Safeguarding and Community Inclusion Final Project Report Annex 2
Stage 1 Report: Community Engagement

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1. Executive summary

1.1. Background

Cambridgeshire, Peterborough and Norfolk Local Safeguarding Children Boards have been funded by the Department for Education (DfE) to undertake an innovative project that pools knowledge and concerns across the Boards to improve the effectiveness of safeguarding practice. The three Boards have shared concerns about the way agencies work with Eastern European migrant families, particularly around the identification of safeguarding risks and delivering effective interventions with children and young people.

The community engagement stage has been completed and has been carried out with both service users and service providers.

1.2. Methodology

The project plan included engagement and consultation with both service users and service providers. Whilst the remit of the project is to work across the whole of the three local authority areas, the face to face engagement has been focused on the areas of Kings Lynn, Wisbech and Peterborough. The collection of data for this consultation was directed wherever it was identified that contact with eastern European families could be made using existing links. This means that the project is unlikely to have received responses from the most isolated members of the community who do not have contact with any of the openings we identified and engaged with.

Engagement with service users has been carried out using three methods: a printed questionnaire, one to one discussions and through focus groups. Face to face consultation has been carried out with 149 eastern Europeans. The questionnaire has been completed by 246 participants. By nationality these break down into the following:
Lithuanians 161 (65%),
Latvians 36 (15%),
Polish 39 (16%),
Russian (4%),
Bulgarian (< 1%).

Engagement with service providers has been carried out using an electronic survey, single agency discussion and multi-agency focus groups. The e-survey has been circulated amongst staff across the whole of the three local authority areas. In the electronic survey there were 162 completed responses and the mix of respondents from the three local authority areas was well balanced: 32% of responses were from staff working in the Peterborough area and 35% from both Norfolk and Cambridgeshire. Face to face consultation was carried out with a total of 189 staff in a variety of arenas including multi-agency groups and single agency meetings ranging in size from two participants to 63.

1.3. Findings from community engagement with service users

From the questionnaires 128 respondents reported that they were aware about safeguarding children law and legislation, 104 respondents were not aware and 14 did not answer. The majority of respondents who were aware about UK safeguarding children legislation received this information from friends.

The majority of parents know that they should not leave a child on their own at home, so try to arrange childcare. Due to the nature of the shift patterns and working practices that many of these families have to endure, childcare often has to be arranged at short notice, at unsociable hours and for short periods of time. Participants in the consultation identify that this makes it difficult to arrange appropriate childcare, but because they need to go to work sometimes the person they ask is the only one who can help at that time. Fifty-nine (24%) of questionnaire respondents answered that there have been occasions where there had been no adult to help but they still needed to go to work.

With regard to knowledge about services, 79 of the questionnaire respondents felt that they were aware about services and where to go for support. 155 respondents were not aware and 12 respondents did not answer. Whilst the majority of respondents did not feel that they were aware of what services were available to them almost all were registered with a GP; of the 246 respondents only two identified that they were not registered. There appears to be a widespread lack of satisfaction with the service provided by GPs. The consultation discussions show that some Eastern Europeans expressed appreciation of free prescriptions for children. However, the majority were not satisfied with health service provision and identified that they feel that they need to go back to their country of origin to get a comprehensive service. People reported that all that they get from GPs is paracetamol and that it is difficult to get referred for tests or specialist treatment and this leads to them returning home in order to get this done.

Despite a widespread perception that Children's Centres are not being used by eastern Europeans, 55% of questionnaire respondents with children of the appropriate age were using these facilities. This ties in with the national average of 55% of the relevant population using these services, as identified in the DfE Research Report from June 2014 Evaluation of Children's Centres in England (Smith et. al., 2014).

The main messages that were coming from service users were:

- There is limited awareness about UK law and legislation
- There is a mistrust of services allied with a common perception that social services will take away their children.
- There is limited awareness about services, what support they can provide and why they are involved. The involvement of services causes anxiety.

- There a lack of willingness to engage with services, because they do not believe that this will result in positive changes.
- Family problems needs to be resolved in the family.
- It is important to keep strong and close relationship between family members and to support each other.
- At the age of seven a child would usually start school and at this age there is an expected level of maturity and being responsible for his or her actions.
- Depending on age and length of time it is OK for older siblings to look after younger ones.
- Parents have strategies to stop a child's behaviour when it is seen to be unsatisfactory, but not to encourage positive behaviour.
- Education is seen as very important.

1.4. Findings from engagement with service providers

In the e survey, respondents were asked how well they felt that they engaged with east Europeans and also how well their teams engaged (1 being low and 10 high). Almost universally respondents scored themselves equally or slightly higher than their teams. The mean score was 7.01, the modal score was 8.

Those who scored themselves at nine or ten in their ability to engage, predominantly identified that the barriers to engagement were created by service users and not the providers. Across the whole range, respondents identified that barriers to belong to service users to a greater extent than themselves, but when respondents were asked what would improve engagement they overwhelmingly identified the need for services to make changes.

The identified safeguarding concerns for children can be grouped into five main categories:

1. Not getting appropriate health care
2. Domestic abuse
3. Being left without appropriate adult supervision
4. Corporal punishment of children
5. Vulnerability caused by living in a different country

Concerns were raised about the dietary health in the e-survey and several different consultation events. This was particularly raised concerning infants and small children. Concerns around oral health and dental hygiene were also raised in a great

number of settings and by large numbers of staff. Concerns were also expressed about the way in which other health services were used or not used. It was frequently identified by health professionals that eastern Europeans did not feel that doctors or other health professionals offered as good a service as they could get in their country of origin leading to a failure a) to make use of health services and b) to appear with obscure medication and test results.

One respondent to the e-survey identified that there was a concern regarding "responsiveness to babies/children's cues". This resonated with anxieties expressed during face to face discussions at several consultation events regarding a low level of interaction between parents and toddlers.

There are widespread concerns within the workforce around domestic abuse within the eastern European community and a perception that it is more common than in the rest of the population. The anxieties raised around domestic abuse are:

- that it is more culturally tolerated,
- it is exacerbated by the poverty that many families find themselves in,
- within the eastern European community it may be more prevalent due to higher levels of alcohol consumption,
- in eastern European families there may be a reluctance to report domestic abuse and to seek help and support.

Concerns were expressed around family members being co-opted in to interpret for services, which was seen, at best as inappropriate, in terms of children being used and having to discuss sensitive information, and at times collusive particularly when a male member of the family was taking on this responsibility and changing the professionals' messages to suit his own personal perspective. The perception that individuals may be victims and then distanced from supportive services through language barriers was expressed in terms of communities closing ranks and keeping victims at a distance from regulatory and supportive services.

The most repeated safeguarding concern regarding eastern European children relates to whom is looking after them. This is usually linked by practitioners to the long shifts and working patterns that their parents are subject to. The work that is generally available to eastern Europeans is zero hours contract work involving short notice and very limited flexibility or concessions to family matters. Safeguarding concerns are frequently expressed about children being left for long periods, including overnight, with "poor childcare arrangements".

Concerns were frequently raised around the vulnerability that poor housing conditions created for the health and well-being of children and young people.

Concerns were also raised by all staff groups around the use of physical punishment to discipline children. Staff perceive that corporal punishment is more widely used amongst eastern European parents and that it can be severe.

A key issue within the consultation was whether these are cultural issues which are linked to eastern Europeans or whether there are circumstances which arise from their circumstances of living in a different country and any associated poverty. In the

face to face consultation events a lack of uncertainty was apparent regarding behaviours and cultural differences. A significant number of practitioners do not know whether some of their safeguarding concerns are linked to a cultural issue relating to the country that the service users come from, or whether it is impacted upon by individual circumstances and is no different to issues within the indigenous population.

There are anxieties within staff teams about making cultural assumptions. A significant number of practitioners feel that they have a lack of knowledge about the cultural differences and want to know how to challenge clients more effectively. This lack of knowledge and understanding was linked by practitioners to their levels of confidence and efficacy.

The issue of failure to disclose as a result of poor engagement with services was raised, this was seen as being a problem as a result of language barriers. Staff report a wide range of quality of interpretation services. Even when services are of good quality, staff still report that this does not allow immediate and high quality communication with service users. Problems include difficulty building rapport with clients and the amount of time that is added to meetings. It was pointed out that case conferences can be very difficult for service users to follow what is going on when it is conducted in their own language and recognise how much harder this must be with an intermediary acting as interpreter.

Staff from all agency groups talked about poor interpretation experiences that they have had. These include:

- Restrictions placed upon workers to access interpreters.
- Not being confident that the interpreter is accurately representing the conversation
- Using interpreters who are manipulating the conversation and undermining what is being said by the practitioner
- Interpreters coming from the local community and either moderating the conversation or putting themselves at risk of censure from their community if they do not do so
- Interpreters who undermine the practitioner by giving their own version of what the practitioner wants to put across
- Interpreters needing to leave before the appointment is over
- Availability of reliable translation and interpretation services that are not prohibitively expensive.
- Not trusting that interpreters will act with appropriate confidentially
- Interpreters not having the right language or dialect
- Interpreters not turning up

The majority of responses from staff in terms of safeguarding concerns were focused on the circumstances and behaviours of eastern Europeans but there were concerns that were raised that linked to the way in which services are provided and delivered. In terms of poor engagement it was perceived that this could be due to a lack of

knowledge and understanding: “professionals’ discrimination due to cultural differences,” or due to a more active and intolerant discrimination: “East Europeans exposed to racist attitudes from staff”. Either way it was recognised that this could lead to a lack of disclosure and child protection issues going unnoticed. It was also raised that cultural difference might be used by staff as a way of minimising safeguarding concerns “culture is used to explain/minimise non-engagement and behaviours that would otherwise be highlighted as a concern”.

Staff teams observed that having to work with an interpreter meant that the amount of time involved in these cases was considerably longer due to the slowness of communication, getting the information and building rapport and a good working relationship with the service users.

1.5. Conclusions

There appears to be a lack of confidence amongst some members of staff around engaging with eastern European migrant families. For some this arises from not having enough knowledge about the cultural differences leading to anxiety about offending them. For other staff there is a clear over-confidence in their cross-cultural communication which shows a lack of sensitivity to the subject and potentially therefore to their clients.

During the consultation there were several individuals and groups who identified that the treatment of eastern Europeans by some service providers was unacceptable ranging from intolerance through to racist comments and behaviours.

There is a clear need for training for staff in order to address the lack of culturally competent service provision.

The range of quality of interpretation and translation services requires greater monitoring and quality assurance.

There is a high level of anxiety and low levels of trust and confidence within eastern European communities about the services that are provided locally Migrant families are not receiving all the information that they need in order to make informed choices about using services

2. Background

Cambridgeshire, Peterborough and Norfolk Local Safeguarding Children Boards have been funded by the Department for Education (DfE) to undertake an innovative project that pools knowledge and concerns across the Boards to improve the effectiveness of safeguarding practice. The three Boards have shared concerns about the way agencies work with Eastern European migrant families, particularly around the identification of safeguarding risks and delivering effective interventions with children and young people.

In order to work in the most effective way across the respective partnerships the three Local Safeguarding Children Boards (LSCBs) are seeking a more comprehensive analysis of the risks so as to support the wider children's workforce in identifying and managing the risks that children in this cohort face.

The project has three stages:

1. Engage local Eastern European migrant communities in the safeguarding agenda, including consultation on risks and agreed outcomes.
2. Train staff to be culturally competent, incorporating findings from serious case reviews, embedding learning, improving the way we identify and respond to risk, and disseminating best practice.
3. Produce practice standards on working with migrant communities across the Local Authorities.

The community engagement has been completed and has been carried out with both service users and service providers.

3. Methodology

In order to uncover and investigate the issues that arise from the concerns that this project aims to address, the engagement process sought to focus on the interaction between service providers and service users. From this perspective the project plan included engagement and consultation with both service users and service providers. Included within the working definition of service users are those members of the eastern European community who are not accessing mainstream services. Whilst the remit of the project is to work across the whole of the three local authority areas, the face to face engagement has been focused on the areas of Kings Lynn, Wisbech and Peterborough. This was decided for practical reasons given the time constraints of the project and as this provides a key geographical area in which to focus our attention. It is also the area where there is a significant population of eastern European migrant families. The collection of information for this consultation

was directed wherever it was identified that contact with eastern European families could be made through existing links. This means that the project is unlikely to have received responses from the most isolated members of the community who do not have contact with any of the openings we identified and engaged with.

