

**Culturally appropriate service provision for  
culturally and linguistically diverse (CALD)  
children and families in the New South  
Wales (NSW) child protection system (CPS)**

INTERIM REPORT 1

LITERATURE REVIEW

Pooja Sawrikar

Report for the NSW Department of Community Services

Social Policy Research Centre  
University of New South Wales  
July 2009

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**Note:** All materials presented in this report are confidential and not to be distributed. All views in this report reflect those of the author only and not of the NSW Department of Community Services (DoCS).

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## Abbreviations

ABS	Australian Bureau of Statistics
ACWA	Association for Children’s Welfare Agencies
CALD	Culturally And Linguistically Diverse
CLAS	Community Language Allowance Scheme
CRC	Convention on the Rights of the Child
CSC	Community Service Centre
CPS	Child Protection System
DoCS	Department of Community Services
FDM	Family Decision Making
FGC	Family Group Conferencing
FGM	Female Genital Mutilation
IMB	Information Management Branch
KiDS	Key Information and Directory System
LOTE	Language Other Than English
MSU	Multicultural Services Unit
NAATI	National Accreditation Authority for Translators and Interpreters
NESB	Non English Speaking Background
NSW	New South Wales
OOHC	Out Of Home Care
PTSD	Post Traumatic Stress Disorder
ROH	Risk Of Harm
SES	Socio-Economic Status
SPRC	Social Policy Research Centre
UK	United Kingdom
UN	United Nations
UNSW	University of New South Wales
USA	United States of America

## Glossary

**Acculturation** A relatively fluid and dynamic process across context and generations, that individuals and groups of NESB engage in to balance their conflicting needs for cultural preservation and cultural adaptation. There are four types: (a) assimilation – when adaptation is greater than preservation, (b) integration – when adaptation and preservation are equal and high, (c) separation – when adaptation is less than preservation, and (d) marginalisation – when adaptation and preservation are equal and low (Berry, 1980).

**Child protection system (CPS)** The system that responds to reports of suspected abuse or neglect, and makes assessments about the safety of the child for whom a report is made, their risk of harm, the strengths and needs of the family, and the best interests of the child (c.f. Out of Home Care (OOHC) system in which removal of children from caregivers occurs).

**Cultural absolutism** An approach to child protection practice in which abusive or neglectful behaviours can be identified regardless of the child's culture (c.f. cultural relativism).

**Cultural awareness** Knowing the cultural norms on parenting, discipline, warmth, and/or family functioning for a CALD group (c.f. cultural sensitivity and cultural competency).

**Cultural competency** Being aware of how the cultural norms on parenting, discipline, warmth, and/or family functioning for a CALD group are similar and different to the cultural norms on parenting, discipline, and/or family functioning for the caseworker (c.f. cultural awareness and cultural sensitivity).

**Cultural relativism** An approach to child protection practice in which abusive or neglectful behaviours cannot be identified because such behaviours cannot be separated from cultural factors (c.f. cultural absolutism).

**Cultural sensitivity** Being aware of how an individual child or family differs from the cultural norms on parenting, discipline, warmth and/or family functioning for their CALD group (c.f. cultural awareness and cultural competency).

**Culturally and Linguistically Diverse (CALD)** CALD can be used in a functional way to describe a whole population or community, or in a categorical way to describe a sub-group of that population or community. In this report, CALD refers to the same groups and people that NESB refers to. CALD officially replaced NESB in 1996.

**Exposure bias** The hypothesis that by virtue of being in contact with other social services, in turn as a result of disproportionate representation among the poor, CALD children are more likely to come to the attention of child protection authorities (Chand 2000).

**Institutional racism** The (local) culture of an organisation – in its formal and informal rules, the explicit and implicit protocols for workplace interaction, and the organisational memories – that lead to a system of racialised oppression. The

implication is that even if a white person does not discriminate individually, he or she benefits from white privilege based on group membership (Feagin and McKinney 2003).

**Multiculturalism** Can refer to either (a) tolerance for, and/or acceptance of, people of different backgrounds; or (b) active government and institutional support for the recognition and acceptance of diverse ethnic identities and ancestries of the members of a society (NB: the latter meaning is also known as ‘structural multiculturalism’).

**Non-English speaking Background (NESB)** People or groups who have a cultural identity or ancestry associated with a country or ethnicity where English is not the main language spoken. Can also be defined statistically as a person who was born or who has at least one parent born in a country where English is not the main language spoken. Official term used prior to CALD; replaced in 1996.

**Over-representation** When the proportion of children from a cultural group in the child protection system is significantly higher than their proportion in the general population (Johnson, Clark, Donald, Pedersen and Pichotta 2007). Also known as ‘racial disproportionality’ or ‘racial disparity’.

**Racism** A highly organised system of race-based group privilege that operates at every level of society and is held together by a sophisticated ideology of colour/race supremacy (Cazanave and Maddern 1999).

## 1 Executive summary

### Background

The general lack of research on specific cultural groups or cultural issues in child protection is widely acknowledged (Higgins, Adams, Bromfield, Richardson and Aldana 2005; Cashmore, Higgins, Bromfield and Scott 2006), and it is only recently that research into the needs of culturally and linguistically diverse (CALD) groups in Australian child protection systems (CPS) are receiving significant attention. In light of this currently unmet need, the New South Wales (NSW) Department of Community Services (DoCS) has made a commitment to establish evidence-based practice and policy for CALD communities, as outlined in the Ethnic Affairs Policy Directions<sup>1</sup> and Ethnic Affairs Priorities Statement (EAPS) Plan 2005-2009<sup>2</sup>.

DoCS co-funded (with the Social Policy Research Centre (SPRC) at the University of New South Wales; UNSW) a Postdoctoral Fellowship in July 2007 to conduct a large-scale research project on how best to meet the cultural and linguistic needs of their CALD clients. This three-year study is comprised of three methodological stages: (i) Stage 1: literature review, (ii) Stage 2: case file review, and (iii) Stage 3: interviews with DoCS caseworkers and case managers.

This report (Interim Report 1) summarises the findings of Stage 1<sup>3</sup>, which involved a review of the national and international literature on the experiences, needs and challenges of CALD children and families in the CPS, as well as the experiences, needs and challenges of their caseworkers and case managers. It also reviews policies on best practice for CALD groups.

### Aims

Compared to the literature in Australia, the research from the UK and the USA on the needs of minority ethnic groups in the CPS are more extensive, and as such have been used significantly in this report. There were eight *specific aims* of the literature review. These were to identify:

1. The main CALD groups that are (over-)represented in the NSW CPS, and the reasons that underpin their (over-)representation;
2. The general experiences, needs and challenges of CALD children and families in Australia;

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<sup>1</sup> [http://www.community.nsw.gov.au/docswr/assets/main/documents/policy\\_ethnic.pdf](http://www.community.nsw.gov.au/docswr/assets/main/documents/policy_ethnic.pdf)

<sup>2</sup> <http://www.community.nsw.gov.au/DOCSWR/assets/main/documents/eaps.pdf>

<sup>3</sup> Stage 2 will involve a review of 175 randomly selected case files to explore how the cultural and linguistic needs of CALD children and families are met. This stage will be conducted in 2009 and the results will be available in Interim Report 2. Stage 3 will involve interviews with 20 caseworkers and case managers, and 40 CALD children and families, to identify practices and procedures they perceive or experience as effective, as well as strategies they identify as useful for overcoming any practices and procedures they perceive or experience as ineffective. This stage will be conducted in 2009 and the results will be available in Interim Report 3. A Final Report will be available in 2010 summarising the results of the three Interim Reports.

3. The experiences, needs and challenges of CALD children and families in the CPS;
4. The experiences, challenges and needs of children and families from the five target CALD groups in this study – Greek, Lebanese, Pacific Islander [Samoan and Tongan], Vietnamese, and Chinese, both generally and in the CPS;
5. The experiences, needs and challenges of caseworkers and case managers with CALD children and families in the CPS;
6. Effective strategies for meeting the cultural and linguistic needs of CALD children and families in the CPS;
7. Existing resources and policy guidelines for delivering culturally appropriate child protection services to CALD children and families; and
8. Models of service delivery for, and the efficacy of interventions with, CALD children and families in the CPS.

## **Results**

*The main CALD groups that are (over-)represented in the NSW CPS, and the reasons that underpin their (over-)representation*

As it has not been mandatory to collect data on the ethnicity of children in the NSW CPS in the past, accurate data on the number of children from the various CALD groups is lacking. According to DoCS' Key Information and Directory System (KiDS), approximately four per cent of children in the NSW CPS are from a CALD background (Multicultural Services Unit 2007). However, according to DoCS' Multicultural Services Unit (MSU), the data on KiDS underestimates the proportion of CALD children by a factor of about five (MSU 2007).

The MSU (2008) have recently calculated that 15 per cent of children in the NSW CPS are from a family where a language other than English (LOTE) is spoken at home, and the figure is 20 per cent of all non-Indigenous children in NSW CPS. That is, when adjusted for the large over-representation of Indigenous children in CPS (about one quarter of all children in the NSW CPS are Aboriginal), the proportion of CALD children in the NSW CPS is on par with their representation in the general population.

According to DoCS' MSU (2007), the main groups in the CPS include Arabic speaking, Vietnamese, Pacific Islander, and Greek children. The newly emerging African community is also represented in the CPS. As a result of poor data records on the child's ethnicity, there are no accurate data that capture whether the proportion of children from each of these groups is under- or over-represented in the NSW CPS compared to their representation in the general population. However, communities typically over-represented in the NSW CPS are those with lower average levels of education and income, larger families, and with a high proportion of community members with a refugee background or from a country affected by conflict.

While the specific CALD groups in the CPS overseas differ to those in NSW<sup>4</sup>, it is likely that similar processes underlie their (over-)representation in the CPS. According to the mostly international research (e.g. Chand and Thoburn 2005; Korbin 2002), there are three main hypotheses as to why minority ethnic groups may be over-represented in the CPS:

1. Higher representation in the CPS is justified because rates of abuse or neglect are higher in these CALD groups. The implication of this hypothesis is that *culture* is the cause of abuse or neglect, and which then introduces them into the CPS;
2. Higher representation in the CPS occurs because of the ‘exposure bias’ (Chand, 2000); the increased likelihood of coming to the attention of child welfare agencies because of socioeconomic disadvantage. The implication of this hypothesis is that *poverty*, and not culture, reflects a systematic bias that introduces them into the CPS<sup>5</sup>; and
3. Higher representation in the CPS occurs because of culturally inappropriate or insensitive service delivery. The implication of this hypothesis is that culturally biased *institutional processes and organisational practices* (which are predicated on the use of one cultural norm to assess abuse and neglect, and is also known as ‘institutional racism’) introduces CALD families into the CPS.

#### *The general experiences, challenges and needs of CALD children and families in Australia*

One crucial step for understanding how best to deliver child protection services that are culturally appropriate and sensitive is to be aware of the general challenges for CALD children and families in Australia. These challenges form a broad contextual framework for understanding the migrant experience (even across generations), and can be useful for understanding the kinds of hardships or stressors they may face. These in turn may impinge on their ability to provide good care for their children.

Challenges CALD children and families may experience or perceive as a minority ethnic group in Australia include (but are not limited to):

- Migration stress;
- Acculturative stress;

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<sup>4</sup> The main minority ethnic groups over-represented in the CPS in the UK are Afro-Caribbeans and Asians (Asians in the UK refer to groups from the South Asian subcontinent and include Indians, Bangladeshis, Pakistanis, and Sri Lankans). The main minority ethnic groups over-represented in the CPS in the USA are African Americans (Jiminez 2006; Brissett-Chapman 1997) and American Indian/Alaskan Natives (Futa, Hsu and Hansen 2001).

<sup>5</sup> Poverty may also introduce CALD families into the CPS because it is the *cause* of abuse or neglect in that family. For example, the stress of socio-economic hardship may impinge on good family functioning or the ability of families to effectively care for their children (Babacan 2006, p. 14). However, this possibility is not the *implication* of the ‘exposure bias’ hypothesis.

- Displaced sense of belonging and cultural identity;
- Perceived or experienced racism and discrimination;
- Intergenerational conflict;
- Low English proficiency;
- Insufficient awareness of institutional systems and local services available;
- Loss or lack of extended family, social and community supports;
- Poor settlement experience in period after arrival in new country, and
- Socioeconomic disadvantage.

*The experiences, challenges and needs of CALD children and families in the CPS*

In addition to being aware of general challenges that are typical to migrant families, it is also important for caseworkers to be aware of the kinds of issues and challenges CALD children and families may perceive or experience after they have entered the CPS. Although these issues may be commonly understood by DoCS staff, they have been categorised in this report as follows:

1. Common issues for CALD children and families in relation to child protection issues and the system:
  - Lack of awareness about DoCS and their statutory power;
  - Fear of authority because of past experiences with DoCS or authority bodies in their country of origin;
  - Fear of authority because of shame on family; and
  - Lack of awareness of local community services.
2. Common issues when selecting an interpreter:
  - Ethnic-matching and gender-matching;
  - Using children; and
  - Respectful manner.
3. Tensions for CALD children and families in the CPS between their own conflicting needs:
  - Fear of breach of confidentiality despite having ethnically-matched interpreters who may provide empathy;
  - Fear of abusing/neglectful paternal caregiver in traditional gender role household despite wanting to seek help; and

- Intergenerational conflict between children wanting to seek help and caregivers wanting to protect the family name.

4. Tensions between CALD children and families, and caseworkers:

- Fear that caseworkers will be unaware of, misunderstand or disrespect their cultural needs; and
- Fear that caseworkers will underestimate the importance of keeping CALD children with their families.

*The experiences, needs and challenges of children and families from the five target CALD groups in this study, both generally and in the CPS*

The literature on typical familial issues that emerge in each of the five target CALD groups in this study – Greek, Lebanese, Pacific Islander [Samoan and Tongan], Vietnamese, and Chinese – is limited. However, some key findings emerged, and can be useful for caseworkers' understanding of the culture-specific context of family functioning for their clients from these CALD groups.

Greek children and families

The institution of the family has been the primary unit of the social structure in the Greek culture (Agathonos-Georgopoulou and Browne 1997). Mild physical punishment of children in Greece is considered a normal aspect of child rearing ... (and) deeply rooted social values and attitudes about the protective role of the family inhibit the acceptance that the Greek family is as vulnerable to domestic violence as families elsewhere (Trojan, Dessypris, Moustaki and Petridou (2001). Variables that predispose children in Greece to physical abuse include offspring of unwanted pregnancies, male gender, low socioeconomic status, young parental age, social isolation, and poor relations with the family of origin (Agathonos et al. 1982, cited in Trojan et al. 2001).

Lebanese children and families

Arab societies like Lebanon are highly diverse. The *hamula* – the patrilineal kinship structure of several generations, extending to wide network of blood relations – is the central family unit in Arab society (Al-Krenawi and Graham 2001). In the Middle East, the child is seen as the crucial link between generations particularly sons (Makhoul, Ghanem and Ghanem 2003). Physical punishment occurs in all social groups in Lebanon, is widespread throughout society as a method of discipline, and is generally used in educating and bringing up children because families believe it is effective. Girls and boys receive the same punishments (Global initiative to end all corporal punishment of children, MENA). It is important that caseworkers do not focus on individual pathology over the social context; the strengths of the Arab family and society – mainly the social solidarity, economic assistance, and psychological support of the collective (including the nuclear and extended family, neighbours, friends) – should not go unrecognised (Shalhoub-Kevorkin 2005).

### Pacific Islander [Samoan and Tongan] children and families

The concept of the extended family as the norm is common to all Pacific cultures (Griffen 2006). Children in Samoa are considered gifts from god, and children are relied upon to carry forth Samoan culture and traditions (Griffen 2006). Studies of Samoan childrearing note that loving and expressive parenting traditionally has coexisted with wide acceptance of physical discipline and punishment in this community (Pelczarski and Kemp 2006). The avoidance of shame and maintaining the family's reputation is a powerful determinant of behaviour in Samoa and Tonga (Suaalii and Mavoia 2001).

The Pacific girl child, in particular, has a very low status in society, and is often subjected to various forms of violence, ranging from violent punishment at home and school, to domestic violence and sexual abuse and exploitation, and this strict and sometimes violent treatment is intended to ensure the protection of her reputation and her family's honour (Ali 2006). 'The use of violence to bring up children correctly and the high value placed on conformity to social norms, combined with the oppressiveness of gender stereotypes, can place enormous constraints on children' (Griffen 2006, p. 10).

Pacific Island families living in Western democracies like Australia may experience conflict in the way they understand normative child rearing and legal definitions of child protection. For example, "the tension between the individual and collective is highlighted in policies for children and young people which have been developed from the eurocentric values and beliefs embedded in the constitutional and political systems of New Zealand ... In Pacific communities, the rights of children in extended families are collectively framed, knowledge is collectively owned, and 'life stage' is privileged over age" (Suaalii and Mavoia 2001, p. 39). Pacific Island families in Western democracies may be introduced into the child protection system because of the loss of richly developed family and community networks, or because of the higher visibility of poor families to public and official scrutiny (Pelczarski and Kemp 2006).

Overall, Crisante (2005) notes that Pacific Islander parents (in the western suburbs of Sydney) "commonly report that they need to use what is regarded to be coercive strategies, such as shouting, yelling and smacking to get children to comply with their requests ... This approach results in families coming to the attention of child protection agencies, which comes as a shock to parents who see themselves as caring for their children, by providing them with the discipline required to live in a hierarchical society in which respect and obedience are key values" (p. 3).

### Vietnamese children and families

Family structures in Vietnam are strongly influenced by Confucianism, and remain patriarchal in nature today (Volkman 2005). Vietnam has achieved significant progress in its social development as well as in the implementation of children's rights and women's rights' since the war ended 30 years ago' (Volkman 2005). While economic prosperity has enabled significant improvement in health and education services and a reduction in poverty, it has also created a new set of social problems (Taylor et al. 2009). Several small-scale studies show that gender-based violence, as well as violence toward children, exists in both urban and rural areas and within families at all income levels (Volkman 2005).

### Chinese children and families

In China, familism (success, unity, and reputation of the family), and filial piety (the expectation that children are subordinate to the wishes of their parents) are adhered to at the expense of the individual (Shalhoub-Kevorkian 2005). Also, the ‘middle position virtue’ – to blend with others in society to maintain harmony, conformity, and inconspicuousness (Futa, Hsu and Hansen 2001) – is normative in Chinese culture. Many Chinese hold attitudes such as ‘beating is caring and scolding is loving’ and ‘the rod makes an obedient son’ – the Chinese equivalent of the Western saying ‘spare the rod and spoil the child’ (Qiao and Chan 2005). The traditional Chinese view that the experience of deliberately inflicted pain is character-building and vital to the development of strength and endurance is still widely held (Hesketh, Shu Hong and Lynch 2000), and is related to the Chinese saying, ‘a child comes from nature and can be raised by nature’; in which ‘nature’ is believed to be an adequate custodian of a child’s basic needs (Lau, Liu, Yu and Wong 1999).

The terms ‘child maltreatment’ and ‘child abuse’ are not common in the language of Mainland Chinese, even among doctors and nursing professionals, but ‘domestic violence’ is (Qiao and Chan 2005). “To many Chinese, the family is still a private sphere. Public authorities do not usually intervene because the heavy emphasis on filial piety forbids children to complain against their parents; because family shames should be kept within the confines of the family; and the public are not inclined to intrude into the private domain of the family so as to avoid shattering it. As a result, many cases of child maltreatment may escape public attention, giving the impression that child maltreatment is a very rare phenomenon in China” (Qiao and Chan 2005, p. 24). Physical punishment is regarded as more acceptable in the middle age range of four to 13 years. In Chinese societies, the pre-school child is treated with leniency and indulgence (Hesketh et al. 2000). Chinese boys and girls had comparable rates for minor violence but more boys than girls experienced severe violence at the hands of their parents ... Sons are expected to continue with the family line, take over the family business, and care for their aged parents (So-Kum Tang 1998).

### English speaking families

As a point of comparison, to help contextualise the manifestation and prevalence of abuse/neglect for the five target CALD groups, English speaking families have been included. Currently, Australian law permits hitting and striking a child with an open hand, but not on the face or head, and without implements. These are considered legally ‘acceptable’<sup>6</sup> forms of physical punishment. These changes reflect the UN Hague Convention on the Rights of Children (CRC) and are similar to other Western countries such as the USA, UK, and Canada, in that a child-centred approach towards child safety is at the forefront of all child protection policy and practice. Further, awareness of child protection agencies is generally more widespread and, as such, so too are community attitudes about a child’s right to safety, free from physical punishment and other forms of (domestic) violence such as violence. Changes over

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<sup>6</sup> DoCS, on the other hand, generally have a good practice policy of ‘zero tolerance’ on any form of physical punishment.

the last thirty years have led to decreases in physical punishment and arguably an increase in awareness of alternative forms of parenting and disciplining.

*The experiences, challenges and needs of caseworkers and case managers with CALD children and families in the CPS*

In the frontline delivery of services, the challenges CALD children and families perceive or experience in the CPS will interact with some of the challenges caseworkers and case managers perceive or experience when providing services to their CALD clients. In this report, these kinds of challenges have been categorised as follows:

1. Tensions between caseworkers and CALD children and families:
  - Determining ‘abuse/neglect’ and ‘the best interests of the child’ across cultures;
2. Tensions between caseworkers and other relevant colleagues:
  - Getting timely and sensitive interpreters; and
  - Over-reliance on CALD caseworkers as ‘cultural experts’ because of insufficient training in cultural competency for all caseworkers and case managers.

*Effective strategies for meeting the cultural and linguistic needs of CALD children and families*

To help overcome barriers to culturally appropriate service delivery for CALD children and families, it is important to identify strategies that both service users and providers perceive or experience as beneficial in meeting the needs of CALD children and families. A number of strategies were identified in the literature, and these have been categorised according to the three-tiered system of culturally appropriate family and relationship service delivery proposed by Sawrikar and Katz (2008): (i) service, (ii) agency, and (iii) organisation. Service delivery requires a holistic approach at all three levels to maximise the effectiveness and appropriateness of service provision.

Strategies identified in the literature have been categorised in this report as follows:

1. Service
  - Offer CALD families the choice to have a trusted confidante present with the accredited interpreter or bilingual worker;
  - Consider the need to gender- and ethnically-match caseworkers with the CALD family;
  - Provide caseworkers the opportunity to debrief and obtain advice from case managers and multicultural or CALD caseworkers;
  - Empower CALD families by developing the intervention with them; and

- Provide full explanations to CALD families about institutional processes and procedures, and options for addressing any family dysfunction; and
- Encourage caseworkers to involve or receive support from ethno-specific workers or organisations.

## 2. Agency

- Offer and provide kinship care in cases of short/temporary removal of children from parental/guardian care;
- Offer and provide Family Group Conferencing (FGC);
- Offer and provide home visiting;
- Involve fathers as much as possible;
- Tailor generic services and programs to meet the cultural needs of the specific CALD group;
- Recruit CALD caseworkers that reflect the local CALD profile of the community; and
- Partner with local ethnic community organisations.

## 3. Organisation

- Provide local community education through outreach programs to increase awareness in high CALD-concentration communities about the role of DoCS and child protection issues generally;
- Review assessment tools that gauge the strengths and needs of CALD families and risk of harm for CALD children to ensure items are culturally appropriate and sensitive, and validate these tools by consulting with CALD advocacy groups and local community elders and members;
- Offer, promote, and provide early intervention programs;
- Monitor and routinely collect data on indicators of CALD status (such as cultural identity/ancestry, language other than English, and country of birth );
- Develop clear policy guidelines for organisations on service delivery, multicultural policies and Equal Employment Opportunity; and
- Provide all staff with training in cultural competency (which includes both cultural awareness as well as culturally reflective practice).

*Existing resources and policy guidelines for delivering culturally appropriate child protection services to CALD children and families*

As part of good practice, the aforementioned strategies identified as effective in the literature, should be incorporated into existing resources and policy guidelines on culturally appropriate service delivery, so that knowledge can build on previous findings. However, after a review of *publicly* available resources and policy guidelines on culturally appropriate service delivery, very few emerged, and no known CALD-specific tools in child protection for assessing risk of harm or the strengths and needs of CALD families were identified.

Kaur (2007) has recently developed the Cross Cultural Child Protection Survey (CCCP); a quantitative tool that can help caseworkers assess how 'ready' they are to deliver child protection services cross-culturally. Although less specific to child protection service delivery, the Department of Immigration and Multicultural Affairs<sup>7</sup> (1998) has also developed the 'Good practice guide for culturally responsive government services'<sup>8</sup>.

However, NSW DoCS has recently produced and made readily available to its caseworkers, through its internal intranet, a number of documents to help address the gap in good practice and policy guidelines. These include: (a) *Good practice guide for working with Culturally and Linguistically Diverse people and communities in Out of Home Care*<sup>9</sup>, (b) *Practice resource for secondary risk of harm with migrant and refugee families*, (c) *Assessing needs and supports for migrant and refugee children, young people and families in Out of Home Care*, (d) *CALD assessment checklist*, and (e) *Interpreters and other language services – caseworker practice topic*. They also have the Muslim Foster Carers program<sup>10</sup> and Youth Partnerships with Pacific Islanders communities (YPPIC)<sup>11</sup>; have provided two sets of training to all metropolitan and select non-metropolitan DoCS caseworkers and a number of NGOs over the last two years: (a) *Culturally reflective casework practice*, and (b) *Effective use of interpreters*; and have produced its strategic document underpinning multicultural service planning and delivery, *Multicultural Strategic Commitment 2008-2013*.

*Models of service delivery for, and the efficacy of interventions with, CALD children and families in the CPS.*

Similar to the lack of publicly available resources, few models of culturally appropriate service delivery have been developed for CALD children and families. Only one source for possible models of service delivery was identified. Although

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<sup>7</sup> DIMA is now known as the Department of Immigration and Citizenship (DIAC).

<sup>8</sup> <http://www.immi.gov.au/about/charters/pdf/culturally-diverse/practice.pdf>

<sup>9</sup> [http://www.community.nsw.gov.au/docswr/assets/main/documents/oohc\\_cald.pdf](http://www.community.nsw.gov.au/docswr/assets/main/documents/oohc_cald.pdf)

<sup>10</sup> [http://www.community.nsw.gov.au/docswr/assets/main/documents/adoption\\_muslim\\_broch.pdf](http://www.community.nsw.gov.au/docswr/assets/main/documents/adoption_muslim_broch.pdf)

<sup>11</sup> [http://www.community.nsw.gov.au/DOCSWR/assets/main/documents/funding\\_policy.pdf](http://www.community.nsw.gov.au/DOCSWR/assets/main/documents/funding_policy.pdf)

these models have not been evaluated, Babacan (2006) proposes that there are three types of models that may be used:

1. *Ethno-specific*: programs that target particular communities;
2. *Multicultural*: programs that target culturally diverse communities but are not specific to particular ethnic communities; and
3. *Mainstream*: programs that are delivered as part of core business but target specific cultural groups.

Each of these three models have associated advantages and disadvantages. However, Babacan (2006) asserts that ‘there is no optimal model and that it is best to have a combination of measures to meet diverse needs of communities, as CALD communities are heterogeneous within themselves’ (p. 76).

### **Discussion**

The literature indicates that the most important aspect of culturally appropriate service delivery is the individual relationship between the caseworker and the CALD family (Chand and Thoburn 2005). Using this as the cornerstone, this project takes the approach that the three levels of engagement – service, agency, and organisation – should be used in conjunction with one another to maximise the effectiveness of this one-to-one relationship. By combining Babacan’s (2006) three models (aforementioned) with the service-level, agency-level, and organisation-level strategies identified in the literature as beneficial, this study has developed a comprehensive framework or general model for culturally appropriate service delivery. Importantly, this model may be used as a heuristic checklist for ensuring that the needs of CALD children and families in the CPS have been considered.

### **Conclusion**

Delivering culturally appropriate and sensitive child protection service is especially crucial in NSW, as this is one of the most culturally diverse states in Australia. NSW caseworkers and case managers in child protection have the difficult but important task of assessing the safety and risk of harm of children across many different cultures. While DoCS have made great strides to provide resources for their caseworkers to guide their practice, it is likely that it will take some time for staff to become familiar with their utility. The literature review undertaken in this study aimed to improve an understanding of the needs and challenges perceived and experienced by both CALD children and families in the CPS and their caseworkers. Identifying these barriers is crucial to developing strategies that allow for the effective implementation of child protection policies with CALD children and families. This study has proposed a holistic model across three tiers that address how service-, agency-, and organisational-levels of delivery can be incorporated to maximise the effectiveness of the individual client-staff relationship in which the frontline delivery of culturally appropriate services occur.

## 2 Introduction

### 2.1 Background: Overview of the three-year study

*Why is this study being conducted?*

Culturally and linguistically diverse (CALD) children in the NSW child protection system (CPS) are those who are born either overseas or in Australia, and originate from countries in which English is not the main language. CALD is synonymous with the term Non-English Speaking Background (NESB), and they are distinguished from their Anglo-Australian and Indigenous English-speaking counterparts. In some circumstances, the term 'CALD' is used to describe Australia's cultural diversity and so includes the mainstream Anglo-Saxon and Indigenous populations (Sawrikar and Katz 2009, *in preparation*). However, CALD is used in this report to refer to migrant and second generation children from a NESB. While refugee children are also CALD, they are distinguished in this report because their needs are seen as significantly different, both generally and in the CPS (Hek 2005; Davidson et al. 2004; Taylor 2004; Russell and White 2001; Waxman 1998).

