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Faculty of Arts and Social Sciences

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

Final Report

Pooja Sawrikar

Report prepared for the NSW Department of Human Services (DHS)

Social Policy Research Centre, UNSW

April 2011

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ISSN: 1446-4179

ISBN: 978-0-7334-3142-5

Completed: April 2011

Published: March 2012

The views expressed in this publication do not represent any official position on the part of the Social Policy Research Centre, but the views of the individual authors.

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Suggested Citation

Sawrikar, P (2011), 'Culturally appropriate service provision for culturally and linguistically diverse (CALD) children and families in the New South Wales (NSW) child protection system (CPS)' Final Report, prepared for the NSW Department of Human Services (DHS).

Acknowledgements

There are many people I would like to thank for helping me with their support through the life of this three-year project. I would first and foremost like to thank the NSW Department of Human Services for giving me the opportunity to conduct this study; tendering to conduct such an intensive exploration of the needs and experiences of this client group is itself a sign of active and structural engagement to become a culturally responsive organisation, and it has been an honour and pleasure to be the recipient of this opportunity. I would also like to thank, with no less appreciation, my supervisor Professor Ilan Katz, for his on-going support and encouragement from the early days of developing the project to the end when I needed a mentor to run my ideas by. Both your interest in this topic area, and your mentoring, have allowed me to complete this project to its fullest capacity. I would like to acknowledge that DHS and the Social Policy Research Centre (SPRC) co-funded this three-year project, without which I would not have been able to collect the data required for form the necessary evidence-base for meeting the needs of this client group appropriately and effectively.

Along the way, many people have played a crucial role in the running of this project. I would first like to thank the contribution of the Steering Committee for their input and advice on the design of this project as well as their time for our regular meetings throughout the project, including members of the Multicultural Services Unit (MSU), the Parenting Research Centre (PRC), and Information Management Branch (IMB). I would also like to thank the anonymous members of the Steering Committee who provided valuable comments and feedback on drafts of the Interim Reports.

For the running of Stage 2, I would like to thank the caseworkers and case managers in the 10 target Community Service Centres (CSCs) of this study that manually verified the ethnicities of a total of 400 randomly selected case files. I would also like to thank each of the CSCs for providing desks and other infrastructure at the office in which to conduct the case file reviews. I would also like to thank Ryan Gleeson, Research Officer at SPRC (at the time), for his invaluable assistance in reviewing some of the case files, and for the welcome company during my 10 months away on fieldwork.

In Stage 3 of this study, I relied on the help of many people, in particular the caseworkers and case managers across the 10 CSCs that helped recruit the 29 CALD families that participated in the study. I also want to thank the 17 caseworkers and case managers that took time from their busy days to take part in the interviews. If not for the representation of your voices, it would not be possible to identify how improvement in service delivery can occur. For the same reason, I would like to thank all the CALD families for their participation. It is important that this kind of research is conducted because it can bridge any possible communication gaps that may be occurring between service users and service providers; and as long as those gaps remain unaddressed, the welfare of CALD children is compromised by lack of awareness and knowledge.

On a final note, I met many caseworkers and case managers as I travelled across the 10 CSCs collecting data for Stages 2 and 3, and many of them made me feel welcome and comfortable during my time there. I learnt as many things in our ‘hallway’ conversations as I did during the fieldwork, and for this, I am very grateful that you each took the time to chat with me. Certainly – to all caseworkers and case managers at DHS – my exposure to your daily work life has made me appreciate just how hard you work and how passionate you are about child safety, and it is humbling to have met such a dedicated, resilient, open-minded, and funny bunch of people! I hope that this report brings you information that both challenges you and confirms what you may already know, as both are necessary ‘tools’ for best practice. And ultimately, that is what this project is about – best practice with CALD children and families.

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Abbreviations

ABS	Australian Bureau of Statistics
ACWA	Association for Children’s Welfare Agencies
ADHD	Attention Deficit Hyperactivity Disorder
AOD	Alcohol or Drug
ATSI	Aboriginal and Torres Strait Islander
AVO	Apprehended Violence Order
BF	Brighter Futures Program
CALD	Culturally And Linguistically Diverse
CDC	Career Development Course
CLAS	Community Language Allowance Scheme
CM	Case Manager
COB	Country of Birth
CRC	Convention on the Rights of the Child
CSC	Community Service Centre
CP	Child Protection
CPS	Child Protection System
CW	Caseworker
DHS	Department of Human Services
DoH	Department of Housing
DV	Domestic Violence
EI	Early Intervention
FDM	Family Decision Making
FGC	Family Group Conferencing
FGM	Female Genital Mutilation
HO	DHS Head Office
IFBS	Intensive Family Based Service
IMB	Information Management Branch
JIRT	Joint Investigative Response Team
KiDS	Key Information and Directory System
LOTE	Language Other Than English
MCW	Manager Casework
MH	Mental Health
MRC	Migrant Resource Centre
MSU	Multicultural Services Unit
NAATI	National Accreditation Authority for Translators and Interpreters
NESB	Non English Speaking Background
NF	Natural Father
NM	Natural Mother
NSW	New South Wales
OOHC	Out Of Home Care
PANOC	Physical Abuse and Neglect Of Children
PR	Parental Responsibility
PTSD	Post Traumatic Stress Disorder
ROH	Risk Of Harm
SC	Subject Child
SES	Socio-Economic Status
SPRC	Social Policy Research Centre
TIS	Translating and Interpreting Service
UK	United Kingdom
UN	United Nations

UNSW
USA
YP

University of New South Wales
United States of America
Young Person

Glossary of terms

Acculturation A relatively fluid and dynamic process across context and generations, that individuals and groups of non-English speaking backgrounds (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); they are 'exposed' to social services including child protection services because of systematic poverty.

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 & 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, & 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 & Maddern, 1999).

Executive Summary

Background

In July 2007, the New South Wales (NSW) Department of Human Services (DHS¹) awarded a three-year Postdoctoral Fellowship to the Social Policy Research Centre (SPRC) at the University of New South Wales (UNSW). The aim of the study was to conduct research on the needs and experiences of Culturally and Linguistically Diverse (CALD) children and families in the child protection system (CPS), and how best to meet them.

CALD children are defined as those who are born either overseas or in Australia and typically originate from countries in which English is not the main language². They are distinguished from their Indigenous and Anglo Saxon counterparts, as their needs and experiences, both generally and in the CPS, are seen as significantly different from one another. Some CALD children will also be refugees³, in which case a more specific set of needs and experiences must also be taken into account. According to DHS' Multicultural Services Unit (MSU, 2008), 15 per cent of children in the CPS come from households in which a language other than English (LOTE) is spoken. This proportion increases to 20 per cent after adjusting for the large over-representation of Indigenous children⁴, and thus is roughly on par with their representation in Australia's general population at 24 per cent (ABS 3412.0, 2007).

As it stands, little is known about CALD groups in the NSW CPS, and the need for evidence-based research into appropriate service delivery for this client group has only recently come to the attention of academics, practitioners, and policy makers in Australia. Some important strides toward filling the gap in research and knowledge on the needs and experiences of CALD groups in the CPS have emerged, such as resources and training provided by the MSU and developments post the recent Wood Inquiry (2009)⁵. However, these are still only the beginnings of an extensive knowledge base yet to be developed. Therefore, this study is an important contribution to the field as the results can be used by DHS (and other relevant key stakeholders and peak bodies) to develop practice and policy guidelines that are evidence-based, and thus improve service delivery for CALD children and families.

¹ At that time, the DHS was known as the Department of Community Services (DoCS).

² In most cases, CALD is synonymous with NESB, but there are some groups that are culturally but not linguistically different such as Afro-Caribbeans who speak English.

³ The unique experience of refugees in Australian child protection systems compared to their other CALD counterparts has not been explored in this study, and warrants future research.

⁴ According to the MSU (2008), approximately 25% of children in the NSW CPS are Indigenous; this represents a significantly large over-representation of Indigenous children given that only about 2% of Australia's population are Indigenous (ABS, 2007).

⁵ Refer to Interim Report 1 for more information.

Project methodology

The methodology of the three-year project was primarily qualitative⁶ and was conducted in three stages: literature review (Stage 1); case file reviews (Stage 2); and interviews with carers of CALD children and DHS caseworkers and case managers (Stage 3).

Stage 1: Literature review

Aims

The eight specific aims of the literature review were to identify:

1. The main CALD groups (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.

Method

The national and international research on the experiences, needs and challenges of CALD children and families in the CPS, as well as their caseworkers and case managers was scoped and reviewed to meet the eight aims of Stage 1. It also reviewed policies on best practice for CALD groups. 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 were used significantly in this stage of the study.

⁶ Some quantitative descriptive statistics were used in Stage 2 of this study.

Results

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

According to DHS' MSU (2007), the main groups in the NSW CPS include Arabic-speaking, Vietnamese, Pacific Islander, and Greek children. The newly emerging African communities are also represented in the NSW CPS. According to the mostly international research in the UK and USA (e.g. Chand & Thoburn, 2005; Korbin, 2002), there are three main hypotheses as to why minority ethnic groups may be over-represented in the CPS:

1. Culture;
2. Poverty; and
3. Culturally biased institutional processes and organisational practices.

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

CALD children and families in Australia may perceive or experience a number of challenges. 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.

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

CALD children and families in the CPS may perceive or experience a range of issues. Four types were identified in Stage 1:

1. Common issues for CALD children and families in relation to child protection issues and the system:
 - Lack of awareness about DHS and their statutory power;

- Fear of authority because of past experiences with DHS 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:
- Considering ethnic-matching and gender-matching;
 - Not 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, 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

Greek children and families

Mild physical punishment of children in Greece is considered a normal aspect of child rearing (Trojan, Dessypris, Moustaki & Petridou, 2001). Variables that predispose children 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

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. It is important that the strengths of the

Arab family and society – mainly the social solidarity, economic assistance, and psychological support of the collective – do not go unrecognised (Shalhoub-Kevorkin, 2005).

Pacific Islander [Samoan and Tongan] children and families

Loving and expressive parenting has coexisted with wide acceptance of physical discipline and punishment in this community (Pelczarski & Kemp, 2006). The avoidance of shame and maintaining the family's reputation is a powerful determinant of behaviour in Samoa and Tonga (Suaalii & Mavoia, 2001).

Vietnamese children and families

While economic prosperity since the war ended 30 years ago 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, Stevens, & Nguyen, 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

Many Chinese hold attitudes such as 'beating is caring and scolding is loving' (Qiao & Chan, 2005). The terms 'child maltreatment' and 'child abuse' are not common (Qiao & Chan, 2005). "The family is still a private sphere ... 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 & Chan, 2005, p. 24).

English speaking families

Australian law reflects the United Nations (UN) Hague Convention on the Rights of Children (CRC) and uses an (individualistic) 'child-centred' approach towards child safety. Awareness of child protection agencies, their role and statutory power, is generally more widespread among English-speaking Australians (i.e. Indigenous and Anglo Saxon) than non-English speaking Australians (i.e. CALD-background).

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

Caseworkers and case managers may perceive or experience challenges when providing services to their CALD clients, either with the families or other staff.

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 in the CPS

Effective and appropriate strategies were identified in the literature, and categorised according to the three-tiered system (Sawrikar & Katz, 2008):

1. Service;
2. Agency; and
3. Organisation.

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

NSW DHS has 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. They also have the Muslim Foster Carers program⁷ and Youth Partnerships with Pacific Islanders communities (YPPIC)⁸; have provided two sets of training to all metropolitan and select non-metropolitan DHS caseworkers and a number of non-government organisations (NGOs) over the last two years; 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

Although models of culturally appropriate service delivery have not been developed or evaluated, Babacan (2006) proposes there are three possible types of models:

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.

Discussion and conclusion

The three levels of engagement – service, agency, and organisation – should be used in conjunction with one another to maximise the effectiveness of the one-to-one relationship between the CALD family and the caseworker.

⁷ http://www.community.nsw.gov.au/DoCSwr/assets/main/documents/adoption_muslim_broch.pdf

⁸ http://www.community.nsw.gov.au/DoCSWR/assets/main/documents/funding_policy.pdf

Stage 2: Case file review

Aims

There were six broad themes (or aims) against which the case files in Stage 2 were reviewed:

1. The types of abuse and neglect reported for CALD, Indigenous, and Anglo Saxon families;
2. The types of issues reported for CALD, Indigenous, and Anglo Saxon families;
3. The types of strengths reported of CALD, Indigenous, and Anglo Saxon families;
4. The types of issues children and families of CALD, Indigenous, and Anglo Saxon background report with DHS;
5. The types of assistance DHS provide and examples of (culturally) appropriate and inappropriate practice with CALD, Indigenous, and Anglo Saxon families; and
6. Personal, organisational, or institutional barriers to culturally appropriate practice.

Method

Stage 2 involved a review of 120 randomly selected case files. Each case file was reviewed against a Thematic Template, which in turn was informed by results of the literature review and was validated by five DHS caseworkers. While the Thematic Template was detailed, it covered the six broad areas outlined above.