This report will also make reference to the findings from two recent reports on consultation done in this area: Healthwatch (2015) *Migrant workers accessing healthcare in Norfolk* and PCG advisory services (2013) *Consultation Work with Families from the A8 Accession Nations (Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, and Slovenia) living in Cambridgeshire*

3.1. Engagement with service users

Engagement with service users has been carried out using three methods: a printed questionnaire, [1] one to one discussions and through focus groups[2]. Information has been collected from these approaches to form the findings below. In addition to the written information, two filming sessions were conducted at the Rosmini Centre in Wisbech. One of these was with young people aged between 13 and 19 and the other was carried out with local parents. These have been used to create a resource for use within the training in stage two of the project. Face to face consultation was carried out with 149 eastern Europeans at the following sites:

KLARS, Kings Lynn
Rosmini Centre Wisbech
Prepare for Parenthood Ante-natal class Oasis Children's Centre, Wisbech
Wisbech South Children Centre
Lithuanian Supplementary School, Peterborough
Latvian Supplementary School, Peterborough
Discovery Centre, Kings Lynn
Ramnoth Junior School, Wisbech
Nene Infant School, Wisbech

Questionnaires were circulated using the above sites and also:

Gladca, Peterborough
Lithuanian supplementary school in King's Lynn,
Oasis Nursery in Wisbech,
Polish Supplementary School in Wisbech

3.1.1. Demography of respondents to questionnaire

The questionnaire was completed by 246 participants in three areas:

Wisbech - 163,
King's Lynn – 32 and

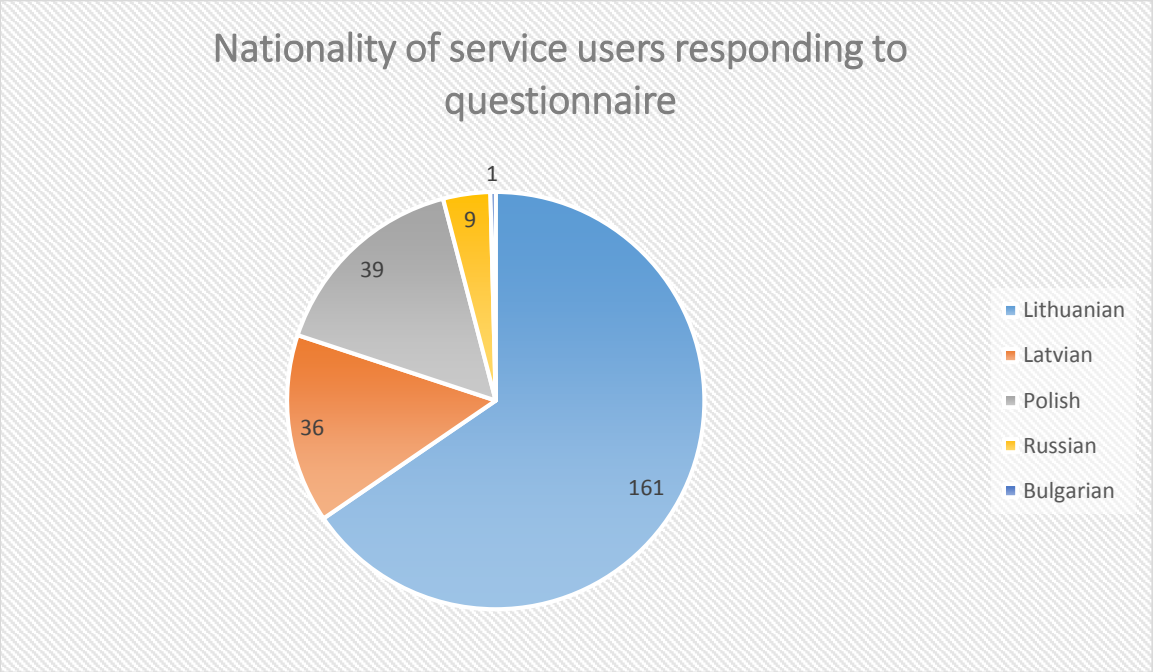
[1] For a copy of the questionnaire for service users please see Annex 1
[2] For a copy of questions used in face to face meetings please see Annex 2

Peterborough – 51.

By nationality these break down into the following:

Lithuanians 161 (65%),
Latvians 36 (15%),
Polish 39 (16%),
Russian (4%),
Bulgarian (< 1%).

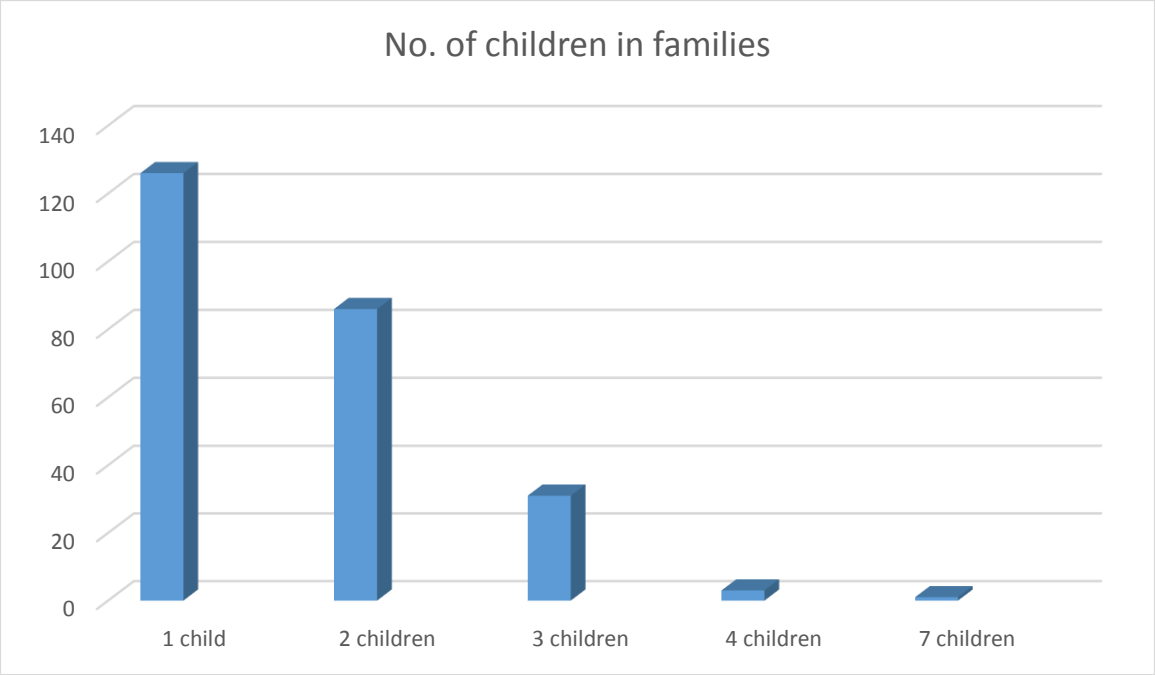
Figure 1 Nationality of service users responding to questionnaire



The gender breakdown of respondents was 83% female and 17% male.

The mean number of children in the families of people who took part was 1.66 and the modal number of children in a family was one.

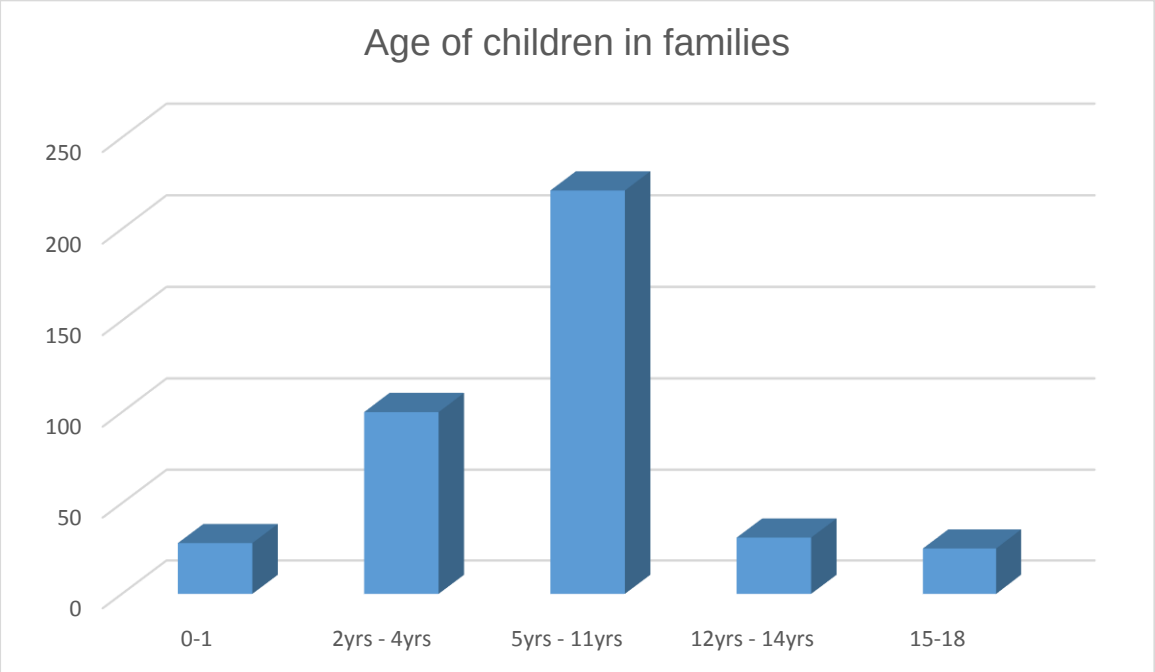
Figure 2: Number of children in families



Children's age

The majority of respondents to the questionnaire (90%) have children age between five and 11. In 100 families (41%) there are children between the ages two and four. In 31 families (13%) there is a child aged between 12 and14. Twenty-eight families (11%) have babies under two and 25 families (10%) have teenagers between 15 and18.

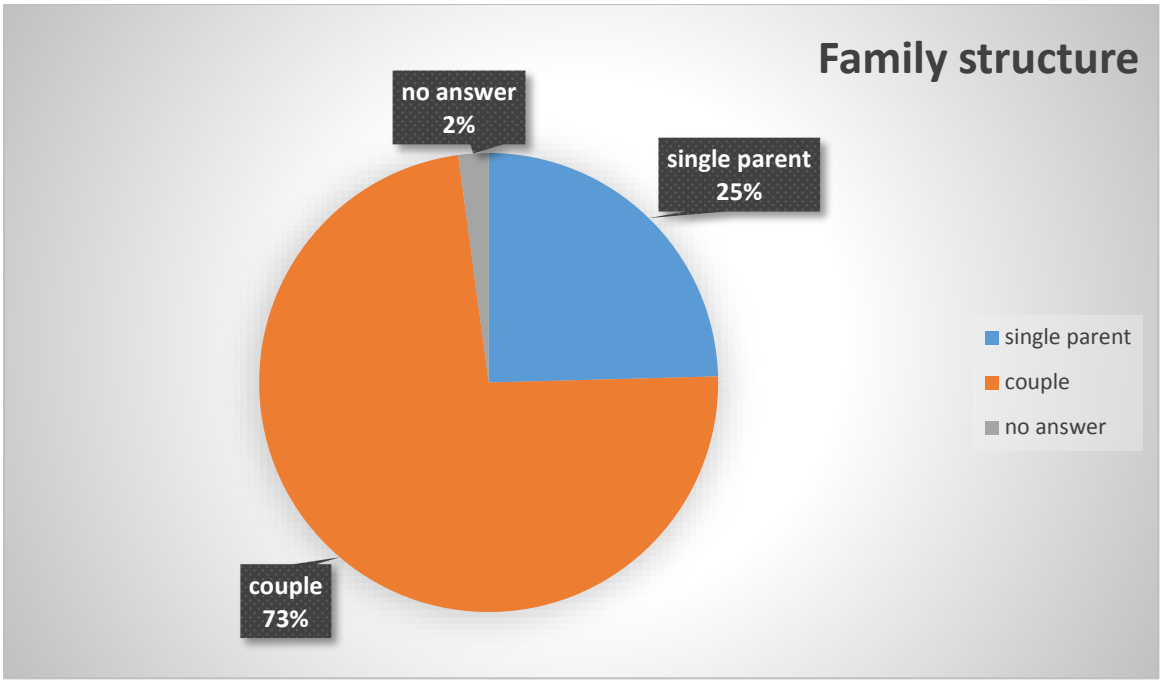
Figure 3: Age of children in families



Family structure

The number of respondents who identified that they live as a couple was 173, 58 identified as single parents, and 5 didn't answer.

