Sure Start: For Everyone

- Promoting Inclusion
- Embracing Diversity
- Challenging Inequality

Inclusion Pilot Projects Summary Report
Acknowledgements

This report is drawn from the evidence presented in the four Inclusion Pilot Project reports from Kirklees, Nottingham City, Wolverhampton, and Telford and Wrekin, and from extended discussions with a range of the project participants. We are enormously indebted to the four pilot project teams who collaborated with us to work on this evidence. Their professionalism, enthusiasm and commitment to sharing their work should be acknowledged and was invaluable in the final analysis. We would like to record our personal thanks to them.
Accessible and affordable childcare and early years services are critical for all children and key to developing an equitable society. To enable parents to move out of poverty and into work or training, high quality affordable services are essential. Economic inclusion for parents in the labour market provides a route for their children’s inclusion in society.

Evidence suggests that black and minority ethnic families have experienced more barriers to access of childcare and early years services than white communities and that as a consequence take up of places amongst these groups tends to be lower. To understand what these barriers are and set about improving the experiences of these families, the Sure Start Unit commissioned four inclusion pilot projects in: Kirklees, Telford and Wrekin, Nottingham and Wolverhampton, which ran from November 2002 for one year. The findings, key issues, and suggested solutions from the four pilot reports are highlighted in this summary report.

The findings of these projects will now inform a programme of work by the Sure Start Unit to improve policy development and practice. We are already working closely with local authorities to raise awareness of the need for all services to be totally inclusive. This report gives some crucial pointers to enable us to go beyond awareness raising. The Unit now needs to work with local authorities, to identify appropriate strategies to address social inclusion and equality issues in their local communities. By taking this approach we will ensure that inclusion and equality practice is embedded into all local early years and childcare services.

Success in this area, is dependent on local authorities engaging with local communities to ensure that services fit local needs and aspirations. We welcome your views and opinions on embedding inclusion and equality practices into your services for parents and children, and encourage you to feedback to us.

Naomi Eisenstadt
Director, Sure Start Unit
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01. Introduction

A strategic aim of the Department for Education and Skills (DfES) is the expansion of childcare places for all children by 2004, in order to support children in fulfilling their potential, and parents in accessing employment, training or education. However, available research* indicates that black and minority ethnic (BME) communities experience significant barriers to accessing affordable childcare, which means that take up amongst these communities is lower than in white communities, despite evidence of demand for childcare within these communities. A range of factors are implicated in this lower rate of take up and the DfES believe that more could be done to ensure that people from BME communities know where and how to find affordable childcare which is welcoming, appropriate to their culture and makes the experience of their families more positive.

In response to this context the DfES Sure Start Unit (SSU) funded pilot projects in four, competitively-bidding, local authorities to carry out a programme of work to improve the quality and/or affordability and/or accessibility of childcare or early years provision for black and minority ethnic communities (BME), refugees and/or Travellers. The pilot projects ran for twelve months from November 2002-November 2003. The key aims of the pilots were to develop improved understanding of issues facing early years practitioners in developing inclusive and culturally appropriate services, to encourage innovation and to develop practice at a local level that could be shared with others.

The SSU also commissioned the Centre for Research in Early Childhood (CREC), University College Worcester, to support the four inclusion pilot projects. The principal purpose of CREC’s interventions was to help project practitioners experiment thoughtfully with changes in practice that improve the experience of childcare in BME communities. CREC’s principal role therefore was to train and support the practitioners in the pilot projects to develop rigorous, action research methodology into their activity.

During 2002-03, each of the pilot projects developed collaborative and innovative action research projects in order to experiment with changes in practice that would improve the experience of childcare in BME communities. The pilot projects were expected to document:

• experiments they undertook;
• rationale for the innovations;
• results of the experiments;
• what they learned from their actions;
• how the learning led to improvements in practice;
• lessons for others.

It should be noted that the pilot projects were not commissioned to ‘prove’ or ‘test out’ the effectiveness of certain interventions. Rather they were encouraged to innovate, experiment and document the perceptions of those involved, including both service deliverers and potential service users in order to explore and identify barriers to, and enablers of, change. This means that the innovative nature of the work of the pilots was in the application and transferability of existing knowledge about patterns of childcare take up, in order to increase take up within BME communities, and to generate new learning about more effective implementation of the National Childcare Strategy.

Each pilot project produced a final report on their activity, which they submitted to the DfES in November 2003 (Kirklees Inclusion Pilot Report; Nottingham City Inclusion Pilot Report; Telford and Wrekin Inclusion Pilot Report; and Wolverhampton Inclusion Pilot Report). These four reports were then subjected to meta-analysis by the CREC team during December 2003/January 2004. This meta-analysis did not seek to duplicate the individual pilot reports, but rather to look across them and identify key issues which might contribute to the next stage of policy and practice development. This report presents these cross-project issues and offers some possible next steps.