The exact number of CALD children in the CPS is not known because there is no mandatory requirement to collect data on a child's ethnicity for whom a report of child abuse or neglect is made (DoCS' Multicultural Services Unit 2008). For example, data fields such as the child or parents' country of birth, the main language spoken at home other than English, or the child's cultural ancestry/identity, are not mandatory for caseworkers to complete when an initial report is made. Currently, structural changes to rectify this problem are in place<sup>12</sup>. However, as variables that relate to a child's ethnicity have not been routinely collected in the past, the rate of representation of CALD children in the CPS is currently inaccurate and underestimated.

According to DoCS' Key Information and Directory System (KiDS), which stores information on all child abuse and neglect referrals in NSW, CALD children represent four per cent of the total population of children in the CPS (KiDS Annual Data 2007/2008). However, DoCS' Multicultural Services Unit (MSU, 2008) have recently calculated that 15 per cent of children in the NSW CPS are from a family where a language other than English (LOTE) is spoken at home, and the figure is 20 per cent of all non-Indigenous children in the NSW CPS (adjusting for the large over-representation of Indigenous children in CPS in which about one quarter of all children in the NSW CPS are Aboriginal) Indeed, this estimation is roughly on par with the representation of CALD groups in the general population. The most recent Census data from the Australian Bureau of Statistics (ABS 2006) shows that 24 per cent of Australia's population originate from non English speaking backgrounds (NESB)<sup>13</sup>. Having said this however, the extent of representation in the NSW CPS compared to all CALD groups in the CPS or compared to the representation in the

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<sup>12</sup> [http://www.community.nsw.gov.au/docswr/\\_assets/main/documents/eaps.pdf](http://www.community.nsw.gov.au/docswr/_assets/main/documents/eaps.pdf)

<sup>13</sup> 33 per cent of Australia's population is born overseas and 24 per cent are born in non-English speaking countries (ABS 3412.0 2007). In order, the largest CALD groups in Australia are from Italy, China, Vietnam, India, Philippines, Greece, Germany, South Africa, Malaysia, Netherlands, Lebanon, and Hong Kong (ABS 1301.0, 2007).

general population is higher or lower for various migrant and refugee communities. Typically, communities that are over-represented in the NSW CPS are those with lower average levels of education and income, come from larger families, and have a high proportion of community members with a refugee background or from a country affected by conflict.

Although the rate of representation in the NSW CPS varies across CALD groups, it is likely that similar processes that underlie their (over-)representation are similar to those identified in the international research, such as in the UK and USA. The international literature points to similar trends of under-reporting as a result of poor data collection. In King County in Washington, for example, Hackett and Cahn (2004) found that race data was not routinely entered in their database with 76 per cent of the records listed race as 'unknown'. The issue of under-reporting also occurs in the NSW out of home care (OOHC)<sup>14</sup> system. Giglio (1997) found that between 1991 and 1996, only 11 to 12 per cent of cases reported in the NSW OOHC system were from NESB even though they comprised 23 per cent of the NSW population at the time. She attributes the under-representation in the OOHC system to a lack of consistent data collection and called for the need to improve data collection on CALD statistical indicators.

Given the significant proportion of CALD children that are likely to be in the NSW CPS (but are not counted in data records), their likely increase in representation in the future<sup>15</sup>, and Australia's cultural diversity more generally, it is surprising to find that very little research has been conducted on the needs of this group of children in the CPS as compared to their English speaking counterparts and how best to meet them. Moreover, the needs of the various CALD groups in the CPS differ from one another, and an understanding of their unique experiences and challenges is also lacking in the research and knowledge base.

To address this gap, DoCS identified the needs of CALD children and families in the CPS as a research priority in their Research Agenda 2005-2009<sup>16</sup>, and awarded a three-year Postdoctoral Fellowship to the Social Policy Research Centre (SPRC) at the University of New South Wales (UNSW) in July 2007. Broadly, the aim of this study is to explore the needs of CALD children and families in the CPS and how best to meet them. This project has selected five target CALD groups as the basis for

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<sup>14</sup> According to the NSW DoCS, the NSW CPS is different to the OOHC system in that caseworkers assess that the best interests of the child are to remain with their caregivers despite the substantiation of a report/s of abuse or neglect. In these instances, case management, home visitation or parenting programs are offered to the family. Children in OOHC have been removed from their caregivers because remaining with their caregivers is assessed as compromising their current safety and putting them in significant risk of future harm. As DoCS understand that the removal of children is intrusive, consistent with the 'principle of minimal intrusion' (Elliot and Sultman 1998), this step is regarded as a last resort (unless the case of harm is so severe). Preventative programs, early intervention, education, and monitoring are seen as more beneficial for protecting a child from harm and promoting their healthy development.

<sup>15</sup> Australia's CALD population is likely to increase in future. While this does not necessarily imply that a proportionate increase in their representation in the CPS will occur, the *likelihood* of this occurring is increased.

<sup>16</sup> [http://www.community.nsw.gov.au/docswr/assets/main/documents/research\\_agenda.pdf](http://www.community.nsw.gov.au/docswr/assets/main/documents/research_agenda.pdf)

exploring the needs of CALD children and families in the CPS, both generally and how they differ from their Indigenous and Anglo-Saxon counterparts, as well as each of their unique cultural needs. These groups are:

- Greek;
- Lebanese;
- Pacific Islander [Samoan and Tongan];
- Vietnamese; and
- Chinese.

These five groups have been selected because, according to DoCS' Multicultural Services Unit (MSU), the first four of these groups are the most highly represented of CALD groups in the NSW CPS, and Chinese-origin children have been selected simply as a point of comparison, as the basis for examining if and how the needs of CALD children highly represented in the CPS differ from those that are not as frequently represented in the CPS.

#### *Project methodology*

There are three methodological stages to this research project:

1. Stage 1: Literature review;
2. Stage 2: Case file review; and
3. Stage 3: Interviews with DoCS caseworkers and case managers, and CALD children and families.

Stage 1 involved a review of the national and international academic literature, as well as publicly available policy guidelines on service delivery for CALD groups. The results of Stage 1 are the subject of this report (Interim Report 1). The broad aim of Stage 1 was to explore the experiences, needs, and challenges of CALD children and families in the CPS, as well as the experiences, needs, and challenges of caseworkers and case managers with CALD groups. Together, these have been used as the basis for developing a general model of culturally appropriate and sensitive service delivery for CALD groups in the CPS.

Stage 2 will be completed in 2009 and will involve a review of 175 randomly selected case files (25 per cultural group – Greek, Lebanese, Pacific Islander [Samoan and Tongan], Vietnamese, Chinese, Indigenous, and Anglo-Saxon). The broad aim of Stage 2 is to identify and compare the experiences, needs, and challenges of both children and families from each of these groups, as well as caseworkers with each of these groups. The results of Stage 2 will be incorporated into the general model of service delivery developed in Stage 1. It will also be used to develop information and training resource tools for DoCS caseworkers and case managers, which identify some of the main need-to-know points about culturally effective service delivery with each of the five target CALD groups in this study.

Stage 3 will also be completed in 2009 and will involve 20 interviews with DoCS caseworkers and case managers, and 40 interviews with CALD children and families (eight per target CALD group – Greek, Lebanese, Pacific Islander [Samoan and Tongan], Vietnamese, and Chinese). The broad aim of Stage 3 is to give a voice to caseworkers and case managers, who are the frontline providers of child protection services and so are most aware of barriers to the effective implementation of culturally appropriate and sensitive service delivery. This stage also aims to give a voice to CALD children and families in the CPS, to explore the practices and policies they perceive or experience as ineffective in meeting their cultural needs. In addition, interviewees will be asked to suggest strategies to overcome the barriers they identify, and to identify practices and procedures that they perceive or experience as effective in meeting their linguistic and cultural needs. The results of Stage 3 will be used to finalise the general model of service delivery developed in Stage 1 and the resource tools developed in Stage 2.

#### *Research aims*

In summary, there are four *specific aims* of this research project (summarised in Table 1). These are to:

1. Identify the needs of CALD children and families in the CPS;
2. Identify the needs of caseworkers with CALD children and families in the CPS;
3. Develop a general model of culturally appropriate and sensitive service delivery for DoCS to address the needs of CALD children and families in the CPS; and
4. Develop resource tools for DoCS caseworkers containing a summary of the main needs and challenges of five target CALD groups in the CPS (Greek, Lebanese, Pacific Islander [Samoan and Tongan], Vietnamese, and Chinese) and how best to address them.

**Table 1: Research timeline, aims and outputs of three-year project**

Stage	Year	Task	Aim no.	Research aim	Research output
1	2007-2008	Literature review	1	Identify the needs of CALD children and families in the CPS	Interim Report 1
			2	Identify the needs of caseworkers with CALD children and families in the CPS	
			3	Develop a general model of culturally appropriate service delivery for CALD children and families in the CPS	
			4	Identify the needs of children and families in the CPS from the five target CALD groups	
2	2009	Case file review	1	Further identify the needs of CALD children and families in the CPS	Interim Report 2
			2	Further identify the needs of caseworkers with CALD children and families in the CPS	
			3	Further develop the general model of culturally appropriate service delivery for CALD children and families in the CPS	
			4	Develop resource tools for each of the five target CALD groups in the CPS	
3	2009	Interviews with caseworkers and case managers	1	Finalise the range of needs of CALD children and families in the CPS	Interim Report 3
			2	Finalise the range of needs of caseworkers with CALD children and families in the CPS	
			3	Finalise the general model of culturally appropriate service delivery for CALD children and families in the CPS	
			4	Finalise the resource tools for each of the five target CALD groups in the CPS	
	2010			Summarise Interim Reports 1 – 3	Final Report

*Significance of project*

This research project is significant for a number of reasons. It is the first known large-scale investigation into the needs of CALD children and families in the CPS in Australia. As such, it will be able to build on the scant but nevertheless nascent research in the national and international literature, to provide a comprehensive overview and address the pressing need to identify the needs of CALD groups in the NSW CPS and how best to meet them.

Also, this research is based on a rigorous empirical methodology employing a range of research methods that together can be used to develop a general model of culturally appropriate service delivery for CALD groups, as well as more specific resource tools for the five target CALD groups in the NSW CPS. The aim of the model and resource tools is to aid caseworkers in making (initial and on-going) decisions about the safety and risk of harm of CALD children, as well the delivery of culturally appropriate child protection services.

Importantly, the unique needs of five target CALD groups are being explored and so this study does not group these highly differentiated cultures together, as if their needs in the CPS are homogeneous. Notwithstanding, some important commonalities occur among minority ethnic groups in Australia as a result of being visibly different from the mainstream community, such as lack of belonging, multiple and shifting cultural identities, or racism and discrimination. As such, the results of this study can still be used as a basis for informing an understanding of the needs of other CALD groups in the NSW CPS that are not explored here. This study has targeted five CALD groups in the CPS because of their representation in the CPS, but as this project is only a springboard for future research, it is hoped that the needs of other CALD groups (such as the newly emerging African community) will be explored and compared to the needs of these five CALD groups.

This study is also significant because DoCS are releasing (randomly selected) case files for review to an independent institution (SPRC), as part of their objective to provide efficacious services that are evidence-based. The methodology of Stage 2 is also particularly unique and important because the needs of the five CALD groups will be compared to the needs of Indigenous and Anglo-Saxon groups.

This is important because ‘culture’ is not just an issue for CALD groups. Culture is pervasive and provides the context that gives meaning to what constitutes abusive or neglectful behaviours among caregivers from all cultural groups. As such, identifying the unique needs of CALD groups and how they compare to other groups over-represented in the CPS is crucial to highlighting the place of culture in *all* child protection cases. While it is not easy to be able to judge which behaviours compromise the safety of children and risk of harm across all the various cultural groups in Australia, it is still a necessity in a multicultural country like Australia. Understanding the balance between ‘cultural difference’ in the way abuse and neglect manifests, and ‘human sameness’ in the right to a safe childhood, is a crucial task for caseworkers in Australia.

Finally, the results of this study can be used by a wide range of key stakeholders and peak bodies. These include but are not limited to: DoCS Head Office, DoCS caseworkers and case managers, child protection agencies in other Australian states and territories, other related service providers for CALD children and families, CALD advocacy groups in the community, researchers in the field of child protection or cross cultural research, and CALD children and families themselves.

## **2.2 Establishing the need for research on CALD groups in the NSW CPS**

Given the significant proportion of CALD children that are likely to be in the NSW CPS, both now and in the future, it is crucial that caseworkers have an extensive knowledge base from which to draw on, to ensure that the delivery of child protection services is culturally sensitive and appropriate. Korbin (2002), discussing the CPS in the USA, argues that prevention and intervention with a strong cultural component is a necessity, not an option, because current demographic trends in the USA point toward a time when the Anglo-Saxon majority will become the minority, and projections are that this transition will occur at an earlier date for children.

Also, the literature in the USA demonstrates a growing body of evidence concerning disparities in health care, with some evidence that maltreated children of colour may

suffer more serious consequences of abuse and neglect than majority children (Jimenez 2006; Hackett and Cahn 2004; Cahn 2002; Brissett-Chapman 1997). While it remains to be seen if this may also occur for CALD children in Australia, it certainly highlights that we can no longer afford to overlook the needs of CALD groups, and doing so can have dire consequences for this sub-group of Australian children.

Overall, it is becoming increasingly acknowledged in Australia and overseas, that very little research has been conducted on the 'availability, accessibility and appropriateness of child and family service provision for minority ethnic families' (Chuan and Flynn, 2006, p. 29). As Welbourne (2002) comments:

culturally competent practice with a strong commitment to the principles of empowerment and of countering oppression and discrimination is so fundamental in child protection interventions that one might expect a well developed literature on the subject ... in fact the literature is surprisingly small (p. 345)

O'Hagan (1999) notes that "culture is very often ignored; misunderstood and/or misinterpreted; intentionally downgraded and preoccupation with culture is criticised; and there is insufficient recognition of the importance of culture in identity construction" (p. 278). Similarly, Dutt and Phillips (1996) point out that 'most of the research which has been undertaken in relation to the protection of children from abuse has failed to adequately address race' (p. 160). Pinderhughes (1991) pointed out nearly 20 years ago in the USA that 'the changing demographics of our society require that we deal with our ever-increasing cultural diversity' (p. 604). Similarly, a call to meet this significant gap in the research and knowledge base was made more than ten years ago in the UK, but has still been criticised as slow to progress (Thoburn, Chand and Procter 2005). Indeed, as recently as 2006, the Association for Children's Welfare Agencies (ACWA) identified that it had little information on whether or how non government OOHC services addressed the cultural needs of CALD children and young people (Chuan and Flynn 2006). It is possible that research on these issues has been lagging in Australia for similar reasons to that in the USA; 'for years the US has tried to be a 'colour blind', 'melting pot', and consideration of the dynamics of culture, race and ethnicity have been selectively ignored by science' (Bell 2007).

In comparison, the importance of cultural awareness training for Indigenous children and families in the CPS is more acknowledged and researched. Babacan (2006) notes that 'recent government initiatives have attempted to address cultural deficiencies in Indigenous service provision, however the CALD population has largely gone unnoticed' (p. 11). Also, legislative policies and procedures are in place for meeting the cultural needs of Indigenous children (even though this does not necessarily mean that there is good practice with this group of children), but such policies are not in place for minority ethnic groups (Kaur 2007).

This weighted attention may in part be because 'Aboriginal and Torres Strait Islander children continue to be over-represented within the child welfare system' (Litwin 1997, p. 318), making it crucial that caseworkers are aware of and sensitive to their unique cultural experiences, concerns, and needs. These include their cultural and identity needs, issues with authority and power differentials that result from Anglo-

centric practices, policies and institutions, and how these experiences and needs play out within their historical and current socio-cultural ecology<sup>17</sup>.

The importance of designing and delivering culturally responsive models of child protection service delivery for CALD children may have been overlooked because of their apparent under-representation in the CPS. As Chand and Thoburn (2006) suggest, researchers may omit comment or analysis of issues around ethnicity because the small sample sizes compromise the reliability of data. Similarly, Chuan and Flynn (2006) point out:

Despite the development of policies and sincere attempts by agencies to meet best practice principles and accreditation requirements around respect for cultural identity, there is a degree of ad-hoc response and inadequate preparation of staff and carers for the complexities involved in supporting children and young people from CALD backgrounds. As long as numbers of CALD clients in general and of particular cultural background clients remain small, it is difficult for agencies to develop the skills of staff and to have resources fully developed to assist when such clients are referred or placed. The lack of ‘critical mass’ of CALD children in the care of any single agency make such evaluation and planning a low priority given the demands of service delivery (p. 23).

One of the main risks of failing to address and develop a sound research and knowledge base on multicultural issues in child protection practice is the normalised use, or over-reliance on, ethnocentric assessment tools to decide the strengths and needs of CALD families, and the best interests of CALD children (Thanki 2007). If the two-parent, middle-class, white Anglo-Saxon family norm is used to make judgements of ‘deviation’, there is a risk of mislabelling a parenting behaviour that is culturally normative (or within the range of tolerance for deviating from the cultural norm) for that CALD group, as abusive or neglectful behaviour.

In such situations where the cause or intent of harm, or the intensity of abuse or neglect, is unclear or ambiguous, caseworkers may decide to remove the child<sup>18</sup>. While there are a number of factors that can influence the caseworkers’ decision to do so (which are explored more fully in Section 4), such a decision may not necessarily be in the child’s best interest. Such intervention may cause more trauma to the child and their family than had they not intervened, which overrides the function of caseworkers – to protect children from harm – and makes their very intervention, by separating them from their family, a greater source of harm to the CALD child or their family<sup>19</sup>. In the words of Shalhoub-Kevorkian (2005) ‘applying Western values to

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<sup>17</sup> <http://www.aija.org.au/TherapJurisp06/Papers/Nethercott%20%20PPT.pdf>

<sup>18</sup> We are not asserting that the removal of children when the cause or severity of abuse/neglect is unclear occurs *often*, but simply that removal under these circumstances is possible. Indeed, DoCS have a policy of trying to keep families together, and as such, make attempts to address the issues causing stress to families as part of good practice

<sup>19</sup> This is in keeping with the “balance of probabilities” used by the NSW Children’s Court, in which the negative consequences of keeping the child with their family versus removing the child are

collectivistic groups, mainly in relation to obligatory reporting and the involvement of the official system, causes additional trauma and social harm to abused children, which may prevent victims of abuse and caregivers from recognising or acknowledging child (sexual) abuse in the same way as in Western countries' (p. 1265). She goes on to say that 'state intervention in the family life of an already-oppressed group leaves children vulnerable to all forms of abuse, including abuses that are direct consequences of formal interventions' (p. 1266).

To overcome such risks, it is crucial that caseworkers and case managers receive ongoing education and training into the unique cultural needs of their CALD clients to ensure that they make fully informed decisions about what constitutes the strengths and needs of that CALD family, and the best interests of that CALD child. It is also important that they understand the historical and ecological context of various CALD groups in Australia, as this can aid in developing a holistic framework for understanding why some CALD groups systematically enter the CPS for reasons that do not relate to culture but rather other processes. For example, it is more likely that if CALD families have conflict with DoCS workers (for any reason, including cultural differences), that is likely to lead to an escalation of cases into OOHC, or because of lower awareness of local support services, many CALD families will have less access to preventative services and other support systems which means that their family problems escalate to reaching child protection thresholds before they are addressed. Indeed, cultural misunderstandings, between caseworkers and CALD families may arguably be operating more at the margins as the types of behaviour for which children are removed by DoCS are unlikely to be condoned by any culture.

Thus, in the context of Australia's large and growing multicultural milieu, the representation of CALD children in the CPS, and delivering child protection services to CALD children in ways that are sensitive of their cultural needs, are as significant as they are with Indigenous children. Indeed, it is crucial to avoid repeating the mistakes of history experienced by Indigenous people in Australia, where "the existing child protection system; the laws, values, and assumptions of the 'dominant culture' are embedded in the mire of failure of successive governments to provide culturally sensitive programs"<sup>20</sup>. Similar experiences of removing First Nations children because of assimilation policies, and (possibly associated systematic) over-representation in the child protection or out of home care systems, are reported in the USA (Cross, Earle and Simmons 2000) and Canada (Palmer and Cooke 1996). In the words of Barber, Delfabbro and Cooper (2000) 'the treatment of minority and indigenous children by the child welfare system reflects systematic racial bias right across the western world' (p. 5). Thus, the *broad aim* of this research project is to begin to address the gap in research and knowledge on the needs of CALD children and families in the CPS, and establish the importance of addressing cultural issues in child protection work with CALD children and families.

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compared. However, such comparisons are based on culturally imbued values and judgments, and such, may leave CALD children open to the unintentional consequence of additional harm.

<sup>20</sup> <http://www.aija.org.au/TherapJurisp06/Papers/Nethercott%20%20PPT.pdf>

### **3 Methodology**

#### **3.1 Stage 1: Literature review**

The national and international academic literature as well as publicly available policy guidelines on culturally appropriate service delivery, were reviewed to meet eight main objectives of Stage 1. These were to identify:

1. The main CALD groups that are (over-) represented in the NSW CPS, and the reasons that underpin their (over-)representation;
2. The general experiences, needs and challenges of CALD children and families in Australia;
3. The experiences, needs and challenges of CALD children and families in the CPS;
4. The experiences, challenges and needs of children and families from the five target CALD groups in this study – Greek, Lebanese, Pacific Islander [Samoan and Tongan], Vietnamese, and Chinese, both generally and in the CPS;
5. The experiences, needs and challenges of caseworkers and case managers with CALD children and families in the CPS;
6. Effective strategies for meeting the cultural and linguistic needs of CALD children and families in the CPS;
7. Existing resources and policy guidelines for delivering culturally appropriate child protection services to CALD children and families; and
8. Models of service delivery for, and the efficacy of interventions with, CALD children and families in the CPS.

Academic literature that addressed these objectives were obtained from social science and policy, sociology, and psychology databases including: Sociological Abstracts, Australian Public Affairs Information Service (APAIS), Factiva, Social Work Abstracts Plus, Australian Domestic and Family Violence Clearinghouse, Multicultural Australia and Immigration Studies (MAIS), and PsycINFO. Internet searches using Google Scholar were used to obtain publicly available policy guidelines on culturally appropriate child protection service delivery, both nationally and internationally.

#### **3.2 Methodological limitations**

The national and state-based research on the needs of CALD children in the CPS is nascent but limited (e.g. Babacan 2006; Kaur 2007). Similarly, the international literature is relatively scant. As the current body of knowledge on culturally appropriate and sensitive service delivery is only newly emerging, this report is unable to provide an *extensive* review of: the needs of CALD groups generally in the CPS; the ways in which the needs of CALD groups generally in the CPS differ from the needs of families from the mainstream community in the CPS; the ways in which

the needs of the various CALD groups in the CPS differ from one another; the ways in which the needs of the various CALD groups in the CPS have changed over time; the different types of service delivery models that could be used to meet the needs of CALD groups in the CPS; and the evaluated effectiveness of the different types of service delivery models that could be used. Such issues are only beginning to be addressed in the national and international literature, and are reviewed in this report as much as is possible.

In borrowing from the international literature, it is important to remain mindful that child protection policies, the specific CALD groups (over-)represented in CPS in other countries, and their experiences, needs and challenges both generally and in the CPS, differ to that in NSW, affecting the extent to which findings overseas can be applicable in the Australian context. Issues that emerge in other countries may not be directly transferable to the Australian context because of socio-cultural, political, and historical factors; any circumstance unique to Australia can change the nature or intensity of the experience, need or challenge. For example, the needs of CALD families can change depending on geographical location within Australia, such as those in regional or rural NSW, or those in Sydney's western suburbs, compared to other urban areas.

Nevertheless, there are still significant insights that can be gained into the needs of CALD children and their families because of the common experience of being a migrant in a Western democracy. Thus, this report uses the relatively scant but nascent national and international literature to provide a broad or schematic overview of the likely needs of CALD children and families in the NSW CPS. Overall, it is important to know when to highlight similarities and differences in the experiences of migration for CALD groups in the international context compared to that in Australia.

Also, CALD groups span a diverse range of languages, cultures, and races. Grouping them together falsely homogenises their needs, and makes it difficult to identify groups with the most need because the overall size of disadvantage or inequity is masked by those CALD groups who experience or perceive fewer barriers. As this report summarises the findings from the mostly international literature, these issues will unfortunately but inevitably emerge. As much as is possible, this study will aim to acknowledge the unique needs of specific cultural groups when they are reported in the literature reviewed.

Finally, although some models of culturally appropriate service delivery have been designed, there is next to no research which has evaluated their effectiveness in terms of implementation and efficacy for CALD groups. This is unsurprising given that the overall body of national and international research on the needs of CALD groups in the CPS is minimal. However the need for evaluating the effectiveness of interventions in the future has been noted within this small body of knowledge (Babacan 2006).

## 4 Experiences, needs and challenges of CALD children and families in the CPS

### 4.1 Why are some CALD groups (over-)represented in the CPS?

According to the mostly international research (e.g. Chand and Thoburn 2005; Korbin 2002), there are three main hypotheses as to why minority ethnic groups may be (over-)represented in the CPS:

1. Higher representation in the CPS is justified because rates of abuse or neglect are higher in these CALD groups. The implication of this hypothesis is that *culture* is the cause of abuse or neglect, and which then introduces them into the CPS;
2. Higher representation in the CPS occurs because of the ‘exposure bias’ (Chand, 2000); the increased likelihood of coming to the attention of child welfare agencies because of socioeconomic disadvantage. The implication of this hypothesis is that *poverty*, and not culture, reflects a systematic bias that introduces them into the CPS<sup>21</sup>; and
3. Higher representation in the CPS occurs because of culturally inappropriate or insensitive service delivery. The implication of this hypothesis is that culturally biased *institutional processes and organisational practices* (which are predicated on the use of one cultural norm for assessing abuse and neglect, and is also known as ‘institutional racism’) introduces CALD families into the CPS.

Each of these three hypotheses have their advantages, but also associated issues. There is little demonstrated empirical support for the first hypothesis that culture causes abuse or neglect. If this were true, cross-cultural differences in the rates of abuse or neglect would be significant. However, research in the USA has shown that rates of abuse and neglect do not differ across cultures (Johnson et al 2007). Extensive empirical research on cross-cultural rates of abuse and neglect in Australia is yet to be conducted, however, assuming sufficient comparability between the USA and Australia on the grounds that they are both Western democracies and multicultural countries, it is unlikely that the rates of abuse and neglect among some cultural groups in Australia are significantly higher than rates of abuse or neglect in other cultural groups. Indeed, as Clark (1995) points out:

child protection data from the UK, USA, Victoria and other (Australian) states tell a similar story – the statistics reveal more about the ambiguous definition of child abuse and neglect, and the anxiety of the community and professional groups, than they do about real incidence; child protection data measure the investigative and administrative work-loads of the agencies involved (p. 23).

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<sup>21</sup> Poverty may also introduce CALD families into the CPS because it is the *cause* of abuse or neglect in that family. For example, the stress of socio-economic hardship may impinge on good family functioning or the ability of families to effectively care for their children (Babacan 2006, p. 14). However, this possibility is not the *implication* of the ‘exposure bias’ hypothesis.

This however does not mean that culture is not important for understanding the manifestation of abuse or neglect. Research in the USA has shown that cross cultural discrepancies in each type of abuse or neglect<sup>22</sup> occurs but not in the *overall* rate of abuse and neglect. For example, Thoburn et al. (2005) reports that physical abuse is more prevalent among Anglo-Saxon families than Black families, and sexual abuse is higher among those of biracial heritage, in the UK. In the USA, Hispanic Americans are under-represented generally in the CPS compared to their representation in the general population, but are over-represented for reports of sexual abuse (Futa, Hsu and Hansen 2001). These findings seem to suggest that culture plays a role in the *manifestation* of abuse and neglect, but that there is no greater overall need to protect children from one CALD group compared to another.

In other words, this hypothesis highlights that culture impacts an individual's behaviour but it is the individual themselves that acts in an abusive or neglectful manner, and not their culture. It also highlights that while there may be *qualitative* differences in the way abuse and neglect emerges across cultures, there is unlikely to be a *quantitative* difference in the frequency of abuse and neglect across cultures. As a result, the representation of CALD children in the CPS should be on par with their representation in the general population. If they are however, over-represented in the CPS, the effects of systematic bias caused by poverty and institutional racism may be at play.

The 'exposure bias' (Chand 2000) asserts that by virtue of being in contact with other social services, in turn as a result of their disproportionate representation among the poor, CALD children are more likely to come to the attention of child protection authorities (Harris and Hackett 2008). As such, this hypothesis argues that CALD children are over-represented in the CPS because of socio-economic factors; that is, class instead of race (Chand 2005; Fontes 2005; Cahn 2002) more explains their over-representation.

