



IMPROVING THE WAY
FAMILY SUPPORT
SERVICES WORK FOR
MINORITY ETHNIC
FAMILIES

Improving the way family support services work for minority ethnic families

June 2022

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About EIF

The Early Intervention Foundation (EIF) is an independent charity established in 2013 to champion and support the use of effective early intervention to improve the lives of children and young people at risk of experiencing poor outcomes.

Effective early intervention works to prevent problems occurring, or to tackle them head-on when they do, before problems get worse. It also helps to foster a whole set of personal strengths and skills that prepare a child for adult life.

EIF is a research charity, focused on promoting and enabling an evidence-based approach to early intervention. Our work focuses on the developmental issues that can arise during a child's life, from birth to the age of 18, including their physical, cognitive, behavioural and social and emotional development. As a result, our work covers a wide range of policy and service areas, including health, education, families and policing.

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Foreword

We know that early help services, and the wider set of services that support families, are struggling. Spending on early intervention has reduced significantly in recent years, as local authorities have found themselves having to manage the demand for acute, statutory services. This is a vicious cycle.

For this and other reasons, many families struggle to get the help they need at the time they need it. Across the country there are too many examples of missed opportunities to nip problems in the bud and provide the help that children and families need to thrive.

This report shows that minority ethnic families face additional challenges when they seek early help or family support. Worryingly, these challenges include experiences of racism and discrimination from support providers.

Racism and discrimination have no place in services for families. The success of family support relies on strong, trusting relationships between families and professionals. Individual experiences shape wider perceptions of public services and damage confidence in them. There are stark and persistent ethnic inequalities across a whole set of critical child outcomes – such as school readiness and academic attainment – where we know that early help could have an impact.

Through this report, we hear the voices of young people and parents as they recount the kinds of experiences that make it less likely for some families to successfully access much-needed support, less likely to develop supportive relationships with practitioners, and consequently less likely to see the positive benefits that these services can provide.

More broadly, our understanding of families' journeys through universal services and early help is obscured by the lack of a consistent national dataset. We cannot say with any certainty that minority ethnic families are less likely to receive the kind of early intervention that can make a difference to their lives and prevent problems escalating. But we can certainly hypothesise that this could be a factor in the fact that children from Black and some Mixed ethnicity groups are more likely to enter care than White children, or that the rate of children on child protection plans or 'looked after' increases steadily with age among Mixed, Asian and Black ethnic groups, while it remains stable among White children. At the very least this disparity warrants a closer look.

Two significant policy opportunities place us at a turning point in relation to providing effective early help and family support. Family hubs have the potential to improve the accessibility of services, build closer connections between services and the communities

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they serve, and reduce the number and complexity of relationships with services and agencies that families seeking help need to sustain. Alongside this, the recommendations of the independent review of children’s social care, if accepted by the government and implemented well, could enable a step-change in the availability and quality of early help and family support services. It is essential that all those involved in designing and providing family support services pay urgent attention to families’ experiences of racism and discrimination, and that they are keenly alert to the role that these experiences can play in limiting access to effective early help and family support, and in perpetuating racial inequalities in children’s outcomes.

We would like to say ‘thank you’ to all those who shared their stories and insights with us, and who allow us to share those experiences in the spirit of building understanding and improving services for all families.

Dr Jo Casebourne

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Introduction

High-quality family support, delivered in the right way at the right time, can make a real difference for children and their families. It can mitigate risk factors and increase the protective factors in children's lives, giving them the best chance to realise their potential.

There are, however, stark and persistent inequalities in outcomes for children from minority ethnic groups. For example, by the age of 4–5, Gypsy/Roma and Irish Traveller children are the least likely of all ethnic groups to reach developmental targets in relation to communication and language, and physical, social and emotional development. Pakistani, Bangladeshi and 'Other' Asian children, Black Caribbean, Black African and Other Black children, Other White children, Mixed White/Black Caribbean children, and children from Other ethnic backgrounds were also less likely than average to be school-ready. Conversely, White British, White Irish, Mixed Other, Mixed White/Asian, Chinese and Indian children were all more likely than average to be school-ready.¹

Although these and other inequalities are well known, there is limited understanding of the reasons behind them. We know that some risk factors disproportionately affect certain ethnic groups. We also know that children and families may be exposed to discrimination or disadvantage based on their personal characteristics,² as well as racism in various forms, and that experiences of racism can affect child development.³

Family support is not a panacea, but its impact can be life-changing. It is absolutely vital that family support services are working for minority ethnic families. The statistics suggest that they are not. Children from Black and mixed ethnic groups are more likely to enter care than White children.⁴ Among mixed ethnicity, Asian and Black children, the rate of children on child protection plans or classified as 'looked after' increases with age – by 1.32, 2.11 and 2.94 respectively – while it remains stable among White children.⁵

Two recent studies, the Black Maternity Experiences Survey⁶ and the Birthrights inquiry into racial injustice and human rights in UK maternity care⁷ have, independently of each other, documented that maternity experiences aren't equitable: from the moment a family is formed, families are confronted with racism and discrimination. Some 43% of women who completed the Black Maternity Experiences Survey reported feeling discriminated against during their maternity care, with the most common reasons being race, ethnicity, age and class. The Birthrights inquiry identified systemic racism in individual interactions, education and training, policies and frameworks, and the workforce.

¹ Department for Education (2020). Development goals for 4 to 5 year olds. <https://www.ethnicity-facts-figures.service.gov.uk/education-skills-and-training/early-years/attainment-of-development-goals-by-children-aged-4-to-5-years/latest>

² Bardol, O., Grot, S., Oh, H., Poulet, E., Zeroug-Vial, H., Brunelin, J., & Leane, E. (2020). Perceived ethnic discrimination as a risk factor for psychotic symptoms: A systematic review and meta-analysis. *Psychological Medicine*, 50(7), 1077–1089.

³ Bécares, L., Nazroo, J., & Kelly, Y. (2015). A longitudinal examination of maternal, family, and area-level experiences of racism on children's socioemotional development: Patterns and possible explanations. *Social Science & Medicine*, 142, 128–135.