02. Terminology and Discourse

Working to enhance social inclusion, equality of access and anti-discriminatory practice are a major concern of Government at central and local level. Those involved in this work on the ground are all too aware of its moral and ethical dimension, as it tends to focus attention on those who have less of a voice within the dominant mainstream systems, and can often be led by those whose voice may be stronger. Issues of language, communication and discourse face all those involved as they attempt to act effectively for change through developing extended open dialogues, shared understandings and a sense of mutuality. By ‘mutuality’ we imply a search for commonality and commitment on all sides, a celebration of the richness and benefits of difference and a mutual respect. In creating a climate for an equitable and respectful dialogue, all involved have to be respectful of the power of words to act as an enabler or a barrier. Terminology is important and there has been long-term discourse, among all ethnic groups of people, about the terms to use. The terminology around issues of ‘race’, ethnicity and inclusion/exclusion can be imbued with subtexts of power, cultural dominance and, sometimes, embarrassment and fear. Language is also dynamic and ever changing and so terms that may be acceptable at one point in time become unacceptable later, and vice versa. An unreasonable desire to avoid or embrace ‘political correctness’ can stifle open dialogue and communication, and lead to uncertainty and avoidance of action. Certainly, issues of language, terminology and methods of engaging communities in discussion, challenged all four pilot projects and they worked through these with an open, learning attitude. Participants have had to work hard, and with great sensitivity, to ensure a respectful and equitable dialogue with the communities with whom they were working.

In the context of these projects, the term ‘black and minority ethnic’ (BME) families was used as it has become commonly used to describe people experiencing racial discrimination because of their skin colour, their ethnicity, their culture or for other connected reasons. Within the term ‘BME’, the DfES brief for the pilot projects also included the ‘new communities’ of ‘asylum seekers, refugees and Travellers and Gypsies’. We are tentative about adopting what might appear to a mechanistic means of defining quite diverse people by a form of words or letters, but in the interests of brevity within this report we shall use ‘BME’ as a short hand to avoid cumbersome usage. Project teams should be congratulated as they have attempted to
question some taken-for-granted terminology and language such as ‘BME families’, ‘hard to reach’ and ‘socially excluded’. They felt that such terms can present BME communities as a problem and can act to disempower them in the dialogue. Rather, they have worked hard to agree terms and language that offer a broad and constructive way of talking about the issues faced by communities in accessing services. It must also be said that there are many families within the UK’s BME communities who are able to access childcare for their children with as much success as anybody else. Our intention, then, is not to pathologise all people within our BME communities as being unable to resolve their childcare needs but, in view of the evidence of differential take up, to examine what systemic barriers might exist and how good practice helps overcome them.

Good practice indicates that communities should be active in defining their own ethnic description and in identifying where, and from what, they feel excluded and included. Issues of equity, access, anti-discriminatory practice and participation lie at the heart of the discourse, and being labelled by outsiders, who make assumptions about their lives, can merely add to the sense of exclusion. Much time and energy has therefore been spent by project teams to build up the confidence of all those involved to begin dialogue in an open, trustful, respectful manner. This work is still at an early stage and needs to be continued at both central and local level.

03. Ethnic Monitoring Data

The Race Relations (Amendment) Act of 2000 requires all public authority service providers to monitor minority ethnic participation. The maintained early childhood sector thus has statutory obligations but the obligations of the non-maintained sector, who may be receiving direct or indirect funding, have not as yet been tested by case law. The DfES does, however, require settings in the non-maintained sector to implement equality strategies and the effective collecting, monitoring and analysing of ethnic data is seen as good practice. The pilot projects reveal that there is still a long way to go to achieve this within the childcare sector. There is a sector wide issue about poor data monitoring generally in early childhood not just in this crucial area of monitoring minority ethnic participation. The lack of standardised data monitoring systems across the sector, at both setting and local authority level, means that building up a clear picture of progress towards equality is very difficult although the signalled introduction of a unique identifier for all children will be a helpful step in the right direction. There is also a poor understanding of the protocols around data gathering and the issues of data protection. Pilot project participants indicated that clear guidance on good practice on ethnic monitoring, and support to develop efficient data monitoring systems and analysis procedures would be very helpful and is, in fact, a statutory requirement under the 2000 Act. Settings should also have some precise statistical knowledge about the characteristics of the catchment area they serve to see how far they are representative of the communities in which they are located. This level of data is readily available from the Office for National Statistics (ONS) at ward and postcode level. The Centre for Research in Ethnic Relations at Warwick University can also offer advice.
04. Communication Strategies