Twenty case files from each of the four target CALD groups, and 20 from each of the two reference groups – Anglo Saxon and Indigenous – were selected for review in this study. The four target CALD groups⁹ in this study were:

1. Chinese;
2. Lebanese;
3. Pacific Islander [Samoan and Tongan]; and
4. Vietnamese.

These groups were selected because MSU (2007) had identified them as CALD groups likely to be (over-)represented in the CPS. The aim of selecting four CALD

⁹ Originally, Greek children were also to be included in the case file review as a fifth target CALD group (from Stage 1). However, an insufficient number of Greek case files were identified by the caseworkers and case managers across the 10 CSCs who were asked to manually verify the ethnicities of a random sample of case files in the preliminary part of Stage 2. As a result, they were henceforth excluded from Stage 2.

groups was to address the methodological issue that often emerges in cultural research, namely, that because of small sample sizes in empirical research, the needs and experiences of various CALD groups are combined together. While there are indeed some commonalities that validate such a grouping, such as language barriers, racism and discrimination, acculturation stress, and a collectivist culture, it also produces the unfortunate effect of homogenising their needs and experiences (Sawrikar, 2009). Thus, this study thematically analysed the 20 case files for each CALD group separately. In turn, DHS caseworkers and case managers may be able to increase their knowledge and understanding of the unique needs and experiences of each of these groups.

While the needs and experiences of each CALD group in the CPS are unique and should be treated as such to provide the best possible service, it is also important to contextualise their experience by comparing it to the needs and experiences of other groups. Thus, two reference groups were also included in this study: Indigenous Australians and Anglo Saxon Australians. By thematically analysing cross-cultural similarities and differences, DHS staff (both Head Office and caseworkers) can explore the extent to which there is parity in the nature of the services provided to different groups in the CPS.

Results

Types of abuse and neglect reported

Primary and secondary types of abuse or neglect reported

Physical abuse was the most common primary type of abuse or neglect for all the CALD groups, and sexual abuse was the most common primary type for the Indigenous and Anglo Saxon groups. Emotional abuse was the most common secondary type of abuse or neglect for all six cultural groups.

Co-morbidity of all types of abuse and neglect reported

Co-morbidity was lower for the CALD groups compared to their Indigenous and Anglo Saxon counterparts. This indicates that for children of CALD background, the types of abuse or neglect reported tend to be isolated to one or a few types of abuse and/or neglect that compromise a child's well-being, rather than several types of abuse and/or neglect compromising a child's well-being.

Presentations among children experiencing abuse or neglect

Mental health and behavioural issues were the most common presentations for all children experiencing abuse or neglect, regardless of their cultural background.

Types of issues reported

CALD groups can present with many types of issues, but in this study, they were grouped into three types: (i) Cultural, (ii) Migration-related, and (iii) Generalist.

Types of strengths reported

Strengths that CALD families may demonstrate include (but are not limited to): seeking external (or extra-familial) help, personal resilience, the availability of extended family and community support, efforts to preserve cultural heritage, and secure attachment behaviours.

Types of issues families report with DHS

Families regardless of cultural background reported two main issues with DHS: (i) dissatisfaction as a result of children being removed, and (ii) negative experiences in the foster care system. However, issues specific to CALD families included lack of awareness or understanding of the role and (statutory) power of DHS; culture clashes between ‘child-centred’ CP practice and collectivist ‘family-centred’ values; and heightened trauma of removing children in collectivist families. These are all consistent with the literature review.

Types of assistance received and examples of (culturally) in/appropriate practice

Financial assistance and referrals and recommendations to services relevant to the family and their needs were provided equally across all cultural groups. This finding importantly demonstrates cross-cultural equity in service provision.

There were several examples of culturally appropriate practices, but in this study they were grouped into: (i) consultation with multicultural caseworkers, (ii) culturally appropriate analysis for families, and (iii) culturally sensitive engagement with families. Encouragingly, fewer examples of culturally inappropriate practices were identified, and these few examples were categorised into: (i) over-intervention, (ii) failure to understand or meet cultural needs, and (iii) provision of culturally inappropriate services.

Personal, organisational, or institutional barriers to culturally appropriate practice

Personal barriers (such as caseworkers over-identifying with CALD families) and organisational barriers (such as resource constraints) were identified. However, there were three pertinent institutional (or systemically entrenched) barriers that were identified for families of CALD background, and which are seen to be more significant than the personal and organisational barriers because personal barriers can only be managed on a case by case basis and organisational barriers affect all cultural groups equally. These institutional barriers for CALD groups include:

- (i) The lack of protocols on how to record the ethnicity of a child in case files;
- (ii) Caseworkers reducing cultural issues to language ones; and
- (iii) Reporting cultural issues for CALD cases as “Not Indigenous” or “Not Applicable”.

Discussion and conclusion

Overall, two important themes emerged from the results of Stage 2. The first is the need to acknowledge that cultural needs are as important for families of CALD

background as they are with families of Indigenous background. The second is the need to acknowledge that individual needs are as important for families of CALD background as they are with families of Anglo Saxon background.

Stage 3: Interviews with CALD families and DHS caseworkers

Aims

Stage 3 involved interviews with CALD families and DHS caseworkers and case managers. The interview schedule used was designed to match eight broad themes which in turn were drawn from the literature and case file reviews. Within these eight themes (or aims), there were 13 specific objectives. These were to explore:

Theme 1: Typical cultural norms on parenting and family functioning among CALD families

1. Typical family norms, traditions, beliefs, and/or practices that influence the way children are raised;
2. Typical ways family issues are addressed;

Theme 2: CALD representation and service provision in the CPS

3. The most common CALD groups entering each CSC;
4. The most common reasons underpinning the entry of CALD groups in the CPS;
5. The most common services or practices provided for CALD children and families;

Theme 3: Cross-cultural service provision

6. Perceived commonalities and differences in working with CALD children and families, compared to Indigenous and Anglo Saxon children and families;
7. How caseworkers take into account different cultural contexts for children, while adhering to one Australian child protection law;

Theme 4: Ethnically-matching CALD families and DHS caseworkers

8. Whether, and why, CALD families and caseworkers, prefer an ethnic-match;

Theme 5: Use of interpreters

9. Examples of effective and ineffective practice with interpreters, as reported by CALD families and caseworkers;

Theme 6: Examples of cultural and non-cultural in/appropriate practice

10. Examples of appropriate and inappropriate practice, culturally or otherwise, as reported by CALD families and caseworkers;

Theme 7: Barriers to culturally appropriate practice

11. The extent to which caseworkers perceive that personal, organisational, and/or institutional barriers impede culturally appropriate and effective service delivery for CALD families;

Theme 8: Improving culturally appropriate practice

12. The extent to which DHS is perceived to sufficiently address the cultural needs of CALD children and families; and
13. Suggestions for improving the cultural appropriateness of DHS' service delivery for CALD children and families.

Method

Stage 3 involved semi-structured qualitative interviews with 29 parents/carers of CALD children (henceforth referred to as 'CALD families') and 17 DHS caseworkers and case managers with CALD clients (henceforth referred to as 'caseworkers').

Results

Theme 1: Typical cultural norms on parenting and family functioning among CALD families

Typical family norms, traditions, beliefs, and/or practices that influence the way children are raised

Collectivism and religion were identified as the two main factors that influence how CALD families typically raise their children.

Typical ways family issues are addressed

Collectivist cultures value family privacy because it protects the family's name and standing in the community.

Theme 2: CALD representation and service provision in the CPS

The most common CALD groups entering each CSC

According to the caseworkers, the more common or emerging CALD groups in the CPS are families of Middle Eastern, Vietnamese, Pacific Islander, and African backgrounds.

The most common reasons underpinning the entry of CALD groups in the CPS

The vast range of reasons caseworkers identified to explain why CALD groups enter the CPS were grouped according to the three-tiered system proposed in Stage 2:

- (i) *Cultural*: physical abuse, inadequate supervision, traditional cultural practices, cultural differences in 'child-centred' family functioning, cultural differences in what's 'acceptable' in differentiating discipline from abuse, gender, academic pressure, and exposure to trauma;

- (ii) *Migratory*: lack of awareness about child protection laws and agencies (especially of their statutory power), lack of extended family support, generational differences in migration, and language issues; and
- (iii) *Generalist*: homelessness, poverty, mental health issues, domestic violence (DV), and alcohol or drug (AOD) issues.

The most common services or practices provided for CALD children and families

The most common forms of assistance provided to CALD families were financial- and housing-related. As expected, the provision of interpreters was a common and unique service offered to CALD groups (compared to Indigenous and Anglo Saxon families).

Theme 3: Cross-cultural service provision

Perceived commonalities and differences in working with CALD children and families, compared to Indigenous and Anglo Saxon children and families

Caseworkers reported that the services they provided to CALD families were generally the same as those provided to other families. This demonstrates equity to some extent. However, it could also mean that CALD families are being treated the same as other families, even though their issues and experiences are unique and different. Thus, this study argues that the provision of *appropriate* rather than *similar* services is a better ‘litmus test’ of whether there is equity in service provision. To help increase parity in service provision, one recommendation is that consultation with multicultural workers should become compulsory. Indeed, consultation with Indigenous caseworkers is currently mandatory, and many caseworkers noted that policies and legislation acknowledged cultural issues for Indigenous families but not for CALD families to the same extent.

How caseworkers take into account different cultural contexts for children, while adhering to one Australian child protection law

Caseworkers used a variety of strategies to help disentangle the nexus of culture and child safety. Overall, caseworkers acknowledged that the ‘line’ between culture and abuse was subjective, but some more than others saw the need to consider the ethnicity and culture of a CALD family as crucial to ensuring child safety; others took a more a ‘bottom line’ approach to child welfare citing that even though culture matters, it ultimately matters less than child safety.

Theme 4: Ethnically-matching CALD families and DHS caseworkers

The CALD family participants either preferred an ethnically-matched caseworker (especially for language reasons), a non-ethnically matched caseworker (especially to protect their privacy and confidentiality), or had no preference at all (especially if language was not a barrier and they believed all caseworkers were equally trained, skilled, or kind).

Some caseworkers indicated a slight preference for matching (especially for language issues and cultural sensitivity), and some indicated a slight preference for non-matching (especially to avoid over-identification of caseworkers with the CALD

client family). No caseworkers indicated they had no preference in regards to ethnic matching, and most of them instead indicated that they prefer to address the issue on a case by case basis.

Theme 5: Use of interpreters

CALD family participants identified five main issues with interpreters: inaccurate translation, loss of privacy, lack of available appropriate interpreters, difficulty in understanding different dialects of the same language, and lack of gender-matched interpreters for sensitive issues.

Caseworkers identified some similar issues, including inaccurate translation and resource constraints, but also uniquely identified other issues. These included: interpreters not being sensitive to child protection issues, interpreters who make the session more about them than they should, CALD families refusing to use an interpreter, and CALD families that wished to use their children as interpreters.

Theme 6: Examples of cultural and non-cultural in/appropriate practice

Several examples of culturally appropriate practice were identified by both the CALD family participants and DHS caseworkers (such as encouraging CALD children to speak their native language or placing removed children in ethnically-matched placements), as well as effective or appropriate practice that met non-cultural needs (such as good listening skills and being honest). Positively, fewer examples of (culturally) inappropriate or ineffective practice were also cited by the interviewees, such as failing to consult with multicultural caseworkers or not speaking respectfully.

Theme 7: Barriers to culturally appropriate practice

The main type of personal barrier was seen to be the lack of cultural competency. The other types of personal barriers were categorised into:

- (i) *Barriers between the caseworker and the CALD family* (such as fear that CALD families will think of them as racist);
- (ii) *Barriers between a caseworker and other members of DHS staff* (such as conflicts between caseworkers on the importance of culture or the extent it should be considered); or
- (iii) *Barriers between the caseworker and the nature of their work* (such as time and emotional constraints).

Organisational barriers identified by caseworkers were also categorised into three types:

- (i) *Issues with management* (including lack of clear and consistent management),
- (ii) *Insufficient resources* (including insufficient links and relationships with local and culturally appropriate community services and agencies), and

- (iii) *Administrative and other issues* (including poor open-plan office structures).

The main possible institutional barrier was seen to be the lack of sufficient training and resources. Although all caseworkers were able to identify resources and training provided by DHS, most caseworkers indicated that they were not satisfied with the amount of training received and resources provided, suggesting that both the *uptake and availability* of resources require improvement. Other institutional barriers included: (i) child-centred versus family-centred work practice, (ii) management and workplace issues, and (iii) entrenched institutional fear within DHS.

Theme 8: Improving culturally appropriate practice

CALD families identified a number of strategies that they perceive to be important for improving the (cultural) appropriateness of service delivery to CALD families, such as helping overcome a fear of DHS and allocating two caseworkers. Caseworkers identified an even larger range of strategies which were again grouped according to the three tiers – workers, agencies, and systems:

- (i) *Caseworkers*: e.g. empowering families in their involvement with DHS;
- (ii) *Community Service Centres (CSCs)*: e.g. ensuring case managers are culturally competent, and increasing training of CALD issues to non-CALD caseworkers (i.e. Anglo Saxon and Indigenous caseworkers); and
- (iii) *DHS Head Office*: e.g. providing preventative community education/outreach programs, making CALD consultation mandatory, and relaxing the level of vigilance in CP work.