⁴ Bywaters, P., Scourfield, J., Webb, C., Morris, K., Featherstone, B., Brady, G., Jones, C., & Sparks, T. (2019). Paradoxical evidence on ethnic inequities in child welfare: Towards a research agenda. *Children and Youth Services Review*, 96, 145–154. (based on 2011 census data) <https://doi.org/10.1016/j.childyouth.2018.11.042>

⁵ Ibid.

⁶ Awe, T., Abe, C., Peter, M., & Wheeler, R. (2022). *The Black Maternity Experiences Survey: A nationwide study of Black women's experiences of maternity services in the United Kingdom*. FiveXMore. <https://www.fivexmore.com/blackmereport>

⁷ Rahman, S., Igwe, S., & Nazmeen, B. (2022). *Systemic racism, not broken bodies: An inquiry into racial injustice and human rights in UK maternity care*. Birthrights. <https://www.birthrights.org.uk/wp-content/uploads/2022/05/Birthrights-inquiry-systemic-racism-May-22-web-1.pdf>

In this report, we explore the experiences of minority ethnic families in accessing and receiving family support, to better understand the challenges and opportunities in how family support services work for minority ethnic families and young people. For the purposes of our research, we have defined family support as any service designed to help children and families deal with challenges, including but not limited to universal services such as GPs, health visitors and schools, and targeted services including children and adolescent mental health services (CAMHS), children's social services and early help services.

Some of the challenges we highlight are undoubtedly challenges for all families. They speak to funding constraints, lack of service availability and challenges in relation to workforce capacity and skill. Others clearly point to additional and significant challenges for minority ethnic families.

This research was carried out by the Early Intervention Foundation in partnership with the Race Equality Foundation and Action for Children.

Methodology

Due to the diversity of experiences and the lack of existing research into experiences of accessing family support, we conducted a piece of broad exploratory research, rather than focusing on a particular ethnic group or experiences relating to a particular service.

The research project was guided by parents and young people with experience of seeking or accessing family support, as well as by an advisory board. We collected two strands of primary data. The first was a qualitative survey with 101 parents and 59 young people (aged 12–18); the second was a series of complementary focus groups, including two sessions with young people and one with parents. All participants lived in England.

The co-creation group helped design the survey and plan the focus group sessions. We analysed the data using descriptive statistics and thematic analysis, analysis and held a validation session with the co-creation group to discuss the findings.

More information on the methodology can be found in the annex to this report.

Our approach to language

Through action learning sets facilitated by the Race Equality Foundation, we have developed language principles that enable us to consistently use respectful language that reflects society's diversity.⁸

Throughout this report, we use the descriptor 'minority ethnic' as an adjective, for example, 'minority ethnic family'. By placing the descriptor 'minority' before 'ethnic', and not the other way round, we acknowledge that all people have an ethnicity but not all are minoritised.

We do not use acronyms such as 'BAME' or 'BME' that do not reflect the heterogeneity that exists across communities. However, we have retained these terms where participants have used them in their responses.

In this research project, families and young people from numerous minority ethnic backgrounds shared their experiences, including from Asian backgrounds (such as Afghan, Bangladeshi, Chinese, Indian or Pakistani), from Black backgrounds (such as Black African or Black Caribbean), from White backgrounds (such as Gypsy, Roma or Irish Traveller, or Balkan), and from other ethnic backgrounds (such as Arab or Latinx), as well as from mixed ethnic backgrounds.

⁸ See: <https://www.eif.org.uk/about/edi-at-eif/our-principles-for-language-and-writing>

Our reporting is as specific as possible. Where experiences were limited to people or families with a particular ethnic background, we discuss findings in relation to, for example, Bangladeshi parents or Black Caribbean families. However, in many cases the experiences that participants highlighted were shared and not unique to a particular ethnic group, so the principle of accurate reporting meant we have had to refrain from drawing conclusions regarding specific ethnic groups.

Key findings

- **Experiences of discrimination and racism** were commonly reported among the parents and young people who participated in our research. These experiences related both to trying to access services and to the support that families received from services.
- One in three survey respondents felt that **they were treated unfairly when seeking or receiving support** for their family. A further 24% told us they were unsure about whether they had been treated fairly. For some participants this was directly linked to experiences of discrimination; for others it was about a broader sense that they had not been listened to or that their problems had been minimised.
- We found that minority ethnic families were **proactively seeking help and support**, but that they **encountered multiple barriers** in doing so, including finding appropriate services, issues with service capacity and long waiting lists, and negative experiences of the first point of contact with services.
- Strikingly, more than 40% of survey respondents said **the support they then received made no difference or made things worse**. Notably, parents and young people experienced a series of challenges around their relationship with the practitioner working with them. They told us that they did not feel heard, understood, validated or empowered, some even felt judged when seeking help for their family. Yet we know that the quality of the relationship between a practitioner and a family or young person is critical to the success of any intervention.
- Parents and young people also identified **a lack of cultural sensitivity within family support services**. They found that services were not representative of the communities they worked with, and that practitioners did not always display cultural sensitivity or an understanding of cultural or religious influences on family dynamics.

1. Experiences of racism and discrimination

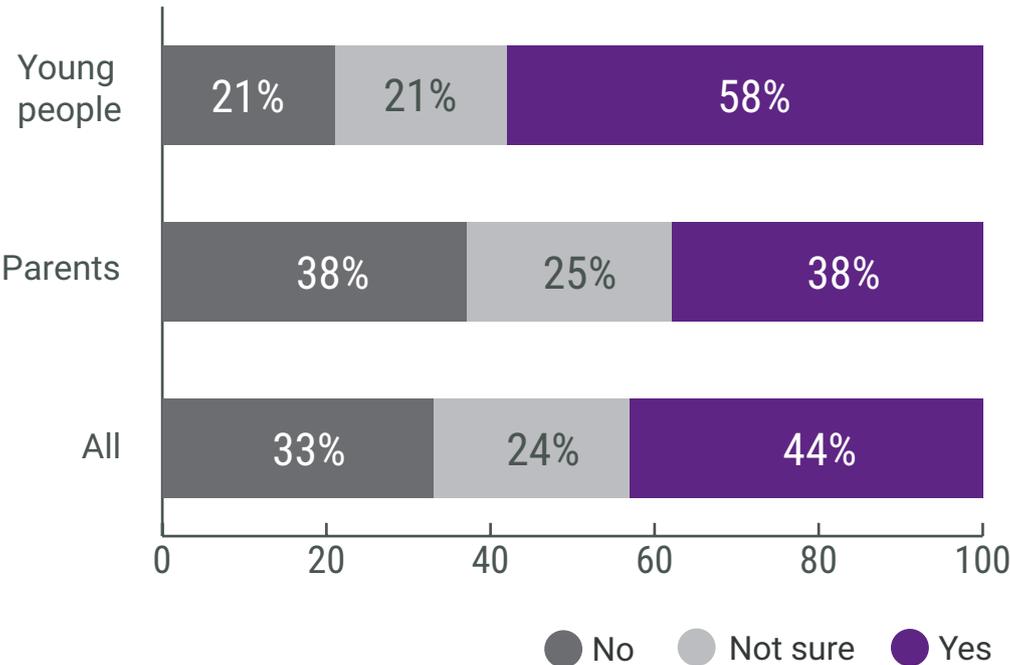
Experiences of racism and discrimination were commonly reported by the parents and young people who participated in our research. These experiences were a cross-cutting theme, overshadowing the overall experience of seeking or receiving support from a service. Young people and parents discussed experiences of racism or discrimination both in terms of trying to access services and during interactions with services. Throughout this report we have highlighted other experiences that could be linked to racial stereotyping and unconscious bias, although they were not explicitly identified by the participants as such.