Class-based theories for the over-representation of CALD children in the CPS propose that even though class and race (at least in the USA) are closely related, it is class rather than race, that is the predominant factor exposing children to the child welfare system (Cahn 2002). Some evidence for this theory has emerged from the international literature. In her study of three Boston child welfare agencies, Gordon (1988) found that immigrant children were over-represented in caseloads in comparison to their proportion of the Boston child population, but not in comparison to the proportion among the poor (cited in Cahn 2002, p. 464).

Hackett and Cahn (2004) argue that it is "the state's expectations, once a family comes to its attention, of how families should function, despite the fact that many are challenged by the larger societal issues of single parent families, poverty, school failure, joblessness, drug and alcohol addiction, mental health issues, homelessness, and domestic violence" (p. 12) that result in the misattribution of dysfunctional family patterns to parents. Roberts (1997) also argues that "insufficient, and the lack of provision of holistic, aid to poor families may lead caseworkers to attribute the cause

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<sup>22</sup> Types of abuse include physical, emotional, and sexual. Types of neglect typically relate to inadequate supervision, nutrition, housing, and education.

of abuse or neglect to deficiencies in the parent rather than to a passive neglect of the poor” (cited in Cahn 2002, p. 471). Sidebotham and Heron (2006) found statistical evidence to show that the strongest risk of child maltreatment was socio-economic deprivation. In line with this, Maitra (2005) notes that a failure to prevent harm to Black and minority ethnic (BME) children in the UK in known ‘high-risk’ environments such as low socio-economic status and high racial discrimination, is an example of culturally incompetent service provision. As Harris and Hackett (2008) point out:

as long as disproportionality<sup>23</sup> is viewed as an individual or personal issue for children of colour, the solutions to disproportionality will not be focused on the public domain of the child welfare system, the system (she argues) that has created and has continued to perpetuate disproportionality (p. 202).

The benefit of this hypothesis is that it highlights that systemic disadvantage deserves attention when trying to understand the needs of CALD groups, without weighting the issue simply towards culture or language; characteristics that belong to the group, rather than characteristics that belong to their external environment such as their neighbourhood or the broader socio-cultural context of the society in which they live. However, while poverty may go some way in explaining why CALD children systematically *enter* the CPS, it does not fully equip caseworkers with the know-how for addressing the cultural and linguistic needs of their CALD clients once they have entered the CPS.

Thus, the ‘exposure bias’ (Chand 2000) should not be seen as the only reason CALD children are over-represented in the CPS as it will falsely reduce the issue of culture in child protection practice to socio-economic disadvantage, side-stepping the crucial issue of culturally appropriate and sensitive service delivery. Indeed, Mendes (1999) importantly highlights that efforts to eradicate structural inequities in child protection based on class are an example of a macro-approach and run the potential danger of failing to ensure adequate treatment of individual cases. Therefore, the ‘exposure bias’ (Chand 2000) hypothesis is important because it helps contextualise the CALD family as part of a broader and complex system, and helps reduce a reliance on using culture or stereotypes to explain the occurrence of child abuse and neglect in a CALD family.

While the first hypothesis highlights the importance of being aware of cultural norms without quantitatively comparing these to the norms of other cultures, and the second hypothesis highlights the importance of not focussing primarily on culture to understand abuse or neglect among CALD families, the final hypothesis highlights the importance of assessing risk of harm and the safety of the CALD child according to qualitative criteria that are culturally appropriate. In the words of Connolly, Crichton-Hill and Ward (2006):

tools and instruments are used in child protection organisations in the belief that they are culturally neutral, universal, and appropriate to all. This assumption fails to recognise that any child protection practice is closely

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<sup>23</sup> Racial ‘disproportionality’ (or racial disparity) is synonymous with over-representation in the CPS.

related to the context and cultural environments within which it is developed. Given that tools are generally developed from research undertaken with Western, English speaking people, they may not be applicable to other ethnic groups (p. 47).

If the assessment of abuse and neglect for CALD families are measured against one set of cultural norms of what constitutes risk of harm (usually from the mainstream community), then there is a risk of mislabelling culturally normative care-giving behaviours (e.g. 'excessive' physical punishment) among CALD families as abusive or neglectful causing the CALD child to unnecessarily enter the CPS. Alternatively, there is a risk of mislabelling abusive or neglectful behaviours in a CALD family as culturally normative (e.g. excessive physical punishment) from which there may be a failure to protect the CALD child from harm.

Finding the balance between having a yardstick or 'bottom line' to assess the occurrence of abuse or neglect for all children regardless of their cultural background, and being sensitive to the yardsticks for what constitutes abuse or neglect within each cultural group, is not easy. However, the final hypothesis at least draws attention to the need to be aware of the conflict between cultural 'absolutism' (as if abuse and neglect are identifiably separate to culture) and cultural 'relativism' (as if abuse and neglect cannot be identifiably separated from culture).

The often quoted example of this conflict is in relation to female genital mutilation (FGM): is this practice abusive if it occurs in the name of culture? How should physical harm be weighed against the tradition of initiating group acceptance and cultural identity? However, in less extreme examples of child abuse and neglect, finding a culturally sensitive yardstick by which to protect all children from harm regardless of their culture, is difficult because (Australian) child protection laws are often predicated on the cultural norms of the mainstream community, which are not necessarily applicable for understanding the cultural context of non-mainstream families (Rubin 1992). Applying one cultural yardstick for assessing what is 'normal' family functioning is an example of institutional racism, and can systemically bias CALD families in terms of entering and/or remaining in the CPS, and failure to provide appropriate service delivery once they have entered the system.

According to Betts (2002) "the term multiculturalism has at least two meanings in Australia – tolerance for people of different backgrounds, and active government support for separate ethnic identities and institutions. This second variant, structural multiculturalism, has been unpopular in Australia since at least the late 1980s" (p. 30). Davidson (1997) notes that 'In Australia multicultural policies were never extended to include citizenship understood as a bundle of democratic and human rights' resulting in a 'silent migrant voice' (p. 14). Similarly, Hage (1998) points out that:

each stage of settlement policy has to open up a larger inclusionary space to accommodate a more numerous and a more political migrant population demanding more citizenship rights, more national recognition, more decision making power and more political participation – that is, more integration ... in the nature of the dialectic of inclusion and exclusion that forced to open up these new inclusionary spaces for the settling migrants, White politics has tried at the same time to deploy different exclusionary processes to contain them within those spaces ... the ambivalence inherent in the White

multiculturalism of tolerance and acceptance reflected the way this dialectic of inclusion and exclusion, and its mode of positioning the migrant in the liminal space of the ‘not too excluded, but nor too included either’, was institutionalised by White multiculturalism (p. 21).

Failure to implement structural multiculturalism is an example of institutional racism, predicating access to services and support on conformity to mainstream norms and practices. This in turn can lead to the tendency to ‘pathologise other cultures and ignore their strengths’ (Chand 2000, p. 72), as if the issues they perceive or experience are attributable to characteristics of their own culture, and that ‘their cultures and lifestyles are inherently problematic and need correcting’ (Singh 1992, cited in Chand 2000, p. 67). Such biases only further entrench negative stereotypes. Indeed, Chand (2000) notes that ‘any assessment should include the likely racism suffered by any one black family and the consequences for them, otherwise ethnic minorities may not only suffer hardship but be blamed for it’ (p. 74).

According to the UK researcher Barn (2007), “social work practice is anchored in a liberal “cultural pluralist” perspective that precludes a power analysis and a critical discussion of race and racism ... A more sophisticated and nuanced approach is necessary which will involve a paradigm shift from essentialist notions of race that view culture as rigid and inflexible to one in which cultural sensitivity is understood within the context of power relations” (p. 8). While such shifts may have been occurring in social work practice as a response to growing multiculturalism, it seems these shifts have been slowed by the density of terms such as ‘racism’, ‘multiculturalism’ and ‘power’, since Barn’s (2007) call for an examination of power relations across cultures in society is recent.

As Gleeson (1995) points out, the ‘ethnocentric design and implementation of the child welfare system is central to its failure to deliver culturally sensitive and relevant child welfare service’ (cited in Wilhelmus 1998, p. 119). Indeed, Harris and Hackett (2008) argue that racial inequity in service availability and service delivery is the strongest contributing factor implicated in the racially disproportional numbers in the American CPS.

There is a fourth hypothesis to account for the (over-)representation of CALD families in the CPS. Family dysfunction for CALD families may be caused by hardships or stressors that are typical to the migrant experience such as socio-economic disadvantage, racism, or migration stress, and it is these niche factors which introduce them into the CPS. Westby (2007) argues that “children in immigrant families may be at somewhat greater risk of abuse related to the disorienting, stressful effects of migration. Traditional gender roles may become reversed, disrupting typical family dynamics. This combined with more authoritarian childrearing practices common in immigrant families increases the likelihood that children may experience maltreatment” (p. 142).

Importantly, this hypothesis should not be seen as mutually exclusive to the other three hypotheses, but rather as part of building cultural awareness and competency to appropriately and effectively meet the needs of CALD children and families in the CPS. Intervention with CALD families requires an awareness of the range and nature of these sorts of challenges, and caseworkers must guard against relying on culture as the sole or primary cause for family dysfunction.

Moreover, individual caseworkers may be racist or discriminatory, either consciously or unconsciously (Johnson et al. 2007), and these biases may also introduce CALD children into the CPS. As Shalhoub-Kevorkian (2005) points out ‘data from the United States reveal similar sexual, physical, and emotional child abuse across different ethnic groups, yet there are still prejudices and stereotypes regarding minority and certain ethnic groups’ (p. 1266).

Individual racial biases can occur in the frontline provision of services by caseworkers and case managers at any point during the reporting, substantiation, and handling of suspected child abuse (Westby 2007). It arises from unchallenged and negative stereotypes about CALD groups, such as the belief that some CALD groups are more likely to abuse or neglect their children than others (Hackett and Cahn 2004). Such false and racist beliefs can enter self fulfilling prophecies that may make them more likely to enter and remain in the CPS for longer than children from other CALD groups (Cahn 2002).

Maitra (2005) refers to this occurrence as ‘false positives’, where there is an over-estimation of risk of harm to children, and incidence of abuse or neglect, among Black and minority ethnic (BME) children in the UK because of racist stereotypes. Korbin (2008) refers to the tendency to expect and interpret the behaviours of certain groups of people as maltreatment as the ‘labelling bias’. While such stereotypes develop in part from ‘past experiences, beliefs, and assumptions ... and multi-generational histories of chronic abuse or neglect’ (Hackett and Cahn 2004, p. 12), it is important for caseworkers to remain vigilant on these cognitive processes, and help overcome the issue outlined by Jackson (1996) that ‘the cultural nuances of minority client populations are not fully accepted and are often misunderstood by child welfare administrators and practitioners’ (cited in Wilhelmus 1998, p. 119).

### *Summary*

The three hypotheses as to why CALD children may be over-represented in the CPS are not mutually exclusive, and each highlight different but important aspects of culturally appropriate and sensitive service provision. Indeed, debates over whether culture, poverty, or institutional racism contributes *more* to the over-representation of CALD children in the CPS are seen as less useful than developing a holistic approach that can help address the effects of all three causes.

Similar views have been expressed by other researchers. As the USA researcher Cahn (2002) points out, “the debate over whether it is race discrimination or poverty that primarily causes the over-representation of black children in the system, while important, is perhaps less significant than an analysis of what to do about the child abuse and neglect prevention system” (p. 477). Similarly, Korbin (2008) notes that ‘culture should not be confused with structural conditions detrimental to children and families, such as poverty or health disparities’ (p. 126), even though ‘culture does not work on its own or in a vacuum but in transaction with other variables at other ecological levels’ (Korbin 2002, p. 641). Cahn (2002) calls for a refocus of the child protection system from rescuing children to preventing their abuse or neglect in the first place.

Moreover, ‘abusers are from all walks of life. Those who abuse children cannot be defined by race, class, religion or social status’ (Sinclair 1995, p. 160). It is outside of

the scope of this project to develop strategies that can alleviate the role of poverty. Overcoming the entrenched poverty that leads to racial disparity would require a joint and concerted effort from a variety of government bodies such as education, health, and social support. As Clark (1995) highlights of the Victorian child protection system, “the greater proportion of notifications of child abuse and neglect would be more effectively addressed by improved social security, accessible health services, more durable family support systems, and education and training programs for the children and young people referred – measures to break the cycle of disadvantage” (p. 23). Though such a move would not be exclusive to CALD families, they would still benefit from this holistic approach.

As such, this report will focus on the need for cultural awareness, sensitivity, and competency borne from the first hypothesis; as well as focussing on the need to overcome institutional racism borne from the third hypothesis. Cross-cultural comparisons in rates of abuse or neglect are not necessarily helpful for understanding how culture should be addressed in child protection practice. It is arguably more important to understand the ecological cultural context of the family; to simply understand ‘where they are coming from’. Lack of awareness or sensitivity can allow for ‘tacit cultural knowledge’ (Connolly 2001) – knowledge that is ‘outside the awareness of both practitioner and client, and so the way in which it influences the process of their work can be overlooked’ (p. 24). By acknowledging and overcoming individual and institutional racism within individual government bodies, and making practices and policies *within* organisations anti-racist and anti-discriminatory, there will arguably be a common ‘language’ on which to connect for government bodies to become anti-racist and anti-discriminatory *across* organisations. In this way, they will be better able to achieve an important primary goal – preventative aid rather than intervention.

As part of increasing cultural *awareness* for CALD groups in the NSW CPS, it is important to understand their common experiences as a result of being from a migrant family and different from the mainstream. Barriers, stressors and/or hardships that relate to the typical CALD experience in Australia are described in Section 4.2.

#### **4.2 What are some of the common issues CALD children and families experience or perceive generally in Australia?**

CALD children and families experience a unique set of challenges in Australia by virtue of being from a migrant family and different from the mainstream. These may include (but are not limited to):

- Migration stress;
- Acculturative stress;
- Displaced sense of belonging and cultural identity;
- Perceived or experienced racism and discrimination;
- Intergenerational conflict;
- Low English proficiency;

- Insufficient awareness of institutional systems and local services available;
- Loss or lack of extended family, social and community supports;
- Poor settlement experience in period after arrival in new country, and
- Socioeconomic disadvantage.

### **Migration stress**

According to Giglio (1997) migration can be a very difficult process. The stress of migration may lead to language barriers; insecurity regarding their finances, employment and housing; a lack of traditional support mechanisms such as family and friends; and racism or misunderstandings due to cultural difference. However, such challenges are not unique to newly arrived migrants, and may extend to established migrant families, as well as second and third generation CALD families. In the context of child protection, it is important for caseworkers to be aware of the kinds of stressors migrant families commonly perceive and experience as such awareness can help increase sensitivity to their cultural needs.

### **Acculturative stress**

All individuals and groups from a CALD background in Australia will need to acculturate their conflicting needs for cultural preservation and cultural adaptation, and this is an on-going process even across generations (Sawrikar, Griffiths and Muir 2008). Sawrikar and Hunt (2005) argue that acculturation is a dynamic process that is reactive to developmental, contextual, and societal factors, such as the age of the person, the ethnic composition of the group they are interacting with, and current national and global trends in ethnic tensions. Nevertheless, Berry (1980) suggests that acculturation can be distinguished into four heuristic types of strategies:

- *Integration*: high cultural preservation and high cultural adaptation;
- *Assimilation*: low cultural preservation and high cultural adaptation;
- *Withdrawal*: high cultural preservation and low cultural adaptation; and
- *Marginalisation*: low cultural preservation and low cultural adaptation.

Having to consistently negotiate the ways in which the (sometimes clashing) characteristics of two or more cultures should be incorporated can be a source of stress. For example, in recent research conducted on the needs of young Horn of Africans in Australia, a community service provider noted that ‘they have to traverse two cultures; they have to live double lives’ (Sawrikar et al. 2008, p. 47). Importantly, such stress is not exclusive to refugees or newly arrived migrants. It is important for caseworkers to demonstrate their awareness of how acculturative stress may underlie or contribute to their cultural context and challenges in Australia.

### **Displaced sense of belonging and cultural identity**

As a result of being visibly different from the mainstream community in Australia, individuals may question their sense of belonging and their cultural identity (Horejsi, Craig and Pablo 1992) as an Australian. For example, Omar (2005) found that young

Somalis, regardless of how long they have lived in Australia, felt distinct from other Australians because of their cultural practices and beliefs, language, race, physical appearance and skin colour, with religion and skin colour being the most significant of these.

Thus, some individuals from CALD backgrounds may feel and identify themselves as Australian, but some individuals from the mainstream (or other CALD groups that do not look visibly different, such as those from the Netherlands or Germany) may interact with them in ways that make visibly different CALD groups feel excluded (Fontes 2005). In other words, a CALD person who looks racially different may be treated as 'different', even though they may not feel different, and such socially excluding differentiation can fuel a displaced sense of belonging or cultural identity. Indeed, knowing when to celebrate cultural difference and at the same time acknowledge human sameness is a challenge in all multicultural nations such as Australia.

In the context of child protection, CALD families may even feel that the way the CPS works for mainstream families is not how the system should work for them if they are not considered or treated as Australian. As such, they may resist the intrusion of institutional systems in Australia that are not perceived as relevant to them because of the social exclusion they feel.

### **Perceived or experienced racism and discrimination**

CALD groups that are both visibly different (e.g. Sudanese) and non-visibly different (e.g. Jews) may also have to cope with perceived or actual racism and discrimination. Racism refers to the pre-judgement of an individual from a racial group based on a negative stereotype about that racial group (Vaughan and Hogg 2002). It is differentiated from institutional racism, in which "the (local) culture of an organisation – in its formal and informal rules, the explicit and implicit protocols for workplace interaction, and the organisational memories – lead to a system of racialised oppression. The implication is that even if a white person does not discriminate individually, he or she benefits from white privilege based on group membership" (Feagin and McKinney 2003, p. 19). Racism and institutional racism are differentiated from discrimination, which is the enactment of racism. It may be exemplified by racialised taunting or scape-goating (at the individual level), and failure to actively commit to equal opportunity and multicultural policies (at the institutional level).

Arguably, the cultural diversity of Sydney may moderate the experience of racism and discrimination compared to areas in regional and rural NSW, because of the greater exposure to variation within each cultural group. This is because exposure to in-group variation can decrease the likelihood that people will rely on generalised negative stereotypes, and increase the chance of having positive intercultural interactions. On the other hand, Sydney covers a large geographical area, and so can also produce pockets of communities in which integration may be less likely to occur than in a smaller geographical area (Sawrikar et al. 2008).

Nevertheless, caseworkers should be aware that perceived and actual racism and discrimination across NSW can be a significant stressor for CALD families. Acknowledging its importance can help avoid the trap of downplaying its effect

because of the discomfort such topics of discussion may induce for either the caseworker or the family. As a Horn of African participant in the research project by Sawrikar et al. (2008) stated:

The one thing I don't like is people pretending things are ok and that we live in an inclusive society when we don't ... as much as there are great things in Australia, there are many things that are getting swept under the carpet ... I would love to be living in a multicultural inclusive society but we're not ... we're not there yet and we've got a long way to go (p. 47).

### **Intergenerational conflict**

The process of acculturation can create intergenerational tension within CALD families. As the Youth Action and Policy Association (2004) point out, "parents may expect and wish for their children to adopt traditional values and roles for fear that their children may abandon or contravene their traditional culture, whereas young people may desire to integrate with the local culture, resulting in conflict" (<http://www.yapa.org.au/>). Such tension can bring CALD children to the attention of the CPS if the tension caused by intergenerational conflict, when young migrants reject the traditional cultural values of their parents, leads to a desire to leave home (Giglio 1997).

In addition to the culture clash that may be experienced between their culture of origin and Australian culture, intergenerational conflict can also produce role-reversals between children and caregivers with children acting as mediators and/or interpreters (when applicable) for negotiating the policies and practices of institutional systems in Australia. Thus, caseworkers should remain mindful of how intergenerational conflict can give rise to challenges such as culture clashes and role-reversals between children and caregivers.

### **Low English proficiency**

Low English proficiency can limit the capacity of CALD families to integrate socially and economically in Australia. For example, if a community agency does not look 'culturally friendly' in the way they promote their services or does not provide translated information pamphlets, then the poorer uptake of services in the community by CALD families may reflect systemic barriers that fail to address language diversity in child protection practice.

Research has also shown that accents affect the way people from the mainstream interact with CALD groups. As Sawrikar et al. (2008) point out, "it is important for service providers to be aware of how they respond to their client's accent ... The presence of an accent, for example, should not result in a presumption that a person requires translated materials or an interpreter" (p. 45).

### **Insufficient awareness of institutional systems and local services available**

Some CALD groups, especially newly arrived migrant families, may not be aware of how child protection and other institutional systems operate, nor their respective roles. Similarly, they may not be aware of support services that are available to them in the local community. Insufficient awareness can arise from not actively seeking out information or if low English proficiency prevents or inhibits their awareness of available services, but it can also arise from the lack of outreach programs to

disseminate information about local services to these communities. Thus, lack of awareness results from both the ends of service users and service providers. Caseworkers should be aware that not all CALD families clearly understand the role, policies, and practices of DoCS and other (government and non-government) institutions or organisations.

### **Loss or lack of extended family, social and community supports**

Loss of extended family and other community supports for newly arrived migrants, and lack of extended supports for some relatively more established CALD groups, can affect the extent to which CALD families' access support. The lack of extended support may increase access of government services for some CALD groups. However, generally, for CALD groups that are strongly collectivistic, the use of state-based services is uncommon, and CALD groups are more likely to rely on the limited family and community support that is available, in line with collectivist values for the family rather than on the state. As Ballard (1979) points out of South Asians in the UK, 'it is their kinsmen that they look for support in times of trouble' (cited in Chand 2000, p. 73). Thus, it is important for caseworkers to be aware that seeking help outside of the family is uncommon and may contribute to a lack of awareness of local and formal family and relationship services that are available to them.

### **Poor settlement experience in period after arrival in new country**

Typical to the experience for newly arrived families and ethnic groups, there is a period of adjustment and steep learning about the new country, its culture, its (legal and culturally implicit) processes and policies, its laws, and from whom to access the appropriate information (to name a few examples). These multiple and compounding factors can create a poor and difficult settlement period after arrival in a new country.

### **Socioeconomic disadvantage**

Poverty and unemployment may be experienced by CALD groups, especially those who are newly arrived. In the words of Webb, Maddocks, and Bongilli (2002) 'whilst there is no correlation between child safety and poverty, it is a significant stress factor, which can contribute to the likelihood of child abuse in families who may have otherwise managed well' (cited in Babacan 2006, p. 15). Similarly, Westby (2007) notes that 'economic stress can reduce parent's responsiveness, warmth, and supervision while increasing the use of inconsistent disciplinary practices and harsh punishment' (p. 143). Poor employment and the lack of other socio-economic opportunities can become entrenched and contribute to hard-to-break dysfunctional family patterns. It is important for caseworkers to be mindful of this holistic context in the occurrence of child abuse or neglect for CALD families, so as to separate the effects of wider societal and systemic factors such as poverty (Fontes 2002), from an intention or occurrence of harm to children.

### *Summary*

There are a number of unique experiences that CALD families face as a result of being a migrant and/or different from the mainstream community in Australia. It is important for caseworkers to be aware that these stressors may bring CALD children and families into the child protection system. However, in addition, caseworkers need

to be aware of the more specific issues that may emerge or may be typical for the five target CALD groups in this study (explored in Section 4.3).

### **4.3 What are some of the common issues for the five target CALD groups?**

Little research has been conducted on either the common family patterns, norms, and traditions for the five target CALD groups in this study (Greek, Lebanese, Pacific Islander [Samoan and Tongan], Vietnamese, and Chinese), or the issues they experience or perceive when they are in the CPS. The limited research has been briefly summarised below.

#### *Greek children and families*

Like all collectivist societies, the institution of the family has been the primary unit of the social structure in the Greek culture (Agathonos-Georgopoulou and Browne 1997). According to Trogan et al. (2001) ‘mild physical punishment of children in Greece is considered a normal aspect of child rearing ... (and) deeply rooted social values and attitudes about the protective role of the family inhibit the acceptance that the Greek family is as vulnerable to domestic violence as families elsewhere’ (p. 289).

Variables that predispose children in Greece to physical abuse include offspring of unwanted pregnancies, male gender, low socioeconomic status, young parental age, social isolation, and poor relations with the family or origin (Agathonos et al. 1982, cited in Trogan et al. 2001, p. 292). While such factors may change for Greek families in NSW as a result of acculturation (compared to Greek families in Greece), they may aid caseworkers in understanding their cultural context.

#### *Lebanese children and families*

‘Arab societies (like Lebanon) are highly diverse, and consist of heterogeneous systems of social differentiation based on ethnic, linguistic, sectarian, familial, tribal, and regional identities (Al-Krenawi and Graham 2001, p. 667). For example, the belief in the ‘evil eye’ (Naff 2007) is unique to Christian Syrian-Lebanese. Broadly, ‘the *hamula* (patrilineal kinship structure of several generations, extending to wide network of blood relations) is the central family unit in Arab society and the typical patrilineal head is the locus of blood bonds, inter-commitment, and responsibilities to the collective’ (Al-Krenawi and Graham 2001, p. 668).

Makhoul et al. (2003) note that “in the Middle East, the child is seen as the crucial link between generations ... children, and particularly sons, have always been valued. They are socialised into specific gender roles, including the division of labour, at an early age. There is little evidence of a carefree childhood or of childhood as an important stage in itself” (p. 249).

Makhoul et al. (2003) found that domestic violence against children was prevalent in the Nabaa community (in Beirut), in the form of both physical and sexual abuse and that it tends to be more common when the father or stepfather is a substance abuser and is unemployed (p. 254). However, Al-Din and Al-Hayak (1995) found that physical punishment occurs in all social groups in Lebanon, is widespread throughout society as a method of discipline, and is generally used in educating and bringing up children because families believe it is effective. According to their study, punishments ranged from verbal admonishments and denying favourite pastimes, to

beating hands which in the most serious cases caused injuries requiring medical attention. Girls and boys received the same punishments. The majority of the school children do not perceive “mild” corporal punishment as violence and even when “serious pain” is inflicted it is justified because the pupils “deserve it” (cited in Global initiative to end all corporal punishment of children, MENA, p. 23).

Currently, ‘corporal punishment is lawful in the home ... and children have limited protection from violence and abuse under Law 422 of the Penal Code, which states that “a youth is endangered if she or he is below 18 and ... is subject to sexual assault or physical assault that surpasses the limits of what is deemed culturally accepted as harmless corporal punishment” (Global initiative to end all corporal punishment of children, MENA, 2005<sup>24</sup>).

Creating a professional workforce to address the need for the social protection of children will be lengthy process in the Arab world. ‘Professional socialisation is seen to create potential barriers to effective practice because the knowledge, skills, and values constituting the profession may be in tension with the norms, values, and practices of the culture’ (Al-Krenawi and Graham 2001, p. 665). Despite these tensions however, which may influence the cultural context of Lebanese families in NSW, it is important that caseworkers do not focus on individual pathology over the social context; the strengths of the Arab family and society – mainly the social solidarity, economic assistance, and psychological support of the collective (including the nuclear and extended family, neighbours, friends) – should not go unrecognised (Shalhoub-Kevorkin 2005, p. 1266).

#### *Pacific Islander [Samoa and Tongan] children and families*

The concept of the extended family as the norm is common to all Pacific cultures (Griffen 2006). Traditionally, Pacific societies have a communal socio-economic base characterised by sharing and reciprocity, and culture is centred around the extended family (Ali 2006). Often, Pacific cultures are oral where “rituals, dances, chants, songs, honorifics, family genealogies and names of places, peoples and events were tools for recording indigenous history” (Efi 2005, p. 62). However, due to the influence of Christianity, Western democracy and global democracy, the indigenous socio-political structure in Pacific countries (like Samoa) have changed profoundly (Efi 2005).

Children in Samoa are considered gifts from god, and children are relied upon to carry forth Samoan culture and traditions (Griffen 2006, p. 8). “Studies of Samoan childrearing note that loving and expressive parenting traditionally has coexisted with wide acceptance of physical discipline and punishment in this community” (Pelczarski and Kemp 2006, p. 11). As Griffen (2006) notes, it is part of *faasamoa* (*respect and care of family*) to punish children so the child learns the proper ways of behaviour, and does not become an ‘oddity’ (p. 9). Similarly for Tongan children, “the depth of the inculcation of learning the culture and identity of being a Tongan

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<sup>24</sup> [http://www.gdnet.org/cms.php?id=research\\_paper\\_abstract&research\\_paper\\_id=9368](http://www.gdnet.org/cms.php?id=research_paper_abstract&research_paper_id=9368)

child, is based on living in a community as well as living in family. The two are often intertwined. How children are disciplined, responses to children's emotions and crying, methods of instilling obedience, and the appropriate behaviour for a girl and boy child, are all culturally determined" (Morton 1996, cited in Griffen 2006, p. 11). Importantly, "the avoidance of shame is a powerful determinant of behaviour in Samoa and Tonga. From a young age, children learn to behave in a manner that will enhance, or at least maintain, a family's reputation, thus avoiding shame" (Suaalii and Mavoa 2001, p. 41).