Discussion and conclusion

By comparing service users and service providers, the results of Stage 3 are able to provide evidence for the continued use of a practice or policy when they are consistent with each other, and where inconsistent, the gaps form the basis for improving service delivery in the form of new policy and practice recommendations. ‘Best practice principles’ have been identified in this study and were categorised under the three tiers – workers, agencies, and systems.

1.1 Discussion and conclusion

The literature indicated there were three possible reasons that underpin the entry of CALD groups into the CPS: culture, poverty, and institutional biases. Support for all three factors were found Stages 2 and 3 of this study, especially in relation to physical abuse and inadequate supervision. While the literature identified a vast range of issues that CALD families may experience when they enter the CPS, Stages 2 and 3 identified that some of the most important of these are: (i) lack of awareness about DHS and their statutory power, (ii) fear of authority because of shame on family, and (iii) fear of breach of confidentiality despite having ethnically-matched interpreters or caseworkers who may also provide empathy/sensitivity.

A significant issue that emerged across all three stages of the study was the difficulty of determining ‘abuse/neglect’ and ‘the best interests of the child’ across different

cultures. Ultimately, a case by case analysis is required for best practice, but it is also important caseworkers do not take a ‘bottom-line’ approach to child safety and fail to consider (the importance of) culture in their assessments and engagement with CALD families. Essentially, ‘culture’ for CALD families refers to collectivism, and it can clash with ‘child-centred’ frameworks used in individualistic cultures like Australia. Importantly, not all issues for CALD families are cultural; some may be related to the migration experience and others are generalist issues. In being aware of these three types of issues and tailoring service appropriately to the needs of an individual family, parity in service provision can be said to occur cross-culturally. That is, the provision of a tailored and an appropriate service to an individual (CALD) family, rather than the provision of a universal service provided to many or all families, can be said to be a better measure or gauge of culturally appropriateness.

To help overcome any personal, organisational, and institutional barriers, as well as to promote the continued use of good practice strategies and minimise the use of culturally inappropriate practice, a number of changes to current practice and policy can be implemented. For example, caseworkers can increase their cultural competency, case managers and CSCs can recruit CALD caseworkers in management roles and establish more links with local cultural services and agencies, and DHS Head Office can make consultation with multicultural caseworkers mandatory and provide preventative/outreach educational programs to (established and emerging) CALD communities.

Ultimately, the effectiveness of the one to one relationship between the caseworker and the CALD family depends significantly on organisational and institutional support. Further, the needs of CALD groups are complex; on the one hand, they need to be understood culturally, and on the other, they need to not be ‘boxed in’ by these cultural needs. In turn, programs and policies need to be flexible and diverse to reflect that CALD groups are themselves a diverse group of people with a range of complex needs. Sensitivity to this ‘within-group’ variation will help ensure best practice with CALD children and families in the CPS.

1 Introduction

1.1 Establishing the need for research on CALD groups in the CPS

Culturally and linguistically diverse (CALD) children in the NSW child protection system (CPS) are those who are born either overseas or in Australia, and most often originate from countries in which English is not the main language. Thus, CALD is typically synonymous in the literature 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 & Katz, 2009). However, in this study, CALD is used to refer to migrant and second generation children from a NESB. While refugee children can also be CALD, they are distinguished in this study as a unique group because their needs and experiences are seen as significantly different from non-refugee families of CALD background, both generally and in the CPS (Hek, 2005).

The exact number of CALD children in the CPS is not known because it was not mandatory for caseworkers to collect data on a child's ethnicity until July 2009 (DHS' Multicultural Services Unit, 2008). For example, data fields such as the child's or parents' country of birth, the main language spoken at home other than English, or the child's cultural ancestry/identity, have not been routinely collected until recently. As a result, the rate of representation of CALD children in the CPS is currently inaccurate and under-estimated. According to DHS' 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, DHS' Multicultural Services Unit (MSU, 2008) have recently estimated 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 CPS¹⁰. 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)¹¹. Importantly, some CALD groups are over-represented in the CPS compared to others. Typically, these communities 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.

¹⁰ Thus, after adjusting for the large over-representation of Indigenous children in the CPS, in which about one quarter of all children in the NSW CPS are Aboriginal, the proportion of CALD children increases from 15 to 20 per cent.

¹¹ 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).

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 future¹², 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. As Welbourne (2002) puts it:

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).

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. This may in part be due to apparent under-representation and small sample sizes in research. As Chuan & Flynn (2006) suggest:

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).

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 & 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). 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

¹² 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.

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 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’ of the Stolen Generation¹³.

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 (albeit subjective) ‘range’ of tolerance for deviating from the cultural norm) for that CALD group, as abusive or neglectful.

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 child¹⁴. While there are a number of factors that can influence the caseworkers’ decision to do so, 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 family¹⁵. In the words of Shalhoub-Kevorkian (2005), “applying Western values to collectivistic groups, mainly in relation to obligatory reporting and the involvement of the official system, causes additional trauma and social harm to abused children ... 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. 1265-6).

¹³ <http://www.aija.org.au/TherapJurisp06/Papers/Nethercott%20%20PPT.pdf>

¹⁴ This report is 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, DHS 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.

¹⁵ 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 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.

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 the current 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, lack of awareness of DHS' role and their statutory power can systemically introduce CALD families into the CPS, and this is not a cultural issue¹⁶.

Thus, in the context of Australia's large and growing multicultural milieu and the likely current representation of CALD children in the CPS, 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"¹⁷. In the words of Barber, Delfabbro, & 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).

To address the gap in research and knowledge, DHS identified the needs of CALD children and families in the CPS as a research priority in their Research Agenda 2005-2009¹⁸, 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 the study was to explore the needs of CALD children and families in the CPS and how best to meet them.

1.2 Project methodology

This project initially¹⁹ selected five target CALD groups as the basis for 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 were:

- Greek;
- Lebanese;
- Pacific Islander [Samoan and Tongan];

¹⁶ In other words, it is not culturally valued or acceptable to be unaware of institutional processes. This lack of awareness is the result of migration processes, not cultural ones.

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

¹⁸ http://www.community.nsw.gov.au/DHSwr/assets/main/documents/research_agenda.pdf

¹⁹ Greek children and families were excluded as a target group during Stage 2 of this study because of an insufficient sample size.

- Vietnamese; and
- Chinese.

These five groups were selected because, according to the MSU (2007), the first four of these groups comprised some of the most highly represented of CALD groups in the NSW CPS, and Chinese-origin children were seen as one of the lower represented of CALD groups. Thus, the latter group were included in the initial design of the project as a point of comparison, to be used 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.

There were three methodological stages to this research project:

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

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 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 who service CALD clients. Together, these were used as the basis for developing an initial ‘general model of culturally appropriate and sensitive service delivery’ for CALD groups in the CPS.

Stage 2 involved a review of 120 randomly selected case files (20 per target cultural group – Lebanese, Pacific Islander [Samoan and Tongan], Vietnamese, Chinese, Indigenous, and Anglo Saxon). The broad aim of Stage 2 was to identify and compare the experiences, needs, and challenges of children and families from each of these CALD groups, as well as those of caseworkers with each of these CALD groups. The results of Stage 2 were used to build on the initial ‘general model of service delivery’ developed in Stage 1, and also to develop information and training ‘Resource Sheets’ that DHS caseworkers and case managers could use for each of the four target CALD groups. These Resource Sheets identify some of the main ‘need-to-know’ points about culturally effective service delivery when working with children and families from these specific CALD groups.

Stage 3 involved semi-structured interviews with 17 DHS caseworkers and case managers, and 29 carers/parents of CALD children from any cultural background. The broad aim of Stage 3 was 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 aimed to give a voice to CALD families in the CPS, to explore the practices and policies they perceive or experience as ineffective in meeting their cultural needs. In addition, interviewees were asked to suggest strategies to overcome the barriers they identify, and equally importantly, to identify practices and procedures that they perceive or experience as currently effective in meeting their

linguistic and cultural needs. The results of Stage 3 were used to finalise the ‘general model of service delivery’ developed across Stages 1 and 2.

1.3 Research timeline, aims, and outputs

Overall, there are four *specific aims* of the three-year research project (see Table 1). These were 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 CALD children and families in the CPS; and
4. Develop resource sheets for DHS caseworkers containing a summary of the main needs and challenges of four target CALD groups in the CPS (Lebanese, Pacific Islander [Samoan and Tongan], Vietnamese, and Chinese) and how best to address them.

Table 1: Research timeline, aims and outputs of the 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 four 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 four target CALD groups in the CPS	
3	2009	Interviews with CALD families and 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	
	2010			Summarise Interim Reports 1 – 3	Final Report
	2011			Summarise the Final Report	Short Report for DHS staff

However, each Stage of the research also had its own set of specific aims and objectives which are described in the relevant sections of this report. For more detailed information on the results from Stage 1, 2 and 3, see Interim Reports 1, 2 and 3 respectively.

1.4 Significance of the 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 four 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 four 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 four 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 communities) will be explored and compared to the needs of these four CALD groups.

This study is also significant because DHS 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 four CALD groups have been 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 all caseworkers in Australia.

Also, by including Indigenous and Anglo Saxon families in the methodology, this study is able to address the possible belief by non-CALD caseworkers that CALD issues are so unique and different from other Australian families, that it is more appropriate or effective for only CALD caseworkers to be informed of their needs and experiences. In other words, all caseworkers will be more confident in knowing that their CALD family is receiving a comparable service to other Australian families if they are able to contextualise both their needs and experiences within the family's native cultural context as well as their context as an Australian family. Indeed, finding the common ground between the needs and experiences of CALD families with their Indigenous and Anglo Saxon counterparts is crucial for culturally appropriate and therefore effective service delivery, because it will help equalise the *quality* of service (and not necessarily the *type or frequency* of service), to which all families in Australia have the same right to.

Additionally, research into the needs of CALD children and families in the CPS has often focused only on the service users, and has paid less attention to the needs and experiences of the caseworkers who aim to meet their needs. The interactive effect of service users and service providers is crucial for better meeting the needs of clients. If the caseworkers are well supported by their organisation and institution, this will have carry-over effects to their clients who will reap the benefits. It also avoids the situation of pathologising culture, as if a failure to be more like the mainstream, culturally speaking, is some part of the root cause of their barriers and challenges in the CPS. In other words, a sole or primary focus on cultural characteristics of CALD families may skew how caseworkers and/or case managers attribute family dysfunction, with a leaning towards cultural differences rather than institutional biases. As such, this study has addressed this issue by exploring the extent to which caseworkers and/or case managers feel supported and resourced to address the needs of their CALD clients.

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: DHS Head Office, DHS 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 Stage 1: Literature review

2.1 Aims

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 (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.

2.2 Method

Academic literature that addressed the eight specific objectives of Stage 1 were obtained from a variety of 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.

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 study was 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 were reviewed in this study as much as 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 study used 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 study summarised the findings from the mostly international literature, these issues unfortunately but inevitably emerged. As much as possible, this study acknowledged the unique needs of specific cultural groups when they were 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).

2.3 Results

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

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. After adjusting for the large over-representation of Indigenous children in CPS (where approximately one quarter of all children in the NSW CPS are Aboriginal), the figure is 20 per cent; this is on par with their representation in the general population at 24 per cent (ABS, 2007).

According to DHS' MSU (2007), the main groups in the CPS include Arabic speaking, Vietnamese, Pacific Islander, and Greek children. The newly emerging African community are 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 NSW²⁰, it is likely that similar processes underlie their (over-)representation in the CPS. According to the mostly international research in the UK and USA (e.g. Chand & 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 CPS²¹; and
3. Higher representation in the CPS occurs because of culturally inappropriate or insensitive service delivery. The implication of this hypothesis is that

²⁰ 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 (Jimenez 2006; Brissett-Chapman 1997) and American Indian/Alaskan Natives (Futa, Hsu and Hansen 2001).

²¹ 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.

