

**HAPPEN 4U COMMUNITY RESEARCH  
PROJECT**

**on behalf of**

**HALTON BOROUGH COUNCIL**

**CHILDREN & YOUNG PEOPLES DIRECTORATE**

**RESEARCH STUDY INTO THE CURRENT AND FUTURE  
NEEDS OF HALTON'S BLACK & MINORITY ETHNIC  
COMMUNITY**

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**CONTENTS**

<b>1. Introduction.....</b>	<b>3</b>
<b>2. Methodology and Limitations.....</b>	<b>4</b>
<b>3. Literature Review.....</b>	<b>5</b>
<b>4. Demographic data, Halton.....</b>	<b>12</b>
<b>5. Qualitative data (interviews and focus groups).....</b>	<b>15</b>
<b>6. Findings and Recommendations.....</b>	<b>24</b>
<b>8. Appendices</b>	
<b>1. Support Networks</b>	
<b>2. Interview structure – service users</b>	
<b>3. Interview structure – service providers</b>	
<b>9. References</b>	

## **1. Introduction**

**1.1** The following report is an account of research activity undertaken by the Happen 4U Community Research Project on behalf of the Children & Young People's Directorate of Halton Borough Council. The focus of this research project initially required a detailed overview of child welfare services for children and families of minority ethnic origin, surveying the current landscape on perspectives such as race and ethnicity, identity and culture and service provision and take-up (see literature review). This then allowed the research team to plan and co-ordinate how they would approach the research brief (as outlined below).

The research brief required the Happen 4U Research Team to:-

- Evaluate the **current** and **potential** needs of Halton's BME community
- Assess whether current **service provision** within the children & young people's directorate is tailored to meet current and future needs
- Identify the necessary **service developments** required where it is not

## **1.2 The process**

In order to successfully tackle the requirements of the above research brief, the following process was adopted:-

### **Stage 1: Establish Baselines (Desk-top research)**

- Literature review including policy context (qualitative and quantitative data)
- Access council records – demographic context (quantitative data).

### **Stage 2: Undertake Primary (Field) Research**

- Focus groups and individual interviews (qualitative data).

### **Stage 3: Consultation with Stakeholders**

- Presentation of initial findings to key stakeholders, using feedback to shape the content of the final report.

### **Stage 4: Production of Final Report**

- Research process and methodologies
- Research findings
- Make recommendations for action in relation to service developments required in order to ensure that future service provision is tailored to meet the future needs of Halton's BME community

## **2. Methodology and Limitations**

### **2.1 Methodology**

The research team decided not to seek information from the BME population through the use of a survey, because it was expected that a low percentage return from a small total BME population would not provide statistically significant data. In this respect, we endeavoured to learn from the experience of other research projects (*MSIO 2005, Cheshire County Council 2005, Mott Macdonald 2006*). It was decided that face to face engagement through focus groups and individual interviews would provide richer data, and that the use of a semi-structured interview format (Appendix 2) was the one most likely to allow respondents to express their unique experience as individuals and make it less likely that responses would be constrained by a narrow frame of reference.

The research team sought to validate the data from the face to face work with larger scale information through a literature review.

#### **Individual (face to face) and telephone interviews – with BME service users and travellers**

The research team developed an instrument for conducting consultation with members of Halton's BME communities through a series of questions conducted as face to face and telephone interviews (see Appendix 2). These questions sought to gain indications of service user awareness, satisfaction and suggestions for improvements of services within the Children & Young People's Directorate.

#### **Focus groups – discussions with professional involved in the provision and delivery of Child and Family services in Halton**

A series of questions were also developed to be used in focus-group discussions with professionals with a responsibility for access, provision and delivery of children and family services (Appendix 3).

### **2.2 Limitations**

2.2.1 There are a number of factors that may affect the quality of the research and the validity of the findings. The relatively small BME sample size, in part, reflects the low numbers of people of ethnic origin living in Halton (as highlighted in the Children and Young People's Needs Analysis & 2001 census) (*Mott Macdonald 2006*).

2.2.2 The lack of formal BME networks and forums in Halton made accessing community groups and leaders problematic. Apart from an ESOL course, we found no specialist services through which to engage the BME community. Attempts were made by the team to organise focus groups with BME children and young people and parents through local schools and from services users of Sure Start. Unfortunately, this proved unsuccessful and impacted on the numbers of participants interviewed and the amount of qualitative data returned. In particular, it has meant that the only engagement of children and young people has been indirectly, through parents and professionals. As a result, this placed even more emphasis on the face to face interviews that in the main were conducted in participant's homes or at local

convenient venues. This did raise some ethical issues regarding home interviews but they were conducted with CRB checked members of the research team in attendance, in accordance with normal confidentiality parameters, and when home was the interviewee's preferred venue. In all 19 individuals were interviewed, and if the 568 children aged 15 in Halton and under represented about 330 families, then almost 6% of the Borough's BME families have participated in the survey (3.8.3).

2.2.3 In engaging service providers, no attempt has been made to discriminate between individuals from statutory and voluntary sector, or with regard to their ethnic background. In fact, the 3 focus groups held were largely composed of Council staff. Self selection on the part of the survey respondents means that it would be unsafe to conclude that their views are representative of the children's workforce generally.

2.2.4 The research team members were entirely white British in ethnic origin. Language proved a barrier for one respondent. At a theoretical level, the research process involved representatives of the dominant majority culture seeking the views of individuals from a variety of minority cultures about services provided by the majority group. In practice, it is not possible to know whether the researchers' ethnicity affected interviewee responses, or the way those responses were perceived.

### **3. Literature Review**

#### **3.1 Terminology**

3.1.1 The term "black" is frequently used as an umbrella term that includes people from South Asian, African and Caribbean backgrounds (*Robinson 1999*). The use of "black" as a political term referring to people who share the common experience of racism in Britain has been challenged in recent years on the basis that it is essentialist and denies ethnicity and cultural identity (*Ahmed 2004, Imam 1999*). It is argued that there is a need for a deeper analysis that addresses ethnicity and diversity and disaggregates the different constituencies that come together under the term "black". Research in Liverpool (*cited in the Research Brief*) has shown that Liverpool's Black and Minority Ethnic (BME) community prefers to be referred to as the Black & Racial Minority (BRM) community. In this research, the term BME is used in the brief, and will be used throughout.

3.1.2 For the purposes of this study, "racial" minorities include "white" ethnic minority groups such as travellers and economic migrants from eastern Europe. Arguably, people from these groups may experience the discrimination, cultural and language barriers which have historically been part of the "black" experience in Britain. The terms "South Asian", "Afro-Caribbean" and "Chinese" refer to people whose origins are in the Indian sub-continent, Africa and China respectively. In many cases those origins will be distant ones, the more immediate connections being with established minority communities in urban areas in the region, especially Liverpool. The term "gypsy/traveller" includes different cultural groups: Roma, British and Irish travellers, fairground people.

3.1.3 The term "culture" may be defined as an organised system of meanings that individuals attribute to persons and objects that make up their culture (*Smith and Bond 1993*). The term "ethnic group" refers to a combination of factors including skin colour and physical features, family origin, language and religion. It is mainly a social construction and its significance is determined to a large extent by society. There is no

universal agreement on terms; minority ethnic groups are also sometimes referred to as 'racial minorities' or 'visible minorities' (Lee et al 1998).

3.1.4 The term "racism" refers generally to ideas and practices of inferiority and subordination and to the structuring of social relations between groups defined in racial terms (Battacharya and Gabriel 1999). The Macpherson Report (HMSO 1999) defined "institutional racism" as:

....."the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness or racist stereotyping which can disadvantage minority ethnic people".

