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**ETHNIC GROUPS INTERACTION WITH CHILDREN AND YOUNG PEOPLE  
SERVICES**

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**SUMMARY REPORT**

**Purpose of the Report**

1. The purpose of the report is to provide an overview of the interaction of children, young people and families from black and minority ethnic (BME) communities with a range of children/young people's services.

**Summary**

2. This report provides a snapshot of interaction against core provision. It is very much an overview giving a flavour of activity and engagement. As such, there may be merit in a more detailed exploration and evaluation – of all engagement, by specific groups, or in specific services/areas.
3. This snapshot analysis did, however, show evidence and examples of positive engagement by BME communities, many positive examples of individual and group activities and interventions, that often activity and intervention was bespoke to individual need and situation, of staff and provision being culturally sensitive and aware, of activity being proportionate to population/demographics (by race/ethnicity), of positive relationships with community leaders and crucially, demonstrable evidence of enabling positive outcomes for children, young people and families.
4. Investigation did highlight some issues and areas for development and these are recorded.

**Recommendation**

5. It is recommended that :-
  - (a) Children and Young People Scrutiny note this report and its findings.
  - (b) Children and Young People Scrutiny consider a further meeting to explore ways of developing appropriate services and obtaining views of the BME community.

**Murray Rose, Director of People**

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S17 Crime and Disorder	There are no implications arising from this report.
Health and Well Being	In terms of access to services will promote individuals well being.
Carbon Impact	N/A
Diversity	The report reflects actions taken by various teams and the service provision available to respond to the specific needs of BME communities and, in general, to promote equality of opportunity and good relations between persons of different racial groups.
Wards Affected	All wards are potentially affected – although the concentration of BME communities is higher in some wards than others.
Groups Affected	Members of all BME communities within Darlington.
Budget and Policy Framework	This report does not recommend a change to the Council's budget or policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision.
One Darlington: Perfectly Placed	The report supports the delivery of priorities identified within One Darlington: Perfectly Placed as outlined in the Sustainable Community Strategy.
Efficiency	This report has no impact on the Council's Efficiency Programme.

## MAIN REPORT

### Information and Analysis

6. There are various ways in which 'BME' communities can be defined and described – and a wide range of possible categories against which statistics can be created and gathered. For the purpose of this report the standard 20 ethnic code definitions (as outlined in **Appendix A**) have been utilised. However, it should be noted that whilst this includes the Gypsy/Roma/Traveller (GRT) community it does so as a subset of 'white' and it does not specifically capture white non-British communities (for example Polish or Eastern European – the Polish community in particular in Darlington having increased in recent years).
7. Equally there are various ways in which the population can be recorded and percentages of the various ethnic groups recorded and reported. Again for the purposes of this report, data from the 2012 spring School Census (recording all children and young people at nursery, primary and secondary schools) has been used as a benchmark for relaying statistical data on the various ethnic groupings. This is attached as **Appendix B**. This reveals that 92.61% of that population was 'white'; other ethnic group, not obtained or refused to disclose accounts for 2.36%; leaving mixed heritage as 1.89%; Asian as 2.57%; Black as 0.38%; and Chinese as 0.20%. Acknowledging the information on the ethnic code 'white' as detailed above, White Irish Traveller and Gypsy/Roma accounts for 1.25% of the overall 3-16 population and White other for 1.75%.
8. This indicates the relatively small BME population within this age range (approximately 3-16), which essentially mirrors Darlington as a whole (information from Darlington Local Information Service for the population as a whole also attached in **Appendix C**).
9. For the purposes of the report specific focus was given to the range of services within the Children, Families and Learning Service – namely, Social Care (all aspects including Child Care Duty Team, Assessment and Intervention Teams, Looked After Through Care Teams, Youth Offending Service), Family Support (all aspects including Early Intervention and Prevention, Anti-Social Behaviour Team, and Specialist Family Support), Home and Hospital Teaching Service, Life Stages Team, and Public and Families Information Service. This is not an exhaustive list of children and young people's services but it does include core services and it was possible to map the interaction of BME communities against these areas.
10. In terms of engagement via a statistical capture/measure, there is no one common data source which would capture this across all teams. Core Social Care data, reflecting current case allocation to teams and recorded via Care First, is presented in **Appendix D**. It shows engagement by BME communities at 3.08% of the total engagement by all children, young people and families (slightly less than the population benchmark figures identified above), highest for Looked After Through Care at 5.37% of cases and lowest for Intensive Support Team at 0.00%. The statistical variation between Duty Team, Assessment and Intervention teams, and Looked After Through Care may warrant further analysis to understand the reasons

behind this.