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 or protection 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;
- 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

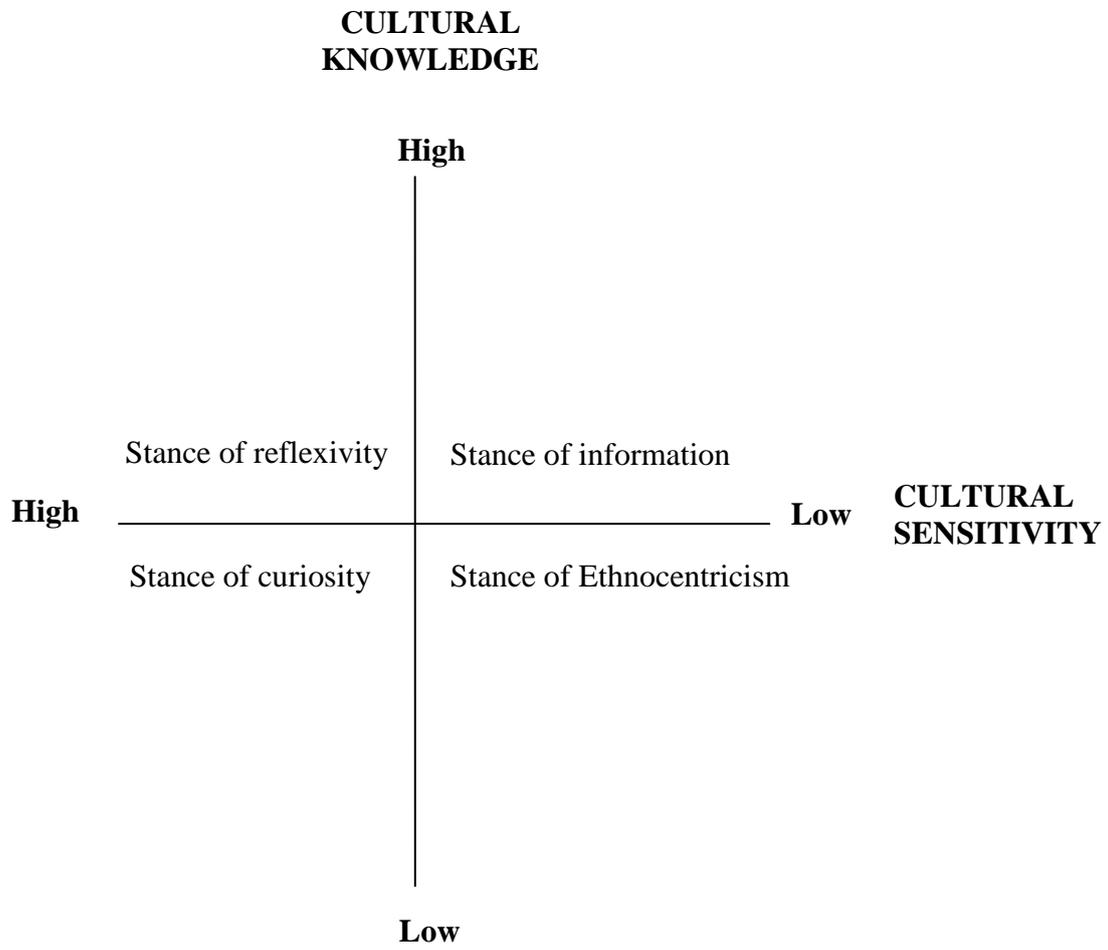
In addition to being aware of general challenges that are typical to migrant families, it is also important for caseworkers to be aware of the kinds of issues and challenges CALD children and families may perceive or experience after they have entered the CPS. Although these issues may be commonly understood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

1. Common issues for CALD children and families in relation to child protection issues and the system:
 - Lack of awareness about DHS and their statutory power;

- Fear of authority because of past experiences with DHS 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:
- Considering 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.

To help develop their cultural awareness, sensitivity, and competency, caseworkers can use the following figure (see Figure 1) proposed by Lee & Greene (2003) to help them self-reflect on their approach to cultural diversity and child welfare.

Figure 1: Stances of cross-cultural learning (Lee & Greene, 2003)



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 & 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 & 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 & Graham, 2001). In the Middle East, the child is seen as the crucial link between generations particularly sons (Makhoul, Ghanem, & 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 & Kemp, 2006). The avoidance of shame and maintaining the family's reputation is a powerful determinant of behaviour in Samoa and Tonga (Suaalii & Mavao, 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 & Mavoa, 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 & 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 & 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 & 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 & 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 & 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 & 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 & 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'²² 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, New Zealand, 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. Legal changes over the last thirty years in Australia have arguably lead to decreases in physical punishment and an increase in awareness of alternative forms of parenting and disciplining.

²² DHS, on the other hand, generally have a practice/policy of 'zero tolerance' on any form of physical punishment.

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 study, these kinds of challenges were 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 were categorised according to the three-tiered system of culturally appropriate family and relationship service delivery proposed by Sawrikar & 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;
 - 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 DHS 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;
- Routinely collect data and monitor 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 Affairs²³ (1998) has also developed the 'Good practice guide for culturally responsive government services'²⁴.

However, NSW DHS 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*²⁵, (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 program²⁶ and Youth Partnerships with Pacific Islanders communities (YPPIC)²⁷; have provided two sets of training to all metropolitan and select non-metropolitan DHS 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 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.

²³ DIMA is now known as the Department of Immigration and Citizenship (DIAC).

²⁴ <http://www.immi.gov.au/about/charters/pdf/culturally-diverse/practice.pdf>

²⁵ http://www.community.nsw.gov.au/DHSwr/assets/main/documents/oohc_cald.pdf

²⁶ http://www.community.nsw.gov.au/DHSwr/assets/main/documents/adoption_muslim_broch.pdf

²⁷ http://www.community.nsw.gov.au/DHSWR/assets/main/documents/funding_policy.pdf

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).

2.4 Discussion and conclusion

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 & 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.

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 DHS 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 (see Appendix A).

3 Stage 2: Case file review

3.1 Aims

There were six aims of the case file reviews (Stage 2). These were to explore:

1. The types of abuse and neglect reported for CALD, Indigenous, and Anglo Saxon families;
2. The types of issues reported for CALD, Indigenous, and Anglo Saxon families;
3. The types of strengths reported of CALD, Indigenous, and Anglo Saxon families;
4. The types of issues children and families of CALD, Indigenous, and Anglo Saxon background report with DHS;
5. The types of assistance DHS provide and examples of (culturally) appropriate and inappropriate practice with CALD, Indigenous, and Anglo Saxon families; and
6. Personal, organisational, or institutional barriers to culturally appropriate practice.

3.2 Method

Designing and validating the Thematic Template

Across 10 DHS Community Service Centres (CSCs), 120 case files (20 per group: Chinese, Lebanese, Pacific Islander, Vietnamese, Indigenous, and Anglo Saxon) were reviewed against a Thematic Template. This Template was informed by the literature review (Stage 1) and was validated by five DHS caseworkers. The Thematic Template covers six broad themes or aims (see Section 3.1).

Selecting the case files

To select the case files, a number of decision rules were followed. Firstly, 10 CSCs with high numbers of children from the original five target CALD groups (Greek, Lebanese, Pacific Islander [Samoan and Tongan], Vietnamese, and Chinese) and/or Indigenous and Anglo Saxon children were selected. These were:

- *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.

Secondly, DHS' Information Management Branch (IMB) generated a list of all case files in these 10 CSCs, extracted from the KiDS database. This list was then narrowed according to 'Secondary Assessment Stage Judgment and Decision'²⁸ (SAS 'J' and 'D') Level 2, and whether the case was either open or closed within the previous 12 months. This was to ensure that significant intervention and service provision with cases had occurred, thus making the reviews more substantial.

Based on these criteria, a list of 1747 possible CALD case files, and 738 possible Anglo Saxon and Indigenous case files was generated. The requested information for each of these files included the following²⁹: KiDS child identifier; Age of child at contact; Gender; Indigenous status; Language other than English (LOTE); Country of birth (COB); and Case plan status (open/closed). These two lists were further narrowed again by the researcher: (i) Age of child at contact (note: an arbitrary criterion of minimum seven years old was set), and (ii) randomly selecting every third case file, starting the count alternatively from either the top or the bottom of each list, for each of the 10 CSCs.

Using these decision rules, a shortlist of approximately 40 to 50 case files per CSC was created, to ensure sufficient over-sampling without fatiguing the caseworkers and/or case managers who would be required to manually verify the ethnicity of these case files. The 10 shortlists for each CSC were then sent to the nominated contact person at each CSC, and they were required to personally validate the ethnicity of the child. In total, the ethnicities of 400 case files across the 10 CSCs were sent via email to be manually verified. The case manager (or caseworkers to whom they had outsourced the task) manually verified the ethnicity of the case files, either by checking the KiDS database, consulting with the family's case worker, or by referring to information in their file. They were also asked to indicate whether the child was in CP or OOHC if this information was easily attainable, and to flag any other information if they wished.

Based on all the information that was returned, and to ensure methodological rigour, an equal number of 20 case files per target cultural group were selected. The final distribution of case files selected in this study by CSC is described in Table 2.

²⁸ 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 Judgment and Decisions records are approved by Manager Casework or other delegated officer'.

²⁹ Not all of these data fields were complete, especially 'Language other than English' (LOTE) and 'Country of Birth' (COB). Also, all names of children were specifically not included.

Table 2: Number of case files by CSC

CSC	Chinese	Lebanese	Pacific Islander	Vietnamese	Aboriginal	Anglo Saxon	Total (%)
Auburn	3	4	4	2	2	0	15 (13)
Fairfield	4	0	2	9	0	0	15 (13)
Mt Druitt	0	0	3	0	3	3	9 (8)
Bankstown	1	8	3	2	1	0	15 (13)
Campbelltown	0	0	4	0	2	4	10 (8)
Blacktown	1	0	2	0	3	4	10 (8)
East Sydney	3	0	0	1	1	5	10 (8)
Lakemba	1	4	2	6	1	0	14 (12)
St George	6	4	0	0	2	0	12 (10)
Charlestown	1	0	0	0	5	4	10 (8)
Total	20	20	20	20	20	20	120 (100)

Methodological limitations

While a sample size of 20 per cultural group is sufficient for gaining some initial insights and understandings about how culture is addressed by caseworkers in the field, both generally and for each CALD group, this sample size is in no way representative of what occurs in the general population of these groups. As such, the results in this study simply pertain to sample characteristics and should not be used as the basis for broader quantitative or comparative analysis *between* the cultural groups targeted in this study. These results simply provide a sufficient and relatively wide scope or range for the qualitative nature of cultural and linguistic needs identified and addressed in the CPS, and thereby allow for saturation of themes but not for quantitative cross-cultural comparisons in whether statistically significant differences between groups occur.

Larger-scale longitudinal research in the future is necessary to investigate if there are trends in the frequency of abuse or neglect for each cultural group over time, and cross-sectional research is necessary to explore whether there are significant differences in the frequency of abuse or neglect cross-culturally. However, such quantitative research would need to take into account the issues associated with emic versus etic research (see below). Indeed, it is to overcome such methodological issues, that this study has chosen not to conduct a quantitative study but to use a mostly qualitative approach.

Also, the findings reported in this study are sparse because the quality of linguistic and culturally relevant data recorded in the case files is not particularly rich or routine. As such, there is little empirical evidence that can be ascertained to support the effectiveness or ineffectiveness of any practices or strategies that caseworkers use with their CALD groups. Indeed, the results of this study point to the paucity of good record keeping in regards to cultural and linguistic factors, and in turn, reflects that there appears to be no structured decision making guidelines for caseworkers to assess and meet the needs of their CALD clients. However, some examples of good practice were identified, and these are reported here.

Conceptual approach of thematic analysis

The four CALD groups targeted in this study were selected because they have some of the higher representations compared to other CALD groups (MSU, 2007), and Indigenous and Anglo Saxon families were selected as two reference groups by which to compare the needs and experiences of CALD families. However, in any cross-cultural research, the issue of whether to use an emic or etic approach to interpret the findings underpins the validity of the results.

An emic approach is relativist and represents the view that culture is unique only to members of that group, and as such the same characteristics cannot be used to understand members of another group. In other words, culture is seen as qualitative in its nature and so different groups cannot be quantitatively compared as if that cultural characteristic were relevant to the two or more groups that are of interest in the comparison. The benefit of this approach is that the characteristics used to understand one cultural group are not imposed on another to understand their needs and experiences; each group is treated as unique and non-comparable. In this way, errors in judgments about whether one group is 'lower' or 'higher' on some characteristic, as if that characteristic were even applicable to the two groups, can be avoided. The problem with this approach, however, is that without some benchmark by which to judge any differences between groups, some groups may experience poorer opportunities or outcomes that may go unnoticed or unaddressed.

An etic approach addresses this issue because it assumes that the characteristics on which various cultures are being compared are applicable to all groups, and so such an approach can highlight where there may be a lack of parity in the quality or quantity of the service that that group receives compared to another. The risk of this approach is that a set of characteristics are used to understand a culture and their needs, but it is not appropriate to do so because it is not relevant. At worst, it can reflect judgments about how a culture may be 'lacking' in some characteristic compared to another because it deviates from their position on the 'chart'. As both approaches represent opposite ends of a methodological dilemma for researchers, it is important that both approaches are used and in a way that maximises their benefits and minimises the risks associated with each of them. As such, this study thematically analysed 120 randomly selected case files in two ways.