### **3.2 Identity, Culture and Racism**

3.2.1 According to the psychoanalytic theory of Erikson (1968), a goal for adolescence is the development of a positive self identity, and Robinson (1999) focuses on the particular challenges of achieving this goal for young people from racial minority groups. Discrimination can have damaging effects on self-esteem and psychological adjustment, and the "black" adolescent in Britain may experience derogatory views and negative self-images projected not only by the media, but also by teachers, parents and the wider society. Robinson also argues that child and adolescent research is based largely on white middle class children and adolescents, and that professionals working with black young people are poorly served by western European ethno-centric psychology.

3.2.2 Traditional psychological literature on black identity tended to have children as its subjects whereas the "nigrescence" approach focuses on adolescents and adults. The widely quoted 5 stage model proposed by Cross (1971) has been used in the understanding of identity confusion in black adolescents and adults (Maxime 1986). It seems reasonable to conjecture that the absence of numerically significant racial minority communities in Halton means that identity confusion may have different dimensions for black young people growing up in the Borough than for black young people growing up in urban areas where there are large black minority communities. The majority of research necessarily focuses on such communities and as such is of less relevance to an area such as Halton. This may be reflected in professional practice, with less attention being given to the key role of the youth worker in helping black young people "cope with the demands of the multiple cultural systems they inhabit" (Imam p 128). This task is complicated by the "dominance of the majority culture, ethical and values and the marginalisation of minority cultures....and the interface of the individualist cultures of the normative majority and the collectivist cultures of the subordinate minorities" (p 127). For Back (1999), this interface between cultures is crucial, warning us against the "false comfort of simple cultural archetypes" and the idea that "cultures exist as hermetically sealed entities" (p 35). Citing Edward Said (1993), Back views the politics of culture within 'overlapping territories' and 'intertwined histories'. Back also shows that attitudes of white young people to different racial groups are not uniform, with different projections towards young people of Afro-Caribbean and Chinese origin. To these complexities we may add intergenerational conflict within racial minority communities, presentation of a racially diverse range of icons in mass popular culture, and active promotion of the merits of "Britishness" in the face of actual and perceived terrorist threats from individuals in the Moslem Asian community.

3.2.3 The Stephen Lawrence Enquiry (*HMSO 1999*) introduced the concept of “institutional racism” into mainstream policy thinking, exposing the impact of everyday routines and systems within organisations (including schools, hospitals, social services and the criminal justice system) in contributing to the marginalisation and disadvantage experienced by black people. A consequence of this is that, “if the problem of racism lies predominantly in organisational cultures that affect much of our lives, then a policy focus on assimilating black and minority ethnic communities in the host (white) community is problematic” (*Edwards et al 2006, p 309*).

3.2.4 The DfES (*2003*) document *Aiming High: Raising the Achievement of Minority Ethnic Pupils* found a growing body of evidence that school-based processes are an important contributory factor in the production of poor outcomes for ethnic minority pupils, whilst another study found that black and minority pupils are treated more harshly than their white peers (*Warren 2005*). Evaluation of the Children’s Fund (*Evans et al 2006*) found a link between bullying and racism in accounts by some children of their experiences at school, and concerns expressed by parents about the way they felt schools dealt with racism. Reviewing the literature, Edwards et al warn against a focus on under-achievement by certain groups as this may lead to self fulfilling prophecies based on an assumption that some groups are pathologically destined to fail (*2006 p 309*). There is evidence that for each ethnic group there is a part of the country where that group is the highest achieving.

### **3.3 Gypsy/Traveller Children**

3.3.1 Numerically the largest ethnic minority in Halton, gypsy/traveller children and families are of particular importance for this study. Reviewing the literature, Hester (*2004*) found that social exclusion related to the exclusionary attitudes and to the objective circumstances of life in the traveller community. Gypsy/travellers have been persecuted both on racial grounds and on the basis of their lifestyles. Mainstream services are designed on the basis of a sedentary lifestyle and there has been a historic reluctance on the part of public agencies to accept responsibility for ensuring the basic necessities of a place to live, appropriate education and health services for those who do not conform to the settled way of life.

3.3.2 According to Ofsted (*1999, cited Hester*), gypsy/traveller children have the lowest educational results of any educational group, whilst the DfES (*2003, cited Edwards et al 2006*) identified the following barriers to achievement:

- Addressing the experience of racism and social exclusion
- Teacher knowledge and expectations
- Parental education
- Interrupted educational experience.

These barriers reflect discontinuity of education associated with the nomadic lifestyle, the effects of racism and lack of understanding within the education establishment, and the impact on children of parents’ own experiences in the education system. Bhopal (*2004*) found a link between the exacerbation of irregular school attendance and the removal of the local authorities’ duty to provide sites for travellers. Research also suggests that travellers are among the unhealthiest people in Britain (*BMJ 1996, cited Edwards et al 2006*). Factors include: difficulties in making and keeping appointments with people who do not have a ‘formal’ address, poverty and poor physical environments, and the impact on mental and physical health of stresses

associated with the experience of racism, stigmatisation and finding safe places to 'park up'.

3.3.3 The Evaluation of the Children's Fund (*Edwards et al 2006*) reviews the experience of a regional consortium designed to address the movement across local authority boundaries of traveller families, and the commissioning of a voluntary agency to do direct work through development officers with the children and their families. The consortium's aspiration of creating a regional group to offer strategic overview of services for gypsy/traveller children was not realised, whilst there was both important learning and mixed results from the direct work. Overall, the approach assumed that increased use of mainstream services was the main route by which increased social inclusion of gypsy/traveller services was to be achieved. Some 'bending' of mainstream services would be necessary, but not the creation of new services based around gypsy/traveller lifestyles and culture. The principle strategy adopted is described as 'handholding', with the development officers providing direct support to enable children to access play and leisure services, in the expectation that positive experiences would encourage them to seek opportunities without direct support.

3.3.4 The 'handholding' strategy had mixed results. There was evidence that children grew in confidence and self esteem, and that parents were rarely actively resistant to children taking part in activities. There were, however, practical difficulties due to transport problems (including taxi drivers refusing to go to traveller sites) and unreliability of children to be on site when required for activities, and availability of parents to give permission for activities off site. Some parents expressed fears about the vulnerability of their children in mixed settings. The handholding strategy had little success in achieving sustainability, with relatively little access to services after the development worker had stopped coming. A revised approach which emphasised involving children and giving them more information about their rights and entitlements arrived too late for its impact to be assessed.

### **3.4 Service Provision and Take Up**

3.4.1 A fundamental concept of the Children Act 1989 highlights that families in need should have access to services which enable and assist them to care for their children (*Macdonald & Williamson, 2002*). *Simmonds (2003)* advocates and supports both the need and importance of providing up-to-date information in relation to evidencing the specific needs of Black and Minority Ethnic (BME) children and families. One of the major reasons for this being that traditional methods of data collection on ethnicity such as National Census Data, don't allow for specific in-depth information to meet policy and practice requirements around subject. The need to understand the different issues surrounding ethnicity in the UK will become increasingly important if future predications of greater ethnic divisions are to occur (*ODPM, 2006 & Modood et al, , 1997*).

3.4.2 There have been comparative studies in the subject areas of health, legal and education services that have focused upon identifying the issues effecting provision and take-up of services by the BME population. On the topic of participation in health, (*Akhtar et al, 2004*) identified persistent problems facing some of Glasgow's BME population around:-

- Inconsistent language support provided to non-English speakers of all ages
- Lack of provision of female health professionals for women

- General feeling of disempowerment seemingly through their opinions about their health not being valued by health professionals

In relation to the provision and take-up of health services the study also highlighted participants' limited awareness about the breadth of services offered by the NHS and their ability to successfully access these services. One of the report's key recommendations is for the effective implementation of anti-discrimination and anti-racism training for NHS staff that reflects the racial and ethnic experience of that area. The Centre for Health Studies at Warwick University (2001), in their study surrounding access to health services for ethnic minority groups in London, identified key issues such as user ignorance, language and literacy difficulties, cultural differences (relating to religion, gender or work patterns), the different needs of different populations and the location of service delivery as contributing factors in accessing health services effectively. Another study found that language could be a barrier to helping with school homework, and that in this and other matters women relied on other family members for translation and interpretation which not always possible or appropriate (Evans et al 2006).