Less than half of survey respondents felt that they were treated fairly when seeking or receiving support for their family. When trying to access support, some parents told us that they felt they had been treated differently based on their ethnicity. Parents told us that they thought it had been harder for them to get support than it would have been for White British families.

Young people also described their experiences of receiving less support than their White peers, despite being in similar situations. For example, one young person found that friends with similar experiences who were White got “listened to and taken away and had support put in place, but I don’t”. Others described instances where they were denied support because the behaviour of their parents was attributed to a ‘cultural difference’ rather than being identified as a risk and a support need.

FIGURE 1.1

Did people feel that they were treated fairly?



Number of respondents: 61 parents, 24 young people. Due to rounding, figures may not add up to 100%.

“Mental health support for my mum and social services support for her behaviour when we were younger: they thought her behaviour was just ethnic minority parenting, and not irrational.”

YOUNG PERSON RESPONDENT

“There were clear disparities. There were clear differences in the way that my family were treated, my son in particular, and there were racial overtones that were clearly defined.”

PARENT RESPONDENT

Some parents who had managed to get support described having to ‘act white’ or otherwise conform to a particular set of expectations to get the help that they needed. Where they had managed to access services, some parents reported institutional racism among support providers, and told us that their cultural and religious beliefs had not been acknowledged.

Some parents spoke more generally, expressing a view that there was underlying racism in services. Parents particularly stressed a lack of understanding of the needs of minority ethnic people, notably within mental health services. Some parents had either experienced or were very conscious of the potential for racist stereotyping and told us that they or their children had been or were likely to be “pathologised” by service providers because of their ethnicity.

“I feel racism affects how Black children accessing services are seen and dealt with. Bias within professionals means that families are pathologised.”

PARENT RESPONDENT

“I had been stigmatised by systematic racism within the NHS and social care services as the crazy Black woman. I have been called a lot of negative things [and] had accusations and allegations thrown at me.”

PARENT RESPONDENT

Young people also talked about racial discrimination within services. One young person described the “racist assumptions” made by a council housing fraud team, who continually asked his mother whether she was letting her house to “this man”, despite his mother asking them to refer to him as her son. Parents also spontaneously talked about racism and discrimination within schools. These experiences seemed to relate particularly to discipline and sanctions, which parents told us were unnecessarily applied, often in response to “ethnic mannerisms” which were unfairly seen as poor behaviour or wrongly attributed to learning difficulties. There was also a sense that incidents of racism were not always appropriately handled by schools, and sometimes exacerbated by the school’s handling of the situation.

“When we had a problem with racism at school, when we reported it, the school ended up making it ten times worse than it was.”

PARENT RESPONDENT

Importantly, young people also told us that they experienced discrimination in relation to their age as well as race and ethnicity, with some feeling that they were not believed or taken seriously because of their age.

“People wouldn’t believe the things I went through, because as they said I was too young to go through a lot.”

YOUNG PERSON RESPONDENT

2. Accessing family support services

It was clear that families were proactively trying to seek help, but that many families and young people struggled to get the support they needed, when they needed it. Parents and young people frequently gave us examples of being unable to access family support often in spite of multiple attempts to seek help. Some parents told us that they had waited years to have their family's needs acknowledged or to receive support. These parents expressed frustration that problems could have been prevented from escalating had they and their children received the support they needed at an earlier point.

Furthermore, some parents told us that they had only received support when things had reached "breaking point", despite repeated attempts to get a referral to a service. We heard examples of young people being arrested before a problem was acknowledged and support provided, by which point they had been exposed to more risks and were experiencing more problems. Others talked about ambulances being called or other crisis services becoming involved, and still nothing being done to help. Most worryingly, some participants reported that young people were only given the right kind of care if they were suicidal.

Commonly identified challenges around access to services included a lack of awareness about what support was available, and multifaceted issues around the practical accessibility of services, including long waiting lists and limited service availability.

Awareness of services

A lack of awareness about the sources of support available was a commonly cited problem. Some families did not know who to reach out to, and others repeatedly tried to find the right point of contact but struggled to find a place that was able to provide support. Parents told us that they did not know where to turn to for support and were unaware of the support options available to them. They told us that they felt they needed to seek information themselves on available support. This tended to be online, through resources like online forums.

Young people also told us that they did not know where to get support, beyond their school or GP. As with parents, not knowing what services were available meant young people had to find support themselves by doing their own research. One young person reported that it took "time, effort and persistence to find the right place – there were no decent signposts saying 'go here for this or that', we had to do the research and make the effort ourselves".

"Like, can I get any support? Can I get child benefit? You know, so it took, I don't know, it took many years until I even applied for any kind of child benefit because I didn't know that I could access that."

PARENT RESPONDENT

"Nobody tells us what support we can get and how to get it."