The first explored *within-group* diversity, consistent with an emic approach, to understand the unique needs and experiences of each of four target CALD groups. These groups are Chinese, Lebanese, Pacific Islanders [Samoan and Tongan], and Vietnamese. These four groups were selected because they comprise some of the higher CALD groups represented in the CPS³⁰. In addition to acknowledging the

³⁰ Originally, Chinese children and families were selected as a point of comparison with the other three CALD groups because it was anecdotally thought they are a CALD group under-represented in the CPS (Multicultural Services Unit, 2008). As such, a comparison between how the needs, and experiences of CALD groups over-represented in the CPS, could be compared with that of a group under-represented in the CPS. However, this study does not have empirical evidence to suggest that they are indeed an under-represented group, and as such, their needs and experiences will simply be explored *within* the case files selected from Chinese children and families (rather than *between* Chinese case files compared with the other CALD case files).

unique needs and experiences of each of these groups, this approach does not group these highly differentiated cultures together as if their needs in the CPS are homogeneous. Often a number of CALD groups are combined in research due to small sample sizes of each CALD group in the study. To address this, this study used an equal and sufficient number of randomly selected case files per group ($n = 20$) to be able to draw some preliminary and valid inferences about the common, and range of, issues that emerge for and are unique to each of the four target CALD groups.

The second approach explored *between-group* diversity, consistent with an etic approach, to compare the needs and experiences of CALD groups (with each other and) those of Indigenous and Anglo Saxon groups. This approach makes two assumptions. Firstly, it assumes that although each CALD group is unique, they also have certain commonalities which make it acceptable or valid in research to group them together. More specifically, CALD groups typically have in common the following needs and experiences: language barriers, migration and acculturation stress, racism and discrimination, and a collectivist cultural background (Sawrikar, 2009). Importantly, if any differences between CALD and Indigenous or Anglo Saxon families emerge, it is to these (common) factors that the differences are attributed to.

Secondly, this approach assumes that even though the needs of CALD, Indigenous and Anglo Saxon families are unique, they also have certain commonalities which make it acceptable in research to compare them against each other. More specifically, they have in common the equal right to child safety and the equal right to a culturally bias-free service. In other words, all children regardless of their cultural background should be protected equally from harm, and all families have the right to receive CP services in ways that do not discount, dismiss, or downplay their cultural needs. To this end, this study has used an equal and sufficient number of randomly selected case files for both Indigenous and Anglo Saxon children ($n = 20$ per group) to be able to draw some preliminary and valid inferences about whether children from CALD groups receive a comparable and culturally appropriate child protection service.

3.3 Sample characteristics

Case file size

In total, there were 120 case files selected for the review. The average number of volumes per case file was 3.3, and the range of volumes per case file varied from one to 17. As recent case files often contain summary information about previous case files, only the first three most recent case files were reviewed across all 120 cases where more than three volumes. This was considered to be a time-effective approach that was also consistent in application.

Place in child protection system

The majority of case files reviewed were of children currently in child protection (CP; 57 per cent), however a smaller number were either in out of home care (OOHC³¹; 10 per cent), the early intervention program Brighter Futures (BF; 4 per cent), in the

³¹ Refer to Burke, S. & Paxman, M. (2007). "Children and Young people from Non-English speaking backgrounds in Out of Home Care in NSW", *NSW Department of Community Services*, for more important information on the needs and experience of NESB families in OOHC.

process of restoration³² (5 per cent), or the case was closed (24 per cent) and retrieved from archives for the review.

Gender and age

Of the 120 case files, 62 (51.7 per cent) were male, thus the sample is representative overall. The children's ages ranged from one to 19 years³³, with an average of 11.7 years (SD = 3.8, n = 120). The ages of the natural mother varied from 17 to 60 years, with an average of 38.3 years (SD = 8.4, n = 76). Finally, the ages of the natural father varied from 27 to 67 years, with an average of 42.6 years (SD = 9.4, n = 39).

Disability

Across all the 120 case files, there were 13 children or their siblings recorded as having a disability in the family file. These included: Down syndrome, autism, Asperger's, learning difficulties, and intellectual disability.

Household size

Where reported, the number of children in the household varied from between one and 11, with the average number being 3.6. The group with the largest average number of children in the household was Pacific Islander (Mean = 5.2), and the group with the smallest was Chinese (Mean = 2.0).

Country of birth

Of the 120 case files, 48 per cent (n = 57) were born in Australia and so are second generation Australian. For 34 per cent (n = 41), the country of birth of the child was not stated. For the remaining case files (18 per cent), the children were born overseas and thus are first generation Australian.

Mixed race

Across the Chinese, Pacific Islander, and Indigenous case files, there were 10 children of mixed race. Thus, there were no mixed race children among the Lebanese, Vietnamese, and Anglo Saxon case files

Language spoken at home

Consistent record keeping on language spoken at home was highest for Chinese families, with 16 of 20 case files (80%) having the primary language recorded either as Cantonese, Mandarin, or Chinese; in addition, two of the Chinese case files recorded that English was the primary language spoken at home. Primary language spoken at home was recorded only in 13 of 20 Lebanese case files (65%), 13 of 20 Vietnamese case files (65%), and five of 20 Samoan or Tongan case files (25%).

³² As indicated by the relevant caseworker while the researcher was on fieldwork.

³³ The age of the child, natural mother, and natural father was converted to 'years' by calculating the difference of 'DOB' (date of birth) from 31.12.2009. As such, one child was recorded as older than 18 years.

Religion

Data on religion was only recorded in 25 (20.8%) of the case files, with 10 (8.3%) recorded as Christian (other than Catholic), eight (6.7%) as Muslim, four as Catholic (3.3%), two as Buddhist (1.7%), and one as No religion (0.8%).

3.4 Results

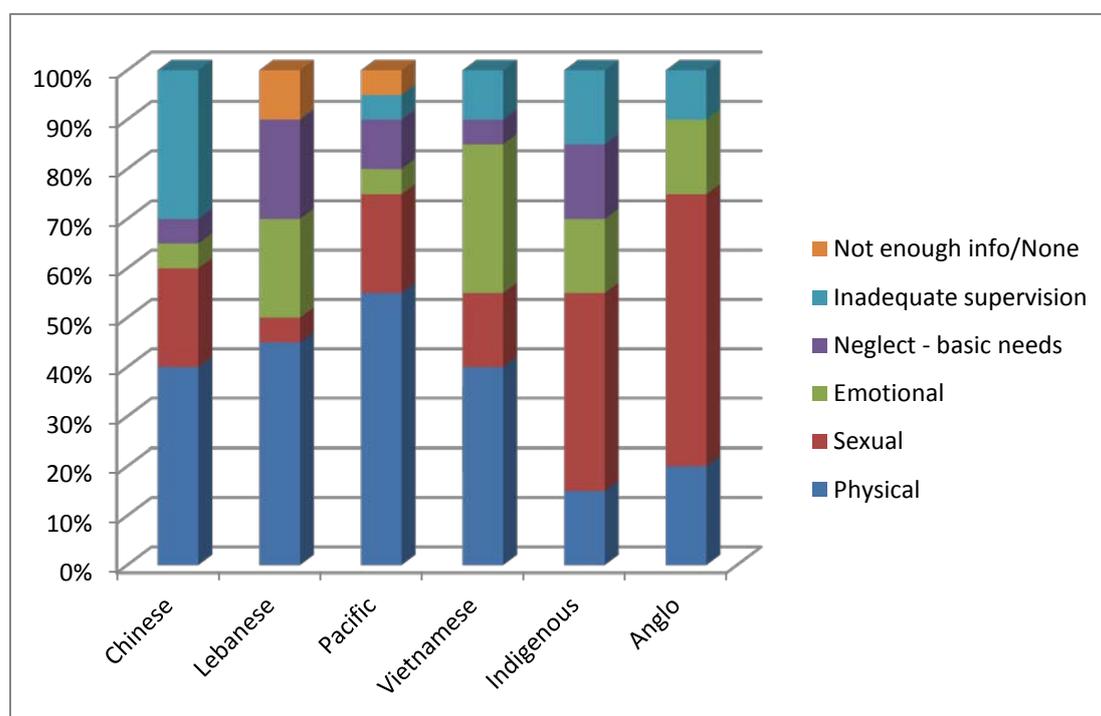
Types of abuse and neglect reported

Primary and secondary types of abuse or neglect reported

The primary type of abuse or neglect was defined as the most frequently occurring type of abuse or neglect compared to all other types reported within that case file, or the current type of abuse or neglect in cases where several types were reported and were relatively equal in their occurrence. The secondary type of abuse or neglect was defined as the second most commonly occurring type of abuse or neglect within a case file where more than one type of abuse or neglect was reported.

The data in Figure 2 (and Data Table 5) shows both the primary type of abuse or neglect across cultural groups, but also the range of abuses and neglect within each cultural group. Looking *across* the groups, physical abuse was the most common primary type of abuse for all the CALD groups, and sexual abuse was the most common primary type for the Indigenous and Anglo Saxon groups.

Figure 2: Primary type of abuse and/or neglect by ethnic group



Looking more specifically *within* each group, for families of Chinese background:

- Physical abuse was the primary type in 40 per cent of cases,
- Inadequate supervision was the primary type in 30 per cent of cases, and

- Emotional abuse and neglect of basic needs were both equally the least common primary type (five per cent).

For families of Lebanese background:

- Physical abuse was the primary type in 50 per cent of cases,
- Emotional abuse and neglect of basic needs were both the primary type in 22 per cent of cases, and
- Sexual abuse was the least common primary type (five per cent).

For families of Pacific Islander background:

- Physical abuse was the primary type in 55 per cent,
- Sexual abuse was the primary type in 20 per cent of cases, and
- Emotional abuse and inadequate supervision were both equally the least common primary types (five per cent).

For families of Vietnamese background:

- Physical abuse was the primary type in 40 per cent of cases,
- Emotional abuse was the primary type in 30 per cent of cases, and
- Neglect of basic needs was the least common primary type (five per cent).

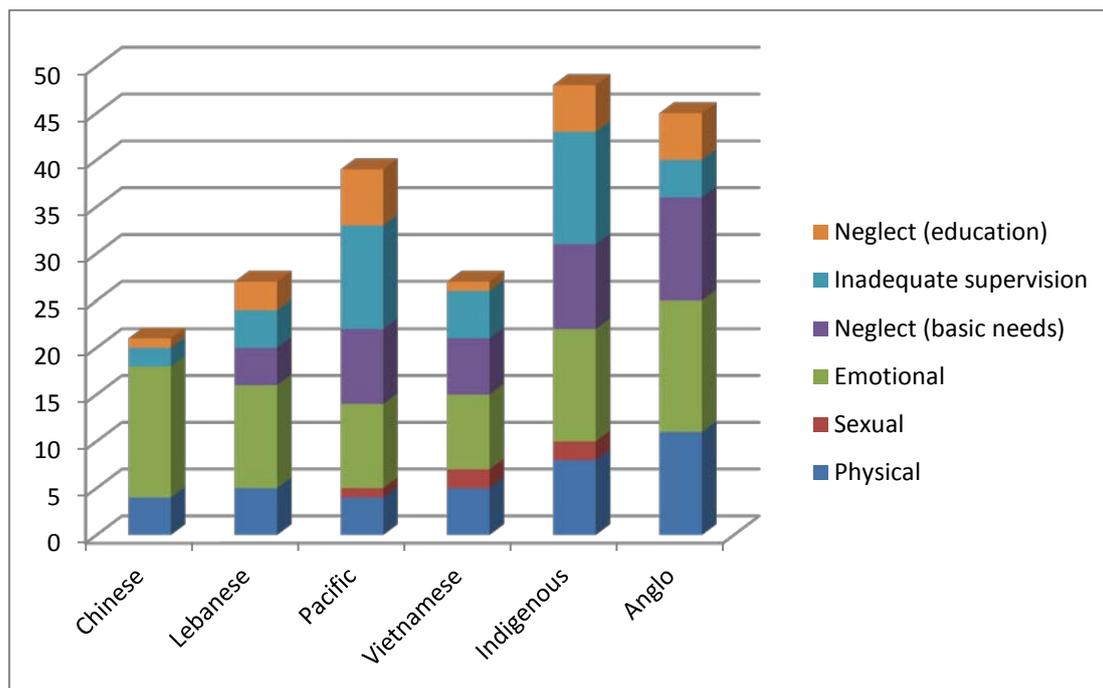
For families of Indigenous background:

- Sexual abuse was the primary type in 40 per cent of cases, and
- The other types of abuse or neglect were equally the second most common primary (each 15 per cent of cases)

Finally, for families of Anglo Saxon background:

- Sexual abuse was the primary type in 55 per cent of cases,
- Physical abuse was the primary type in 20 per cent of cases, and
- Inadequate supervision was the least common primary type (10 per cent).

Figure 3 (and Data Table 6) contains summary information on the secondary types of abuse or neglect reported across all six ethnic groups. Secondary types of abuse or neglect could be multiply counted, and as such, a percentage axis has not been used here but instead a frequency axis. The important data inferred from Figure 3 is that emotional abuse is (one of) the most common secondary types of abuse or neglect for almost all of the six cultural groups; for the Pacific Islander group, inadequate supervision was the most common secondary type.

