service is accessible to potential users from different minorities and has equivalent outcomes for them. The ethnic categories used by NESS are too few to be helpful in suggesting how different groups may be faring within the programme as a whole and there are several issues to be considered when thinking about ethnic monitoring within local projects.

Most projects (but not all) appeared to use the 10 basic census categories for ethnic origin (where monitoring was carried out) but this monitoring needs to be complemented by good qualitative data also. For example, the category 'White other' could equally well refer to someone of Roma, Kosovan, Bulgarian, Irish or mixed race origin if that is how they choose to identify themselves. Yet clearly the type of service to be provided (and the way it was delivered) for these different groups might be very different indeed. There is not a strong enough focus on ethnicity within local projects or the national programme for the research team to feel that it was possible to say much

more, except in general terms (as in earlier NESS reports) on the subject of ethnicity, than is reported here.

9. The study emphasises yet again, the importance of recognising the growing issues around difference and diversity within and between minority groups. This issue came up in many different ways. For example, several project focus groups and staff interviews criticised the way in which stereotypes of minorities were prevalent; this was not only inappropriate but wrong in ignoring differences in, for example, class and gender within minority groups.

Promoting diverse images: In some programmes, it was recognised that positive images of minorities was an important way both of stressing the commitment of the programme to diversity and ensuring that it was not dominated by one minority group. Programmes used a variety of posters, pictures and publicity material, celebrated important festivals and generally paid attention to a variety of cultural signifiers such as dress and food requirements. This was an important way in which the programme environment promoted and enhanced a publicly multicultural approach.

Another example of the need to focus on difference and diversity is the way in which approaches to working with particular groups might have to be tailored very closely to the particular religious and cultural context within which projects were operating. What worked in some areas would not necessarily work in others, for example in terms of how to build links with particular ethnic communities or how to work with men.

Crossing the gender divide: A few SSLPs specifically tried to engage men with their children; for example, one SSLP worked with pre-school children and their fathers as children prepared to start school. In several areas, there was a recognition that it might be important simply to get fathers to visit the programme to allay their feelings of mistrust. *'It is difficult in the beginning with some especially when husband does not know community or culture. Sometimes they [husbands] would like to come and see where have you been all day long.'* One programme had worked with Muslim women who had then helped their husbands access job search opportunities, taking them on visits to Job Centres and other relevant agencies. Others had targeted services (gardening, baby massage) on fathers and offered special 'fathers' days'.

Given that diversity is increasing in every local authority area in the country, this issue needs to be monitored very closely and its implications for practice thought about carefully within each context.

One ramification of this is that it is inappropriate to try and think of delivering services on an equitable basis if by that is understood simply trying to ensure each community gets its equal share or quota of services. Working with some communities takes much longer - because of issues of religion, culture, language, mistrust, local history, conflict and so on - and this has implications for resourcing that work. Some communities will require much higher levels of investment per capita. The alternative is that those communities will continue

to be marginalised educationally, politically and in terms of a range of social, health and educational indicators.

10. The study emphasises the role that projects such as Sure Start might play in promoting community cohesion, if by that is understood building mutual trust and respect between different communities. There was some, but limited, evidence of this happening through bridge-building activities. Much more might have been done in this regard.

Building bridges - 1: One example of bridge-building between minority communities was a lunch and cooking activity which had involved community members, used as a means to draw a traveller community into the work of the SSLP. In this case the travellers had asked for something to do with cooking and staff felt it would provide a good opportunity for building bridges between different sections of the community. This kind of bridging might be very important to individuals. One traveller mother had been harassed by her 'giorgio' (non-traveller) neighbours but at a mixed session at the SSLP, she felt that '*nobody judges me here for my culture.*'

Our sample included many where there was a substantial proportion of minorities within the local population and several where ethnic diversity was considerable.

Building bridges-2: In some cases, parents commented very positively on certain activities or services, saying that they offered the opportunity to build bridges between different minority groups in a context where ethnicity became of secondary importance. In a similar vein, in another programme, the idea of an 'edible quilt' had emerged where one group cooked healthy food for parents from other national or ethnic origins and then one of the other groups would reciprocate. Some programmes took advantage of high profile events such as the Asian tsunami to bring groups together to celebrate or commemorate these occasions.

However, in significantly more than half of those SSLPs examined, there did not appear to the research team to be what might be regarded as a strategic and effective approach to working with BME communities. As a result, despite the many interesting and important areas of work identified, the National Sure Start programme - and its associated National Evaluation - may represent a major missed opportunity as far as the enhancement of the lives of marginalised minority communities goes.

1: INTRODUCTION

Sure Start is a 'cross-departmental initiative that aims to improve the health and well-being of children under four and their families. It is a cornerstone of the government's drive to tackle child poverty and social exclusion'. Its ultimate goal is 'to enhance the life chances of children less than four years of age growing up in disadvantaged neighbourhoods.'

The national programme was launched in 1998 and the first local programmes were approved in 1999. Sure Start is based on a wide range of types of intervention and privileges the involvement of local parents and communities. It has five objectives concerned with improving emotional and social development, improving health, improving the ability to learn, strengthening families and communities and increasing the productivity of resources devoted to young children. A national evaluation has been working for five years which, through case studies, national surveys and other means, including a developing series of themed studies, is assessing the effectiveness both of the programme and services developed, the impact on children, families and communities, and of the organisational framework for delivering services to young children. The National Evaluation of Sure Start identified that there is a minority ethnic population of 20% or more of the total SSLP² area population in 38% of the 250 round 1-4 areas (the national figure for minorities is about 8% of the total UK population, as of the 2001 census).

This themed study, building on the work of the national evaluation (NESS), sought to review the particular practice and policy issues raised by the operation of Sure Start in areas where there are numerically significant black and minority ethnic (BME) populations but also to explore how SSLPs in areas where there were small BME populations, sought to involve them in its work. The original purpose of this themed study was also to establish, as far as possible, in what ways outcomes, as identified in the national evaluation, are contingent on ethnicity (although this proved not to be possible in the event) and to identify models of good practice in working with minority ethnic communities, parents and children which can be adopted by SSLPs.

The first part of this report reflects on the national context for the study. In the body of the report which follows, we conclude with a series of key recommendations for future action in SSLPs and similar programmes which may follow them, as well as for those which sponsor them. The ten key areas are as follows:

1. A wider community development role for SSLPs
2. The need for targeted work, avoiding a 'colour-blind' approach
3. The importance of outreach
4. The need for and importance of language, translation and interpretation skills

² SSLP - Sure Start Local Programme. This refers to the programme in a particular area. Within this programme there will have been a range of projects and services developed but these are generally referred to by the generic title 'programme' or SSLP for convenience.

5. The need to review employment practices for both staff and volunteers
6. The importance of constantly reviewing and renewing services
7. The role of national and regional guidance
8. The fundamental significance of effective ethnic monitoring
9. The recognition of growing difference and diversity amongst and within minority groups
10. The relevance of SSLP work for community cohesion.

2: THE NATIONAL CONTEXT: POVERTY AND DEPRIVATION AMONGST BLACK AND MINORITY ETHNIC CHILDREN

2.1 Why is ethnicity important?

In this section, we review the findings from research on the relationship between ethnicity and welfare, and particularly educational outcomes. This is an important national context for policy programmes such as Sure Start.

Why is the dimension of ethnicity important in social policy programmes? Ethnicity has strong associations with the incidence of poverty (Craig 1999; Platt 2003; Flaherty *et al.* 2004), with different forms of household structure, with child-rearing practices, and with differing levels and forms of labour market participation, all relevant factors in relation to the goals of Sure Start. The original choice of SSLP areas, based on measures of deprivation, has clearly reaffirmed this link between deprivation and certain minority ethnic groups.

Research more generally has shown that the UK's minority ethnic groups as a whole are more likely to be in poverty than the population at large. This is the consequence of a number of factors (Craig 1999; Craig 2002) including:

- higher than average unemployment levels: minority ethnic communities largely remain (though with some exceptions and with some change taking place over time) residentially concentrated in inner cities where recession and industrial restructuring have weakened or destroyed older industrial sectors;
- racism and discrimination in the selection of people for jobs or redundancy;
- the greater likelihood of being in low-paid work;
- inadequate health and housing provision; and, more recently,
- restrictions on state financial help for refugees and asylum seekers.

The ways these factors have played out in recent years in terms of access to the labour market have been demonstrated both by large-scale studies (eg Cabinet Office 2003) and by smaller-scale qualitative studies (e.g. Craig *et al.* 2005). We cannot however assume that the minority ethnic community experience of poverty can be extrapolated from that of the population at large or that the experience of each minority group is identical, a finding underpinned by the insights from this study. For example, household and age structures of different minority ethnic groups are diverse, and the profile of the UK minority ethnic population as a whole is considerably 'younger' than the White population. For example, birth rates for Bangladeshi and Pakistani communities – whilst lower than for their country of origin - are higher than for the UK population as a whole and much higher than for the UK White population. Families from these minority groups tend to be much larger than the average.

For those out of the labour market, research continues to demonstrate that access to benefits remains more difficult with take-up of benefits lower for

minorities in general than amongst the White UK population because of confusion about the system, cultural obstacles and the failure of the social security system to provide adequate help for minorities seeking access to benefits, in part because the DWP has a poor record in monitoring uptake of certain benefits by ethnic group. (see. e.g. Craig 2004; Finch and Kemp 2004; NAO 2005)

2.2 Diversity and difference

Research also increasingly tells us however that the UK's ethnic minorities – now numbering about 4.5 million, or 8% of the UK population - are marked as much by diversity and difference, within and between particular minority groups, as by their common experience of racism (both individual and institutional) and discrimination. This minority population is unevenly distributed across the UK, with two-thirds of it concentrated in four English regions (London, East and West Midlands and Yorkshire and the Humber) and more than two out of five minority members living in London alone. Within the BME population, this geographical distribution also varies: for example, there is a greater proportion of Pakistanis living in Yorkshire and the Humber and in the West Midlands than in London. The geographical concentration is also reflected within regions. It is also important to remember that about 40% of the UK's ethnic minority population was actually born in the UK and as Atkin *et al.* (2001) remind us, this results in important differences of an inter-generational kind, with differing attitudes, norms and dress, and educational, social and economic expectations and achievements amongst younger minorities in general, rather better than for those newly arrived in this country, of whatever generation, or those of their parents or grandparents' generations who may have arrived as much as fifty years ago. These differences may translate into differing expectations of and use of Sure Start programmes as between different minority groups, dependent in part on their length of settlement in this country as well as on cultural norms.

Other key divisions, however, also cut across ethnic difference, in particular divisions of class and gender. Differences of class, for example, might over-rule common ethnic origins when working with specific ethnic groups.

The diversity within the UK BME population has grown in recent years, in part because of the large numbers of refugees arriving in Britain in the past twenty years (which has brought a range of ethnic groups - such as Afghani, Kurdish, Somali, Kosovan, Iraqi and Iranian - of which the UK had a relatively small number prior to the 1980s) and, secondly, as a result of European enlargement, which has introduced a growing number of migrant workers from countries such as Latvia, Hungary, Poland and the Czech Republic. The latter have had relatively little impact at present on the numbers of minority children as they have tended to be single young workers but there will be an impact over time as many of them partner and have children here. The pattern of ethnic diversity, already apparent in SSLP areas, is thus likely to be enhanced during the period of the National Evaluation of Sure Start (NESS) and this is

clear from the series of reports on local area characteristics which have been produced under the aegis of the NESS.

Research (e.g. Modood, Berthoud *et al.* 1997) shows that there is considerable difference between the various UK minorities in terms of economic and social indicators. To put it another way, welfare outcomes are generally poor for most minorities although, as we have noted, there are differences between (and sometimes within) minority groups. Poor outcomes for minorities have been observed in terms of poverty (Craig 2000; Platt 2003), health (Nazroo 2001; Blofeld 2004), labour market participation (Cabinet Office 2003; Craig *et al.* 2005), education (SEU 1998; Gilborn and Mirza 2000; Craig 2005), housing (Law 2003) and the criminal justice system (Cole *et al.* 2006), and in relation to the welfare system as a whole (Parekh 2000). Again, in some areas, there is also a strong gender or class dimension to these inequalities.

In general terms, people of Chinese and Indian origin tend to do better than the average (and often than the White UK population) in terms of economic and educational achievement, those of Bangladeshi and Pakistani rather worse than average, with people of Black African and African-Caribbean origin exhibiting a less clear-cut pattern. Unemployment amongst African Caribbean young men has consistently been much higher than the national average (Britton *et al.* 2001), reflecting their much higher rate of permanent school exclusions than their White peers (Palmer *et al.* 2003). Within what are commonly regarded as single ethnic groupings, there may be marked differences; for example, research on the UK's Turkish population shows how there is a hierarchy between the three groupings of mainland Turks, Cypriot Turks and Kurdish Turks, in terms of educational attainment (Enneli *et al.* 2005). This all reminds us that a focus on ethnicity must also incorporate a strong sense of difference and diversity.

2.3 Gender and family structure

Gender also has an important impact; of particular relevance to the Sure Start programme, women of African-Caribbean origin have a much higher labour market participation rate than women in general, with the implications this has for childcare issues. Barely a quarter of African-Caribbean respondents to Middleton and Ashworth's survey of children's lifestyles (1995) were able to use grandparents to provide childcare (compared with about 70% of South Asian families and 50% of White families); this has also has impacts in terms of disposable income since many families still pay a substantial proportion of their income on childcare. The Fourth National Survey of Ethnic Minorities (Modood, Berthoud *et al.* 1997) found that African-Caribbean women not only had the lowest level of free childcare and used childminders relatively more than any other ethnic group, those using childcare paid for all or some of their childcare at a rate (58%) almost twice that of the next highest scoring group. A recent report from the Social Exclusion Unit has noted that children from minority backgrounds are less likely to access childcare and nurseries. (SEU 2004) Consultation by the Daycare Trust with minority parents found again

that childcare services were 'insensitive to the differing needs and perceptions of ethnic (sic) communities' (*Community Care*, 17.10.2003), with some parents reporting outright racism in relation to service delivery. The DayCare Trust has also reported more recently that Black and Minority Ethnic families face, at times substantial, barriers to childcare including cost, lack of flexibility and access to information (DayCare Trust 2006). This makes the interventions of Sure Start in this area more significant still.

Family structure may be another important variable affecting the relationship between minority ethnic communities and SSLPs. Seventy percent of South Asian adults are married but only 20-25% are single, compared with proportions of roughly 35% and 35% respectively for those of African-Caribbean origins (JCLR 2000). Unpacking the category of 'South Asian', which covers at least four ethnic groupings defined in terms of national origin and substantially larger numbers of religious groupings, we find from census and other data that Pakistani and Bangladeshi families with dependent children had more children (and were more likely to live in larger households – 59% of Pakistani and 65% of Bangladeshi households consisted of five or more people, compared with 8% for White and 29% for Indian families: source 1999 Health Survey of England: see also Platt 2002) than those of Indian (and African-Caribbean) origin. However there are certain areas of family life – such as divorce - where we have relatively little data which can be analysed in terms of ethnicity. Given the impact that divorce may have in terms of increasing the risk of poverty for both reconstituted families, this is an important area yet to be explored, as is the issue of fatherhood, both issues identified as significant within the NESS impact study. (In this study we found evidence of some SSLPs attempting to address issues of fatherhood within a broader concern with parenting issues.) Strikingly, given the myth surrounding South Asian families that 'they look after their own', the 1999 Health Survey for England (DoH 2000) found that substantially greater proportions of Indian, Pakistani, Bangladeshi and Chinese families all reported a severe lack of support than was the case with English and African-Caribbean populations.

Some of these family patterns are beginning to change however and, for example, the extended family form previously typical of many families of South Asian origin is now rather less common than hitherto, just as women in South Asian families are more active in the labour market than they were ten years ago. This evidence all suggested that it would be important to examine the experience of the differing minority groups within SSLPs and situate that experience within the wider context of research evidence relating to these groups, particularly such evidence which links to issues of early childhood and parenting. Service use is an issue for minority ethnic families and this, it was thought, may be reflected in their relationships with SSLPs. Again, this was very much confirmed in the present study. The Social Services Inspectorate suggested five years ago that social services departments were failing ethnic minority children and families because of failure to recruit appropriate staff, to understand minority families' needs, and to implement equal opportunity policies, all issues which manifested themselves in this study. This failure has a range of impacts on minority families and their children. Social Services Departments have argued that for refugee children in particular, they have

inadequate resources even to meet the basic requirements of children's legislation. We also know that health services in general have failed to respond adequately to the needs of minority families and their children; ethnic matching of GPs with patient groups, good dissemination of information about health facilities, or the effective use of translators are still rarities in primary health care settings.

2.4 The position of BME children

How does this general picture play out in relation to children - especially young children - of minority ethnic origin? The most detailed report regarding poverty amongst children of minority ethnic origin was probably that commissioned by the Greater London Authority. (GLA 2003) This showed that Bangladeshi and Pakistani households together had the highest percentage of children living in income poverty (73%) and that half of all Black children were living in income poverty. It is worth observing that a detailed analysis is still not possible in many policy and geographical areas because of the lack of adequate data - particularly in areas with relatively small minority populations where it remains the case that public agencies still fail to take the issue of ethnicity seriously (despite the legal requirements of the Race Relations Amendment Act 2000 - RRAA 2000) or have only recently begun to focus on the issue (see Brown *et al.* 2002; Darr *et al.* 2004) - and much of what we know still relies on relatively small-scale qualitative research.

Many organisations still do not monitor their data effectively in terms of ethnicity despite the fact that, at least for public bodies, ethnic monitoring is one of the critical tools underpinning the legal requirements of the RRAA2000, to promote racial equality and eliminate unlawful racial discrimination. Large-scale surveys also still do not achieve adequate samples of certain minority groups whose situation therefore remains virtually unexplored. This pointed to the need for this study to be based in part on an examination of the data gathered through NESS insofar as it highlighted the dimension of ethnicity - and any other data available from large-scale quantitative surveys - and in large part on qualitative data gathered through a series of case studies. This is the subject of the next section of this report.

The large-scale survey and secondary analysis of other data sets undertaken by Gordon and colleagues (2000) points to the broad brush picture of poverty amongst minority ethnic children compared with their White counterparts. This survey was not able, however, to distinguish between minorities because of small numbers, but concluded that, in relation to a list of socially defined necessities (e.g. a damp-free home, a refrigerator, three meals a day for children), the proportion of children living in families lacking one or more items was almost twice as high for 'non-White' families as it was for White families, and for those lacking two or more necessities, was two and a half times as high (at 35%) for 'non-White' families as it was for White families. Given the kinds of difference between minorities outlined above, there can be no doubt that these figures will show an even greater disparity in relation to certain minority group families with children; and given the association of poverty in

general with low income, there can be little doubt that asylum-seeker children will be particularly badly off as their families are entitled only to an income substantially below that of normal income support levels.

This prompted the present study to attempt to explore the experience of refugees and asylum-seekers in particular, but, as we shall see, with limited success. Large numbers of children within families have been associated historically with a greater risk of poverty: the Health Survey of England tells us that 47% and 43% respectively of Bangladeshi and Pakistani households had three or more children compared with 16% for both White and African-Caribbean populations (the Fourth National Survey of Ethnic Minorities - Modood *et al.* 1997 - puts the gap between these groupings even larger).

We also know from this latter survey, that Bangladeshi and Pakistani populations were much more likely at the time of the survey - at 42% and 39% respectively - to suffer from unemployment than other groups: the corresponding figures for White and Indian populations for example were 15% and 19% (with the GLA study showing greater disparities); the impact of this and of having larger families means that the former will have both lower family incomes (£203 compared with £343 for the White UK population) and more demands upon their incomes. This explains the lack of necessities in poorer families referred to in Gordon *et al.*'s work above, a finding confirmed by the work of Middleton and Ashworth (1995) a few years earlier; this showed that South Asian families were much more likely to indicate that they could not give their children all they wanted to compared with the UK White population. These characteristics may all have an impact on how SSLPs are perceived - and used - by minority ethnic parents.

This picture of research evidence provided a general context for the present study and suggested a range of factors - child care, household income, household size, incidence of poverty and lack of necessities, inability to make effective use of services - in which minority families' experience of SSLPs may have been shaped. It was therefore proposed that, following an examination and analysis of relevant data collected by the Sure Start national evaluation, other national surveys, and through local evaluations, a series of focused Case Studies would be carried out which would provide a vehicle by which some of these issues may be examined in more depth. The findings from these Case Studies are the subject of the main body of this report (Section 5). First, however, we turn to a review of the key findings emerging from a review of the policy and research material available from the Department of Education and Skills (DfES), the National Evaluation of Sure Start (NESS) and other bodies closely associated with the work of Sure Start.

3: SURE START AND MINORITY ETHNIC POPULATIONS: EVIDENCE FROM NATIONAL POLICY AND EVALUATION DOCUMENTATION

The literature review above suggested it would be important to explore the particular experience of differing minority ethnic groups which formed a majority of the population in some major urban areas and in almost 20% of the 260 SSLP areas within NESS. Given the demographic, research and policy context outlined above, and the failure of many programmes to address the needs of minorities effectively, a review of the experience of black and minority ethnic (BME) populations within the Sure Start programme was now recognised to be essential. This need was underpinned by the fact that ethnicity had not been a strong focus of the NESS work.

The national evaluation had been in place for some time at the commencement of the present study (in July 2005), with a substantial amount of data having been collected. We were therefore able both to interrogate data sets and research findings acquired through the work of NESS separately and to identify key questions relating to the dimension of ethnicity. For example, was service use and participation in programmes by children and parents, and programme management, fully reflective of ethnic diversity within local areas? This review, together with the more general literature review (above), provided a context for the detailed fieldwork of the present study, consisting of a series of Case Studies. The Case Studies, it was agreed, would be chosen in the light of the findings of the review of data gathered through NESS but would ensure an adequate representation of major ethnic minority groups, would include areas with 'high attaining' and 'low attaining' minority groups (as described above) and would cover SSLPs from a range of regional contexts where there are larger overall concentrations of minorities. (In the event a wider geographical coverage was achieved). Within these contexts, it was also agreed, the case studies would include both SSLPs where there were larger proportions of minorities and smaller proportions of minorities.

3.1 Some key questions

This initial element of the Themed Study was essentially a review of what had been done to date in terms of data collection and analysis in the national evaluation, seen through the prism of ethnicity, together with a brief review of literature of early years and minority ethnic communities (of which there was, in the event, not much - see Appendix Two for a limited review of the literature). The NESS element involved examining data collected through:

- The national database from the longitudinal survey
- The case studies and observational work
- Other themed studies as they were emerging
- The surveys of programme managers
- The local evaluations of SSLPs carried out by a variety of external and internal evaluators

In addition, we accessed documentation (such as guidance to SSLPs) emerging from the Sure Start Unit at the Department for Education and Skills and other supplementary material. The purpose of this exercise was to understand what the gathering of data through NESS and through local evaluations could tell us about the ways in which outcomes are contingent on ethnicity; to identify questions which could be addressed more fully through qualitative means in the Case Studies; and further to shape the choice of Case Studies. For example, a very limited number of local evaluations commented on the dimension of ethnicity. Was this because the issue was not felt by programme managers to be significant, because appropriate data was not collected, or because there was no 'ethnic effect'?