3.4.3 In the context of child and family services, research has indicated that ethnic minority groups face similar barriers and challenges in successfully accessing services. (Qureshi, Berridge & Wenman 2000), suggested that social services for minority ethnic groups are inadequate and that few South Asian families, in particular, use family support services. In their case study of one authority the major barriers identified to receiving family support were:-

- Parents having a lack of awareness of what was available
- Social services employed very few Asian staff and no South Asian managers
- There were no specific policies concerning services for South Asian families, nor had any specific training been provided for staff
- Most social workers had tried to provide culturally appropriate services but felt they lacked confidence and skills in this area
- Professionals' misunderstandings about family circumstances had sometimes led to negative assumptions about parenting

The research concluded that considerations of 'race' and culture should inform and underpin the basic frameworks of family support and that professional skills development should be encouraged in order to help facilitate this.

3.4.4 These barriers are further highlighted in a recent social services inspection (SSI) of social services for ethnic minority children and families which showed that most councils inspected did not have strategies in place to deliver appropriate services to ethnic minorities and that families were often offered services that were not appropriate or sensitive to their needs (O'Neale 2000). Whilst the inspection did find that authorities had anti-racist and equal opportunities policies and strategies it uncovered little evidence to indicate they had been implemented.

3.4.5 Finally, access to appropriate services has particular significance for children in the Looked After System. The legal duty upon local authorities to give regard to race, religion, language and culture in making placement decisions, is based upon recognition that needs of black and ethnic minority children are best met when it is possible to achieve a close match between the ethnicity and culture of the child and that of the substitute family (Kirtton 2000). An orthodoxy in favour of 'race matching' has, however, given way to a more flexible approach on the part of local authorities,

fearing accusations of 'political correctness' in placement decisions and recognition that skin colour is but one aspect of identity (*Battacharya and Gabriel 1999, p 71-3*). It is suggested that local authorities working together is one way of overcoming the difficulty posed by any one local authority having both low numbers of BME children requiring care and low numbers of BME carers (*Singh 2004*).

### **3.5 Safeguarding**

3.5.1 Issues about service take up by black and ethnic minority service users take on a different aspect in relation to a Local Authority's primary responsibility to safeguard children in its area. The most significant recent marker for both policy and practice has been the Laming Inquiry into the death of Victoria Climbié (*DH 2003*), although many of the issues identified by Laming were known previously.

Stevenson (1998) finds that lack of knowledge of the relationship between child neglect to ethnic and cultural factors has hampered practice in the UK.

"In the face of widespread racism, explicit or implicit, including a tendency amongst professionals to 'pathologise' cultural variations, many social workers have thought it preferable to draw attention to the racism which causes suffering to children and families and to expose racist assumptions by professionals rather than to dwell on variations and subtleties in child rearing practices." (*Stevenson 1998, p 37*).

3.5.2 An underlying difficulty is confusion about the implications of "cultural relativism" and an inability to sort out which differences in child rearing practice are acceptable in the context of contemporary society and which can not be accepted. At worst, this can lead to "professional immobilisation" and a failure to act to protect children, an issue identified by the Laming Enquiry (*DH 2003*). In this case, "assumptions made about Victoria and her situation diverted caring people from noting and acting upon signs of neglect or ill-treatment" (*para 16.3*) and fear of being accused of racism prevented people from acting when otherwise they would (*para 16.7*).

3.5.3 Surveying the literature, Stevenson identifies a number of areas where cultural variations complicate the safeguarding task. These include: the culture-bound nature of concepts such as attachment theory and adjustment upon which judgements about children and parenting may be made; cultural variations which lead to some children being more valued than others, by reason of their family status (e.g. stepchildren), or their gender, or disability; and differences in the meaning of "confidentiality" across cultures which impact on the investigative process.

### **3.6 Race and Disability**

Diniz (2004) reviews the literature about the rights of Black & minority ethnic (BME) disabled people and finds that it remains a contested arena; for example, some disability research studies relating to 'race' have either neglected issues or endowed black disabled people with a 'double pathology'. Both these approaches continue to exist in the 'era of social inclusion' and are evident in the way that these citizens are socially excluded in democratic activity. Spurious labelling with terms such as 'learning difficulty' tends to trap minority ethnic pupils in a permanent category of 'otherness', of fixed ethnicities and cultural and linguistic identities; emphasis on 'their' languages and cultures may also have deflect attention away from the reality of racial discriminatory practices and lead to misdiagnosis of the genuine barriers that

some minority ethnic pupils experience in learning. The reviewer, however, finds a substantial body of research knowledge that is pointing the way to a more positive attitude in understanding long standing institutional discrimination and how these barriers might be tackled in various areas of service provision. The review concluded that the relationship between race, ethnicity and disability is complex and under-researched and identified broad themes that would form an agenda for future research and development:

- whether the issue of ethnicity and race equality is reflected in institutional policies;
- whether local authorities and schools conduct ethnic monitoring;
- how services for children and families take account of ethnic, racial and linguistic diversity, in addition to disability issues;
- what support structures and mechanisms exist to engage BME families in bringing up their disabled children.

### **3.7 Refugees, asylum seekers and economic migrants**

3.7.1 Economic migrants (mainly from Eastern Europe), refugees and asylum seekers are currently the focus of a public and political concern at a national level which is not replicated in Halton. This is primarily the consequence of low numbers in the Borough. The greatest impact has been experienced by local authorities in south-east England. Compulsory dispersal of refugees and asylum seekers introduced by the 1999 Immigration and Asylum Act has had limited impact, with Halton being poorly received to receive significant numbers, partly due to an absence of infrastructure organisations which is in turn related to the small BME population in the Borough. In their review of the literature, Edwards et al (2006), find that the children of refugee and asylum seeker families experience very significant deprivation, and barriers to accessing services that are compounded by political decisions.

3.7.2 The Guardian (*King 2006*) reports that the numbers of economic migrants from Eastern Europe joining the UK workforce are exceeding government expectations, and notes a study by Professor John Salt of University College London's Migration Research Unit which shows that there are now more Polish workers in Britain than Irish, who traditionally made up the largest group of foreign workers in the UK. This is a new development, but the impact on services for children and families is limited by the fact that many of the economic migrants are young people (85% under 35), many of whom do not have children or come to the UK without them.

### **3.8 Local Research**

3.8.1 Whilst there has been a significant amount of research undertaken into the needs of ethnic minorities in Liverpool, there is relatively little on neighbouring areas which have a similar demographic make up to Halton. The Cheshire Quality of Life Survey recruited BME residents through Cheshire, Halton and Warrington Racial Equality Council but only interviewed Cheshire residents (*Cheshire County Council 2005*). It was found that the priorities of the BME respondents were similar to the overall sample, with the same top 3 priorities (providing activities for young people, reducing crime and disorder and involving local people in decision making).

3.8.2 The evaluation of Knowsley Childrens Fund (KCF) (*Martindale 2004*) reported that KCF was “*lacking services that specifically tackle the issues of race and the needs of ethnic minorities. This is a problem common to many services in Knowsley.....This does not mean that there is no problem of racism or that the needs*

of ethnic minority children are met. Although services make reference to being sensitive to cultural differences and to addressing the needs of minority ethnic groups, few services were able to give specific information as to how they expected to achieve these objectives” (p 6). Whilst the merits of area based services are endorsed, the report recommends a coordinated approach to service provision for BME groups which are dispersed across the Borough.

3.8.3 In 2005, Halton Borough Council commissioned Mott Macdonald to undertake a needs analysis for the Halton Children and Young People’s Plan (*Halton Borough Council 2006*). The needs analysis notes the small number of BME children in the Borough, referring to 2001 census data showing just 568 (2.26%) aged up to 15 years of other than white British origin (the largest group being travellers), with a larger percentage (2.7%) in the 0-4 age group than aged 5-15 (2.0%). The 1.2% of looked after children is based on 2 individuals. Traveller children (91) in local schools are also identified. The needs analysis makes no links between this and other data, such as educational attainment and deprivation.