PARENT RESPONDENT

Accessibility of services

If awareness of available services was the first barrier to accessing support, parents and young people faced a set of further barriers when they then tried to reach out for help. Sometimes, there was simply a lack of appropriate services available. Some parents found that there seemed to be no services that would meet the needs of their family. One parent told us that “as a family, we don’t fit into a group. We are French Mauritian Indian Jews with part of our family being Irish, [with] complex needs. Across the spectrum. It’s hard to know where to turn and what’s appropriate for us.”

One parent highlighted the challenge of understanding what services were accessible as an immigrant without recourse to public funds. The survey revealed families experienced difficulties in finding support for parents of teenagers, support for young children with SEND, and support for fathers.

Several other practical barriers were also identified. Young people identified time constraints (such as juggling work and studies or not having time to access services), a lack of access points in the local area, cost, a lack of parental consent to access services, and services not being available due to Covid. Parents identified cost, distance and further barriers including childcare availability, actual service availability (as opposed to a service listed on the internet or ‘on paper’), and the feasibility of accessing services due to time constraints. Some parents had paid for services, due to long waiting lists for free services.

“No allowances [were] made for those of us who have to work.”

PARENT RESPONDENT

“Taking time off for an appointment is a lot more problematic if you are worried about your job/promotion/redundancy as you know it will be even harder for you to find work.”

PARENT RESPONDENT

“Living in a small rural town which already has limited resources for children made it harder to access any support.”

PARENT RESPONDENT

Parents also mentioned excessive waiting times for appointments, referrals and diagnoses. This seemed to be particularly the case with waiting lists for children’s mental health support, where parents talked about long waits for therapy or mental health services. Some also talked about the difficulty of getting GP appointments in the first place, followed by long waits for support after a referral. Parents suggested that due to the long waiting lists they felt a necessity to have to chase up these referrals, causing additional stress and anxiety.

Those participants who had successfully accessed local support emphasised that they were able to access the right support due to where they lived, thanks to childcare arrangements by service providers, or because of reduced fees.

Beyond these very practical and arguably well-established barriers and enablers, parents and young people told us about their experiences of not being listened to or not being taken seriously when they had reached out for support.

The first point of contact with services was often through a GP or through the child’s school, but experiences of these as first points of contact were mixed. A few parents and young people who had been able to access services identified either existing knowledge or being signposted to appropriate support as helpful.

“Our school was able to connect our family with CAMHS to assess our child.”

PARENT RESPONDENT

“Our head of year, my tutor teacher [...] I know that when I’ve gone to them that I’ve gotten the support I needed.”

YOUNG PERSON RESPONDENT

There were parents as well as young people who named schools as an effective first point of contact. Young people also told us that other trusted adults who they knew through sports or other extracurricular activities would be able to help them access support. Health visitors and agencies already in touch with families were also helpful in identifying relevant support offers.

“My health visitor gave me a lot of support and directed me to other of places.”

PARENT RESPONDENT

“I also contacted our adoption agency who discussed therapy options with us and helped us get access and funding.”

PARENT RESPONDENT

On the other hand, some young people reported their first point of contact was unable to offer any help or make a suitable referral, leaving them without any form of support. Many parents reported negative first interactions, including being dismissed, not being contacted back, and either not being referred or no alternative support being offered after an unsuccessful referral.

“No one answered telephone calls, emails – the numbers I took from the council’s website, so [I’m] very disappointed that no one is bothering to answer any calls.”

PARENT RESPONDENT

“They recommended I speak to a GP with a paediatric specialism. The GP basically said there is nothing she can do, but she did make a referral to CAMHS – but also said she didn’t hold out any hope they would accept the referral. They did not.”

PARENT RESPONDENT

“Imagine ... just to get a doctor appointment, I call: they don’t answer. I go at the reception face-to-face: they send me back and telling me to do this online. I go online: they send me text that can’t help. I asked school nurse to help, but didn’t; I asked health watch in my area and still can’t get help. If my daughter dies, I will feel, not being important to her. Because I didn’t get the right help. But I tried my best and no one believe me.”

PARENT RESPONDENT

Young people also reported that they felt their concerns were being dismissed when attempting to access the support they needed. One young person told us: “I have wanted support for this many times, but it ... required constantly visiting the GP and begging to be taken seriously.” Another young person explained: “being taken seriously was something that I really struggled with. Asking for help multiple times and being told to do self-help quizzes online or being given tablets that didn’t help, and I think that this was because I simply wasn’t listened to.” Some young people felt ignored, or as if they had “slipped through the net”.

3. Experiences of receiving help

Once families had been offered a service, they experienced a set of ongoing challenges including challenges around service suitability and effectiveness, cultural sensitivity, and the relationship they formed with the practitioner working with them.

Service suitability and effectiveness for minority ethnic children and families

Some parents and young people told us that the support they had received had been useful. They talked about having the 'tools to cope with the situation', finding it 'easier to cope', and feeling more supported than before they accessed the service.

“And now she’s seeking support, getting counselling once a week and it’s really, really helped her.”

PARENT RESPONDENT

“Some of the support that I received wasn’t helpful, but some others were.”

YOUNG PERSON RESPONDENT

However, other parents and young people told us that the support they had received had been unhelpful, ineffective or had even made things worse. Concerningly, around 40% of parents and young people who responded to our survey said the support they received 'had made no difference or made things worse' (see figure 3.1 below). Some told us that the support they had received, for example, had increased their stress levels and led to deteriorating mental wellbeing, both for them and their children.

“Support made me feel very vulnerable and still suffer from PTSD, and so do my children who were put through all this.”

PARENT RESPONDENT

“Social services didn’t listen to me when saying not to involve my ex/son’s abusive father, made things worse for me.”

