

NEW WRITING

Good practice in providing services for disabled children from black and other minority ethnic communities

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I have worked with disabled children and their families for over 25 years. I started as a volunteer, moved into residential work, and then I qualified as a social worker and continued to work with disabled children and young people for 10 years.

For the last 10 years I have worked on a freelance basis, and I have specialised in consultation work with disabled children, alongside research.

Summary

This article summarises the findings from research that I undertook for the Council for Disabled Children, in a post which received short-term funding by the then Department for Education and Skills. The full guide, *Diversity Matters*, can be accessed online at: www.ncb.org.uk/cdc Since then, I have undertaken further research in this area for two charities.

Introduction

In this article, I am going to examine the key elements that make up good practice in providing services for disabled children from black and other minority ethnic communities. I

am using a broad definition of disability, to include children with impairments who identify themselves as disabled, or whose parents identify them in this way. 'Children from black minority ethnic communities' includes children of African and African-Caribbean, South Asian, Latin American and Chinese heritage for example. 'Children from other minority ethnic communities' includes children from white minority ethnic communities, such as people from Eastern Europe.

These key elements of good practice are:

1. Knowing about the numbers of local disabled children, and having information about their ethnicity
2. Making links with community organisations
3. Challenging discrimination
4. Listening to disabled children and young people, and their families and carers
5. Translation and interpretation
6. Keyworking
7. Funding
8. Training

1. Numbers

First of all, service providers need to know the number of disabled children living in an area. Without this information, services may either have long waiting lists, if they have

underestimated the numbers, or they will have services underused which may then face closure. Does this sound familiar?

It is equally important to know about the ethnicity of disabled children locally, as without this information, service providers may not meet the needs of particular groups in their locality. Unfortunately, most authorities do lack this information. So next time you are asked your ethnicity by somebody, please tell them!

Knowing how many disabled children from black and other minority ethnic communities live in an area means that services can try to ensure that all their services reflect the number of people they serve. So if 10% of the local population identify themselves as Chinese, then 10% of people in parent groups should be Chinese, and 10% of the people employed should be Chinese.

Tip: These sources can help you identify who lives in your area:

- The Office for National Statistics (ONS) have estimates on the ethnic population by local authority area, as well as estimates by religion
- Disability register kept by local authority
- Primary Care Trusts

2. Making Links

I am often asked what people from a different religion (e.g. Muslim people) think about something to do with disability. I have also found that many people are cautious of visiting some families because of the fear of saying or doing something which is culturally insensitive.

One of the dangers of this is to assume that all people from a specific religion or cultural background think and feel in the same way, therefore assuming that one answer will mean you will never get it wrong. However, this is not how it works, as people often practise their religion in different ways, according to family customs, or customs passed down from generation to generation.

People from minority ethnic groups are people first, and each may have slightly different views about disability. Exactly the same is true of people from white majority groups. The best

way to find out about someone who is from a different religion or ethnic background is to do a little research about their religion or culture, and then ask the person about themselves. This way of reaching out and making links with one family can make it easier to reach out and make links with more families, and showing this kind of interest can help build up trust.

I have met many parents who have not been asked in any detail about their religion, despite this being built into most assessments. Mostly, they just had to say what their religion was, so that the box could be ticked. Few were asked if religion had any effect on their lives.

One parent told me that her partner was from Jamaica and her father was from Malta, and that this influenced the food they ate at home. In another study, three families told me that music was played in their home as an expression of their religion and ethnicity. This included church music, having African television channels with black actors, Christian channels and gospel channels. One young person told me that he was not allowed into his place of worship:

They told us to get out of our wheelchairs. We can't, so they would not let us in.

If we take the trouble to ask a few questions, then another side of a child and their family can quickly be revealed.

Tip: Think religion, culture and ethnicity, and go on a visit with some questions in mind, such as asking about observance, festivals, holidays, foods and music.

3. Challenging discrimination

Good practice has to be about making sure that services are easy to find out about and use for everyone. One of the most common responses that I received from general enquiries about how services reach out to everyone in their community was to be told that their services were 'open to all'. This actually translates as 'closed to most, because to be open to all means that all the local community knows about the service, or can easily find out about it when they ring up. However, if interpretation is not provided at point of enquiry, then services are effectively closed to anyone who does not speak English.

Tip: Target under-represented children and families.

4. Listening to disabled children and young people, and their parents

Service providers need to find out if they are providing services that are wanted. It is common now for service providers to find out the views of parents, and this may increase as the government strategy of *Aiming High for Disabled Children* invests in developing Parent Forums.

It is increasingly common that children are asked for their views. However, ensuring that *disabled* children's views are sought is not always prioritised, and when it is, it is likely that consulting disabled children from black and minority ethnic communities will not be prioritised, particularly if their parents do not speak English.

Tip: Seek out training if you or your workers do not feel skilled enough to consult disabled children. A good place to start would be the participation project at the Council for Disabled Children
http://www.ncb.org.uk/Page.asp?originx_1787ki_27612292467612y41a_2007394050u

5. Translation and interpretation

The importance of having the facility to translate letters, reports and leaflets cannot be underestimated, and so too having an interpreter. Any English speaker who has been ill in a country where English is not spoken will understand what a difference it makes to have someone to interpret, and yet interpretation is not universally available.

Tip: Many charities work alongside statutory services which enables them to use their translation and interpretation services.

A website which provides links to a number of small charities across the UK is:
<http://www.multikulti.org.uk/agencies/>

6. Keyworking

One of the ways to successfully bridge the gap between service providers, children and parents is to have keyworkers who will help families through the maze of services. Some services have employed keyworkers who speak a number of community languages, which means that fewer people are needed at visits and assessments. All the co-ordination can be carried out by someone who speaks the same language, an addition which is taken for granted by the white majority.

Tip: Care Co-ordination UK is a national organisation that promotes keyworking:
<http://www.ccuk.org.uk>

7. Funding

Providing services for disabled children from black and other minority ethnic communities has to be approached as an ongoing activity, and relies on long-term commitment and long-term funding to really see any fruits. Many of the projects that I visited while in post at the Council for Disabled Children have since stopped running due to lack of funding. Though it is possible to make inroads in a two- or three-year funded post, it takes longer to build up trust with service users who are not used to the way local authorities work.

Tip: With the investment planned in the government strategy, *Aiming High for Disabled Children* (<http://www.everychildmatters.gov.uk/socialcare/ahdc/>), more funding should become available to improve short breaks, parenting forums and transition to adulthood. Services for disabled children from black and other minority ethnic communities need to know about this, and have their profiles raised in order to gain from this investment.

8. Training

In order to address the practicalities of service delivery, and the change in thinking and attitude needed to reach out to all communities, training programmes need to be implemented to ensure that services are 'open to all'. Training should address the barriers faced by disabled

children and families from black and other minority ethnic communities, and ways to overcome these barriers.

Tip: The Association for Real Change (ARC) supports The National Learning Disability and Ethnicity Network (<http://www.liden.org.uk>) which has a wide range of resources which address the barriers faced.

Conclusion

There are many challenges which may prevent services from identifying and proactively reaching out to families from black and other minority ethnic communities. Service providers may need help to take the first step. If these challenges are approached systematically, then it is always possible to find a solution, and service providers, children and families will have a richer experience.