There is a need to enhance communication two ways – between providers and BME communities. All four pilots found existing communication strategies were inadequate and experimented to improve these. The learning here was important, and successful strategies included:

- using recognised community workers;
- developing ‘Childcare Champions’ in the local community;
- running information surgeries;
- using community radio advertising;
- using community press advertising;
- being aware of the power of the spoken word;
- promoting Childcare Fairs within community venues;
- using more targeted mailing;
- using local community and faith centres;
- using high profile and status venues for events to attract interest;
- ensuring catering at events is culturally appropriate;
- avoiding religious days and holidays for events;
- ‘word of mouth’ to relatives and friends;
- use of interpreter to orally translate;
- literature in community languages;
- face to face interaction in community and faith venues, at local festivals and community events;
- developing promotional videos and audio CDs;
- billboard advertising;
- training ‘Information Ambassadors’ to work in BME communities;
- targeting fathers and extended families with information;
- outreach/home visits.

There was strong evidence that early years services in BME communities need ‘connectors’ (Gladwell, 2002)* who can communicate directly, in community languages, with enthusiasm, empathy, and clarity. Connectors cross many different pools of influence and are equally at ease with decision makers such as local authority officers or in the myriad sub-cultural venues of local communities. They also need to be prepared to work in local venues, at times appropriate to community custom and in a culturally sensitive manner. It is clear with more targeted and thoughtful communication, participation can be significantly enhanced, indicating that poor communication has been a key factor in the exclusion identified.

05. Quality of Childcare Provision

The lack of culturally sensitive resources within settings was also noted as a major factor in inhibiting take up. Culturally appropriate work programmes and practices also need to be implemented. Providers, particularly in the private and voluntary sectors, pointed to the high cost of making such resources available and of providing specialist training in their use. Others indicated that they needed more advice on what was appropriate, and training on

how to incorporate it into their practice. Settings also indicated the lack of on site support and indicated, where they existed, the success of local authority designated Equal Opportunities Co-ordinators (EO Cs) and Equality Named Co-ordinators (ENCOs) in helping develop setting provision to ensure cultural sensitivity.

5.1 Lack of Mandatory Requirements for Equal Opportunities ‘Race’/Cultural Awareness Training

There was clear evidence from all the pilot projects that although training on EO/cultural awareness is offered locally, and was generally well received by those who did participate, much of this training was at a very basic level and take up was often patchy and low, particularly in the private and voluntary sectors. Some project participants expressed the belief that basic training in racial equality, and specifically ‘race’/cultural awareness, should be made compulsory for all childcare staff.

The lack of training resulted in poor levels of understanding of the requirements of the Race Relations (Amendment) Act and what constitutes good practice in working for equality. The introduction of the new National Standards set by DfES for all early years settings, and in particular, National Standard 9 which addresses Equal Opportunities, was noted as having potential to effect improvements in equality practices but as yet had not impacted significantly.

There was also a demand for better dissemination of good practice throughout the sector, with the suggestion that ‘showcasing’ settings where good practice was identified, through designating them with specialist status and using them as case studies in training, could be an effective strategy.

5.2 Lack of Expert Support within Settings

There was evidence from the pilot projects that there was often a low level of confidence within early years settings in working effectively with BME families. There was also evidence of a lack of access to expert support for developing good practice in equal opportunities/cultural awareness and the principles of racial equality, particularly in the non-maintained sector, who often found accessing training more difficult without ‘full-cover’ funding for absent staff. Most local authorities have a specialist team of development workers, such as Ethnic Minority Advisors and Bilingual Workers (the terminology used to describe these workers differs across local authorities), who support all school and maintained settings in the development of good practice. Many of these specialist teams have developed websites offering advice and support to all. (The website of the Portsmouth ‘EMAG’ team, funded by the Ethnic Minority Achievement Grant, is a particularly useful example.) The expertise in these teams is acknowledged, but currently they are not able to work more widely across the early years sector unless additional funding can be allocated. Their significant impact in the state maintained sector could be a factor in the expressed preference by many BME families for school-based settings where most of the maintained early years provision is found. A complementary issue, however, is the preference BME communities expressed for education rather than care. Education was seen as a key bridge for access to achievement in the wider community. Childcare tended to be regarded more as an issue for families and the ethnic community. Where local authorities successfully promote the educational benefits of early learning rather than simply the caring for children to enable parents to access work or study, communities appeared more receptive. Overwhelmingly, however, the principal barrier for families of all ethnic groups was the high cost of childcare. This differentially impacted on those in BME communities who tended relatively to be poorer.
5.3 Lack of Good Quality Resources