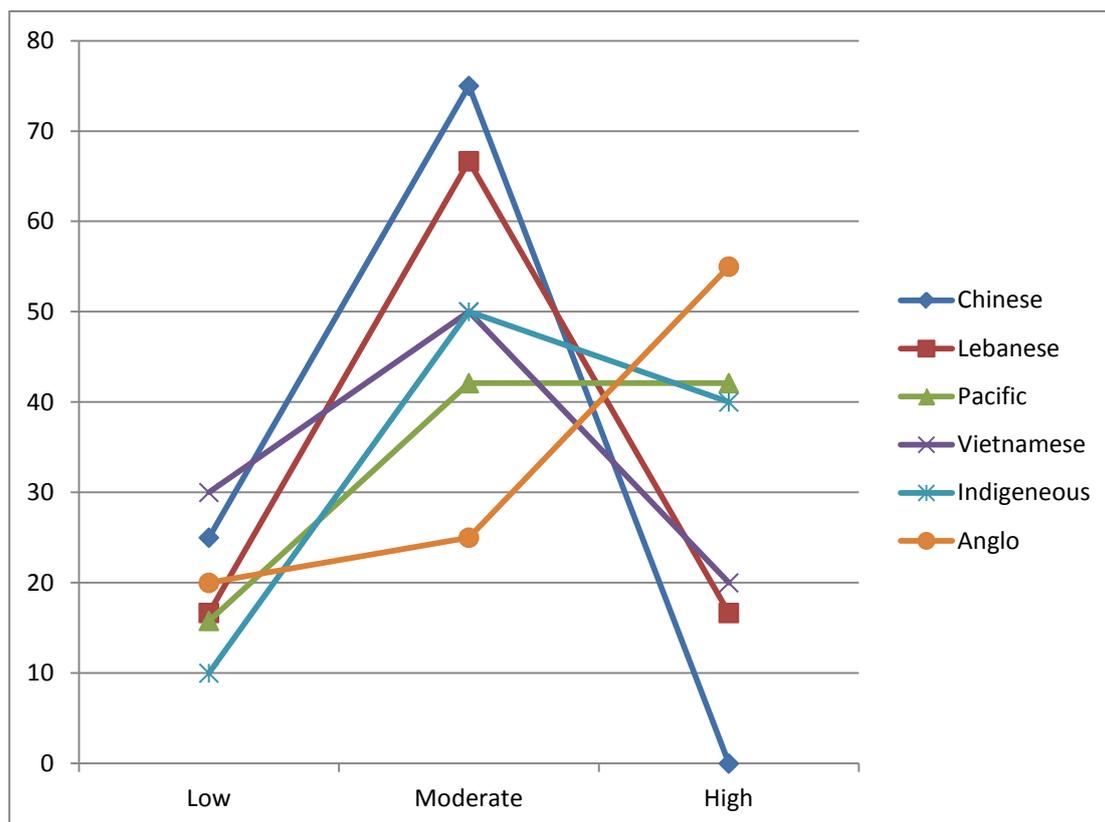
Figure 3: Secondary types of abuse and/or neglect by ethnic group

Co-morbidity of all types of abuse and neglect reported

The data on co-morbidity is related to secondary types of abuse and neglect reported; the more secondary types reported, the greater the co-morbidity. Thus, the data in Figure 3 also shows that co-morbidity is greatest for families of Indigenous and Anglo Saxon background and least for families of Chinese and Vietnamese backgrounds.

Co-morbidity was also examined in another way in this study. The number of abuses and neglect reported for each case were categorised into: (i) Low – one type of abuse or neglect reported (or ‘no co-morbidity’), (ii) Moderate – two or three types of abuse or neglect reported (or ‘some co-morbidity’), and (iii) High – four or more types of abuse or neglect reported (or ‘large co-morbidity’). This three-tiered categorisation allowed for some preliminary inferences about the extent to which children’s well-being was compromised across a range of domains for each of the six cultural groups.

As can be seen from Figure 4 (and Data Table 7), and consistent with the data from Figure 3, co-morbidity was relatively lower for the CALD groups compared to their Indigenous and Anglo Saxon counterparts. This seems to indicate that for children of CALD background, the types of abuse or neglect reported tend to be isolated to one domain of compromise to the child’s well-being, rather than being a more global compromise to their well-being.

Figure 4: Co-morbidity of abuse and/or neglect by ethnic group

More specifically, Figure 4 shows that for families of Chinese, Lebanese and Vietnamese backgrounds, co-morbidity resembles a bell-curve, with the majority of children reporting a moderate number of abuses or neglect ($n = 2$ or 3), and the remainder reporting either an isolated type of abuse or neglect ($n = 1$) or a high number of different abuses and neglect ($n = 4^+$). Within these three groups, children of Vietnamese backgrounds report the least variation, as the size of their curve is smaller than the other two groups.

On the other hand, families of Pacific Islander and Indigenous backgrounds had similar curves, and neither resembled a bell curve in the way it did for the aforementioned groups. Their curves indicate that co-morbidity is skewed toward the higher end, with a relatively equal number of reports of 'moderate' and 'high' co-morbidity for each group.

Finally, families of Anglo Saxon background had the most unique curve, with no resemblance to their counterparts. Co-morbidity for this group was neither statistically normal in the way it was for families of Chinese, Lebanese and Vietnamese backgrounds, and nor did not plateau at the moderate and higher end in the way it did for families of Pacific Islander and Indigenous backgrounds. For this group, the majority of children experience four or more types of abuse or neglect, indicating 'high' co-morbidity; fewer children of Anglo Saxon background are reported to experience only one or a few types of abuse or neglect.

These results indicate one of two possibilities. On the one hand, it could be an accurate reflection of family dysfunction, suggesting that families of Anglo Saxon,

Indigenous, and Pacific Islander background tend to experience many types of abuse or neglect, rather than just a few types, and that children of Chinese, Lebanese, and Vietnamese background tend to only experience one, two, or three types of abuse or neglect. If this is the case, then it means that caseworkers will need to be able to assess and address family dysfunction across more domains with the former three groups than the latter three.

Alternatively, it could be suggestive of a reporting bias in which, as a result of comparatively less exposure to individual variation among families of CALD groups (in turn an artefact of their smaller representation in the CPS), caseworkers are less systematic about the range of abuses or neglect that they assess for a family of CALD background. That is, because of the greater representation of Anglo Saxon and Indigenous in the CPS, caseworkers have more exposure to, and are more familiar with, individual variation among these groups. In turn, they are better able to report on a greater range of abuses or neglect that may be occurring within these families. Comparatively, when there is substantiation of abuses or neglect common to a CALD group (such as physical abuse), then there may be disproportionate attention given to this stereotypically-consistent abuse over other types that may also be occurring within that family.

Presentations among children experiencing abuse or neglect

Mental health and behavioural issues were the most common presentations for all children experiencing abuse or neglect, regardless of their cultural background. However, children of Lebanese and Indigenous background reported the highest number of behavioural issues (relative to the other issues they each presented with), and children of Chinese and Vietnamese background reported the highest number of mental health issues (relative to the other issues they each presented with). Other presentations across all groups included runaways, criminal activity, sexualised behaviour and health issues.

Types of issues reported

Across the four CALD groups, a range of possible causes, and issues associated with, abuse and neglect were reported. Any of these can impede upon a parent's ability to protect their children from harm, or affects the way in which a parent perceives they are protecting their children from harm. In this study, these issues were categorised into three groups – (i) cultural, (ii) migration-related, and (iii) generalist.

The aim of this three-tiered approach is not only to help caseworkers understand all the possible types of issues that may affect a family of CALD background, but to also help them differentiate between cultural factors, factors that are unique to CALD-background families but are not actually cultural, and non-cultural factors. Sub-themes within these three tiers can include:

(i) *Cultural;*

- Gender issues,
- Family privacy, and
- Intra-familial differences in cultural norms,

Issues relating to the nexus of gender and culture were cited for families of Chinese, Lebanese, and Pacific Islander backgrounds. The cultural norm of keeping family matters private from external agencies was common to all four CALD groups.

(ii) *Migration-related stressors; and*

- Language issues,
- Lack of family support/social isolation,
- Intergenerational conflict,
- Financial issues, and
- Fear of deportation,

Language barriers were cited for all four CALD groups, but most commonly for families of Vietnamese background. Lack of family support/social isolation and intergenerational conflict were also common to all four CALD groups.

(iii) *Generalist;*

- Domestic violence (DV),
- Mental health (MH) issues in the carer,
- Alcohol or drug (AOD) issues,
- Homelessness and housing needs,
- Financial needs (not related to migration stress),
- Gambling,
- Criminal activity, and
- Conflict with parents (not related to acculturative stress).

Generalist issues are common to all families regardless of cultural background. Thus, it pertains to CALD-background families, as well as families of Indigenous and Anglo Saxon background. Domestic violence was the most common issue for families from all six cultural groups. Mental health issues in the carer were the next most common issue for families of Chinese and Lebanese background; homelessness was the second most common issue for families of Pacific Islander background; and alcohol or drug issues were the second most common issue for families of Vietnamese, Indigenous and Anglo Saxon background.

In addition, there were a relatively larger number of intra-familial and intergenerational explanations for abuse or neglect for children of Anglo Saxon background compared to children of CALD background. This may indicate a bias toward psychological rather than cultural analysis of that child's needs and experiences.

In summary, not all issues for CALD families are cultural. Table 3 contains a summary of characteristics and issues to help clarify what may be considered cultural and what may not. This is to help caseworkers distinguish between these, so that one is not mistaken for another. The cultural characteristics that have been listed here are those that are typically inherent or definitive of collectivist cultures; those that consider the family more to be the unit of society, compared to individualist cultures that more consider the individual to be the unit of society. Importantly, any of the issues listed as 'not cultural' may still be influenced by and entwined with cultural factors, and it is this which causes complexity in CP work in a multicultural populace. Caseworkers need to distinguish the parts that are cultural from those that are not to be able to best understand and meet the needs of their CALD-background clients.

Table 3: Distinguishing cultural from non-cultural factors

What is cultural?
Vale for family privacy
Value for family cohesion
Value for saving face and protecting family name
Hierarchical parent-child relationships (explicit and socially acceptable/valued power differences)
Value for scholastic achievement
Norms on emotional expressiveness <ul style="list-style-type: none"> ○ <i>Some cultures are Apollonian:</i> valuing moderate/modest expression of emotion ○ <i>Some cultures are Dionysian:</i> valuing relatively more extreme expression of emotion
Norms on differential treatment for male and female children <ul style="list-style-type: none"> ○ <i>Within-group variation expected:</i> some CALD groups will condone more harmful parenting behaviours for girls over boys
Use of religious practices to address family dysfunction
Value for physical disciplinary punishment
Value for assigning domestic responsibility to the eldest child and at ages typically younger than their individualist-counterparts



What is not cultural?	What could this be?
Language barriers	<i>Acculturative issues:</i> occur only in CALD groups but are not cultural issues; have occurred only because of (history of) migration
Intergenerational conflict	
DV	<i>Generalist issues:</i> occur in all cultural groups
MH issues in the carer	
AOD	
Physical abuse (without disciplinary intent)	<i>Generalist and/or socio-economic issues:</i> occur in all cultural groups
Emotional abuse	
Sexual abuse	
Neglect (of basic needs, medical neglect, and adequate supervision not related to cultural factors)	
Behavioural issues	<i>Generalist issues:</i> patterns may be normalised within a cultural group because of cultural factors
Mental health issues in the child	
Homelessness	<i>Socio-economic issue:</i> especially in larger-family cultures
Conflict with parents (that is developmental but not acculturative)	<i>Generalist issue:</i> occur in all cultural groups
Gambling and financial issues	<i>Generalist issues:</i> patterns may be normalised within a cultural group because of cultural factors

Types of strengths reported

Although there were a number of reports indicating that families of CALD background were not willing to engage with DHS or other services, there were also many reports of families that were willing to engage with external or extra-familial services. This strength should be recognised and acknowledged by caseworkers, as breaching the cultural norm of family privacy – keeping family matters private – and seeking external help, will have likely been a difficult process for them.

Some caseworkers reported children's and parent's resilience through hardship as a strength. This is important to recognise as the experience of trauma can build personal resources such as coping with uncertainty or stress. Indeed, the resilience children who have experienced abuse or neglect would have built as a result of trauma should not be under-estimated or over-looked. This is similarly true of refugees who are exposed to and have typically experienced extreme conditions.

The availability of extended family and community support was also cited as a source of strength for families of CALD background. This was especially pertinent for families of Lebanese, Pacific Islander, and Vietnamese backgrounds. Support from church groups was also noted for families of Pacific Islander background. Importantly however, although family and community are a crucial form of support for families of CALD background, it is not always (readily) available and may be withdrawn if the 'family name' is tarnished by knowledge in the community that DHS is involved with that family.

CALD families' efforts to preserve their cultural heritage were also reported among families of all four CALD backgrounds. This is an important source of strength because preservation of culture can help children and families adapt and balance two cultures and thus affirm a sense of group belonging.

Finally, children of CALD background were also observed and acknowledged for their attachment behaviours. This strength – secure attachment behaviours – was the most common type of strength reported for children of Anglo Saxon background, suggesting that family- and community-level sources of strength are less closely observed for this group compared to CALD-background families. Children of Indigenous background were most often acknowledged for type of attachment and cultural preservation.