As a result of these questions, we felt we would need to examine the differing minority profiles within the target communities (from the contextual census and IMD data for the SSLP areas - both to understand the pattern of ethnicity as a whole within SSLP areas but also to help shape the way we chose Case Study areas: see Appendix One); the extent to which programmes had a specific focus upon minorities (from national survey data); and the means by which this focus was operationalised (that is, whether there were specific local activities targeted on minority groups). Some of the key questions which were raised by this review included the following; many of these were explored in greater detail through the case study work:

1. Did the programme areas chosen for the national evaluation adequately *reflect the ethnic, religious and cultural diversity* of the population at large and were there any obvious gaps and why?
2. Were there any obvious '*ethnic*' effects emerging from the data collected and analysed so far, e.g. in terms of patterns of service provision and usage, participation in provision, and - insofar as they have been identified to date - outcomes for parents and children, were these variable as between different ethnic groups and what explanations were in place for this to date? Were SSLPs targeting services effectively and were these services delivered in a culturally appropriate fashion and with appropriate support in place (for example through the use of interpretation and translation facilities and linking to local black and minority organisations)?

It would, we felt, be important to go beyond broad brush categories such as South Asian and Black to explore the different experience of individual ethnic minority groups.

3. Was the *organisational framework* within which SSLPs are operating equally supportive of parents and children from different minority groups - for example, as far as it is possible to tell from national and local evaluation data, were there appropriate levels of participation in management and organisation from minority group members? What consultative arrangements had been put in place to ensure that black and minority ethnic communities had an effective voice in shaping local programme development? (we know that in general the voluntary and

community sector infrastructure for black and minority ethnic groups is quite weak in some regions; and that local statutory services - including health, education and social services - have been uneven in their ability to deliver services which are culturally sensitive.

It is also clear that research and service delivery programmes which are not based on effective ethnic monitoring and careful targeting may overlook the needs of minorities by operating a 'colour-blind' approach, and fail to offer them an effective voice in policy change [Craig and Katbamna 2002]. There is also evidence that this is still likely to be as true of voluntary and community sector activity as it is within government programmes [Craig *et al.* 2002]).

4. Were there specific ways in which the *involvement of black and minority ethnic communities* had been successfully promoted through partnerships, through community development approaches, and within programmes to ensure successful sustainable ownership of local programmes and what lessons could be learnt?

5. Were SSLPs contributing to greater *social inclusion and social cohesion* within local communities and in what ways?

6. Were there specific *local or regional factors* which may have impacted on the local development of Sure Start programmes in relation to the dimension of ethnicity? (these might be cultural, demographic, degree of rurality, organisational, policy etc).

7. Were there issues in relation to *other social divisions* (gender, disability) which might impact on usage of services and participation by minority groups: for example differing cultural attitudes to disability may have an impact.

An analysis of the data on ethnicity drawn from the census for the SSLPs is reproduced in Appendix One. The purpose of this review was both to understand the pattern of ethnicity as a whole within SSLP areas but also to help shape the way we chose Case Study areas for the second Phase of the present study.

3.2 National documentation

Overall, it appeared from our analysis of all the documentation made available to us that, although the choice of SSLP areas had (fortuitously) resulted in the inclusion of an over-representation of areas with relatively high proportions of minority ethnic families, neither the National Evaluation, nor documentation from the Sure Start Unit (SSU), addressed the dimension of ethnicity to an adequate extent. For example, at SSU, the planning pack '*Sure Start for all: guidance on involving minority ethnic children and their families*', gave fairly detailed guidance about practice, planning, service delivery and monitoring. It implied that all SSLPs should address a series of key issues regarding

minority ethnic groups, including collecting demographic data, identifying needs, providing evidence of consultation, (and a checklist of the types of group that should be consulted), the creation of an appropriate atmosphere in the SSLP, drawing BME representatives onto the partnerships and providing evidence of how services met the needs of BME groups.

It appeared to us that neither the SSU nor Government Regional Offices (which SSLPs were encouraged to turn to for support), monitored the extent to which this guidance was followed in practice; nor were local evaluations required to incorporate this guidance systematically into their work. The document referred SSLPs to the findings of the 1991 Census. We explored in our Case Study work whether SSLPs had made use of inter-censal estimates from local authority policy officers. The guidance issued by DfES on Planning and Delivering Sure Start in 2002 did make some reference as to the use of the 2001 Census although only the very initial data came on stream from 2002 onwards. National guidance on the impact of the Race Relations Amendment Act 2000 had also been promised but not delivered.

The guidance did refer to refugees (but not asylum-seekers) but there was no suggestion about how these and other 'hard-to-reach' groups could, in the event, be reached as part of the consultative and participative goals of the programmes. The guidance reminded SSLPs that appropriate role models, in the form of BME staff and parents involved in programmes, would encourage greater use of the programmes by BME groups and this is an issue which we later found to be key in the work of SSLPs. Ethnic monitoring was encouraged (the 2001 Census categories were given) and, again, we explored with SSLPs the extent to which this guidance had impacted on their approach to work with BME communities.

Later national guidance documents such as the Sure Start Guidance documents, Section One and Two (*Overview and Local Delivery Arrangements*; and *Delivery Guidance*) also had little to say on the subject of ethnicity or the ways in which SSLPs might, for example, 'bend' their programmes to ensure delivery to minority ethnic groups, including when there were relatively small such populations, or to involve minority parents and community representatives in the management of SSLPs. Recent government reports (e.g. Cabinet Office 2003) have pointed to serious barriers to involvement of minorities in the labour market, and more detailed discussion of these issues, including, for example, the lack of provision of appropriate and affordable childcare, might have been expected to be available.

NESS produced a series of major reports on both Impact and Implementation strands of the national evaluation.³ These reports included the Impact Study Methodology, preliminary findings on the Impact of Sure Start local programmes on child development and family functioning, and the Implementation Study (which drew heavily on surveys of local SSLPs, in particular a long mixed structured and semi-structured questionnaire sent to

³ Many of the NESS reports are available from the website at <http://www.ness.bbk.ac.uk>

the local programmes). NESS also undertook, at various points, analyses of the characteristics of Sure Start Local programme areas.

The reports of these various studies suggested a number of difficulties in relation to the issue of ethnicity. First, as we observe elsewhere, the categories of ethnicity were too general ('Black' and 'Asian' in particular) to be of much help in addressing the subtleties of difference and diversity within and between ethnic groups. Some of the research tools suggested to us that whilst some information about ethnicity was collected, there were critical areas (such as voluntary involvement of parents, the specific roles of minority staff, and the process of ethnic monitoring at all levels in the organisation, for example) where data on the performance of SSLPs was simply not available. In relation to the question of working with asylum-seekers, NESS had proposed to explore with the Home Office, the possibility of using their database as a means of sampling asylum-seekers but this was not followed up.

The lack of a more subtle analysis by ethnicity meant that implications of some of the preliminary Impact report's conclusions could not effectively be applied to thinking about how to work with differing ethnic groups. For example, that 'programmes appeared more effective in the case of parent outcomes when communities were comprised of a greater population of Blacks (and working age adults), of fewer lone parents, of fewer children in poor health, of greater household crowding and of fewer adults in poor health and on disability...programmes may prove more effective in deprived communities that are somewhat less deprived than others'.

The 'characteristics' of SSLP areas was also of limited use in that it both also made use of the general ethnic categories of 'Asian' and 'Black' but also did not analyse data collected (on poverty and deprivation, economic activity, child health and welfare, educational attainment, local services, local environment, adult health, community disorder) in terms of ethnicity. The community disorder section omitted the extent of racist incidents, which, given the difficulties faced by minorities in accessing services, might be thought to be a key indicator. More recent reports, issued as part of the Interim Phase of the National Evaluation, raised similar and other important issues in relation to the dimension of ethnicity.

For example, *Report 10: Implementing Sure Start Local programmes: an integrated overview of the first four years*, acknowledged the importance of language, translation and interpretation services, and appropriate publicity in helping minorities access SSLPs. It commented on the need to provide appropriate training for staff working in ethnically diverse communities (although the menu of training opportunities which followed did not seem explicitly to address this need), but whilst acknowledging that ethnicity of staff was an important factor in terms of helping communities engage with the programme, suggested that it might be 'unrealistic' for the workforce to reflect the ethnic diversity of local communities. This appeared to run counter to the argument noted earlier from national documentation that minority role models would help programmes make their services accessible to minorities or to the finding on the *Quality of Early learning, play and childcare services in Sure*

Start Local Programmes (Anning *et al.* 2005) which noted the importance of recruiting workforce from local communities to ensure an ethnically representative staff on SSLPs and to the development of services which were respectful and responsive to local community cultures, child-rearing practices and languages.

Report 12: Maternity services provision in Sure Start Local Programmes identified good practice in targeted services for minority ethnic families and asylum-seekers, including group sessions with language support, use of bilingual outreach workers, practical support and advice for e.g. benefit claims, working closely with asylum support organisations. Report 13: Early impacts of Sure Start Local Programmes on Children and Families which drew on the analysis of ethnicity referred to earlier in the Local Context Analysis did not, however, identify separately any relationship between ethnicity and impacts. Similarly, Report 14: Variation in Sure Start Local programmes effectiveness: early preliminary findings appeared also not to reflect on the dimension of ethnicity. A parallel *Themed Implementation Study (No. 7* Williams and Churchill 2005) looked at the issue of empowerment of parents and the factors which promoted it.

Factors of particular importance, were the provision of responsive services, transforming professional relationships with parents (which valued parents' own experience), and understanding local context. Where this context was a multicultural one, additional complexity and therefore costs were involved (with the latter apparently not being recognised in funding allocations). Issues such as the ethnic composition of the workforce again became salient as did issues about the nature of community contact, such as the need to respect local minority protocols for doing home visits, for providing very targeted services (within broader generic programmes) such as health courses focused on minority groups. Three of this study's six case study areas were strongly multicultural.

3.3 Local documentation

There were, at the time of our study, over 800 local evaluation reports, usually conducted by (freelance, private or academic) evaluators engaged by local programmes to produce annual evaluation reports. We were not able to review the content of these reports in detail but a special analysis was undertaken early in 2006, after our study had commenced, which reviewed all local evaluation reports. There were two other published synthesis reports by the National Evaluation, one on partnership working and the other on speech and language issues. Neither addressed the dimension of ethnicity. We also accessed two workshop reports which touched on issues of ethnicity.

The review of the position of Black and Minority Ethnic groups, as reflected in local evaluation reports, (Lloyd and Rafferty 2006), examined all such reports submitted to NESS and searched them again for key words including Black or Minority Ethnic, asylum-seekers, 'hard-to-reach' families. From this, 71 reports were identified as relevant to the analysis, a similar figure to that identified by

our searches (see below). This analysis commented that 'the majority of evaluation reports with any specific findings concerning BME groups simply reported the ethnic composition of their programme area. The next most common references were to the ethnic composition of baseline surveys, and to ethnic monitoring data. Only a very few presented findings of service user surveys directed at exploring use (or more accurately non-use) of services by BME groups.' These focused on such services as adult language courses, social meeting groups, and specific activities designed for BME groups. No outcome evaluations were reported either for these activities or for the work of outreach workers. The dominant minority which was the focus of these activities were 'South Asian' groups even in areas where African-Caribbean populations were strongly represented in the SSLP areas concerned.

One of the key findings about targeted services suggested that there was a danger that, without attempts to build links to mainstream services, these services might become detached and compartmentalised. The review found little evidence of detailed evaluation of work with BME groups and suggested that this might be because the 'majority of local evaluation reports received by NESS typically concern the assessment of work undertaken towards reaching specific Sure Start PSA targets as opposed to identified sub-groups or families within communities.'

In relation to published local evaluation documents, we searched on the NESS website at <http://www.ness.bbk.ac.uk> for those referring to a number of key words. The results were as follows:⁴

Ethnic minorities 74 hits from 805 documents;

Ethnic minority 6 from 779 (one of them in the previous listing)

This gave a total of 79 hits from 805 documents, or just under 10% of local evaluation documents referring to ethnic minorities.

Traveller No hits from 805 documents; *Travellers* One hit from 805 documents

Gypsy, gypsies No hits for either from 805 documents

This gave a total of one hit (Braunstone, Leicester) from 805 documents, or just over 0.1% of all local evaluation documents referring to travellers/gypsies.

However, when we sought via NESS advice for potential case study areas where work with gypsies or travellers might be in progress, several alternatives were offered, none of them, however, the Braunstone programme: this suggests that data available from the local evaluation reports was not adequate alone in providing a profile of local work).

Refugee, refugees One hit (Larkhall, Lambeth) from 805 documents; *Asylum*

seeker, asylum seekers Four hits (Brierley Hill, Sandwell, Derby, Haringey, Coventry) from 805 documents

Particularly given the substantial over-representation of minority ethnic populations amongst SSLP areas, this profile is alarming and implies a considerable gap in terms of local evaluations in relation to the position of

⁴ This is a similar process to that conducted by Lloyd and Rafferty.

minorities. Overall, our review of local evaluation reports and the parallel analysis of Lloyd and Rafferty suggest that local evaluation reports have barely addressed the dimension of ethnicity. This is disturbing.

3.4 Other resources

The National planning pack, *Sure Start for All*, lists a number of reports and specialist organisations to which local programmes were presumably expected to turn to for guidance. Given that the majority of these organisations are based in London, it seemed to us to be optimistic to expect that local SSLPs could make effective use of their expertise for help with the range of issues outlined above, or indeed that such organisations would be able to offer it, other than at a distance. Certainly we found that very few SSLPs amongst our Case Studies referred to making use of this kind of resource. It might also be expected that regional teams, including Regional Government Offices and regional advisers, might play this role and we explored this issue in the Case Studies reported below. We also found however that the amount and range of help made available from regional sources on the issue of ethnicity was very limited.⁵ A guide to sources of information, *Working with children from minority ethnic groups*, was produced by the National Children's Bureau, Early Childhood Unit, for the DfES Sure Start Unit in 2004, part of a larger programme which the NCB was undertaking as part of the 'Birth to Three Matters' programme. This guide largely consisted of an annotated bibliography and a listing of audio-visual materials, with general sources of information and websites. It was not clear to us whether the literature on parenting, some of which we identified in our literature review (see Appendix Three) had been used to help sensitise SSLP staff to cultural and religious issues affecting parenting norms amongst differing minorities.

Finally, in reviewing resources available to SSLPs, we located a few research-related reports published in association with the Sure Start programme although it seems that none of the other themed studies have explicitly addressed the issue of ethnicity. A paper given at a Yorkshire and the Humber NESS regional workshop in 2004 was concerned with '*Researching the needs of minority families*'. (Wadsworth and Taylor 2004) This was the report of a mini-evaluation concerned with the needs of families with a disability or special need, asylum-seeker families, minority ethnic families and traveller families, based on interviews, focus groups and mapping and consultations with professionals and families but based on a very small sample of families.

This highlighted the importance of language barriers and a lack of trust (in the context of widespread racism) in hindering access to SSLP services for minority families. Professionals suggested that outreach work (supported by better transport facilities), involvement of BME families in service delivery, and raising community awareness of cultural diversity, were all important means of

⁵ Regional Government Offices had a role in monitoring SSLPs although as we note elsewhere, the relationship between SSLPs and these Offices was very uneven. With the work on roll-out of Phase 1 Children's centres being made a priority, the capacity of regional teams to offer support to SSLPs on more complex issues was reduced from 2003 onwards.

reaching BME groups. In relation to travellers, a group which appears from our Case Study work largely to have been overlooked by Sure Start (see Section 4 below)⁶, professionals suggested outreach work was important, particularly around a play bus and health services. The traveller parents had not accessed services but indicated that they might do so if more travellers were engaged.

A national conference on improving *diet and nutrition* took place in 2004, primarily, it appeared, with the needs of BME families in mind and discussion suggested that the nutritional needs of BME groups could often be neglected or misunderstood. The report lists issues of particular relevance to BME groups and good practice models regarding the nutritional needs of young children. More than 30 instances were offered, many of them focusing on specific means by which healthy food could be incorporated into wider community events. Again the issue of language, translation and interpretation services was prominent, together with the need for support for parents. Suggestions were drawn together as to how Sure Start local programmes could make work with ethnic minorities more effective including:

- mapping and profiling of local BME groups
- sharing information, resources and evidence of good practice
- appropriate materials in differing languages
- better involvement of BME groups themselves in local programmes
- employment of BME workers, including dieticians, in the community
- better training for all Sure Start workers.

There is no evidence that these suggestions were generally acted on.

A research report looked at *The Impact of Sure Start on Social Services*. (Carpenter *et al.* 2005). This concluded that 'Sure Start principles were evident in the operation of the programmes which were providing a range of preventative, non-stigmatising services', were making efforts to engage 'hard-to-reach and minority ethnic families in their areas' and that 'professional and cultural barriers were being tackled through workshops'. The study was based on four case study areas in the North East of England, which all had relatively small numbers of BME groups. Little of the discussion, however, reflected on the dimension of ethnicity and the typologies of issues which might 'help joint working between Sure Start local programmes and Social Services' or suggest 'lessons for the development of integrated family support services' did not acknowledge culturally-specific agendas - including language, religion, parenting practices and household structures - amongst BME groups.

Lastly, in this review of national and local Sure Start documentation, research was published on the use of childcare amongst families with ethnic minority backgrounds. (Bryson *et al.* 2005) This differentiated between differing minority ethnic groups' use of childcare, linking these differences to questions of labour market participation, household structure and cultural and religious issues. Black parents - and minority ethnic parents more generally - reported unmet demand for childcare, citing questions of cost, availability and

⁶ Again, national guidance, including planning and delivery guidance, referred to the need to work with travellers but most SSLPs were unable to translate this guidance into practical steps they might take to undertake this work.

appropriate information. Trust and affection were suggested as important factors in choice although less so for minority ethnic families who tended to opt for more formal types of provision. The survey was limited by low numbers of participating parents from some ethnic minority groups and, as a result, the research team was obliged to collapse some ethnic groupings into broader categories such as 'Asian' which, they acknowledged, was 'not an ideal way to combine different groups of families.' The surveys also did not probe families' use of and need for childcare within the specific contexts of their ethnicity. The study notes the importance of recruiting childcare staff from minority ethnic groups: current levels of participation were very low. The team also suggest that 'Asian' parents might be concerned about quality of childcare on offer, although it was not explained what 'quality' might mean in this context.

Again, overall, the picture from this is of the treatment of ethnicity which is either fragmented, partial or lacking altogether. In this context we examined the practice of SSLPs themselves.

4: THE CASE STUDY FINDINGS

This section of this report discusses the findings from the 12 Case Studies, eight conducted in depth and four at a less intensive level. Because the focus of this themed study was on ethnicity, the findings are seen through the prism of ethnicity, that is, the perspectives explored are largely those of minority ethnic groups living and working in the Sure Start Case Study areas rather than providing an examination of the Sure Start Local Programmes (SSLPs or 'programmes') as a whole, although it is necessary to provide some context to the work of these SSLPs. The data focuses on material drawn from discussions with staff, managers, local professionals and other relevant key actors about their understandings of the way in which SSLPs were working with minorities, and more specifically from minority staff and from minority parents and local community members.

All of the SSLPs had been operating for at least three years, in some cases up to six years, and had therefore had adequate time fully to address issues of ethnicity in their work. Five out of the nine researchers who undertook the fieldwork described here were from minority ethnic communities themselves and, where appropriate, had a range of languages available for conducting interviews and focus groups.

4.1 The location and history of the programmes and the demography of local areas

'.. it was never an area that was desirable ... it was never an area that partners would want to work in. '

- SSLPs were situated in areas marked by high levels of deprivation and considerable ethnic diversity.
- Some areas were characterised by highly transient populations which raised difficult issues for long-term work with parents and children.
- Ethnic monitoring was undertaken by some programmes and not by others; the latter found it difficult to respond to the changing local demography.
- Areas with a long-settled minority population in general presented less difficulties for SSLPs than those with a population in flux.

As discussed earlier and in Appendices One and Two, the Case Studies were chosen to reflect a range of contexts in terms of local demography, particularly in relation to minority ethnic communities, and were located within five English Regions. The programmes were within inner city areas in London and several other cities, in large towns, medium size towns and small market or seaside towns. Because SSLP areas were chosen to reflect a range of indicators of deprivation (many of them in the most deprived wards or census super-output areas in the country), all were located in areas of high deprivation relative to the surrounding areas and most had significant proportions of minority ethnic groups. Some included wards with the highest levels of child or employment poverty or infant mortality in the country: one SSLP Case Study area for

example had infant mortality rates 16% higher than in the UK as a whole. Typically, net household incomes were £10,000 or less which explained why many parents commented on the difficulties they had in meeting even the modest charges made for some Sure Start services or activities (typical was the charge of £1.50 per child made for use of a crèche). In several areas, judging by comments made by parents, it appeared that charges being levied bore little relationship to the ability of parents to pay, particularly where they might have more than one child.

SSLPs were situated often in areas where substantial parallel regeneration initiatives had taken place to address these issues. Nevertheless, the challenge facing some programmes was considerable. In many areas, car ownership was low and where public transport was poor, people's horizons were limited. We found that many SSLPs therefore included trips out to the country or to popular tourist sites. These invariably were oversubscribed and perhaps had an impact substantially beyond the expectations of programme staff.

4.1.1 Local demographics

We deliberately also chose several Case Study areas with small minority populations either to see how work was targeted on Black and Minority Ethnic (BME) communities in these areas or to look at work with specific minority populations, in particular gypsy or traveller populations. In those SSLP areas with small minority ethnic populations, these might nevertheless be larger - or more concentrated - than in the local authority as a whole.

Within these 12 Case Study areas, the proportion of the populations from BME communities ranged from about 2% to over 70%. In several of the Case Study areas, one minority (usually from South Asian origin but in two Case Study areas from Black-African and/or Caribbean origins) dominated numerically although there were two where the differing minority groups were more balanced numerically within the population. The Chinese population was very small in each of the Case Study areas.⁷ In most of the areas, ethnic diversity was considerable - typically about twenty but sometimes as many as sixty languages being spoken in small neighbourhoods - and in some areas that diversity had increased substantially in recent years, due in part to the arrival of asylum-seeking refugees but also to more general immigration to the UK. Most SSLPs had reasonably up-to-date information on the ethnic composition of the neighbourhoods they served but we found at least one SSLP where the manager was unsure of this information. In several areas, the White population was in a minority and, as one Manager commented: *'surprisingly enough, the most angry group is the natural White British population, who are incredibly poor and - living in this diversity - probably the most ignored.'*

⁷ Although the Chinese population is present in most local authority areas in the UK, more so than any other minority, it is less concentrated than some other minorities: for example the Bangladeshi population is concentrated in a very few parts of the UK.

There were several programme areas where the numerical dominance of one minority community had led to a recognition - sometimes as a result of local research and evaluation - that the Sure Start services were not reaching some of the smaller minority communities: in one SSLP, this had led to a rebalancing of funding to local partner organisations but in the others, no obvious action had followed on from this recognition. In some SSLPs visited, however, basic ethnic monitoring of families using Sure Start services was not undertaken despite, in certain instances, a recognition amongst staff that some 'needy' BME communities were not accessing their services. One manager in a very ethnically diverse area commented that *'I'm not on the ground so I don't see these things in the greatest detail but in terms of this centre it's mainly White middle class ...'* Local staff argued that this was because the White families *'in general will go looking'* and didn't have to be encouraged to use the services.

This was clearly an implicit argument for effective outreach services to be developed for BME communities (see below) but staff at this programme felt that BME communities were effectively 'crowded out' by the White population. This SSLP was unusual in that it was situated in an area where there remained a substantial middle income population. This, combined with the fact that a neighbouring area had a substantial South Asian population with services such as shops and religious centres, meant that the SSLP was struggling to engage with its local Asian community. The programme here felt that not enough attention had been given to these issues when the catchment area was originally defined.