Research on victims of domestic violence among Pacific Islander families in New Zealand show that children appear to be the most affected members of the family (Koloto and Sharma 2005, p. 89). Indeed, Koloto and Sharma (2005) ask that Pacific families themselves examine their cultural practices that may condone violence and acts that discourage victims from seeking help outside the family (p. 95). According to Ali (2006):

the popular image of the Pacific region is of a peaceful paradise. However, in reality the Pacific is not idyllic for the girl child, who has a very low status in society, and is often subjected to various forms of violence, ranging from violent punishment at home and school, to domestic violence and sexual abuse and exploitation ... This strict and sometimes violent treatment was intended to ensure the protection of a girl's reputation and a family's honour. For example, in Tonga and Samoa families were – and often still are – very strict with girls and restricted their movements in an effort to prevent premarital pregnancy, which would disgrace a girl and her family and usually prevent her from making a 'good' marriage (p. 3-6).

Further, 'with regard to shame, women bear the greater proportion of social and family blame when a male partner is violent' (Wurtzburg 2000, p. 22). According to Griffen (2006) 'the use of violence to bring up children correctly and the high value placed on conformity to social norms, combined with the oppressiveness of gender stereotypes, can place enormous constraints on children' (p. 10). However, these trends and norms are common within-country; the experiences typical for migrant families living in Western democracies such as Australia, New Zealand and the USA, can make for a niche set of vulnerabilities that can introduce them into the child protection system.

For example, Suaalii and Mavoa (2001) note that "the tension between the individual and collective is highlighted in policies for children and young people which have been developed from the eurocentric values and beliefs embedded in the constitutional and political systems of New Zealand ... In Pacific communities, the rights of children in extended families are collectively framed, knowledge is collectively owned, and 'life stage' is privileged over age" (p. 39). In addition, Wurtzburg (2000) notes that "the reliance upon church and minister can have negative consequences for a Pacific Island woman dealing with domestic violence under New Zealand law. She may not be made fully aware of the legal options available to her and she may be unable to make her own decision because of culturally prescribed influences" (p. 21).

In the USA, Hartz (1995) speculates that the disproportionately high rates of abuse among Polynesian Americans might be related to the "fragmentary assimilation into

the larger culture” of the Polynesian extended family system and the loss of richly developed family and community networks caused by relocating from village life (cited in Pelczarski and Kemp 2006, p. 11). Pelczarski and Kemp (2006) examined patterns of child maltreatment referrals among Asian and Pacific Islander families in the USA and found that:

Samoan families had the highest rate of reports for physical abuse (followed by Laotian families), and that Samoan families were over-represented in referrals to child protective services compared with their representation in the state wide population (compared to Japan and Chinese families who were under represented) ... Differences may be due to cultural differences in parenting and disciplinary practices. In the Samoan cultural context, for example, physical punishment may be more acceptable as a form of discipline than it is in Japanese families (Pelczarski and Kemp 2006, p. 18-19).

These results suggest that cultural norms regarding child rearing influence their pattern of referrals into the CPS. However, Pelczarski and Kemp (2006) also point out that “viewed through other lenses, including those of socioeconomic status ... increases in reports may result from the higher visibility of poor families to public and official scrutiny” (p. 23). According to Crisante (2005) Pacific Islander parents in the western suburbs of Sydney “commonly report that they need to use what is regarded to be coercive strategies, such as shouting, yelling and smacking to get children to comply with their requests ... this approach results in families coming to the attention of child protection agencies, which comes as a shock to parents who see themselves as caring for their children, by providing them with the discipline required to live in a hierarchical society in which respect and obedience are key values” (p. 3).

#### *Vietnamese children and families*

‘Historically, family structures in Vietnam were strongly influenced by Confucianism, and they remain patriarchal in nature today. Confucianism gives absolute power over all family members to the male head of the family. Children were completely subordinated to their fathers, as were wives to their husbands’ (Volkman 2005, p. 25). This is similar to other collectivist countries but importantly being aware of the Asian Dialectical Philosophy of Confucianism can help contextualise the unique Vietnamese experience compared to other collective cultures.

In addition, Vietnam’s political context must be considered. In the words of Taylor, Stevens and Nguyen Thi (2009) ‘over the last 60 years, Vietnam has been colonised by France, invaded by Japan, bombarded by the USA and attacked by the Chinese. This has had a significant impact on the lives of the population. For example, it is estimated that over five million people have been disabled through war injuries, unexploded war ordinance or exposure to toxicants’ (p. 32). However, these authors go on to note that ‘the Socialist Republic of Vietnam has been undergoing rapid economic development since 1986 when the economic reform programme referred to as *doi moi* (renovation) was introduced (p. 31-32). Similarly, Volkman (2005) notes that ‘Vietnam has achieved significant progress in its social development as well as in the implementation of children’s rights and women’s rights’ since the war ended 30 years ago’ (p. 23).

However, ‘while economic prosperity has enabled significant improvement in health and education services and a reduction in poverty, it has also created a new set of social problems ... problems arising in an increasingly affluent society, in danger of becoming disoriented, and losing sight of its traditional values’ (Taylor et al. 2009, p. 33). While ‘no comprehensive national study on intra-family violence has yet been conducted, analysis of several small-scale studies shows that gender-based violence, as well as violence toward children, exists in both urban and rural areas and within families at all income levels’ (Volkmann (2005, p. 29). ‘In Vietnam, more than 50 per cent of the population are under the age of 25’ (Taylor et al. 2009, p. 37-38), making social protection of children particularly crucial.

As it stands, ‘social work as a profession is recent and still unfolding in Vietnam’ (Taylor et al. 2009, p. 29-30). According to Taylor et al. (2009) ‘the system in Vietnam is comprised of Social Protection Centres, which offer a variety of residential services, and Communes which offer practical and emotional support within particular town lands and villages. They aim to address a range of ‘social evils’ (as they are referred to in Vietnam) including human trafficking, drug misuse, and crime (p. 30). Interestingly, Taylor et al. (2009) note of the current experience in Vietnam:

responsibility for children’s care and welfare is shared on the basis of a reciprocal relationship between parents, community, and the state. It would be regrettable if Vietnam’s economic strategy of developing a buoyant socialist market economy, within which the potential excesses of the free market are controlled, were to lead to an erosion of the communitarian values which characterise much of contemporary Vietnamese culture. These are precisely the kind of social values which major policy developments in social work in the United Kingdom are seeking to rediscover (p. 39).

While these factors relate to the experience of Vietnamese families in Vietnamese, and not in NSW, they may help the caseworker understand their context. In this way, they will be able to increase their cultural awareness.

### *Chinese children and families*

Similar to other CALD groups, the scant literature on child abuse in China has been noted (Dunne, Chen and Choo 2009; Hesketh and Lynch 1996; Ho and Lieh Mak 1992). However, unlike the other CALD groups in this study, there is relatively more research on Chinese families in Western democracies such as the USA, UK, and Canada. As such, the experience of acculturation with typical Chinese norms and patterns regarding family functioning and parenting, and comparisons between the Western and Chinese cultures, is better documented.

Shalhoub-Kevorkian (2005) notes that “Western society’s construction of child abuse differs from perceptions of the politics of child abuse in non-Western societies. In China, familism (success, unity, and reputation of the family), and filial piety (the expectation that children are subordinate to the wishes of their parents) are adhered to at the expense of the individual” (p. 1265). As a result, ‘the traditional Confucian ethic of filial piety (*xiào shùn*) is sometimes interpreted as a dictate that children must be unquestioningly loyal and obedient to their parents and look after their parent’s

needs' (Kim, Lau and Chang 2006, p. 371). In addition, Futa et al. (2001) notes that 'middle position virtue' is normative in Chinese culture. As they say:

middle position virtue is when the individual blends with others in society to maintain harmony, conformity, and inconspicuousness. This differs from the European American culture which generally rewards individual creativity, assertiveness, and initiative. The perpetration of abuse does not conform to the rules of society and allegations of sexual abuse are conspicuous and violate the middle-position virtue. These values can either decrease the incidence of sexual abuse among Asian American families compared to other American families, or serve to mask their reporting (p. 195).

Moreover, 'there are still many Chinese who hold the attitudes that 'beating is caring and scolding is loving' and 'the rod makes an obedient son', the Chinese equivalent of the Western saying 'spare the rod and spoil the child'" (Qiao and Chan 2005, p. 24). Further, Hesketh et al. (2000) note that 'in China the traditional view that the experience of deliberately inflicted pain is character-building and vital to the development of strength and endurance is still widely held (p. 871). Similarly, Lau et al. (1999) point out that "the Chinese saying, 'a child comes from nature and can be raised by nature' refers to the belief that 'nature' is an adequate custodian of a child's basic needs. Thus, phenomenon such as unattended children at home and neglect of a child's emotional needs may be seen as normal from a traditional Chinese perspective, but would constitute child abuse according to Western norms" (p. 1171)

Qiao and Chan (2005) note that the terms 'child maltreatment' and 'child abuse' are not common in the language of Mainland Chinese, even among doctors and nursing professionals, but do note that 'domestic violence' is more commonly used. They point out that:

to many Chinese, the family is still a private sphere. Public authorities do not usually intervene because the heavy emphasis on filial piety forbids children to complain against their parents; because family shames should be kept within the confines of the family; and the public are not inclined to intrude into the private domain of the family so as to avoid shattering it. As a result, many cases of child maltreatment may escape public attention, giving the impression that child maltreatment is a very rare phenomenon in China (p. 24).

Hesketh et al. (2000) found that "physical punishment is regarded as more acceptable in the middle age range of 4 – 13 with few regarding it as acceptable outside this age range. Studies among Chinese families in Hong Kong suggest that children in the younger part of this middle range (age 5 to 8 years) are most likely to be abused. In Chinese societies, the pre-school child is treated with leniency and indulgence, and when the child reaches the age of understanding, at approximately 6, there is a sharp change in parental attitudes and practices with the imposition of strict discipline" (p. 870). Also, So-Kum Tang (1998) found that "Chinese boys and girls had comparable rates for minor violence but more boys than girls experienced severe violence at the hands of their parents ... Sons are expected to continue with the family line, take over the family business, and care for their aged parents. Thus parental expectations of and demands on sons are often much higher than daughters, and parents may turn to strict discipline to ensure their son's satisfactory performance at school as well as to train their filial behaviour at home" (p. 388).

Interestingly, Qiao and Chan (2005) note a relationship between acknowledgment of child abuse and resources in China; ‘the lack of attention to domestic violence and child maltreatment is also due to the scarcity of social services in the country. As the government does not have the resources and capability to treat child maltreatment, it is unlikely that it will also acknowledge the problem (p. 25). However, the denial of abuse that emerges from cultural factors and resource barriers in China may influence the typical parenting norms for Chinese families in NSW. For example, and by drawing a comparison to Asian American families, Hesketh et al. (2000) found that ‘compared to Hispanic and White American families, Asian Americans were the least critical of the use of physical force due to filial piety and familism (p. 871).

### *English speaking families*

As a point of comparing the culturally embedded context of abuse and neglect for the five target CALD groups, the cultural context of English speaking families has been included. Currently, Australian law permits hitting and striking a child with an open hand, but not on the face or head, and without implements. These are considered legally ‘acceptable’<sup>25</sup> forms of physical punishment. These changes reflect the UN Hague Convention on the Rights of Children (CRC) and are similar to other Western countries such as the USA, UK, and Canada, in that a child-centred approach towards child safety is at the forefront of all child protection policy and practice. Further, awareness of child protection agencies is generally more widespread and, as such, so too are community attitudes about a child’s right to safety, free from physical punishment and other forms of (domestic) violence such as violence. Changes over the last thirty years have led to decreases in physical punishment and arguably an increase in awareness of alternative forms of parenting and disciplining.

### *Summary*

While there are some norms or patterns of family dys/function among the five target CALD groups in this study – Greek, Lebanese, Vietnamese, Chinese, and Samoan and Tongan – these should be seen simply as a guide for helping to better understand the cultural context of families from these groups, rather than as evidence for or against stereotypic beliefs of these CALD groups. This is because the issues a particular client family face will always be unique, and the family should not be regarded as a representative of their CALD group, but simply one that is influenced by their culture’s norms and traditions.

In addition to these contextual factors to help understand the cultural needs of these five CALD groups, it is important caseworkers are also aware of issues that may emerge once CALD families have entered the child protection system. These are explored in the following section (Section 4.4).

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<sup>25</sup> DoCS, on the other hand, generally have a good practice policy of ‘zero tolerance’ on any form of physical punishment.

#### **4.4 What are some of the common issues CALD children and families experience or perceive in the CPS?**

##### **Common issues for CALD children and families in relation to child protection issues and the system**

###### *Lack of awareness about DoCS and their statutory power*

CALD families, especially those who are newly arrived, may not be familiar with the various institutional and government bodies in NSW and Australia, and each of their roles, responsibilities, and powers. As a result, CALD families may not be aware that DoCS has the statutory power to remove their children, and could as a result freely disclose personal information about any dysfunctional family occurrences or patterns. Such lack of awareness of the statutory power of DoCS compromises their family's power to select what information they choose to share with caseworkers. Further, this can compromise their equal footing with other families in Australia who *are* aware of the role of DoCS and therefore have informed choice about what they disclose to DoCS staff. The lack of awareness that leads to the possibility of an uninformed choice can place them at risk of inequitable and increased exposure to the CPS.

It is important for caseworkers to be aware that CALD families who disclose personal information about the family are not necessarily doing so because they are seeking their representation, but because they are unaware of their statutory power. Caseworkers should clarify their role and power to caregivers as close as possible to the beginning of a risk assessment<sup>26</sup> for a CALD child. In this way, caseworkers will be able to more clearly identify when their intervention is in fact seen as positive by family members who are experiencing or are at risk of abuse or neglect.

More broadly, representatives from DoCS can develop outreach programs in local CALD communities to increase their overall awareness of DoCS and their roles and powers. For example, they may hold information sessions for parents at local schools, or they can organise an information booth or stall at local cultural events. South Australia's Department of Education and Children's Services has provided brief reports on the roles and responsibilities of caregivers that are translated in several languages (<http://www.decs.sa.gov.au/curric/pages/ESL/27876/?reFlag=1>).

###### *Fear of authority because of past experiences with DoCS or authority bodies in their country of origin*

For a range of reasons, CALD families may have a fear of authorities such as child protection, police, courts, taxation, immigration and housing departments (Sawrikar and Katz 2008). For example, they may have misconceptions about the role of DoCS which relate to negative experiences of authorities in their home countries (Giglio 1997). As Hackett and Cahn (2004) point out, some migrant families may have 'reticence to access services (because of) less than optimal past treatment experiences or instances of negative interactions' (p. 17). Finally, permanent residents or refugees may not report abuse or maltreatment for fear of non-receipt of citizenship (Giglio 1997).

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<sup>26</sup> It is important to note that the process of risk assessment is itself not without its flaws (Gillingham 2006), as it not an exact science and requires a level of informed and interpretative 'art'.

*Fear of authority because of shame on family*

Among collectivistic cultures, where broadly, the family rather than the individual forms the unit of society (Bond 2002; Hofstede 1980), 'anything that a child does is seen as a reflection on the family name which must stay intact at all costs' (Elshaikh 1996, cited in Giglio 1997, p. 5). Babacan (2006) notes that 'many CALD communities place a strong emphasis on morality within the family and consider maintenance of the family name, honour, shame and reputation within the community a high priority' (p. 6). For example, the study by Chand and Thoburn (2005) found that the use of social work services by South Asians in the UK was 'inhibited by a mixture of embarrassment, perceived stigma associated with seeking help from local authority services, and parents being unaware of what was on offer' (p. 172). Similarly, Kanuha (1994) notes that 'because of the power structure of many Western legal and social institutions as Eurocentric and androcentric, many ethnic minority women do not want to bring attention to their problems for fear of stigmatising their family and communities (Yick 2007, p. 279).

Importantly, Chand (2000) notes that "resistance to the assessment process should not be seen as evidence of guilt. Asian families (in the UK), for example, may be reluctant for any social work intervention owing to the possibility of losing their honour in the face of the extended family and/or wider community" (p. 74). Similarly, Chang, Rhee and Weaver (2006) note of Korean families in the USA:

It is critical that CPS workers exhibit cultural sensitivity toward the parental use of corporal punishment as a child rearing practice and make efforts to understand the bitter feelings and resentment such parents have when being accused of child maltreatment. It is very likely that immigrant Korean parents who are accused of physical abuse are embarrassed and may not understand why such a child rearing practice is considered child maltreatment in this country. Parental defensiveness can often lead to potentially hostile and adversarial encounters with child protection workers. To achieve effective service outcomes ... CPS workers are advised to consider intervention strategies designed to decrease resistance to the child welfare system, especially in the initial stage of relationship building. Moreover, offering parent education regarding the negative effects of corporal punishment and providing appropriate methods of discipline would be helpful and effective (p. 889).

Thus, it is important for caseworkers to be aware that their presence can incur severe negative consequences on their family name and standing in the community should the community discover that they have come to the attention of DoCS. Caseworkers should remind CALD families that all matters are kept confidential, except by law.

*Lack of awareness of local community services*

CALD families may not be aware of local support services if they have low English proficiency or translated pamphlets about services are not available. As Giglio (1997) points out:

when families migrate they do not have access to simple translated information about child protection laws and what constitutes child

abuse (which could be very different in their own country) nor what can be done about it. There is also insufficient awareness in NESB communities about relevant support agencies (including ethno-specific ones) which can be contacted for assistance (p. 5).

Although not exclusive to CALD families, it is also possible that families only become aware of services when there is a need for them. Thus, a general lack of awareness of services could reflect the fact that family dysfunction is actually an emerging rather than long-standing issue.

☀ **HELPFUL TIPS – Practical strategies for caseworkers:** Demonstrating cultural awareness by acknowledging the common issues CALD children and families perceive and experience in relation to child protection issues and the system.

- **Acknowledge that CALD children and families may not be aware of DoCS or their statutory power.**
  - Clearly and explicitly tell CALD children and families upfront that they (the caseworkers) represent DoCS and that based on what families say, they have the authority to remove children.
  - Develop initiatives to increase awareness in local CALD communities that the role of DoCS is to protect children and they have the statutory power to remove children from caregivers who are assessed as abusive and/or neglectful.
- **Acknowledge that CALD children and families may have a fear of authority if they have had past negative experience with DoCS or other authorities in their country of origin.**
  - Tell CALD children and families that they are aware that their presence may remind them of other experiences, but that these are not relevant to their current circumstance.
- **Acknowledge that CALD children and families (especially those from collectivistic cultures) may have a fear of DoCS because of the shame it can bring to the family name.**
  - Tell CALD children and families that they are aware that their presence can compromise their standing in their community, but that all matters are kept confidential, except by law.
- **Acknowledge that CALD children and families may not be aware of, or seek out information about, local community services because of language barriers or perceived lack of necessity.**
  - Provide translated pamphlets and information about family and relationship services that are available in their local community.
  - Be aware that poor family functioning may be a newly emerging issue for a CALD family and therefore they do not have extensive awareness of services available in the local community.

## **Common issues when selecting an interpreter**

### *Ethnic-matching and gender-matching*

Typically, and in line with good practice, CALD families are provided with ethnically-matched interpreters on the grounds that they will be able to offer the family culturally-based empathy and understanding (Sawrikar and Katz 2008; Perry and Limb 2004). However, it is important to remain mindful that not all ethnically-matched interpreters do in fact offer cultural awareness, understanding and/or empathy to the CALD family. Cultural differences between two classes or religion, for example, within the same culture, can produce biases and judgement in the interpreter (Korbin 2002). Giglio (1997) points out that when using interpreters, it may be important to have someone from the same culture and not just the same language because of regional conflicts. Therefore it is important to provide families with choice about whether the interpreter is ethnically matched or simply linguistically matched, or at least be aware of the possibility that biases based on other factors may be present. The need to consider gender-matching the client family and the interpreter may also be necessary, either because of cultural norms, or because it may be inappropriate in cases of domestic violence or sexual abuse.

### *Using children*

Chand (2000) argues that ‘the use of children as an interpreter in child protection issues should be regarded as unethical and unprofessional’ (p. 71). There are a number of reasons for why it is inappropriate to use children as interpreters. Firstly, the child might not understand the exact nature of the problem being discussed or the subtleties of the language being used (Chand 2005). Moreover, parents may not wish their children to know everything about their particular problems or it may be inappropriate for them to know (Chand 2005). Also, ‘the child will have to make difficult choices about where his or her loyalties lie’ (Chand 2005, p. 815) which may then make the child be ‘at the end of the parent’s frustrations and anxiety from the process of disclosing highly sensitive or important information’ (Giglio 1997, p. 5).

As Chand (2005) points out, “when an adult initiates the use of children as interpreters it is not necessarily an indication that the aforementioned issues are not of concern to the parent or that they are agreeable to this arrangement, but may more reflect that they are responding to the inadequate interpreting facilities in the only way they know how” (p. 815-6). Dominelli (1997) argues that ‘such exploitation of black children (as interpreters in the USA) is racist because it facilitates the continuation of inadequate services for black people’ (cited in Chand 2005, p. 815).

It is unlikely that this issue will emerge for CALD children in Australia, as all caseworkers in NSW are required to use an accredited interpreter<sup>27</sup>. Nonetheless, it is important to be aware of the pitfalls should children be used.

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<sup>27</sup> National Accreditations Authority for Translators and Interpreters (NAATI; <http://www.naati.com.au/index.asp>)

*Having a respectful manner*

It is also important for caseworkers to speak respectfully with CALD families who are not proficient in English. As Ely and Denney (1987) point out, 'when engaging with service users who are not proficient in English, raising the voice or verbal bombardment is usually unhelpful, as is constantly correcting the client's grammar' (cited in Chand 2005, p. 817).

☀ **HELPFUL TIPS – Practical strategies for caseworkers:** Demonstrating cultural awareness by addressing the common issues faced when selecting an interpreter.

- **Acknowledge that ethnically-matched interpreters may not always offer the assumed cultural support, empathy or understanding to CALD families, because of regional, class or religious differences between sub-groups from the same ethnic background.**
  - Be aware of intra-group variation within cultures.
  - Offer CALD families the opportunity to request another interpreter if such issues emerge.
- **Acknowledge that gender-matched interpreters may be necessary if cross-gender matches contravene cultural norms, or to maintain sensitivity for the individual's needs in cases of domestic violence or sexual abuse (usually the male is the perpetrator).**
  - Offer CALD families the opportunity to request a gender-matched interpreter if this is required or appropriate.
- **Acknowledge that it is unethical practice to use children as interpreters.**
  - Trusted confidantes selected by the CALD family should be used in conjunction with accredited interpreters or bilingual staff.
- **Acknowledge that CALD children and families not proficient in English should be spoken with respectfully.**
  - Do not raise voice or repeat information in a disrespectful way.
  - Do not correct the client's grammar.

### **Tensions of CALD children and families in the CPS between their own conflicting needs**

*Fear of breach of confidentiality despite having ethnically-matched interpreters who may offer empathy*

Many child protection systems aim to provide CALD families with ethnically-matched interpreters or bilingual staff because they can offer empathy to the family and understanding of cultural nuances in their interpretation, especially for explanations about the cause of instances of abuse or neglect. For example, “in some Asian languages (in the UK) the words necessary for the description of sexual abuse do not exist, or are so rarely used that people would be shocked by their usage ... In many cases a balance had to be maintained between politeness and clarity” (Owen and Farmer 1996, cited in Chand 2005, p. 811). Thus, ethnically-matched interpreters or bilingual staff play an important role in more accurately representing the voices of CALD families who may otherwise feel misunderstood by their non-ethnically matched caseworker.

However, CALD families who benefit from the increased awareness, understanding and/or empathy of an ethnically-matched interpreter or bilingual staff may still fear a breach of confidentiality, which is driven by a social consciousness of their family name and standing in their community. The loss of privacy of their family’s affairs to a possible or close member of their CALD community is a tension that needs to be weighed against the benefits of feeling more fully understood. As Chand and Thoburn (2005) point out, ‘despite valuing their ability to speak the same language and understand their culture and religion some (South Asian parents in the UK) experienced their support as intrusive and were concerned about possible lack of confidentiality’ (p. 174).

Thus, it is important for caseworkers to be aware of the tension for CALD families between two of their own conflicting needs: (i) the need to feel understood, and (ii) the need to protect the family’s privacy. There are a number of strategies that can be used to overcome this tension. Simply acknowledging the tension that CALD families are experiencing between their own two conflicting needs is a first step toward easing the tension. All CALD families should be (re-)assured that it is mandatory for all interpreters and bilingual staff to keep matters confidential, except by law.

Chand (2005) points out, “for some families it was important the interpreter was outside of the family’s network or community ... (but) in a climate of rationed resources in local authorities, this raises the question of how likely it is that such a request will be met” (p. 810). Thus, as much as is possible within resource constraints, choice should be offered to CALD families about whether they would prefer an ethnically-matched or linguistically-matched interpreter or bilingual staff. For example, an Arabic-speaking Lebanese interpreter may be used with a Sudanese family who speaks Arabic, to overcome a fear of breach in confidentiality with an African interpreter.

Finally, it may also be helpful to permit CALD families to select a trusted confidante who can speak on their behalf in conjunction with or bilingual staff or the accredited

interpreters that DoCS are required to use<sup>28</sup>. Importantly, this trusted confidante should not be one of the children.

*Fear of abusing/neglectful paternal caregiver in traditional gender role household despite wanting to seek help*

As Osofsky (2003) points out ‘parents who are usually the main support for children in providing nurturance and protection may not be able to do so when they are exposed to, or are victims of, (domestic) violence themselves’ (p. 162). CALD children whose maternal caregiver is experiencing abuse or neglect such as domestic violence or sexual abuse, may want the assistance and representation of DoCS to protect her and/or themselves<sup>29</sup>. While the fear of the abusing or neglectful spouse for disclosing occurrences of abuse or neglect to authority bodies is not exclusive to CALD families, it is important for caseworkers to understand that such fear may be exacerbated in families with traditional gender roles. For example, Giglio (1997) points out that “in cultures where men are considered superior to women, they may fear reprimand if they tell of abuse at home ... (and this is) exacerbated in NESB families who are not informed of their rights and the role of community services” (p. 5). It may also be exacerbated more generally in the case of raising sexual abuse, either for women or children, in ‘minority cultures ... where matters of sex and sexuality are not discussed’ (Chand and Thoburn 2006, p. 374).

Thus, it is important for caseworkers to be aware of how a CALD child’s fear of the abusing or neglectful paternal caregiver in a traditional gender role household conflicts with their desire to seek help or representation from outside of the family. Establishing awareness of this tension for CALD children is crucial to intervening in a culturally appropriate way.

*Intergenerational conflict between children and caregivers*

CALD children who are experiencing abuse or neglect by one or both of their caregivers may want the assistance and representation of DoCS to protect themselves. However, they may also fear that doing so will compromise their family’s name and standing in the community, causing them to downplay the magnitude of the family dysfunction when caseworkers make risk assessments. Thus, children ‘who appear to be strong and expressive may not openly express feeling about the abuse, in an effort to minimise intergenerational conflicts that might threaten ethnic or racial unity’ (Markward, Dozier, Hooks and Markward 2000, p. 246). As it is, child abuse has a ‘secretive nature’ (Bagshaw and Chung 2001) regardless of the child’s cultural background. It is important for caseworkers to be aware of how a CALD child’s fear of protecting their family name may be at odds with their desire to seek help or representation from outside of the family.

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<sup>28</sup> National Accreditations Authority for Translators and Interpreters (NAATI; <http://www.naati.com.au/index.asp>)

<sup>29</sup> In most cases of domestic violence and sexual abuse, the victim is the female caregiver. However, barriers to reporting abuse and seeking protection are equally true in the reverse situation where the female caregiver is the perpetrator of abuse or neglect.

☀ **HELPFUL TIPS – Practical strategies for caseworkers:** Demonstrating cultural awareness by acknowledging the tensions CALD children and families perceive and experience between their own conflicting needs.

- **Acknowledge that although interpreters may offer empathy and be culturally sensitive because of ethnic matching, families may be wary of a breach of confidentiality to their community.**
  - Tell all CALD families that they are aware that using an ethnically-matched interpreter or bilingual staff may cause them to fear a breach of confidentiality.
  - Assure all CALD families that interpreters are accredited and must keep all matters confidential, except by law.
  - Offer CALD families who speak a language that is also spoken in another country the option of having a non-ethnically matched interpreter.
  - Offer CALD children and families the option to select a trusted person to act as a confidante and interpreter in conjunction with accredited interpreters or bilingual staff.
- **Acknowledge that among some CALD groups, fear of an abusive spouse or partner may be accentuated because of traditional gender norms, even though women and children may seek assistance.**
  - Acknowledge that fear among women from CALD groups with strong traditional gender roles is heightened (there may be occasional instances in which the man is the victim of abuse, but most of the research is on women).
  - Tell them that you understand that their fear is in part related to cultural factors. Specifically, that if the community were to hear of the abuse, it would compromise the family's name.
  - Emphasise that all matters are kept confidential and that no one has access to their file other than caseworker and case manager, except by law. As such, there is no justifiable reason for them to 'suffer in silence'.
  - Be aware of individual variation within the CALD group that has strong traditional gender roles. Not all families within that CALD group will abide by these gender norms, so it is important not to stereotype the individual family as 'traditional'. After acknowledging that culture may be affecting their fear, probe the family to gauge the extent they perceive or experience their fear as a result of cultural pressure to remain silent about the abuse compared to their fear of the abusive spouse/partner (because disclosure to authority can invite more abuse from the spouse/partner).
  - Remind the (mostly female) victim of abuse (physical, emotional, and/or sexual) that the occurrence of abuse is cross-cultural – it happens to women from all cultures, and this is why extensive support strategies are available in the community to help them. This can help decrease any sense of isolation or loneliness they may feel.
- **Acknowledge that among CALD groups, children and families may have differing needs. Intergenerational conflict can cause tension between children seeking help and parents who want to protect their family name.**
  - Tell children and parents that they understand they each have different needs. Both parents and children can benefit from the mediation offered by a caseworker to facilitate overcoming such intergenerational family barriers.