11. Data was also provided by a range of other teams within Children, Families and Learning. The Youth Offending Service, via Care Works, indicated that of all youth justice disposals (an annual measure so data for 2011/12 is only available at present) only 0.58% were for BME young people (although this does not include the Gypsy/Roma/Traveller community as that detail is not required for the Youth Justice Board return).
12. The ASB (Anti-Social Behaviour) Team, in the past 12 months, has dealt with 35 young people from the Gypsy/Roma/Traveller community as perpetrators of anti-social behaviour; four Polish victims of ASB (one case racially motivated); and one Asian family as victims of ASB (case not racially motivated). The markedly higher levels of G/R/T engagement may reflect a higher propensity to engage in ASB, a higher level of visibility within the community as a whole, or a higher likelihood for G/R/T young people to be reported (lower thresholds of tolerance and acceptance).
13. The Teenage Parent Engagement Officer and Teenage Parent Personal Advisor report that, of a current caseload of 109, 98 are White British, 3 G/R/T, 2 mixed heritage, 1 Chinese, and five other.
14. Within Children's Centres, total number of attendances by ethnicity (for November 2012) is presented in **Appendix E**. This indicates that children/families from BME communities are accessing Centres particularly from wards where communities are more concentrated.
15. In terms of extent and experience of engagement in more qualitative terms, it was possible to obtain detailed information and examples from across virtually all teams. Where necessary these examples have been anonymised to protect client identity.
16. The Looked After Through Care highlighted six case studies including: a mixed heritage young person who is making his own decisions on the religion he might follow. Parents would like him to practice Islam and staff have afforded him the opportunity to explore this through religious materials, visits to mosques, diet and clothing; a mixed heritage young person who has no contact with his father and so his social worker, through life story work, is supporting him to explore and deal with any identify issues; and a Muslim young man who came to the UK as an unaccompanied minor - staff have accommodated language issues and religious requirements, and have updated their own knowledge and awareness to be able to respond sensitively and appropriately.
17. Cultural needs are also addressed for young people accommodated in the Council's own residential settings (Eldon Street, Dunrobin and Gilling Crescent), for example, in supporting religious and educational needs, in working with birth parents to support cultural differences and requirements, through use of interpretation, in tailoring placement plans to fit individual needs, and in seeking additional/expert advice and guidance as and when required.

18. Within the Social Work Assessment and Intervention Teams, engagement again is service user specific. For example, specialist advice was sought on the issue of forced marriage and a Mellow Parenting programme was specifically commissioned for Polish families. Teams regularly use translation services to ensure accuracy of information and engagement.
19. Within the Early Intervention and Prevention teams, a Health Visitor within Area 1 has a specific responsibility to lead engagement with the G/R/T community and has built up relationships with community leaders and networks and is able to ensure services are provided within Children's Centres and/or on an outreach basis. The Relationships Education and Sexual Health Coordinator has been able to advise schools (primary and secondary) on culturally sensitive teaching/resource materials; discussed female genital mutilation with parents in a Parent and Carer programme; and distributed 'good practice' information to a range of settings (school and non-school) in response to information distributed by the British National Party. The Parenting Coordinator has received and responded to referrals for engagement in evidence-based parenting programmes and delivered a bespoke 1-1 programme with a Polish family, following referral by a social worker, to explore the effects of domestic abuse and focus on child development strategies and approaches. Again translations services have been used to make session plans and materials accessible. A Polish group meets twice monthly at Dodmire Children's Centre and aims to engage Polish families into Centre activities and enable specific activities to be provided. Staff support individual families with a range of needs and sign-post to appropriate services as required (adult learning, Portage, Mobile Advice).
20. BME young people are able to, and have, accessed Home and Hospital Teaching Service. The team is awaiting feedback from service users on their experience – which staff believe was positive for the young people involved.
21. Within Life Stages team staff have been flexible to support wider cultural requirements (parents of a young client who undertook a three week pilgrimage to Mecca) whilst working sensitively with the family to ensure that the child's needs would be met and utilising a wider family network to assist in this.
22. The SWITCH team are currently working with a mixed heritage young person and have specifically sought to ensure, from the young person, that service and interventions are culturally sensitive. The young person feels that her identity is accepted and promoted, that she has not been treated unfairly, and that she is happy with the service she is receiving.
23. Within People and Families Information Service requests for information and support are received from BME communities and responded to accordingly – overall usage of all three aspects (Families Information, Choice Advice and Parent Partnership) is relatively low but feedback from all users is positive with acknowledgment that information received was useful and relevant to the request made.
24. Across the Department there is awareness of relevant policy and procedures and staff adhere to, and work within, these. In particular the Equality Act (2010), which

replaced a range of anti-discrimination laws including the Race Relations Act (1976), ensures that staff and provision eliminates discrimination, harassment and victimisation, and advances quality of opportunity for persons who share a 'protected characteristic' (which includes, race, religion and belief).

25. Council staff also work in conjunction with other services and provision to support the needs of BME clients and communities. For example, the ASB team attend a monthly PACT (Police and Communities Together) meeting focusing on the Polish community; staff did support a BME PACT (now disbanded but replaced with an Independent Advisory Group which is attended by representatives of BME communities) – both of these in conjunction with Police colleagues; and staff from Area 2 Early Intervention and Prevention team support the Bangladeshi School (running on a Saturday) which operates from Corporation Road Primary school.
26. In obtaining detailed information and examples from across teams, staff did flag some tensions and difficulties. These included: that it was not possible to provide translated copies of all information made available to children, young people and families; that budget savings measures had removed dedicated roles which promoted and enabled engagement of BME communities; and that cultural norms can deny that certain activity actually takes place (for example, use of drugs or alcohol by BME young people) therefore limiting the opportunity for access to specialist services and support.

## **Conclusion**

27. Whilst there is no systematic collation of views of children, young people and families across all services, specific examples of service user feedback (from BME communities) have been cited and shared. For example, a participant (who acts as a volunteer helper) in the Polish group at Dodmire Children's Centre fed back that 'I am very pleased that I got such a chance because it gives me an opportunity to practice my English, meet new people and acquire new abilities/skills'; and the young person accessing the SWITCH team is happy with the service received and feels that she is treated equally. Equally feedback can be constructive in identifying service improvements – suggestions fed back to Public and Families Information Service included 'can there be more help on the telephone please and explain what to do next', and 'provide more child carers with special needs skills'.
28. Whilst these examples are positive, a broader view of BME experiences is needed to ensure services continue to meet specific cultural needs.