Types of issues families report with DHS

Families regardless of cultural background reported two main issues with their experiences with DHS: (i) frustrations, sadness, disappointment, dissatisfaction, or disempowerment as a result of children being removed, and (ii) negative experiences in the foster care system. Lack of awareness or understanding of the role and (statutory) power of DHS was especially noted across the CALD-background case files. Instances of culture clashes between 'child-centred' CP practice and collectivist 'family-centred' values in families of CALD backgrounds were also noted. Importantly, the trauma of removing children is comparable for all children and families, regardless of their cultural background. However, the protective strength of family cohesion that is valued and offered in collectivists families should not be overlooked in CP assessments and practice as a cultural strength.

Types of assistance received and examples of (culturally) in/appropriate practice

DHS provided financial assistance as well as services in the form of (personally and culturally appropriate) referrals and recommendations. Importantly, the results seem to indicate that there is parity in terms of the amount or frequency of financial assistance (e.g. paying for camps for children to attend, and temporarily assisting with housing costs, etc), provided to families from the six cultural groups; no cultural group seemed to systemically receive more or less financial assistance than another. This is an important and positive finding.

In this report, culturally appropriate practices were grouped into three main forms. These were: (i) consultation with multicultural caseworkers, (ii) culturally appropriate analysis for families, and (iii) culturally sensitive engagement with families.

While some cases recorded that they had consulted with multicultural caseworkers, and not only for language needs but more importantly, to help distinguish between 'normal and non-harmful cultural practices' from 'normal and harmful cultural practices', such recordings were surprisingly un-routine. This suggests that greater, more systematic, consultation with multicultural caseworkers is required. However, it could also reflect a reporting bias, and while consultation with multicultural caseworkers occurs in the field, it is simply not routinely recorded. Nonetheless, efforts to understand and appropriately engage with cultural factors need to be part and parcel of CP service delivery with families of CALD background, and case file notes should accordingly reflect this.

Culturally appropriate analysis occurred when caseworkers explored possible cultural factors that could be influencing the occurrence and manifestation of abuse or neglect, and then appropriately apportioned child welfare concerns with the child and family's cultural needs. In some cases, this may involve not meeting cultural needs at all and simply meeting child welfare needs because it is appropriate to do so. However, this assessment still occurred after possible cultural factors were explored. Thus, the importance of culture was not overlooked, downplayed, or underestimated during any assessment and decision-making stages.

Overarchingly, culturally sensitive engagement reflected respectful face-to-face contact with families of CALD background. This respect can be demonstrated in a number of ways, for example, offering a comprehensive range of (culturally and linguistically appropriate) services, explaining Australian law regarding the acceptability of physical punishment and age-appropriateness of leaving children unsupervised, using CALD-background or multicultural caseworkers to explain CP policy and practice in Australia, demonstrating awareness of the importance of preserving the culture of origin, and suggesting culturally appropriate placements for children (such as kinship care).

Although the provision of financial aid was proportionate to the needs of the family, (and as such, why systematic cultural differences were not observed), there were instances where culturally inappropriate assessment or engagement occurred, and it is this which compromises parity in the receipt of CP services for families of CALD background compared to their Indigenous and Anglo Saxon counterparts. In other words, providing culturally inappropriate services (due to a lack of awareness of their specific cultural needs, for example), compromises equality in service delivery.

Although there were far fewer examples of culturally inappropriate practices found in the case file reviews, they were categorised in this report into three possible types: (i) over-intervention, (ii) failure to understand or meet cultural needs, and (iii) provision of culturally inappropriate services.

Over-intervention was defined as the perceived excessive intrusion by DHS in terms of quantity, but not in terms of the nature of the intervention. On the other hand, failure to understand or meet cultural needs was seen as having less to do with the amount of intervention and more to do with the type. That is, services or assessments that would be culturally appropriate were not provided or used. Finally, the provision of culturally inappropriate services is differentiated from the second type in that a service or assessment was provided or used, but it imposed a cultural context that was not relevant for that child. This occurs when caseworkers attempt to change the cultural norms or values that underpin a harmful parenting behaviour instead of focusing on the harmful parenting behaviour itself, and such intervention is seen as culturally inappropriate.

Personal, organisational, or institutional barriers to culturally appropriate practice

Personal barriers to good practice were identified, and included for example, families who required an interpreter but refused one, the time-intensive cost in the use of interpreters, a lack of willingness to engage with DHS or other services, and CALD caseworkers projecting onto or over-identifying with their CALD families. Resource constraints were identified as a barrier to good practice and pertained mostly to staff shortages. Thus, they affected all six cultural groups equally. However, there were three pertinent institutional barriers that were identified for families of CALD background.

The first was lack of protocols on how to record the ethnicity of a child in case file notes. It is recommended that children are recorded as follows: “Child is of [name of ethnic³⁴ group] background”. In this way, cultural issues are not ‘boxed’ as those belonging to their culture of origin, but more accurately reflects that cultural issues for children of CALD background in Australia emerge as a result of being (visibly) different from the majority. That is, culture is an issue for families of CALD background *because* they are different from ‘the mainstream’, and not because there is something inherently defunct about their culture³⁵.

The second issue was the common occurrence of caseworkers reducing cultural issues to language ones. For example, reports said, “Cultural issues: Mandarin interpreter required”. The need for an interpreter is not a cultural issue but a language one. This

³⁴ The word ‘ethnicity’ encompasses all of the following: race, culture, language, and religion (O’Hagan, 1999).

³⁵ To make the point in reverse, a family of Anglo Saxon background living in China and who is parenting in a harmful and unlawful way should not be seen as a representative of a “harmful culture”. To do so, is to rely on a negative stereotype, which in turn forms a necessary basis for racism. Culture only becomes an issue for Chinese caseworkers working with this family because they are different from their ‘mainstream’ and not because Anglo Saxon culture is inherently harmful.

suggests that there is a systemic lack of understanding for what constitutes “cultural issues” for families of CALD background, and warrants structural change in terms of training and resource provision. This may be especially so for caseworkers in areas with both high and low density CALD populations. These are geographic areas in which there is risk of reducing cultural issues to language ones in an effort to save the already constrained resource of time, or because of a failure to understand individual variation in the way culture and abuse may be entwined for members of an ethnic group.

The third issue was the also commonplace reporting of cultural issues as “Not Indigenous” or “Not Applicable”. Again, both of these are examples of culturally inappropriate practice with families of CALD background. Such reports demonstrate a systemic bias in the way cultural needs for families of CALD background are met, with issues of cultural sensitivity and awareness being seen as disproportionately more important for Indigenous but not CALD families.

Importantly, although the caseworker in the frontline delivery of services plays the most crucial part in cultural appropriateness, their ability to affect change for *all* CALD families requires organisational and institutional support. Thus, the bulk of the responsibility for the delivery of culturally appropriate service delivery to CALD-background families does not rest on caseworkers in the field. Responsibility for the delivery of culturally appropriate services needs to be equally spread across the three tiers of DHS caseworkers (personal-level), DHS case managers and CSCs (organisational-level), and DHS Head Office (institutional-level).

Caseworkers are responsible for culturally respectful and aware engagement with CALD-background families. Organisations are responsible for providing up-to-date training and resources on ways to improve cultural knowledge responsive to local needs, and for having caseworkers of CALD-background in management positions to provide culturally appropriate supervision and advice on the needs of CALD-background families (especially in high-CALD density areas). Head Office is responsible for ensuring that data fields on ethnicity are routinely collected³⁶ as a demonstration of their awareness that monitoring the prevalence of CALD-background children in the CPS is a form of ethnic equality³⁷, for promoting the necessity of consulting with multicultural caseworkers as part of routine practice, and for routinely engaging with CALD-background communities to help offset their systematic entry into the CPS because of a lack of understanding of CP laws and the system.

Resource sheets and General Model of service delivery for CALD groups

The results of Stage 2 were used to develop brief ‘Resource Sheets’ for each of the four target CALD groups, which caseworkers may use as part of their training and development in cultural awareness, sensitivity, and competency (see Interim Report 2

³⁶ As of July 2009, ‘ethnicity’ is now a mandatory field to collect on the KiDS database. Thus, institutional change toward the monitoring of ethnic equality is already in effect and moving in a positive direction.

³⁷ This is analogous to collecting data on the sex of a child as way of demonstrating equal value for, and an ability to respond to the unique needs of, both sexes; and thus, gender equality.

for these). The findings from Stage 2 were also used to build on the ‘General Model’ of service delivery for CALD children and families in the CPS, originally proposed in Stage 1 (see Appendix B).

3.5 Discussion and conclusion

There are many similarities between children and families of CALD, Indigenous and Anglo Saxon background in the CPS. For example, all children from these backgrounds experience mental health and behavioural issues as a result of abuse and neglect; emotional abuse is the most common secondary type of abuse for children from almost all of these groups; and domestic violence is the most commonly occurring issue for all these families.

There are, however, differences as well, and it is important that caseworkers are aware of such differences so that they do not provide a ‘colour blind’ approach. While such an approach may have the intention of providing equal service provision, failure to understand unique cultural needs will not produce the intended outcome. It is by knowing, both, how groups are similar and different, that each group will receive a tailored but comparable service to another.

Such professional and personal knowledge is built with time and experience. In addition, the nature of CP work makes it a necessity to determine a ‘bottom line’; that is, a completely relativist approach to multicultural CP practice is undesirable because then there is a risk that some children may not be protected from harm in the name of ‘respect for cultural practice’. Thus, it is important that caseworkers are given ample information from the outset of their work practice to help them understand and navigate the complexity associated with the delivery of CP services to families from such a diverse range of cultural backgrounds in NSW. This study aimed to meet this need by identifying some of the most important distinctions between families of CALD, Indigenous and Anglo Saxon background.

Physical abuse is the most common primary type of abuse among families of CALD background, and sexual abuse is the most common primary type among families of Indigenous and Anglo Saxon background. Caseworkers need to be cognisant of the cultural contexts that may bring about each of these primary types of abuses.

Part of why physical abuse is so common for these four CALD groups is that physical punishment is generally regarded as *acceptable* in their cultures of origin. There are two main cultural values that underpin this harmful parenting practice, and which parents from these CALD backgrounds may use to justify or defend the use of physical punishment.

The first cultural value is of raising ‘good’ children through the use of physical discipline; in line with the notion ‘spare the rod, spoil the child’. Thus, their intention is not to cause harm for harm’s sake, and they need to be differentiated from parents who do. While all factors within the holistic context of that family need to be considered for the best possible assessment of the needs of a child and engagement with their family, a general heuristic could be that parents who do not intend to cause harm should be educated on the difference between ‘a good intention but harmful outcome’ and ‘a good intention with a good outcome’ for the child (for example, by suggesting alternative parenting strategies to achieve the same outcomes they desire

of their children that would be intended with the use of physical punishment). Generally, removing children from parents who do not intend to cause harm is unlikely to be helpful or appropriate practice, as the trauma of being removed from the family, and possible negative experiences in the foster care system, will only exacerbate rather than contain the issue in need of fixing/intervention.

Importantly, this culturally-determined cause of physical abuse is not exclusive to CALD-background families, and occurs among Indigenous- and Anglo Saxon-background families as well. However, that physical abuse was not the most common primary type of abuse for Indigenous- and Anglo Saxon-background families may likely reflect that physical punishment³⁸ has been illegal in Australia for several decades.

The second cultural value which may underpin the use of physical punishment, and which is unique to CALD-background families, is for high scholastic achievement (especially among families of Chinese and Vietnamese backgrounds). Among families of CALD background, who are typically collectivist (and thus a value for the family unit is relatively higher than value for individuation), educational achievement is highly prized because it is a pathway toward high social standing in the community. That is, it contributes to the 'name' and 'face' of the family. Failure to secure a highly respected position in the community may lead to social isolation. As a (visibly different) migrant family in Australia, the desire to protect social standing may arguably be greater than in their country of origin, as a way of avoiding the social isolation they may already feel as (inferior) 'guests' in a 'host' country (that is, social exclusion, racism or discrimination).

Again, all factors need to be considered for a family, but generally, if educational pressure from parents is the cause of physical abuse, it is important that caseworkers do not disrespect this cultural norm or value which is underpinning the harmful behaviour (as such intervention may be construed as a judgement about their culture or an attempt to assimilate them into 'mainstream' culture), and instead to focus on changing the harmful behaviour itself, as part of their job to protect all children from harm. Suggesting alternative, non-harmful, strategies to replace physical punishment is culturally appropriate. Attempting to change the value for education that the parent has is not culturally appropriate. (Some CALD-background parents may also have high academic expectations as a pathway to securing economic stability and standing, especially if this was an important reason underlying their migration to Australia. However, this is seen as a migration-related issue that is exacerbating a cultural one, and intervention should be proportionate to the two contributing causes of physical abuse in that family).