4.1.2 Contextual factors

The relatively low costs of housing in many of the Sure Start areas meant that these areas might be regarded effectively as reception areas for recent migrants and a rapid turnover of local population (30% annually in one area) was not uncommon, particularly in the larger city areas or where there were special conditions obtaining such as large local Army Barracks or proximity to airports with large numbers of incoming migrants. Several programmes described many of their populations as transient and mobile as well as being very diverse. In one area, the most difficult to reach group were the so-called 'overstayers', immigrants staying beyond the date when they were legally entitled to remain. This all presented particular difficulties for longer-term programmes such as Sure Start and required staff continually to renew their contact with the community and effectively start all over again every few months with, for example, renewed levels of outreach work, to reach new cohorts of parents. Not every SSLP managed to do this and some indeed, recognising this, accused themselves of complacency in not doing so. This was a strong argument not only for outreach work but also for community development approaches which would help identify new groups and new needs in the community. Such approaches would help the programmes to attain an appropriate level of flexibility and renewal. In such communities also there was recognised to be a need for very basic information about citizenship

issues in the UK, including details of the British educational system but the SSLPs felt it was not their role to undertake this work.

The question of the factors which undermined long-term work with parents was debated in a number of contexts: the high levels of deprivation and low family incomes in many of the Sure Start areas meant that many mothers often had to return to work rapidly after the birth of their babies.

Traveller/gypsy populations were present intermittently in three of the Case Study areas (although there were some more settled gypsy families in two areas) and these, and other transient populations, including students and asylum-seekers, tended to use the SSLPs for short periods of time. The areas were often densely populated and, particularly where there were populations of Pakistani or Bangladeshi origin, there were, as would be expected, higher than average numbers of children. In one SSLP for example, 40% of the population was under 18 years of age. Respondents in several programmes commented on a relatively high level of segregation between different minority groups but several also commented that SSLPs were very well-placed to build bridges between different ethnic communities.

Building bridges - 1: One example of bridge-building between minority communities was a lunch and cooking activity which had involved community members which was used as a means to draw a traveller community into the work of the SSLP. In this case the travellers had asked for something to do with cooking and staff felt it would provide a good opportunity for building bridges between different sections of the community. This kind of bridging might be very important to individuals. One traveller mother had been harassed by her 'giorgio' (non-traveller) neighbours but at a mixed session at the SSLP, she felt that '*nobody judges me here for my culture.*'

In some areas, where there was a long-settled minority population, this was clearly critical in terms of the overall approach of the SSLP, especially where it had links with local organisations (including local education and health bodies) which had, for some time, addressed the issues emerging from working with a distinctly multicultural population. Thus in one such area, SSLPs expected from the start to work on issues of ethnicity because that was how the local authority had operated for some years. Issues such as avoiding conflicts with religious observation (Friday prayers, Ramadan) were simply taken for granted. In areas with lower levels of minority population, SSLPs tended to fall into two categories: either they mirrored the approach of other local policy and service organisations, in not having much of a focus, if any, on the cultural and religious needs of minorities and had perhaps little incentive to do so; or, in a very few cases, where they were concerned to work with all sections of the community, they found themselves as something of a trailblazer in terms of their work with minorities. This placed extra pressure on such programmes which might create difficulties for them; for example, several programmes which started innovative work with minorities found themselves having to justify this approach to partner organisations and to encourage them to adopt a more positive approach to working with diversity.

The boundary of the local SSLP area was determined in part by demography but also by size as the government had placed minimum requirements on SSLPs in terms of the number of children (700) the SSLP catchment area covered. Thus most SSLPs tended to cover a combination of all or part of one or more than one electoral ward. The types of area included older social housing estates, inner city private rented or low-income owner-occupied properties, some areas where housing associations were active and areas where there were a mix of housing tenures. The areas were (because of how they were chosen) areas of high levels of deprivation measured in terms of, for example, housing conditions, unemployment, health outcomes and educational attainment. Although there is growing variation between outcomes for minorities in relation to these measures (see Section 2), the minorities in most of the areas tended to be associated with higher levels of deprivation.

In many, but not all, of the areas. there was a fairly thriving voluntary and community sector although again one marked often by ethnic differentiation: one area had local community groups representing Somali, Pakistani, Bangladeshi, Black and Chinese communities as well as several multi-ethnic groups. Most SSLPs had good connections with the local voluntary sector but in a few cases, contact more widely of this kind was very limited or non-existent except where other organisations were providing services. In a few, there were virtually no other organisations providing support or services to minority communities.

The history of the programmes varied considerably. Some had operated from new premises from their inception, others had moved from older programme buildings (e.g. closed schools or shop fronts) into new ones and many operated out of several different venues simultaneously. Some had also gone through a series of organisational arrangements as the programme developed but most were being drawn more closely now into local authority auspices as the Children's Centre regime emerged.

4.2 The structure, management and organisation of the programmes

'... if you hear someone making a stereotype comment like "only Africans can get jobs because they are all about education and West Indians are too flaky", you've got to challenge that there and then and talk to them about where they get those perceptions.'

- The organisational auspices of SSLPs varied substantially: this was often reflected in the priorities of the SSLPs themselves.
- Race awareness training for staff was uneven and, in general, inadequate.
- Using staff and parents as 'cultural advisers' had potential benefits and costs.
- The move towards becoming a Children's Centre had generated uncertainty and anxiety about cuts in funding and the loss of key staff.

At the time of our visits, SSLPs in the Case Study areas operated within a range of different organisational contexts. Some were closely linked to health organisations, particularly Primary Care Trusts; others were sponsored by local education authorities; yet others had the status of voluntary organisations, being closely connected to major local voluntary childrens' agencies or to long-established voluntary organisations such as Local Development Trusts. Some had established autonomous legal identities. In several cases, there had been an attempt - with mixed success - to develop management arrangements at arms'-length from the local authority even though formal accountability was to the local education authority. In areas where the SSLP was effectively a voluntary agency, staff felt this placed a pressure on them from statutory agencies to perform even better than they might otherwise be expected to and they had to work harder to establish their legitimacy with the statutory sector.

In some cases, the link with an education authority meant that SSLP staff felt that the authority only valued the educational aspects of the work rather than seeing the wider aspects of child development. More generally, the priorities of SSLPs often reflected the organisational auspices under which they operated and affected the quality and nature of relationships with local statutory bodies. In one area, Sure Start staff felt that they were viewed simply 'as another initiative' rather than a major structural and multi-service policy intervention; Sure Start, they observed, was looked upon as a poor relation to mainstream social work. In some cases, these issues were debated in regular partnership meetings which provided a structured forum for dealing with significant inter-organisational relationships.

Sure Start programmes often were established alongside a range of other activities, many of which in some areas were targeted on minority groups. For example in one area, a programme which won the tender to take on Sure Start had already established a secondary school for disaffected young people, childcare programmes and a nursery for 2-5 year-olds. This meant that the identity of Sure Start was more clearly established from its inception and in some cases it meant that work with minorities was already part of its portfolio.

Initially, SSLPs were given a fairly wide-ranging degree of discretion as to how programmes should be established although all were encouraged by national guidance to respond closely to the diverse needs of local communities. Many of the SSLPs had engaged in extensive programmes of consultation although at this distance it was difficult to establish to what extent this had effectively engaged with minority communities (see below). In some cases it was known that this initial consultation had not targeted minority communities specifically and in more than one instance, it appeared that the gap between initial consultation and the plan becoming operational was so long that local interest had waned by the time the SSLP started work. In one area, staff attributed the apparent low level of engagement with minorities as due to these initial delays.

4.2.1 The move to Children's Centres

The Government had originally proposed to fund SSLPs for up to ten years but in 2003, it indicated that it wished to extend the concept of Sure Start into every area in the country with the universal establishment of Children's Centres as a mainstream service. This had been a controversial decision when announced and some of our respondents felt this both diluted the concept of Sure Start and would lead to reductions in funding for individual programmes, the implications of which they were struggling with as we undertook our research. Some were losing key staff, the result of concerns about the direction which Children's Centres might take, a loss of flexibility and its impact on parental and staff morale, funding and SSLPs' local leadership position.

At the time of our study, however, all were moving steadily towards becoming - or had become - much more closely linked to local authorities as Children's Centres and this may have affected the way in which they discussed their current work and future plans. The likelihood of significant cuts in funding of the order of 25%-30% in the coming year⁸ was also concentrating minds in terms of future plans and there was an air of uncertainty in many of the programmes. In some areas, decisions about the management structure of the SSLP had been complex and prolonged with a tension between the different interests such as the need for proper accountability for public funding, effective involvement of parents, and engagement with a range of policy and service partners. Where a more formal structure had been adopted, this had slowed decision-making or made parental involvement more marginal. In most programmes, the uncertainty and/or cuts in funding had led to a mix of redundancies/staff resignations/non-replacement and most programmes were both anxious about future arrangements and worried that levels of service would be significantly reduced under the new regime. One example cited was the need to increase charges at a nursery provision which had then excluded poorer BME groups. This had impacted indirectly also on BME children: the nursery had been the place to begin to learn English in a supported environment.

In several areas, the SSLP we visited was one of several (as many as nine) within a single local authority area and some SSLPs tended to try, however irregularly, to work with these other SSLPs, exchanging information with and meeting staff from other SSLPs. In some SSLPs, work from several programmes was more closely coordinated. One manager suggested that the existence of a pilot programme in her local authority area had helped her avoid a number of mistakes. It was not necessarily the case that several programmes within one local authority area would have the same organisational auspices: in one city, there were Sure Start programmes run variously by the local authority, by a voluntary agency and by the private

⁸ SSLPs were only supposed to be funded for ten years with peak funding between their third and seventh years. It was initially made clear to Partnerships that revenue funding was due to taper in any case and that this should be reflected in financial planning but in many respondents' minds, this was associated with the move to Children's Centres. Children's Centres are, of course, not being developed solely from SSLPs.

sector. Many of the SSLPs operated from brand new buildings or buildings renovated for the work of the SSLP; their brightly coloured and generously-equipped buildings often stood in sharp contrast to the architecture of surrounding communities. Generally, it appeared that these buildings were well-used although in one or two SSLP areas, they had been the cause of some conflict. They were seen as too lavish in a context where other services and programmes were struggling for funding, or were said to be in (unfair) competition with mainstream services or located in the wrong place. Some programmes operated from several premises because of the geography of the area; for example, work on peripheral estates might be complemented by town centre work where the SSLP covered the wider area. In one market town, work was being extended to neighbouring towns. In a deeply rural area, services were delivered in part by a mobile van.

Most SSLPs had management committees (some constructed as 'Partnership Boards') involving a mixture of professionals (external professionals such as health visitors, educational psychologists, child guidance, public health nurses etc as well as SSLP staff) and parents although the balance between these two groups varied from area to area, as did the level of involvement of parents.

Appointing local community staff: costs and benefits: The case for appointing staff from the local community was put enthusiastically 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, early team members had not been recruited from the local community but they were keen to do so. Although it took a year, local recruitment had eventually been successful. This meant, they felt, that the team was culturally attuned to the needs of the whole community. White team members felt they could rely on Asian staff members for guidance when they needed it. In general, many programmes felt that the use of BME staff as role models was very positive, including in the delivery of specific services such as outreach or providing the first point of contact for new users. In one area, the Manager had dealt with a lack of external support by seeking advice from a respected local Asian voluntary sector worker and, later on, had engaged a local organisation to provide training. In a third programme, however, Asian workers felt that the cultural diversity training was not helpful to them, that it was very basic and might lead to cultural stereotyping: they also felt they were being required to act as cultural experts in a way which went beyond their job descriptions.

In some cases, a Board of Directors was established which had overall accountability: parents tended to have a very small degree of representation at this level. In most SSLPs, the programme leader appeared to play a strong role on the management committee, acting as facilitator or advocate and the basic organisational work for the committee was undertaken by the SSLP itself. The distinction between professional involvement and parental or community involvement tended to be blurred in some cases as staff (50% in one case; almost half in another) - and particularly minority ethnic staff - had been appointed from the local community. Some were parents themselves.

4.2.2 The importance of 'race' awareness training

In terms of preparation for working in multicultural areas, the level of preparation of staff seemed uneven and, in general, inadequate. In some of the SSLPs, staff commented that they had had some training for 'race awareness' issues; this was far from the norm, however, and in general this training, where it was offered, was on basic equal opportunities material '... *standard knowledge that people have to have.*' Some commented that, although they had had this basic training, there had been nothing on offer to help people become more aware of religious issues, such as understanding the significance of festivals or of '*more focused diversity training ... there seemed big gaps in cultural training ... we look at difference, mutual respect ... but I think a lot more could be made of it*' or in areas where cultural norms might differ between groups such as what might be considered good manners or rudeness. Another area where some cultural sensitivity was required but it appeared there had been little discussion was about potential cultural conflicts inherent in some activities: for example, some mothers did not want their children involved in certain kinds of dance or music, and in situations where fathers had been encouraged to come to a programme's activities, this caused difficulties for some women who felt obliged then to cover themselves (with a veil).

In two programmes, dominated by staff from minorities, no cultural training or systematic cultural sensitisation had been offered to staff and they commented that the equal opportunities training they had, had been gained elsewhere or from their own experience. Much of their existing cultural awareness in Sure Start had come, they said, through the examples given by positive leadership within the programme. The Manager at one programme felt that diversity training as such was not particularly effective - some staff had simply '*bought in*' to diversity training but that some staff '*went through the motions*'. Her view was that the most effective form of training was through '*challenging negative perceptions and bombarding staff with positive examples.*'

This energetic and confronting approach contrasted with the experience in several other SSLPs where equality and diversity material was provided, for example, in a folder or pack, one of which contained a number of sweeping generalisations and inaccuracies about BME communities. It is perhaps significant that none of the minority ethnic staff in this SSLP made any reference to the guidance provided in this folder. The argument for cultural diversity training was put by a staff member in one programme who had been sent on a course and was now trying to disseminate what she had learnt to other staff: '*it made her think, because from an inclusive perspective that we might not realise but we can 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*'.

In a programme in a highly multicultural area, the resource pack for staff for dealing with diversity issues both argued that staff should avoid stereotypes but then went on to suggest, for example, that *'in South Asian and East Asian contexts, any woman who makes direct eye contact with an unrelated man is regarded as brazen.'* The approach in this pack appeared to suggest that stereotypes should be avoided because of rights and feelings rather than because stereotypes are inappropriate, fail to meet the needs of individuals and can be highly discriminatory and negative in their impact. In one programme, dominated by White staff, there was no specific diversity training for staff. An outreach worker noted that she had had a little input three years earlier but the general view in this programme was summed up by one worker who, arguing that the lack of training represented a lack of support for their ability to deliver services effectively to local minorities, *'you just have to go on doing what you think is the right thing'*.

Typically, where cultural or race awareness training had been provided, it tended to be in the early stages of programmes and had not been offered again in later years as the profile of users changed or when new staff were appointed. In only one of the 12 SSLP Case Studies we visited was any mention made at all by any of the respondents of the Race Relations Amendment Act 2000 and its requirement on public bodies to promote equal opportunities through training, monitoring and so on; none referred to national guidance on the issue.

One programme indicated that, although they had had quite a lot of equal opportunities and diversity training, this was very much at the discretion of the programme manager. In many programmes, this discretion appeared not to have been exercised and in other programmes, as one staff member put it, *'the Programme Manager has had to find out for herself.'* This appears to reflect a lack of strong guidance and follow-up in this area from Government Regional Office or the Sure Start Unit to ensure that effective equality and diversity training was put in place. The issue of cultural stereotyping was also raised by parents in one SSLP. They argued that *'they [White staff] are fully aware of all the negative issues but they won't see the positive aspects of our culture'* One mother went on to talk about issues such as the subordination of women, forced marriages and religious fanaticism as examples of this stereotyping. Another parent in the same group complained because she had been patronised by a White staff member *'who assumed that because you wear hijab ... you are uneducated.'*

In one programme we did, however, find that some very specific training had been offered to money advice and credit union workers, particularly on how to handle debt issues in accordance with local understandings of Sharia (Islamic) law.

4.3 Parental involvement in management

'anyway ... they [parents] are only there because they need to demonstrate they are engaging you, are they really listening to what we are saying?'

- Parental involvement in management was not strong in most cases, particularly for BME parents and at higher levels of decision-making.
- Low levels of parental involvement often reflected wider issues of community capacity, requiring a wider community development role to be performed, but also a lack of fit between what parents could manage and what programmes expected.
- Poor communication between staff and parents sometimes led to conflicts in expectations about the ways in which parental involvement might be facilitated.

Most SSLPs stressed the importance of parental involvement in management committees at least rhetorically but the level and extent of involvement of parents varied widely. In some areas, representation on the SSLP Board was structured in such a way that a certain number of places were reserved for local organisations and for parents: for example, in one SSLP, seven seats were reserved for local voluntary agencies and 12 for parents. These seats were generally filled because there was a long tradition of community engagement in local programmes. Parents were elected to represent the views of the local Parents Forum to the Board; and they stood down when their child reached the age of 5 years or if they decided to leave in any case. Parents might also be involved in sub-committees but generally they were there as advisory voices and had no voting rights. In another SSLP, 8 of the 20 members of the Executive Board were parents elected from a Parents Network for two-year terms of office. In most areas, where Sure Start came in as a new and freestanding programme, involving local parents was said to be quite difficult - particularly in regards to certain minority groups - even where programmes were enthusiastic about parental involvement. We did not come across any instances where places were reserved for representatives of particular ethnic groups.

In one area, parents formed 75% of the management committee and one parent chaired the committee. This was an area of low BME population and there were no BME parents involved; it was typical that where there were low levels of BME population (but some BME parents known to the SSLP), there were no BME parents involved rather than ensuring that, as good practice elsewhere might suggest, at least two BME parents were involved in the formal management arrangements. In several Case Study areas, there was no parental involvement in management at all. One manager had established a Parents Forum, separate from the management structure, which did some fundraising and was available for consultations. It appeared here that the SSLP, along with several others in the local authority area, were more tightly managed from the centre by the local authority children's services section. In another area, although the involvement of parents in management was acknowledged, and three seats had been reserved for them on the

management committee, there had never been more than two on the committee at any one time. Staff felt that this was not a BME-specific issue and related to low level of community capacity, which they were working on in their wider community development role. This wider role would be important also in acting as a means by which ongoing community change could be monitored and community involvement continually renewed.

In one highly multicultural and well-organised area, none of the 60+ minority community organisations in the area were represented on the Board, although there were places for community representatives. The programme manager commented that *'the programme has always found it difficult to get local parents on the Partnership Board ...'* In this instance this clearly reflected a wider lack of communication between BME parents and the SSLP since parents in a focus group commented that there was no childcare available during Partnership Board meetings which often took place in the evenings, and some parents claimed to be unaware of what the Partnership Board was, despite being regular users of the SSLP services. The Programme Manager here asserted, however, that childcare was available for these meetings.

In many SSLPs, however, parents held a subsidiary role in what was variously known as the Parents Forum or Parents Network. These might be consulted by the main management board (which generally, as noted, comprised representatives of all the major policy and service players in the area). In some cases, parents clearly felt they had a marginal role in decision-making. Indeed, in a few SSLPs, a Parents Forum had been established early on but appeared to have been allowed to wither over time. Some parents commented that they knew the programme was directed by government and that it therefore had its own agenda; others, however, felt that they were able to have some influence.

In some instances, it appeared that there might, in any case, be additional more structural or complex reasons for a lack of engagement by local minority parents in Partnership Boards or Management Committees which was that the more structured (however informal) type of committee meeting with which most policy organisations are familiar, is not one with which many minority groups felt comfortable. In one area for example, local minority community representatives felt they needed more support than was available to help mentor them through such meetings. The result of their lack of involvement impacted on one particular SSLP as a whole because, as a minority respondent commented, *'equality issues were not taken as high up the agenda as they should have been.'* In this community, it was felt that there was suspicion of statutory bodies (which is how SSLP was seen there) and the fact that some minority community organisations were also suspicious of each other was not helpful in terms of encouraging wider involvement.

This feeling of suspicion was echoed in another programme where local Asian community members were wary of the intention behind a free government-sponsored service. This wariness was overcome to some extent because Asian staff members were well-known in the local community but, as we saw earlier, this sometimes placed them in difficult situations as they were required to articulate community needs to the SSLP. There was, in one SSLP, a

concern amongst some community members which related to very basic issues about values: some parents said that other BME parents were not allowed to attend Sure Start because of the danger that they might '*become wayward. Have heard women say, you know, what these people are like, they want to break down our family.*' In this, and other SSLPs, a familiar problem arose which was that Sure Start was perceived locally as being for disadvantaged families and people did not want to associate themselves with that ethos.

The upside and downside of parental involvement: One or two programmes had tried to involve parents more strongly in the structure and development of the SSLP by training them in various aspects of its work, for example to undertake evaluative work or as interpreters to work with other parents. One SSLP had trained a number of parents in this way but unfortunately - at least for the SSLP's staff - most had then gained paid employment (which might be regarded as a positive outcome for them) and the scheme had not been repeated. In another area, there had been several attempts to have a minority parent chair the management committee (Partnership Board); an Indian parent had started as Chair and had recently been replaced by a Chinese parent who was joint Chair. However, none of the other members of the Board were BME members, leaving the chair quite isolated. There was little evidence of SSLPs providing systematic support or training for parent-Managers. Parental involvement in this way could be critical to the future of SSLPs: it would provide one vehicle for community capacity-building as well as supporting the changing aspirations of parents, for example allowing women to venture beyond traditional roles.

There was also clearly a feeling in the particular programme where, to local parents, equality issues seemed downgraded, that the Sure Start programme would not necessarily respond to articulated community needs and this also appeared to discourage parents from becoming involved in the programme's structure. In several programmes, it felt that the original energy put into developing a Parents Forum of some kind had not been maintained over the life of the programme as a whole and they now felt marginalised in decision-making. At one programme, three years from its inception, interviews with parents suggested there had otherwise been little structured community engagement and respondents felt they had not been consulted over service development. The views of these parents contrasted strongly with those of staff in some of the same programmes who argued that parents were very involved, at least in service delivery - yet, when questioned, the level of parental involvement appeared quite modest, for example '*staying behind and helping out ... coaching breast-feeding...*'.

Overall, it appeared that parental involvement at the higher levels of management of the SSLPs and in its governance more generally was very limited. As one Manager put it, the engagement of parents at a management level '*hasn't been brilliant, it takes more time for them to get used to the Management Board and they don't see how they can make a difference.*' Parents at this programme felt however that the difficulty lay in the patronising way parents felt they were treated.

4.4 Use of SSLP and other 'mainstream' services

'It's a women thing ... we had the relaxation class once where there were new born babies and I bought my son and it was literally packed with mothers with new born babies and there were different culture 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.'

'Language is a huge issue and the way it worked in this programme is to make sure there is enough funding for translating information and for translators. It is also important to have staff who are sensitive enough to work with people with different languages.'

'With members of BME groups providing services for members of BME groups, positive role models are created and successful inter-cultural collaboration is showcased ... everyone is from a different ethnic background but we work together really well.'

'In this day and age, I don't think you can say that no Black, no Asian, no Bengali or Somali, nobody has got the education to apply for that job ... I find it hard to believe.'