3.8.4 Work to develop social indicators of social exclusion (undertaken by Merseyside Social Exclusion Observatory) notes potentially significant gaps in the data relating to BME students and, in cases where the BME cohort is below 30, no requirement to publish data in relation to attainment at Key Stages 2 and 3 (*MSIO 2005*). Merseyside Social Exclusion Observatory provides a useful source for accessing research in relation to social exclusion in general, and there is specific interest in Merseyside and BME issues. In many research papers, however, the focus on Merseyside does not include Halton. The minutes of a MSIO Board Meeting (11.05.05) report that Mott Macdonald has also been commissioned to write a Community Cohesion Report for Merseyside Community Voice (*MSIO 2005*).

3.8.5 Halton Observatory provides a ‘build-your-own reports’ facility, using existing data (*Halton Partnership 2006*). The building materials appear to be limited to the data available from the 2001 census.

#### 4. Qualitative data: Halton demographic information

The most up to date data about the ethnic origin of Halton’s population is from the 2001 census. Ethnicity indicators from the 2001 census highlighted a 98.8% proportion of Halton’s population classified as White, with the remaining 1.2% classified as “non-White British”, taken here as equivalent to the BME population. The tables below show the division of the “non-white British” population by ethnicity and religion (*source: Halton Borough Council*). (Actual numbers in brackets).

**Table 1: Ethnicity: percentage of resident population in Halton, April 2001**

	<b>Halton</b>	<b>North West</b>	<b>England and Wales</b>
1. Ethnic Group – Percentages: White	(116796)98.8	94.4	91.3
2. Ethnic Group – Percentages Mixed	(709)0.6	0.9	1.3
3. Ethnic Group – Percentages; Asian or Asian British	(236)0.2	3.4	4.4
4. Ethnic Group – Percentages; Black or Black British	(118)0.1	0.6	2.2
5. Ethnic Group – Percentages; Chinese or Other Ethnic Group	(354)0.3	0.6	0.9

**Table 2: Religion: percentage of resident population in each group, April 2001**

	<b>Halton</b>	<b>North West</b>	<b>England and Wales</b>
People stating religion as : Christian	83.8	78.0	71.8
People stating religion as: Buddhist	0.1	0.2	0.3
People stating religion as: Hindu	0.1	0.4	1.1
People stating religion as: Jewish	0.0	0.4	0.5
People stating religion as: Muslim	0.1	3.0	3.0
People stating religion as: Sikh	0.0	0.1	0.6
People stating religion as: Other religions	0.1	0.2	0.3
People stating religion as: No religion:	8.7	10.5	14.8
People stating religion as: Religion not stated	7.0	7.2	7.7

The table below provides a ward profile breakdown of total numbers of “non-White British” (BME) taken from the 2001 census.

**Table 3: Halton BME population by ward (Source: 2001 Census).**

<b>Ward</b>	<b>Total number</b>
<b>Appleton</b>	79
<b>Beechwood</b>	43
<b>Birchfield</b>	86
<b>Broadheath</b>	66
<b>Castlefields</b>	93
<b>Daresbury</b>	55
<b>Ditton</b>	28
<b>Farnworth</b>	59
<b>Grange</b>	103
<b>Hale</b>	12
<b>Halton Brook</b>	73
<b>Halton Lea</b>	95
<b>Halton View</b>	71
<b>Heath</b>	40
<b>Hough Green</b>	103
<b>Kingsway</b>	85
<b>Mersey</b>	99
<b>Norton North</b>	97
<b>Norton South</b>	95
<b>Riverside</b>	32
<b>Windmill Hill</b>	23
	<b>Total 1437</b>

**Table 4: Halton BME under 15 population by ward (Source: Mott Macdonald 2006).**

	White	BME	white	BME
	0 – 4	0 – 4	5 – 15	5 - 15
Appleton	374	22	887	14
Beechwood	166	0	505	0
Birchfield	313	9	741	27
Broadheath	319	12	997	18
Castlefields	346	9	793	42
Daresbury	302	12	577	22
Ditton	293	0	903	6
Farnworth	294	7	810	12
Grange	412	18	1082	33
Hale	63	0	232	3
Halton Brook	406	9	1107	14
Halton Lea	407	19	1100	28
Halton View	359	4	936	28
Heath	271	3	642	14
Hough Green	448	9	1083	13
Kingsway	333	16	1070	24
Mersey	385	23	904	19
Norton North	432	10	1027	6
Norton South	534	3	1311	36
Riverside	326	6	910	12
Windmill Hill	197	0	482	6
<b>Halton Total</b>	<b>6980</b>	<b>191</b>	<b>18099</b>	<b>377</b>

**Table 5: Social Services referral data: Referrals by ethnicity, 01.04.01 to 30.06.01**

White	Mixed	Asian or Asian British	Black or black British	Other ethnic group includes Chinese	Not known
1438	2	8	1	38	937

Source: Halton Borough Council (2001)

**Table 6: Education of children of gypsy/traveler background**

PRIMARY	NUMBER	SECONDARY	NUMBER
Fairfield Junior	1	Fairfield	2
Pre-School	3	Special	1
Hillview	1	Elective home education	14
Moorfield	10	Excluded	0
St Gerard's	10	Post 16	13
The Brow	1	Roadside	22
The Park	4	Fair/circus	0
The Grange Infants	5	Bridging	2
The Grange Junior	1		
St Augustine's	1		
		<b>Total (primary and secondary)</b>	<b>91</b>

The data shows that in the Autumn term 2005 there were 91 children, known to the education service, from traveller / gypsy backgrounds. None were excluded. Just over fifteen percent were being educated at home. 37.4% were of primary school age. (Source: Mott Macdonald 2006)

## **Population projections for Halton**

The future population projections for Halton currently do not take account of BME groups and give projections for the borough as a whole. Population projections in the Children and Young People's Analysis do not incorporate separate data for BME. This lack of disaggregation in the projections makes planning for future services needs of BME communities problematic. We do know, however, that the highest percentage of BME at the youngest end of the age spectrum; 2.7% of 0-4 year olds are BME, 2.0% of 5-15 year olds, and only 1.2% of the population overall (Mott MacDonald 2006).

## **5. Qualitative Data: Interviews with service users.**

### **5.1 Service Users**

These findings are based on individual interviews with 19 service users. All were face to face interviews unless otherwise specified. The ethnic split was as follows:

6 travellers (focus group) (T)  
6 Chinese (2 telephone interviews) (C)  
1 White other (telephone interview) (WO)  
2 British Asian (A)  
2 Polish (P)  
1 Sri Lankan (SL)  
1 Mixed Caribbean – White (CW)

Responses are recorded in italic (either direct or paraphrased quotes) under headings which formed topics for discussion.

#### **5.1.1 What is it like living in Halton?**

The general consensus is that people like Halton, the local people are friendly and the facilities are good. Points that were noted are that there was praise for the schools, libraries and GPs and for the disability team.

- *Halton is a nice place with lots of nice people and a lot of facilities.*(SL)
- *Good, convenient shopping. Good facilities on the (traveller) site. Education services are good.* (T)
- *Love the place because people are so friendly. Love the primary school.* (T)
- *People are friendly and the schools are good, especially Moorfield Primary which gives an excellent education.* (T)
- *When my daughter went to reception class it was so much better, the school raised awareness of other cultures and celebrated other religious festivals not just Christian.* (CW)
- *The health service always asks about our religion and culture, my nieces that look white don't get asked. I think it is good that they recognise their may be cultural issues.* (CW)

- *The family have had a lot of help from the disability team.(A)*
- *The library is very good. Doctors are ok, and “they” are trying to improve transport.(T)*
- *Good, convenient shopping. Good facilities on the site. Easy access to Motorways, Airports. Education services are good.(T)*
- *I only moved to Halton 3 months ago, but already I found the services are of great help.(A)*
- *I live in a lovely street and I like the area. (C)*
- *It is OK living here but different to living in Hong Kong because of the different culture.(C)*

The down side is the pollution and that the town centres can be intimidating at night and some racist abuse.