There was evidence from all four projects that early years settings often had poor resources, equipment and materials to support their anti-discriminatory practice. The pilot reports indicated that locating good quality, culturally appropriate resources was difficult. The quality of equipment and materials offered by manufacturers was often poor and inaccurate, and in addition, practitioners were making choices on resources with little understanding of the cultures they were intending to represent. There were some notable exceptions to this, for example, the Persona Dolls, and a range of Story Sacks. It was also felt to be highly beneficial when training accompanied the distribution of resources, ensuring that they are used within settings sensitively and appropriately, and with the correct vocabulary. The involvement of the BME communities themselves in the purchasing and use of the resources, and the development of books, for use at setting level, was also seen to provide an opportunity for genuine learning and exchange of knowledge. Purchasing appropriate resources from within communities in one local project gave them a real sense of being valued and involved.

06. Barriers to Participation

There is strong evidence from national studies (DfES, 2002a, 2002b; Daycare Trust, 2004; Hall et al, 2004) that many families in BME communities are not accessing childcare places, or training and employment in childcare services, but much of the knowledge about the reasons for this remain anecdotal and partial. All four pilot projects set out to investigate the reasons why many BME families in their areas were less likely to participate in existing childcare services. The focus of their investigations was two fold:

- barriers to take up of childcare places;
- barriers to training, recruitment and employment within the childcare sector.

Innovative strategies for accessing the perceptions of BME communities were notable in some of the projects and much was learned about access and communication on both sides. These issues will be discussed later in this report but it is clear that the lack of ‘voice’ of BME communities within the development of early childhood education and care services, which can lead to ignorance and stereotyped views on both sides, can be addressed with sensitive, enthusiastic and flexible ‘connectors’.

6.1 Barriers to Take up of Childcare Places

The evidence from the pilots reveals that the barriers to take up of childcare places are many and complex. They also vary according to ethnic community and often location. This means that strategies to overcome such barriers need to be local, flexible and sensitive to particular needs. However, there were some common strands which could be identified across the pilot projects.

6.1.1 Type of Provision Available

The evidence indicates that BME families, like others, want flexible childcare, which emphasises the education and socialisation of their children. Sometimes the need is not for full-time provision but access to childcare only when they require it, for example, when a family member cannot offer support, or when casual or shift work patterns demand it. The perception is that most childcare settings cannot offer the level of flexibility, nor the type of programme that they require.
There was also some evidence that the preference was for community-based provision within local schools or community centres. The respondents indicated that the lack of well-trained staff in many childcare settings was a deterrent, which could be a further factor in their reported preference for school-based provision. It was evident that these preferences meant that take up of places in the private and voluntary sector by BME families was generally much lower than take up of places in the maintained (mostly school) sector.

6.1.2 The Cost of Childcare

The cost of childcare was cited by respondents in the study as a major deterrent for BME families, although most indicated that they were prepared to pay something for childcare. Sometimes families suggested that private childcare was ‘only for the rich’ and the location of a setting outside their area confirmed this opinion. The cost barrier is reinforced as a key factor by the high level of take up of free educational places for 3 and 4 year olds by BME families in all four pilots. There also appeared to be a lack of awareness of the Working Tax Credit amongst BME communities. There was some evidence that perceptions about the high cost of some forms of provision were not accurate and had prevented some families accessing such provision.

6.1.3 Preference for Family or Community Based Care

In some communities the availability of free childcare by family or other local community members made ‘out of community’ provision unrealistic. There was also some evidence that in some communities there was a preference for young children to be exclusively cared for within the family, and therefore within their own culture, especially in their early years of life. The role of husbands, senior male community and faith leaders, especially, in promoting this preference was alluded to by respondents, who were mostly women.

6.1.4 Lack of Sensitivity to Language/Culture/Religion

Many BME respondents indicated that they felt the childcare available was not sensitive to their language, culture or religious beliefs. The lack of knowledge of, and sensitivity to diverse cultures by childcare staff was cited as a deterrent for many families in all four pilot projects. For example, issues around food, language, dress and prayer were often cited as barriers to access. The lack of childcare staff from BME communities in many settings means basic communication is often limited and misunderstandings can more easily arise. The impression is given that the setting is not reflective of their community and its cultures, or that it is tokenistic, and this can alienate many families.

This evidence is further supported by the popularity within BME communities of those settings that do accommodate diversity in the language, dietary, religious and cultural requirements of their communities, and also those who are successful in recruiting ethnic minority staff.