**Tensions between the needs of CALD children and families and their caseworkers**

*Fear that caseworkers will not be aware of, misunderstand or disrespect their cultural needs*

Chand and Thoburn (2005) report that the relationship between family members and the worker, and the personal and professional qualities of the workers, make the major contribution to personal satisfaction for CALD families in the CPS. While not exclusive to service provision with CALD families, these authors note that characteristics viewed favourably by clients in the CPS include accuracy, empathy, warmth and genuineness. They go on to say that these are demonstrated when the worker is reliable, a good listener, honest, gives accurate and full information about services available and agency processes, and puts themselves out to be available at times of stress. Families also value a worker who is knowledgeable about their specific concerns and appreciate workers who have particular skills, but only in the context of an empathic and reliable relationship.

However, O'Neale (2000) emphasised that for CALD families, the following qualities of professionals are also important: being sensitive, open-minded, and respectful; acknowledging that they don't always have the answer; seeking advice from independent workers from the same community or faith group, who speak the first language of the family; not appearing arrogant or superior, and being open and honest. O'Neale (2000) argues that cultural sensitivity and an awareness of the impact of racism and racial abuse, and how to challenge racism at both the institutional and individual level, were also seen by the workers interviewed as essential prerequisites for working with children and adults of minority ethnic origin (cited in Chand and Thoburn 2005, p. 176).

Therefore, demonstrating cultural awareness, sensitivity, and competency are crucial for helping to overcome any fear that CALD children and families may have that their caseworkers will not be aware of, misunderstand or disrespect their cultural needs. Failure to demonstrate these crucial components of culturally appropriate service delivery for CALD families can result in caseworkers relying on stereotypes to quickly seek closure on the matter, especially if they have no personal affinity or affiliation with (individuals from) culturally diverse groups, in which there is arguably less empathy or desire to help them. Indeed, Sale (2006) found that 'the main issue ethnic minority families raise is their experience of professionals being unaware of their culture or beliefs' (p. 28).

Research has shown that this is a particularly crucial issue for Muslim families. Betts (2002) points out that "Sydney is not only a Mecca for migrants in general, it also attracts many people from NESB, especially from Asia and the Middle East" (p. 32). These authors ask: 'can Muslim immigrants from the Middle East be integrated in the same fashion as Orthodox Greeks or secular Chinese, or is the challenge qualitatively different?'. Gray (2003) indeed notes that 'Islam is certainly perceived to be a challenge for Western society in general and for social and health services in particular' (p. 368).

According to Sawrikar and Katz (2008) cultural awareness refers to knowing information specific to the needs of a CALD group. Cultural sensitivity refers to

awareness of how families within a CALD group vary from one another, and cultural competency refers to having a sense of efficacy for providing services cross-culturally. Similarly, Korbin (2008) notes that “the core term ‘competence’ argues for the necessity of moving beyond cultural sensitivity or awareness to developing and promoting a set of skills and knowledge in child abuse and neglect research, practice and policy” (p. 122). These three related concepts mutually impact one another. In the words of Dewees (2002):

The culturally competent “attitude” cannot substitute for taking the time to find out some very basic aspects (including some acquaintance with the language) of another culture. At the same time, “learning” some customs cannot substitute for an understanding of the role of culture, of how it shapes (and has shaped) one’s judgments, work, and perceptions ... It will be far more respectful and efficient to acknowledge the limitations of one’s own culture, to ask for instruction, to be led in the cultural ways of our client families. The results will affirm the relationship, inform the worker, and validate the family (p. 48).

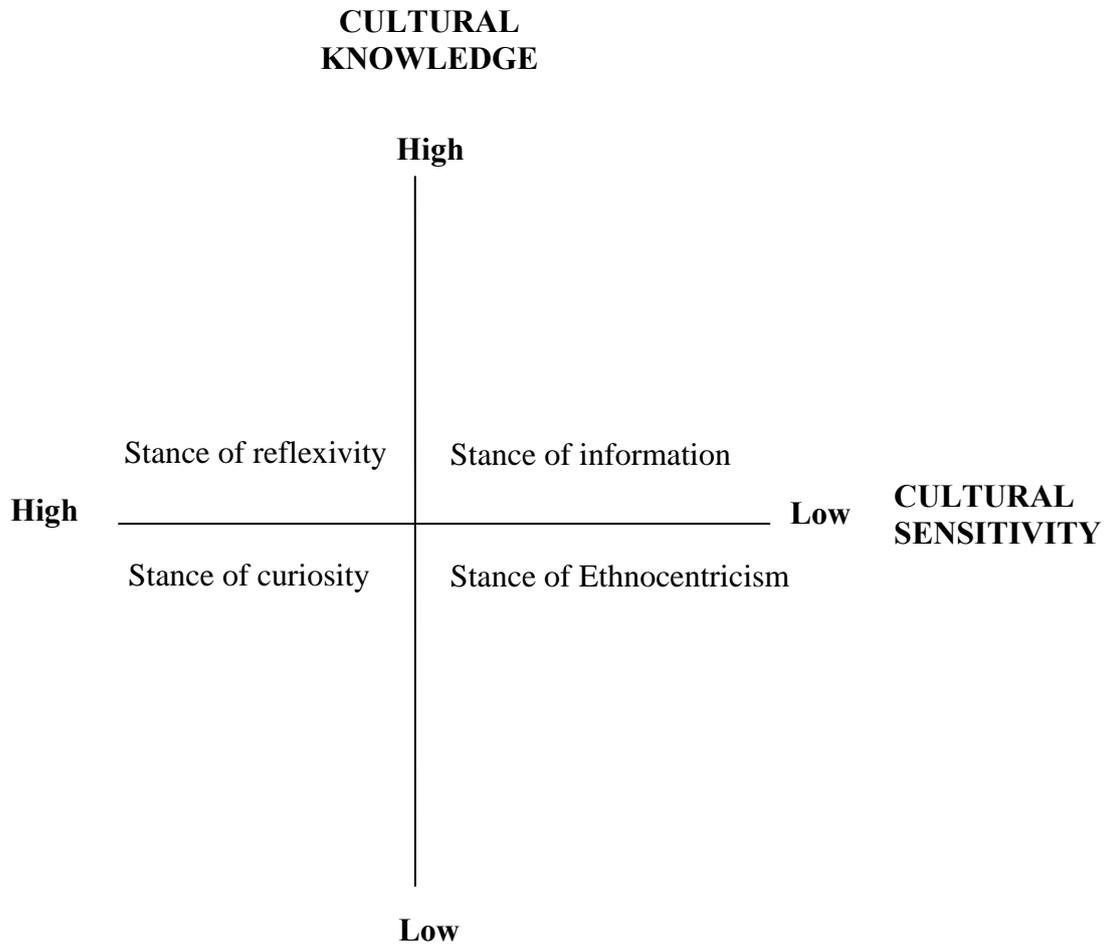
According to Lee and Greene (2003), there are four stances of cross-cultural learning based on knowledge and sensitivity (with cultural knowledge being comparable to cultural awareness as described above). Based on these four ‘stances’ (refer to Figure 1) caseworkers can make general inferences about the areas in which they may need to improve their cross-cultural practice.

Thus, training in these three areas (awareness, sensitivity, and competence) will help increase caseworkers’ understanding of the cultural needs of CALD children and families. Moreover, misunderstanding or disrespect of cultural needs can occur at the individual and/or institutional levels. Individualised disrespect occurs at the frontline provision of services between caseworkers and families. For example, racist beliefs that ‘people don’t change’ based on negative stereotypes, can cause caseworkers to have low expectations for the family (Hackett and Cahn 2004).

Institutional disrespect occurs when there is a lack of effective and culturally appropriate services. For example, Hackett and Cahn (2004) report that because of the ‘history of unsuccessful services and lack of change (in the USA) ... no one questions whether the services are appropriate versus there is something wrong with the person/family’ (p. 17).

This is inconsistent with Section 9 (e) of the Children and Young Persons (Care and Protection) Act 1998 which states that a child’s name, identity, language, cultural and religious ties should, as far as possible, be preserved (cited in Chuan and Flynn 2006, p. 1-2). In the words of Humphreys (1999), “White children may be often experiencing a second class service, (but) the service extended to Asian children (in the UK) can really be rated only as third class when, for a range of reasons, attention is not given to meeting their identity needs” (cited in Chand 2000, p. 69). In short, it is important for caseworkers to understand the importance of meeting the cultural needs of their CALD clients to avoid being unaware of, misunderstanding or disrespecting them.

**Figure 1: Stances of cross-cultural learning (Lee and Greene 2003)**



*Fear that caseworkers will underestimate the importance of keeping CALD children with their families*

Family cohesion and togetherness, despite the infrequent or low to moderate-level occurrence of abuse or neglect, are crucial for the development of a child's well being (and arguably, for the development of resilience as well), regardless of a child's background. As Harris and Hackett (2008) point out 'when a child has to be separated from their parent/s either temporarily or permanently ... this experience is emotionally traumatic for the child as well as the birth parents' (p. 211). However, among CALD groups that are strongly collectivistic – in which family cohesion is the centre point around which socio-cultural life typically revolves – the extent of this trauma may be intensified considerably. That is, the extent to which family cohesion acts as a protective factor, and should be regarded as a strength among these families, should not be underestimated, despite the infrequent or low to moderate-level occurrence of abuse or neglect. Although in relation to the OOHC system, and not the CPS, Cahn (2002) points out 'even after substantiation of abuse or neglect, studies have found that the majority of children in OOHC could safely live at home' (p. 477).

Similarly, Roberts (1997) acknowledges that black children (in the USA) should be protected from neglect and abuse, and sometimes even removed from their homes, but nevertheless argues that it is in fact a violation of children's rights to remove them from their families of origin (cited in Cahn 2002). She argues that "the solution is not to remove children from their parents, but to provide support so that their parents can raise their own children ... and not through their involvement with a (institutionally) racially biased system" (cited in Cahn 2002, p. 481). Thus, Roberts (1997) advocates more for an 'early intervention' approach based on better public support for children and community-based and guided intervention, which could involve services such as "parenting classes, home visiting, helping parents find housing and jobs, coordination of public welfare services and domestic violence interventions with the child welfare system, and providing more intensive substance abuse programs" (cited in Cahn 2002, p. 477).

Contrarily, Bartholet (1999) advocates that children should be removed and placed for adoption (or other temporary and longer term placements) more quickly because of potential or actual harm, and that protection of their parents should not be at the core of an abuse and neglect system (cited in Cahn 2002). Bartholet (1999) critiques the 'blood bias' of the current system, which strives to keep children with their parents or within their kinship group, and argues that parenting should be defined by 'social', not blood based bonds ... She argues that it is important to move the children into other homes where they will receive the nurturing they need, rather than leaving them with their biological parents" (cited in Cahn 2002, p. 478). While this view is in relation to African Americans, it is transferable to the situation faced by Indigenous Australians, and arguably other minority ethnic groups in Australia.

In its least extreme, such views exemplify how the protective strength of family cohesion is or can be under-estimated for CALD groups, especially those that are strongly kinship or community based. For example, in individualistic cultures like Australia, 'too much' family cohesion may be seen as a problem in the family, rather than a strength because self-sufficiency is highly regarded and valued as a protective factor (Forehand and Kotchick 2002) and also because families from individualistic

cultures may perceive that families from collectivistic cultures place the needs of adults and elders above the needs of the child.

In its most extreme, such imposition is an example of an institutionally racist system that imposes mainstream conceptualisations of the ‘nuclear family’<sup>30</sup> (rather than a larger extended and intergenerational family unit) as the norm to which other cultural groups should resemble and are judged as deviating from. As Cahn (2002) notes “the meaning of ‘child welfare’ depended on social workers’ cultural understandings of appropriate family forms ... and perfect families also depended on appropriate gender roles” (p. 469). Such views firstly assume that non-biological caregivers, such as foster carers are, as a rule, ‘nurturing’. Indeed, some and perhaps most, foster carers are warm and nurturing towards their foster children, but this view heuristically assumes that all foster carers are more nurturing than the warmth offered from blood bonds. It also falsely assumes that a ‘blood bond’ bias is not a child-centred, but rather a parent-focused approach. This report takes the position that family cohesion is in fact, in the child’s best interest in addition to the parents’.

Indeed, Chand (2000) points out that ‘ignorance and Eurocentric prejudices fuel the misunderstandings about physical chastisement, love and family responsibility which are so frequently used to stigmatize and scapegoat black families in Britain’ (Commission for Racial Equality 1983, p. 70). Similarly, Hackett and Cahn (2004) argue that “the invasiveness of the systems’ requirements for (African American) families ... (leads to) distrust of the system and fears of what might happen, given their history of negative treatment ... African American families do not want the bureaucracy dictating to them about how to raise their children ... (Doing so) changes the nature of the family” (p. 17). Also, Chand (2000) states that “social workers have underestimated or misunderstood the ability of black families (in the UK) to raise their children and have inappropriately intervened in the family process” (p. 70).

Similar experiences have been reported among Indigenous families and communities in Australia, and much can be learned about the delivery of child protection services for CALD families from the negative effects of over-intervention for community-based cultures<sup>31</sup>. As has been noted for Indigenous families, “whole kinship families are affected by the wounds of invasion and ‘whole of family’ therapy can assist recovery and strengthen the ‘circles of care’ around the child” (<http://www.aija.org.au/TherapJurisp06/Papers/Nethercott%20%20PPT.pdf>).

Certainly, the welfare of children, and not the parents, is at the heart of any risk assessment. However, unless the abuse or neglect is so severe that it is, without a doubt, necessary to remove the child from their abusive or neglectful family environment, and that ‘blood ties’ do not in any way justify keeping the child with these abusive or neglectful caregivers, this report argues that the general rule of thumb for CALD families should be to keep the family together, and intervention should be

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<sup>30</sup> <http://www.aija.org.au/TherapJurisp06/Papers/Nethercott%20%20PPT.pdf>

<sup>31</sup> This argument reflects the views of the author only and is not based on an evaluation of the professional practice of DoCS or their staff, but from the (mostly international) literature on *possible* issues with the *systems* of child protection.

focused on parental education rather than termination of parental rights<sup>32</sup>. Even in families with complex needs, and where it is likely that ‘concerns will fall into more than one of the categories – physical, sexual or emotional abuse and neglect’ (Chand and Thoburn 2006, p. 369), support should target the specific issues causing stress to the family, such as domestic violence, mental health issues, or substance abuse rehabilitation. Indeed, ‘lack of access to (formal or informal) childcare or insufficient knowledge about community services or alternative forms of disciplining children and parenting guidance compound these problems’ (Giglio 1997, p. 6), and should be the focus of intervention. Of the system in the USA, Cahn (2002) points out that:

over the past 30 years the child protective services system has focused on removal at the expense of preservation; the number of children receiving in-home services declined by 60 per cent from 1977 to 1994. Such a restructuring might make clients more comfortable seeking and accepting preservation services if they know they are getting help rather than confronting a high risk of child removal (p. 477).

In the words of Hahm and Guterman (2001) collectivist families “strongly resist interference in family lives by outsiders because family affairs, especially with regard to child-rearing practices, are considered strictly the family’s own business. The family is regarded as a private realm, beyond the control of both the state and the politics” (p. 174). This makes it especially important for CALD families to feel ‘safe’ that DoCS caseworkers are there to assist their family, rather than to remove their children, as this may help overcome the fear that ‘DoCS will take their children’ and indeed report maltreatment and seek assistance (Maiter, Alaggia and Trocme, 2004; Giglio 1997). As Cahn (2002) states, ‘a broader vision of child welfare services would involve support for children’s existing needy families and less focus on punishing those families’ (p. 477).

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<sup>32</sup> This argument reflects the beliefs of the author based on the review of the (mostly international) literature, and not an evaluation of the professional practice of DoCS and its staff. Indeed, the call for clearer criterion to help caseworkers and case managers substantiate reports of abuse or neglect has been met by the planned development of the recent action plan: *Keep Them Safe: A shared approach to child well being*; the result of the *Special Commission of Inquiry into Child Protection Services in NSW* (2009). Such legalised moves towards a structured assessment framework to support both mandatory reporters and DoCS caseworkers in determining whether reports meet newly legislated threshold of ‘significant harm’ can help increase the certainty, confidence and consistency of the caseworker’s and case manager’s professional judgment about individual cases. In turn, they may be better able to make informed assessments of the ‘balance of probabilities’ required of them by the NSW Children’s Court. The ‘balance of probabilities’ assessment requires caseworkers and case managers to be able to assess the relative pros and cons of keeping children with versus removing them from their biological family; a crucial assessment for ensuring that caseworkers do indeed protect children’s safety. It is also in keeping with a fundamental practice of DoCS which is to keep families together.

☀ **HELPFUL TIPS – Practical strategies for caseworkers:** Demonstrating cultural awareness by acknowledging the tensions CALD children and families perceive and experience with caseworkers.

- **Acknowledge that CALD children and families may fear that their caseworkers will stereotype them, and so will not be sensitive to the unique needs of their family and how culture simply provides the *context* to the manifestation of these needs, rather than *explaining why abuse or neglect has occurred*<sup>33</sup>.**
  - Obtain training in cultural awareness and sensitivity about the unique norms, traditions, and values of the CALD group, and the pattern of variation around these, through consultation with local CALD community and reading.
  - Share with CALD children and families information that they have acquired and ask them about the extent to which these norms and practices are relevant to the family.
  - Do not be afraid to admit being unaware of the cultural factors that may be influencing the client family's circumstance and ask them to reflect on these.
- **Acknowledge that CALD children and families may fear that their caseworkers will negatively stereotype them. If such racism occurs, families will reject and be defensive to their racist caseworkers for overlooking their family's needs, judging their culture, and feeling like they are being expected to conform, either overtly or covertly, to the mainstream family norm.**
  - Obtain training in cultural competency – understanding how child protection requires caseworkers to de-centre their own cultural values and norms as the reference point for making sense of, and avoid making 'moral' judgments on, the needs of other families. It will also help caseworkers obtain a sense of efficacy for being able to interact with CALD groups from a variety of backgrounds even without (extensive) information about that group. Such de-centring is essential for demonstrating equal respect for cultures.
- **Acknowledge that among CALD groups, collectivist cultural norms accentuate the importance of keeping CALD children with their families**
  - Assess the strengths and weaknesses of CALD groups accurately by giving due weight to the protection offered by family cohesion despite the infrequent or low to moderate-level occurrence/s of abuse or neglect.
  - Do not impose individualistic cultural norms and values about self-sufficiency, over family dependency, on CALD families.
  - Unless in situations that are unambiguous about the current safety and future risk of harm to CALD children, the general principle should be to keep children and families together, and offer intervention consistent with the intensity and nature of the cause of abuse or neglect.

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<sup>33</sup> The occurrence of abuse or neglect happens between individuals – not cultures. However, the way in which abuse or neglect *appears* can be explained by cultural factors.

*Summary*

There are a number of challenges CALD children and families experience that may help caseworkers understand the context of family dysfunction for CALD families in Australia. These include (but are not limited to): migration stress, acculturative stress, displaced sense of belonging and cultural identity, perceived or experienced racism and discrimination, intergenerational conflict, low English proficiency, insufficient awareness of institutional systems and local services available, loss or lack of extended family, social and community supports, poor settlement experience in period after arrival in new country, and socioeconomic disadvantage.

In addition, there may be cultural factors that caseworkers should be aware of, that are specific to the CALD group. Indeed, these norms or patterns should not be seen as evidence to support existing stereotypes or beliefs, but simply to gain a contextualised understanding of their client family.

CALD children and families may also experience a number of challenges once they have entered the CPS, which can include (but are not limited to): issues in relation to child protection issues and the system (such as, lack of awareness about DoCS and their statutory power, fear of authority because of past experiences with DoCS or authority bodies in their country of origin, fear of authority because of shame on family, and lack of awareness of local community services); issues when selecting an interpreter (such as, ethnic-matching, gender-matching, using children, and having a respectful manner); tensions of CALD children and families in the CPS between their own conflicting needs (such as, a fear of breach of confidentiality despite having an ethnically-matched interpreter who may provide empathy, fear of abusing/neglectful paternal caregiver in a traditional gender role household despite wanting to seek help, and intergenerational conflict between children seeking help and caregivers wanting to protect the family name); and tensions between the needs of CALD children and families and their caseworkers (such as, fear that caseworkers will not be aware of, misunderstand or disrespect their cultural needs, and fear that caseworkers will underestimate the importance of keeping CALD children with their families).

However, in addressing the ways to overcome such barriers, it is also important to identify the challenges caseworkers experience when providing services to CALD families. By comparing and contrasting the needs of service users and service providers, a more comprehensive framework for improving culturally appropriate service delivery can be developed. The experiences, needs and challenges of caseworkers with CALD clients are explored in more detail in Section 5.

## **5 Experiences, needs, and challenges of caseworkers with CALD children and families in the CPS**

### **5.1 What are some of the common issues caseworkers perceive or experience when working with CALD children and families in the CPS?**

#### **Tensions between caseworkers and their CALD clients**

*Absolutism versus relativism: Determining ‘abuse/neglect’ and ‘the best interest of the child’ across cultures*

The primary role of child protection caseworkers is to uphold child protection law – to protect all children from harm, regardless of their cultural background. However, what makes the task of determining whether abuse or neglect has occurred for children from a range of cultural backgrounds difficult is that: (i) there is no structured and agreed-upon definition of what constitutes ‘abuse’ (Clark 1995), and (ii) caseworkers cannot be expected to be familiar with the parenting norms, and range of tolerance from these norms, for all the different cultural groups they may come into contact with. Westby (2007) points out that “the UN Convention does not spell out just what is considered to be abuse, (and) cross cultural differences in childcare standards complicate the issue of determining just what should be considered abuse with a particular child” (p. 142). Having said this however, child protection practice and systems have made great strides towards developing more structured decision-making tools. For example, in NSW there are legalised definitions of abuse and neglect and significant harm<sup>34</sup>, and objective risk of harm (ROH) assessment tools are used to help guide caseworkers’ practice (e.g. number of standard drinks consumed per month to substantiate alcohol abuse). Nonetheless, ultimately decisions rest on the subjective and interpretive professional judgment of caseworkers and case managers. Importantly, this is not seen to be problematic, and in fact essential and crucial to good practice, as each case is individual and as such individual analysis is considered to be the most appropriate form of intervention and/or aid. However, a tension does arise for caseworkers and case managers between seeking an ‘absolute’ definition of abuse or neglect to protect *all* children, and taking into account the ‘relative’ cultural context that determines whether or not maltreatment has occurred. That is, ‘professionals face the debate as to whether child abuse is relative or absolute’ (Westby 2007, p. 144).

Korbin (2008) states that ‘cultural relativism is the belief that every culture must be viewed in its own right as equal to all others, and that culturally sanctioned behaviours cannot be judged by the standards of another culture’ (p. 123). This approach emphasises that ‘most behaviour has to be seen in context before it can be thought of as maltreatment’ (Chand 2000, p. 70-1), because as Markward et al. 2000 assert:

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<sup>34</sup> Refer to DoCS’ (2009) action plan: *Keep Them Safe: A shared approach to child well being*, which emerged as a result of the *Special Commission of Inquiry into Child Protection Services in NSW* (2008). This document includes the planned development towards a structured assessment framework to support both mandatory reporters and DoCS caseworkers in determining whether reports meet newly legislated threshold of ‘significant harm’

culture reflects the beliefs and norms that determine the social acceptability of behaviour, the relationships that are likely to occur or that are permitted by a groups; how we solve problems, how we communicate, and what kinds of solutions we prefer to utilise in different situations; the rules of intergenerational relationships, responsibilities and obligations; and how we view the world and our collective place in it (p. 238).

In contrast, absolutist positions on child abuse, by virtue of having standard child protection (Australian) law that is applicable to all children regardless of their cultural background, tends to reflect a standard ideology about what constitutes good family functioning. As such, deviations from this ideology are interpreted as poor family functioning, and justify intervention.

To reconcile these two positions at either end of the continuum, it is necessary for caseworkers to be aware of cross cultural manifestations of abuse and neglect, so that they can identify when a behaviour has not only gone beyond what is acceptable in the mainstream culture, but also in the culture of that CALD group (Chand 2000, cited in Harran 2002). By finding 'some middle ground between absolutist and culturally relative concepts of abuse' (Koromoa et al. 2002, cited in Gough and Lynch 2002, p. 342), children are protected from harm, but ethnocentric practices and policies that fail to acknowledge cultural diversity in parenting and family functioning are also avoided. Indeed, the literature is consistent in its view that an emphasis on either absolutism or relativism is dire for the CALD child. As Korbin (2008) points out 'both (absolutism and relativism), unmoderated, can lead to the misidentification of child maltreatment' (p. 123).

The main problem with an absolutist approach is that cultures vary from one another in how they conceptualise family structure, its value, and the roles and responsibilities the family is expected to serve. As such, there is no one family norm from which deviations from a standard ideal can be interpreted as 'poor family functioning'. Unfortunately, to simplify the complex task of 'trying to distinguish what is the norm and what is deviant in child rearing practices, social workers may fall back on moral judgments' (Chand 2000, p. 72) that are informed by stereotypic family norms.

Cognitively, racialised stereotypes are easily accessible for heuristic processing about the needs of CALD families, and they also provide a consensual 'language' for staff to compare the needs of their CALD clients with other groups such as Indigenous and Anglo-Australian children. Further, child protection systems can design and implement policies more easily by having a common 'referent' group by which to judge the validity of their intervention. As Maitra (2005) points out,

the central premise in child protection cases is the somewhat nebulous criterion of 'significant harm' ... which turns on the state of the child's health or development compared with that which could be *reasonably* expected of a *similar* child. This is where the difficulty begins since it assumes there is agreement between all the cultures in the UK ... on what constitutes a reasonable state of health or development. It also assumes that children are essentially the same, irrespective of their backgrounds (race, culture or class) (p. 255).

As a result of this complexity, the referent group typically falls back on the mainstream community, since this is the most commonly available stereotype. But by doing so, ethnocentric practices and policies, which are not applicable to non-mainstream cultural groups, will likely fail to accurately assess whether, and to what extent, poor family functioning is occurring in a particular CALD family. Chand (2000) suggests that it is the inability or unwillingness of practitioners to distinguish 'abuse' from 'cultural practice' which lies at the core of an ethnocentric approach (cited in Barn 2007, p. 5).

At the broader societal level, ethnocentrism reflects a 'belief that one's own cultural beliefs and practices (about good parenting) are not only preferable but also superior to all others' (Korbin 2008). As a result, failure to challenge the ethnocentric family norm, and design and implement policies and practices that are sensitive to cultural variation in conceptualisations of the family, at both the personal and institutional levels, creates the situation where appropriate service delivery for CALD families becomes predicated on assimilation – a (covert or overt) forced imposition of suppressing cultural ideologies of 'the family' among CALD groups that are not in line with the cultural values and ideologies of the mainstream. As Markward et al. (2000) point out,

it is common practice to assume that similarities exist across individuals and groups in order to produce some kind of consensus for research ideology and diagnostic purposes. Unfortunately, such generalisations often lead to negative stereotyping that is predicated on racial and ethnic prejudice rather than substantive comprehension of cultural nuances ... The attempt to establish behavioural norms for all minority cultures, based on the assimilation myth of a 'melting pot' disallows new learning and social evolution and/or reorganisation in favour of mislabelling diversity as individual defect or deficiency (p. 238).

Thus, problems for the CALD family occur at two levels. Firstly, in determining whether abuse or neglect has occurred, its severity, and the strengths and needs of a particular CALD family, decisions may be skewed and therefore not serve the best interests of the CALD child, if they are compared to a 'referent' group that is culturally incomparable. That is, 'cultural differences in child rearing may result in misguided allegations of abuse (Giglio 1997, p. 4). As Westby (2007) states:

No practice that is harmful to a child should be condoned in the name of culture or tradition. Yet harm can also occur from inappropriate referrals and interventions by ill-informed ethnocentric professionals, which can lead to distrust, non-compliance, and avoidance of services that would benefit the children and family. Furthermore, the stress associated with coping with an allegation of abuse or neglect can fragment a family and isolate members from their community (p. 141).