- *The place suffers from an image problem and it can be rough in town at night.(T)*
- *When I first moved here I had difficulties at school with racism and bullying, I even had racist comments from one teacher. No one stopped it and it really effected my education. When I went to college it was really liberating the whole attitude and support was great. (CW)*
- *Following 9/11 my daughter had a lot of racist abuse. The school was excellent they really came down quickly and stamped it out, but that didn't stop other people in being abusive. (CW)*
- *My friend won't come to Halton because of an inert fear, though I think that is more their fear and problem than is the case.(CW)*
- *Families don't like to let children go into town alone because of harassment, although some families will allow their children to go swimming alone when they are older. (T)*
- *There is no concern for hygiene in teenage youngsters.(*
- *Attitudes of locals, find broken glass everywhere. When children go to the local park we have to watch them because of the rubbish and glass. We don't feel this is good for the community.(C)*

### **5.1.2 What most affects your quality of life here?**

Issues that affect the quality of life range from issues such as the language barriers through to the quality of restaurants. Key areas were the support individual's received from the medical, educational and disability service providers.

- *We get a lot of help from the people in Halton, help with getting on courses like the ESOL course.(SL)*
- *I find it easy to make appointments with the hospital.(SL)*
- *Concerns about the children the son has turrets syndrome. The worker has been very helpful and has already sorted out summer clubs for him. Better than Warrington where they did not get much assistance.(A)*
- *There is nothing to do, no restaurants or pubs to draw people here, if I go out I go to Manchester or Leeds.(CW)*
- *McDonalds outlet in Asda has refused to serve gypsies.(T)*
- *She is doing an English course provided by the Council.(C)*
- *She is a religious person but there is no Chinese church locally. (C)*

What is clear is that the informal support is heavily relied upon:

- *We have 4 friends in the area (SL)*
- *Unable to communicate, mother is on an ESOL course to help her, would find it much harder if she did not have some Polish friend she could talk to.(P)*

### **5.1.3 What do you understand by the term “children and family services?”**

As would be expected the understanding of the service provided are linked to the take up of these services (in particular Schools, medical, Sure Start) but there is little knowledge of the other areas of support provided.

- *My son is 10 years old so I know about the schools and the GP (SL)*
- *Son is in school and the mother and young son are registered with Sure Start though they have not yet attended a session.(P)*
- *Has heard of SureStart and Connexions and knows some families who use or have used these services; mainly the equipment loans and the playworker.(T)*
- *Aware of SureStart and has used the service; specifically the playgroup. Remembers having an Indian head massage, and having sessions on computer skills for parents. She also recalled trips being arranged for families, and the loan service for children’s books and toys.(T)*
- *Once when I tried to use a service I could not find the building all the council offices are in different places.(SL)*
- *Not much in the way of leisure services in Widnes – only the snooker hall or swimming pool / leisure centre. Cinema is in Runcorn; trying to get the mobile library and internet provision for the (traveller) site.(T)*
- *I use quite a few community services like Sure Start (Mums and tots group)I think they are well trained and I go to community centres.(C)*

### **5.1.4 Which of the(se) services do you or your family use?**

The services used primarily are: Medical services; Housing; Education; Sure Start; Connexions; Carer support; Library.

- *The library is second to none, it really is the hub of the community both in Runcorn and Widnes, it has everything you need and the staff are really helpful.( WC)*
- *We use the GP a lot, my son has very dry skin so we use the dermatological department at the hospital as well.(SL)*
- *Currently they only use the schools and the disability team. They are trying to get their daughter into nursery school the closest being Sandymoor which is full. They have already registered her in Moor Primary School. Any assistance in getting nursery places sorted out would be helpful.(A)*
- *Pre-school support not appropriate for traveller parents – don’t like to socialise. Some use playgroup / nursery school – crèche not appropriate.*
- *Do take up health visitor and clinic service.(T)*
- *Parents are active participants in Parents Evenings and support the primary schools. Mary’s granddaughter uses swimming baths and after-school leisure clubs.(T)*
- *Mother was loud in praise of services provided for her as a carer for her disabled adult daughter over a number of years, particularly in relation to respite care. Mentioned pamper days, which she accessed by being approached at the day centre her child attended.(T)*

- *17 year old daughter has accessed Connexions recently, but did not find the service met her needs, as she does not want to access further education or training, but wants a cleaning job. Feels that she is being pushed into being more ambitious.(T)*
- *Arts and crafts once a week provided on-site by the Traveller Education Service.(T)*
- *One child did guitar and French lessons after school but these ceased after the teacher left.(T).*

### **5.1.5 Are you satisfied with these services?**

The general consensus is that the quality of service provided is good to excellent; the dedication of individuals going that extra step really shows through.

- *Yes but I'm outgoing and not afraid to ask. I think you would struggle if you were not confident in your self or could not speak English.(CW)*
- *The GP and Hospital are very helpful, my son enjoys school and is in the scouts and plays football in a team.(SL)*
- *They thought that the service given them has been great, they needed a letter which he hand delivered the next day, he has also sorted summer clubs 2 days per week for 6 weeks for their son. They feel that worker has listened to what they have said and has assisted them more than they expected.(A)*
- *Yes we have had lots of help from the GP the hospital and the course tutors.(SL)*
- *Very happy with support services for disabled daughter.(T)*
- *Very happy with Sure Start. Happy that children can access Connexions service despite being home-educated. (T)*
- *A negative is that there are not enough practical skills jobs, or access to long term training in this type of employment.(T)*
- *Yes, the midwife, doctors and other health visitors are very good, I feel it is good that people mix together at Sure Start.*
- *Very pleased with Sure Start and she can do courses and have her children looked after.*

### **5.1.6 Do you feel these services are designed for you, and meet your needs?**

The services used fulfill their needs and exceed their expectations in many cases. Many respondents said that they find it very difficult to know what other services are available and how to access them. Unless someone in their circle knows of the support they find it difficult to access the services.

- *Yes I do think they meet my needs but I don't class myself in any particular box, I know it can be difficult for people that don't speak very good English.(CW)*
- *We only moved here 18 months ago so apart from the GP and hospital we don't use many services. It is really difficult finding the right council department as they are so spread out.(SL)*
- *No not always.*
- *Yes satisfied with the services that they use, but would like to know what else is available? Currently their son's behaviour is being monitored so they can match him to the correct services. (A)*
- *Unable to answer due to language barrier.(P)*

- *Secondary schools – bullying is an issue for some children – parents will then take children out of school.(T)*
- *Confidence issues – stigma around giving site address.(T)*
- *Fear of drug culture.(T)*
- *Some financial issues around accessing leisure services.(T)*
- *Hard to find out what is out there. Having to give the address of the traveller site is a problem because of stigma. Using public transport can also be difficult as harassment does occur.(T)*
- *Information doesn't get through as local papers are not delivered to site.(T) Primary school is very good source of information. This dries up later as older children are home educated. Found Halton College very off-putting because of lack of formal education.(T)*
- *Transport to and cost of leisure services can be a problem. Will not let older children out at night for safety reasons.(T)*

### **5.1.7 What could make them better?**

The information structure seems to be informal the accessing of services outside the mainstream like GP and schools is haphazard. Informal support is often the only support provided; the ESOL tutors appear to signpost and support their students very effectively. Friends and family are again key in signposting people to the service. But what happens if you don't have friends in the area.