6.1.5 Lack of Information

The evidence from the pilots reveals a lack of basic information about childcare options. The work of local Childcare Information Services was often not effective in reaching many within BME communities and communication strategies were not working as effectively as they could for these communities (see above). The pilot research also found confusion and misconceptions about certain forms of provision within some BME communities, for example, what services childminders or private day nurseries offered, which led to some forms of provision being seen as out of reach or inappropriate.
6.2 Barriers to Training, Recruitment and Employment of Childcare Staff from BME Communities

The representation of BME communities in childcare training, and on the staff of early years settings, was poor in all four pilots, with some notable exceptions. All four pilots investigated the reasons for this and highlighted a number of barriers to the training, recruitment and employment of BME individuals.

6.2.1 Mixed Perceptions of Childcare as Appropriate Employment

The pilot studies indicated that there are mixed views amongst BME communities about working in childcare. Some communities, but not all of them, see it as an appropriate job for their members. In some communities the expectation is that women with children should not work. Some communities express a concern about women attending mixed gender contexts for training or employment. The key role of elders, community and faith leaders, most of whom were men, in setting community and family expectations and ambitions was highlighted in two of the projects. Some respondents within BME communities suggested gender was an issue. Thus, women's rights and gender equality, as much as race equality are central to the workforce recruitment. The issue of attracting males from BME communities into childcare training and employment adds further complication. Women in some communities would not be able to work in early years settings if they had male staff.

These issues are compounded by the sector wide issues of low rates of pay, low status and poor terms and conditions of employment. They also partially explain the expressed preference for jobs in the school (maintained) sector and the reluctance to work in the voluntary and private sector.

6.2.2 Need for Community Based, Accessible Training

There was evidence that access to training by BME communities would be enhanced if it were offered within the local community, and at times which allowed them to fulfil their family and religious obligations. For example, childcare training offered in local schools, community buildings or faith centres, and during school hours or in the early evening when children attend the mosque. It should also avoid religious days such as Fridays. The point was also made that such training needed to take students through to higher qualification levels. The additional costs of such training needs to be acknowledged in resource allocation to training providers who at present have little flexibility in what they are able to offer on an outreach basis, for example, in relation to group size, staff allocation or course costs.

6.2.3 Lack of Cultural Sensitivity in Courses Offered

There was evidence that many childcare courses were not culturally sensitive to language, food, timing, religious or dress requirements of BME communities. There was evidence that bilingual course tutors could deliver courses more effectively to BME community members, and this significantly increased access.

6.2.4 Need for Ethnic Minority Mentoring During Training and Through to Recruitment

The pilots revealed that BME childcare students benefited enormously from individual mentoring during their training which helped students deal with issues they met as they progressed through their courses. It was also clear that if this same point of support continued through to job recruitment, providing the student with job search skills, then drop out and
entry to the profession were enhanced. However, providing such support is expensive and so was rarely offered at present.

6.2.5 Poor Job Promotion and Recruitment Practices

The pilot evidence indicated that many job specifications, adverts, placements and recruitment strategies failed to attract applicants from BME communities. Analysis of these practices in some of the pilot areas revealed that culturally sensitive redrafting of job requirements, adverts and recruitment strategies to more positively encourage BME applicants, along with more careful placing of job advertising could significantly raise the response rates from BME communities. There was also evidence of poor understanding in some communities of what jobs in certain sectors require. Targeted visiting to explain job requirements to local BME communities could be effective in recruiting. There is also a need to enhance the links between employment and training bodies within the sector.

6.2.6 Need for Flexible, Part-time Work Opportunities

The evidence from the pilots indicated that BME workers prefer flexible, part-time working arrangements if they are to access employment. They are often juggling the demands of their family, their role within the extended community and the demands of their work. This can make it difficult for them to meet the long hours demanded in some childcare settings.

6.2.7 Lack of Cultural Sensitivity in Early Years Settings

The lack of cultural sensitivity in many early years settings in relation to language, food, timing, religious or dress requirements of BME communities, had a similar impact on BME adults accessing childcare jobs as that revealed by the relatively low take up of childcare places.

07. Innovations in Practice

All four pilot projects experimented with a range of innovations aimed to increase the participation of BME communities in childcare. These innovations embraced a range of areas, focusing on the development of practice and policy at setting, community and local authority levels. A key starting point was that there was no one blueprint for action, no magic wand solution. Each particular community reflected an individual pattern of issues and needs which the project teams had to become familiar with and then work within. This is an important lesson for extending their experimentation. Work to enhance participation of BME communities needs to be led by flexible, open and responsive professionals who can engage in a respectful, mutual learning process.