- Most SSLPs provided a very wide range of services
- Some services were useful in building bridges and contributing to community cohesion
- In some programmes, these were delivered in a culturally-sensitive fashion, facilitating access by local minorities, in others the approach was a colour-blind one, taking little account of barriers this might create for certain minorities
- Language issues - including the use of appropriate translation and interpretation services - were seen by some, but not all, as key for parents accessing services
- Most SSLPs had not got fully to grips with providing services for very diverse populations, particularly in relation to staffing and employment policies
- Many programmes had not consciously targeted specific communities or made use of user surveys to shape their services

Sure Start's cornucopia of activities

- Crèche facilities - usually offered for children of parents attending activities/sessions at Sure Start
- Home visiting
- Respite care - for families with temporary difficulties
- Ante-natal relaxation
- Baby Massage
- Baby friendly café
- Toy library
- Child Health promotion programme - advice on breast feeding, weaning etc.
- Parents' English Language courses
- Baby clinic
- Alcohol and drug counselling
- Food and nutrition
- Music and movement
- Weight management
- Stay and play sessions

- Cook and Eat sessions
- Arts and Craft
- Time-out sessions - including parenting sessions
- Sexual health programmes
- Employment support programmes
- Women's health and keep fit sessions
- Health walks
- Smoking cessation services
- Special events - including Family fun days
- Early literacy
- Family support
- Play provision for differing age groups
- Integrated midwifery provision
- Fathers' support programmes
- Support to other community programmes
- Trips and visits out of area

All SSLPs have developed a wide range of services and activities over time although the balance of these has changed also over time. A typical range of these SSLP 'mainstream' services might include all or many of the following (see box above), many of them provided directly from SSLP itself but, in many cases, a substantial proportion of them purchased or obtained from other providers (libraries, further education, child psychology, health services) through Service Level Agreements (SLAs).

In summary, core services often centred on outreach and home visiting; support for families; support for good quality play; primary and community health care; and support for children and parents with special needs, with, in most programmes, a variety of one-off activities, short courses and trips. Language provision (translation etc) was usually but not always available.

4.4.1 Facilitating access

In some cases, these services were adapted to aim specifically at particular minority communities: in most cases, however, it appeared they were not. For one Programme Manager, the key issue was about ensuring effective access to all groups: *'the point of delivery was key and the services should be designed to encourage access'*. This meant that the location of the programme was important and several SSLPs spent some time ensuring that their premises were, and were seen to be, as community-based as possible. The pattern of services in each SSLP had developed over time and for many

Programme Managers, had done so as a result of *'asking. The first basic rule is to ask. You have to ask what families are interested in and what they want. As a Black woman myself, my experience is that people don't ask me. So I knew I had to ask them ... and by asking them, is respecting them.'* Again, it was unclear to what extent the initial and follow-up consultation with parents had particularly targeted minority communities. Some Managers mentioned that it had, but most didn't mention specific targeting in early consultative work.

Additionally, of course, SSLPs 'bridged' parents and children to a very wide range of other 'mainstream' services not within their direct control. There were two senses therefore in which one might talk of mainstream services: the typical range of SSLP services; and 'mainstream' services provided by other organisations in the area. We largely focus on the former sense here. In some cases, services might be provided through Service Level Agreements⁹ which brought staff seconded from other agencies into the ambit of the SSLP. In many cases, organisations which worked in partnership with SSLPs were often supported financially and in other ways by the SSLP. As one manager put it, *'Sure Start targets and now Children's Centre targets are around health, early education,, care, we can't do all those services ourselves so we went out to tender and we did service level agreements with partner agencies that were doing that job very well in the city'*.

The knock-on effects of Sure Start In one area, a total of eighteen different services - including a women-only training centre, a child's book library, child safety scheme, crèche, oral health support service, Positive Parenting, speech and language therapy, teenage parents drop-in and a women's music and performance workshop were all provided by other local agencies, many of them pre-existing the arrival of Sure Start but many also feeling that their work had improved substantially as a result of the support they got from Sure Start.

In some cases, because of the programme history, the boundaries between Sure Start and other local organisations were blurred. This might be an advantage. In several cases, Sure Start staff commented that they didn't feel partner organisations delivering services had the understanding of the community which they had but, as noted later, this was dealt with in some circumstances to some degree by requiring certain conditions - including a focus on diversity issues - to be incorporated into SLAs.

Although formal membership schemes were not developed, most SSLPs had some means of keeping track of the numbers of families using their services during any one period and typically about 600-700 families might make use of SSLP services in a year. Encouraging local BME communities to make use of SSLP activities and other services required a combination of ensuring that 'generalist' mainstream services are accessible to these communities, but also providing specialist and targeted services, often depending initially on a

⁹ Service Level Agreements are formal contracts between those commissioning services and those supplying them which specify the level and type of service to be provided for particular sums of money.

variety of forms of outreach work. We discuss outreach work in the next Section.

In those areas where minorities were a majority of the population, clearly SSLP services were likely to be accessed by minority families as they were the mainstream. For example, in one area where Pakistani people comprised more than 70% of the local catchment area, a survey over a period of a year showed that the proportion of Pakistanis accessing services nearly matched their level in the population as a whole, as did the proportion of those responding to a user satisfaction survey. The services available to them had been adapted to meet relevant cultural requirements although there were a number of activities, such as breast-feeding sessions for mothers, where, with some allowance for enhanced levels of personal modesty, the activity proceeded much as it would with any other group of parents.

Building bridges-2: In some cases, parents commented very positively on certain activities or services, saying that they offered the opportunity to build bridges between different minority groups in a context where ethnicity became of secondary importance. In a similar vein, in another programme, the idea of an 'edible quilt' had emerged where one group cooked healthy food for parents from other national or ethnic origins and then one of the other groups would reciprocate. Some programmes took advantage of high profile events such as the Asian tsunami to bring groups together to celebrate or commemorate these occasions.

There were of course instances reported to us where cultural norms came into conflict, for example over the appropriate behaviour of children within SSLP premises; one group of mothers were critical that another gave too much 'freedom' to their children to run around.

4.4.2 The need to target services

The delivery of services in some other areas, particularly but not solely where minorities were not so strongly represented amongst the local population, contrasted strongly with these positive experiences. In these areas, many SSLP mainstream services appeared to operate on a 'colour-blind' basis, that is, that the service or activity was made available and it was assumed that they would be equally available to all, regardless of any additional barriers that might be preventing particular groups from having that equal access. Thus, for example, publicity material was not translated into other languages and images of minorities were not incorporated into the material. In one SSLP which had a population where minorities were in a majority overall, the local manager argued that it was not necessary to target service provision towards BME users and that '*services are provided for everyone with cultural issues taken into account.*' This translated in the staff team into the employment of support workers - most of them from BME backgrounds themselves - who were, because they were front-line workers, critical in presenting an image to the community, and interpreters. The complement of these staff totalled, in formal contracted staff time at least, less than one full-time member of staff per week and, compared with a minority population which was a majority of

the catchment area's population as a whole, White staff dominated. These support workers were in fact very important to the delivery of particular services but their involvement had seemingly not been thought through properly: one example cited was of them helping Bangladeshi women who were subject to domestic violence and consequently then being expected to be available at all hours to support these women.

In one programme where this kind of 'colour-blind' approach dominated, one substantial minority community actually made disproportionately low use of the Sure Start services but this fact appeared not to have been recognised, at least in terms of the development of specific services targeted at them. In relation to publicity more generally, we found no examples of SSLPs which had made innovative use of publicity - for example through national or local radio programmes.

BME staff in this particular programme (as in many others) were limited in their management roles and this was also criticised by staff as failing to portray genuine ownership by the community and of failing to promote genuine understanding of the needs of BME service users. Most minority staff were Pakistani females and this also gave a sense of the SSLP being 'owned' by only one community, a sense which was exacerbated by the two South Asian communities regarding themselves as competing for resources. (However parents from both ethnic groups argued that they would not be discouraged from attending because of a dominance of the other ethnic group). Staff commented here that ethnicity was problematised and something to be dealt with, rather than being seen as something which enriches service users and those they meet. Nevertheless, some specific activities here were successful in reaching minority women: for example a programme on domestic violence was described as being very empowering for some local Muslim women.

Another example of this colour-blind approach is given by an SSLP in an area with a very large Muslim population where no attempt was made to isolate out the responses from Muslim respondents in a user survey (which actually identified the ethnic origin of respondents) from those of the remaining respondents, in order to establish whether there were specific issues affecting that population which distinguished them from others. In a further SSLP, with a relatively small BME community, the local Primary Care Trust worker who worked closely with Sure Start observed, in a rather circular fashion, that if Sure Start was able to be accessed by everyone, then there was no need for separate policies for ethnic minorities. A local evaluation in another programme with a high minority population again gave no separate analysis of the responses of minority parents although the survey suggested generally high levels of satisfaction amongst users. It was also not clear whether - given that many of the respondents were Muslim women - any use was made of interpretation in the survey work. One recommendation from an external evaluator to a programme with a large minority population was that (after six years of operation), more consultative work should be undertaken to find out the needs and wishes of this population (or rather, populations).

In areas where the BME population was very small, as noted, even where staff kept records of the ethnicity of users, there appeared to be very little targeted work. Small numbers of minorities might use specific services (and some services would be particularly popular amongst specific groups) but there was no sense of working with minority ethnic *communities* or of targeting work on these communities; rather, work was done - sometimes somewhat casually - with a series of individuals who happened to come from other ethnic groups. In these programmes it was particularly noticeable that there had usually been no engagement with Government Regional Offices about working with minority ethnic communities where the BME population was small. One programme manager said that she had been given information on conferences, for example on working with Muslim people, but no-one had been able to find the time to go to it. Another commented that they had targeted work with travellers because that happened to be a speciality of one staff member. Another staff member had done some work in a voluntary capacity in another programme with asylum-seekers and had been able to build links between the other programme and Sure Start. But this work all seemed rather serendipitous and not strategically planned; thus work with a few travellers, asylum-seekers or other minority families was not regarded as an important start but seen simply as work with a few additional families, rather than a way of thinking about strategic engagement with the traveller or other community as a whole over a long period of time.

In contrast, one programme faced particular difficulties in working with a very marginalised population but had faced these difficulties energetically; in this area, there were many 'overstayers', and the programme felt it needed (despite the formal legal status of many of these people) to provide services as these people and their children were often destitute. This particular population found it hard to believe that they would do so: *'we are running ads to say, tell your friends to come because we won't do the government's job and we won't report you.'* This programme found that because of their precarious situation, many of these people were *'doing so much, including childminding, illegally.'* In another programme, staff were also aware that they were working with many people whose legal status was uncertain but they were not prepared to press to ask this kind of question. It would, in their view, present another barrier to service use: *'you don't know if they are from that status because a lot of work we do you don't cross that line, a lot of the work is built on trust, they might tell you later on what their status is.'*

Only a few programmes had undertaken user involvement surveys and of these, very few had been undertaken independently of the programme itself, for example through a local evaluation. As noted, some had not attempted to isolate out the responses of minority users. One SSLP had asked parents what difference working with Sure Start had made to them; the most clear impacts had come, for parents, in increased social contact and growing self-confidence, alongside the social and health benefits for the child; for the children themselves, it was thought to be increased confidence to make new friends. This programme commented on the fact that some parents had been encouraged to participate more widely, even beyond the cultural limitations set by their own ethnic group. *'One of our Mums has been given an award by*

[name] College. She couldn't read, couldn't help her children with homework, couldn't read tin labels in shops ... she had to be taught to read and at that age it's not easy. We helped her learn to read and a whole new world has opened up for her.'

4.4.3 The importance of language, translation and interpretation services

In terms of mainstream services, especially for those for whom English was not a first language (and in the case of South Asian – particularly Muslim - women, where use of English was generally relatively quite poor), use of translation and interpretation services was an important first step in helping potential users access services. This was recognised by some Managers. In most areas, local authority or commercial translation services were available to help with translation of written materials. For minorities in smaller numbers, where even a staff member was not available, some programmes had made use of translation from a local service even though this was quite expensive: this had been done, for example, in one programme for the only Chinese mother using the programme.

Some SSLPs had made energetic use of this kind of service or had used community members as volunteers (providing them with support to do courses in interpreting skills) to help them: in some, however, SSLPs had made no use of translation at all and there was no information in languages other than English available to family members. A staff member commented that, even after 3 years of trying to make effective contact with BME communities (and failing), *'we never got round to it'* (i.e. use of non-English material). In one area, the cost of interpretation from commercial providers was regarded as a significant obstacle as it drew heavily on the programme budget: the local authority here provided interpretation and translation at a much cheaper rate but had refused to allow the SSLP to make use of it at the discounted rate. In this, and most other programmes, the costs of interpretation and translation meant that little of the publicity about the SSLP had been printed in languages other than English.

The use of volunteers was common in several programmes and one programme argued strongly that *'when we have parents working with us [as interpreters] it makes the staff group more representative and therefore more effective. You can't have a staff that is not representative of the community and it does have an impact. You need people with an understanding of very specific cultural differences that we need ... to be aware of.'* However, use of volunteers also, as we note elsewhere, can bring problems and in small communities the issue of confidentiality is also problematic; use of such volunteers may not only threaten confidentiality, it may also be exploitative if volunteers are not adequately rewarded. A key goal here might be to train volunteers and pay them appropriately.

In another programme, in a highly multicultural area, the programme had clearly also failed to engage with the issue of language at an appropriately subtle level. The argument given here by the programme Manager was *'that*

people who couldn't read English would not be able to read their own language.' Whilst that may have been true for some potential minority users, it would not have been true for many. This programme argued that it was adequate simply to make use of translators although these were not readily available in many languages when needed by the programme.

As we note elsewhere, procedures for dealing with interpretation and translation are well-established in many policy areas, particularly in health and social care where the arrival of refugees and asylum-seekers has required local service providers to review their arrangements,¹⁰ but these procedures seemed to be being reinvented in many SSLPs. In some cases relatives were being used for interpretation which has been widely regarded as not good practice. One Programme Manager had realised this and stopped their use. In another programme, a staff member had been used on an *ad hoc* basis to help local midwives and this had also been recognised as inappropriate. In this area, the bi-lingual worker is now contracted for up to half-time to work with the midwifery service. In yet another programme area, where a wide variety of languages were spoken, all written material was in English alone. We found little evidence of the use of telephone interpretation services which are widely used elsewhere and regarded as neutral and effective.

Language courses (ESOL) were often used prominently to help people who had a poor grasp of English, rather than provide material in the first language of parents. Often these were provided in conjunction with other local agencies such as Learning and Skills Councils. However, the use of languages other than English was, as some programmes had begun to grasp, sometimes a complex issue as, for example in the case of Urdu. Local Pakistani women in one programme often felt more comfortable conversing in Urdu rather than reading it: many had little skill in reading the language. Although the provision of ESOL courses might help in the medium- to long-term, more immediate solutions were needed to help these women access services.

For example, this might require Urdu speakers to be available at the programme to help in interpreting but few programmes appeared to have thought in depth about this kind of issue, in terms of how staff and support workers might be organised to be available at the programme premises. One had hit on a compromise solution: *'I have had conversations about this around the houses, should all written information be translated. When I first came here my answer would be yes ...I have asked parents would you like that in Urdu written and they say well they can't read it so why bother. There is usually someone in the house who reads English. What I did suggest - and we haven't done it yet - is that on the bottom of each letter we should put a line in Urdu giving a telephone number for information.'* Even this might not be entirely satisfactory since the person who might read English might be the

¹⁰ And are the subject of academic and policy outputs: see for example, Bloch, A. (1999) 'Carrying out a survey of refugees: some methodological guidelines and considerations', *Journal of Refugee Studies*, Vol. 12, No. 4: 367-383; Craig, G. *et al.* (2004) *A safe place to be? The quality of life of asylum-seekers*, Sheffield: Wakefield and Sheffield Councils; Temple, B. and Moran, R. (2006) *Doing research with refugees*, Bristol: Policy Press.

male household member who might - in some circumstances - not pass the information on.

The provision of language courses raised another complicating issue which some programmes clearly had also not thought carefully about, which was that of the different needs of British Asian women born in this country and those born abroad and coming more lately to the UK. This was one manifestation of the increasing diversity in many SSLP areas and the need to differentiate carefully between the needs of differing minority groups, however similar their needs might be at a superficial level. One parent commented that *'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 mums] like French language courses'*.

4.4.4 Staff teams and 'Ethnic matching'

A further critical issue in terms of encouraging minorities to make use of services was the ethnic composition of the staff team. In some of the SSLPs examined, the number of minority staff was relatively low and this may have had a significant impact in terms of the image and accessibility of the SSLP where the minority community was substantial. At the other extreme, large SSLPs in multi-cultural areas might have as many as 50% of about 30 staff from varying minority groupings, including staff performing both more informal community roles and professional roles such as health visiting. In one such programme, an SSLP employed people from seven differing minority backgrounds, broadly matching those of the local population. Apart from English, seven languages - from South Asia, North and Central Africa, Europe - were spoken by staff. However, even this programme had an answerphone message only in English which local parents regarded as a potential barrier to people enquiring about the programme. Sometimes, however, the issue of using minority staff to build links with the local community went beyond just the ethnicity of staff members. For example, one South Asian staff member commented that *'you say, aunty, uncle can you come along and that generally works well but it's hard to get your White counterparts to understand that in [South Asian origin] communities like this it is just as important for local parents to see you as a mother with kids if you want to build up their trust.'*

Managing a staff team response to diversity: In one inner city area, the SSLP and many of its partner organisations were effectively run by members of BME groups. One early years team had staff speaking up to 12 different languages '*... we try as best as possible to represent their [service user] background ... there is a big number of Arab families that felt very isolated but we get feedback from them saying they are now happily using the services*'. In several other programmes, however, a generally welcoming atmosphere, regardless of culture or ethnicity, was commented on by parents. '*The ambience is very welcoming, without saying it, but the way you are made to feel ... when a woman comes in, whatever her background, it doesn't count. The main important thing is that we are here and that we are not alone.*' Ethnic matching was also important in relation to the use of parents as volunteers: one programme had initiated story-telling by South Asian story-tellers for parents and children. Another had used trained volunteers for interpretation and translation where minority numbers were small.

In most programmes, the majority of staff were female and in one of the programmes referred to above, ironically, there had been complaints that there were not enough staff who were White or male (or both!). The Programme manager here had had to confront a tendency for the programme to be aggressively pro-Black in its overall orientation and remind staff that the environment within which they were working was culturally diverse. Having staff from a range of ethnic backgrounds was not always enough however as we have seen elsewhere: the attitude of staff, and how it was reflected in the approach of the SSLP, was important; staff commented in two programmes on the need not to problematise cultural difference in terms of baby-rearing, for example, and to '*show a willingness to learn and appreciate alternative perspectives.*'

In some Case Study areas, we interviewed BME parents who had made little or no use of Sure Start and the issue of ethnic matching was an important one for them. '*It does help when there are people from the [i.e. my] community working there as well ... staff need a bit more training and also could be a bit more friendly.*' In one area, it was not possible to interview BME parents who had not used Sure Start services but the SSLP itself had undertaken a survey to explore this issue. The main response was that parents said they had '*other commitments*' but it was not clear precisely - especially as only 20% were in full- or part-time employment - what this meant or how these parents might be encouraged to use the SSLP. However, it appeared to us that the isolation and vulnerability which these parents felt in this area - one characterised by a transient population - might be a root cause for the lack of contact and that this might again require long-term developmental work in the community which could help build trust with what were often small minority communities.

In an SSLP area where the population was largely from South Asian origins, parents felt that the ethnic and age mix of staff was again a very positive feature. Parents were generally impressed with not only the professionalism of the staff of Asian origins but also that they had been able to distance themselves from some cultural norms which they found oppressive: '*within our*

community, if you went out and said I am suffering from depression, they would say bloody hell what's depression, you have had to look after two children and what, you have had it ... yet we have people here ... from our community and don't think in that way.'

Employment of ethnic minority staff brought its own difficulties, however, and these situations also required careful organisation and planning: participants in one parents' focus group noted that where they had established a good relationship with an ethnic minority staff member, it became difficult to maintain continuity in that relationship if the staff member was away for extended periods (for example on maternity leave) and the programme didn't or could not afford to employ a 'matched' locum. These focus group participants then felt that the quality of service provided deteriorated. The same group, and a parents' group in two other programmes, raised the issue of the dominance of White people amongst senior programme management which suggested to them that there was a tension between the aims of the programme to work in a multicultural setting and the way the programme operationalised these aims in practice.

Some parents were critical of the lack of minority staff in senior positions: they argued that *'existing Asian staff who do the hard work'* were not being promoted. In another, a parent commented *'how are they addressing our needs if there are no Asian people in senior management posts ... why aren't they in charge of developing strategies and policies that are affecting our people?'* Some of the parents in a third programme had been involved in short-listing for staff and had differing views about how well the issue of ethnicity was dealt with: some felt formal qualifications were more important, others that ethnic matching was more important. This tension is clearly an important one in reflecting the emphasis given in SSLP employment practices to accessing minorities to SSLP services. In one programme, frontline minority staff felt that their own sensitivity in their practice to local cultural needs was not matched by the practice of senior staff, who were not from minorities.¹¹

A further tension arose in terms of the general orientation of courses and activities offered by SSLPs. Many of the activities not obviously to do with parenting issues - were presented in a particular way - for example, keep fit, nutrition, pottery, painting - but in the view of parent respondents at some SSLPs, parenting issues underlay every course: it just took some time to emerge in some instances. For some parents, this was not what they wanted. *'it was totally a parenting course that was falsely advertised under a different name ... the underlying theme is always parenting'* and for some parents, what they wanted was a bit of time out or fun, away from their role as parent. This exacerbated the suspicion that some parents felt about the programme as a whole and the agenda it was pursuing. This is not to say that support for parenting should not be a key element of SSLPs but that it needed to

¹¹ The issue of staff appointments and roles and the dilemmas of hierarchy and status between minority ethnic staff and other staff has also been explored in the NESS Implementation Report: <http://www.ness.bbk.ac.uk>

incorporate appropriate recognition of differing cultural approaches, including issues about childcare, nutrition, respite and more general lifestyle issues.

4.4.5 Involving men

One SSLP also used minority ethnic male staff to encourage the use of their services, such as ante-natal services, by men. Overwhelmingly most services were dominated by female users but several SSLPs had attempted - some with modest success - to address this issue by targeted work with men. Employing male workers was sometimes in conflict with the high levels of usage by women, particularly from certain religious backgrounds and this issue had to be handled with care. One programme '*had used a male midwife and this went down like a lead balloon.*'

Crossing the gender divide: A few SSLPs specifically tried to engage men with their children; for example, one SSLP works with pre-school children and their fathers as children prepare to start school. In several areas, there was a recognition that it might be important simply to get fathers to visit the programme to allay their feelings of mistrust. '*It is difficult in the beginning with some especially when husband does not know community or culture. Sometimes they [husbands] would like to come and see where have you been all day long.*' One programme had worked with Muslim women who had then helped their husbands access job search opportunities, taking them on visits to Job Centres and other relevant agencies. Others had targeted services (gardening, baby massage) on fathers and offered special 'fathers' days'.

Parental roles in many minority groups are highly gendered and pursuing the involvement of men in the work of SSLPs was a problematic issue in differing ways. Difficulties were reported by parents at several SSLPs. Most SSLP activities went on during the week when many men were working (often on night shifts, given that unskilled men of minority origins still find themselves disproportionately directed to unsocial hours of work) and little happened at the weekend. '*I don't think my husband would come on his own, he just goes to work and comes home, he wouldn't have the time. If the play scheme runs at the weekend, he might come ... maybe if we all came together he might go.*' In some areas, there were complaints that SSLPs came to a halt during summer holidays when both fathers and mothers might be able to take greater advantage of them.