- *More research into the needs of the BME community, personally I am happy but I know that others could and do struggle.(CW)*
- *It would help if they had a single point of contact, at the moment the tutors directs us to the right council department and help us with the forms.(SL)*
- *More nursery places and being registered with a Halton GP.(A)*
- *There is an English woman at school who speaks Polish that has been a great help, but it is just fortunate. Needs help with communication when they first arrive filling in forms and signposting to who could help. Find it difficult using public transport again because of the language barrier. (P)*
- *Difficult because of literacy issues. Those who can read would welcome mobile library service to site. Need better leisure services for young people, e.g. bowling alley. There are financial barriers as it can be expensive to access leisure services.(T)*
- *Found out about Adult Learning Centre herself – need to advertise the service more. Would like more information about available courses.(*
- *Would like somebody, preferably from ethnic community to work for council, advertising services available.(P)*
- *I find most of my information through word and mouth as I find it difficult to find any information any where else.(*
- *Having an interpreter would help or a weekly surgery that they could call into for help in completing forms, or the forms being in Polish.(P)*

### **5.1.8 Do you feel you have a say in how services are designed/delivered?**

- *I was part of a survey that was done over 6 years ago; I can now see that the survey results are coming into play.(CW)*
- *Unable to answer due to language barrier.(P)*

### 5.1.9 How would you like to be consulted about this?

- *In English. (A)*
- *I can read English. (SL)*
- *The father speaks fluent English though the mother needs assistance with communications, they would be happy to receive information by post, or face to face, the mother uses the internet but would understand more if the services were also printed in Urdu.(A)*
- *We don't know what we need or what to do about it.(A)*
- *Having an interpreter would help or a weekly surgery that they could call into for help in completing forms, or the forms being in Polish.(P)*

### 5.1.10 Can you give any examples of good or bad services you have received, and of what made them good or bad?

- *Good – My daughter has bad health, the medical people have been excellent in the service they supply and the support they offer.(AC)*
- *The ESOL course is good, people try to be helpful in shops and on busses*
- *I can't find anything bad to say.(*
- *The good service was when my husband and son were robbed at gun point in my brother's shop. The police were very good and my son had a lot of help to over come the shock and minimise the trauma.(SL)*
- *They are very pleased with the support they have had for their son. (A)*
- *Bad: They cannot get a nursery place for their daughter, more places need to be made available.(A)*
- *Bad: We put in for a housing move. The lady came and did the assessment over 6 weeks ago, she was very positive that a move could be sorted out but we haven't heard from her since.(CW)*

### 5.1.11 Other Comments:

- *The wife would like to find out what courses are available and crèche facilities for their daughter.(A)*
- *They don't understand why they need to pay council tax when they already pay rent, they don't fully understand what the council tax provides.(P)*
- *More self awareness in schools for hygiene, after visiting local swimming baths and seeing the mess I was shocked.*
- *I was unaware that Runcorn was classed as Halton and found it difficult to find what I wanted to know in this area on the internet.*
- *To have a link worker would be ideal when moving into the area.*
- *The police appear to be racist in their dealings with the ethnic community.(CW)*
- *It would be good to have some kind of carnival that would bring the ethnic communities together.(CW)*
- *Sefton park, in Liverpool have an event involving different cultural cuisines, and everyone can try different foods.(CW)*
- *Feel that someone from the Council should be available to help her., preferably on a one to one basis. (C)*

- *I feel part of the community and do not feel isolated at all. If there were a BME service I feel that I would not need to use it in any way as children from Sure Start come to my home and play with the children.(C)*
- *It is important for all organizations to have their services available for ethnic communities.(C)*

## **5.2 The Service Providers**

Service providers were engaged through 3 focus groups comprising 23 individuals.

### **5.2.1 Perceptions of BME take-up of services**

- *Most referrals to this team are via other agencies: GP's, schools, the Child Development Centre child protection, schools and other SW teams.*
- *Not enough promotional work by Social Services involving child disability within BME community.*
- *More work could be done to promote the services on offer.*
- *People do not self-refer.*
- *They have difficulty contacting the service initially, but when they do, they take up some of the services available.*
- *Families have a tendency to make extended family their first port of call for help, until they reach a point where they are struggling to cope, but are inclined to stay with a service once they have accessed it. BME families have been known to travel considerable distances, e.g in one known case, as far as Leicester, to get help from extended family. This can contribute to families' becoming isolated.*
- *Schools do access support for children from BME families and everyone is picked up. This is mainly for help with speaking English. Don't know if parents are involved.*
- *A wider holistic approach may be needed which would involve all parents.*

### **5.2.2 Awareness of Council Policies for BME families' accessing services**

- *Staff know where they are, and are reminded of them regularly.*
- *All provision is based on need. The Council does not "seek out" the BME community, but does have equal opportunities policies that all staff is made aware of.*
- *The team does believe that it provides the most generic child support service in Halton.*
- *Don't know if any policies that exist are applied.*
- *Does the council have a policy statement on BME issues?*

### **5.2.3 Effect of small BME population on service planning**

- *There have been moves to include service users in design and planning.*
- *At ground level, workers and managers are willing and able, because of the diverse range of disability/illness among clients, to adapt services to suit individual cases where appropriate.*
- *In terms of consultation, it can be difficult with some cultures to gain the views of, for example, female members of a family, because the cultural norm is for males to be the decision makers. It was generally agreed that services need to be very flexible in their approach, because even though two families may*

*belong to the same culture, their interpretations of that culture may be very different.*

- *Every organisation should have a cultural diversity*
- *The ethnic communities should provide training for organisations to approach cultural differences.*
- *It may be that there are so few BME people wanting to use services that nothing is being done.*
- *More ethnic groups are moving into Cheshire.*
- *There is no support for people in the initial transition into the area.*
- *There is no public funding available to support immigrants.*

#### **5.2.4 Awareness among BME parents about services available – problem?**

- *This team is generally good at raising awareness and promoting its services. Special schools are good at signposting families. Direct Link also signposts and distributes publicity.*
- *Service providers need to be trained into helping the BME community.*
- *There is a difficulty in getting the different organisations to work together in supporting the service users. The problem of confidentiality may apply here.*
- *There is a lot of advertising of services. Information is sent to specialist schools.*
- *Some ethnic groups have language difficulties. Some of the older generation have very little English speaking skills. The younger generation being educated here, have a good grasp of English. Usually a younger family member will speak on behalf of the whole family.*
- *An interpreter may be necessary in some cases but this hasn't been necessary yet. Would need to get one from further away eg Manchester.*
- *When approaching ethnic families you don't know what response you will get. You have to prepare in advance to use the correct approach.*
- *May have to adapt services to meet their particular requirements: Dietary requirements, What they can and can't do in their way of life, Religious issues may have to be addressed.*
- *It is useful for a BME school pupil to be able to share his/her cultural experiences with other pupils in a classroom environment. This allows other pupils to understand a different behaviour/culture of a fellow pupil.*
- *An assessment procedure has to be carried out for the BME community. This is standard procedure. E.g. type of food required, personal hygiene requirements.*
- *You have to decide what age a young person can make a choice for themselves. Sometimes this can be opposite to a parents point of view.*

#### **5.2.5 Language as a barrier to accessing services**

- *Not perceived to be a major problem- literature can be provided in a variety of languages, and there is reasonable access to interpreter services. However, most usual procedure is to go through a family or extended family member. More often than not it is the male member of the household who interprets. There can be problems here with ensuring the views of the client are being properly represented. Older people tend to have more language difficulties.*
- *There used to be an Equality and Diversity group in the council but this appears to have ceased. It was just for educational needs.*

- Needs somebody, preferably from the ethnic community, working for the council, advertising and developing services. E.g. a council community worker.
- Some people may be “forced” into using services provided by the disability services, especially when they can’t manage on their own.
- Some find it difficult to ask for help elsewhere.
- When a child in a family dies some form of help may be required.
- It is important for all organisations to have their services available for ethnic communities.