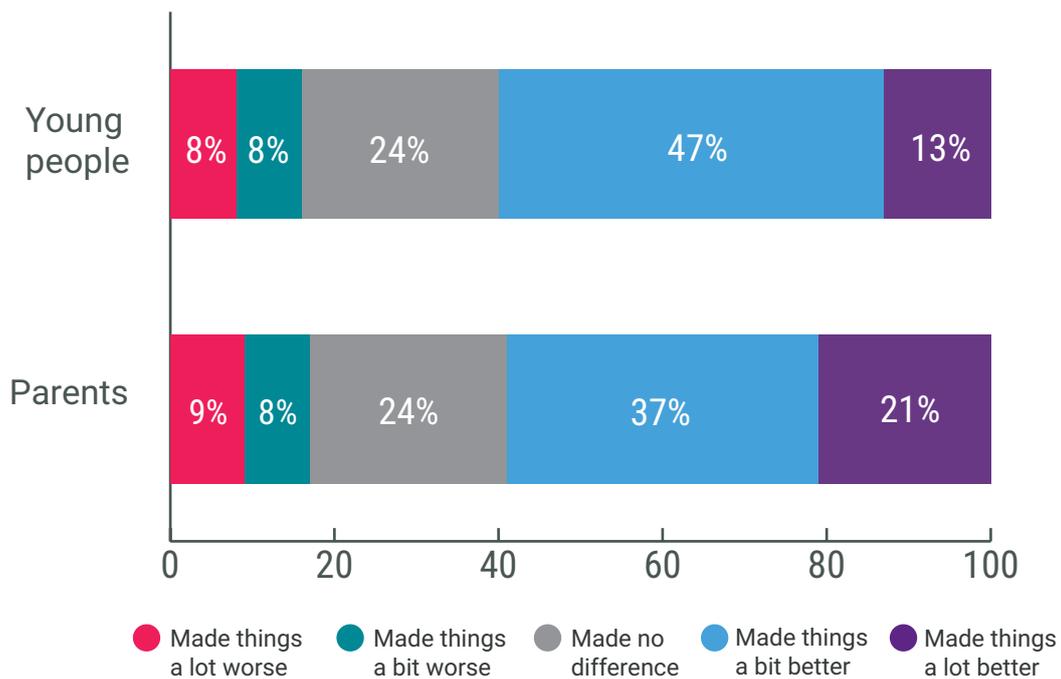
PARENT RESPONDENT

“The people who came and the people who ended up trying to help me were not helpful at all and just made me feel like my problems aren’t really problems. CAMHS didn’t help at all and made me feel worse, and the same with the family support worker.”

YOUNG PERSON RESPONDENT

FIGURE 3.1

Perceived impact of the support that people received



Number of respondents: 75 parents, 38 young people. Due to rounding, figures may not add up to 100%.

Some parents and young people highlighted particular shortcomings in the services they received. There was a criticism that interventions were too generic and not sufficiently tailored to families' individual needs; that online support, while helpful in some circumstances (family support groups online were noted as 'convenient' and 'helpful'), was not helpful in relation to mental health support; and that interventions were too brief to make a difference. Other participants highlighted that support works best if it involves the whole family unit, lasts a sufficiently long time, and is provided by a familiar practitioner.

“That was only seven sessions, which is definitely not enough.”

PARENT RESPONDENT

“But your family also knows that you’re getting support, so that no one’s left out, so it can continue at home, or it can continue in school.”

YOUNG PERSON RESPONDENT

“Continuity with a family support worker was absent each family session.”

PARENT RESPONDENT

As discussed above, some families and young people had positive interactions with different family support services. Interestingly, some respondents highlighted that they had often had better experiences with services provided by the voluntary and community sector, with some parents raising that these were the “only organisations to provide adequate support”.

“Charities are used to see people struggling with the system and somehow learnt to navigate their way. I can only speak positively of supporting workers working for charities. None of the government agencies help.”

PARENT RESPONDENT

Cultural sensitivity

Parents and young people highlighted a particular challenge around a lack of cultural sensitivity and talked about services operating on a “Eurocentric approach and western model”. There were two main points here which were distinct though clearly related. First, services were not representative of the communities they worked with, and this was seen to be a problem. Second, participants reported interactions with practitioners that lacked cultural sensitivity or an understanding of cultural religious influences on family dynamics.

Being able to receive support from a professional from a minority ethnic background (or the same ethnic background) seemed particularly important in relation to mental health support. We heard many examples of parents or young people feeling that they had had better experiences when they had a practitioner from a minority ethnic background – that it was only then that they were taken seriously, understood, and given the help they needed.

“It’s because the lady who was counselling my daughter and counselled me is Muslim, so she can understand the context and give me back insightful indicators or phrases from the Koran that gave my heart to ease.”

PARENT RESPONDENT

“Having support staff and professionals from a diverse background means that families from different ethnicities may find it easier to find people who have a better understanding of them as a person and their background, instead of someone who will treat them more like a client.”

YOUNG PERSON RESPONDENT

Both parents and young people also talked about the need for practitioners to be more skilled in understanding and responding to cultural differences and cultural religious influences.

“We struggled to be understood. There was lack of cultural sensitivity, lack of understanding from a cultural religious perspective, and the family dynamics were not understood.”

PARENT RESPONDENT

“Poorly trained social workers ... They didn’t understand the nuances of migrant experiences.”

YOUNG PERSON RESPONDENT

“Respect for all race and ethnic backgrounds. Understanding that children’s personality and mannerisms are influenced by their ethnic background and culture.”

PARENT RESPONDENT

Relationships with practitioners

More broadly, participants talked about the skills that practitioners could improve to build more trusting relationships and provide more effective support to families and young people. Parents and young people highlighted the need for a judgment-free space and a practitioner who listened attentively to their needs, validated their feelings and experiences, and empowered their family. Some practitioners had provided this, but others had fallen short.

The idea of a judgment-free space came through clearly. Both parents and young people explained that they sometimes felt judged when interacting with service providers.

“Sometimes it felt as though I was being judged as though I’m a bad mum even though I reached out for the help to begin with.”