7.1 Review of Existing Database and Ethnic Monitoring Protocols

All the pilots audited their existing databases and protocols around ethnic monitoring. From these audits it is clear that the regulations of the Race Relations (Amendment) Act of 2000 still have to be fully implemented. The quality and coverage of ethnic monitoring at setting and local authority level remains patchy and sometimes poor. This makes it very difficult to get an accurate picture of minority ethnic participation in childcare services across all sectors, and in particular the private and voluntary sectors. The pilot projects action included establishing comprehensive and more accurate collection of data from which assessment of performance and more strategic planning can progress.
7.2 Development of Communication Strategies

All four pilots worked hard to develop their communication strategies to ensure more effective transmission of information both to and from BME communities. Some of these innovations are listed in the previous section on communication. These strategies were often innovative, low cost and achieved results even within the short time span of the pilot projects.

7.3 Development and Promotion of Racial Equality Training

Reviews of take up of training opportunities for existing childcare staff revealed the need for more targeted and stronger promotion of the importance of such training. Many respondents felt that such training should be made compulsory for all practitioners and managers of early childhood services across all sectors. Respondents also reviewed the format and content of such training to ensure a more culturally appropriate and flexible delivery; use of local community venues; and use of ethnic and bilingual trainers.

7.4 Enhancing Recruitment Practices

The pilots experimented with strategies to improve job recruitment from BME communities. Strategies included:

• redrafting job specifications, descriptions and person specifications;
• redrafting job adverts;
• using more effective job promotion strategies (see Communication);
• training and developing Information Ambassadors from BME communities;
• developing promotional videos using minority ethnic presenters and users;
• taking positive action under the Race Relations Act 1976.

7.5 Developing Culturally Appropriate Childcare Services

Standard 9 of Ofsted’s National Standards requires settings to ‘actively promote equality of opportunity and anti-discriminatory practice for all children’ (page 40, DfES, 2001). The pilots found many settings were ineffective in meeting this requirement and attempted to address this through a range of initiatives, including:

• using Quality Assurance (QA) schemes which promote Standard 9, and developing targeted support for settings to meet, and go beyond, the Standard;
• developing good practice guides on working for equality;
• identifying and disseminating good practice in particular settings;
• offering and promoting training opportunities on equality issues for all practitioners, and moving towards making this a mandatory requirement for all service providers;
• developing the cultural sensitivity of training offered;
• providing training and support in accessing good quality resources and materials to support equality and cultural diversity;
• supporting the development of more culturally accurate and sensitive resources and materials, and offering training in how to use them;
• providing specialist support within all settings, including private and voluntary, through the wider deployment of Ethnic Minority Advisers (EMAs);
• identifying a member of staff, sometimes called an ENCO (Equality Named Co-ordinator) or EOCo (Equal Opportunities Co-ordinator) in all settings to lead on developing equality;
• identifying a named officer within the local authority to lead on the development of equality across the sector.
08. Lessons Learned

The four pilot projects have generated a considerable amount of learning for those involved about how to effect change for BME communities, who are currently not participating fully in the opportunities available under the National Childcare Strategy. The individual pilot reports provide the detail of this learning, and highlight a range of structural, systemic and attitudinal issues which can be usefully addressed across the sector. There are some key issues that emerge from an analysis of what works which are presented below.

8.1 Change Takes Time

The relatively short timescale of the pilot projects (twelve months) limited the impact that could be identified. The projects were generally successful in beginning to engage in a more open and responsive dialogue with their BME communities and to find out about the barriers and enablers to their participation. Acting upon this knowledge and seeing the results of the action is a much deeper and long term process and any further work should bear this in mind. However, it is also evident that in many cases change had begun and the local Partnerships involved were building on this within their broader childcare strategy with the anticipation that the benefits shown in the targeted groups could be spread much wider.

8.2 Need for Enthusiastic and Committed Champions

The pilot projects have shown the need for BME communities to have informed and committed ‘champions’ to take this work forward at a local level. The need for ‘connectors’ who can reach across communities and support access across any divides is imperative for change to occur. Such individuals need to be flexible, responsive, sensitive to cultural difference, credible within communities, and able to operate in a range of locations and timings. Connectors need to operate both within the communities and in the wider context, acting as an advocate and a catalyst for change in all arenas.