Secondly, a systematic bias in not meeting the best interests of CALD children will arise from an absolutist, ethnocentric approach to child protection. As Barn (2007) puts it, "a cultural deficit perspective makes it a mission to alter and correct 'pathological' cultural learnings to ensure their alignment with the supposed but

elusive 'norm', leading to what may be described as speedy and unnecessary over-interventions in the lives of ethnic minority children and families" (p. 5). Maitra (2005) points out that it is "important to distinguish between 'needs' and 'ideals'. Child protection (should) aim to ensure the prevention of significant harm, rather than ensure optimal/ideal development ... Further, it is crucial not to refer to 'needs' as universal, and failure to comply with preventative programs as 'neglect', when in fact they more indicate the 'ideals' of the writer" (p. 256). Importantly, Korbin (2008) points out that overcoming an ethnocentric approach to protecting children requires an "orientation towards cultural difference rather than deficiency. A deficiency approach is ethnocentric while a difference approach allows a more circumspect and contextual perspective without compromising child wellbeing" (p. 124).

On the other hand, the problem with an exclusively relativist approach is that it permits harmful practices to children that are conducted because they nevertheless serve important cultural functions. For example, 'a relativist approach ... allows abuse such as female genital mutilation (FGM), because it is perceived as a responsible act by the parents that ensures their daughter's place in society' (Westby 2007, p. 144). As Koromoa et al. (2002) point out, the problem with traditional cultural practices such as FGM is that it both enhances a child's cultural identity and causes them harm (cited in Gough and Lynch 2002, p.342). As such, an absolute standard line, which if crossed indicates abuse or neglect, is still necessary in child protection practice to ensure all children are protected from harm (Irfan and Cowburn 2008). Cultural relativism is also consistent with an assumption that 'parents act in the best interest of children' (Chan, Elliott, Chow and Thomas 2002, p. 365), and reflects 'a rule of optimism – the belief that parental/family love can override different and/or punitive manifestations of child discipline' (Chand 2000, cited in Barn 2007, p. 5), similarly compromising the child's welfare in the name of 'respect for cultural diversity'.

The risk of prioritising cultural sensitivity over the safety of children is likely to emerge in the frontline delivery of services between non-ethnically matched caseworkers and families. As Koromoa et al. (2002) point out, "cultural identity is so central to group membership and thus personal identity that any suggestion of the negative effects or inappropriateness of a (cultural) practice is likely to be sensitive, particularly if pressure for change comes from outside the culture condoning the practice" (cited in Gough and Lynch 2002, p. 342). It is possible that such defensiveness in CALD families is heightened from a fear of being culturally misunderstood. However, such defensiveness is only likely to cause the CALD family to misplace their focus on their perception or experience of feeling pressured to conform to the practices and values of another culture, instead of on the harm their parenting practice is causing to children.

Moreover, the risk of 'denial of abuse' (Webb et al. 2002) among CALD families is exacerbated when caseworkers are not trained in cultural awareness and so fear being labelled racist or ignorant. Indeed, several authors noted in their research that white caseworkers report a fear of being labelled racist, ignorant, or culturally unaware (e.g. (Westby 2007; Sale 2006; Maitra 2005; Korbin 2008). As Brophy et al. (2005) points out, "a (potentially or actually harmful) practice or behaviour cannot be accepted as cultural simply because the parent says so. However, because culture is so politically

charged, workers may hesitate to challenge parental or caregiver explanations” (cited in Korbin (2008). As Barn (2007) puts it:

the election of minority ethnic local authority councillors, the employment of minority ethnic social workers, and recognition of race, culture and religion in social work education and child care legislation have come about as a result of the paradigm shift which posits that structural as well as individual change provide the way forward. (However), the anti-racist ideology, whilst seeking to effect change and raise understanding of structural racism and its negative impact of minority ethnic life, can be perceived as having taken on a missionary zeal to exorcise racism at an individual level. Thus, through the channel of the ‘race awareness’ training industry, such an approach perhaps contributed to white social workers feeling guilty, deskilled and powerless and may have resulted in the kind of professionals who sought refuge in ‘cultural relativity’ models of thinking (p. 3).

Thus, fears of being labelled racist or culturally unaware can impact the caseworkers’ ability to manage CALD families who are in denial of abuse or neglect in their home. These CALD families may instead displace responsibility for poor family functioning on a structurally racist system. Maitra (2005) describes this in the following way:

Parents who have a genuine emotional investment in their children may nevertheless make one-off (or more) errors of judgment. Afraid (of state authority), ashamed (at having allowed or caused harm to children they care about), humiliated (at being investigated), angry (at their beliefs and practices being questioned), and buoyed by the often ambiguous benefits of ethnic community lobbies urging “empowerment”, BME (black and minority ethnic) parents (in the UK) may often appear aggressive, threatening, non compliant, untruthful, and more interested in questioning professional authority than in considering how they may be better parents. Skilled risk assessment must allow for these tensions and yet identify those parents who have little genuine commitment to their children and may be attempting to cover up serious maltreatment. Errors have serious negative consequences and not only because of failure to identify risk. In addition to the dangers of separating children from essentially loving parents, embattled relationships between ethnic communities and services increase the risk of social exclusion of these children from mainstream society (p. 256).

In short, absolutism leads to the risk of misunderstanding the unique needs of CALD children and families (and how conceptualisations of the family differ from that in the mainstream community), and unnecessarily intervening or imposing ethnocentric values. The risk of relativism is that child maltreatment is overlooked and misdiagnosed as a normative cultural practice, compounded by a fear among caseworkers of being labelled racist or culturally unaware. The first scenario results in ‘false positives’ – the over identification of abuse in CALD children, and the latter results in ‘false negatives’ (Maitra 2005) – the under identification of abuse in CALD children. Both fail to meet the needs of the CALD children and protect them from harm.

In other words, if the safety of the CALD child is, *without a doubt*, compromised by keeping the child in their parent's care, then they should be removed<sup>35</sup>. However, in any circumstance in which there is ambiguity about whether abuse or neglect has occurred, or it is unclear about the severity of the abuse or neglect, caseworkers should consider in their risk of harm assessments, whether the typical parenting norms for CALD families has been violated, and not whether the parenting and family norms on which Australian child protection law are typically based, have been violated.

Indeed, Harran (2002) notes that "it is important to establish the degree to which social care staff are influenced by their own agency value base and belief system during the child protection assessment process ... which may result in the pendulum swinging from cultural relativism to defensive practice" (p. 413). And to do this more accurately, caseworkers require training and education into the typical parenting norms for CALD families. Importantly, an absolutist approach to protecting children still relies on cultural awareness, so that the strengths and needs of CALD families are properly assessed when making decisions about the best interests of a CALD child.

At the very least, 'conflicts over child rearing practices in an ethnic community that would be considered child abuse in the broader community reinforce the need for discussion about what constitutes child abuse' (Giglio 1997, p. 6). However, to help establish the 'absolute line' from which abuse and neglect can be substantiated, after taking into account the relative cultural context of family functioning, child protection caseworkers need:

- a child-centred approach; and
- cultural awareness training on the typical family and parenting norms of CALD groups, and how these differ from the norms in the mainstream community.

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<sup>35</sup> Professional judgments regarding the substantiation of abuse or neglect and risk of harm assessments are made in conjunction with the 'balance of probabilities' (NSW Children's Court) which require caseworkers and case managers to assess the relative strengths of weaknesses of a decision to keep or remove a child from their family. More specifically, it is suggested that there be a greater burden of proof for the placement of CALD children, but that this is not inconsistent with the 'balance of probabilities'. A balance of probabilities implies that a CALD child is better off being removed because they are assessed as being unsafe; had the child been left in the care of their parent/s, the high future risk of harm (ROH) means that the child will be worse off. If two caseworkers agree that removal is in the child's best interest, and both of them have consulted with a multicultural caseworker to ensure that they have considered and taken into account any relevant cultural factors, then they have met their burden of proof because they have ensured their judgment is culturally informed. However, if the caseworkers have not made assessments in consultation with MCWs (or are not sufficiently trained and have knowledge on cultural issues themselves), then they are deemed as not having met their burden of proof to justify their assessment. In such instances, caseworkers may intervene and remove a child, causing the unnecessary trauma of separation from the family. For example, if two CWs disagree about the current and future ROH, then it may indicate that one CW sees strengths in the CALD family that the other does not. One of those possible strengths is family togetherness, which is particularly strong in CALD families because they are usually collectivistic – in which the family forms the basic unit of society and is valued above individuation. Therefore, by justifying the decision to remove a CALD child, by consulting with a MCW and/or receiving training in cultural competency and increasing cultural knowledge, the CW can be certain and confident that their decision to remove is unambiguous. Indeed, an *informed* 'balance of probabilities' should be a part of good practice for all children, regardless of their cultural background.

### Need for child-centred approach

The United Nations Convention on the Rights of the Child (CRC, 1989) include: the right to survival; the right to development of their full physical and mental potential; the right to protection from influences that are harmful to their development; and the right to participation in family, cultural, and social life (cited in Westby 2007, p. 142). According to Cahn (2002) “the willingness to focus on the individual child reflects much broader social, legal, and philosophical notions about the child as a future deserving citizen of the state, who is valuable regardless of the suitability or desirability of his or her parents” (p. 481). However, leaving aside the broader context for understanding child rights and values, ‘it is of paramount importance for social care services to remain child-centred if they are to prevent children being abused or exposed to danger’ (Harran 2002, p. 413).

To ensure that the child’s safety remains at the forefront of decision making about their best interests (Thomson and Molloy 2001), regardless of their cultural background, Maitra (2005) notes that ‘attribution of responsibility does not require evidence of intention to cause harm, and that parental care is judged on the basis or whether it has been adequate or has caused harm’ (p. 255). Indeed, Chan et al. (2002) argues that the CPS should focus on the experience of and outcomes for children, rather than the intent of the caregiver, as this approach offers better protection against cross cultural misunderstanding (cited in Westby 2007). Further, Harran (2002) suggests that to ensure that there is no imbalance towards cultural sensitivity as the value base informing professionals’ intervention, caseworkers should ask of themselves: ‘would the standards of care, parenting, and interventions of the child protection agencies be “good enough” for their own children?’ (p. 412).

Although child-centred practice remains the key principle for child protection policies and practices (Winkworth and McArthur 2006; O’Neil 2005; Cousins 2005) – a practice that ‘*de-centres* the parent’ (McConnell and Llewellyn 2005) – the literature identifies a dilemma between the rights of parents to determine how to raise their children and the rights of children to be safe (Westby 2007). Indeed, ‘child abuse and neglect statutes are premised on the concept that parents’ basic rights become attenuated as soon as the fitness of the parents becomes questionable’ (Cahn 2002, p. 479). For example, Cahn (2002) notes that “the tension between what is best for the child and the cultural parameters of good families appears in the child welfare system where remaining in a biological family may mean that a child stays with an undeserving mother” (p. 470).

This report<sup>36</sup> argues that this tension can be attenuated by upholding child-centred practice and keeping the child’s safety at the centre of all decision making, *but by redefining the dilemma*: the debate should not be centred around whether parent’s have the right to care for their own children, but whether children have the right to be cared for by their own parents. That is, decision making processes about the best interests of a CALD child should re-conceptualise the tension as not between child and parent, but between two of the child’s own conflicting needs and rights – the right

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<sup>36</sup> This argument reflects the views of the author only and not of the Department of Community Services.

to be protected from harm and the right to be cared for by their own parents. Indeed, parents should more be seen as having the *responsibility* to care for their child's safety, as compared to a *right* to care for their children. Such a shift would be consistent with Harran's (2002) assertion 'that the necessary cultural shift is in valuing all children' (Gough and Lynch 2002, p. 343). Family cohesion and the need to be kept with their own parents are the rights of children (and not rights of the parent/s), and such a shift would allow for a 'child-centred but family focused' approach to child protection. After taking into account the severity of the harm, this right should be weighed against the trauma that would be incurred to children by removing them from their parents, despite the substantiation of a report of abuse or neglect.

#### Need for cultural awareness training on the typical family and parenting norms of CALD groups

As Sale (2006) points out 'there is a lot of language bandied around about 'respect' and 'respecting others' but social care has not worked out how to respect a culture while acknowledging its limits' (p. 28). Similarly, Dutt and Phillips (2000, p. 37-8) note that "although professionals are aware that is essential to take account of race and culture, and to be culturally sensitive in their practice, they are often at a loss to translate this into practical terms" (cited in Chand and Thoburn 2005, p. 169).

Authors in the field differ in the extent to which they place emphasis on *theoretical* discussions about the importance of being aware of and capturing the nuances of culture when determining whether abuse or neglect has occurred within a CALD family, and *practical* concerns about how to efficiently gain knowledge about the cultural needs to deliver services in a culturally sensitive way. For example, Korbin (2008) notes that:

culture is that somewhat amorphous but quintessentially human orientation to life that allows us to interpret and give meaning to the social life around us. Culture is constantly changing defying easy definitions or the construction of a library-like care catalogue of behaviors and values and instead demanding finely nuanced contextual understandings (p. 122).

On the other hand, Maitra (2005) notes of Korbin's (2008) approach:

When attempting to 'unpack' culture in the context of clinical practice (as opposed to academic enterprise) it is necessary to understand how a particular family uses the cultural repertoires they have learned in the past *in order to act in the present*. This task requires one to temporarily fix the 'culture' so as to explore the literature and consult with cultural advisors and to ask questions about how other factors such as social hierarchy, religion, language etc influence variations within the dominant beliefs of that culture. It is within this framework that the specific beliefs and practices of the family must be weighed and consideration given as to whether these would be rated 'central', 'marginal', 'idiosyncratic', or 'frankly undesirable' by others within the same group. Hypotheses about function or dysfunction arrived at through this exercise must then be checked through observation and interview, bearing in mind

all the time that the family's representation of themselves is likely to be affected by the particular stresses of being under (child protection) investigation, and of policies and organisations that are culturally alien (p. 255)

Given that "it is difficult for professionals to report abuse with immigrant families because there is a delicate balance to tread between being culturally sensitive, treating everybody equally, denying differing needs, or believing in cultural deficits and accepting or applying a lower standard" (Westby 2007, p. 146), it is important that caseworkers have some guidelines to help them make decisions when substantiating reports of abuse and neglect, and assessing the best interests of the CALD child. A small number of heuristic strategies to help make decisions about whether abuse has occurred in a CALD family were identified in the literature based on family and parenting norms across cultures.

It is important for caseworkers to have some understanding of the typical family and parenting norms among CALD families so that they can find the "balance between ethnocentrism and cultural relativism, (which are) core to understanding which aspects of a (CALD) family's strengths or difficulties are cultural, which are abusive or neglectful, and which are a combination of factors" (Korbin 2008, p. 122). Koramoa et al. (2002) notes that "professionals need help in distinguishing between cultural practices that cause harm, either intentionally or unintentionally, and those that are harmless or indeed beneficial" (p. 416). In this way, childrearing practices that may be legitimized in that culture and have the intent to be helpful to the child, but which in fact are harmful (Chan et al. 2002, cited in Westby 2007, p. 144), can be teased out. For example, because 'public and professional attitudes toward the reporting of child maltreatment are related in part to idiosyncratic interpretations of the word *abuse* (in Korean and other cultures), strong resistance remains to the labelling of any physical discipline, including severe physical discipline, as *child abuse*' (Hahm and Guterman 2001, p. 170). These unique cross-cultural understandings of abuse must be understood within the context of recognising 'cultural autonomy' (Hahm and Guterman 2001, p. 171).

Three heuristic strategies were identified in the literature (outlined more fully below). This information can be used to help structure decision making with CALD families and minimise reliance on stereotypes (Hackett and Cahn 2004), so as to better serve the needs of CALD families. Indeed, as Harris and Hackett (2008) point out, "child welfare decision making is never free of subjective bias ... caseworkers rely on intuition, experience, and interview engagement to assess child safety ... and decisions that permanently affect a child or family's fate are made on daily basis by individual case workers, attorneys, service providers, or judges" (p. 203).

Given the gravity of the intervention of child protection systems on families, increasing cultural awareness is crucial to ensure that 'culture is not mistaken for maltreatment and maltreatment is not mistaken for culture' (Korbin 2008, p. 123). In addition, by increasing caseworkers' cultural awareness, "intervention within a family will not be inhibited or delayed by cultural considerations, and can be moulded within a cultural framework in a way that makes the intervention is meaningful and within the control of the family" (Giglio 1997, p. 4).

Korbin (2008) argues that child maltreatment can be identified across cultures as acts that are 'preventable', 'proximate' and 'proscribed'. She argues that preventable and proximate acts distinguish child maltreatment from other circumstances that have detrimental consequences for children (such as natural disasters) and that tie the behaviour more closely to the parent or caregiver, rather than to larger societal harms such as warfare. On the other hand, proscribed acts situate the behaviour within a cultural context, and that even within this context, the behaviour is prohibited by the culture in question (Korbin 2008, p. 124). Thus, caseworkers should firstly assess whether the behaviour in question can be considered proscribed.

A second theory that may be used by caseworkers to help make an assessment about the needs of CALD children and families is proposed by Giles-Sims and Lockhart (2005) who suggest that the 'grid-group theory' can be used to identify four cultural lifestyles that may influence disciplinary techniques (cited in Westby 2007). The 'grid' is associated with dominance, and represents the degree to which an individual's life is circumscribed by externally imposed prescriptions (Westby 2007), and the 'group' is associated with affiliation and represents the extent to which people are driven in thought and action by their commitment to a higher social unit than the individual. By combining these, four cultural lifestyles are proposed:

1. *Individualistic* (low grid, low group): have low tolerance for external prescription or rules and weak feelings for group membership;
2. *Egalitarian* (low grid, high group): cultures perceive humans as broadly equal and prefer small groups that reach collective decision making through discussion to produce consensus;
3. *Hierarchical* (high grid, high group): family members are obligated to one another and obligations vary with differences in family members status based particularly on gender and age. Parents have the right to make decisions that are binding on others; and
4. *Fatalistic* (high grid, low group): cultures have weak feelings of group affiliation with perceptions of inescapable external control.

Based on these four cultural *lifestyles*, Giles-Sims and Lockhart (2005) argue that four comparable cultural styles of *discipline* may be inferred, as outlined in Table 2).

**Table 2: Cultural shaped patterns of disciplining children (Giles-Sims and Lockhart 2005)**

		GROUP	
		Weak	Strong
GRID	Weak	<b>FATALISTIC</b>  <i>Goal:</i> manage character flaws in children.  <i>Strategies:</i> force adherence to rules through use of corporal punishment, often applied impulsively and extensively.	<b>HIERARCHICAL</b>  <i>Goal:</i> shape and control behaviour and attitudes of child in accordance with a set of standards of conduct, usually an absolute standard; teach children correct ways of living; parents maintain status by training children in appropriate behaviours.  <i>Strategies:</i> authoritarian; corporal punishment to enforce rules; make restitution to victims.
	Strong	<b>INDIVIDUALISTIC</b>  <i>Goal:</i> foster accomplishments.  <i>Strategies:</i> permissive; use what works; may use corporal punishment but keeps the severity in line with the offence.	<b>EGALITARIAN</b>  <i>Goal:</i> attain accountability from children through quality relations; teach children consequences of actions.  <i>Strategies:</i> authoritative; direct child's action in a rational, issue-oriented way; encourage verbal give and take; corporal punishment rarely used.

Importantly, the parenting heuristics outlined here should only be used to understand culture schematically, and not be used to blame parents or pathologise cultures for dysfunctional family patterns, or to deviate attention away from other factors such as their own reporting biases, wider social conditions such as poverty, or poor system/organizational commitment to support cultural diversity. Also, caseworkers should be mindful that because of acculturative stress, some 'parents who feel that their children may become influenced by the value system of the dominant culture may become stricter and more inflexible than is usual' (Chand 2000, p. 73). Thus, these disciplining strategies are not fixed, and are circumstantial to other stressors experienced by the CALD family.

Finally, Koramoa et al. (2002) suggest that child-rearing practices exist on a continuum. These can be used to help caseworkers make decisions about how to respond to, and assess the best interests of, the CALD child (see Table 3).

**Table 3: Koramoa et al. (2002) Continuum of child-rearing practices**

Practice	Beneficial	Neutral	Potentially harmful	Harmful
Response	Preserve Promote	Understand Respect	Educate (professionals and family)	Prevent

While such heuristics can be helpful for the caseworkers when making decisions for CALD children and families, cultural competency also demands of them 'an

understanding of the range of intra-cultural variability that arises along dimensions such as generation, acculturation, education, income, gender, age, temperament, and past experience' (Korbin 2008, p. 125). As Korbin (2002) notes, "variability within groups often exceeds that between groups, and because populations continually adapt to changing circumstances ... culture cannot be viewed as being uniformly distributed or having a uniform impact on all members" (p. 638). The difficulty of addressing this level of complexity has been noted in the literature. For example, Harran (2002) identified in his research that social workers "found it difficult to understand diversity and cultural difference and therefore understanding what is the norm and what is deviant becomes problematic ... (They) were overwhelmed by the number of factors which appeared to be relevant to ethnic minority and had difficulty in combining these factors in assessments" (p. 411).

While such complexity is difficult to overcome, steps toward acknowledging this complexity, and perhaps 'chunking' into parts that may be more easily addressed, is still necessary. One step toward this end is staff training in cultural competency, and should be seen as essential for good practice. This is because 'deficits in cultural competency may have devastating effects on safeguarding children from harm' (Harran 2002, p. 411). Zlotnik (2007) suggests, in line with general good practice principles, that the social work profession should 'start where the client is' (Zlotnik 2007) when finding and assessing the best available evidence, and combine ethical practice and the critical thinking of the practitioner.

In addition to help protecting CALD children from harm, training in cultural competency can help practitioners understand protective factors in the socio-cultural environment of CALD children. As Korbin (2008) says, 'culture can bring with it both risk and protective factors, whose impact varies not only between cultures but also within any culture ... and cultural competency intervention and treatment should focus not only on pathological behaviours that can be labelled maltreatment but equally importantly on cultural strength that can mitigate risk' (p. 128).

Finally, Korbin (2002) suggests that "one promising direction to get a better handle on culture is to take a more contextual view by examining the level of neighbourhood or community ... as this is a smaller unit ... which emphasises an inductive bottom-up rather than a top-down approach" (p. 641). However, she also warns that 'neighbourhood research is not without its dangers of interpretation because of the complex and potentially diverse pathways linking socio-economic status (SES), culture and maltreatment' (p. 641).

### *Summary*

In conclusion, to ensure that child protection policies and practices more accurately serve the best interests of CALD children, caseworkers require training and education about how conceptualisations of 'the family' differ among CALD communities from that in the mainstream, as well as understanding the strength of family cohesion as a protective factor among CALD families who may experience issues that threaten family functioning. By doing so, the tendency to use ethnocentric practice may be overcome, and the safety and needs of CALD children are more correctly maintained as a priority. As Westby (2007) outlines "children's best interest (regardless of their cultural background) are best served by adopting an absolutist approach to the diagnosis and recognition of abuse, focusing on the experience of the child rather than

the intent of the caregivers, but employing a relativistic approach in determining the types of services to be provided once it is recognised” (p. 144).

☀ **Child-centred practice is crucial** for ensuring that cultural ties do not falsely become used to justify child maltreatment; cultural needs and factors should be taken into account after assessing the needs of the child *first*.

An example of “culture-centred” practice to the detriment of the child was reported in The Australian (2007).

#### **Culture came before abused boy's welfare**

Natasha Robinson | *September 15, 2007*

A MAGISTRATE seeking to preserve an Aboriginal toddler's “cultural identity” ignored warnings from child protection workers and put him into the care of his violent uncle, who four weeks later tortured and bashed the boy almost to death.

The 26-year-old uncle was sentenced to six years in prison yesterday after admitting to beating his 20-month-old nephew so severely that the toddler was fighting for his life in intensive care for three days .....

Source: <http://www.theaustralian.news.com.au/story/0,25197,22421222-5013172,00.html>

### **Tensions between caseworkers and other relevant colleagues**

#### *Getting timely and sensitive interpreters*

Humphreys et al. (1999) point out that ‘the significance of the interpreter service, in the absence of a child protection system with workers representing the range of languages in a multicultural society, cannot be underestimated’ (cited in Chand 2005, p. 810). However, inadequate interpreting services have been noted in the literature, and are ‘detrimental to the needs of minority ethnic families, as well as the professionals involved’ (Chand 2005, p. 812).

Some of the issues that emerged in the literature include insufficient time allowed for meetings, if the interpreter speaks on behalf of the individual, or if there is lack of accuracy where interpreters make significant omissions and mistakes (Chand 2005). Such issues are particularly important in child protection matters. According to Baker et al. (1991) ‘oral interpreting requires extremely good listening skills, immediate recall, and an ability to convert meaning from one language to another on the spot’<sup>37</sup> (cited in Chand 2005, p. 808). In relation to child protection, these skills simply form the basis of good interpreting, but sensitivity to child protection issues is also necessary.

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<sup>37</sup> In comparison, ‘written translation requires the more reflexive capacity to deduce meaning taking into account the writer’s intention and context’ (Baker et al. 1991, p. 119, cited in Chand 2005, p. 808).

As Chand (2005) notes, there is a 'need to ensure that interpreters are available when required; that they are clear about their roles and responsibilities; and that they can accurately and sensitively communicate with the families' (p. 809). He also points out that:

the presence of an interpreter will often raise the anxiety levels of ... the social worker ... For the social workers, there may be a pressure to try and balance being concise with trying to convey the message appropriately. One obvious consequence in achieving this balance is that the attention of the social worker may become misdirected towards issues of language, instead of concerns about the child (p. 71).

In NSW, all interpreters are required to be from the National Accreditation Authority for Translators and Interpreters (NAATI). However, Chand (2005) notes of social workers in the UK that 'few social workers or conference chairs had training in the use of interpreters' (p. 810). Training in the use of interpreters should be seen as crucial in service provision for CALD families.

The international literature additionally noted that the use of men providing interpreting services is inappropriate in cases of sexual abuse (Chand 2005). That is, the sex of the interpreter is also important to consider. Giglio (1997) points out that it 'may be important to have women interpreters either because of religious beliefs, or because the alleged perpetrator of the offence is male' (p. 6).

*Over-reliance on CALD caseworkers as 'cultural experts' because of insufficient training in cultural competency*

Caseworkers are often matched with CALD clients based on ethnicity, common experience such as that of a being refugee or (newly arrived) migrant, and/or language. Harris and Hackett (2008) note that 'it is commonly assumed that a child welfare worker who is the same as the child's ethnic background will demonstrate less bias towards the client' (p. 203). However, this assumption does not have empirical support in the research literature. For example, Courtney et al. (1996) found no evidence that race-matching was effective in improving outcomes for children of colour (cited in Harris and Hackett 2008, p. 203). As Korbin (2002) points out of social workers in the USA:

even if they do share the same cultural group, differences in education, SES (socio-economic status), gender, age or other life experiences may cause substantial communication and interpretation barriers that must be overcome in a similar manner as if the two were from different cultures. Power differentials inherent in a clinical encounter between provider and recipient may also pose barriers among those that share a cultural tradition (p. 639).

Chand and Thoburn (2005) similarly point out that cultural competency training for social workers in the UK is essential for all workers because "even if workers are matched for race, the diversity of the UK means that all workers are likely to be providing services to families whose language, cultural heritage, social background, and/or religious affiliation differ in at least some important respects from their own" (p. 177). Thus, responsibility for work with CALD families should not be placed

solely on CALD caseworkers since 'the responsibility for addressing ethnicity and racism should be shared by all workers, black and white' (Chand 2000, p. 76). In fact, ethnic matching may be 'a quick band-aid solution'. Dugdale (2006) has found anecdotal evidence of mainly white (social work) teams viewing a black colleague as 'the expert' on ethnic minority issues instead of being informed themselves (cited in Sale 2006, p. 29).

In short, when training in cultural competency is not provided, there may be an over-reliance on CALD caseworkers to be treated as 'cultural experts'. Not only can this unequally distribute case loads, especially in highly culturally diverse areas of NSW, but it also runs the risk of over-estimating the ability of CALD caseworkers to provide the cultural 'comfort' CALD families are assumed to seek and require. Thus, cultural competency training is seen as 'a must for all staff' (Sale 2006, p. 29). Indeed, in the research by Chand (2000), "white managers and practitioners emphasised their lack of cultural awareness as a weakness when working with black families, whilst black managers and practitioners argued that race and ethnicity were not adequately taken into account due to Eurocentric child protection procedures" (p. 69).

According to Cross, Bazron, Denis and Isaacs (1989) 'cultural competence is defined as a set of congruent behaviours, attitudes, policies that come together in an agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations' (cited in Brach and Fraser 2000, p 182). Thus, "social care professionals need a structured opportunity to explore their own values, belief systems and attitudes in order to recognise that professionals and clients are not culturally neutral but a product of their own cultural conditioning and life experiences" (Harran 2002, p. 413). As Sale (2006) note, "this is particularly important among professionals who have their own strong faith or cultural beliefs, and should investigate how these influence their social work practice and decision-making. At the very least, the outcome of cultural competency training should foster respectful curiosity about different cultures" (p. 421).

As outlined earlier, culturally appropriate service delivery is about cultural sensitivity which requires an awareness of cultural needs, rather than an avoidance of them. For example, in the study by Gray (2003), it was found that the centrality of Islam (between white case workers and the family) was played down in an attempt to negate the religious beliefs of families. He argues that this is indicative of 'colour blind' views in which "cultural differences are played down in order to present everyone as the same, but this 'colour blindness' entails cultural mis-readings because it is not sensitive to ethnicity, culture, and religious beliefs" (p. 368).