Figure 4: Family structure



3.2. Engagement with service providers

Engagement with service providers has been carried out using an electronic survey,[3] single agency discussion and multi-agency focus groups. The e-survey has been circulated amongst staff across the whole of the three local authority areas. At a meeting with GPs and other health staff in Peterborough printed copies of the survey questions were provided: 31 copies were completed and one was partially completed. The completed copies were later individually inputted into the e-survey tool in order to provide an overall assembly of responses in one site. Face to face consultation was carried out with a total of 189 staff in a variety of arenas including multi-agency groups and single agency meetings ranging in size from two participants to 63. The diversity of the settings meant that the questions asked and the recording of responses varied but the consultation was constructed from the question sheet in Annex 4.

Consultation with service providers has been carried out with:

Wisbech Children Centre

[3] For a copy of the questionnaire for service providers please see Annex 3

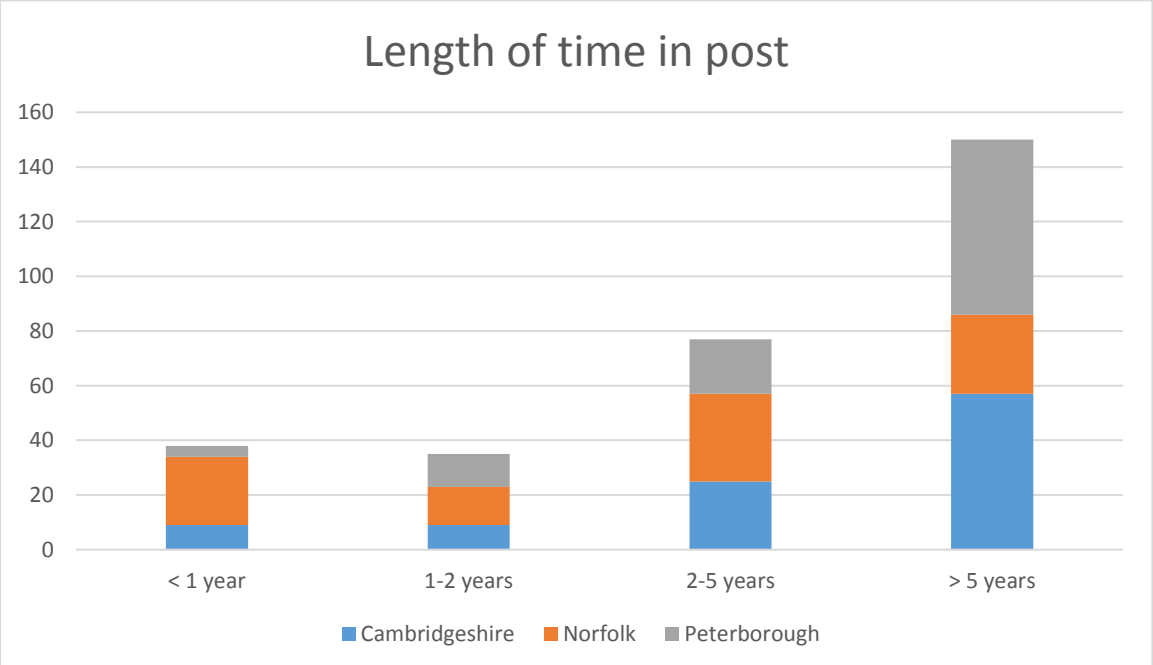
King's Lynn YOT
Peterborough School Safeguarding leads workshop
Peterborough Early Help Team
LSCG Workshop King's Lynn
Minorities Achievement and Attainment Service Norfolk
Kings Lynn social care staff,
Health visitors, Wisbech
Peterborough Community Connectors
Multi-agency workshop, Rosmini Centre
Thomas Clarkson School, Wisbech
Parent Support Advisers, Kings Lynn
GP training, Peterborough

Including the responses from GPs mentioned above, 162 survey questionnaires have been completed and 81 have been partially completed.

Engagement has been with:
GPs, consultants, nurses, health visitors, school nursing, nursery nurses, school staff, Education advisory services, Childrens Centre staff, Early Help, Youth workers, , Police, Social workers, Family workers, Housing advice, Local council staff, voluntary sector agencies. For a comprehensive list of agencies please see Annex 5.

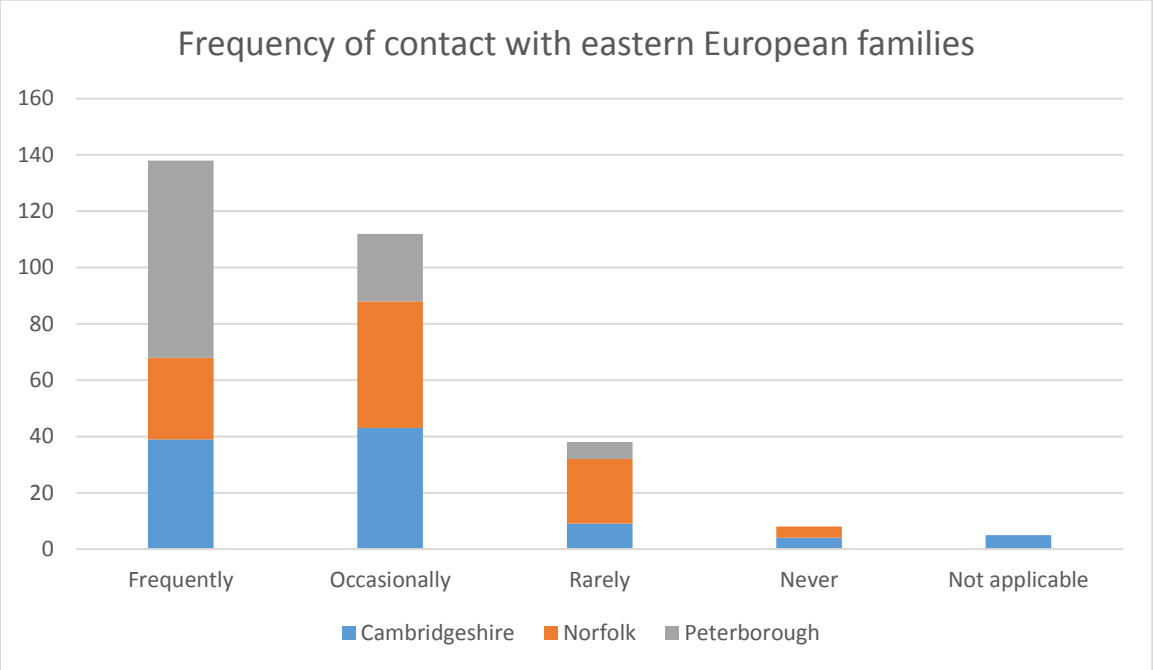
In the electronic survey the mix of respondents from the three local authority areas was well balanced: 32% of responses were from staff working in the Peterborough area and 35% from both Norfolk and Cambridgeshire. The was a slight difference in the number of years respondents had been in post across the authorities, with respondents from Norfolk having been in post for a shorter period of time than the other two areas.

Figure 5: Length of time in post



Respondents were asked how frequently they had contact with eastern European families. The responses were subjective and give an indication of the level of engagement that staff are having.

Figure 6: Frequency of contact with eastern European families



Ethnicity

80% of respondents identified themselves as White British and less than 2% identified themselves as having an eastern European ethnicity.

4. Dip sample of cases

A dip sample of case files was undertaken for this project in Norfolk, Cambridgeshire and Peterborough. In each authority the dip sample aimed to look at a total of 10 cases. Of these 10 cases five were open to CSC as CiN and 5 cases open as child protection cases. In Peterborough 12 cases were reviewed (five CiN and seven child protection cases). All the cases were recent (not older than 9 months since the date of referral) and had at least one single assessment completed. The dip sample only covered what was on the local ICS system and the information contained within Children's Social Care single family assessments. It should be noted therefore that this does not provide a comprehensive overview of individual cases and only offers a partial view.

Eastern European cases were identified but beyond that the case sampling was random. There was a relatively even balance of gender in the cases with a 55/45 percentage split female and male respectively.

The breakdown of nationalities was as follows:

- Lithuanian (12)
- Polish (8)
- Latvian (5)
- Russian (2)
- Bulgarian (1)
- Croatian (1)
- Estonian (1)
- Hungarian (1)
- Romanian (1)

The amount of time the family had been in the UK was not recorded on 15 cases (47%). There was an even spread of length of time of the remaining cases. Seven families had been in the UK for between six and 12 years. There were 21 cases with insufficient family history information, 10 cases with sufficient information and one case where it was not clear.

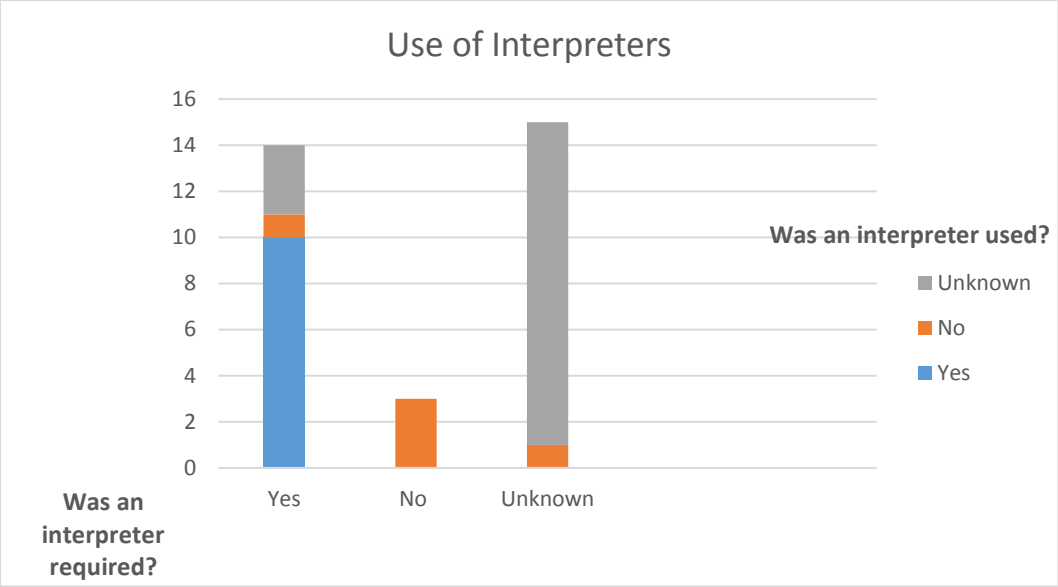
In 21 out of 32 of the cases, (65%), domestic violence was a reason behind the referral. In six of these cases there was also either alcohol or substance misuse listed as a concern. The second highest cause for referral was physical abuse (7 out of 32 cases %) followed by neglect (5 out of 32 cases). In two of the physical abuse cases it was noted that the mother either assaulted the child or one of the siblings.

The vast majority of the cases (91%) were previously known to the respective children's services. Half of these did not previously meet the threshold for intervention. One case had 4 contacts regarding concerns of DV before case was opened.

Approximately 40% (n = 13) of the cases had previously been referred to social care. One case had been re-referred 3 times, another one twice before and the remaining nine had only been referred once before. In 7 cases reason for previously referral was domestic violence.

In nearly half (44%) of the cases it was identified that an interpreter was required and in two of these 14 cases there was no evidence that an interpreter was used. In a further 47% of the cases it was not recorded if there was a requirement or not. In 10 cases interpreters were used in 14 cases are unknown interpreter has been used or not. 2 cases shows that interpreter has been required, but not used. In one case it was identified that an interpreter was required but not used (the services of 2 staff at hospital were used for interpretation in this case) and in one case it was identified that an interpreter was required but not used. In three of the cases where an interpreter was not required, it has been noted that the child did not need an interpreter but there was no evidence as to whether one was required for the parents.