8.3 Need for Support at Senior Level in Local Authorities and Settings

The capacity of local authority teams to take on the commitment and work that the pilot projects have shown has to be considered. There is an urgent need to get issues of equality taken seriously and embedded in local authority thinking at a senior level. The changes required go beyond the structural: it is attitude change that is needed, and this requires the difficult first stage of challenging attitudes, when conflict and tension can arise. This requires a person with the status and the skills to work with sensitivity and an ability to motivate and develop practitioners without undermining their confidence. Clear evidence from the pilots has shown that where there was a named person with responsibility for equality work at local authority level, and at setting level, effective action followed. Where this designation was not made then action was much less effective. It also became clear over the life of the pilot projects that the role of this person will increase with the implementation of the Green Paper ‘Every Child Matters’ (see: http://www.dfes.gov.uk/everychildmatters/summary.cfm), and as requirements in the Race Relations Act 1976 and the Amendment Act are implemented. Although only the maintained sector has a statutory obligation to comply with the Act, the good practice within these requirements should be equally applicable across the private, voluntary and maintained sectors.
8.4 Need for Resources

The evidence makes it clear that reducing exclusion is a task that requires resources. It is not a role that can be added on to other responsibilities, nor can it be addressed with easy solutions. It is a complex, time consuming and resource heavy task which, to be effective, needs supporting at all levels and with the commitment that other areas of work enjoy. Often an analogy was drawn within the pilot projects that this work was on a par with that required to support children with special educational needs, and that the potential benefits for society were as great, and the potential consequences of ignoring this need maybe greater.

8.5 Use of Sticks and Carrots

The use of rewards and levers to ensure better reach and improved quality services for BME communities was highlighted by the project teams. Incentives were the favoured option but many indicated that levers such as Ofsted, funding and specialist designation could be used far more effectively to galvanise stagnating situations. It was clear that at present Ofsted inspections were not picking up effectively on poor practice with regard to National Standard 9. The new Investors in Children endorsement of Quality Assurance Schemes will strengthen Equalities work if it is developed. The funding mechanisms such as the New Opportunities Fund (NOF), or Nursery Education Grant (NEG) could also be tied to meeting certain requirements about anti-discriminatory and anti-racist practice. Where they are appropriately qualified to do so, the Learning and Skills Councils could also be encouraged to participate more in training the early years workforce.

8.6 Training is a Key Issue

All four pilots saw that the key to change was training of staff. This has two aspects - training of existing childcare staff to ensure they fully understand and are competent in practising anti-discriminatory services; and also attracting recruits to training to work in childcare from BME communities. Any workforce development at local and national level could usefully build on the work of the pilots in understanding the barriers to training and in making it more attractive to all who work, or who might consider working, in the childcare sector.

09. Costs and Sustainability

The pilot projects all attempted to cost their work but in many cases found this quite difficult due to the overlap of funding, the amount of donated time and resources and the multi-funding of many of their initiatives. However, an analysis of the project costs and outputs indicates that in most cases, for relatively small amounts of additional funding, a substantial return resulted. Even when the initiatives met problems, the learning generated by the research shows value for money. Although there have been other studies exploring equality and early childhood, notably by the Early Years Equality organisation, this study has been of real benefit in both confirming much of what was previously known but, more importantly, through the action research model, enabling the settings to explore in a ‘real world’ situation the pragmatics of achieving change. In most cases the funding achieved a lot of action and impact for the limited resources provided. It should be noted that it is difficult to see the benefits of this work immediately due to the short time scale of the projects, and the encouragement to experiment and innovate. Nevertheless, by the end of the pilot period a number of the initiatives could point to clear benefits emerging, for example, enhanced
recruitment from BME community, a feel good factor, enhanced cultural awareness of settings, better quality services, greater visibility of the needs of BME communities and greater interest, and improved take up of training from BME communities.

All the pilot projects were worried about the sustainability of this work in the longer term and were exploring the practicalities of mainstreaming the successful initiatives locally. This however, was in the context of limited, and sometimes, diminishing resources locally.

10. Possible Next Steps

Analysis of the four Pilot Projects points to four key areas where further work might usefully be taken forward.

10.1 Collecting Ethnic Data and Improving Communication

• There is a need for a national open debate about agreed meanings and terminology. Ethnicity is a social construct and we all have multiple identities of which ethnicity is just one and has different importance to us in different contexts and at different times. Language and concepts change constantly, especially when seeking to describe and capture an issue as sensitive and topical as this. Many people are well intentioned yet feel unsure about entering into a debate in which they feel the use of inappropriate terminology can leave them exposed to criticism. There needs to be some agreement about what terms are appropriate and acceptable.

• All DfES and local authority publications should be monitored to ensure inclusive language and anti-discriminatory practice.

• There is a need to follow up the amended Race Relations Act (1976) to identify racial discrimination and ensure more rigorous and standardised ethnic monitoring data which will enable progress towards equality and anti-racist practice to be assessed more systematically and comprehensively across all sectors, maintained and non-maintained. This should be built into Childcare Information Service strategy which could be more proactive in both informing and gathering information within BME communities.