Some programmes which had attempted to address this kind of issue acknowledged that they were offering the same activities to men as they had to women and in a family and cultural context where parental roles were highly gendered, this might be perceived as inappropriate. Several programmes commented that in working with Muslim families, women would always take on the main parenting role with fathers '*remaining aloof*' and that this represented a real difficulty in getting fathers involved. In another programme however staff pointed to what they saw as contradictions in government policy. They were keen to involve fathers in the work of Sure Start but felt blocked by other demands on the men. '*we just can't engage with fathers here. Partly because our fathers are supposed to not "be there"*'

because of the benefits system.' Here, as well as the cultural difficulties which some programmes had in engaging with men, there were additional tensions as a result of the pressure on men to find paid work. In several programmes, there was also a suggestion that the programme was working to overcome some other very deep-seated cultural obstacles: one manager commented, for example, that extended families saw themselves as offering precisely the sorts of support to young mothers and children that Sure Start was offering and therefore did not see the need for involvement in the SSLP.

In more conservative Muslim communities, the involvement of men in any way in close proximity to women at the Sure Start premises also created difficulties. For example one programme which had limited space, had a 'stay and play' activity near a door to the building through which men came for activities not connected to Sure Start: as one father put it, *'I don't want my wife to be sat there, that's not the way it is in our culture, other men seeing what's happening.'* However, this was not a view shared by every Muslim father: one father who was not a Sure Start service user argued, for example, that *'I would love to send my wife and daughter if it would help them but I don't know anything about it.'* A lesson emerging is the need to understand the specific cultural and religious nature of local minority communities and not assume that all Muslims or all Sikhs, for example, will respond in the same way.

One issue in working with travellers in particular (see below) but which resonated more widely in work with BME communities generally though was the issue of childcare being available on demand and not just when service users might want to access Sure Start services. Representatives of SSLPs we interviewed didn't generally see it as their role to provide childcare, except where crèches were provided in order to enable parents to attend other activities.¹² Yet, as three programmes found in their work with travellers, and several others noted in their wider work with BME communities, childcare was precisely what many BME parents wanted, either to be able to go to work or simply just to have a break from children. SSLPs tried to manage this, for example by giving priority to those attending other activities, or having waiting lists for other parents, but childcare at SSLPs was generally oversubscribed. On a wider basis, for families needing both parents to work, the availability of good quality, affordable and trustworthy childcare was critical in maintaining the family income. SSLP programme managers argued that there was adequate private or state provision locally but in response, parents observed that this was often beyond their price range or that there were other factors such as trust - or cultural sensitivity - which made accessing the childcare difficult for them. Often, the childcare offered by the SSLP was seen as preferable. However, it was rarely available on this basis. At one SSLP, the local manager had wanted to enlarge childcare provision but had been prevented from doing so by the local authority. In several SSLPs, parents commented that even the modest cost of the crèche was beyond their means.

¹² From 2002, SSLPs were in fact encouraged to include full daycare facilities in capital build plans. Children's centres in the most disadvantaged areas in the country, including those based on SSLPs, will have to provide full daycare facilities as an essential part of the children's centre services.

4.5 Reaching minority ethnic communities: the importance of outreach work

'The first time, two ladies visit at my home and they come and they told me about the Sure Start. I didn't even know what the word Sure Start means and they told me and after three months I came and I feel very happy because I am all the time at home.'

- Outreach, both by SSLPs and partners, was critical in accessing some communities
- In some cases, innovative outreach work had been successful, but in others ad hoc methods of work indicated a failure to learn from experience elsewhere
- Outreach could also be used creatively to avoid programmes being 'captured' by one ethnic group but targeted work was not very prevalent

Generally, most SSLPs had engaged in some form of outreach work, seeking to find ways of making contact with BME communities which, they recognised, were not making effective or proportionate use of their services. The extent and nature of this outreach work varied immensely. Some programmes insisted that outreach work should also be embedded into the work of their partners. One programme, for example, included outreach work in the SLA contract with every provider. Another SSLP had a very structured approach to dealing with partners, having half-yearly monitoring meetings at which a range of issues, including user feedback, was discussed. This programme required partner organisations to sign up to a directory of good practice guidelines, including equality and anti-discriminatory procedures covering such issues as positive images, the celebration of difference and diversity, and the encouragement of children regardless of ethnic origin.

In general, how this outreach work operated depended on the context of the programme. For example, one SSLP was based on a large peripheral housing estate where few minorities lived and outreach work was conducted from additional premises in the town centre where the small population of minorities was concentrated; work here was done in conjunction with a local ecumenical group accessed Muslim populations through a Muslim community group. Although the actual SSLP buildings in the housing estate were high profile and central to the estate, the outreach work focused less on buildings-based work and more on ensuring minorities accessed services, for example by doing family visiting following the birth of children and connecting minority families to health and educational services, including English for Speakers of Other Languages (ESOL) classes which had been funded by the local Learning and Skills Council. To some degree, this strategy was also shaped by racism on the housing estate which had recently led to several minorities' cars being burnt out. This SSLP had employed three minority staff on a paid or voluntary basis, including one each from a Hindu and Muslim background, to help with this work as family visitors with minorities, in part from a recognition that minorities were not accessing these services. There were some difficulties within the communities themselves however, as a result of

class differences: the Muslim population was focused largely on the restaurant sector and owners were reluctant to allow their staff (cooks and waiters) to attend classes and activities organised by the SSLP. A detailed external evaluation of the family visiting service however did not refer to the involvement or perceptions of minority parents.

Most programmes, as we have noted above, at least recognised that the employment of 'ethnically matched' staff was critical in helping make their services accessible to particular minority groups (although the extent to which programmes had followed this through in their employment practices varied enormously) and that this practice also had implications for the effectiveness of their outreach work. One SSLP noted, for example, that employing a Bengali worker who was able to provide specific activities for Bengali families had brought more such families into the SSLP; this programme was now thinking of targeting Somali families. In another area, a local Somali group had been asked, early on in the life of the programme, to come into Sure Start to deliver courses as a way of encouraging use by Somali parents and children. Staff from several SSLPs commented on particular difficulties with communities such as the Bengalis, which had been relatively more reluctant to take up Sure Start services: these were not present in large numbers in any one area but were there in sufficient numbers to mean that their needs were significant, particularly as they were amongst the most deprived families. Local educational attainment in general amongst this community meant that programmes regarded it as difficult to find people to act as staff or even volunteers. Even basic communication was said to be difficult: in one case *'they managed to get by with an Urdu speaker and sign language.'*

Using volunteers to promote outreach: there were examples of the effective use of parents as volunteers to help with outreach work. Some had used peer group members to encourage new minority group members to make use of SSLPs. Others had used parents as informal interpreters of publicity material within their own communities. Yet others had acted as informal reception staff to welcome casual callers.

In some cases, the Bengali community lived very close to SSLPs but still had to be the target of aggressive outreach work; in one SSLP, an innovative baby service was placed physically close to a mosque serving the Bengali community. The intention here was that it will act as a bridge to the other services provided at the main base. Other researchers and community activists have found that work with the Bengali community is often more difficult than similar work with other South Asian minorities, often because of language and cultural reasons; however, in some cases we found that this seemed to have led to an attitude that it was therefore too difficult or expensive to pursue and the community therefore remained marginal to the SSLP activities.

Similar difficulties were experienced by a programme working with a very small Chinese community and again a rather *ad hoc* response was developed: one Chinese lady had managed, for example, to convey that she wanted to learn English but the only way the programme argued that it could

communicate with her was through the services of an employee at a local take-away and only after 5 pm. In some cases, workers found themselves going round in circles: they couldn't afford expensive telephone interpretation, they had no appropriate staff language resources, they couldn't make appointments to help a user work with a volunteer interpreter and in one case they used a book of pictures to communicate. These are not unusual problems for people working with interpreters as a matter of course: what is concerning is the frequency with which these kinds of difficulties were reported to us and the lack of guidance - which Government Regional Offices, the National Asylum Support Service or many local authority interpretation services could offer - and the range of inappropriate ad hoc 'solutions' which programmes hit on in the absence of such guidance.

In several other areas, work with BME communities proved particularly difficult due to the high levels of racism in the area. At one SSLP we were told that local (White) parents had told Bangladeshi parents that they could not use the facilities and had complained to the local educational authority. This programme had initiated some story-telling in the local libraries and had brought in both White and South Asian story-tellers for parent and child sessions which had had some impact in drawing in minority parents with their children. However, the family support worker initially employed by the SSLP who was particularly interested in work with BME communities, had been withdrawn by the local authority and posted elsewhere. In another SSLP, in an area characterised also by high levels of racism, the programme workers were warned initially that no Asian parents would use the programme at all. The programme started by funding two local minority community organisations to use the programme's premises and over time the SSLP Manager said that her programme has come to be regarded as an Asian club. This, however, has brought its own difficulties since its potential for bridging with other minorities and particularly with White people, had not fully been exploited and so opportunities for community cohesion have not been taken advantage of.

In this area, there were some interesting perceptions voiced by local parents: parents of more recent waves of immigration, such as from Somalia, viewed Asian and Caribbean parents in the same way that they viewed White parents, that is that they were British. There was also, staff felt, some complacency in not targeting particular 'White' groups who were overlooked because they were not clearly marked out from White British people by skin colour: the local Kosovan population was identified as one such group. This again stresses the need fully to understand the ethnic diversity of the catchment area in a very nuanced way. It also relates to the issue of ethnic matching of staff with local minority populations: where the local area was particularly characterised by the transient nature of its population this would be difficult to achieve on an ongoing basis; one answer might be to ensure that SSLPs always had the capacity to hire part-time staff to undertake key tasks such as interpretation, translation and welcoming for newly- identified populations - but this in turn would require more effective local ethnic monitoring than we found typically to be the case. In several programmes, local managers had apparently simply given up trying to match ethnic diversity

in their staff; these programmes were dominated by White staff which, as we see elsewhere, was sometimes a source of grievance. In one programme, the use of almost totally White staff was justified by a manager who argued that *'it being a very diverse community makes it easier ... everyone is treated equally and given the same information and opportunity. We are honest and say we don't understand if we come across something new.'*

4.5.1 Home visiting - a core outreach service

Home visiting appeared to be a core and fundamental activity in most SSLPs and central to most SSLP's outreach strategy. *'The whole reason why our service works is because we are going to their homes.'* It was usually universal - with every parent giving birth visited - sometimes as much as seven times in a three year period as a matter of course. It offered health professionals both the opportunity to assess infant progress on a number of dimensions but also referral to other services and to link individual parents and children to the range of SSLP services. This was crucial in introducing very many minority women to the Sure Start programme in their area. It was also a means by which sometimes complex services could be delivered in an accessible way, i.e. one which was not over-medicalised. A number of parent respondents emphasised the importance of frequent regular visits by health professionals, ahead of the first pregnancy and afterwards, at which the value of using Sure Start could be reiterated and other health services discussed.

This approach relies, however, on midwives and health visitors who are not actually employed by or linked closely to Sure Start being fully briefed on the work of Sure Start which was not, we discovered, always the case. The relationship between Sure Start, family visiting and parents was not, we discovered, always easy. In one area, health visitors kept changing and *'some of them didn't want to work with us because their role was health focused'* (which the SSLP's role wasn't always necessarily). In this area, however, the health visitors provided a useful link to social services teams which were distrusted by local BME parents who felt that social services staff had little understanding of cultural and traditional parenting practices. A fundamental element in home visiting was the attitude of the visitor. As one health visitor put it, *'whether they put it into practice or not, we never had any hostility to the advice we give ... it is about the way you put it across. If sharing information like this is what the law says or something social services will deem as bad, it is fact-based, rather than me looking at you and saying you shouldn't be doing that. It is about saying that concerns would be raised in this context, not that you are bad parents.'*

The value of this kind of contact was manifested in one area where the basic health visiting work was clinic-based and not offered through the Sure Start programme. In this area, the minority communities were very suspicious of formal initiatives but used the health clinics for baby weighing, vaccination and so on. Several parents interviewed at this clinic had no knowledge whatsoever of Sure Start and it appeared that an important opportunity to help these families access the whole range of services was being lost.

Notwithstanding these programmes of home visits, some parents were noted as not visiting the SSLP programme offices. The significance of those who conducted home visiting having a very good grasp of cultural and religious issues was not lost on some parents. Without this understanding, they argued, home visitors might make mistakes, ask the wrong questions or make the wrong assumptions. For example *'they [home visitors] think they know who needs help. They don't ask and are very inconsistent ... at time you feel like you are begging for things.'* In one case, a parent noted that the assumption that *'they look after their own ... in relation to childcare for example'* created a barrier for families who needed assistance.

In some areas, there were local community facilities used by minorities which provided a useful conduit for outreach work. These typically might be places of religious worship such as mosques or temples. Use of these facilities to support outreach work was uneven however, at times because of the predilection or inexperience of the programme staff, at times because of the views of mosque activists. In one area, SSLP staff had been discouraged from approaching a mosque by the comment of a local minority community member who dismissed those attending the mosque as *'fundamentalists and nutters'*; the SSLP staff had apparently not challenged this view nor approached the mosque themselves. In a second area, there had been little contact with the mosque at all and the possibility of working with it had not been explored. In a third, the mosque had been used as a site for a smoking cessation programme for men. This may have been partly because there had not been a male Muslim worker employed by the SSLP but parents noted that all publicity material, including a programme Newsletter, was printed only in English.

4.5.2 Avoiding ethnic 'capture'

One related general and very significant issue raised by several programmes was of the SSLP appearing to be the domain of one particular ethnic or religious group. In some areas, SSLPs had made some attempts to find ways both to ensure access to groups which were in a numerical minority in the area (for example by targeted services) and in doing so, to strike a balance between universal services and services focused on particular cultural or religious needs. This presented tensions. For example, in one area, Black African and Caribbean people made relatively little use of the programme, perceiving it to be a Muslim organisation although it had many White staff. This became particularly problematic at the time of festivals such as Eid. The programme had a number of Muslim staff and when they all wanted to be on leave at this time, this then created difficulties in providing services and reinforced the perception of it being a Muslim organisation. The programme had recently begun to address this issue by targeting particular activities on particular groups and not on others, effectively biasing its publicity towards groups which were under-utilising its services. In another area, a SSLP facility shared a site with a mosque: although this made it very accessible to Muslim mothers, other minorities then made far less use of it. One technique, described earlier, was that of offering services which specifically set out to build bridges between different groups.

In any case, outreach was not always met with a positive response. In one SSLP area, where the local population - and thus much of the activity of the SSLP - was dominated by Black Africans and Caribbeans, the outreach work of the SSLP was received with suspicion. *'The other day I went to the local imam and invited them to come to our group, I told them if they needed a Muslim childminder we could organise that. He was OK with me but I thought he just politely heard me out with no real intention to tell his people.'* In this programme, the workers found that Muslim parents used health services briefly for their children and then disengaged. However, she did acknowledge that they had no specific services for Muslim people only although there were some women-only groups. In this and other programmes, however, women-only groups - including breast-feeding and baby massage groups - for women of differing ethnic and religious orientation had helped to provide a base for differing groups to meet. The Programme Manager cited above nonetheless was opposed to providing a Muslim-only group, arguing that they should not have specialised responses.

Outreach might also be done on a mobile basis although we found no examples of this being directed towards minority communities. In one programme, a 'stop and weigh' service with a health visitor in attendance was provided for parents with new babies on an isolated estate which had difficulties in accessing a baby clinic. In a deeply rural area, a general SSLP service delivery vehicle, characterised as a playbus, visited small towns and villages in the hinterland of the main town where the SSLP was based.

In some areas, the SSLP building itself effectively represented a form of outreach work. For example, one programme observed that Muslim mothers felt much more comfortable using the SSLP building than the local clinic because of its general ambience: the SSLP building offered crèche facilities which made visiting much easier for mothers with two or more children, and it operated much more informally. There was a staff worker available who could have brief chats with anyone calling at the SSLP even if they came without an appointment. Staff observed here that these short interactions often led to return visits by mothers and, eventually, fuller engagement with the SSLP. Although language support was said to be available in most hospitals in this area, it was not available in clinics or GP practices, but the SSLP had employed a staff worker who could converse in several major South Asian languages. The need for this had emerged in the early days of the programme when language had been recognised as a significant barrier to local mothers accessing the SSLP. This particular programme suggested that this kind of initiative put implicit pressure on mainstream services in the area to change their practice, especially where the programme blurred boundaries between mainstream services and what it described as 'flexible pilot programmes'. As a result, mainstream services were also now more respectful towards the work of the SSLP.

Promoting diverse images: In some programmes, it was recognised that positive images of minorities was an important way both of stressing the commitment of the programme to diversity and ensuring that it was not dominated by one minority group. Programmes used a variety of posters, pictures and publicity material, celebrated important festivals and generally paid attention to a variety of cultural signifiers such as dress and food requirements. This was an important way in which the programme environment promoted and enhanced a publicly multicultural approach.

In another area, in the early days, some mothers claimed that the SSLP was dominated by use of only one South Asian language: this issue has also now been addressed and some of these mothers have begun to make use of the programme's services. This suggests that shifts of this kind, necessary to help all sections of the community access a facility, may take some years to see through. However, in areas where population change is substantial, this is problematic and suggests that Sure Start Local programmes might have to focus at least part of their work on very short-term goals. This represents, as we note elsewhere, a significant contradiction in terms of the overall objectives of the programme as a whole.

4.5.3 Using effective publicity

As part of the process of outreach, the role of publicity in alerting local parents to the work of SSLPs was discussed by many of our respondents. Most provided a range of publicity, most of it in English but, in the case of some programmes, in other major languages common locally also. As many community programmes have found, this publicity needed to be accessible, simple to read, produced regularly and distributed widely. Even with this counsel of perfection, written publicity had, as we have noted elsewhere, some limitations. Some minority community members - particularly women and recent arrivals or those from countries with little historical association with the UK - had a poor grasp of English or could converse in but not write it. In these circumstances the role of word of mouth was critical but this was also an imperfect way of communicating important information accurately. Face-to-face contact between SSLP staff and local minority communities might have been one answer to this difficulty but we were given very few examples where programme staff communicated the work of the SSLP by regular verbal presentations at local community settings, such as at mosques, temples, community centres etc. These may have been more effective in reaching some groups. For some groups, such as teenage parents, the outreach often had to be quite vigorous to get them to use the services: *'the teenage parents are in my eyes the hardest to reach, because they got their own agenda, they don't know where they want their lives to go, they don't know how to plan their time, they are not very calm, they don't seek for help ...'* This programme manager went door-knocking to involve young parents in the programme. The same issues often were raised in relation to involving fathers.

There were also diverse views on the value of targeting outreach services to particular communities. Several respondents felt, as noted elsewhere, that

SSLPs were in a good position to build bridges between differing minority communities which might otherwise remain quite separate. Where this contact happened, parents were appreciative. On the other hand, specific services - particularly in relation to use of English language or health risks identified from research - needed to be targeted on specific communities. In one SSLP, staff noted that White families had felt that they were excluded from services because all outreach workers were of Asian origin. Although this reflected, the staff worker noted, racist views, it was still important to reach those families. Staff in some SSLPs observed that they didn't have the resources to do much targeted work which seems to contradict the whole ethos of the programme which is essentially about targeting. The next section looks at services targeted on specific groups within local BME communities.

4.6 Specialist or targeted services

Many of the SSLPs visited had small populations within their catchment areas of the most marginalised or excluded groups. Some programmes had developed specific services for them.

4.6.1 Work with travellers

In three areas we examined, there was a significant Traveller population, which was either mobile or settled or both. Any work done by Sure Start with this population was often shaped by the existence (or not) of a pre-existing Traveller programme and its focus, for example on health or education issues. For example, in one city, a Travellers Programme had been working with Travellers for years and the SSLP offered additional specific services such as play days.

In these Case Study areas, work had been underway with Travellers for up to three years. This had often proved difficult and staff felt very slow progress had been made, a view shared by SSLP staff in all the programme areas where work with Travellers had been started. Programmes had had to accept the slow pace of work imposed, for example, by the fact that most Travellers were illiterate in the conventional sense and that therefore typical forms of publicity about services were ineffective. In these instances, it appeared that word of mouth was an important factor in shaping an individual traveller family's attitudes towards engagement with the SSLP. One programme had made various visits to the site and, with the help of the PCT, had arranged for a Portakabin to be placed on the site. This was used for various activities including attempts at a parent and toddler group, citizens' advice sessions and health checks for fathers from a health visitor. However, there was little continuity amongst the parents (exacerbated by the seasonal movement of Travellers on and off the site) and mothers tended to see the parent and toddler group more as a crèche where they could leave their children whilst they attended to other tasks.

Helping Travellers access basic services was an important role played by Sure Start programme staff. Local GPs in one area had refused to take

Travellers on to their lists, dentists in another area had also proved resistant, and this made on-site health checks more significant but difficult to follow up. Programme workers at one site regarded use of the facilities on site as an important measure of success but had yet to observe use of other facilities provided by the SSLP off-site. Although the staff regarded this work as an important challenge, external evaluations suggested it was an extremely marginal part of the work of the SSLP as a whole.

This experience was reflected in another SSLP where the SSLP staff had struggled to get Travellers to access services ahead of formal school attendance age. The SSLP took a playbus to the site for two years but had very '*hit and miss*' success in engaging with traveller parents and children on a regular basis. A step change occurred when the SSLP purchased a caravan on the static site and was able to offer activities on a regular basis but traveller parents again tended to want to use the provision as a crèche.

Using the SSLP as a bridge to services: A SSLP caravan has achieved some indirect gains: it has been used as a base for work with traveller youth by another programme; it has been a base from which important health and safety work has been initiated (such as installing safety gates for children in the caravans); it has been used by the traveller community themselves as they have a key and can use it for community meetings; and the ongoing contact with Travellers has led to a level of trust so that when the local newspaper printed some hostile stories about Travellers, the SSLP has been able to respond to the media coverage as an advocate on their behalf.

In a third SSLP, Travellers again proved difficult to target. A Portakabin was provided on a site which was used as the Travellers' own community centre and church. Here group provision, in the form of play activities, or health sessions around such issues as baby care and nutrition, have not proved popular and the SSLP is considering providing individual home visits. Some of the Travellers at this site, however, use one of the SSLP buildings for playgroup activities.

This cumulative experience suggests that work with Travellers has to respond very specifically to the needs expressed by the local traveller population: what has tended to work in one area appears to be less successful in another. The structural difficulties posed by a mobile, often suspicious community require SSLPs to work in particular ways which may be outwith their normal approach to BME communities and it may be difficult for SSLPs to work in short-term ways alongside more long-term strategic objectives. There have clearly been some gains for those SSLPs which have worked with Travellers but again the measures may be rather different from those they would anticipate using for other work. This of course is not an unusual dilemma facing Sure Start but has faced all those state-sponsored service providers seeking to work with Traveller communities.

4.6.2 Work with asylum-seekers

Several of the SSLPs we studied had relatively small populations of asylum-seekers in their areas although one area was a dispersal area and had relatively high numbers of dispersed asylum-seekers living locally. In this area, the staff member interviewed complained that the investment in mainstream infrastructure and services had been inadequate to cope with this group of migrants and that Sure Start was therefore, apart from a share of a specialist health post, having to carry an extra burden in trying to meet their needs. The ethnic profile of the asylum-seekers varied from area to area largely as a result of the policies of the National Asylum Support Service which had attempted - with rather limited success - to direct asylum-seekers to dispersal areas in defined ethnic groups. This might mean that a SSLP might have four or five different ethnic groups amongst a small asylum-seeker population, often from very diverse ethnic and linguistic backgrounds with very little in common in terms of culture or religious orientation, and the programme might need to spend a relatively high amount of money on interpretation and translation services to make their facilities known to the asylum-seekers.