Figure 7: Use of Interpreters



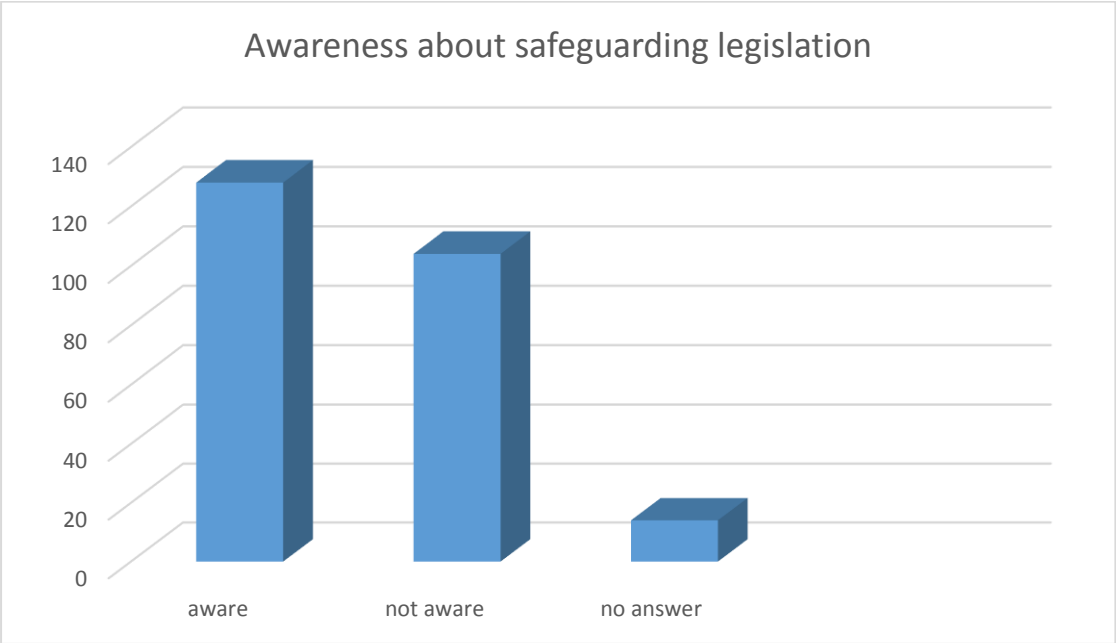
5. Findings from community engagement

5.1. Service Users

5.1.1. Awareness about services and safeguarding legislation

From the questionnaires 128 respondents reported that they were aware about safeguarding children law and legislation, 104 respondents were not aware and 14 did not answer.

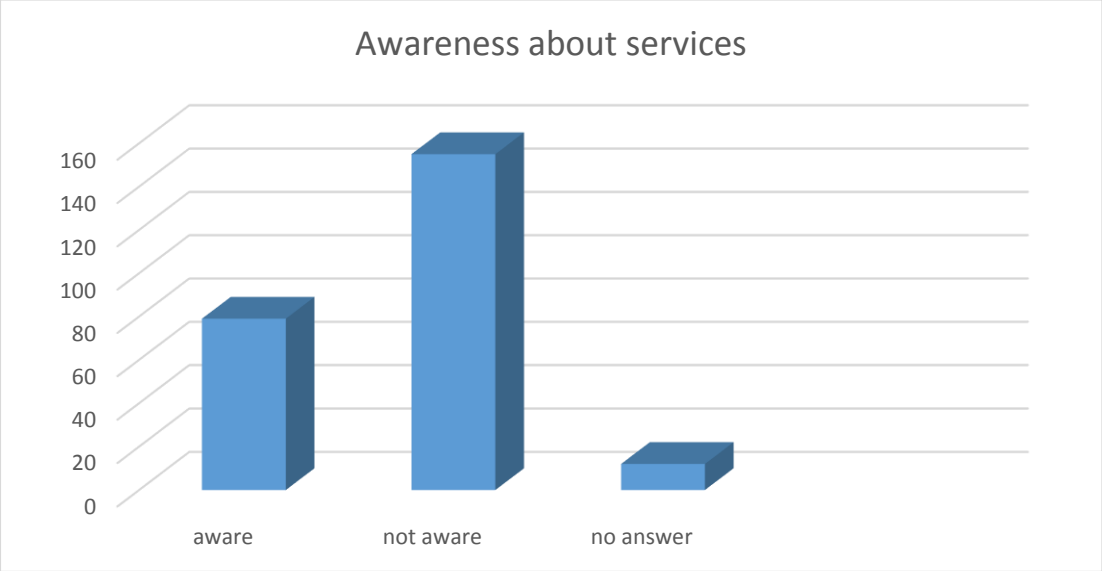
Figure 9: Awareness about safeguarding legislation



The majority of respondents who were aware about UK safeguarding children legislation received this information from friends.

With regard to knowledge about services, 79 of the questionnaire respondents felt that they were aware about services and where to go for support. 155 respondents were not aware and 12 respondents did not answer.

Figure 10: Awareness about services



In the consultation with the community, the majority of participants stated that any family problems should be dealt with in the family. As it is seen as family business participants state that they are not seeking any help from outside the family.

Discussions with participants showed that majority of them do not trust the police. They are not willing to engage with services, because they do not believe that this will result in positive changes. There is a common perception that social services will take away their children. There were two respondents who said that this message came from television in their own country.

In the face to face consultation there was a significant amount of expressed reluctance to engage with the police or to report domestic abuse. There were various reasons for this. Some respondents felt that it is a family issue: “It is only family problem”, and it would only be worth reporting if the level of violence became too high: “would report if something seriously will happen” or if other people got involved: “Would report if somebody else would call to police”. There was an expressed lack of trust in the police which in some cases came from their experiences in their country of origin: “don't trust police from experience in my country”. An example given in relation to previous experience in another country

was that the police would take away the perpetrator for a matter of hours and then be returned to the household where the abuse might continue.

There was a repeated anxiety that by reporting domestic violence there would be a greater disruption for the family and that children may be taken away as a result

> "Not sure would report to police or not. More problems after you reported if you have kids."
>
> "From my experience in UK is not support as well, more problems if you have children."
>
> "Would not go to police, because it will have consequences for me later."

Whilst some respondents knew where support could be accessed there were others who did not know what support was available or where to find it.

In the consultation there was a lack of knowledge and clarity about the nature and purpose of services. Focus group and 1 to 1 discussions revealed that participants were not sure what service some agencies are providing. There was a regularly expressed anxiety about what services are going to do if and/or when they become involved. There was a lack of trust about what professionals are going to do when engaging with a family and an anxiety that they may be wanting to take the children away. This runs alongside a fear of being deported from the country.

Whilst the majority of respondents did not feel that they were aware of what services were available to them, almost all were registered with a GP; of the 246 respondents only two identified that they were not registered. However, there appears to be a widespread lack of satisfaction with the service provided by GPs. The consultation discussions show that some Eastern Europeans are happy with their GP service; free prescriptions for children are appreciated. The majority were not satisfied and identified that they feel that they need to go back to their country of origin to get a comprehensive service. People reported that all that they get from GPs is paracetamol and that it is difficult to get referred for tests or specialist treatment and this leads to them returning home in order to get this done.

This resonates with the findings in other research carried out in this region:

> "During the focus group very interesting cultural differences emerged;
>
> - All focus group participants brought medicines from home – mainly strong painkillers or other medicine that isn't available here
> - There is a belief that Doctors in the UK only prescribe paracetamol – for everything"
>
> (Humphries, 2015 p.27):

Similarly in the PCG report:

> "Several Central and Eastern Europeans we talked to believe they receive inadequate care, as doctors do not try to diagnose illnesses and in most cases give exactly the same prescriptions. This leads to general distrust in GPs and doubts as to their qualifications, which consequently makes people reluctant to seek health assistance and refrain from preventative care that could be offered to them."
>
> (Miskowiec, & Pescod, 2013 p. 29)

Participants were not sure what service Health Visitors are providing or why they come to visit the family.

> "They just do what they need, don't know what it is."
>
> "Not sure what they need to do."

Many participants reported that there is not a clear and understandable explanation in a first meeting of why the service is involved, what it will mean for a family and what a family can expect from them. This lack of understanding builds a worry for parents in case it will lead to negative consequences. Where there is a greater understanding of what a service is providing then the feedback is far more positive. An example of the different perception can be seen in the feedback regarding midwifery and health visiting services. There appears to be an understanding and appreciation of midwifery services whereas this is missing from the health visiting provision:

> "Midwifes are brilliant. Health visitor just comes."
>
> "Not sure what they [health visitor] need to do, so it is difficult to say anything. Midwife was very good."

5.1.2. Children's Centres

Despite a perception amongst staff teams that Children's Centres are not being used by eastern Europeans, 55% of questionnaire respondents with children of the appropriate age were using these facilities. This ties in with the national average of 55% of the relevant population using these services, as identified in the DfE Research Report from June 2014 Evaluation of Children's Centres in England (Smith et. al., 2014).

In the face to face consultations comments related to Children's Centres are negative except for the consultation that was completed at a Childrens Centre. The most common response is that individuals don't know much about the service and what it offers. There was a frequent response that people see themselves as too busy:

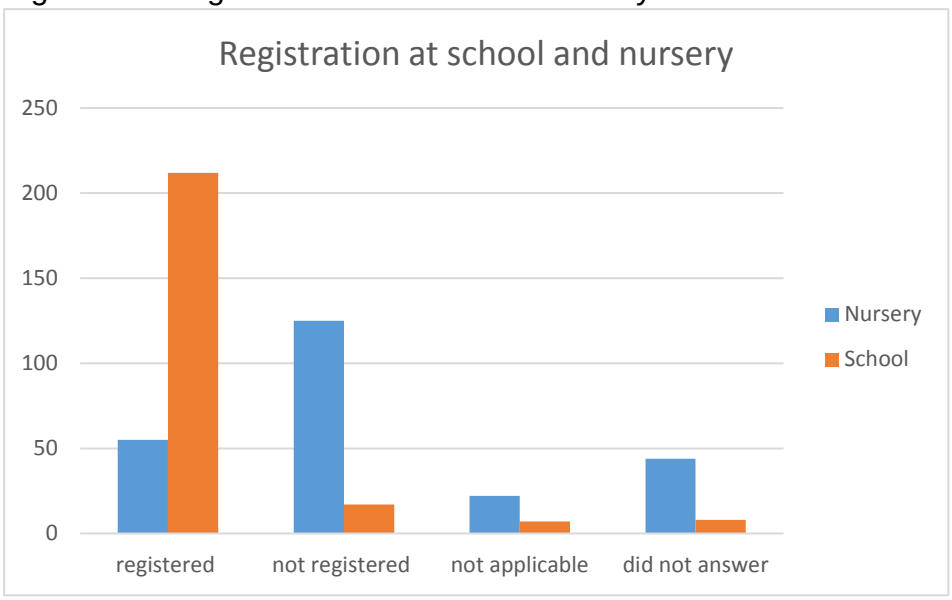
> "Didn't used them. Too busy and tired after work."

"Don't know. Never used. I am working parent."

5.1.3. Registration at nursery and at school

Fifty-five respondents reported that they have a child registered with a nursery. Within this cohort there were 128 children who were under the age of five which would suggest that a minimum of 43% of families were registered and it is not clear how many families with children of the eligible age would not be registering. 125 reported that their child is not registered but this may include responses from parents whose children are not of an eligible age. The remaining 27% either noted this question as not applicable or did not answer.

Figure 11: Registration at school and nursery



Education was very important for the eastern European families who were consulted. In the face to face consultations many respondents identified that they were happy with the schools. There is a perception that school work is easier in the UK than in their home countries and that less homework is given in the UK. In many eastern European countries, children start school at age of 7 years and it is perceived that at this age they reach a level of maturity. From this age it is seen as acceptable, by many of the consulted parents, for a child to walk to school and stay at home on his or her own. In questionnaire responses the youngest child who walks to school on their own was 8 years old and 11 years old for staying home on their own.

It was described that it is the child's responsibility to attend school and to do well, because s/he will only progress each year if s/he successfully completes the work otherwise they will stay for a second year in the same class.