• There needs to be a review of the impact of the Data Protection Act on such monitoring.

• There is a need for a named local authority data officer with key responsibility for collecting and collating ethnic data on:
  • children in settings;
  • staff and volunteers;
  • take up of training;
  • student ethnicity;
  • setting’s community characteristics at ward or postcode level;
  • register of trainers specialising in the principles of racial equality;
  • register of designated support staff;
  • admissions;
  • staff access to promotion, training and other benefits;
  • recruitment and selection practices and procedures.
This local authority officer should have key link into a DfES named data officer with key responsibility for collating and analysing national ethnic data:

- There is a need for some investment in hardware and system development at setting and local authority levels.
- Local support groups, early years forums and organisations could be used more proactively. BME representation onto these bodies needs to be addressed.
- There is a need to use the learning about different communication strategies to reach BME communities more effectively (see previous section).

10.2 Training, Recruitment and Employment

- There is a case to be made for making a mandatory, minimal level of training for all childcare and early education staff, and also officers at local authority level and Ofsted inspectors.
- The importance of a focus in leadership and management training on Equality and Diversity issues is recognised within the pilot projects.
- There is a need to rethink existing training to ensure it is:
  - flexible;
  - culturally sensitive;
  - small and community based;
  - offering a training allowance to each trainee for each module completed;
  - locally run;
  - including trainers from BME communities;
  - offering placements in quality non-traditional settings;
  - offering higher level courses – NVQ 2/3;
  - offering interpretation;
  - providing mentoring support through to employment.
- Funding is required to achieve the above which takes into account:
  - smaller group sizes and community locations;
  - Quality Assurance (QA) demands;
  - use of UK Online Centres based in communities or schools;
  - the provision of incentives to employers to host training, give non-contact time - like teacher training;
  - ensuring the non-maintained settings involved were high quality eg committed to a QA Scheme;
  - addressing status and pay needs;
  - training should link to workforce development strategy.

10.3 Improvements in the Quality of Service

- There is a strong case to be made for the designation of a named senior post within local authorities who is dedicated to Equalities work and has clear responsibilities.
- There is an equally strong case to be made for the designation of a named person with responsibilities for Equalities work at setting level ie ENCO (Equalities Names Co-ordinator) or EO CO (Equal Opportunities Co-ordinator) on the same basis as SEN COs (Special Educational Needs Co-ordinators) currently operate. They are, in fact, already required by the DfES.
• There is a need for more rigorous enforcement of National Standard 9 in inspections by Ofsted and also in QA Schemes accreditation. There is a training implication for Ofsted teams and QA Assessors.

• There is a need for some basic guidance on good practice on equalities, similar to DfES framework for practitioners on development and learning ‘Birth to Three Matters’ (DfES, 2003).

• There is a case to be made for the designation of Centres of Innovation/Excellence in Equalities work. These could be linked to the Children’s Centre programme, providing exemplification, ‘real world’ practice and where the key expertise on equalities work could be flagged. The setting could be given some additional funds to support visitors, training and dissemination. The intention is to share good practice, offer training, and support the development of Equal Opportunity procedures.

• There is a shortage of trainers and training for trainers needs to be addressed.

• There is evidence of the benefits of opening up Section 11 Ethnic Minority Achievement Grant (EMAG) funded specialist teams to enable them to link to private and voluntary settings. At present they are only accessed by the school sector but this could be changed if teams were given additional resources.

10.4 Funding and Sustainability

Existing Funding:

• There is a need to use existing and new funding as a lever for change. For example, New Opportunities Fund and Nursery Education Grant could be linked to training requirements, Quality Assurance registration and having a named ENCO post in a setting, thus fulfilling the principles of the amended Race Relations Act 1976.

• Some of the restrictions on existing funds (eg training) need to be unblocked.

• There is a need for better promotion of Working Tax Credit to BME communities.

• There is a need to redirect some of the funding for curriculum development and good practice guides to promote equalities work.

• There is a need to developing guidance in quality resources for equalities work, and enhance links to the business community.

• There may be merit in sponsoring some high level awards for senior staff to work on more effective practice in racial equality.

New Funding:

• There will be a need to fund at least one dedicated post in local authorities.

• New funding will be needed to support and train ENCOs.

• Additional funding will be needed to support the work of EMAs (Ethnic Minority Advisers) in non-maintained settings.

• Some funding support is needed to provide new resources and materials in settings to support equalities work.

• There will be a need to support any mandatory training required.
Bibliography