Thus, it is crucial for caseworkers to take personal responsibility for any cognitive biases they may have in the way they process cultural information about their CALD clients. Indeed, the study by Harris and Hackett (2008) found that "not all workers were prepared to understand or take into account the impact played by culture or race in their own process of assessing risk or in the family's approach to child safety" (p. 206). They argue that 'it is imperative for practitioners to be self aware and understand their own biases, prejudices, racist thoughts and feelings' (p. 206). Interestingly, this study found that 'professionals who believed the court system to be fair and rational were not vigilant in seeking out checks and balances to racial bias' (p. 199), and the authors conclude that they may also be 'less likely to seek training or consciousness-raising experiences to address their own bias' (p. 199). The work of

Brophy, Jhutti-Johal and McDonald (2005), for example, has demonstrated instances of racism among solicitors in the family court in the UK. Overall, McPhatter (1997) proposes a set of fundamental components of culturally competent practice for assessing risk of child abuse and neglect including:

- knowledge of the history, culture, tradition, customs and value orientation of families;
- understanding of social problems, such as poverty, unemployment, truncated education, morbidity, violence, and their effect on minority families;
- understanding systemic oppression, discrimination, racism, sexism, and classism; and
- knowledge about culturally appropriate and inappropriate behaviour, child rearing practices, methods of discipline, nurturing, and meeting the physical and psychosocial needs of children.

Chuan and Flynn (2006) argue that currently, “training appears to be responsive to the needs of particular clients or cultural groups as trends in referrals become apparent. This may be sufficient and appropriate in some cases, but it may also be desirable for agencies to provide training to staff and carers which deeply explores cultural identity issues and support strategies in a planned way” (p. 23). Dillon (1994) (cited in Chuan and Flynn 2006, p. 30) suggests that caseworkers in the USA should develop:

- Skills in thinking cross-culturally, considering differences within ethnic groups;
- the ability to operate from a knowledge base which addresses the array of ideas, values, and lifestyles of the families’ group;
- an accurate assessment of the beliefs, virtues and attitudes of CALD groups; and
- develop an Afro-centric (or CALD-centric more generally) perspective which looks at the clients view of the world and their situation in it.

Importantly, however, ‘the effective development of cultural competency lies beyond the efforts of social workers and agencies, and policies and changes to practice are also necessary for an improved culturally competent environment’ (Chuan and Flynn 2006, p. 30). As Korbin (2002) points out:

although cultural competency is often spoken of as a singular entity, it is many different things. Cultural competency most often refers to practice that is geared towards knowledge of and skills in working with cultural groups other than one’s own. It also has a political and activist component in promoting empowerment and inclusion of culturally diverse professionals in decision-making positions. There remains a diversity of options as to whether the provider and receiver of treatment and prevention be of the same cultural group (p. 639).

In the words of Nybell and Gray (2004) “describing the cultural dynamics of helping encounters without context obscures the extent to which these interactions are structured not only by the worldviews and past experiences of the workers and clients, but also by the beliefs, values, and attitudes embedded in and produced by policy frameworks, organisational arrangements and physical settings of social services agencies” (p. 17). Chuan and Flynn (2006) suggest that in preparing organisations to become culturally competent, it may be desirable for agencies to prepare in advance referrals information and resources including:

- Lists of cultural community groups in their area and a calendar of key religious and community celebrations and events (available on the Community Relations Commission: [www.crc.nsw.gov.au](http://www.crc.nsw.gov.au));
- Information about countries, language or religious groups that are tending to be represented; and
- Information about issues of trauma or loss that might be affecting recent arrivals, especially refugees, who may be represented in the system.

Chuan and Flynn (2006) also suggest that agencies need to:

- Develop links with relevant community or religious groups; and
- Provide staff and carer training on both general cultural awareness and sensitivity matters, especially if they are isolated or alienated from their cultural identity and community and are supported in generic programs.

The benefits of cultural competency training for staff are ultimately for CALD families. As Gray (2003) found, when ‘befriending and participating with (migrant) families ... the effect was to overturn stereotypes and defeat stigmas, gaining the trust of families and enabling disclosures’ (p. 373). However, as Korbin (2002) points out, although the term ‘cultural competence’ is now widely and commonly used, and the field has progressed in terms of recognising the need for cultural competency; the next step requires improved operationalisation of the term to move this agenda forward. In other words, a more precise examination of the specific aspects of practices that are thought to be culturally competent and how they contribute to more successful prevention and treatment outcomes, and more detailed models that can guide practitioners, are required.

### *Summary*

In summary, there are a number of challenges caseworkers may face when providing services to CALD children and families. These include (but are not limited to): tensions between caseworkers and CALD families (such as determining ‘abuse/neglect’ and ‘the best interests of the child’ across cultures, and how these issues differ for CALD caseworkers and non-CALD caseworkers, and denial of abuse in CALD families), and tensions between caseworkers and other relevant colleagues (such as, getting timely and sensitive interpreters, and over-reliance on CALD caseworkers as ‘cultural experts’ as a result of insufficient training in cultural competency). However, identifying strategies to help overcome these barriers are crucial, and are explored in more detail in Section 6.

## **6 Providing culturally appropriate service delivery for CALD children and families in the CPS**

### **6.1 Strategies to help overcome barriers to culturally appropriate service delivery**

Recently, there has been a shift in NSW, other Australian states, and also internationally, towards an early intervention approach in child protection. For example, DoCS introduced the Brighter Futures program in 2006, in which parenting programs and home visitation are offered to 'at-risk' youth and families. Although the data is not recent, Clark (1995) points out of the child protection system in Victoria that:

between 1993 and 1994, 600 caseworkers sifted through 26 622 notifications, for whom only 6024 were substantiated as situations of risk, and of these only 1224 were serious enough to warrant court action in the Children's Court, and about half of these children were removed (usually temporarily) from the care of their parents by court order. But the 20 000 children who did not warrant full protective action and who only received a limited response from the Child Protection Service are still disadvantaged and deprived and have limited life chances ... With its emphasis on time limited investigation and court action where necessary, the Child Protection Service is geared to short term intervention, as if anticipating a revolution of the family's situation within a matter of months. This can only be regarded as wishful thinking .... Many families will experience chronic multiple crises over a long period of time (p. 22).

However, a paradigm shift in the way children and families are protected and become better equipped in responding to the diverse needs of children and families (both culturally and otherwise), from reactive to preventative, will take time to evolve and develop. The shift toward 'refocusing the system on supporting families and not on failing individual parents', in the words of Roberts (1997) (cited in Cahn 2002, p. 473), should be viewed as an end goal. However, strategies for meeting this goal can be implemented comparatively more quickly. (Of course, following this, there will still remain a need to evaluate the efficacy of these strategies after they have been implemented, to assess how effectively they meet the end goal of systemic and paradigmatic change).

According to Sawrikar and Katz (2008) there are three important levels of engagement for delivering culturally appropriate child protection services and overcoming barriers to their inclusion in the services sector, and these can be implemented relatively quickly. These three levels are practitioner, service, and policy levels, and each holistically and mutually impacts one another. As they point out, 'organisations should not expect cultural competency to emerge simply by having a culturally diverse workforce that is representative of the local population' (<http://www.aifs.gov.au/afrc/pubs/issues/issues3.html>), and as Hackett and Cahn (2004) point out, 'unless the institution is willing to change, nothing will change' (p. 17). A number of beneficial strategies for CALD families in the child protection system were identified in the literature, and these have been classified in this report according to this three-tiered approach.

### Practitioner

- Provide *full explanations* and *translated documents* to CALD families about institutional processes and procedures, and options for addressing family dysfunction;
- Receive *training in cultural competency* to increase awareness and empathy of the kinds of stressors CALD families in Australia perceive or experience, and of local services and options that may be useful for addressing their particular family dysfunction/s;
- Assure CALD families of their *confidentiality*;
- Offer CALD families the choice to have a *trusted confidante present* with the accredited interpreter to act as an advocate for their needs and provide them with support (Chand 2005);
- Consider the need to *gender and ethnically-match caseworkers* with the CALD family, as such matches can ‘facilitate the articulateness and co-operation’ of verbal explanations (Gray 2003);
- Provide multicultural or CALD caseworkers the opportunity to *debrief* with case managers and overcome the possibility that CALD families transfer their problems onto (ethnically matched) workers because of over-identification (Gray 2003); and
- Empower CALD families by *developing the intervention* with them (Connolly 2007; Welbourne 2002). Consulting with children and parents and involving them in planning and designing services is crucial to good practice (Thanki 2007). For example, ‘the extended family may play an important role in the rearing of children, but that role is best ascertained by speaking to the client’ (Giglio 1997); and
- Encourage caseworkers to involve or receive support from ethno-specific workers or organisations.

### Service

- Improve the overall service of the service centre such as the ‘welcoming atmosphere, the ethos of the centre which promotes user participation, the specific services that the centre offered (e.g. Asian Women’s Group), and helpful staff’ (Chand and Thoburn 2005, p. 173)
- Offer and provide *kinship care* in cases of short/temporary removal of children from parental care (Barn 2007; Hackett and Cahn 2004; Wilhelmus 1998);

- Although relatively less developed and researched, *Family Group Conferencing*<sup>38</sup> (FGC) can be offered and appears useful (Barn 2007; Ban 2005; Lemon, D'Andrade and Austin 2005; Elliott, Kiely and Tolley 2001; Trotter and Sheehan 2000; Mondy and Kiely 1999; Ban and Swain 1994b;);
- Offer and provide *home visiting* (Roberts 1997, cited in Cahn 2002) and *involve fathers* as much as possible (Lemon et al. 2005; Stanley 1997; Callister 2002) to increase sense of inclusion among family members, especially in challenging traditional gender roles about the responsibility of child-rearing;
- Although there may be too few families from a particular language or cultural group 'to justify the development of CALD specific programs', and individualising methods is common as a result (Chuan and Flynn 2006, p. 18), it is still important to work toward *tailoring generic services* and programs to meet the cultural needs of the specific CALD group, at least for broader cultural/religious identities such as Muslim or Jewish (Chuan and Flynn 2006; Lemon et al. 2005);
- *Recruit CALD caseworkers* that reflect the local CALD profile of the community (Ahmed 2004);
- *Partner with local ethnic community organisations* (Chand 2005; Sale 2006; Walker 2002; Lemon et al. 2005; Barn et al. 1987); and
- *Partner with other non-government organisations (NGOs)* that provide formal services to address the needs of CALD groups (Farmakopoulou 2002; McPherson, Macnamara and Hemsworth 1997).

## Policy

- Local councils and child protection organisations should provide *community education* to increase awareness in CALD communities about the role of DoCS and child protection issues generally (Giglio 1997);
- *Review assessment tools* that gauge the strengths and needs of CALD families and risk of harm for CALD children, and initial assessments and professional judgments should be open to revision as a sign of good practice (Munro 1996); to overcome hasty or intuitive judgments that may be informed by caseworker's own values and stereotypes (Harran 2002);
- Offer and provide *early intervention programs* (Tomison 2001; Hawkins and Briggs 1999) which "can result in the prevention of local authority care, reduce the need for child protection case conferences or care proceedings, help

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<sup>38</sup> According to Ban and Swain (1994a) 'Family Decision Making (FDM) is a technique developed in New Zealand and applied through the medium of a Family Group Conference (FGC). It allows key decisions to be made by the family and friendship network regarding the welfare of one of their members. The role of professionals is to provide information regarding assessments, supports and resources' (p. 19).

to empower family members and thus contribute to increased self efficacy, improve outcomes for children and their families, and improve relationships between statutory agencies and families” (Chand and Thoburn 2005, p. 175);

- Monitor and routinely *collect data* on indicators of CALD status (Thanki 2007), especially by providing ‘better training and guidance to caseworkers who are the most likely to collect initial demographic information entering the care system’ (Chuan and Flynn 2006, p. 21). This can also assist in improving the accountability (Tilbury 2006) and performance measurement (Tilbury 2002) of the child protection system;
- Develop *clear policy guidelines* to address equal opportunity in employment and service provision (Barn et al. 1987);
- Provide *training in cultural competency* by providing ‘cultural fact sheets’ and interactive training through role-playing and other ways of practicing skill development (Barn et al. 1987; Lemon et al. 2005; Welbourne 2002);
- Provide training in race/cultural awareness and *anti-racist and anti-discriminatory practice* (Barn et al. 1987);

## **6.2 Existing resources and policy guidelines in child protection service delivery for CALD children and families**

### **Existing resources**

The literature on the nexus between culture and abuse is only nascent, and as such limited. However, a number of useful resources for readers who would like more detailed information are listed in Appendix B. At the time, there were no known existing resources on assessment tools that measure cultural competency in the context of child protection specifically, and so Kaur (2007) developed the Cross Cultural Child Protection Survey (CCCPS); the first known quantitative tool that can help caseworkers and agencies assess how ‘ready’ they are to develop services cross-culturally. Future research on its reliability and validity is currently underway (*personal communication*). This is an important line of critical inquiry given that momentum to provide training in cultural competency has grown over recent years, but reliable and valid measures of the construct, and all its component parts, are still noticeably lacking. In the words of Babacan (2006), ‘much of the literature is descriptive and there is very little work in terms of outcomes and what works at the intervention level’ (p. 1). Some resources are available from the child protection agencies in various Australian states<sup>39</sup>.

However, as a result of this gap, NSW DoCS have made great strides towards developing practice and policy guidelines for their caseworkers. These documents are not available publicly but are accessible to DoCS staff through their intranet. These include:

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<sup>39</sup> <http://www.childsafety.qld.gov.au/practice-manual/documents/prac-paper-working-cald.pdf>;  
<http://www.childsafety.qld.gov.au/partners/documents/licensing-manual-app4.pdf>

- *Practice resource for secondary risk of harm with migrant and refugee families;*
- *Assessing needs and supports for migrant and refugee children, young people and families in Out of Home Care;*
- *CALD assessment checklist; and*
- *Interpreters and other language services – caseworker practice topic.*

The above have been supported by two sets of training provided to all metropolitan and select non-metropolitan DoCS caseworkers and a number of NGOs over the last two years:

- *Culturally reflective casework practice; and*
- *Effective use of interpreters.*

DoCS has also produced its strategic document underpinning multicultural service planning and delivery:

- *Multicultural Strategic Commitment 2008-2013.*

Finally, in addition to Muslim Foster Care, DoCS also has:

- Multicultural Caseworker Program with 61 positions identified with specific language/cultural and cross-cultural skills, placed in child protection, OoHC, and Brighter Futures and Carer Support teams;
- 160 staff accredited for language skills under the Community Language Allowance Scheme (CLAS), covering 32 target languages;
- Translation of key community information documents into sixteen high need languages;
- Parenting magazines translated into Arabic, Tongan, Samoan, and Fijian;
- African Sessional Workers Program (a pilot in Western Sydney); and
- Interpreter services and procedures covering all DoCS offices.

### **Policy guidelines**

There are no known detailed and publicly available policy guidelines that have been developed to help caseworkers structure their decision making about how to deliver child protection services to CALD children and families<sup>40</sup>. Thus, the literature on

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<http://www.childprotectioncouncil.com.au/documents/issues/21/CP%20Training%20Report%20Final%20Version.pdf>

model options for service delivery to CALD families is sorely lacking. As the needs of CALD groups have only recently come to research attention, little funding, both in Australia and internationally, have been given to conduct research in this area. Qualitative research is necessary for investigating the experiences and ethnic-specific needs of CALD families, and (longitudinal) quantitative research is required to examine the efficacy and effectiveness of ethnic-specific services or programs. Based on the results of such research, evidence-based policy guidelines may be developed to assist case workers best meet the needs of their minority ethnic client families.

Although there are no empirically supported guidelines for service delivery specifically for CALD families, Babacan (2006) has proposed that there are three possible types of model options that may be useful. These are:

- (i) *ethno-specific service delivery*: programs that target particular communities, such as Greek nursing homes or Vietnamese welfare institutions;
- (ii) *multicultural service delivery*: programs that target culturally diverse communities but are not specific to particular ethnic communities; and
- (iii) *mainstream service delivery*: programs that are delivered as part of core business but target specific cultural groups.

Babacan (2006) asserts that there are four main advantages to the mainstream model. The first is that it provides CALD clients with the benefit of an integrated and linked (or seamless) service delivery. Secondly, the mainstream system is arguably more resourced because it forms the primary system of service delivery, and as such may be able to provide more effective and efficient service provision, without duplicating or paralleling services that would be provided under the other two ethnically tailored models of service delivery. Thirdly, there may be sufficient flexibility in the mainstream model to cater for special cultural needs and as such, it can act as a catalyst for changing the mainstream model, and its operations, programs, policies, processes, systems, and staff, to be more responsive to the diverse needs of its clientele. Finally, and related to the second advantages of an assumption that the mainstream system is better resourced, staff who provide mainstream services may be more qualified in terms of staff training, qualifications, support and competence, and this high skill set can be used as the basis for adapting the mainstream model to be more responsive to diversity.

However, the mainstream model also has some associated disadvantages. For example, the mainstream model by virtue of its large-scale nature may fall back on a prototypic model of service delivery, having the aversive effect of homogenising the needs of its diverse client group and treating them as a uniform group. Also, meeting the cultural needs of a CALD families in the CPS under a mainstreaming model by creating multicultural research or resource units, or having staff in a multicultural advisory role, can run the risk of fragmenting or marginalising the issue of culture in child protection practice, as if this issues is of comparably less importance to other factors that may be seen as taking precedence. Further to this, the multicultural units or staff, consistent with the marginalisation of 'culture' as a point of discussion and practice, may be under-resourced or not have the power to influence major change to the mainstream model. Finally, Babacan (2006) notes that although the mainstream model may be better resourced and may have more professional staff, they may not

necessarily have the required cultural competency to deliver services in a culturally effective way. Indeed, she notes that 'it is a well established fact that universal systems cannot treat everyone equally or fairly' (p. 73).

The ethno-specific and multicultural models of service delivery are different to the mainstream model in that they provide culturally tailored programs and practices separate to, or alongside, the mainstream model. Babacan (2006) identifies four advantages to these two forms of culturally tailored service delivery models. Firstly, they can offer CALD families cultural sensitivity because they are assumed to be developed with close ties to their communities and so have a strong understanding of cultural norms, processes, and issues, resulting in culturally appropriate staff, organisations, and models. Secondly, culturally sensitive staff can conduct outreach programs (Westby 2007; Gilligan and Akhtar 2006), resulting in improved access to information about services and available support. This can increase awareness and utilisation of services and programs, and help break down any barriers to access such as language, culture, trust, and/or fear. Thirdly, tailored models of service delivery can be seen as a way of developing social capital because providing ethno-specific or multicultural services may be seen as an investment into CALD communities, in turn helping to build networks, skills, trust, and community infrastructure. It can also help facilitate a sense of community ownership and the 'development of strong self-help systems' (p. 74). Finally, having culturally tailored programs and services enables the mainstream model and system to have a point of reference for referral and multicultural resources. Arguably, this support to the mainstream system can act as a source of advocacy for the needs of minority ethnic groups though its interaction with the mainstream.

Although Babacan (2006) highlights a number of advantages with the two culturally tailored models, there are also some associated disadvantages. Having a system that parallel the mainstream system is not necessarily an effective use of resources because of possible duplication. Small units that focus on multicultural issues may not be well resourced or funded to provide effective services. By marginalising the issue of culture in child protection practice to families that are CALD, and not mainstreaming the issue, this policy structure may implicitly support the separation of CALD groups from other Australian families. If there is little interaction between the multicultural unit and the mainstream model, the mainstream system may be seen as abrogating its responsibility to meet the needs of its CALD client group. There may be a (unsubstantiated) assumption that professionals in the separate multicultural unit have less professionalism than staff in the mainstream system because of a lack of training and supervision to staff, fragmented agency structure, or poor resourcing. Finally, separate multicultural units may be criticised as over-emphasising culture, ethnicity, and language, over other important factors such as class, gender, ability, sexuality, and spatial location. The intersection of these factors should not be masked by an emphasis on culture and ethnicity.

Importantly, researchers and practitioners in the field do not necessarily have to make choices between these models; diversity both within and among cultural groups make a 'one-size-fits-all' approach unlikely to be useful. For example, generating heuristic *rules* such as 'ethnic matching families and caseworkers is better than non-ethnic matching' are not a useful way of approaching how best to meet the needs of CALD families. Population demographics alone dictate that there will be more non-CALD

caseworkers in social protection work. Thus, it is more important to identify *strategies* that can help support both families and caseworkers involved in those that are ‘race matched’ and those that are not ‘non-race matched’.

This is especially important since individual factors, such as the rapport between the caseworker and child, are idiosyncratic and can fluctuate and so are beyond the scope of research enterprise. Thus, the main aim of research should not be to eliminate options but to identify *when* the different options might work best. That is, it is more likely that each of these models have varying strengths and weaknesses that are maximised under different conditions, and ideally, identifying these conditions should be the focus of empirical investigation. Ultimately, however, this report takes the view that it is important to remain child-focused in practice, and to meet the needs of the particular child first, and to then add on a consideration of their cultural needs second; and the three model options offered by Babacan (2006) can assist with the latter of these two requirements for good practice with CALD families.

While there is no known research on the effectiveness of service *models*, empirical research has shown that some parenting and family *programs* may be useful for CALD families. According to the Victorian Department of Education and Early Childhood Development<sup>41</sup>, there are three possible services that may be useful for CALD families (however, it is important to note that these studies did not focus exclusively on CALD groups). They report that the ‘Triple P’ program (evaluated by the University of Queensland), the ‘Incredible Years’ program (evaluated by the University of Washington), and the ‘Parent-Child Interaction Therapy (PCIT)’ program (developed by Sheila Eyberg) have all been shown to decrease rates of re-notification into the child protection system. Therefore, these programs may be examples of mainstream services that can be used, but in a culturally tailored way, with CALD families.

In short, Walker (2002) argues for ‘culturally competent rather than culturally sensitive services and for equivalence in standards rather than exactly the same service being provided for all’ (p. 384). Access and usage of service should not be seen as synonymous; just because a service is clearly acceptable to the majority does not mean it will be appropriate for everyone. Any attempt to reduce inequalities must acknowledge that this will not be achieved by simply providing more of what is accessible to the majority. Nutbeam (2002) has likened this approach to the English habit of saying the same thing again but louder to those who do not understand our language (cited in Gough and Lynch 2002, p. 343).

### **6.3 A possible model of culturally appropriate service delivery for CALD children and families in the CPS**

#### **Conceptual approach to the development of a culturally appropriate model of service delivery**

Research has shown that the individual relationship between the caseworker and CALD client is the most important aspect of culturally sensitive service delivery. According to O’Neale (2000), who conducted a review of services to ethnic minority

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<sup>41</sup> [http://www.education.vic.gov.au/ocecd/catalogue\\_of\\_evidence/sections/child\\_protection.html](http://www.education.vic.gov.au/ocecd/catalogue_of_evidence/sections/child_protection.html)

children and families in eight local authorities in England over an eight month period (in 1998 and 1999), 'ethnically sensitive services generally rested on good assessments made by individual caseworkers' (cited in Chand and Thoburn 2005, p. 171). O'Neale (2000) reports that 'those who were knowledgeable and tenacious in their consultation with those who are informed about the cultural needs of a CALD group were able to achieve more positive results for their minority ethnic families' (p. 171).

However, there are two important factors that can constrain the effectiveness of this one-to-one relationship. Firstly, child protection work is emotionally and administratively taxing<sup>42</sup>. Assessing risk, managing cases, and record keeping are all part of the normal and daily duties of child protection caseworkers, and can constrain their time or ability to make a fully informed assessment about the best interests of a CALD child. In the words of Hodgkin (2002):

of those who have worked in child protection programs for any length of time, few would dispute that the work is demanding and highly stressful. Child protection workers must deal with pressures emanating from a variety of sources. They must respond to demands placed on them from the organisation they work for, demands from often hostile and aggressive clients and high caseloads. They are often damned if they remove children from their parents and damned if they don't and further abuse occurs (p. 193).

Secondly, caseworkers in NSW are likely to come into contact with families from a wide range of cultural groups, and it is neither reasonable nor possible to expect them to be aware of all the various and unique needs of each CALD group in the CPS (Sale 2006). To overcome these issues, this project takes the approach that if caseworkers have underlying cultural competency, they will be able to address the cultural needs of their CALD clients more efficiently and effectively.

Cultural competency rests on having a sense of efficacy in being able to address the cultural needs of CALD families without necessarily having much information on their specific cultural needs. It builds, for example, on Starbuck's (1994) idea of competent practice as being 'more aptly analysed in terms of the nature of workers' process objectives and their capacity to work within tensions and contradictions than in terms of listings of specific skills and knowledge' (p. 27). Thus, culturally competent caseworkers are willing to admit to CALD families they may not be aware of their specific cultural needs, and are less likely to fear being labelled 'racist' or 'culturally unaware'. It is also comprised of respect for, and celebration of, cultural diversity, and is demonstrated by a non-judgemental and open-minded approach to child protection work with families who come from different cultural backgrounds to that of the caseworker.

To achieve these various aspects of cultural competency, it is first necessary for caseworkers to self examine their own cultural construction; being aware of how their own cultural norms, traditions, and beliefs shape their personal identity 'is an essential

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[http://www.dhcs.act.gov.au/data/assets/pdf\\_file/0018/16308/Fear\\_the\\_Scream\\_of\\_Child\\_Protection\\_Work-Steve\\_Lock.pdf](http://www.dhcs.act.gov.au/data/assets/pdf_file/0018/16308/Fear_the_Scream_of_Child_Protection_Work-Steve_Lock.pdf)

self reflective first step to understanding another culture' (Maitra 2005, p. 254), that in turn, can assist caseworkers in being able to separate cultural aspects from their CALD client's individual needs. As Fontes (2005) notes 'professionals often think about their client's ethnic cultures but neglect to think about their own' (p. 8). In the words of Babacan (2006), 'a self reflective approach recognises pre-existing values and perceptions can be a source of strength and hindrance' (p. 38).

If cultural competency forms the basis for service delivery for all CALD groups, there are a number of benefits that may be reaped. Firstly, caseworkers will be able to provide more efficient service delivery because information about specific cultural needs can be obtained on-the-job. This minimises the need for *a priori* training, especially in light of the demands of child protection work; thus, cultural awareness training can be obtained through case management. While this is only a possibility, the likelihood of this occurring still requires empirical verification.

Secondly, such an approach minimises the risk of stereotyping the needs of CALD children and families as if they are cultural 'representatives' whose needs are typical of their CALD group, instead of as individual needs that are unique to that family. In other words, adding cultural knowledge about the needs of a CALD family to the specific issues that families face, can assist caseworkers in distinguishing culture from abuse or neglect; familiarity with cultural norms for a CALD group are less likely to be used as the basis for substantiating reports of abuse or neglect and making risk of harm assessments. In this way, the child's safety is prioritised as central, and culture is neither misplaced by caseworkers as the *cause* of abuse, nor by CALD families who use cultural barriers to avoid addressing family dysfunction. By emphasising that the common issue for both caseworkers and CALD families is to ensure the child's best interests, this approach overcomes any cultural barriers that may emerge in child protection work, and is more likely to empower CALD families in the way their issues are addressed. To stress the point: abuse occurs by individuals, not cultures. As such, culturally appropriate service delivery is about culturally *sensitive* service delivery, and not about identifying the characteristics of cultures that give rise to instances of abuse or neglect (except in more specific extreme situations such as female genital mutilation, exorcism, scarification, and so on).

Thirdly, this approach overcomes the need to have wide exposure to the diverse range of parenting behaviours *within* a cultural group, which may be limited by the fact that the number of children from each CALD group in the CPS is relatively small. More generally, caseworkers may have little contact with CALD families outside of the CPS, skewing the perceived norm of parenting behaviours and the range of tolerance from that norm, toward the more abusive or neglectful end of the continuum. As Korbin (2008) points out, "distinguishing cultural differences from child maltreatment has been hampered in large part because child protection workers are usually restricted to problematic individuals and families rather than to the full continuum of acceptable and unacceptable behaviours" (p. 125).

Arguably, these issues may be exacerbated in regional or rural NSW where there are fewer CALD families. However, as 'the literature on rural migration and ethnic communities has tended to occupy a marginal place in Australian social science' (Missingham, Dibden and Cocklin 2006, p. 132), this assertion remains to be empirically supported. Indeed, the multicultural rural context may be very different to

the multicultural urban one. Nevertheless, exposure to diversity both within and across groups is seen as helpful for challenging stereotypes.

This is not to say that, however, that there is some 'fixed' social norm of parenting within each cultural group that every client should be measured against. This is neither possible nor desirable as part of culturally competent practice, as it is more crucial to understand the cultural meaning of different behaviours rather than trying to assess whether a particular parenting practice is 'normal' for a culture. This is particularly crucial for being able to separate cultural factors from other experiences that are systematically related to cultural groups, such as post traumatic stress disorder (PTSD) among refugees. In other words, it is important that caseworkers attempt to understand 'where clients are coming from', and not measure them against some arbitrary cultural 'norm'. This is because cultural norms develop in cultural particular contexts, and manifest differently post migration where the context is different or has changed. However, quite simply, it is a human tendency to form stereotypes to help chunk the complexity of cultural issues, and this cognitive function cannot be avoided. However, from the reference point of stereotypes, in which cultural awareness of more factually-based norms and knowledge are added, an additional level of placing the client's needs at the centre of social work practice, rather than the imposed cultural context of the caseworker is what is called for.