Participants raised their concerns that teachers do not listen to their children when incidents happen and are not concerned with trying to find out how everything started. There is a perception that 'it is always our children fault". When they were asked about social services, participants stated that there is a disproportionate scrutiny on eastern European families:

- For English families it is OK not to look after children, but for our families not.

- For our children it is bad for them to be on their own at home, but English children can walk on a street at night time on his own.

- They are not interested in circumstances, just what they want to hear.

5.1.4. Childcare

Questionnaire respondents' answers show that 208 parents (85%) take and pick their children up from school and 183 (74%) look after their children when one of parent is at work. 52 ask family friends to take children to school and 49 to look after them when parent at work. These and other arrangements are outlined in the table below (figure 10).

Figure 12: Childcare options

	Takes/picks up	Looks after
Parent	208	183
Older sibling	42	32
Adult, who lives together, but not relative	21	23
Family friend	52	49
Neighbour	10	7
Somebody else *	31	39
Register childminder	7	8
Not register childminder	7	14
Walks to school/stays at home on his own	22	1
Nursery	2	1
Not applicable	3	2
No answer	4	23

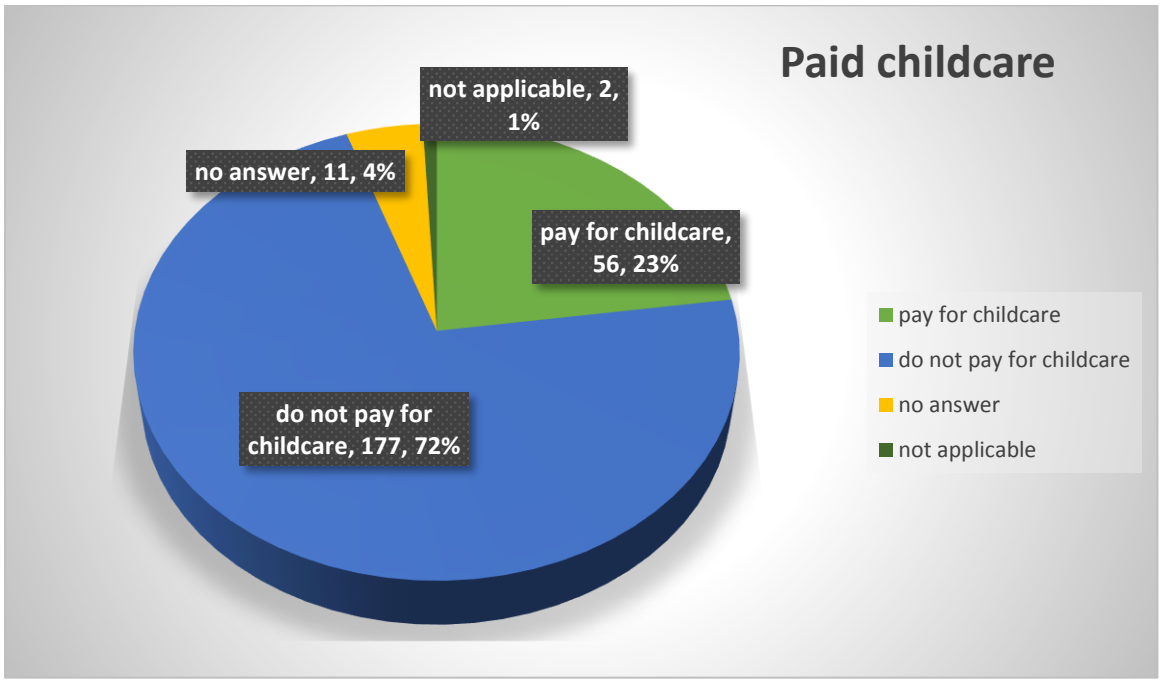
***** 'Someone else' was usually identified as a grandparent or other extended family member.

The majority of parents know that they should not leave a child on their own at home, so try to arrange childcare. Due to the nature of the shift patterns and working practices that many of these families have to endure, childcare often has to be arranged at short notice, at unsociable hours and for short periods of time. Participants in the consultation identified that this makes it difficult to arrange childcare with registered childminders and because they need to go to work sometimes the person they ask is the only one who can help at that time. Fifty-nine (24%) of questionnaire respondents answered that there have been occasions where there had been no adult to help but they still needed to go to work.

The majority of participants identified that they would ask an older sibling to look after younger ones (dependent on the children's age and length of time required). Some of them stated that it makes the family stronger and teaches children to be responsible, for others and not just about themselves. Young people in the focus group gave a similar message and said that it is a family responsibility.

Questionnaire respondents reported that 56 of them pay for childcare, 177 do not pay for childcare and 11 did not answer.

Figure 13 Paid childcare

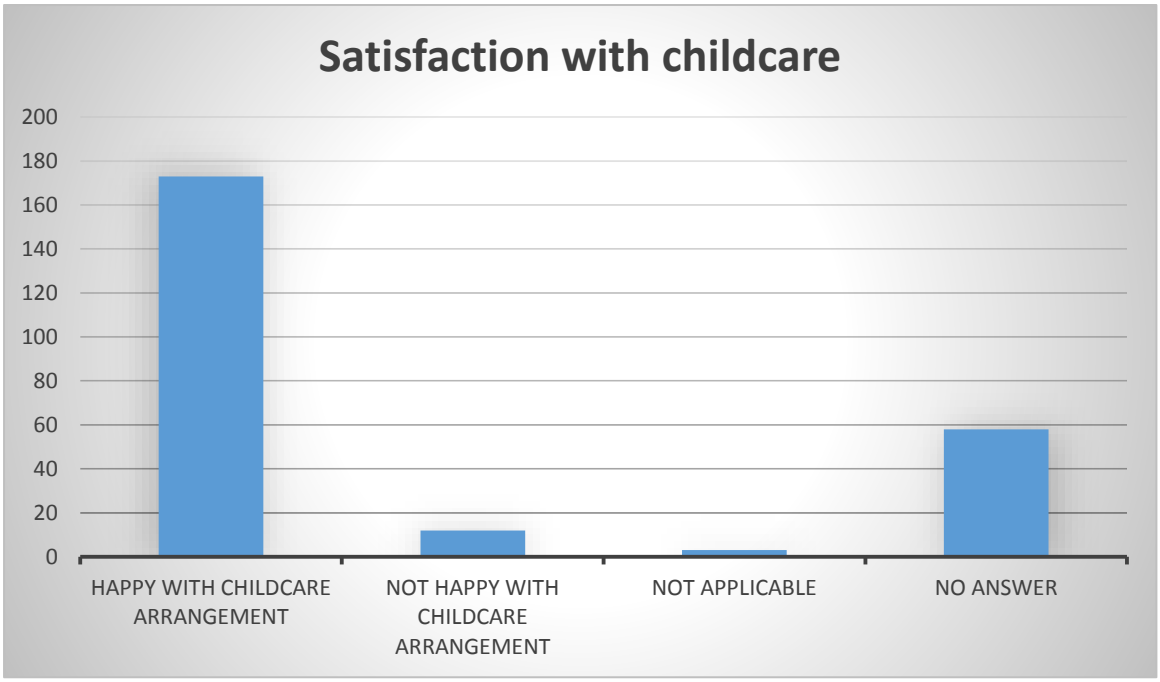


Of the children left with childminders, a greater number are left with non-registered ones than registered. One parent noted that they are happy with a non-registered childminder, because it is cheaper and they are more flexible around hours of work. This was echoed by another who couldn't find a registered childminder who would take and pick up their child from school.

The majority of parents were happy with their childcare arrangements (see figure 11 below). Reasons given for not being happy included the expense of it, the difficulty of getting someone who could manage the difficult hours and short notice, and not

trusting the childminder. One parent responded to the question of whether they were happy with their childcare arrangements with “Yes and no. I hasn't got choice.”

Figure 14: Satisfaction with childcare



5.1.5. Corporal punishment

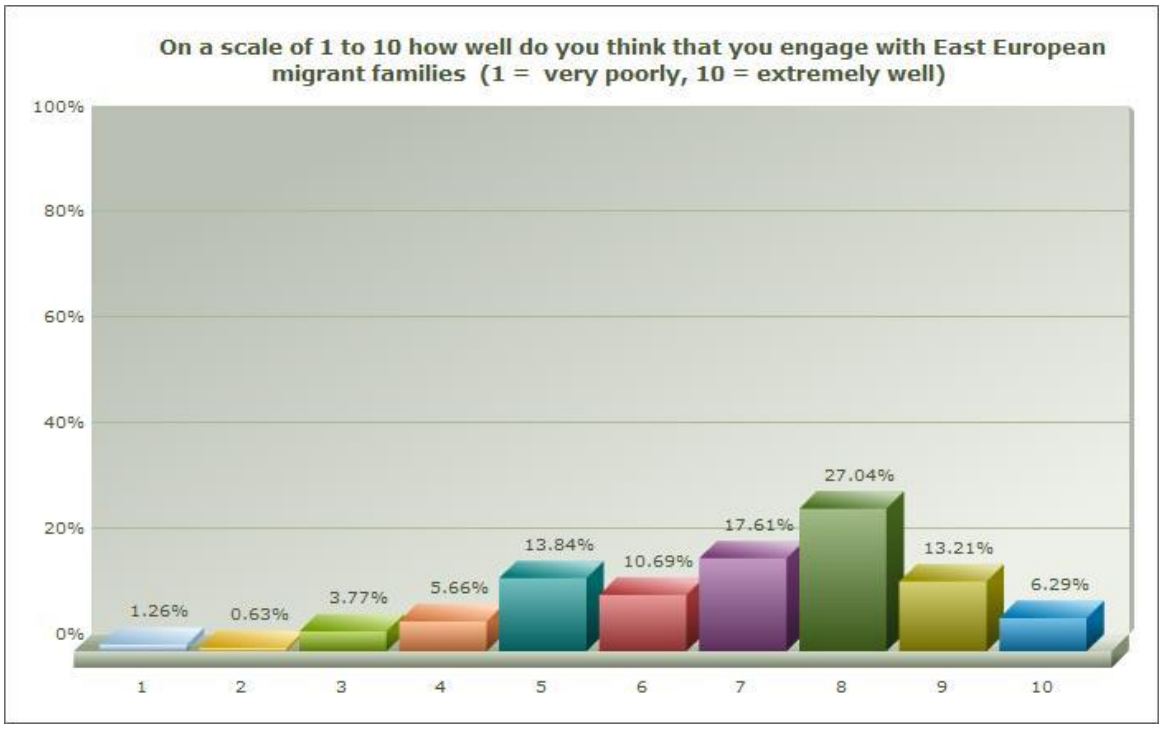
In the face to face consultations the majority of participants stated that they grew up with physical punishment but would not use it themselves. They think that it does not work particularly well so they would look for different strategies. They also stated that they do not always knows how to deal with a child’s unacceptable behaviour. Parents talked about using strategies to stop poor behaviour, but didn’t mention any strategy to encourage positive behaviour. Some participants felt that they would use physical punishment if necessary.

5.2. Service Providers

5.2.1. Engaging with eastern Europeans

E survey respondents were asked how well they felt that they engaged with east Europeans and also how well their teams engaged. Almost universally respondents scored themselves equally or slightly higher than their teams. The mean score was 7.01, the modal score was 8.

Figure 15



Generally, respondents felt very comfortable about their ability to engage effectively with eastern Europeans. The frequency of contact had little impact upon how respondents judged their engagement when they engaged *frequently* and *occasionally*, the mean figures were 7.19 and 7.16 respectively with 8 being the modal figure in both cases. When staff engaged *rarely* or *never*, the mean dropped to 5.68 with this category being bimodal with scores of 5 and 7.

Of those who identified as scoring 10 out of 10 on how well they engage, when asked what their barriers were, they identified the following points:

1. The families we need to see do not necessarily attend for services
2. Being able to communicate clearly with them
3. Language
4. Parents demanding behaviour
5. Lack of understanding of each service
6. Those people come here to work and earn money - so they can't afford to attend meeting and appointments when they can go to work
7. Differing cultural opinion of accepting help when offered
8. Language and their understanding of our services.
9. Lack of understanding of their culture and their language and value system
10. Lack of understanding of each service
11. The people providing the services may not understand the eastern European cultures and how to address the issues with parents.
12. Lack of understanding of cultural issues.