PARENT RESPONDENT

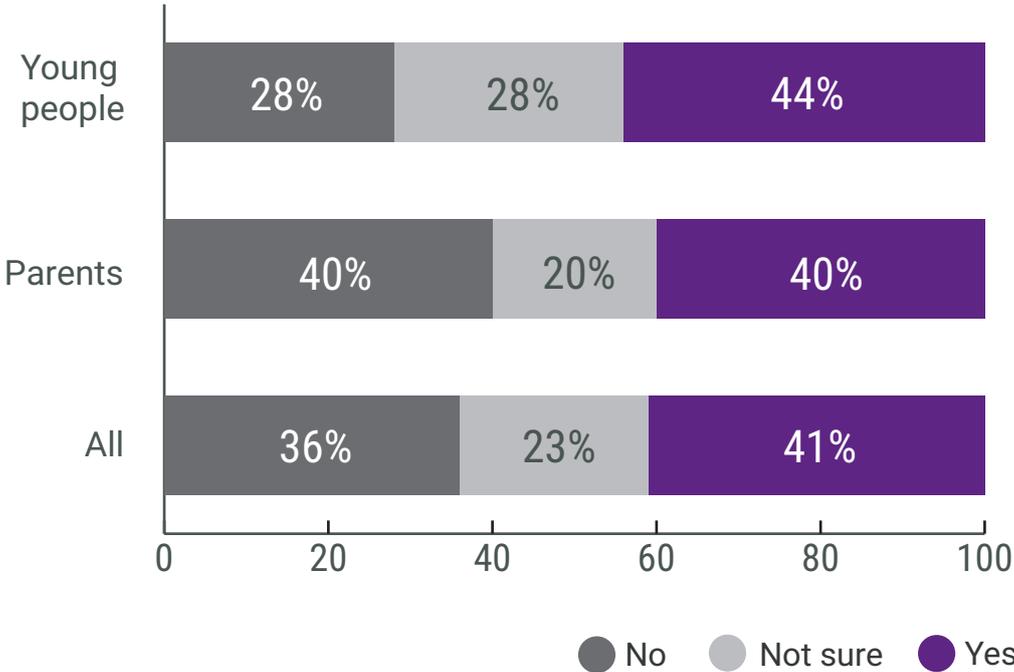
Similarly, practitioners’ ability to listen actively, or the lack thereof, seemed critical to the quality of the relationship and the impact of the intervention, and was highlighted by both parents and young people.

“The final therapist we talked to just a few months ago really listened and was able to talk to me and my child for a very long time. I think it was like an hour phone call. And it really seemed like she was trying to listen and take in the operation. Fed it back to us in the moment to ensure that she understood. And it was such a great support outlet for me and my child.”

PARENT RESPONDENT

FIGURE 3.2

Did people feel understood?



Number of respondents: 60 parents, 32 young people. Due to rounding, figures may not add up to 100%.

The idea of validation also came through clearly. This was about a sense that practitioners had taken the issues raised seriously, had believed the parent or young person, and had proactively tried to help. Again, this was lacking in the view of many parents and young people.

“I had one session for my mental health where I was told that my feelings were my own fault, and I should basically fix my own problems and I’d feel better. I wasn’t taken seriously at all, so I suffered for three years before I managed to take the plunge and actually ask for mental health help again, but I was still very wary of this process.”

YOUNG PERSON RESPONDENT

Lastly, the concept of feeling empowered was clearly important. Some parents and young people told us that support providers had failed to do the basics of keeping them informed about decisions, their support plan, the different roles of professionals working with them, and upcoming appointments. Some said that they had difficulty understanding the processes and procedures involved in the service, and that it would have been helpful to have this explained to them by the practitioner. Beyond this, parents and young people talked about their desire to be involved in decisions about the support they and their family needed, or to suggest actions they could take to improve their situation and expressed frustration that this was not valued or factored into support plans. They called for services to be more “collaborative”.

“None of the strategies or suggestions I made were even considered, let alone implemented. When I’m explaining situations, my responses are not taken seriously but instead thought of as signs of frustration rather than passion.”

PARENT RESPONDENT

Overall, the sense from parents and young people was that the ability to form a trusted relationship with a family was critical to the success of an intervention, and that this was often compromised by a lack of fundamental skill or capacity to ensure that family members felt heard, validated and empowered. Some parents went so far as to describe the practitioners they had encountered as unprofessional, talked about trying to complain and being ignored, and called for clearer accountability and complaints processes. Respondents highlighted how much variation there was between different practitioners, with some being very supportive and others lacking basic skills.

“There are big differences in the way the individual social workers acted, too – from the way they talked and engaged with me, which either made me feel bad or feel supported.”

PARENT RESPONDENT

4. What families and young people told us needs to change

Parents and young people suggested that discrimination within services could be tackled by:

- Acknowledging that discrimination exists and proactively challenging embedded prejudices that facilitate it.
- More effective education and training of practitioners.

“The only way to eliminate it is support through education to the whole of the society and educating people on their arrogance and letting these young people feel loved from hearing them, [rather] than holding them back because of prejudice.”

PARENT RESPONDENT

“White workers really need to be challenged about any unhelpful views of families of colour at every level. I think with White privilege and racism there is an underlying narrative that the self-respect of people of colour is seen as disrespect and there is often a need to break that down.”

PARENT RESPONDENT

“Better training for social workers, understanding of differ[ences].”

YOUNG PERSON RESPONDENT

In order to improve access to services, parents and young people suggested:

- Publicising services more effectively. This could be through an online comparison website, signposting through other services, raising awareness through schools, and more proactive advertising of available services.
- Ensuring there are support offers available that families can access at any time, and that practitioners take concerns seriously and assist in identifying a relevant support offer.

“A wider range of services available and accessible in local areas alongside more information on the support available for young people and families in a variety of situations.”

PARENT RESPONDENT

“Accessible service that is easy to navigate and is joined up.”

PARENT RESPONDENT

“I feel that there needs to be more seriousness taken when people ask for support. ... I think that support should be easily available and that every case should be taken into consideration.”

YOUNG PERSON RESPONDENT

“There should be more advertisements of youth clubs and centres who support the BAME community.”

YOUNG PERSON RESPONDENT

“I also feel there need to be support groups and sessions for children and parents who can attend and get the right support and be referred to services that will be helpful for that family.”

PARENT RESPONDENT

“More local helplines or people to talk with, and more youth workers and youth zones in the borough.”

YOUNG PERSON RESPONDENT

“I think that support should be easily available.”

YOUNG PERSON RESPONDENT

In order to improve experiences of receiving help, parents and young people suggested:

- A focus on recruiting a diverse and representative workforce.
- Enhanced training for practitioners in relation to cultural sensitivity, communication skills (non-judgmental attitude, active listening, validating feelings), and relationship-building skills.
- Empowering families and young people through improved feedback, transparency and involvement in individual service decisions and more participatory planning.
- Services providing tailored, holistic and individualised care to whole families, taking all aspects of their lives into consideration.

“People offering support need to be trained: unconscious bias, antiracism, White privilege, trauma-informed, strength-based approaches.”

PARENT RESPONDENT

“Support/services needs to be collaborative: services should work with families about what is on offer, so informed decisions can be made.”