This was particularly difficult in areas with low numbers of asylum-seekers where - as was often the case - asylum-seekers might be moved, or move voluntarily, after initial contact with SSLP staff. In one Case Study, the SSLP had been working with five families over a three year period but this had been particularly difficult because some of the families were technically destitute, having been refused leave to remain and the SSLP could give no support to the families other than to the children. In general, because asylum-seekers had fled their country of origin with very little, and in conditions of considerable distress or trauma, work with such families might have to start at a fairly basic level: for example, one programme had invested heavily in a toy library to encourage the children to learn to play.

In one area with a relatively larger asylum-seeker population, specific support workers had been appointed to work with them. This again had proved to be important in terms of bridging asylum-seekers to relevant services, particularly language support through ESOL classes, health visiting and midwifery teams for pregnant asylum-seekers and young mothers, and contact with mental health services for trauma counselling. This programme had made effective use of peer group members to bring new members into the programme, a technique which had been used elsewhere with BME communities more generally.

As with some other more transient groups however, there appeared from our observations to be a danger that these groups' needs might be overlooked because they spent relatively short periods of time in the programme area. The pace of demographic change appears to be accelerating in some of the SSLP areas we studied, particularly where asylum-seekers and migrant workers are coming in increasing numbers and there is a *prima facie* argument for continually monitoring the composition of local communities and for targeting some of them with relatively short-term interventions. As with work with Travellers, Sure Start programmes may have had some difficulty

providing initiatives with very short-term goals alongside the mainstream of work which had longer timeframes.

4.6.3 Work with migrant workers

In two Case Study areas, one rural and one urban, the issue of the arrival of increasing numbers of migrant workers had come to the fore. This is of course an issue which has attracted considerable press and political comment in recent months as the numbers of migrant workers arriving in the UK, particularly, but not exclusively from East and Central European states, has far exceeded the estimates made by government. Although the great majority of migrant workers were young men without families or partners, a number had either arrived with a partner or had been joined later by a partner and some had had young children. These were frequently working in highly exploited situations and living in extremely unsuitable accommodation, often sharing rooms with other workers or families and paying high rents. A conference in one area had identified debt, alcohol misuse, housing exploitation by agencies and landlords (e.g. 'hotbedding' in caravans) as serious issues and the programme had begun to make contact with these workers. A health visitor had been involved in ensuring workers were registered with GPs. Language was an issue however as most came from East and Central European countries, languages which were far less common not just to the SSLPs but to translations and interpretation services to which they had access, and migrants' use of English was generally poor. Most migrant workers are not entitled to receive benefits in the UK until they had been working here for at least a year and this condition could create difficulties for them and confusion for SSLP staff who were often unclear as to what the rights of migrant workers might be.

One general final observation might be made in relation to work with these specific minority groups. Because Sure Start has been, in relative terms, one of the most well-funded and high profile programmes funded by government in recent years, other programmes located close to Sure Start and working generally in the area of children's services for young children and families, appear, from the comments of some of our respondents, to assume that SSLPs are skilled and experienced in working with minority groups. This is clearly by no means always the case as our narrative reveals, and SSLPs are often struggling with ways of engaging effectively with certain - particularly the more marginalised and more recent arrivals - amongst the minority ethnic population in some communities.

4.7 Involvement of parents in shaping service delivery

- Parents were involved in shaping Sure Start service delivery in a number of ways. Some of these were formally acknowledged, others were not
- SSLPs generally failed to have a strategic approach to the involvement of parents
- Parental consultation tended overall to be spasmodic and *ad hoc*
- The use of parents as volunteers could bring gains to the programme and parents alike

We commented earlier on parental involvement in managing SSLP programmes being generally at a fairly marginal level. Some local minority parents had become involved as volunteers and then as staff members. There were also other opportunities for minority residents to influence what services were delivered and how these services might be offered to local residents.

These opportunities were fairly varied, but often seemed not to be developed as part of a coherent strategy for their involvement. In general, the involvement of parents in service delivery might take one of several forms. The most intensive level of involvement was where some parents had, as noted, become full- or part-time members of staff of the SSLP. This provided, on occasion, an important bridge into the community although it often placed additional pressures on these staff members who felt they were facing two ways at once. The most typical level of formal involvement would, however, be as part of consultation exercises to shape the type and range of services on offer. This might take the form of one-off surveys, consultations, or group discussions (sometimes embedded within local evaluations), consultations with the wider community, or it might have an ongoing more structured form, for example through a Parents Forum which, as we have seen, several SSLPs had established. We could not develop a comprehensive picture of how consultation had worked but even given this, the overall picture of its effectiveness was very mixed indeed. In some, consultative exercises appeared to have had a significant effect in terms of the development of new services or new approaches to delivering them.

More often, consultative exercises were seen by parents as tokenistic. In most programmes, it appeared that initial formal community consultation had not been followed up and yet, as new parents came into the ambit of Sure Start (and particularly in areas where the population was most transient), there was a clear need for this to happen. In many areas, apart from the more structured approach of establishing Parents' Forums, normal forms of consultation tended to be either fairly or very informal (suggestion boxes, meetings, evaluation forms or just brief chats with staff members). None of these latter approaches appeared to satisfy many of the parents we interviewed that their suggestions were being taken seriously about activities they would like. In a number of areas, as we observed above, there was clearly a gulf between the perceptions of parents and staff as to how effective consultation was and whether it led to change.

In some areas, parents had a perception that what was described by the SSLP as consultation over '*what services might you want*' was actually the programme saying '*this is what we have to offer.*' Sometimes clear demands were made and met but it took a long time for this to happen, for example in one community parents wanted a female GP but it was two years before this happened. In one area, a local BME group had been responsible, in partnership with another organisation, for the initial community consultation but this organisation had been '*dropped like a hot potato*' once this phase had ended, for reasons which were not clear but upset local parents from that ethnic group. In this same area, there was criticism of the way consultation had focused on those amongst the minority ethnic communities who were

more literate: this had tended to marginalise communities less able to deal with written material and the SSLP was not prepared to engage in more expensive - but more inclusive - forms of consultation e.g. door-knocking or community meetings.

Generally, then, none of the Case Study SSLPs appeared to have a strategic approach to consultation in terms of a programme which was an integral part of the work of the programme. One explanation for this was offered by several staff members who felt they had little experience of community engagement or community development - which involves a specific skills and knowledge base - as opposed to delivering particular services or activities. Some programmes were also wary of consultation because they felt, particularly as budget cuts were being imposed, that they wouldn't be able to respond to new demands made on them.

These Parent Forums, though important in some areas and types of work, were clearly seen as subsidiary to the work of Management Committees or Partnership Boards, both by parents and staff; they were generally characterised as consultative rather than decision-making and the process of consultation was often quite infrequent. It was not clear to us whether the secondary status of these Parents Forums meant that they were not seen as particularly effective in shaping services but there were clear differences of opinion expressed to us over the effectiveness - and indeed even the existence - of consultation with local community members. In one SSLP area, the SSLP itself complained that it had not had any feedback from local community organisations on what the SSLP might offer whereas the community organisations in that area - which made a number of suggestions for new services to our researcher - complained that it had not been consulted at all.

In a relatively few programmes, the Parents Forum was clearly the place where parents were encouraged to express views about what services should be delivered (and, in fewer cases, how effective the existing ones were). Although these Forums seemed to work quite well in these instances, there were still some difficulties reported by parents. One concerned the lack of influence that such a Forum might have over decisions made at a Board, except in those circumstances where Parents Forums' could nominate parents to the Board, which might then work more effectively as the voice of the parents. One sensitive area was where parents were invited by staff to comment on existing services but found that difficult to do where it involved complaints about staff members. (Few SSLPs appeared to have formal complaints procedures). Parents also found, as with other aspects of SSLP management, that the timing and formats of meetings often made it difficult for them to become and remain engaged. One group suggested for example that Parents Forums should be alternated between mornings, afternoons and evenings to encourage the widest possible participation: the timing of the meetings as they stood seemed to fit better with the needs of staff than those of parents.

4.7.1 The use of parental volunteers

In one programme, a volunteering scheme had been established which was regarded as an important bridge for parents to become involved in delivering services or into employment. Parents felt that this allowed them *'to be a proper part of Sure Start'* and used volunteering experience as something they could write into their c.v. prior to applying, for example, for an NVQ placement in the crèche. The volunteering co-ordinator suggested that the gains of volunteering schemes went beyond simply providing more willing hands to help with activities: *'one of the aims is to improve English ... sometimes they have done so much in the country they have come from but their qualifications aren't recognised or they lack confidence because they have moved somewhere new, language barriers etc. ...'* In several programmes, volunteer co-ordinators had been appointed and these appointments were generally seen as very good value for money in enabling parents to become more involved in the SSLP but, in particular, to develop new skills which would be transferable into other situations.

In many programmes, however, local parents often effectively acted as volunteers without this apparently being recognised as such by the programme. For example, in one area, some women had become used to translating programme material for other mothers who were not involved as a way of telling them what was on offer and encouraging them to participate in the programme. This kind of approach could be recognised - perhaps by some form of certification - and adopted more widely, and would help to reduce the load of work on staff as well as bringing more so-called 'hard-to-reach' families to the programme. This was commented on at another SSLP where staff observed that volunteer involvement in interpretation had the potential of helping new parents break into the Sure Start programme, remove communication barriers and help themselves and other parents feel more comfortable. This approach might have been particularly significant in relation to such groups as Bangladeshi and Chinese groups which featured only to a small extent in the work of the SSLPs we examined; indeed, there was very little work at all done with the Chinese population as far as we could tell.

5: CONCLUSIONS

This themed study set out to explore the extent to which the dimension of ethnicity was appropriately incorporated into the work of SSLPs. There are much wider issues of racial disadvantage reflected in all the communities in which our Case Study programmes were situated and there is no sense in which Sure Start on its own could address these issues. Nevertheless, Sure Start is a relatively very well-resourced national programme intended to be targeted on deprived groups within specific geographical communities. We therefore set out to establish the extent to which it has effectively engaged with minority ethnic groups which are strongly represented within deprived communities, however defined and to point to lessons for other programmes and programmes which may follow.

Across the SSLPs we examined, there were without a doubt many examples of good practice which could be replicated in other SSLPs to enhance the involvement and use of SSLP services by minorities. Many of these have been shown in the boxed examples given throughout the text. However, it seems to us that despite the fact that some programmes made use of many of these techniques, these examples were, overall, the exception rather than the rule and that most attempts at involving BME communities tended to be somewhat *ad hoc*, not sustained and not structurally integrated into the work of the SSLP. In short, they tended in many cases overall to be somewhat marginal to the work of the SSLP.

Our sample included many where there was a substantial proportion of minorities within the local population and several where ethnic diversity was considerable. In a few programmes visited, there appeared to be a largely effective structural response to this context. However, in significantly more than half of those examined, there did not appear to us to be what might be regarded as a strategic and effective approach to working with BME communities. The elements of a strategic approach would require, for example (see below for the full list of the ten key points):

- gathering effective monitoring data;
- analysing data appropriately and constantly updating it to inform new services;
- promoting effective community-based consultation, making contact with specific minority communities in ways which were congruent with their community life (including use of their meeting places);
- developing mainstream services in ways which were accessible equally to all minority communities;
- using a range of publicity material (and not just written material) to make contact with these groups;
- developing targeted outreach work;
- sensitising other local programmes and programmes to work with minorities;
- employing a range of staff from different local minorities and offering opportunities for advancement;
- providing a comprehensive translation and interpretation service;

- identifying critical cultural and religious barriers and working to overcome these;
- consciously working across ethnic boundaries;

and so on. This may be a counsel of perfection but few of the Case Study SSLPs matched it. Nor was there a significant and sustained drive in terms of external advice and guidance from Government or from Government Regional Offices to help programmes match this model. This guidance might have been critical. Too often we found staff in positions of leadership in SSLPs (and thus their more junior colleagues) who were not making best use of available knowledge about working with BME groups.

Data which was collected by the SSLPs, including data available from local evaluations, tended, for example, to have little specific focus on the work done with BME communities or on the needs of BME communities which had not been met: this is reflected in the very low 'count' of mentions of BME communities in the surveys of local evaluation studies reported (see Section 3) and it may, in part, account for the fact that much of the national literature on Sure Start available from the National Evaluation and other sources, is 'colour-blind'. It is not clear to us as to whether this is because these local evaluations were often themselves undertaken on a 'colour-blind' basis, where the ethnicity of respondents was simply not regarded as significant, or whether little specific attempt was made to ensure that minorities were incorporated appropriately into the evaluative process.

It was also not clear to us in passing whether local independent evaluations were a requirement or were a permissive activity and how much guidance was given to local evaluators to ensure that ethnicity was a key aspect of this work. Several SSLPs clearly in any case had not commissioned local evaluations, in one case the manager commenting that *'it would not tell me anything I didn't already know.'* It is perhaps not surprising that in areas where this kind of stance was taken, that BME parents felt that their views might not be listened to. Conducted effectively, with a focus on the dimension of ethnicity *inter alia*, local evaluations - which built also in a structured way on the views of local parents - could be powerful tools for promoting organisational change and continuing community responsiveness in SSLPs.

Whatever the explanation, it remains the case that local minorities' experiences and perceptions were often missing from these potentially important sources of local data. Although there were several programmes where a 'colour-blind approach' implicitly seemed to shape attitudes towards working with minorities, there were also several where, although the issue of working with minorities was regarded as important, it remained on the 'to-do' list: that is, it had not been given priority throughout the life of the SSLP to date. In some cases this was simply because of competing priorities where ethnicity was not given the recognition which, we would argue, it should have had. In others, it related to the issue of cost and this raises a wider issue. Delivering services to minorities often requires greater investment of money because, for example, of the need for a longer lead-in time, greater levels of development work, the cost of interpretation and translation and so on. Staff

and managers often commented on the need for more resources for this work, a need which they argued was not being met. It seems to us that this issue requires a wide-ranging appraisal of the extent to which there should be variability in the levels of resources available to SSLPs so that those with significant and diverse minority populations are better resourced.

In relation to important elements of the work of SSLPs, and thinking about working with BME groups, there are some simple recurring questions which could have been applied to the work of many SSLPs which might have pointed to the need to refocus services in such a way that they would be more accessible to minorities, questions such as 'is this service universal?'; 'is it equally accessible to all?'; 'are there specific services which identified minorities might need?'; 'are there additional barriers to accessing services faced by certain minorities?' Although programmes often suggested that they had incorporated these questions into thinking about their work (for example '*it's about ensuring that services that are in place are accessible to and appropriate for people regardless of ethnicity*'), the evidence we collected from interviews, group discussions and written internal and external reports gave little indication that most SSLPs had rigorously applied this line of questioning to developing their strategic approach to the programme, to thinking about operational details and day-to-day practice, or in monitoring and reviewing their work from time to time. Nor was there strong evidence that the views of BME parents, which could have been a powerful lever for change, had impacted as effectively on the development of services as they might have done.

In any case, in several programmes, staff talked about simply providing services on '*an equal basis*' without recognising that there were barriers - of knowledge, information, culture, religion, suspicion, fear - which might differentially hinder some BME communities from accessing services. This is one area where stronger guidance from the centre as to what 'equal opportunity' might actually mean in practice, would have helped significantly.

The appointment of minority staff workers and advisers in a variety of roles was an important step for some programmes and provided many actual and potential gains for working with minority communities. However, this may have sometimes been a missed opportunity as well as bringing additional difficulties which needed to be worked with. It appeared in some ways, for example, that this allowed some programmes to discount the importance of race awareness work for other staff. In a sense, work with minorities might be ghettoised - minorities work with minorities, minorities therefore have to think about race awareness issues, and other staff are not required to think through the issues involved. Where these minority staff were not working at a senior level and able to influence the overall direction of the SSLP, this was an additional actual and symbolic difficulty, as both minority staff and parents commented frequently. Several programmes noted that there had been no general attempt to insert race awareness work on an ongoing basis for all staff and this seems a remarkable lacuna given the terms of the Race Relations Amendment Act 2000 and the government sponsorship of the programme.

Although the appointment of minority staff provided an important symbol for local minorities in terms of the general orientation of the programme, other difficulties were reported as a result. One programme, in a very diverse multicultural area, had had about half of its staff from ethnic minorities early on. However, as staff left, those that replaced them, including all the members of the senior management team, were generally White. The present programme manager accounted for this thus: *'we have been talking about employability and the level of staff that you need for the skills, for the families that you are working with. It's quite hard, it's going to take some time for staff at that level with certain qualifications because you know what the government are doing with Workforce Reform and make sure staff are suitably qualified...'* In this, and other programmes, staff and parents found this shift away from a strong minority presence in the programme disturbing. In some others, as we have seen, the dominance of White staff in a very diverse area was not regarded by programme managers or staff themselves as problematic in either a symbolic or practical way.

We have noted earlier that the material available from the National Evaluation, from Guidance Notes and from other material available to SSLPs, with a few exceptions, gave relatively very little weight to the dimension of ethnicity. The use of conflated analytical categories for ethnic origin (such as 'Black' and 'Asian') is certainly not useful in terms of helping to target policy and service initiatives on specific ethnic communities. In this context, the role of support and advice from outside the SSLPs could have been quite crucial in this regard in helping - or indeed obliging - programmes to develop strong minority-oriented strategies. Several SSLPs commented on the support they had had from the DfES Sure Start Unit or appropriate Government Regional Office and from the Sure Start Regional Support Officer. These comments were fairly mixed: some had felt they had little support, a few felt they had had quite a lot, but most who had something to say on the subject observed that they had had no specific support in working with minority communities from Regional Offices. One, for example, had been pointed towards a national conference on working with travellers which had been very helpful but had wanted more help in establishing a network of programmes working with travellers.

One specific area where guidance might have been helpful is in the general area of community cohesion: given that residential segregation appeared to be quite marked in some of the Case Study areas, and is a policy area which has had a very high political profile in the past few years, programmes such as Sure Start presented an ideal opportunity for promoting cross-ethnic links and interaction. Despite some good work by specific SSLPs, reported earlier, this opportunity for thinking through the issues seemed not to have been taken advantage of, reflecting a failure of government departments to liaise over major national programmes working at community level. In one programme, however, the SSLP Manager was full of praise for the Sure Start Unit Development Officer. *'She was absolutely brilliant ... because she was a black woman as well'*. This Manager had found she could discuss issues about the local Black population in a way she couldn't with her line manager, who was White.

We would argue, therefore, that the dimension of ethnicity has not been strongly represented in the relationship between the centre and the local programmes. It is of course appropriate to set the development of SSLPs within the context of flexibility and responsiveness to local conditions - and much was made of this in official guidance when programmes were established - but in a number of difficult and sensitive areas - and ethnicity is clearly one of these - it is also appropriate not only that guidance is provided from the centre (which it was to a fairly limited degree) but that this guidance is backed up by forms of monitoring and support for local programmes. This should include suggestions as to how engagement with minority communities might happen, and appropriate forms of support including training to encourage this. From comments made to us by respondents, it appeared that whilst national guidance did emphasise the need to engage with minority ethnic backgrounds, including refugees and asylum-seekers, there was little in this guidance which suggested how this might be done. This is needed to ensure that stated overall goals and legislative requirements in relation to involvement of ethnic minorities specifically, and promotion of equal opportunities more broadly, are adhered to at a local level. Whilst some programmes and some staff clearly had experience and expertise in this area, many did not and were effectively left to develop approaches to working with minorities more or less in isolation, often appearing to reinvent wheels in the process. Given that there is a fairly substantial body of knowledge available - including within some SSLPs - this seems very wasteful. The lack of consistent and strong support to back up the references to work with minorities in guidance effectively allowed programmes to give this work a low priority.

Overall, then, it appears that the failure of the Sure Start programme as a whole centrally to approach the issue of working with BME communities has led to several important consequences. The lack of focus on the dimension of ethnicity means that material has not been gathered effectively through national or local evaluations and publicised in a way which could be learnt from; not only does the programme itself run the risk of appearing 'colour-blind' - which is a very serious criticism given that social and economic indicators more generally suggest that it should be strongly targeted on many minority communities - but the opportunities available from this very heavy investment in local programmes to learn about best practice in working with minority communities have not been taken. Some programmes are clearly doing excellent work with minorities in a number of ways, (reflected in boxed examples throughout the text above) despite, perhaps, the lack of external support and guidance - others are struggling because they lack the knowledge and experience which might be available from other programmes or from outside the Sure Start arena.

In this sense, despite the many interesting and important areas of work we came across, the Sure Start programme - and its associated National Evaluation - may represent a major missed opportunity as far as the enhancement of the lives of marginalised minority communities goes. It also appears, from our more limited investigations, that this may be even more the

case for those groups typically described as 'hard-to reach', particularly those of traveller/gypsy/Roma origin, migrant workers or certain more 'mainstream' black and ethnic minorities such as those of Bangladeshi origin. Very few programmes nationally (and thus very few of our case study programmes) were actually working with traveller/gypsy/Roma or migrant worker populations. Those that were found the work challenging, slow and costly in terms of resources and some had found it difficult to get started even after three or four years in the field.

We conclude this report therefore by offering some key elements of work with minority groups which emerged from our study. These may be of assistance to SSLPs as they move into the next phase of work as Children's Centres. This perhaps will provide a good opportunity for them to rethink their strategic approach to working with minority groups in the context, hopefully, of stronger government guidance in working with BME groups.

Delivering services and the role of the local communities

1. Our study suggests that there is a need for SSLPs to develop a wider community development role which could engage with local community organisations and encourage them in turn to work with SSLP in a number of ways. The provision of outreach work, discussed at some length above, is not necessarily the same thing as doing good community development work. The latter would help local organisations, community groups and groups of parents to engage with SSLPs more as partners with something to offer and less simply as the deprived recipients of services. This might have important knock-on effects in terms of how SSLPs were seen in localities. A more community-oriented approach would also tacitly recognise the fact that drawing in certain groups (which were overlooked in some SSLPs we visited) is a process which would take time. Some SSLPs seem to have been easily discouraged from building links with certain minorities and effectively abandoned that work, leaving the most marginalised communities excluded from its work.

2. We have stressed the importance of targeted services or conversely, the failure of a colour-blind approach, in terms of reaching minorities effectively. The 'colour-blind' approach as a mode of good service delivery to minority ethnic groups has been discredited in most 'race'-oriented service and policy programmes and it is surprising, to say the least, to find it practiced within this major government programme. This requires most of all some very strong guidance on understanding difference and diversity and the implications of this for service delivery.

3. Related to this, we stress the importance of outreach work. This work needs to be varied and appropriate and linked to the targeting approach described above.

4. Very uneven use was made of translation and interpretation work. In some areas it was comprehensive and effective, in others it exhibited many examples of poor practice, including the use of relatives, inappropriate use of peer group members, or little or no use of translation at all. There are many

published examples of good practice (see e.g. footnote 7) on which local programmes can draw and national guidance should be made available to help programmes access this. Key issues here are not just about the importance of the service but who should undertake it.

Staffing issues

5. Many SSLPs need to review their employment practices. Very few minority staff were employed in senior roles in SSLPs and this had an important symbolic effect within and outside programmes. Many SSLPs employed minority staff, though some employed rather less than might have been helpful and appropriate, and most minority staff employed were in subsidiary roles which gave them little effective control over the overall direction of SSLP practice and policy. This might require also a review of in-service training, support and mentoring for such staff so that they could take advantage of opportunities for advancement and promotion on reasonably equal terms with their colleagues. Programmes working with minority communities must, as experience here and elsewhere shows, reflect the backgrounds of those communities for them to be used effectively. It is therefore important for programmes to take a strategic approach to staff teams, aiming for a good mix of personal and professional skills, knowledge, experience and affiliations. The same general considerations apply to the use of parent - volunteers; here ensuring they were used appropriately was also critical.