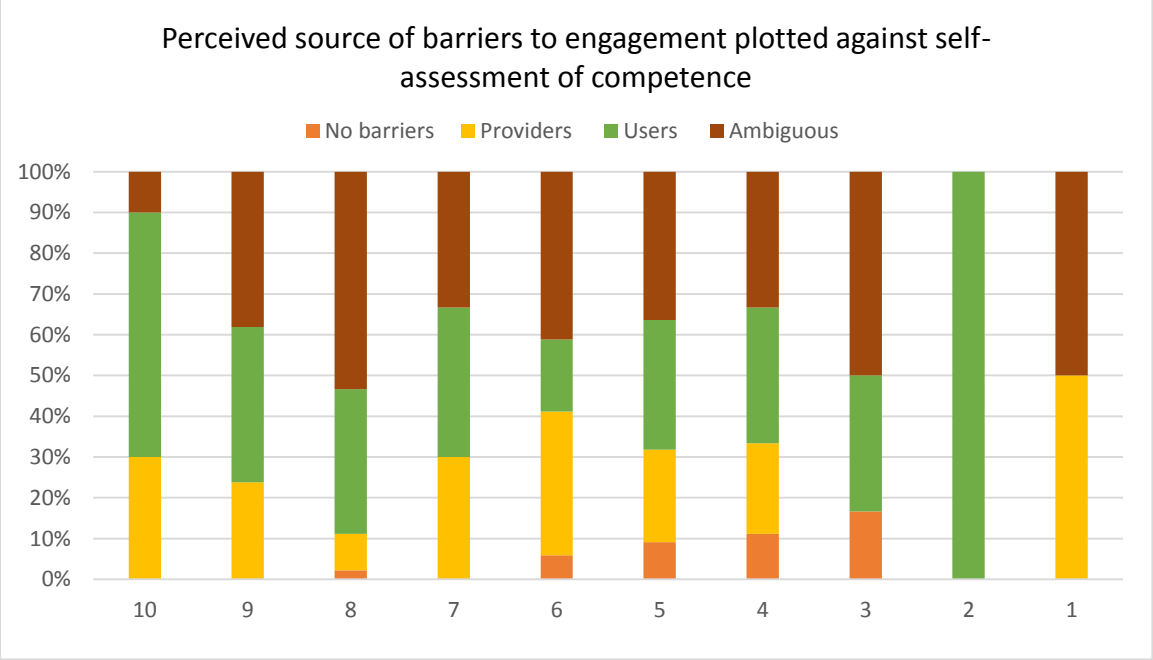
13. Lack of understanding of our role despite being explained
14. Poor signal for telephone interpretation.
15. Lack of funds for face to face interpreters

It is notable that the majority of these responses identify the barrier to engagement belonging to the service user rather than the provider.

With those who scored themselves at 9, eight clearly laid the responsibility for barriers to engagement with the families (e.g. Trust on their part, Not aware/lack of understanding of services provided, Wariness of authority, a misunderstanding of our role), five identified the issues as belonging to the service providers (e.g. ability to contact parents who often work long hours and are not able to have their mobile phones with them., lack of training for us, no written info in other languages). With the remaining eight who responded with this score the identified barriers could be on both sides (e.g. language, poor language skills).

With those scoring themselves at 8, four respondents clearly identified the responsibility of barriers as lying with providers (e.g. listening skills of practitioners, if the serious nature of professional concerns is not conveyed in a form families are able to clearly understand, length of time and resource required to communicate through translation services.). Sixteen respondents clearly identified the responsibility as lying with the families (e.g. “Families’ limited understanding of the English expectation regarding Child in need and Child Protection services”, “families reluctance to engage with services”, “Families [not] wanting to engage”) 24 responses were ambiguous

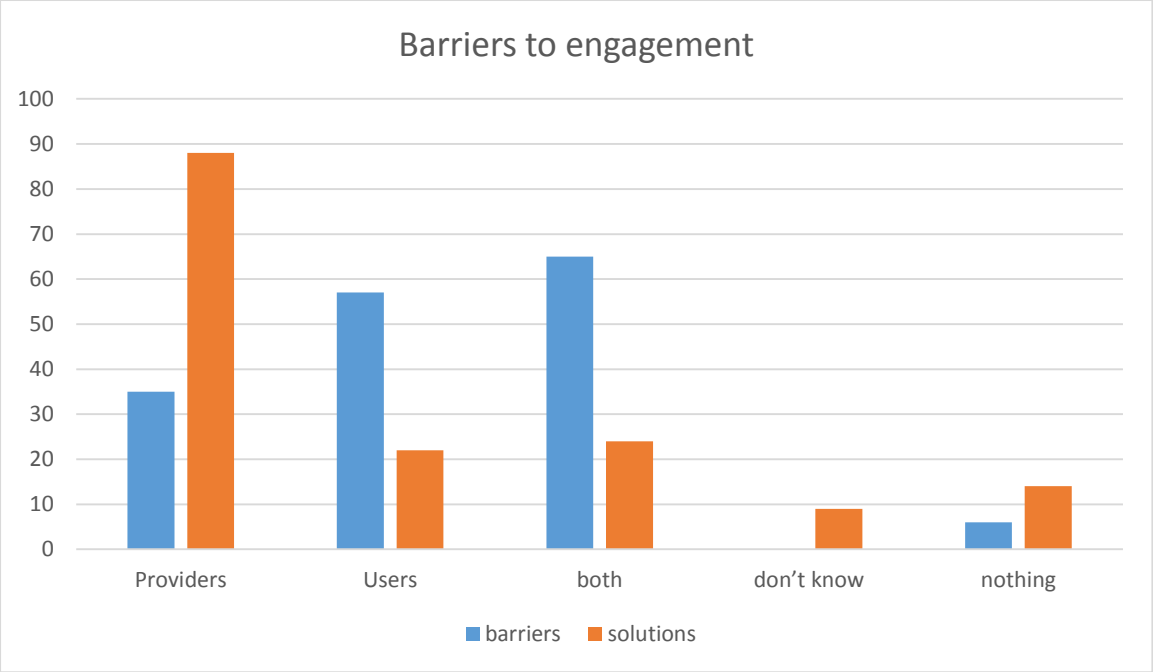
Figure 16



Overall respondents identified that barriers to engagement belong to the other to a greater extent than themselves, but when respondents were asked what would

improve engagement they overwhelming identified the need for services to make changes.

Figure 17: Barriers to engagement



5.2.2. Safeguarding concerns of the workforce

Within the e-survey and the engagement events with staff there were a wide range of levels of concerns around safeguarding children from eastern European migrant families. For the vast majority of staff there were a series of concerns but for 30 (19%) in the e-survey there were no concerns at all. 24 people responded "None" to the question "What safeguarding concerns do you have regarding Eastern European children?". There were a number of responses that similarly identified no knowledge of any additional concerns for this particular cohort of our population:

- The same concerns as any other children
- I am unaware of any
- The same as I do for the rest of the population

These responses came from responders who scored themselves very highly on how well they think that they engage with eastern European migrant families and were working in job roles which clearly require a sensitivity to the potential issues involved. Other respondents acknowledged a gap in knowledge: "as with all minority groups there is often a gap in our knowledge when it comes to certain cultural issues" and "it is possible there are a lot of hidden elements"

One example of the respondents who failed to acknowledge any particular or specific issues for eastern European children is involved in investigations of rape and marked themselves and their team as working at the highest possible level with regard to engaging with eastern Europeans. When viewed alongside the fact that there have been no referrals of eastern Europeans to the local support service available to rape and sexual assault victims the lack of cultural awareness and sensitivity appears to be a cause for concern.[4]

The identified safeguarding concerns for children can be grouped into five main categories:

1. Not getting appropriate health care
2. Domestic abuse
3. Being left without appropriate adult supervision
4. Corporal punishment of children
5. Vulnerability caused by living in a different country
    a. Not engaging with services not getting appropriate support
    b. *not having the opportunity to disclose or issues being picked up by services*
    c. *isolation*

5.2.2.1. Not getting appropriate health care

Concerns were raised about the dietary health in the e-survey and several different consultation events. This was particularly raised concerning infants and small children. The content of lunches was noted as being either too small “Minimal lunch provided in lunch boxes” or, more frequently as having a “very high sugar content with sugary drinks”. There were also concerns expressed by health professionals about the way in which babies were being moved onto solids, either that this was being done too early or that the food they were receiving was inappropriate. There was one example of this of dietary supplement being bought from the internet which neither the mother nor the health visitor knew what it was and what it contained.

Concerns around oral health and dental hygiene were raised in a great number of settings and by large numbers of staff. It was remarked several times that eastern European children have bad and rotting teeth and this was perceived to be partly due to high levels of sugar being consumed, poor dental hygiene and a failure to use dentists in this country. The lack of attendance with dentists was viewed as being as a result of:

- limited funds being seen as making a visit to a dentist as too expensive,
- the lack of availability of NHS dentists,

[4] This particular issue has been followed up and addressed with the relevant services

- a cultural belief that visits to a dentist should be made when there is a problem to be addressed rather than as a precautionary measure to keep dental hygiene at a high level,
- a lack of trust in the quality and accessibility of services in this country allied to a belief that services in their country of origin will be better.

Concerns were also expressed about the way in which other health services were used or not used. It was frequently identified by health professionals that eastern Europeans did not feel that doctors or other health professionals offered as good a service as they could get in their country of origin leading to a failure a) to make use of health services and b) to appear with obscure medication and test results.

In relation to a), concerns were expressed that services were only used in an emergency partly due to perceived cultural norms around accessing health services and partly due to the accessibility of services in terms of limited awareness, understanding and confidence in local services. Alongside the repeated concerns around eastern Europeans' procurement of medicine being outside the practitioner's regulation, concerns were expressed about the amount of medication being used: "increased use of required medication with behavioural problems including sleep and behaviour".

Several staff groups identified the problems caused by interpretation services which will be discussed further in 4.2.2.5 Vulnerability caused by living in another country. One of the problems relates to it being a time consuming process and one GP related this directly to having safeguarding concerns:

"Time constraints of consulting when translating plus patient uncertainty regarding expectations of healthcare – e.g. may demand spouse/extra child to be seen during other patient's consultation. This can cause ill feeling between patients and staff and cloud future judgement."

One respondent to the e-survey identified that there was a concern regarding "responsiveness to babies/children's cues". This resonated with anxieties expressed during face to face discussions at several consultation events regarding a low level of interaction between parents and toddlers.

5.2.2.2. Domestic abuse

There are widespread concerns within the workforce around domestic abuse within the eastern European community: "Incidence of domestic abuse is high". This is supported by data procured from Peterborough. The cohort covered 2 years' worth of offence data where there was a known offender, and the offence had a domestic abuse marker applied and then looked at the nationality of these. There was a clear overrepresentation of Lithuanian, Latvian and to a lesser extent, Polish nationals.

The effectiveness of the analysis has been affected by limitations in certain datasets. Crimefile data with a domestic abuse marker was used to identify the levels of domestic abuse in different communities, but the nationalities of individuals was not always recorded. Having almost 25% not recorded restricts the analysis so accurate observations cannot be drawn. There is an argument that White British would be more likely to be recorded as it would be easier to identify and if this is the case and if the 175 that were not recorded were eastern European then this would increase the overrepresentation.

The anxieties raised amongst professionals are that domestic abuse is:

- more culturally tolerated,
- exacerbated by the poverty that many families find themselves in,
- that within the eastern European community it may be more prevalent due to higher levels of alcohol consumption,
- in eastern European families there may be a reluctance to report domestic abuse and to seek help and support.

Professionals from a wide range of services perceive that domestic violence is more widely culturally accepted within the eastern European communities than in the indigenous population. It is perceived by professionals that domestic abuse is viewed by eastern Europeans as an issue that should be dealt with by the family and that to take it to external agencies such as the police brings shame upon the family and the community.

> "Cultural beliefs leading to parents finding it hard to accept why professionals are concerned about effects of DV etc. on children."