PARENT RESPONDENT

“Extra services created, maybe by the youth but have a main leader/ supervisor to help support and guide us.”

YOUNG PERSON RESPONDENT

“Face-to-face support, tailored to individual needs and providing tools to families through longer-term support.”

PARENT RESPONDENT

“Families need to be provided with the life skills to help them better themselves and their children. Provide classes to empower and strive for independence rather than relying on continuous support.”

PARENT RESPONDENT

5. Policy and practice implications

Some of the issues raised by parents and young people are familiar issues which may have an impact across ethnic groups. We know, for example, that early help services have suffered because of underinvestment and the need to focus resources on acute, statutory services. We know that demand for early help commonly outstrips supply. We know that even when services are available, they are sometimes inappropriate for families because they are not carefully matched to need.⁹ We know that the harsh reality for many families is that they will not receive the support they need until they reach crisis point.

But it is also clear from wider statistics, recent publications, and from this research that minority ethnic families face additional barriers in accessing support that is appropriate for their needs. Our research does not support the hypothesis that minority ethnic families are less likely to recognise their needs or to seek help (albeit that we reached many participants via services). Instead, it paints a picture of families assertively and proactively trying to access the help that will make a difference for them but facing multiple barriers along the way. Families' experiences of racism and discrimination are particularly concerning.

The policy and practice implications discussed here focus particularly on early help and family support services, and the opportunities afforded by family hubs, as well as by the recommendations within the independent review of children's social care for a new single offer of family help. We also touch on the importance of access through universal services, notably GPs and schools, which many participants highlighted as the first port of call.

1. All services working with children and families must embed effective approaches to eradicate racist and discriminatory practices.

Our research shows that it is not untypical for families and young people to experience racism and discrimination when accessing or trying to access support services.

- Policymakers across all government departments with responsibility for children and families must pay urgent attention to these experiences of racism and discrimination, and the role of these experiences in limiting access to effective early help and family support, and in perpetuating racial inequalities in relation to children's outcomes.
- Local services, including schools and GPs, must commit to eradicating racism and clearly define how they will achieve this. There must be clear routes for families to report concerns, and a commitment to investigating concerns and complaints.
- To help service providers understand how best to do this, we need to know more about effective approaches to eradicating racism and discrimination within services.

⁹ Early Intervention Foundation. (2018). Realising the potential of early intervention. <https://www.eif.org.uk/report/realising-the-potential-of-early-intervention>

2. Initial interactions with support services are critical. Local areas must make the idea of 'no wrong door' a reality for minority ethnic children, young people or families who reach out for help.

Our research found that minority ethnic families were proactively seeking support but that they encountered multiple barriers in doing so, including finding appropriate services, and negative experiences of their first point of contact with services. Family hubs offer an opportunity to improve awareness and access to support for minority ethnic families.

- Local authorities must ensure that families can access up-to-date and accurate information about family help services, including family hubs and children's centres. This should include access through universal services, notably GP surgeries and schools. There should be single, clearly signposted physical and virtual access points.
- Local authorities must ensure that information provided about family hub services explicitly takes account of the needs of minority ethnic families and is accessible to them. This means involving minority ethnic communities in decisions about the design and promotion of the services offered through family hubs.
- Local authorities must also ensure that they regularly review families' experience of navigating local services through the family hub network and measure the extent to which families know how to get help and have been able to access help. It is vital that this effectively captures the experiences of minority ethnic families.

3. Early help and wider family support services must be designed to better respond to the needs of minority ethnic families.

More than 40% of the young people and parents who responded to our survey said that the support they had received had made no difference or made things worse. It is vital that services meet the needs of the communities they serve.

- As part of service planning, local areas need to ensure that they understand the needs of minority ethnic families and that services are made available to meet these needs.
- Service providers need to know whether their services are meeting the needs of families from different ethnic groups. They need to monitor the demographic characteristics of families receiving support, and actively consider and respond to monitoring data on, for example, access to and retention in services. This should be considered as part of local service auditing and reformed inspection processes. High-quality evaluation of the impact of services on the outcomes of minority ethnic families is also critical.
- Community-based, grassroots organisations are an important part of the service offer in local areas, and are often well placed to engage minority ethnic families, given their understanding of the communities they support. These organisations need support to build their capacity – including, crucially, support to evaluate the impact of their own service offer.
- We know that evidence-based programmes are important as part of the range of support available for families. They need to be commissioned in response to a good understanding of local need, including the needs of minority ethnic families. However, few of these programmes have robustly tested the impact of their work on minority ethnic children and families. Providers of evidence-based family support programmes must ensure that they are evaluating their impact on the outcomes of different minority ethnic groups, and that they are adapting and strengthening their services in response to evaluation findings.

4. Workforce planning in relation to early help and wider family support services must include a focus on the skills needed to build trusting relationships with minority ethnic families.

Our research found that some families and young people face challenges in their relationship with the practitioner working with them. Some of these relate to core professional skills, such as active listening and involving the family in decisions about the support they will receive. Others relate to cultural competency.

- There needs to be a nationally coordinated strategy to build capacity and skills across the early help and family support workforce, and to establish clear expectations for local leaders. This needs to include a core set of professional skills as a way of reducing the significant local variation that exists in relation to training and development arrangements. As a first step, we support the proposal by the independent review of children's social care to introduce a national 'knowledge and skills statement' for family support workers.
- Whether nationally coordinated or locally led, training, development and ongoing supervision must include a focus on the skills needed to build trusting relationships with children and families, as well as a focus on cultural competence. Practitioners must be supported to deliver effective support to families with diverse beliefs, attitudes, values and behaviours, and to respond with sensitivity to families' cultural contexts. They must also understand the potential impact that cultural differences can have on the way families access and engage with support.
- Training, development and supervision arrangements must be underpinned by the best available evidence on what works – both in relation to the practitioner skills needed to build trusting relationships and cultural competence, and in relation to the impact of different training, development and supervision approaches.

Annex: Methodology

Research objectives

- To understand the priorities and experiences of minority ethnic children and families in relation to family support.
- To provide a platform for the voices of minority ethnic children and families in policymaking, and make recommendations on how services could better meet the needs of minority ethnic populations.