### **5.2.6 Confidence about ability to provide ethnically sensitive services**

- “Confident but not over-confident” – depends on quality of relationship between client and worker. Team can and do access relevant information and “sensitise” themselves to issues. Workers do undertake research into a particular culture if they are unsure, but it is often the case that when they meet a family, they find that they do not behave like a “cultural stereotype”.
- Generally speaking, families from unfamiliar cultures appreciate workers being honest and asking questions.
- Staff are very conscious of the need to be highly adaptable, because of the range of specific individual needs they encounter around disability/illness as well as ethnicity.
- Staffs are confident about knowing how to access information they might need.

### **5.2.7 Support and training**

- Diversity training is a good starting point, but families themselves are the best resource. No other formal training was mentioned as having been provided.
- The BME community needs an advocate when they move into the area.
- There is a link, which may be centralised in Northwich, for access into health services.
- There is a need to encourage people into the area to access work. Some of these may be from the BME community.

### **5.2.8 Assessment process and ethnicity issues**

- Common Assessment Framework dictates that ethnicity info is recorded. Anything else depends on what the worker brings to the assessment in terms of enhanced quality of information. More likely to ask for more info from BME than from white families – aware that this can be a flaw.
- This team tends to take more details at referral because of nature of their work. One worker mentioned that they find it awkward to ask about religion when taking a referral, although not particularly with BME clients.
- There is more emphasis placed on asking BME clients about their religious beliefs, which may not necessarily be appropriate.
- Is the BME community treated differently when they have problems e.g. in schools?
- Children are assessed in schools on their educational abilities, but don’t know if assessments are made on people moving into the area. Assessments should be multidisciplinary.
- Do schools raise awareness of racial issues amongst the pupils?

### 5.2.9 Improvements to enable better access

- *No room for complacency – there are staffing issues – need more diversity. There should be a dedicated post, preferably employing someone from the BME community, within HBC for promoting diversity, to enable stronger links with the BME population. This would forestall the situation where people only come into contact with services when forced to by impossible circumstances.*
- *HITS is trying to develop a group to look at overall health issues for ethnic groups who access HITS services.*
- *Very few people are involved in ethnic care leaver services.*
- *Managers are probably less informed of the difficulties young people have. People directly involved with these young people are more aware of the difficulties / concerns they have.*

### 5.2.10 Additional comments

- *The team is open-minded, receptive to ideas, and good at “thinking outside the box.”*
- *It is useful for BME pupils to be given the opportunity to share information about their culture with their classmates. This is a very good way to promote awareness of ethnic diversity.*
- *Sometimes culture clashes can occur when a young person has different ideas about cultural compliance from his/her parents, e.g. in terms of not wishing to follow a particular diet. This can be a tricky situation for workers, but ultimately they are there to support the young person, and to ensure he/she has freedom of choice as appropriate in relation to age, degree of disability.*
- *Sometimes extended family can withdraw from a family who have become more independent by using our service.*
- *When a young person dies, it can be a valuable lesson in cultural differences with regard to funerals – are sometimes seen as celebrations of life.*
- *The nearest multicultural centre is based in Birkenhead (see Appendix One).*

## 6. Findings and Recommendations

The findings are summarized under the research brief tasks. General issues about life in Halton are addressed in the first section, with a specific focus on Children’s Services in the second. The recommendations are in the third section.

### 6.1 The current and potential needs of Halton’s BME community

In summary:

- People told us that their needs were being met
- But services could be doing more
- And the data is not good enough to tell us whether needs are met or not
- Or to plan for the future.

6.1.1 The people we talked to are generally positive about life in Halton (5.1.1). They told us that people were friendly, that services were good and sensitive to their needs, that it was a lovely area, and that facilities were good. For some respondents, the context for this is that they have previously lived in other places that were much worse than Halton. Some concerns were voiced about racism and harassment, and

people felt particularly vulnerable at night. Sometimes, they had concerns for the vulnerability of their children, echoing other research about traveller communities (3.3.2). People look outside Halton for opportunities to celebrate cultural diversity (5.1.11), and one service provider commented that BME people are leaving Halton for Cheshire (5.2.3).

6.1.2 A number of issues arise from the relatively small size of the BME population in the Borough and absence of significant concentrations in any one area. (4, Tables 1,2 and 3). In Halton, individuals from the numerically small minority groups may be more readily assimilated into (and enjoy the benefits of) the white dominant culture than if they were members of large established racial minority communities. This may, however, lead to dominance of the majority culture, ethical and values and the marginalisation of minority cultures (3.2.2). Attention to the culture specific needs of those individuals may receive less attention from service providers in Halton than in areas where the needs of large minority communities demands a well resourced and informed response. Several of our respondents felt that services should be doing more to respond to the needs of individuals from the BME Community. One service provider commented that *“it may be that there are so few BME people wanting to use services that nothing is being done”*(5.2.3).

6.1.3 There were some suggestions that less is being done now than used to be done. The reported demise of an equality and diversity group within the Council may be seen in the context of a post-Climbie fight from political correctness (3.5.2, 3.4.5, 5.2.5). In terms of policy and implementation, inspection of other Local Authorities have found policies in place but not implemented (3.4.4). It could be anticipated that this would also be a finding in Halton, some (not all) service providers being unclear as to what the Council’s policies in relation to the BME community were, or if it had any (5.2.2).

6.1.4 The demographics lead to further issues in relation to the quality and availability of data (3.4.1). The absence of population projections for the BME community in Halton makes it difficult to judge, and plan for, their future needs. It does appear, however, that Halton’s BME population is growing, with the highest percentage at the youngest end of the age spectrum; 2.7% of 0-4 year olds are BME, 2.0% of 5-15 year olds, and only 1.2% of the population overall (4, Table 1 and 3.8.3). Absence of data sets that cross match needs and performance data with ethnicity make it difficult to judge the effectiveness of services in meeting the needs of BME service users (3.8.3). This problem is by no means unique to Halton (3.8.4). The small amount of evidence that we had suggests that recording of service user ethnicity is not a priority for providers (4, Table 5).

## **6.2 Is current service provision within the children & young people’s directorate is tailored to meet current and future needs?**

In summary:

- People are really pleased with the services they receive
- But people often do not know about services
- And they rely on family networks for support and information
- And sometimes language is a barrier.

6.2.1 The people who spoke to us were very positive about the services they received (5.1.5). As with the comments about Halton in general, for some respondents the context for this was worse experiences elsewhere. Traveller community respondents

were as positive as any, and services brought to the site were valued. There was particularly fulsome praise for children's disability services, with no reflection of the 'double pathology' issue identified in the literature (3.6). Indeed, members of the disability team felt that their understanding of disability underpinned a broader knowledge of diversity that was transferable to ethnicity (5.2.3, 5.2.4). Members of the self-selected service provider group displayed a high degree of sensitivity in relation to issues that may affect service provision for individuals from the BME community (5.2.4, 5.2.6, 5.2.8). It would, however, be unsafe to conclude that the same sensitivity was present in the children's workforce generally (2.3.3).

6.2.2 We found that many members of the BME community did not access all the services from which they may benefit, because they were not aware of them (5.1.6, 5.1.7, 5.2.4 and 3.4.2, 3.4.3). There appear to be four aspects this. The first is that some of our respondents had recently come to the UK from countries where there was a much poorer range of services, and in Halton they were not looking for what they did not expect to find. The second factor was that people were governed by a cultural tradition of dealing with difficulties through their extended families and other links within their own community and an aversion to self-referral (3.2.2, 3.4.3, 5.2.1). There may be consequences for accepting support from outside the network (5.2.10). These networks were often the means by which individuals find out about services. These networks are by no means confined to Halton, or indeed the UK. A third factor that proved a barrier for some people was language and there was often reliance on family and community members to act as interpreters (3.4.2, 5.1.7, 5.1.9, 5.1.10, 5.2.4, 5.2.5).