> "Families have a different culture regarding violence, punishment and boundaries and do not understand or accept British norms and legislation (or are ignorant of them)"

This perception of cultural difference was similarly recorded in the Healthwatch report:

> "Women have to hide it (drinking) -do it in the house-but men are allowed to do everything-it's more accepted. Like how culturally it is male dominance and men hitting women is acceptable"

(Humphries, 2015)

Heavy drinking is seen by staff to be a factor that increases the likelihood of domestic violence occurring and there is a perception that alcohol consumption is greater within the eastern European community than in the indigenous population.

> "There also seems to be a cultural difference in the tolerance and acceptance of domestic violence between adults… this can happen when adults are under the influence of alcohol."

This echoes the findings in the PCG Advisory services report which identified links between domestic violence, alcohol abuse and the stress associated with living in a different country:

> "The disruption of moving so far from home brings many stresses. It was reported during the interviews and focus groups that these stresses can bring with them an increased risk of relationship breakdown, alcohol abuse or domestic violence."
>
> (Miskowiec & Pescod, 2015)

It was also noted in a response in the e survey that aggression and violence was more prevalent in the whole family:

> "There seems to be a cultural difference in how parents interact with one another and also how children are encouraged to interact with each other. Some parents have been promoting violent aggressive play between children. There also seems to be a cultural difference in the tolerance and acceptance of domestic violence between adults."

In face to face consultations cases were cited where the police have been called out to incidents of domestic violence by the victim who subsequently does not want to press charges or take the matter further. This was also evidenced in the dip sample data. In one of the sampled cases there were repeated contacts with police regarding domestic violence incidents, including one where the victim was in the street asking for help but when the police arrived she refused to engage with them. Health visitors reported being aware of incidents of DV through police reports but subsequently finding that the victim won't disclose until the health visitor informs them that they already know about the incident.

In the face to face consultations and the questionnaire responses it was perceived that eastern Europeans would be less likely to report incidents of domestic violence either because they did not trust the police, or because they felt that it was a private matter to be dealt with in the family, or because they did not know where to go for help

> "Families deal with their own issues and do not seek outside help"

> "Families and communities seem to support and cover up issues."

> "[There is] a mistrust of the British authorities, partly due to an assumption based on their native police force etc. and sometimes we are an untested entity"

Concerns were expressed around family members being co-opted in to interpret for services, which was seen, at best as inappropriate, in terms of children being used and having to discuss sensitive information, and at times collusive particularly when a male member of the family was taking on this responsibility and changing the professionals' messages to suit his own personal perspective. The perception that individuals may be victims and then distanced from supportive services through

language barriers was re-iterated in terms of communities closing ranks and keeping victims at a distance from regulatory and supportive services:

> "Another concern is the fact that close knit communities who may or may not be on the margins of the society tend to close ranks when external actors come and probe into their lives or when they feel this is happening which can lead to a culture of secrecy and disguised compliance".

5.2.2.3. Children being left without adequate supervision

The most frequently repeated safeguarding concern regarding eastern European children relates to whom is looking after them. This is usually linked by practitioners to the long shifts and working patterns that their parents are subject to. The work that is generally available to eastern Europeans is zero hours contract work involving short notice and very limited flexibility or concessions to family matters. Safeguarding concerns are frequently expressed about children being left for long periods, including overnight, with "poor childcare arrangements".

Examples of reported "poor childcare arrangements" included:

- Children being left home alone either overnight or for long periods of time
- Young children being left in charge of younger siblings.
- Children being left with unidentified adults living in houses of multiple occupation (HMOs) with the families (unidentified by professionals, this consultation has not clarified the context and level of knowledge of the parents regarding these adults).
- Children being left in the care of unregistered childminders. These may be people coming into the home to take on a babysitting role or the children may be going to the houses of unregistered childminders. As these are unregistered it is not possible to know the quality of the childcare nor the numbers of children who are being placed with them at any one time.
- Concerns were expressed around young children being left to get themselves to and from school: one example was given of a child being left under a bush near a school as the parent had to go to work before the school opened.

Safeguarding concerns were widely expressed around the vulnerability that poor housing conditions created for the health and well-being of children and young people. These concerns included over crowded households where whole families were living in one room plus the overcrowding that occurs due to families living in HMOs. As well as the level of poverty that children were experiencing, multiple occupancy housing was also seen to be increasing vulnerability of children through the risk of living with unknown adults. This vulnerability is seen to be increased with the understanding that children are left alone for long periods in HMOs. Linked to this there are concerns around children being brought to, and collected from school by adults whom are living with them but who are also unidentifiable by school staff.

Concerns were also expressed about the environments in which eastern European families were living in that they were frequently in areas of deprivation:

> "Often, these families have no recourse to public funds and this puts them in unsuitable accommodation with exposure to unsuitable people".

This was viewed as a concern in terms of impact upon both their experiences and their behaviours. One response noted that "My concerns are that they are living in poverty and also at risk of violent behaviour from racist members of the community". Elsewhere this was identified as a contributory factor in a perceived rising level of eastern European young people coming through the youth justice system. The concern was that a number of eastern European young people were missing from school and that a lack of opportunities and facilities was leading to an increase in anti-social and criminal behaviours.

Concerns around young children being left in charge of younger siblings were frequently expressed, one example given was a nine year old being responsible for feeding and putting his five and three year old siblings to bed, with a parent returning sometime after 9pm. In some cases this was viewed as a lack of responsibility or carelessness on the part of the parents, but for other practitioners there was a belief that this was a positive decision taken:

> "[Eastern Europeans are] more likely to leave children with adults they know little about for long periods of time"
>
> "Their own cultural issues of leaving children at home alone so that parents can go to work."
>
> "Expectations of children being independent and looking after themselves are higher."

The perception that eastern European children are given greater autonomy is linked in the minds of some practitioners to children being left on their own without appropriate supervision.

5.2.2.4. Corporal punishment

Concerns were raised by all staff groups around the use of physical punishment to discipline children. Staff perceive that corporal punishment is more widely used amongst eastern European parents:

> "What is acceptable to Eastern European parents is often not what we would class as acceptable."
>
> "There have been a number of families (particularly those from Lithuania) where parents have used a belt to discipline."
>
> "There can be a cultural propensity to use physical discipline that clearly needs to be challenged."

Practitioners a range of motivating factors behind this perceived approach to discipline. It was seen as possibly a lack of knowledge, a lack of understanding or a lack of willingness to conform:

> "Families have a different culture regarding violence, punishment and boundaries and do not understand or accept British norms and legislation (or are ignorant of them)"

A key issue within the consultation was whether these are cultural issues which are linked to eastern Europeans or whether there are circumstances which arise from their circumstances of living in a different country and any associated poverty. This issue was raised within the consultation event in Kings Lynn with social care staff in relation to corporal punishment. This staff group identified that within their client group this happens and within the eastern European community it is not believed to be common but it is occurring. There is a perception that this is not a cultural issue that belongs to the culture of the country of origin but that it is subculture issue related to the people who are coming to the area looking for work.

Some staff noted that this issue needed to be contested but this was seen as a potentially difficult task either because a lack of willingness to change on the part of service users or because practitioners were anxious about causing offense:

> "There can be a cultural propensity to use physical discipline that clearly needs to be challenged."

> "It is difficult to convince parents their actions are of concern,"

> "…staff do not necessarily have enough cultural awareness to have the confidence to challenge."

In the face to face consultation events a lack of uncertainty was apparent regarding behaviours and cultural differences. A significant number of practitioners do not know whether some of their safeguarding concerns are linked to a cultural issue relating to the country that the service users come from, or whether it is impacted upon by individual circumstances and is no different to issues within the indigenous population.

There are anxieties within staff teams about making cultural assumptions. A significant number of practitioners feel that they have a lack of knowledge about the cultural differences and want to know how to challenge clients more effectively. This lack of knowledge and understanding was linked by practitioners to their levels of confidence and efficacy.

5.2.2.5. Vulnerability caused by living in another country

The issue of failure to disclose as a result of poor engagement with services was raised, this was seen as being a problem as a result of language barriers:

> "Language barriers, and misunderstandings, lost in translations."
>
> "My concerns would be for children with little or no English, who may not be able to communicate what is or isn't happening to them."
>
> "The language barrier in them being able to disclose abuse."

Overcoming language barriers is identified as problematic, with staff reporting a wide range of quality of interpretation services. Even when services are of good quality, staff still report problems that this presents in having immediate and high quality communication with service users.

> "Language- even with interpreters, nuances of speech, difficulties in translating some words/phrases, creates a barrier."
>
> "Impact of not being able to gain wishes, feelings and experiences of children"
>
> "Although we make use of Translation services it still prevents good communication with families. It also I think can make families less trusting when using a translation services."

Problems that staff identify include difficulty building rapport with clients and the amount of time that is added to meetings. It was pointed out that case conferences can be very difficult for service users to follow what is going on when it is conducted in their own language and it was recognised how much harder this must be with an intermediary acting as interpreter.

Staff from all agency groups talked about poor interpretation experiences that they have had. These include:

- Restrictions placed upon workers to access interpreters.
- not being confident that the interpreter is accurately representing the conversation
- using interpreters who are manipulating the conversation and undermining what is being said by the practitioner
- interpreters coming from the local community and either moderating the conversation or putting themselves at risk of censure from their community if they do not do so
- interpreters who undermine the practitioner by giving their own version of what the practitioner wants to put across
- interpreters needing to leave before the appointment is over
- Availability of reliable translation and interpretation services that are not prohibitively expensive.
- Not trusting that interpreters will act with appropriate confidentially
- interpreters not having the right language or dialect
- interpreters not turning up
- Use of children or other family members to act as interpreters is not ideal as sensitive information may not be addressed if children are the

> interpreters or if the interpreter is male and we are communicating with a woman.

Throughout the consultation staff identified a lack of translated material as a barrier to engagement. This included resources such as leaflets, information packs and other informative resources. It also applied to letters and forms which are not currently available in other languages

As well as the immediate problem of having to communicate in another language there were other barriers which have no lesser impact:

> "Children feeling isolated meaning less likely to disclose"
>
> "Isolation of families"
>
> "There could also be communication issues when trying to discuss concerns with parents"
>
> "Feeling excluded from local community"

Allied to the concern that individuals may be discouraged from engaging with services was a perception that a person's individual agency might create or maintain that distance from help and support:

> "The mistrust of the state and the services it provides which can feed into non-engagement with the support on offer."
>
> "Parental lack of understanding of community services and the roles"
>
> "The trust the families have with the police and other agencies."
>
> "Hidden needs through fear of services and reluctance to engage or ask for help."

The above barriers can be viewed as being a result of living in an unfamiliar country where structural and procedural differences impact upon the welfare and well-being of vulnerable or potentially vulnerable individuals.

The majority of responses in terms of safeguarding concerns were focused on the circumstances and behaviours of eastern Europeans but there were concerns that were raised that linked to the way in which services are provided and delivered.

The way in which some staff negatively interact with eastern Europeans was identified as raising safeguarding concerns. This could be due to the interaction between individuals or structural and organisational problems. Concerns were identified around the sharing of information between different local authority areas when service users are "moving from one area to another and being lost in the

system". This was recognised as occurring when service users are having to move because of housing or employment necessity and sometimes when they are perceived to be evasive and deliberately avoiding engagement with services. In terms of poor individual engagement it was perceived that this could be due to a lack of knowledge and understanding: "professionals' discrimination due to cultural differences," or due to a more active and intolerant discrimination: "East Europeans exposed to racist attitudes from staff". Either way it was recognised that this could lead to a lack of disclosure and child protection issues going unnoticed. It was also raised that cultural difference might be used by staff as a way of minimising safeguarding concerns "culture is used to explain/minimise non-engagement and behaviours that would otherwise be highlighted as a concern".

There were other safeguarding issues that were raised in the discussion groups that linked to the amount of time that is required to deal with cases and also that cases might be kept open purely as a result of the service user being eastern European. Staff teams observed that having to work with an interpreter meant that the amount of time involved in these cases was considerably longer due to the slowness of communication, getting the information and building rapport and a good working relationship with the service users. Welfare reforms are viewed by staff as impacting upon their workloads. Where there is no recourse to public funds cases are being held open longer by social workers because of the poverty that is caused by this. Case examples were given of single parents having no recourse to public funds and no option other than to work; this then raises child care issues which means that it remains an open case.