Strategic planning and the work of SSLPs

6. There is a need for an approach which is based on the continual renewal of services; not only are new residents becoming parents but new groups are moving into areas. Demographic change is moving more rapidly than ever before in Sure Start areas and SSLPs need to re-evaluate their services, probably on an annual basis, alongside collecting local data on demography, to ensure that groups are not being missed or services becoming redundant.

7. The role of national and regional guidance seems also to have been uneven, adding to the picture of considerable variation at local level. As we have noted, it is perfectly proper to stress the importance of local SSLPs reflecting local needs in their ways of working but this is not the same thing as ignoring the wide range of good practice available from a wide range of sources for helping programmes work in often complex and difficult areas. We found very few examples of programmes making use of guidance, literature, research findings available which discuss work in this area. Interestingly, the work of the DfES' national sister programmes - the Children's Fund and the Local Network Fund - which also were struggling with the kinds of issues discussed here - and which might have been drawn on for experience and help, were not referred to by any of the SSLPs we visited.¹³ Given the government's emphasis on 'joined-up thinking and policy development', and the original desire to ensure that the Sure Start, Children's Fund and Local Network Fund programmes worked closely together (often with overlapping

¹³ See for example DfES (2005), *Was the money used well?: National Evaluation of the Local Network Fund*, London, Research Brief 685: DfES; DfES, (2006) *Preventative services for Black and Minority Ethnic Children, a final report of the National Evaluation of the Children's Fund*, London: DfES, Research Brief 778.

target groups), this seems wasteful. There is no necessary tension between local autonomy and responsiveness on the one hand and strong central guidance on the other: the Local Network Fund operated within a regime where local funds were flexible and responsive but also required to work within strong national guidelines which were systematically monitored.

8. As data has not been collected in a systematic way in terms of outcomes for minority groups, it was not possible for us to report on how outcomes for varying minority groups varied from those of the Sure Start children's population as a whole. This is presumably terrain which the National Evaluation will need to reflect on in its subsequent reporting but it will depend on a much better level of monitoring data than was made available to us and it will also require the National Evaluation to make use of more subtle ethnic categories than has been the case in published material to date. The general point to be made for local programmes is that in any work with minorities, an effective ethnic monitoring system is absolutely crucial in understanding the extent to which a service is accessible to potential users from different minorities and has equivalent outcomes for them. The ethnic categories used by NESS are too few to be helpful in suggesting how different groups may be faring within the programme as a whole and there are several issues to be considered when thinking about ethnic monitoring within local programmes. Most programmes (but not all) appeared to use the 10 basic census categories for ethnic origin (where monitoring was carried out) but this monitoring needs to be complemented by good qualitative data also. For example, the category 'White other' could equally well refer to someone of Roma, Kosovan, Bulgarian, Irish or mixed race origin if that is how they choose to identify themselves. Yet clearly the type of service to be provided (and the way it was delivered) for these different groups might be very different indeed. There is not a strong enough focus on ethnicity within local programmes or the national programme for us to feel that it will be possible to say much more, except in general terms (as in earlier NESS reports) on the subject of ethnicity, than is reported here.

9. The study emphasises yet again, the importance of recognising the growing issues around difference and diversity within and between minority groups. This issue came up in many different ways. For example, several programme focus groups and staff interviews criticised the way in which stereotypes of minorities were prevalent; this was not only wrong but also ignored differences in, for example, class and gender within minority groups. Another example is the way in which approaches to working with particular groups might have to be tailored very closely to the particular religious and cultural context within which programmes were operating. What worked in some areas would not necessarily work in others, for example in terms of how to build links with particular ethnic communities or how to work with men. Given that diversity is increasing in every local authority area in the country, this issue needs to be monitored very closely and its implications for practice thought about carefully within each context. One ramification of this is that it is inappropriate to try and think of delivering services on an equitable basis if by that is understood simply trying to ensure each community gets its equal share or quota of services. Working with some communities takes much

longer - because of issues of religion, culture, language, mistrust, local history, conflict and so on - and this has implications for resourcing that work. Some communities will require much higher levels of investment per capita. The alternative is that those communities will continue to be marginalised educationally, politically and in terms of a range of social, health and educational indicators.

10. We want to emphasise the role that programmes such as Sure Start might play in promoting community cohesion, if by that is understood building mutual trust and respect between different communities. There was some, but limited, evidence of this happening through bridge-building activities. Much more might have been done in this regard.

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Appendix A: Findings from an analysis of Census ethnicity statistics for Sure Start areas

NESS provided the study team with a Census 2001 breakdown by ethnicity for 310 NESS SSLP areas in Rounds 1 to 5 (although the present study only focused on the 250 programmes in Rounds 1-4). Ethnic categories used in this paper were therefore normally the ones used in the Census although, for reasons explained below, we used the term South Asian rather than Asian to differentiate those of South Asian origin from those of Chinese origin. The values were calculated by using weighted proportions of the Census output areas that intersect a NESS area. A list of NESS areas for which Impact Studies¹⁴ had been undertaken was also provided. The NESS Impact Studies shown here are of Rounds 1 to 4 programmes only. The Sure Start programmes Rounds 1 to 5 areas for which data is held and Impact Study areas, are divided between English Government Regions as shown in Table 1. This analysis was used to help us obtain a representative sample of Case Studies (see also Section 2) in terms of ethnic categories prevalent amongst local populations.

Table 1 - Sure Start by Government Regions

	% of Round 1-5 programmes	% of 310 NESS areas for which data held	% of 150 Impact Study areas	Number of Impact Study areas
East of England	4	5	5	8
East Midlands	8	7	8	12
London	18	18	16	24
North East	12	12	13	19
North West	20	21	19	29
South East	7	6	7	11
South West	7	7	7	11
West Midlands	11	11	11	17
Yorks & Humber	13	13	13	19

Table 2 shows that the ethnic minority population in the Sure Start areas for which data is held and in the Impact Study areas is generally nearly twice that of the population of England as a whole, as might be expected to some degree from the selection of Sure Start areas using the Index of Multiple Deprivation (IMD), given the strong association between certain minority ethnic groups and high levels of deprivation noted in Section One of this report. However there is considerable variation between the different minority ethnic groups. Chinese and Indian minorities are only slightly over represented in the 310 NESS areas but Indians are under-represented in the Impact Study areas. There are over three times as many Pakistanis as in the national population, nearly four times as many Bangladeshis in the 310 sample, and three times as many in the Impact Study sample. This general imbalance might be justified in terms of those minority groups with high levels

¹⁴ The Impact Study was a study undertaken by NESS of a subset of SSLPs which explored the impact of the SSLPs on local populations.

of deprivation (Pakistani and Bangladeshi) but there remain questions about the Indian and Chinese populations. Although these minority groups tend to achieve high educational and economic outcomes in general, this is not an iron law and in any case it may be that the question of racism affects their access to services. To put it another way, it may be that Indian and Chinese groups do well economically and educationally (for cultural reasons) *despite* the barriers they face as a result of racism and therefore their experience of Sure Start, we felt, should be explored equally alongside that of other minority ethnic groups. Another important factor is that Pakistani and Bangladeshi families tend to have larger (more children) and younger (more young children) families than those of their Chinese and Indian counterparts, and the population of the UK as a whole.

Table 2 - Ethnic Minority population in the SSLPs

Ethnicity	Ave % in 310 Sure Start areas	Ave % in Impact Study areas	England %
All BME groups	18	16	9
All 'South Asian' groups	10	9	5
Indian	2	2	2
Pakistani	5	5	1
Bangladeshi	2	2	1
All Black groups	5	5	2
Black Caribbean	2	2	1
Black African	2	2	1
Chinese and other ethnic groups	1	1	1
Chinese	0.5	0.5	0.4
All mixed groups	2	2	1

(figures rounded)

Table 3 - Over-representation of ethnic minorities in SSLPs

Ethnicity	% 310 Sure Start areas more than national average	% Impact Study areas more than national average
All BME groups	41	39
All 'South Asian' groups	36	32
Indian	23	21
Pakistani	29	25
Bangladeshi	29	28
All Black groups	33	33
Black Caribbean	33	33
Black African	26	25
Chinese + other ethnic groups	30	29
Chinese	29	28
All mixed groups	47	44

Table 3 shows the proportions of Sure Start areas having larger ethnic minority populations than the average in the national population. The Impact Study areas generally had very slightly smaller proportions over the national average than the 310 sample as a whole.

The averages in Tables 2 and 3 disguised a wide variety of minority ethnic profiles across the individual Sure Start areas. In 9 Sure Start areas, of which 3 were Impact Study areas, the total BME population was over 70 per cent of the total population. Of the main groups, 'Asians'¹⁵ constituted over 70 per cent in four areas (2 Impact) and Black groups over 30 per cent in 12 areas (5 Impact) of which one was over 50% (not Impact area). Mixed groups and Chinese/Other ethnic group are less well-represented with over 5 per cent in 22 (8 Impact) and 9 (4 Impact) Sure Start areas respectively. Of the individual ethnic groups, there were 10 areas (5 Impact) with over 40% Pakistanis, of which 2, both Impact Study areas, had over 60%. Indians reached 20% in only 6 areas, none of them Impact Study areas. There were 20% Black Caribbeans in 2 areas (not Impact), Black Africans in 5 areas (4 Impact) and Bangladeshis in 7 areas (3 Impact). Chinese people contributed over 3% of the population in 3 areas, all of them Impact Study areas.

Table 4 shows the ethnicity profile of the Government Regions by selected minority ethnic groups. As can be seen, North East and South West Regions had few ethnic minority people overall within their populations whilst London dominated overall and for all ethnic groups except for Pakistanis. The largest proportion of Pakistanis were found in Yorkshire and Humber and the West Midlands.

¹⁵ The use of the category 'Asian' in NESS analyses in some of the data we have examined was quite unhelpful - because of the issue of differential outcomes between differing ethnic groups -and in our analysis we distinguished between differing minority ethnic groups within that broad category. Technically, 'Asian' covers not only a range of differing cultural, national and religious backgrounds from South Asia (India, Pakistan, Sri Lanka and Bangladesh) but also, for example, Malaysia, and Hong Kong, Taiwanese and mainland Chinese.

Table 4 - Ethnicity by Government Regions

Ethnicity	NE	NW	Yorks & Humb	East Mids	West Mids	East Of Eng	London	SE	SW
All BME groups	2.4	5.6	6.5	6.5	11.3	4.9	28.9	4.9	2.3
All South Asian groups	1.3	3.4	4.5	4.1	7.3	2.3	12.1	2.3	0.7
Indian	0.4	1.1	1.0	2.9	3.4	0.9	6.1	1.1	0.3
Pakistani	0.6	1.7	2.9	0.7	2.9	0.7	2.0	0.7	0.1
Bangladeshi	0.2	0.4	0.2	0.2	0.6	0.3	2.2	0.2	0.1
All Black groups	0.2	0.6	0.7	0.9	2.0	0.9	10.9	0.7	0.4
Black Caribbean	0.1	0.3	0.4	0.6	1.6	0.5	4.8	0.3	0.3
Black African	0.1	0.2	0.2	0.2	0.2	0.3	5.3	0.3	0.1
Chinese and other ethnic groups	0.4	0.6	0.4	0.5	0.6	0.6	2.7	0.8	0.5
Chinese	0.2	0.4	0.2	0.3	0.3	0.4	1.1	0.4	0.3
All mixed groups	0.5	0.9	0.9	1.0	1.4	1.1	3.2	1.1	0.8

The ethnic profiles of the Sure Start areas reflected these regional differences to a great extent although there are Sure Start areas with substantial proportions of ethnic minorities in Regions with overall small minority populations, suggesting again that the targeting of SS resources had been appropriate in this regard. Table 5 shows that 15 of the 35 Sure Start areas with over 50% BME population were in London, including 3 of the 9 with over 70%. The North West Region had 8 over 50% of which one is over 70%, West Midlands has 5 (3 over 70%) and Yorkshire and the Humber had 4 (2 over 70%). The North East had only two areas with more than 10% BME population.

The areas with high BME populations were generally represented by those with Impact Studies, although the Sure Start areas with over 70% BME population in London and the North West were not included.

Table 5 - Sure Start programmes with high BME populations relative to the SSLP population as a whole, by Government Region

Region	Number of programmes			
	310 NESS areas		150 Impact Study areas	
	Over 50%	Over 70%	Over 50%	Over 70%
East of England	1	0	1	0
East Midlands	2	0	2	0
London	15	3	6	0
North East	0	0	0	0
North West	8	1	2	0
South East	0	0	0	0
South West	0	0	0	0
West Midlands	5	3	2	2
Yorks & Humber	4	2	2	1
Total	35	9	15	3

Note: There are 261 SSLPs in Rounds 1-4 and all of these are included in the total of 310 above: the remaining 49 are from Round 5, in which there is a total of 179 altogether.

Of the major groups, 'Asians' (i.e. South Asians) were numerically significant in Sure Start areas in the North West Region (7 over 50%), London (3) and the West Midlands (4). Only one each of the London and North West SSLP areas was represented in the Impact Study but 2 of the West Midlands programmes. Sure Start areas with over 70% are North West (1), West Midlands (2) and Yorkshire and the Humber (1) with one each from the West Midlands and Yorkshire and the Humber in the Impact Study. The Black population within the Sure Start programme was concentrated in London (12 over 30%, 1 over 50%). Five SSLPs with a Black population of between 30 and 50% were included in the Impact Study. The 'ethnically mixed' (dual heritage) population was also concentrated in London, reaching 5% in 11 Sure Start areas of which 3 had Impact Studies whilst there were 5% Chinese and other ethnic groups only in a few London (7) and the North West Regions (2). Three of those in London and 1 in the North West had Impact Studies.

Sure Start areas with substantial populations in the BME subgroups are shown in Table 6 below. This picture helped to narrow down our choice of Case Studies for this study, which needed to balance ethnic diversity against regional spread.

Table 6 - Sure Start areas with substantial minority populations (Those for which at least some Impact Studies are available in bold, with the number of these in brackets)

	Indian	Pakistani	Bangladeshi	Black African	Black Caribbean	Chinese
East of England		1 x 60%+				
East Midlands		1 x 40-60%		1 x 10-20%		
London	1 x 30%+		5 x 20%+ (3 of these Impact) 3 x 10-20% (2 of these Impact)	5 x 20%+ (4 of these Impact) 20 x 10-20% (14 of these Impact)	2 x 20%+ 15 x 10-20% (9 of these Impact)	2 x 3%+ 8 x 2-3% (2 of these Impact)
North East		1 x 28%	1 x 9%			
North West	1 x 30%+	4 x 40-60% (1 of these Impact)	2 x 20%+ 3 x 10-20% (1 of these Impact)			1 x 3%+ 1 x 2-3%
South East						1 x 2-3%
South West					1 x 10-20%	
West Midlands		1 x 60%+ 1 of these 40-60%	2 x 10-20%		2 x 10-20% (1 of these Impact)	
Yorks & the Humber		2 x 40-60% (1 of these Impact)	1 x 10-20%		1 x 10-20%	1 x 2-3%

People of Indian origin accounted for 30% of the population in one London Sure Start area and one in the North West but neither was an Impact Study area. The Indian populations in the East and West Midlands were reflected at under 20%. A Sure Start area with over 60% people of Pakistani origin reflected the population in the West Midlands but there was also such an area in the East of England, both being Impact Study areas. There were also Pakistan concentrations in East Midlands, North West, West Midlands and Yorkshire and the Humber Sure Start areas. Bangladeshis made up 20% in London areas, as might be expected, and in the North West with lesser concentrations elsewhere. Black Caribbean and Black African minorities

reached 20% only in London, but over 10% were also found in the South West, West Midlands and Yorkshire and the Humber (Black Caribbean) and the East Midlands (Black African). The over-20% Black African populations in London were represented in Impact Studies but not the Black Caribbean populations. The Chinese population formed only a small proportion in all the areas, reaching 3% only in London and the North West, both the subject of Impact Studies.

To summarise, the ethnic minority population in the Sure Start areas as a whole for which data is available was larger than in the population of England generally, particularly in respect of people of Pakistani and Bangladeshi origin. The Impact Study areas represented generally the population of the NESS areas but there were some NESS areas with particular minority populations which are not Impact Study areas. The Impact Studies were drawn from Rounds 1 to 4 (which NESS was limited to). Issues which we considered in relation to the choice of Case Study areas therefore included the following in relation to specific minority populations¹⁶:

- Indian population
There was over 20% Indian population in 6 Sure Start areas but none of these were Impact Study areas. There was 17% Indian population in one Leicester area which was also an Impact Study.
Sure Start areas with large Indian populations in London (Hounslow 31%, Redbridge 21%) were not Impact Study areas.
Sure Start areas with large Indian populations in the North West were not Impact Study areas (Blackburn 34%, Preston 21%)
- Black Caribbean population
There was over 20% Black Caribbean population in 2 areas in London, neither of which were Impact Study areas. There were however numerous Impact Study areas in London and elsewhere with between 10 and 20%. In Yorkshire and the Humber, the Sure Start area with 17% Black Caribbean population was not an Impact Study and the only Impact Study area with this ethnicity in the region was Bradford with 3.2%.
- Bangladeshi population
Whilst the Bangladeshi population in London was well-represented in Impact Studies, that elsewhere was limited (the vast majority of the UK population of Bangladeshi origin lives in London). In Yorkshire and the Humber, the Leeds Sure Start area with 17% was not an Impact Study but there was 9% in one Bradford SSLP and 6% in Scunthorpe. In the North West, an Oldham SSLP with 71% was not an Impact Study but a Manchester one (14%) was. In the West Midlands, a Birmingham SSLP with 15% was not an Impact Study but another in Birmingham (9%) was.
- Chinese population
Whilst the Chinese populations in London, Liverpool and Sheffield were Impact Studies, that in Portsmouth was not. In the South-East the

¹⁶ The names here are illustrative and do not reflect the final choice of Case Study areas.

Impact Study with the most Chinese was one SSLP in Southampton with 1.2%.

* Pakistani population

There was little to say about the Pakistani population from this review in the sense that it was well-represented across the programme and Impact Study areas and offered a good range of potential Case Study areas.

• Black African population

This was also almost entirely concentrated within London.

None of the above analysis picked up asylum seeker and refugee populations which were likely to be relatively small in total but were likely also disproportionately to need to make use of Sure Start services; nor could it focus on the gypsy/traveller population. Finally, in thinking about the way minorities - of whatever kind - accessed SSLP services, we felt we needed to think about the position of minorities in areas where they represented a very small part of the population and might be overlooked in policy and service delivery. Many rural areas would fall into this category of SSLP area but so would some urban areas. We agreed therefore that if the choice of Case Study areas could not reflect these supplementary conditions, we would find other ways to explore the position of these groups. We eventually addressed this issue by choosing four 'mini-Case Study' areas, chosen to reflect activity with these more marginal groups, supplementing the eight case studies which formed the core of the fieldwork.

Appendix B: Choosing the Case Studies

It had originally been agreed that a series of Case Studies would be chosen in light of the questions emerging from Phase One of the study, from reviewing the dimension of ethnicity within SSLPs, as described earlier and in Appendix One. After some discussion with the Advisory Group, we agreed that eight full Case Studies should be undertaken, to allow us to explore local work in some depth; these would be supplemented with several 'mini-Case Studies' which would be the subject of much less time commitment but would be focused on specific issues or population groups. In the event, four mini-Case Studies were undertaken.

The main Case Studies would each involve up to 10 interviews/group discussions and data collection (review of local reports, contextual data, local evaluations). We argued that it was important to ensure that the Case Studies covered a range of key variables including:

- Ethnicity - at least the six major ethnic minority groupings should be covered (Chinese, Bangladeshi, Pakistani, Indian, Black African, African-Caribbean- in practice several minority ethnic groups were present in most areas) in order to capture relevant cultural factors. Case Studies will therefore have a high proportion of one or other of these although we wanted to choose at least one Case Study area with a very mixed population. It was intended that at least two Case Studies would also be chosen to ensure a good representation of travellers and asylum-seeking/refugee populations.
- Regional factors - Case Studies would be chosen to ensure that any relevant regional dimensions (e.g. concentrations of minority populations, historical patterns of settlement, strength of local BME voluntary and community sector networks), were taken into account although this would be balanced against logistical issues given limitations on resources. We originally aimed to undertake all the Case Studies in no more than three regions to save costs. In the event, we undertook Case Studies in four English regions (London; West Midlands; Yorkshire and the Humber; and the North West). East Lancashire was added as this offered no additional logistical difficulties but provided very different contexts from the other regions chosen. Logistically we were able to do this by use of freelance researchers working in some of these areas. The supplementary mini-Case Studies were undertaken in Yorkshire and the Humber, North West, and the North East Regions.
- Programmatic - It was intended that Case Studies would be chosen to ensure that different organisational and programmatic approaches to Sure Start - reflected in responses to national surveys and through local evaluations - would be covered. Local evaluations would, we hoped, have pointed to potential areas of good practice in working with minorities, a further factor in helping to choose the Case Studies. In fact, the data to which we had access could not give us much direction in this regard.

The final approach to choosing the Case Studies was to put together a long shortlist of possible SSLPs from which we would eventually choose between 8 and 10 Case Study programmes. This long shortlist was built up from the analysis of SSLPs in terms of ethnicity, as described in Appendix One above and was then submitted both to members of the Advisory Group, to NESS staff and to Regional Support Officers. The latter were told that the final shortlist of SSLPs programmes would be chosen from four regions as follows: NW (East Lancs only); Yorks and Humber; London; West Midlands. These would provide a range of demographic contexts to enable us to explore ethnicity in areas of differing populations. Regional Support Officers were asked to provide some suggestions (about six per region) which would fit the following specification. It was expected that each Case Study would involve several of the characteristics outlined below, of course:

- areas should have one dominant minority in terms of population (this might be in the context of a considerable ethnic mix).
- some should have a mixed minority ethnic balance: i.e. two or three minority ethnic groups roughly similar in terms of their proportions in the local population.
- most should have relatively large minority ethnic populations as a whole (say, 10% or more of total population) but a few should have a low proportion of minorities, perhaps 2-3%. These might be rural areas or mixed urban/rural.
- in each case suggested, we asked for an indication whether there was a refugee/asylum seeker population; and whether there was a traveller population.
- in each case, we asked to know *in confidence* whether the Regional Support Officer (RSO) would regard the work of the programme as good or poor in terms of their practice in involving minority ethnic groups. In the event, we had very few qualifications of this kind offered to us, largely because those RSOs which responded (a minority of those approached) were not able to make such a judgment.
- in each case, we asked whether the programme had a fairly broad understanding of its role or whether it was interpreting its brief in a narrow way (ie focusing almost exclusively on childcare issues).
- in each case, we asked if there was a local evaluation report we could access.
- for each suggested Case Study, we asked if there was anything else we needed to know relevant to the work we were doing.

A long shortlist was finally narrowed down to eight areas. Of these, 3 were in Yorkshire and the Humber, one in the North West Region, 2 in London and 2 in the West Midlands. Four were in impact areas, and four in non-impact areas. Additionally, 5 had large (dominant) BME populations, usually dominated in turn by one minority, 2 had medium-size BME populations and one had a very small BME population. Four were dominated by Pakistani/Bangladeshi populations in various mixes, 1 by Indian, 2 by Black or Black Caribbean in various mixes and one had very few of any minority.

NESS was then asked to identify a list of SSLPs which claimed to work with refugees and asylum-seekers or with travellers/gypsies, and areas with low numbers of BME groups generally, from which we would choose a supplementary list of mini-Case Studies where we could focus on these particular groups. From this list we chose four Mini-Case Studies, using the same sort of criteria as for the main Case Studies other than demography: these four were in the Yorkshire and Humber (one), North West (1) and North East (2) Regions. In total, then, we examined the practice of twelve SSLPs in five Regions, covering a mix of all the major ethnic groups in England, in areas which ranged from those which were highly urbanised with large and long-standing minority settlement through to rural areas with low numbers of minorities of relatively recent settlement.