Research design

We developed the first research objective based on our literature review; the second objective is based on conversations between the Early Intervention Foundation, the Race Equality Foundation and Action for Children, and informed by these organisations' missions to champion effective early intervention, promote race equality, and protect and support children and young people. Due to the heterogeneity of experiences, and the lack of research in this space, we decided to apply a broad lens and conduct a piece of exploratory research, rather than focusing on a particular ethnic group or experiences in relation to a particular service.

A steering group, including parents with experience of seeking or accessing family support, academics, policymakers and sector organisations, helped to guide the project, and data collection only began after the EIF research ethics committee approved the project.

There were two strands of primary data collection: a survey and complementary focus groups. Both were guided by co-creators with experience of seeking or accessing family support. The co-creation sessions were facilitated by two delivery partners: Break Comms, who specialise in working with young people, and Clearview Research, who specialise in working with groups who are typically under-represented in research. The latter also facilitated the focus groups.

Survey development and testing

The survey questions were developed and tested with the help of a co-creation group of parents and a co-creation group of young people. The survey was accessible via a website: <https://speakout.family/>. Young people in the co-creation group provided input on the design of the website, and both parents and young people helped to produce promotional videos.

The survey consisted of closed and open questions about how participants attempted to get support for their family, and about their experiences with services. We also asked about what needs to change to better support families.

We used a survey platform that allowed participants to choose to submit voice notes instead of text responses. This enabled us to gather rich qualitative data through the survey. The survey questionnaire is available upon request.

This survey was disseminated via a range of organisations working directly with families and young people. This means we have likely oversampled families and young people who were able to access support, as those not in touch with family support services were less likely to become aware of the research.

Although our findings highlight various challenges and issues that minority ethnic families face, it is important to note that the experiences of the wider population may be even less efficacious.

Focus groups

We conducted focus groups to explore some of the themes emerging from the survey in more depth, and to discuss potential solutions to the identified issues. The topic guide for the focus groups was developed after consultation with the parent co-creation group. Survey participants could opt to register their interest to participate in the focus groups. The focus groups were facilitated by Clearview Research, who used a short online form through which prospective participants could also register their interest. As more parents than young people had completed the survey, we conducted two focus groups with young people (12–18 years old) and one with parents (of children under 12).

Analysis

We produced descriptive statistics based on all categorical and ordinal data collected through the survey. All qualitative data from the open survey responses and from the focus groups was analysed using thematic analysis of original text submissions or verbatim transcripts. As a team, we developed an analysis framework to ensure consistency across the various researchers coding the qualitative data. In an iterative process we regularly reviewed the coding to discuss any inconsistencies and review emerging themes, to ensure the framework represented the collected data as accurately as possible.¹⁰ The analysis framework is available on request. Data was coded in NVivo.

The sample

Descriptive statistics of closed-ended survey questions show that respondents lived in a variety of regions and came from various individual ethnic groups (see figure A.1 below).

The voices represented in this research are very diverse, and the qualitative analysis highlighted how widespread common challenges are. However, the small sample size does not allow for meaningful comparative analyses across different ethnic groups, regions or support needs.

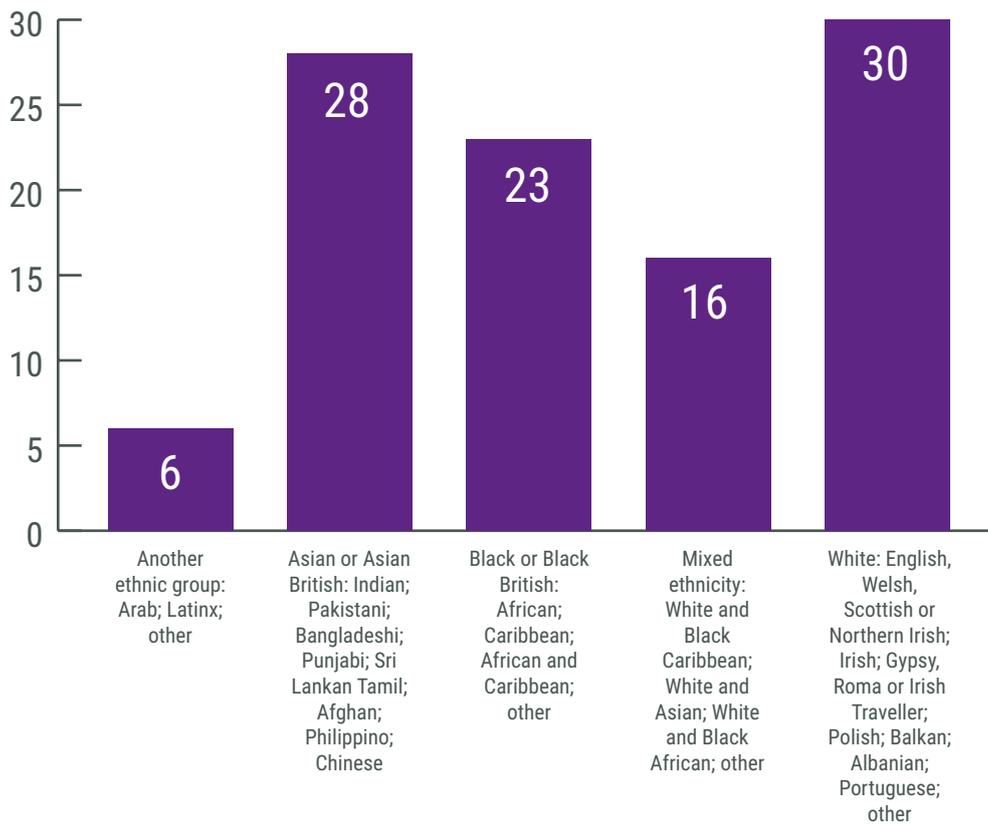
Moreover, as the sample is a convenience sample, the data does not allow for population inference. However, the analysis of the closed-ended questions alongside the qualitative responses paints a compelling picture of common experiences, as highlighted in the findings section.

We shared our emerging findings with the co-creation group to invite reflections on the validity of our findings and to discuss participants' recommendations.

¹⁰ Halperin, S., & Heath, O. (2020). *Political research: Methods and practical skills*. Oxford University Press.

FIGURE A.1

Demographic representation among respondents, by region of England and ethnicity



Number of respondents: region, N = 160; ethnicity, N = 103.