6. Conclusions

In order to improve the engagement of eastern European migrant families there is a need to develop a strengths-based, solution focused model of working with these communities. This model needs to incorporate the issues and action points identified below.

6.1. Cultural awareness and sensitivity

Amongst all staff teams there is a need to improve the awareness and understanding of the cultural issues relating to eastern European families. There is a self-reported lack of confidence amongst some members of staff around engaging with eastern European migrant families. For some this arises from not having enough knowledge about the cultural differences leading to anxiety about offending them.

For other staff there is a clear over-confidence in their cross-cultural communication which shows a lack of sensitivity to the subject and potentially therefore to their clients.

During the consultation there were several individual and groups who identified that the treatment of eastern Europeans by some service providers was unacceptable ranging from intolerance through to racist comments and behaviours.

A lack of knowledge, skills and confidence in individuals reflects a similar deficiency within an organisation. Training provides a mechanism through which to improve the knowledge, skills and confidence of individual staff members but change of practice requires performance management structures to embed and sustain the learning from training through supervision and team meetings.

Recommended action 1: There is a need for training for staff in order to address this lack of culturally competent service provision.

This training should be made available to team leaders and managers and built into annual training programmes to ensure that cultural competence is embedded within teams.

Recommended action 2: Agencies will embed culturally competent practice and take responsibility for keeping cultural issues actively and positively discussed within teams

Recommended action 3: The commissioning of services should ensure that criteria related to cultural competence is included and assessed.

6.2. Interpretation and translation

Even at its best, interpretation acts as an obstruction to effective engagement and communication with service users who are not fluent in English. The majority of service providers use interpreters and have had some poor experiences when using them. Many eastern Europeans have a lack of trust and confidence in services and interpreters can be seen to provide the initial voice of services. It is therefore essential that these interpreters are accurately representing the service that they are commissioned by. This is regularly not happening to the satisfaction of staff. The translation of resources and regularly used communications does not appear to be effectively coordinated.

Recommended action 4: The quality of interpretation and translation services is inconsistent and requires greater monitoring and quality assurance.

6.3. Communication with the eastern European community

There is a high level of anxiety and low levels of trust and confidence within eastern European communities about the services that are provided locally Migrant families are not receiving all the information that they need in order to make informed choices about using services. There is a lack of knowledge within the community regarding UK legislation relating to safeguarding children and this knowledge is being predominantly sourced by word of mouth, which, whilst this can be a highly effective

avenue in terms of sharing of information the quality of that information sharing is not assured. Misinformation can be transferred as easily as good quality information. Awareness and education for eastern Europeans about legislation and the role and functions of services is essential. Similarly building trust and understanding between communities and statutory sector is vital. Within the consultation process the project did not identify a network of community leaders across all the areas. During the consultation process it became apparent that the eastern European supplementary schools in the region do not have safeguarding policies and staff are not checked through DBS. These schools provide a resource that could be more effectively linked with and used as a means of informing the community about safeguarding legislation and services. There is some outstanding work being delivered through third sector providers which opens up links into local communities. All services need to be aware of these facilities and find ways to work with them constructively using their knowledge and expertise to enhance and develop their own provision whilst recognising the limited capacity that they have.

Recommended action 5: There is a need to ensure that eastern European families and communities receive clear and positive messages about services that are offered and the potential support that is available to them.

Recommended action 6: Supplementary schools should be supported to develop safeguarding policies and practices

6.4. Recording relevant information

In trying to establish datasets to provide baseline data for the project it became clear that the way in which information about individuals is collected within systems does not allow for easy access to this information. This makes analysis of data flawed, incomplete or impossible. In order to improve engagement with eastern European families it is essential to know that whether and to what extent this is happening. This requires robust performance management and good recording of information. Nationality as well as ethnicity should be recorded as a matter of course. It is also important to have the recording sufficient family history and length of time that they have been living in this country.

Recommended action 7: Nationality as well as ethnicity should be recorded as a matter of course wherever there is the opportunity to do so. Family history and relevant cultural background should similarly be recorded where this is appropriate.

7. References

Humphries, L., (2015) *Migrant workers accessing healthcare in Norfolk* Healthwatch: Norfolk

Miskowiec, A. and Pescod, J. (2013) *Consultation Work with Families from the A8 Accession Nations (Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, and Slovenia) living in Cambridgeshire* PCG Advisory Services: London.

8. Annexes

8.1. Annex 1: Questionnaire for service users

Safeguarding and Community Inclusion

The local authorities in Norfolk, Cambridgeshire and Peterborough want to improve the way that services offer support to Eastern European families. In order to be able to do this we need to know what you think would help. Please would you complete the following survey questions?

Town, where you live:
……
……
Nationality:
……
……..
Gender: Male ……. Female……..
Single parent: YES NO

Ages of your children:

1. Are your children registered with the local GP? YES NO

2. Are you attending activities in Children Centres? YES NO
   If YES, what is good about it? If NO, please explain why?

3. Are your children registered in Nursery? (Age 0-4) YES NO

4. Are your children registered in school? (Age 5-16) YES NO
   If NO, please explain why?

5. Who takes/picks up your children to school/nursery? Tick all relevant.

1.	You or child's father/mother		2.	Family friend		3.	Register childminder	
4.	Older sibling		5.	Neighbour		6.	Not register childminder	
7.	Adult who lives in the same house		8.	Somebody else, please state:				

6. Who looks after your children when you are at work? Tick all relevant.

1.	You or child's		2.	Family friend		3.	Register	

	father/mother						childminder	
4.	Older sibling		5.	Neighbour		6.	Not register childminder	
7.	Adult who lives in the same house		8.	Somebody else, please state:				

7. Do you pay for someone to look after your children? YES NO

8. Are you happy with this arrangement? YES NO
   If Yes, what is good about it? If NO, please explain why?

9. Have there been occasions where there has been no adult to help and you still needed to go to work? YES NO

10. Do you know any services/agencies where you can go for help regarding child's behaviour, school attendance, childcare and other? YES NO

If YES, could you write them down, please.

11. Are you aware about child care and safeguarding legislation and law in UK? YES NO

How did you receive this information?

Thank you for your time.

8.2. Annex 2: Questions in face to face meetings with service users

1. Do you know where to go for support?
2. Are you aware about legislation in UK regarding safeguarding children?
3. Do you give your child/ren housework to do?
4. Do you ask your child to look after younger siblings?
5. Do you slap your child when child s/he is naughty?
6. Do you use child as an interpreter?
7. What do you think about:
    - GP?
    - Children's centre?
    - School?
    - Social service?
    - Health visitor/midwife?
8. What do you know about DV?

8.3. Annex 3: questionnaire for service providers

Safeguarding and Community Inclusion
Engaging with Eastern European Families

Cambridgeshire, Peterborough and Norfolk Local Safeguarding Children Boards have shared concerns about engagement with Eastern European migrant families, particularly around the identification of safeguarding risks and delivering effective interventions with children and young people. Please complete the following survey questions. Your responses are anonymous and will contribute to a SWOT analysis leading to improved support and risk management for vulnerable children in this cohort.

1. Which geographic areas do you work in?
   Peterborough
   East Cambridgeshire and Fenland
   City and South Cambridgeshire
   Huntingdonshire
   Norwich
   Kings Lynn and West Norfolk
   Great Yarmouth
   Breckland
   Broadland and North Norfolk
   South Norfolk

2. What is your job role?

3. How long have you been in this job role?
   Under 1 yr
   1 – 2 yrs
   2-5 yrs
   over 5 yrs

4. Choose one option that best describes your ethnic group or background

White

1. English/Welsh/Scottish/Northern Irish/British
2. Irish
3. Gypsy or Irish Traveller
4. Any other White background, please describe

Mixed/Multiple ethnic groups

5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Any other Mixed/Multiple ethnic background, please describe

Asian/Asian British

9. Indian
10. Pakistani
11. Bangladeshi
12. Chinese
13. Any other Asian background, please describe

Black/ African/Caribbean/Black British

14. African
15. Caribbean
16. Any other Black/African/Caribbean background, please describe

Other ethnic group

17. Arab
18 Any other ethnic group, please describe

5. Do you regularly have contact with Eastern European family members?

Frequently	Occasionally	Rarely	Never	Not applicable

6. On a scale of 1 to 10 how well do you think that your team engages with East European migrant families (1 = very poorly, 10 = extremely well)?

1	2	3	4	5	6	7	8	9	10

7. On a scale of 1 to 10 how well do you think that you engage with East European migrant families (1 = very poorly, 10 = extremely well)

1	2	3	4	5	6	7	8	9	10

8. What safeguarding concerns do you have regarding Eastern European children?

9. What, for you, are the main barriers to good engagement with Eastern European families?

10. What, in your opinion, could improve this engagement?

11. What lines or avenues of communication do you have with Eastern European families?

12. What training around cultural competency have you completed?

    Was it useful?

13. What are your training needs?

14. Any other comments

Thank you very much for taking the time to complete this questionnaire

8.4. Annex 4: Questions for face to face meetings with service providers

What services do you provide?

What % of your service users are eastern European?

How do your referrals come in?

How good are your lines of communication with the community?

Thinking about a family that was easy to engage – what were the key factors?

Thinking about a family that was difficult to engage – what were the key factors?

What are the main safeguarding issues that you have anxieties about?

How often do you make referrals into social care and what are the outcomes?

What training have you had and what are your training needs?

What changes would you like to see to help you in your work?

Do you find that families are moving around?

What is working well and what could be improved in terms of interagency working?

Do you have any further comments or observations?

8.5. Annex 5 Agencies involved in consultation

Service users

KLARS, Kings Lynn
Rosmini Centre Wisbech
Prepare for Parenthood Ante-natal class Oasis Children's Centre, Wisbech
Wisbech South Children Centre
Lithuanian Supplementary School, Peterborough
Latvian Supplementary School, Peterborough
Discovery Centre, Kings Lynn
Ramnoth Junior School, Wisbech
Nene Infant School, Wisbech
Gladca, Peterborough
Lithuanian supplementary school in King's Lynn,
Oasis Nursery in Wisbech,
Polish Supplementary School in Wisbech

Service providers

Action for Children Hunstanton
Action for Children, Kings Lynn
Breckland Council
Cafcass
Caister Children's Centre
Cambridge and Peterborough NHS Foundation Trust
Cambridgeshire Education advisory service,
Cambridgeshire Youth Support Service
Cambridgeshire Constabulary
Churches together in Central Peterborough
Dereham and Litcham Health Visiting team
Downham Market Health Centre
Early Help
Emneth Children's Centre
Fakenham Children's Centre
Family Action, Swaffham
Fiddlewood and Mile Cross Children's Centre
Freelance Interviewer at National Centre for Social Research
Gladca, Peterborough
GPs Cambs and Peterborough
Hanseatic Union
Hate Free Norfolk Network
Health visitors, Wisbech
Holly Meadows School
Home start
Hospital practitioners
Iceni
KES Academy, Kings Lynn
Kings Lynn Discovery Centre

Kings Lynn social care staff,
King's Lynn YOT
Lawson Rd Health Centre
Leeway
Locality manager, March
LSCG Workshop King's Lynn
Marshland High School
Minorities Achievement and Attainment Service Norfolk
Multi-agency workshop, Rosmini Centre
Nar and St Clements Children's Centre, Kings Lynn
Norfolk Adult Education Service
Norfolk and Suffolk NHS Foundation Trust
Norfolk Community Health and Care
Norfolk Constabulary
Norfolk Minority Attainment and Achievement Service
Paediatricians
Pandora Project
Parent Support Advisers, Kings Lynn
Peterborough Community Connectors
Peterborough Early Help Team
Peterborough Education advisory services
Peterborough Family Nurse Partnership
Peterborough School Safeguarding Leads
Practice nurses
Public Health Kings Lynn
Queensway Infant and Nursery School
Ramnoth Junior School, Wisbech
Rosmini Centre
School Nursing
South Holland Council
Stonham Family Intervention Project
Stonham Homestay
Swaffham infant and Nursery School
The Lighthouse
The Matthew Project
Thomas Clarkson School, Wisbech
Wisbech Children Centre
Wisbech Town Council

There were further agencies who took part in the e-survey and face to face events which are not identifiable due to limited supplied information.