We wrote to the Programme Managers in each of these twelve areas and were fortunate enough that every Manager agreed - a few cases after some considerable discussion - to allow our team to use their area as a Case Study. The fieldwork ran from March to July 2006. Most of the Case Studies were undertaken by freelance researchers (themselves of minority origins and able to speak a number of relevant languages) but working to a common brief (see Appendices Four and Five). Individual researchers were fully briefed by the director of the study and supported throughout the course of the study. Interviews and discussion groups were conducted in a variety of languages, and translated into English and transcribed.

Although the researchers worked to a common template and brief, using common research instruments, there was some variability in the level and quality of data gathered at a local level. In two Case Studies, for example, it proved particularly difficult to recruit minority parents for discussion groups and in others we were not able to get access to as full a range of staff as we would ideally have liked. The range and quality of supporting material provided to us also varied considerably between the Case Study areas.

Appendix C: Some (annotated) literature on parenting and children in Black and Minority ethnic families

<p>'Ethnic minority families', downloaded from http://www.jrf.org.uk/knowledge/findings/socialpolicy/spr938.asp 05/12/05</p>	<p>Pakistani and Bangladeshi respondents preferred multi-generational households where married women should not work outside the home. African-Caribbeans were 'more individualistic' in their outlook. All Asian groups had a positive attitude to marriage and to the perceived benefits for children being raised in married relationships. African-Asians and Indians were more positive than other groups about women working outside the home. Many of the ethnic minority respondents thought their families were very different to those of the White population. Most cited difference was that White children were undisciplined and lacking in respect for their parents and elders.</p>
<p>'Ethnic minority issues and poverty' http://www.literacytrust.org.uk/database/EALpoverty.html (downloaded 05/12/05)</p>	<p>Black people are entering the middle classes at a faster rate than their White counterparts (citing Dr L Platt's study, Essex university). Children of Caribbean, Indian and Chinese origin more likely to get professional/managerial jobs than working class White children. However, Pakistani and Bangladeshi children are not having the same success (p1).</p>
<p>'Social cohesion: young, Muslim and British' <u>Children Now</u> 07/12/05 (downloaded from http://www.childrennow.co.uk 12/12/05)</p>	<p>Discussion of Sure Start in Bradford where second-generation British Asians use sure start. The Barkerend children's centre in Bradford has a multi-lingual, multi-ethnic team of professionals. However, it is still a challenge to get families into the centre. Do outreach with a play bus and contact parents at home. Also discussion of Keighley Sure Start and way it is encouraging cross-cultural friendships among children and young people.</p>
<p>Ali, S., 2003, 'To be a girl: culture and class in schools' <u>Gender and Education</u>, 15:3 pp269-283</p>	<p>Ethnographic study of 8-11 year old girls focusing on 'theorising multiplicities'. Children have complex narratives of class and ethnic belongings.</p>
<p>Bhabha, J., 2004, 'Seeking asylum alone: treatment of separated and trafficked children in need of refugee protection' <u>International Migration</u>, 42:1 pp 141-148</p>	<p>58% of the refugee population are children in families. A smaller number of children are alone, and there has been little research on them. Children find it harder to get asylum than do adults. Save the Children UK - only 1-2% of separated child Asylum Seekers get full refugee status, most are granted 'leave to remain' which is a discretionary status and can be withdrawn after age 18. The article describes</p>

	<p>research in the UK, US and Australia which is to be carried out to explore these issues using the 'best interests' principle.</p>
<p>Burgess, S., and Wilson, D., 2004, 'Ethnic segregation in England's schools' CASE paper 79, LSE, London</p>	<p>Statistical study. Most schools are overwhelmingly White (median = 97%). Even in 'most Black' or 'most Asian' schools the ethnic group is still in the minority (p 8). There are residential/geographic clusterings of ethnic minorities. Found that "black pupils with African heritage and black pupils with Caribbean heritage are not segregated from each other whereas pupils of Indian ethnic origin and Pakistani ethnic origin are more highly segregated from each other. Second, pupils of Bangladeshi origin are highly segregated from all other groups ... third, Asian and black pupils are highly segregated from each other. Indeed, black pupils are more highly segregated from Asian pupils than they are from Whites, even within London. Fourth, Whites are least segregated from Chinese students ... , then black students, Indian Pakistani and Bangladeshi students. (see paper for actual scores of segregation, p 14). The same picture holds all over England.</p> <p>Found evidence to suggest an association between educational segregation and social unrest (but qualify this). (p 21)</p> <p>"our main findings are that levels of ethnic segregation in England's schools are high [...] when we combine the two indices we identify areas of particularly high segregation, especially for pupils of Asian origin. These areas coincide almost exactly with the locations of urban unrest in the summer of 2001. Finally, we show that ethnic segregation is only weakly related to income segregation" (p 25).</p>
<p>Cemlyn, S., 2000, 'Assimilation, control, mediation or advocacy? Social work dilemmas in providing anti-oppressive services for traveller children and families' <u>Child and Family Social Work</u> 5, pp 327-341</p>	<p>The article is set in the context of historical legislation including the CJPO Act 1994 and discusses responses to travellers in a variety of contexts. For example, in planning applications, there is "extensive discrimination against travellers, making it almost impossible to achieve legitimate site status" (p328). Historically, travellers have felt that there is a threat from the welfare services in that they fear removal of their children. The study found difficult relations between travellers and social services and a high degree of suspicion on the part of travellers. On the one hand, social services are under misapprehensions about travellers as an ethnic minority, while on the other they sometimes exhibit extreme cultural relativism, to the point where they</p>

	<p>are unwilling to take any action. The prominent model of work from social services with travellers was the 'crisis response'. An example given of cultural difference concerns age appropriateness - traveller children and young people "develop economic and caring capacities at a younger age than non-traveller children and young people" - this leads to professionals seeing traveller children and young people as being in danger and thus leading to possible child protection proceedings. The article recommends the use of anti-oppressive/humanitarian policy by social services.</p>
<p>Chand, A., 2000, 'The over-representation of Black children in the Child Protection System: possible causes, consequences and solutions' <u>Child and Family Social Work</u>, 5 pp 67-77</p>	<p>Argues that black families are likely to be over-represented in the child protection system, due to issues around language and interpreting services, child rearing differences, poverty and social work assessments. Underpinning each of these themes, the author argues is racism and discrimination. The article is mainly a review of relevant literature.</p>
<p>Chand, A., 2005, 'Do you speak English? Language barriers in child protection social work with minority ethnic families' <u>British Journal of Social Work</u>, 35 pp 807-821</p>	<p>Discusses issues of interpreters including children as interpreters in child protection work. Discusses how language barriers can exacerbate discrimination against minority ethnic families.</p>
<p>Chand, A., and Thoburn, J., 2005, 'Research review: child and family support services with minority ethnic families: what can we learn from the research?' <u>Child and Family Social Work</u>, 10 pp 169-178</p>	<p>This article is a review of the literature/research. They note however that there is little literature available on the issue of BME families and social work. They say that it is not possible to identify the 'right' approach to working with these groups, but that methods used need to meet the ethnic minority's needs.</p>
<p>Cohen, S., Moran-Ellis, J., and Smaje, C., 1999, 'Children as informal interpreters in GP consultations: pragmatics and ideology' <u>Sociology of Health and Illness</u>, 21:2 pp 163-186</p>	<p>The article explores GPs views of the appropriateness of children acting as interpreters for adults in their family in consultations with doctors. Because GPs have limited funding to pay for interpreters, they accept children in the role of interpreter but at the same time they are opposed to it as they hold the ideological view of childhood as a time of innocence, and feel that children should be having a 'proper' childhood. GPs make decisions as to whether to accept children as interpreters based</p>

	on their assessment of the child's competency and the appropriateness of the child interpreting for particular medical conditions.
Connolly, P., 2000, 'Racism and young girl's peer group relations: the experiences of South Asian girls' <u>Sociology</u> 34:3 pp 499-519	The article focuses on 5-6 year old girls and their experiences of their positions in school peer groups. This was an ethnographic study in a multi-ethnic inner city school. Teachers have a tendency to view south asian girls as being quiet and passive and this influences the ways in which racism informs and structures relations among children.
Connolly, P., and Keenon, M., 2002, 'Racist harassment in the White hinterlands: minority ethnic children and parents' experiences of schooling in Northern Ireland' <u>British Journal of the Sociology of Education</u> , 23:3 pp 241-355, September 2002.	The paper argues that racist harassment is a significant problem in Northern Ireland schools for the four biggest ethnic minority groups: Chinese, Travellers, South Asians and Black Africans. Some schools have responded appropriately to the issue but others indirectly - and sometimes directly - contribute to it.
Cooper, H., Smaje, C., and Arber, S., 1998, 'Use of health services by children and young people according to ethnicity and social class: secondary analysis of a national survey' <u>British Medical Journal</u> , 317 pp 1047-1051 (downloaded from BMJ.com 05/12/05)	The authors found no evidence that use of health services varied according to socio-economic status, but ethnic origin was clearly associated with use of GP/Hospital services "which could imply that children and young people from Minority Ethnic groups receive a poorer quality of health care than other children and young people" (p 1047). Children and young people from all ethnic minority groups have a much lower use of outpatient and inpatient services than White children and young people. The authors state "these differences persisted after controlling for social position and health status, and they may suggest that children and young people from minority ethnic groups receive lower rates of referral to secondary care services and a poorer healthcare service than White children and young people" (p 1050)
Daniel, P., and Ivatts, J., 1998, <u>Children and Social Policy</u> Hants: Palgrave	Drawing on data from the 1991 census this book provides a few pages relating to issues around children and ethnicity. Nearly 1/3 of the total population of ethnic minorities are children under sixteen. Pakistani and Bangladeshi families have the highest number of children. Ethnic minorities are geographically concentrated, particularly in London and the West Midlands: 78% of Black Africans live in

	<p>London, as do 59% of Black Caribbeans, and 54% of Bangladeshis. “London’s children therefore come disproportionately from the racial minorities, though they are not evenly distributed across the capital” (p35). The highest rate for single parenthood is among West Indian mothers - nearly half the births in England to West Indian women are outside marriage. They have a brief section on traveller children using some very old data and merely note that traveller children are relatively invisible in comparison with the majority of children.</p>
<p>Eslea, M., and Mukhtar, K., 2000, ‘Bullying and racism among Asian school children in Britain’ <u>Educational Research</u> 42:2 pp 207-217</p>	<p>Questionnaire study of Hindu, Indian Muslim and Pakistani children in Lancashire. Found bullying was widespread and that all three groups suffered equally. But bullying was likely to be by other Asian children of a different ethnic group as it was by White children. Bullying between members of the same ethnic group was rare, although some Hindu children received insults related to the caste system.</p>
<p>Gauthier, A., 1999, ‘Inequalities in children’s environment: the case of Britain’ <u>Childhood</u> 6:2 pp243-260</p>	<p>Secondary analysis of the British household panel study from 1994 (wave 4). Found that “belonging to a minority seems uncorrelated to deprivation in most cases [and this] suggests that poverty rather than the status of minority explains the higher level of deprivation experienced by some ethnic minorities” (p 256)</p>
<p>Hendessi, M., ‘Not seen and not heard: the case of young women from Bangladeshi and Pakistani origins’ in Kober, C., 2003 ‘Black and ethnic minority children and poverty: exploring the issues’ <u>End Child Poverty/NCB</u></p>	<p>Many young women from Bangladeshi and Pakistani origins are leaving school with no qualifications - 52 and 40% respectively compared with 26% for White young women. One reason is that some young women are coerced into early marriages, but authors acknowledge that it is a complex issue.</p>
<p>Marsh, A. and Perry, J., ‘Ethnic minority families - poverty and disadvantage’ in Kober, C., 2003 ‘Black and ethnic minority children and poverty: exploring the issues’ <u>End Child Poverty/NCB</u></p>	<p>Relatively high levels of poverty among ethnic minorities affects children disproportionately (as there are differences in demographics/family size, etc). 7/10 Bangladeshi children live in families with incomes below 60% of the national average. Article includes tables to show income distribution etc. in terms of education, Indian children out-perform White children who get more GCSE passes. However Pakistani, Bangladeshi and black Caribbean children are less likely to achieve.</p>

<p>Messent, P., and Murrell, M., 2003, 'Research leading to action: a study of accessibility of a CAMH service to ethnic minority families' <u>Child and Adolescent Mental Health</u> 8:3 pp 118-124</p>	<p>Low rate of recording ethnicity across service despite Health trust and social services policies that ethnicity forms should be completed. Low representation of Bangladeshis in referrals to CAMHS. Only the White UK group was over represented. Parents interviewed felt that there was a lack of knowledge about the service amongst their Bangladeshi community.</p>
<p>Minority ethnic families caring for a severely disabled child http://www.jrf.org.uk/knowledge/findings/socialcare/539.asp (downloaded 09/12/05)</p>	<p>Families from ethnic minorities with disabled children even more disadvantaged than White families, with low levels of employment, poor access to information, low levels of support.</p>
<p>O'Brien, M., Jones, D., and Sloan, D., 2000, 'Children's independent spatial mobility in the urban public realm' <u>Childhood</u> 7:3 pp 257-227</p>	<p>Authors explored children's independent mobility in London and in a lower-density satellite new town. Found that independent mobility varied by gender, ethnicity, family culture and place. Girls and minority ethnic children were more restricted than other children in their use of public space. Conclude that there is no unitary 'public child'.</p>
<p>O'Neale, V., 2000, 'Excellence not excuses: Inspection of services for ethnic minority children and families' DoH Publications</p>	<p>Found that while LAs had anti-racist/equal opp.s policies, there was 'little evidence that they had been implemented'. Social work assessments were often partial and in some cases the safety of children was being compromised. Health and educational needs were being addressed in the main, but in care planning authorities rarely took a lifelong view</p>
<p>Okitikpi, T., and Aymer, C., 2003, 'Social work with African refugee children and their families' <u>Child and Family Social Work</u>, 8 pp 213-222</p>	<p>This was a very small-scale study on work with African refugee children and families. Social workers need to be equipped to work effectively with these children and families. They need to recognise that there is a continuing problem. They argue that social workers need to rely less on providing a basic and practical service, and need to address some of the psychological and emotional issues which the families bring.</p>
<p>Owusu-Bempah, K., 2001, 'Racism: an important factor in practice with ethnic minority children' in Foley, P., Roche, J., and Tucker, S., <u>Children in</u></p>	<p>This chapter discusses areas of society where racial discrimination impacts negatively on BME communities and discusses how progress can be made. In education BME children, especially Afro-Caribbeans, are treated less favourably. For example, 1.4% of the school population is Afro-Caribbean but 7% of permanently excluded pupils</p>

<p><u>Society: Contemporary Theory, Policy and Practice</u>, London: OU Press/Palgrave</p>	<p>are Afro-Caribbean. They are 5 x more likely to be excluded than White children, and 43 x more likely to be excluded than Asian children. The chapter goes on to show discrimination in social work practice, housing and employment and in health care. The chapter provides a list of recommendations to improve the situation through child care practice and through the use of anti-discrimination policies, both at individual and practice level, and through using an 'enabling' approach.</p>
<p>Preston, G, 'At greatest risk: the children most likely to be poor' especially chapter 5. Poverty among black and minority ethnic children – Gary Craig</p>	<p>Reviews evidence regarding the educational experience of Black and Minority children, linking it with high levels of deprivation amongst some minorities and racism in the educational system.</p>
<p>Pybus, J., 2004, 'Asylum: Welcome to the UK', <u>Children Now</u>, 06/07/04 (downloaded from the children now website, 06/07/04)</p>	<p>Children who arrive in the UK seeking asylum with their families are supported by NASS and given allowances and accommodation. In contrast, unaccompanied children are supported by Local Authorities under the Children Act 1989, who have a duty to provide support. Unaccompanied children are often placed in hostels or b&bs. Lucky ones are found places in residential units. In 2002, 6,200 children aged under 17 applied for asylum. 8% of unaccompanied children were granted asylum, 2/3 were granted leave to remain. Article shows that the voluntary sector is doing good work with this group.</p>
<p>Ran, A., 2001, 'Travelling on parallel tracks: Chinese Parents and English Teachers' <u>Educational Research</u> 43:3 pp311-328</p>	<p>Case study of teacher-parent meetings/interviews on cultural differences in understandings of education. Chinese parents emphasise accuracy and perfect scores, while British teachers consider errors as normal part of the learning process and are more concerned with problem-solving. Chinese parents very high expectations of their children but teachers often see them as being harsh and undermining children's confidence. There is a need for dialogue and awareness of differences.</p>
<p>Scourfield, J., and Davies, A., 2005, 'Children's accounts of Wales as racialized and inclusive' <u>Ethnicities</u> 5:1 pp83-107</p>	<p>Study on 8-11 year olds in Wales focusing on national and local identities. Although small ethnic minority sample, none of the ethnic minority children they spoke to gave 'Welsh' as an umbrella identity. Discussion about potential for inclusive citizenship to be developed in Wales.</p>

<p>Scourfield, J., Evans, J., Shah, W., and Benyon, H., 2002, 'Responding to the experiences of minority ethnic children in virtually all-White communities' <u>Child and Family Social Work</u>, 7, pp 161-175</p>	<p>This was a qualitative study in the South Wales Valleys. Interviews were carried out with children and parents. These showed a variety of experience, which was mediated by class and gender. Children were found to be creative in finding ways of responding to racism (although one child discussed trying to commit suicide). They state "for the minority ethnic families we spoke to, life is not dominated by either some kind of idyllic communal spirit or by hostility and exclusion. Racism is an everyday reality for many parents and children, but it is not overwhelming" (p 174)</p>
<p>Stephenson, J., 'Sure Start: government pledges its support despite disappointing evaluation' <u>Children Now</u> 07/12/05 (downloaded from http://www.childrennow.co.uk 12/12/05)</p>	<p>Researchers found that families with more human capital were making the most of what Sure Start has to offer while the more disadvantaged groups were not being reached. 'in some cases, children in Sure Start areas were faring worse than peers outside them'.</p>
<p>Taylor, SJC., <i>et al</i> 2005, 'Ethnicity, socio-economic status, overweight and underweight in East London adolescents' <u>Ethnicity and Health</u> 10:2 pp 113-128</p>	<p>More than one third were overweight and one fifth were obese. Indian males at higher risk of being overweight than White British males. Other male South Asian ethnic groups showed a higher prevalence of underweight. Found no association between BME and socio-economic status.</p>
<p>Walker, S., 2002, 'Culturally competent protection of children's mental health' <u>Child Abuse Review</u> 11 pp 380-393</p>	<p>Notes that little attention in the literature to needs of children and young people in ethnic minorities. Paper discusses ways in which practitioners can better understand needs of children in multicultural society. "institutionalized racism, failure of welfare services to listen and respond to the concerns of black communities, stereotypical beliefs about black families and barriers to access all inhibit equal opportunity for black children with metal health problems to receive help" (p382). Conclusion asserts that practitioners need to be sensitive to racial and cultural variations, use evidence not stereotypes etc.</p>

Appendix D: Brief for the Case Study researchers

The aim of this study is to explore the dimension of ethnicity within the national programme. This will require a degree of sensitivity since it will be important not to appear critical of the local programmes. As well as writing up the study as a final report of the overall themed study to inform the national evaluation and national Sure Start policy, we have undertaken to feedback the final report (either individually or as a joint report) to local programmes to help them develop their work.

The overall approach will be based on three visits to the local programme for which you are responsible. The precise details will obviously vary from programme to programme but the following will give you some idea of what we are looking for.

1. The first visit will aim to collect any relevant data about the programme and the local population it serves, to assess its general approach, and to explore what specific initiatives are in place. You will therefore want to ask for
 - i. any demographic data (from the census and any other local sources) about the local population;
 - ii. administrative data from the programme itself (about programme use, involvement of local parents from minorities
 - iii. policy papers from the programme and any of its partners (PCTs, local authorities, local voluntary partners etc)

Before you go, you will want to check to see what material you can get in advance (including local reports, local evaluations, policy papers, contextual material) and to set up some (probably up to four) key interviews. These will include the programme manager, any key programme staff responsible for working with minorities, and representatives of key partners (ie those most involved with the programme).

2. The second visit will involve meeting and interviewing minority ethnic parents involved in the management or delivery of the programme as, for example, advisers, members of management committees, or in some other key role; plus any other interviews you think might be useful.

3. The third visit will focus on parents using the services and in this case we propose that you undertake a number of focus groups. How these are organised (for example whether they are gendered or specific to particular minorities, and where you hold these group discussions) depends on the situation on the ground.

The end result will be a report written to a common template, of between 12-20 pages, with the following structure, with a focus throughout on the dimension of ethnicity.

1. The local context of the programme: demography etc
2. The structure and history of the programme, management, services offered etc
3. Involvement of minorities in programme management
4. The views of parents: what works and what doesn't; suggestions for change and improvement
5. Commentary (this is for the researcher to add their own unstructured thoughts on the engagement of the programme with the local minority communities).

You should aim to identify best practice in working with minorities (which will reflect, for example, differing minorities' own perceptions of what constitutes a quality service, including organisational aspects). You should also aim to identify ways in which Sure Start resources and programmes have been aligned to meet the needs of minority parents and children, and the policy, service and practice issues which are raised by this work. The write-up of this work, which would draw on local contextual material including relevant demographic and socio-economic data, the profile of local activities, and an analysis of internal SSLP policy papers in the case study areas, would attempt both to identify issues relevant to specific minorities but also draw out more general issues of quality, modes of involvement, and organisational arrangements for working with minority groups of parents and children.

Interviews and discussions should be tape-recorded with permission and transcribed (and translated where necessary) in 'notes and quotes' format for analysis. Confidentiality would be maintained and the research would be undertaken within the parameters of the codes of ethics and safety of the Social Research Association (www.the-sra.org.uk).

Interviews and group discussions with minorities would be conducted in the language of choice of the respondents and translated during the transcription process.

The timetable for your visits is a matter for negotiation between you and the programme manager.

Appendix E: Outline topic guide

1. introduce study: 8 case studies, exploring how minorities are involved in Sure Start at local level, aims to identify and share good practice
2. respondent: nature and history of involvement, formal role
3. programme history, context, structure, management arrangements, partnership working: any relevant demographic or administrative data, policy papers, programme reports etc. Links with key partners (why are these key?)
4. local minority context: identify settled minorities, recent migrants, asylum seekers and refugees, travellers (and reflect on their differential involvement in programme as you work through the topic guide below)
5. training and cultural sensitisation for staff, managers and partners in 'race' issues?
6. support available for 'race' issues from outside the programme e.g. from government regional office, regional support officers (employed by NESS)?
7. involvement of minorities in programme as staff/managers (ie members of management committee)/advisers: rationale and history: what are their roles?
8. service delivery pattern: arrangements for targeting minorities – colour blind or specifically targeted or some other approach? Examples of specific programmes or approaches. Is there a particular focus (viz. health, education, language, play...)
How programme deals with minorities where they are small in number?
9. contacts with local minority groups?
10. issues of language: how programme deals with interpretation/translation issues?
11. issues of outreach: how programme deals with outreach ('hard-to-reach') issues?
12. examples of good practice: where did this model come from and what are their measures of success/effectiveness? (these might be manager's/professionals' perception or minorities' perceptions)
13. examples of difficulties in involving minorities (these might be manager's/ professionals' perceptions or minorities' perceptions)
14. any evaluative or monitoring reports/procedures specific to local minorities?
15. who else should I talk to and why?

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