Fourthly, if cultural competency forms the basis of child protection service delivery, then meeting the cultural needs of CALD families reduces the burden on Multicultural caseworkers and CALD child protection caseworkers, who may be deferred to for all matters in which a 'cultural expert' is required. This project takes the approach that culture is a matter for all families in Australia, not just CALD families, and so a culturally competent approach emphasises the need for culturally sensitive service delivery for Anglo-Saxon and Indigenous children and families as well, regardless of the cultural background of the caseworker.

Finally, this approach overcomes the temptation to reify culture, treating it as if it were a 'fixed', monolithic or static entity (Korbin 2002), rather than the highly nuanced and dynamic process of 'shifting interpretations and choices that individuals make from within their past and current experiences' (Maitra 2005, p. 255). Indeed, Korbin (2002) notes that "recent elaborations (of culture) point out that children are not passive recipient of socialisation into their culture but shape and reinterpret it; that culture is experienced variably by different members of the group, for example, by age and gender, and geographic location (e.g. in urban versus regional areas); and that interpretation and interaction are fluid" (p. 638). Overall, however, the importance of the nexus between culture and child abuse is currently not highlighted enough. As Gough and Lynch (2002) note:

culture is perhaps the most basic issue for child abuse and child protection. It is the context in which children live and something to which they contribute. It is the backdrop against which all circumstances and events affecting children occur. It provides the basis for both our definitions of abuse and neglect and the responses we have developed to protect children and prevent abusing acts from occurring and recurring (p. 341).

Importantly, however, this report (and other research outputs from this project) should not simply be seen as a guide to culturally appropriate service delivery. Cultural competency is an on-going process, with no end goal (Quin 2008). As such, this report should not be used as a definitive and comprehensive resource on the needs of CALD children and families in the CPS. Instead, it should be used in conjunction with other resource materials and consultation with relevant personnel such as DoCS multicultural caseworkers and local CALD community organisations (Douglas and Bohill 2000), to help meet the needs of the individual CALD families. Indeed, the aim of this report is to address the important issue raised by Koramoa, Lynch and Kinnair (2002):

while no professional can be expected to know everything about all the cultures they may encounter, efforts should be made to learn something of the predominant ones and how to access reliable information on others. For those involved in child protection such background knowledge is essential if appropriate decisions are to be made. As Lau (1992) point out, an emergency assessment of an ethnic minority family who may or may not be behaving in a deviant manner is not the ideal time to be learning about how members of the culture normally function (p. 417).

In short, it is important to identify how best to support caseworkers, so that they can support their CALD clients towards good family functioning in a culturally sensitive way. Thus, resources and training should be based on cultural competency to maximise the effectiveness of the one-to-one relationship between caseworkers and their CALD clients.

However, the effectiveness of a culturally competent caseworker will be undermined if they practice their work in a culturally incompetent organisation. Therefore, organisational practices and institutional policies should be geared toward multiculturalism and not reflect an ethnocentric approach; the latter is an example of institutional racism (Feagin and McKinney 2003).

Any model of service delivery that is culturally responsive must be flexible enough to cater for the diversity both within and across groups. In this way, the tendency to rely on any mainstream notion of the function of families and their normative ways of operating can be avoided when trying to understand that context for families who do not belong to the mainstream. Policies, practices and procedures at the organisational level include the way funding is distributed to support diversity, training for staff to be 'equipped and ready' to address diversity in their practice, and clearly set policies and guiding principles for meeting the needs of non-mainstream families. If these are to become entrenched in the way child protection agencies understand and address the range of needs of their client base, culturally and otherwise, the caseworkers will be better supported to maximise the effectiveness of the one to one service they provide.

### **A comprehensive model of service delivery for CALD families in the CPS**

As it stands, there is "no decision making model to guide a clinician's reporting behaviour when working with clients from different cultures" (Terao, Borrego and Urquiza 2001). Clark (1995) notes that "short of removing the child from home, the technologies available to the protective worker for changing the family's patterns and

eliminating risk are limited, and there is no body of research to guide their decision making” (p. 23). Similarly, Chand and Thoburn (2005) indicated a lack of specific support systems for minority ethnic children and their families in the UK “making it difficult for workers to access the *most appropriate packages of care* ... and when specialised ethnic services were required there were delays in assessment and the provision of treatment” (p. 171). Westby (2007) also notes that “if identification and intervention are to be appropriate and successful with immigrant children and families, professionals must communicate effectively with one another and be consistent in the messages they are giving families” (p. 147).

While this report is not able to offer a model without empirical support to substantiate its effectiveness, a summary of possible models and a ‘checklist’ of factors to consider for CALD families may be summarised from the review of the literature. This summary is described in Appendix C.

## 7 Conclusion

Broadly, the aim of this literature review was to explore the experiences, needs and challenges of CALD children and families in the CPS, as well as the experiences, needs and challenges of caseworkers who provide services to CALD children and families. By combining these, this report has developed a general model of culturally appropriate and sensitive service delivery for CALD children and families in the CPS. This is a significant line of critical inquiry given Australia's cultural diversity, the significant proportion of CALD children in the CPS (which is often underestimated due to lack of routine data collection on ethnicity-related variables), and the lack of an extensive research and knowledge base on how best to meet the needs of CALD children and their families in the CPS.

This review has found that the main experiences of CALD families in relation to the CPS, and which caseworkers should be aware of, include lack of awareness about DoCS and their statutory power, fear of authority because of past experiences with DoCS or authority bodies in their country of origin, fear of authority because of shame on family, poor settlement experience in period after arrival in new country, and lack of awareness of local community services. When selecting an interpreter, caseworkers should consider the appropriateness of ethnic-matching. In some instances linguistic matching may be sufficient (and racial matching may not necessary or appropriate), and the gender of the interpreter should also be considered. In addition, CALD families may experience a conflict between two of their own needs or desires which caseworkers need to remain mindful of. For example, they may fear a breach of confidentiality with their ethnically-matched interpreter despite that they may offer or provide empathy, they may fear the abusing/neglectful paternal caregiver in their traditional gender role household despite wanting to seek help for the abuse or neglect, and there may be intergenerational conflict between children wanting to seek help and caregivers wanting to protect the family name. Finally, tensions between CALD families and their caseworkers may also arise, such as a fear that caseworkers will misunderstand or disrespect their cultural needs, or a fear that caseworkers will underestimate the importance of keeping CALD children with their families.

There are three main issues for caseworkers who provide services to CALD children and families in the CPS. The first is assessing and determining instances of abuse or neglect, and the best interests of the child, across a range of cultures in which parenting norms and styles of discipline vary, all the while adhering to one child protection law for all children in Australia. Secondly, timely interpreters who are trained in and sensitive to the needs of families in child protection is crucial. Finally, an over-reliance on CALD caseworkers as 'cultural experts' may lead to the unequal distribution of case loads in areas with a dense CALD client base. This, at the very least, calls for the need to provide training in cultural competency for *all* caseworkers and case managers as culture is an issue for all families in Australia, not just CALD families.

In understanding the factors that bring CALD child and families into, or keep them in, the CPS, it is important that caseworkers are able to separate out the effects of non-cultural factors such as poverty or institutional racism. In other words, CALD children and families are not necessarily in the CPS because of some 'intrinsic' factor that relates to the culture of that child. Other factors may be at play, such as systemic

socioeconomic disadvantage, or institutional policies and practices that have not been designed to address the diverse needs of families (culturally or otherwise), or the experience of PTSD for refugees due to trauma and torture in their home country which is then confounded as ‘culture’ simply because of the high correlation between ethnicity and children from a particular with a systematic need for welfare services.

Culture is but one part of the equation, and training in cultural competency can help caseworkers understand their needs as ‘families’, rather than as ‘CALD families’. The subtle but important distinction is that cultural awareness and sensitivity simply help the caseworker understand ‘where the CALD client is coming from’, rather than using cultural knowledge as evidence for the *diagnosis* of abuse or neglect. Indeed, abuse and neglect occurs across all cultures, and being aware of parenting norms and traditional practices in some of the more common CALD groups in one’s local community will allow caseworkers to be able to tailor generic services and programs in way that is culturally appropriate.

In short, training and education in cultural competency will help caseworkers provide effective *treatment* for the CALD family, rather than attributing responsibility and blame for the occurrence of abuse or neglect for a CALD child to their culture. Moreover, culture will then less likely be mislabelled as abuse or neglect, and vice versa. Caseworkers will then be able to move beyond the human tendency to stereotype (in an effort to help ‘chunk’ the complexity associated with ethnic diversity), and move from a stance of ethno-centricism, into the stances of information and curiosity, and finally reflexivity (Lee and Greene 2003). This maximises the ability of the caseworker to effectively meet the needs of their client family.

The individual relationship between the caseworker and CALD family in the frontline provision of services is the most crucial aspect to culturally appropriate and therefore effective service delivery. However, this one-to-one relationship requires structural support from the organisation to be systemically effective for *all* CALD children and families that enter and are in the CPS, and not just those individual families that benefit from the provision of services by individual culturally competent staff. That is, providing staff training in cultural awareness, sensitivity, and competency, is necessary but not sufficient. While this builds on another necessity – to recruit CALD staff that reflect the local demographic – it is not able to effect the need for structural change and overturn ethno-centric practices and policies. In the words of Mason, Sawyer, and Boyd-Franklin (2002):

Professionals who do not constructively engage with difference – and by this we mean from an assumption of equality and non-pathology – we significantly lessen the chances of developing creative ways of working with people both within and across cultures ... Engaging with difference enables us to explore the ties that bind and the ties that separate ... Practitioners will then be enabled to develop cultural competency and thus play a positive role in eradicating racism and promoting and valuing diversity (p. xxii).

Similarly, Phillips (1995) notes that “child abuse and protection are generally discussed from a framework of individual pathology rather than within the framework of inferiority-oppression and considering the politico-cultural and economic context of the group” (cited in Shalhoub-Kevorkian 2005, p. 1266). The power of difference

– particularly where one ethnic or racial group is considered inferior in customs, lifestyle, and beliefs – is a vital adjunct to the study of child protection (Shalhoub-Kevorkian 2005, p. 1266).

With almost one quarter of Australia's population born overseas and close to one third from non-English speaking backgrounds, 'diversity is not a myth, but a reality ... and researchers, policy makers, and service deliverers must strive to take it into account' (Weerasinghe and Williams 2002, p. 8). In fact, Weerasinghe and Williams 2002 liken the need for ethnic diversity to be taken into account at the structural level, to that which preceded the feminist movement:

It was not long ago that feminist scholars pushed to have gender recognised as an essential variable in all research, and today's efforts – encouraging a broad understanding of diversity – are somewhat analogous to those early days of the feminist movement ... 'diversity' cannot become marginalised as a subarea, but must become part of our perceived reality (p. 8).

Although 'change is a slow process' (Chand 2000, p. 76), it is a necessity. Indeed, the multicultural milieu of Australia will change in the future as different waves of migration occur, and as the number of children from mixed parentage increases (Katz 1996; Barn 1999). Above all, 'the opportunity of working in a multicultural society must be considered a privilege' (Koramoia et al. 2002, p. 420). New South Wales is a state with incredible diversity, culturally and otherwise, and as such presents a unique opportunity for child protection agencies and practitioners to develop flexibly responsive policies and practices.

*Cultural dimensions do matter when examining the ethics of autonomy ... "Do not onto others as you would have them to onto you. Their tastes may be different" (Pedersen 1989, p. 651, cited in Yick 2007, p. 283).*

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## Appendix A: Project update for Stages 2 and 3

### Stage 2: Case file review

A Thematic Template was designed based on the main themes that emerged from the literature review. This Template will be used as the basis for reviewing 175 randomly selected case files, which will commence in March 2009. The Template was validated in June 2008, by running small focus groups and interviews with five DoCS caseworkers or case managers. Details on the development and validation of this Thematic Template, as well as the results of the case file reviews, will be reported in Interim Report 2 (*forthcoming*).

In deciding which case files to review (conducted between December 2008 and February 2009), the following decision rules were used:

1. 10 DoCS Community Service Centres (CSCs) with high numbers of children from the five target CALD groups and/or Anglo-Saxon and Indigenous children were selected:
  - *Metro West*
    - Auburn;
    - Blacktown;
    - Mount Druitt;
  - *Metro South West*
    - Bankstown;
    - Campbelltown;
    - Fairfield;
  - *Hunter and Central Coast*
    - Charlestown;
  - *Metro Central*
    - East Sydney;
    - Lakemba; and
    - St George.
2. DoCS' Information Management Branch (IMB) generated a list of all case files in the 10 CSCs, extracted from KiDS. The list included:
  - KiDS child identifier;

- Age of child at contact;
  - Gender;
  - Indigenous status;
  - Language other than English;
  - Country of birth (COB); and
  - Case plan status (open/closed).
3. The list was then narrowed according to ‘Secondary Assessment Stage Judgment and Decision’<sup>43</sup> (SAS ‘J’ and ‘D’) Level 2, and case either open or closed within the previous 12 months. This is to ensure that significant intervention and service provision with cases had occurred (making reviews more meaningful);
  4. This list generated 1747 possible CALD case files, and 738 possible Anglo-Saxon and Indigenous case files. These two lists were then narrowed first by the Age of child at contact (note: an arbitrary criterion of minimum seven years old was set), and then randomly selecting every third case file, starting the count either at the top or the bottom of each list, within each CSC. Using these decision rules, a shortlist of approximately 40 to 50 case files per CSC was created.
  5. The 10 shortlists for each CSC was then sent to the case manager in each of the 10 CSCs, who were required to personally validate the ethnicity of the child;
  6. After the lists have been validated, the final 175 case files for review will be selected to meet the target sample size: 25 case files per cultural group – Greek, Lebanese, Pacific Islander [Samoan and Tongan], Vietnamese, Chinese, Anglo-Saxon, and Indigenous.

Case file review will begin in March 2009, and will explore:

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<sup>43</sup> According to DoCS intranet, ‘*Secondary Assessment - Risk of Harm* is the central component of DoCS Child Protection Assessment. Procedurally it follows an *Initial Assessment* usually made by the DoCS Helpline. *Secondary Assessment– Risk of Harm* is divided into two stages, *Secondary Assessment Stage One (SAS1)* and *Secondary Assessment Stage Two (SAS2)*. When a case proceeds to SAS2 this means that a decision has been made to initiate face-to-face contact with the child, young person and the family to assess safety welfare and wellbeing and determine the need for protective action by DoCS. Assessment must precede protective action to safeguard a child or young person. In some cases an assessment of immediate safety provides sufficient rationale to support protective action by DoCS. The general principle is that once SAS2 is commenced it must be completed. SAS2 is not complete until Kids SAS2 and Judgement and Decisions records are approved by Manager Casework or other delegated officer’.

- Whether and how caseworkers acknowledge the linguistic and cultural needs of children from the four main CALD groups in the CPS (Greeks, Lebanese, Pacific Islanders [Samoan and Tongan], and Vietnamese);
- The strategies caseworkers report as being effective or ineffective in meeting the linguistic and cultural needs of children from the four main CALD groups;
- How the extent, ways, and perceived effectiveness of meeting the linguistic and cultural needs of children from an under-represented CALD group in the CPS differ from the four main CALD groups (Chinese children have been selected as the point of comparison in this study);
- The frequency of each type of abuse or neglect substantiated for children across the five CALD groups (Greeks, Lebanese, Pacific Islanders [Samoan and Tongan], Vietnamese, and Chinese), and how these differ from Anglo-Saxon and Indigenous children;
- The services provided, their duration, and caseworkers' perceived effectiveness of these services to children and families from the five CALD groups, and how these differ from Anglo-Saxon and Indigenous children and families;
- The extent to which caseworkers report the presence of support or resiliency factors for children across the five CALD groups, and how these differ from Anglo-Saxon and Indigenous children;
- The types of issues that children and families from the five main CALD groups report generally (not related to their experiences in the CPS);
- The types of issues that children and families from the five main CALD groups report as a result of their experiences in the CPS;
- The extent to which caseworkers report insufficient training and resources to address the need for cultural awareness, sensitivity or competency; and
- The extent and types of barriers caseworkers report to delivering culturally appropriate and sensitive services to children from the five CALD groups (with CALD children and families, other caseworkers or case managers, or DoCS Head Office).

This stage of the research is significant because it is the first time that DoCS has released case files for review. The general model of service delivery for CALD groups, developed from Stage 1, will be modified to incorporate findings from Stage 2, and resource tools for the five target CALD groups will be developed.

### **Stage 3: Semi-structured interviews**

Stage 3 will involve interviews with 40 children and their families from the five CALD groups, and 20 interviews with caseworkers and case managers who have CALD clients. Recruitment, interviews, transcription, and analysis will occur in

2010<sup>44</sup>. At this stage, the interview schedule has not been devised as it will be informed by the results of the literature review and case file analysis. However, broadly interviewees will be asked about their experiences, needs, and challenges in the CPS. Specifically, they will be asked about services they considered effective or ineffective and why, and possible strategies that can be developed to help overcome the barriers they perceive and experience to culturally appropriate and therefore effective service delivery. The findings from Stage 3 will be used to finalise the general model of service delivery for CALD groups, and the resource tools for the five target CALD groups (developed from the Literature Review and Case File Review).

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<sup>44</sup> Ethics approval from the Human Research Ethics Committee (HREC) at the UNSW was obtained in November 2007 for all stages of this three year project.

## **Appendix B: Existing resources on the nexus of culture and abuse**

### **Useful books**

- Congress EP, González MJ (2005). *Multicultural Perspectives in Working with Families*. Springer Publishing Company.
- Connolly M, Crichton-Hill Y and Ward T (2006). *Culture and child protection: reflexive responses*. London, England: Jessica Kingsley Publishers.
- Dubowitz H (1999). *Neglected Children: Research, Practice and Policy*. Thousand Oaks: Sage.
- Fontes LA (2005). *Child Abuse and Culture: Working with Diverse Families*. Guilford Press.
- Helfer ME, Kempe RS and Krugman RD (1997). *The Battered Child*. 5<sup>th</sup> ed. University of Chicago Press: Chicago.
- Maitra B (2006). The many cultures of child protection. In *Children in Family Contexts: Perspectives on Treatment*, by Combrinck-Graham L. Guilford Press.
- Mason B, Sawyer A, and Boyd-Franklin N. (2002). *Exploring the Unsaid: Creativity, Risks, and Dilemmas in Working Cross-culturally*. Karnac Books.
- Thoburn J, Chand A and Procter J (2005). *Child Welfare Services for Minority Ethnic Families: The Research Reviewed*. Jessica Kingsley Publishers.

### **Useful reports**

- Author (1994). Child protection in non-English speaking background communities: Culture – no excuse. Report prepared by NSW Child Protection Council.
- Multicultural Families: Investing in the Nations' Future. Conference Proceedings, Centre of Multicultural and Community Development, University of the Sunshine Coast, June 2004.

### **Useful articles and reports from the National Child Protection Clearinghouse**

The following useful articles and reports are listed on the website for the National Child Protection Clearinghouse of the Australian Institute of Family Studies (AIFS) (<http://www.aifs.gov.au/nch/bib/ethnic.html>).

- *African communities forum on domestic violence report: working towards a collaborative approach to addressing family support and conflict within the African communities in Western Australia*. Perth, WA: Department for Community Development, Family and Domestic Violence Unit, 2005.
- Chen JQ, Dunne MP, and Han P (2004). Child sexual abuse in China: a study of adolescents in four provinces. *Child Abuse & Neglect*, 28, 1171-1186.

- Crisante, L (2005). *Fiafia and ice-breaker morning tea: parent education in Pacific Island communities*. In: Families Matter: 9th Australian Institute of Family Studies Conference, Melbourne, February 2005 - proceedings. Melbourne, Vic: Australian Institute of Family Studies.
- Kids Help Line. *Callers of non-English speaking backgrounds*. Red Hill, Qld: Kids Help Line, 2006.
- Stewart S (2005). Suicidality, interpersonal trauma and cultural diversity: a review of the literature. *Australian e-Journal for the Advancement of Mental Health*, 4 (2).
- Ward BM, Anderson KS and Sheldon MS (2005). Patterns of home and community care service delivery to culturally and linguistically diverse residents of rural Victoria. *Australian Journal of Rural Health*, 13 (6), 348-352.

### Useful websites

- Australian Institute of Family Studies (AIFS) (<http://www.aifs.gov.au/>)
- Australian Research Alliance for Children & Youth (ARACY) (<http://www.aracy.org.au/>)
- National Association for Prevention of Child Abuse and Neglect (NAPCAN) (<http://www.napcan.org.au/>)
- International Society for the Prevention of Child Abuse and Neglect (ISPCAN) (<http://www.ispcan.org/>)
- Department of education and Children's Services, Government of South Australia. Child Protection Curriculum (2008). ([http://www.decs.sa.gov.au/curric/files/links/Keeping\\_Safe\\_CALD.pdf](http://www.decs.sa.gov.au/curric/files/links/Keeping_Safe_CALD.pdf))
- National Centre for Cultural Competence, Georgetown University (<http://www11.georgetown.edu/research/gucchd/nccc/>).

## Appendix C: A comprehensive model of child protection service delivery for CALD families

DoCS Head Office	DoCS Community Service Centres (CSCs)	DoCS Caseworkers
<p>Acknowledge that individualistic notions of the ‘family’ that are typical among mainstream Anglo Saxon families (compared to collectivist notions in which the extended family and community typically play a greater role in child rearing) underpin child protection policies in Australia. As such, the concept of ‘child-centred’ may be understood differently across cultural groups in Australia. Sensitivity to this difference is necessary in the way child protection policies and items on risk assessment forms are developed.</p>	<p>Recruit staff from CALD groups that reflect the local demographic.</p>	<p>Acknowledge that differences in social power exist between the dominant culture and the cultures of minority ethnic families, which may underpin the personal dynamics between a caseworker – who is seen as a representative of the law which is based on individualistic norms of family functioning – and a CALD family – who generally have less power as a group in society. CALD families may see child protection intervention as a form of assimilation instead of addressing family dysfunction and the occurrence of child abuse or neglect.</p>
<p>Provide training to all staff in cultural awareness, sensitivity, and competency.</p>	<p>Ensure that interpreters from NAATI are trained in sensitivity to child protection cases.</p>	<p>When making decisions about risk of harm to the CALD child, properly assess the extent to which family cohesion acts as a protective factor; this can help aid a ‘child-centred but family focused’ approach to child protection and welfare.</p>
<p>Develop a mainstream program of service delivery that is delivered as part of core business but targets specific cultural groups, so that CALD families perceive they are receiving an integrated and therefore seamless service in which culture is not seen as a marginalised issue (and which is often seen as better resourced). [See Babacan’s (2006) model, Section 6.2].</p>	<p>Do not use children as interpreters.</p>	<p>Be aware of typical issues for CALD families in relation to the child protection system: lack of awareness about DoCS and their statutory power, fear of authority because of past experiences with DoCS or authority bodies in their country of origin, fear of authority because of shame on family, and lack of awareness of local community services.</p>
<p>At the beginning of every consultation, assure CALD families that interpreters are bound by confidentiality and will not disclose information to anyone except as required by law.</p>	<p>Consider the need to gender match interpreters, either for religious reasons or in cases of domestic violence.</p>	<p>For CALD families, assess the extent to which (entrenched) socioeconomic disadvantage contributes to hardship for the family, in turn causing the occurrence of child abuse or neglect; avoid a tendency to attribute the occurrence of child abuse or neglect to culture instead of other systemic factors that impinge on a family’s ability to parent functionally.</p>
<p>Consult with elders from the CALD group in the local community to obtain feedback on proposals of how to</p>	<p>Consider the need to linguistically and/or ethnically match interpreters and CALD families (e.g. an Arabic</p>	<p>For refugee families, assess the extent to which their needs are due to trauma and torture in their home</p>

<p>tailor generic parenting programs or services for specific CALD groups.</p>	<p>speaking Lebanese interpreter may be used with an Arabic speaking Sudanese family).</p>	<p>country; avoid a tendency to attribute the cause for the occurrence of child abuse or neglect to culture instead of socio-political and economic instability in their country of origin.</p>
<p>Improve the overall service of centre such as the welcoming atmosphere, the ethos of the centre which promotes user participation, the specific services that the centre offered, and helpful staff.</p>	<p>Consider how the needs of CALD families are unique in the local demographic; families in Eastern suburbs will have different needs to those in the Western suburbs, and families in regional and rural NSW will be different to those in urban NSW.</p>	<p>When learning about the needs of a particular CALD family, begin with an assumption of equality and non-pathology; avoid a tendency to negatively stereotype CALD families based on negative pre-conceptions or beliefs that fundamentally differ from one's own.</p>
<p>Also develop culturally tailored programs and services such as ethno-specific and multicultural services, in which services target specific CALD groups or culturally diverse communities, respectively. Having 'units' can streamline the process of accessing culturally appropriate information, increase the visibility of DoCS' efforts to address cultural issues to CALD families in terms of cultural knowledge and bridging across diverse groups. [See Babacan's (2006) model, Section 6.2].</p>	<p>Consider the need to race match caseworkers and CALD families; within resource constraints, the needs of the family should be considered first. Some CALD families may prefer a matched caseworker while others may not.</p>	<p>Refer to DoCS Multicultural caseworkers for advice, support, or feedback.</p>
<p>Develop a unit that bridges the 'mainstream unit' and 'multicultural unit' to ensure that culture, ethnicity, and language are neither under- or over-emphasised to the exclusion of other important factors such as class, gender, ability, sexuality, and spatial location. [See Babacan's (2006) model, Section 6.2].</p>	<p>Develop brief 'cultural fact sheets' for caseworkers for each of the CALD groups common in the local community.</p>	<p>Refer to local CALD advocacy community groups and centres for advice, support, or feedback.</p>
<p>Make widely available anti-racist and anti-discriminatory policies for CSCs to refer to easily.</p>	<p>Review assessment tools that gauge the strengths and needs of CALD families and risk of harm for CALD children; consult with local CALD community leaders and groups to ensure items are culturally appropriate and sensitive.</p>	<p>Refer CALD families to Ethnic Communities Council (ECC) and/or Migrant Resource Centres (MRCs) if necessary.</p>
<p>Develop clear guidelines for equal employment opportunity and multicultural policies.</p>	<p>Provide opportunity for Multicultural or CALD caseworkers to debrief with case managers to overcome the possibility that CALD families transfer their problems onto (ethnically matched) workers because of over-identification.</p>	<p>Refer CALD families to formal parenting programs that are available in the local community, e.g. 'Triple P'; make CALD families aware of all the formal services (including early intervention programs such as DoCS' Brighter futures) that are available to them to receive</p>

<p>Monitor and routinely collect data on indicators of CALD status to improve the accountability and performance measurement of the child protection system.</p>	<p>Develop and translated brief documents to CALD families with definitions of child abuse and neglect, descriptions of institutional processes and procedures, and options for addressing family dysfunction.</p>	<p>parent education. Involve fathers as much as possible.</p>
<p>Develop outreach programs to provide community education and increase awareness in CALD communities about the role of DoCS and child protection issues generally.</p>	<p>Develop links with relevant community or religious groups.</p>	<p>Offer Family Group Conferencing (FGC).</p>
	<p>Widely disseminate lists of cultural community groups in the local area and a calendar of key religious and community celebrations and events.</p>	<p>As much as possible, developing the intervention with the CALD family to empower them.</p>
		<p>Offer and provide kinship care in cases of short/temporary removal of children from parental care. Offer CALD families the choice to have a <i>trusted confidante present</i> with the accredited interpreter to act as an advocate for their needs and provide them with support.</p>
		<p>Read books, reports and websites with information on how to develop personal cultural awareness, sensitivity and competency (see Appendix B).</p>
		<p>Be vigilant on personal prejudices or biases that may affect substantiations of reports of child abuse or neglect; be self reflective on cultural norms that affect one's own 'style' of parenting.</p>
		<p>Reconciling absolutist and relativist approaches to addressing child abuse or neglect across cultures may be aided by emphasising that both the caseworker and the family have in common a desire to protect the child's welfare.</p>
		<p>Do not downplay or fear discussions on culture or racism; acknowledging these can aid in developing an appropriate intervention for the family, and avoids implicitly condoning denial of abuse or neglect in their home.</p>

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Remain vigilant on the need to distinguish between 'needs' and 'ideals' regarding family functioning; needs are not necessarily universal.

Be aware of typical stressors for CALD families in Australia: migration stress, acculturative stress, displaced sense of belonging and cultural identity, perceived or experienced racism and discrimination, intergenerational conflict, low English proficiency, insufficient awareness of institutional systems and local services available, loss or lack of extended family, social and community supports, and socioeconomic disadvantage. However, awareness of these stressors should not be used to stereotype the needs of a CALD family, but simply to gain a contextualised understanding of the client family.