6.2.3 Other than a reference to monitoring victims of race related crime, Halton's Children and Young People's Plan has no mention of services for the BME community (*Halton Borough Council 2006*). Whilst Knowsley Children's Fund Evaluation judgement on BME children's services could equally apply to Halton (3.8.2), responses from the BME community did not suggest that scale factors are having a negative influence on the quality of the services received. Here again, however, responses are governed by limited expectations. In Halton, the needs of the 2 BME children in public care will have to be met without investment in a specialist resource (3.4.5, 3.8.3). It is not likely that Halton Youth Service can prioritise work on identity with the relatively small number of black young people growing up in a dominant white community, or that Child and Adolescent Mental Health Services will be or able to develop culture specific therapies (3.2.1, 3.2.2).

### **6.3 Recommendations for service developments**

In summary:

- The Council should appoint someone to take a lead role in supporting and directing services in engaging with the BME community
- In planning and promoting locally based services around Children's Centres, learning from the Sure Start experience and advice of the BME community will be both be valuable
- Services should be more consistent in data collection and this should be aggregated to inform forward planning.
- A network of interpreters should be recruited from within Halton's BME community

6.3.1 A recommendation from the service providers was that the Council should employ someone with a specific brief to engage ethnic minority communities (5.2.9). Unprompted, some of the service users also suggested that this would be helpful (5.1.7). Apart from the resource implications, a possible difficulty with this kind of approach is that engagement of ethnic minority communities becomes that person's priority, when really it should be a priority for all service providers. It may be argued, however, that in Halton a consequence of having a small BME population is that engagement with its ethnic minority communities is not given sufficient priority at present (6.1.2, 6.1.3, 6.1.4). The creation of such role within the Council should help not just to raise the priority of BME engagement with service providers, but also to equip them with the knowledge and tools to do it, through training and other forms of support (5.2.7). Whether the brief for such a role is confined to Children's Services or shared with other Council functions, it should extend to include non-statutory providers working in the Borough, including housing associations and voluntary organisations.

6.3.2 There was evidence that the Sure Start programmes have been relatively successful in engaging the BME community, especially travellers (5.1.3, 5.1.5). Because the Sure Start model forms the basis for the current and planned Children's Centres, and these will be at the forefront of locality based service delivery in the future, it is important to learn from whatever has worked well. Communication will be the key to reaching potential beneficiaries, and more 'active seeking out' of the BME community may be needed (5.2.2). In planning, it will be important to take account of some of the things we have learned: universal services such as schools and GP's are often the first point of contact and can be used to promote other services, some people do not expect to find the services that are actually there, local networks can be used to enable people find out about services, there may be cultural barriers to self referral and accepting services, and language is a sometimes an issue (6.2.2). Images on display in physical environments and in public documents (such as the Children and Young People's Plan) can be used to give a message that diversity is welcomed.

6.3.3 A possible approach to dealing with the language issue would be to recruit a network of interpreters from the BME community. These people would receive training and then be employed on a casual sessional basis as and when required. Such an approach could have the beneficial side effects of putting people in touch with someone from a similar ethnic background, utilising the known function of the network to signpost to other services, and increasing the Council's engagement with ethnic minority communities. Coordination of such a scheme would be part of the brief for the post described above (6.3.1), possibly through a third party provider as a social enterprise. The trained interpreters could potentially be employed in a variety of roles by service providers, including research projects.

6.3.4 The current data is weak in a number of respects. In particular, there is insufficient disaggregation to assess the take up and outcome of services for particular ethnic groups (6.1.4). Recording by service providers is inconsistent (4, Table 5). Data volumes from individual Children's Service providers will be too small to be significant, but merged data from all providers will be useful. Here, another task for the new role (6.3.1), and in the Children and Young People's data base, the tool to do the job.

*Ends*

## Appendix One: Support Networks

**INorthwest** is the regional network for BME communities in North West England <http://www.onenorthwest.org.uk> It describes its role as:

- **Information Dissemination**

Providing up to date information on local and regional developments through newsletters, information packs, website features, presentations and awareness raising events.

- **Capacity Building**

Developing the skills and abilities of the BME voluntary and community sector to meet the needs of the communities they serve through the provision of information and the facilitation of advice and training.

- **Research and Policy**

Collecting and providing evidence of the needs, role and developments within the BME sector in order to influence policy, planning and service delivery.

- **Democratic Representation**

Actively promoting the interests of the BME sector within the region and ensuring that all local, sub-regional and regional initiatives are inclusive of BME involvement.

- **Networking and Partnerships**

Strategic engagement with statutory policy makers and delivery agents to ensure full participation of the BME sector and a fair distribution of resources.

There is a register of organizations and support groups, none of them beginning with the word 'Halton'!

**Cheshire, Halton and Warrington Racial Equality Council** is funded by the Commission for Racial Equality and the local authorities. It works towards the elimination of discrimination and the promotion of equality of opportunity and good relations between persons of different racial groups, and offers policy development, education, community development and casework services.

<http://www.chawrec.org.uk>

**The Wirral Multicultural Organisation** encourages multicultural understanding and acts as a focus for all multicultural activities in Wirral. The organisation has its own purpose-built centre and has staff who help Wirral's ethnic minority communities to access services, employment and training and meet their general needs. Further information is available from Wirral Multicultural Centre, 111 Conway Street, Birkenhead. Call 0151 666 4489. Alternatively you can contact the Central Advice and Duty Team on – 0151 606 2006, or via [wirral.gov.uk](http://wirral.gov.uk)

**Merseyside Community Voice** (*Housing Corporation 2005*) aims to give black and ethnic minorities a voice in the communities where they live. It has established a Citizens Panel made up of representatives from the culturally diverse communities and neighbourhoods across Merseyside, with the aim of engaging and consulting on a whole range of issues including housing, regeneration, health, jobs, training, discrimination issues, access to services and language barriers. In this way, MCV aims to offer a platform for raising and addressing issues as well as being able to offer help and advice to community members. This Panel was launched in December 2004 and now has a full-time project co-ordinator in place. Commissioned by the Housing Corporation, the Salford Housing and Urban Studies Unit at the University of Salford

have undertaken an independent evaluation of Merseyside Community Voice's achievements and progress so far and produced a summary of its findings.

**Merseyside Social Inclusion Observatory** says it is an innovative and responsive research centre with a focus on policy-relevant research, effective community engagement with excluded groups and best practice about social inclusion/exclusion, particularly through the development of linkages with regeneration-focused policies, programmes and activities. <http://www.msio.co.uk>

MSIO conducts an ongoing programme of research projects, offers policy advice, identifies innovative ways of tackling social exclusion and provides information and best practice examples to voluntary and community groups and the range of agencies working with them.

Through its work it draws together a broad range of staff with considerable experience in the fields of urban and community regeneration, planning policy and practice, housing development and crime.

MSIO's work is rapidly expanding and has involved working closely with the Government Office for the North West (GONW), the North West Regional Development Agency (NWDA), the Greater Merseyside Learning and Skills Council, local authorities and voluntary and community sector organisations and networks.

MSIO is funded by the EU Merseyside Objective One programme, the University of Liverpool, Merseyside Expanding Horizons, Liverpool City Council, the North West Development Agency and Greater Merseyside Learning and Skills Council.

## **Appendix Two: Subjects for consultation with members of Halton's BME communities**

What is it like living in Halton?

- What most affects your quality of life here?
- What do you understand by the term “children and family services?”
- Which of the(se) services do you or your family use?
- Are you satisfied with these services?
- Do you feel these services are designed for you, and meet your needs?
- What could make them better?
- Do you feel you have a say in how services are designed/delivered?
- How would you like to be consulted about this?
- Can you give any examples of good or bad services you have received, and of what made them good or bad?

### **Appendix Three: Subjects for consultation with service providers**

- Perceptions of BME take-up of services
- Awareness of Council Policies for BME families' accessing services
- Effect of small BME population on service planning
- Awareness among BME parents about services available – problem?
- Language as a barrier to accessing services
- Confidence about ability to provide ethnically sensitive services
- Support and training
- Assessment process and ethnicity issues
- Improvements to enable better access
- Additional comments

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