For families of Indigenous and Anglo Saxon background, the prevalence of sexual abuse is unlikely to be explained by cultural factors, in the way physical abuse can be explained by cultural factors, because neither of these cultural groups (as with any

³⁸ In NSW, the law forbids any form of physical chastisement which leaves a mark, involves an implement or involves striking a child on the head.

cultural group) considers this form of abuse as *acceptable*³⁹. However, it is a form of abuse that has become (statistically) *normalised*, perhaps through the intergenerational transmission of trauma. If this is true, CALD-background families have relatively less historical presence in the CPS and thus the intergenerational transmission of trauma relating to sexual abuse has not yet become entrenched. Alternatively, there could be a reporting bias, and the occurrence of sexual abuse among CALD-background families is being systematically under-reported.

Families of CALD background also uniquely experience migration-related issues, such as language barriers, lack of extended family support and associated social isolation, and intergenerational conflict. It is important caseworkers understand that even though these experiences are unique to CALD-background families, they are not *cultural* issues. Instead, they reflect *acculturative* issues; problems or barriers that are a result of migration, and would not otherwise occur in their country of origin. Importantly, intergenerational conflict for families of CALD background compared to their Indigenous and Anglo Saxon counterparts is marked by both developmental stress – ‘normal’ clashes between parents and adolescent children – and acculturative stress – clashes between parents and adolescent children who are each balancing and integrating two cultures in their own generational way.

While the personal attachment between a parent and child of any cultural background is the most important aspect for caseworkers to observe as the basis for assessing risk of harm and making decisions (such as regarding possible restoration), the cultural strength of family and community aid and cohesion should not be overlooked as a protective factor for a child of CALD background. Importantly, however, this source of strength will likely be withdrawn if the community were to find out about the families involvement with DHS and so protecting family privacy through consistent reassurance of confidentiality forms part of necessary and good practice with families of CALD background.

Importantly, cultural issues for families of CALD background are not synonymous with, or reducible to, their language needs. Simply offering to provide an interpreter for a family of CALD background is not considered culturally appropriate practice; it forms but one part of good and appropriate service provision for these families. Consultation with multicultural caseworkers is necessary to ensure that service provision is neither failing to meet cultural needs nor is culturally inappropriate, and should form part of routine practice with families of CALD background. In this way, families of CALD background will receive the best and most appropriate intervention from DHS; protecting children from harm without failing to acknowledge their cultural needs and issues.

Overall, the results of this study showed that there are many examples of DHS providing and attempting to provide culturally appropriate service provision for their CALD families. This is an important and positive finding. However, by comparing their needs to two reference groups – Indigenous and Anglo Saxon – two important

³⁹ In other words, it is important that caseworkers do not infer from this finding that Anglo Saxon and Indigenous groups are ‘sexually abusive cultures’. For something to be cultural, it needs to be acceptable, not just common.

themes emerged, and which need to be addressed by Head Office and caseworkers in the field to increase parity of service provision.

The first is the need to acknowledge that cultural needs are as important for families of CALD background as they are with families of Indigenous background (but that also, these cultural needs are unique and different for these two groups). The second is the need to acknowledge that individual needs are as important for families of CALD background as they are with families of Anglo Saxon background (and that stereotyping the needs of an individual CALD-background family compromises quality of service delivery). By acknowledging their need to be understood culturally, and yet, not ‘boxed’ by their culture, caseworkers will be more confident to report in their case files how and why they have used cultural information to assess the needs of a CALD child. In this way, caseworkers will less likely rely on one universal decision making tool across all families to make risk of harm assessments, and thus increase their accuracy on judgments about the nature and intensity of abuse and neglect within that family.

Indeed, the current systematic lack of analysis in the case files on cultural issues seems to indicate that there is no common language among caseworkers about what the needs of CALD families are; what they should be ‘on alert’ for; how they should be assessing their strengths and needs; and what might be considered culturally appropriate or inappropriate in terms of delivering services. To this end, an attempt to develop a *structured decision making template* so that the appropriate cultural needs are somewhat ‘checked off’ for families of CALD background has been designed in the ‘General Models’ of service delivery. Importantly, as each child and family are unique, this is simply a guide and not an exhaustive checklist for families of CALD background; it should be used in conjunction with other sources of support and information such as DHS’ Multicultural Services Unit (MSU), Multicultural Caseworkers, local community centres, and advocacy groups.

Conclusion

The results of this study can be used to address the need to improve caseworker’s awareness of the needs of four unique CALD groups in the CPS, in addition to the broader context of CALD families in NSW and general principles that may underlie delivery of services to culturally collectivistic and non-mainstream Australian families.

4 Stage 3: Interviews with CALD families and caseworkers

4.1 Aims

The 13 specific objectives of Stage 3 were to explore:

Typical cultural norms on parenting and family functioning among CALD families

1. Typical family norms, traditions, beliefs, and/or practices that influence the way children are raised;
2. Typical ways family issues are addressed;

CALD representation and service provision in the CPS

3. The most common CALD groups entering each CSC;
4. The most common reasons underpinning the entry of CALD groups in the CPS;
5. The most common services or practices provided for CALD children and families;

Cross-cultural service provision

6. Perceived commonalities and differences in working with CALD children and families, compared to Aboriginal and Anglo Saxon children and families;
7. How caseworkers take into account different cultural contexts for children, while adhering to one Australian child protection law;

Ethnically-matching CALD families and DHS caseworkers

8. Whether, and why, CALD families and caseworkers with CALD families, prefer an ethnic-match;

Use of interpreters

9. Examples of effective and ineffective practice with interpreters;

Examples of cultural and non-cultural in/appropriate practice

10. Examples of appropriate and inappropriate practice, culturally or otherwise;

Barriers to culturally appropriate practice

11. The extent to which caseworkers perceive personal, organisational, and/or institutional barriers impede culturally appropriate and effective service delivery for CALD families;

Improving culturally appropriate practice

12. The extent to which DHS is perceived to sufficiently address the cultural needs of CALD children and families; and
13. Suggestions for improving the cultural appropriateness of DHS' service delivery for CALD children and families.

4.2 Method

Recruiting participants

DHS caseworkers and case managers at five of the ten participating CSCs were asked to approach their current CALD clients and briefly explain the purpose of the interview⁴⁰. If they were interested in participating, a suitable time and place for the interview was organised. In total, 29 CALD parents/carers across the five CSCs took part in the study. Only two interviewees opted to conduct the interview at the DHS office; the remainder chose to conduct the interview at their home. Five interviews were conducted with interpreters which the local CSC assisted in organising.

DHS caseworkers and case managers at seven of the ten participating CSCs⁴¹ were also invited to take part in the study. Interview times were organised to suit the participants. In total, 13 caseworkers and case managers took part in the study. All interviews were conducted in a private interview/meeting room at the DHS office. However, less structured interviews with five caseworkers during Stage 2 were conducted and where appropriate, their responses have been included here in Stage 3. One of these five caseworkers in Stage 2 was also one of the 13 interviewees in Stage 3 and thus the total sample size of DHS interviewees is 17. A summary of the total sample size by CSC is in Table 4.

⁴⁰ The researcher was required to rely on caseworkers to recruit families, as this is an arms-length approach consistent with ethics protocol, to minimise perceived coercion to participate. 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.

⁴¹ Only the first seven of the ten participating CSCs (excluding Bankstown) were involved in the Stage 3 interviews. The final two CSCs in this project – St George and Charlestown – were not included because themes had saturated by the eighth CSC (Lakemba). Bankstown was excluded because two caseworkers from this CSC had participated in Stage 2 and their open-ended responses were going to be used in Stage 3.

Table 4: Number of interviewees by CSC

CSC	N CALD families	N Caseworkers (Interviews)	N Caseworkers (Stage 2)
Auburn	6	2	2
Fairfield	6	2	0
Mt Druitt	2	2	0
Bankstown	8	0	2
Campbelltown	0	2	0
Blacktown	0	2	1
East Sydney	0	2	0
Lakemba	7	1	0
St George	0	0	0
Charlestown	0	0	0
Total	29	13	5

Conducting interviews

At the beginning of each interview, an Information Statement and Consent Form was provided to the participant and verbally explained. This included explaining the purpose of the study, as well as their ethical rights as a research participant including that their participation was voluntary, that they could withdraw at any point without explanation, and that all information was confidential and anonymous except as required by law. Written or verbal permission from the participants was then sought. In the case where there may have been language issues, a cross ('x') or a verbal permission as verified by a translator, was sufficient as a signature and the researcher signed as the witness.

Proceeding this, permission to record the interview was sought. It was explained that recording the interview was necessary for accuracy, but that if at any point they wished to say something 'off record', they could do so at any time and the recorder would be switched off. Consistent with ethics protocol, all interviews are securely stored to protect the confidentiality of research participants, are available only to the researcher, and will be destroyed after seven years.

After the interview was conducted, the CALD family participants were asked to complete a short Demographics Survey collecting data on age, sex, ethnicity and common local services that they access, and the DHS caseworkers and case managers were asked to complete a short Demographics Survey collecting data on age, sex, ethnicity, length of job, and self-rated experience with different ethnic groups in the CPS.

Only the CALD family participants were reimbursed with \$50 cash after the interviews were completed, as a sign of appreciation for their time and to cover any transport cost if applicable. They were also asked to sign a Receipt of Payment form. All participants – both CALD families and DHS staff – will be sent a copy of the Final Report to see how their responses have been used to inform culturally appropriate service delivery, as a way of 'giving back' to the participants.

Theming results

After all the interviews were completed, they were transcribed and themed. The semi-structured interview schedule used in Stage 3 was informed by themes drawn from the literature review (Stage 1) and the case file review (Stage 2), and thematic analysis of the qualitative data was conducted to match the 13 objectives of this stage (see Section 4.1).

Methodological limitations and benefits

While this study has importantly explored the needs of CALD parents and carers, culturally and otherwise, it is the voices and representation of CALD children themselves that is absent in this research. Future research is required to ensure that CALD children are interviewed on their needs and experiences with DHS, and that their ideas for improving the cultural appropriateness of child protection service delivery are incorporated into DHS' future plans and policies on culturally appropriate service provision for CALD children and families.

A second methodological limitation of this study was the difficulty in recruiting caseworkers to take part. Generally, there was reservation among caseworkers for three main reasons: (i) it was perceived that they did not have time to take part because they are already (time-)stressed from their crisis-driven work, (ii) they misunderstood the target sample (being all caseworkers, regardless of their cultural background) and assumed that only CALD caseworkers were invited to take part in the study because the project was about CALD families, and (iii) they were afraid that their responses would not be kept confidential from DHS Head Office.

Although there was a general reservation among the caseworkers to take part in the study, there were others that noted the value of their participation, and the study itself. For example, one caseworker said, "It's just fantastic that you are doing this ... As corny as it sounds, being a part of the research and first hand getting to say 'this is what we need' is worth a lot more than \$50" [CW_7].

4.3 Sample characteristics

CALD families

Ethnic background

The 29 CALD families that took part in this study came from a diverse range of ethnic backgrounds⁴². Ethnicity encompasses several characteristics including race, religion, and language.

Ten participants were from a Middle Eastern, Arabic or Mediterranean background, including Egyptian, Iraqi, Jordanian, Lebanese, and Turkish [*coded as 'ARB'*]. Six participants were of South East Asian background, including Cambodia, Vietnam, and the Philippines [*coded as 'ASN'*]. Five participants were from North and Sub-Saharan Africa, including Sudan, Burundi, Ethiopia, Ghana, and Sierra Leone [*these*

⁴² Note: no names of interviewees have been reported here to protect their confidentiality and anonymity.

participants are coded as 'AFR'. Four participants were of South East European or Mediterranean background, including Greek, Macedonian, and Serbian [*coded as 'EEUR'*]. Two participants were of Pacific Islander background, including Maori and Samoan [*these participants are coded as 'PAC'*]. There was one participant of South American background; specifically, Argentinean [*coded as 'SAM'*] and one of West European background, specifically Dutch [*coded as 'WEUR'*].

Of those that completed the survey on religion, 10 participants were Christian (including Catholic, Pentecostal, Orthodox, and Mormon), nine were Muslim, three were Buddhist, and one identified as having no religion. In regards to languages spoken at home other than English, there was a large and diverse range reported across all participants. These included Arabic, Assyrian, Turkish, Tagalog, Vietnamese, Dinka, Kurundi, Swahili, Amhirc, Tigerna, Twi, Krio, Greek, Macedonian, Serbian, Maori, Samoan, Spanish, Dutch, Engels, and German.

Sex, age, generation, and citizenship

Ten of the participants were male (34.5%). All interviewees varied in age from 22 to 67 years (Mean = 42.2 years). Two of the 29 participants were born in Australia and thus are second generation Australian. At the time of the interview, 20 participants were Australian citizens, four were permanent residents, three were refugees, and one was a temporary resident⁴³. The number of years participants lived in Australia varied from one to 45 years (Mean = 18.9 years).

Self-identified ethnicity

Five of the 28 participants that completed the survey described their ethnicity as 'Australian'. Seven participants hyphenated their ethnicity to indicate dual ethnic identity (such as, 'Burundian-Australian' or 'Australian-Arabic'). The remainder identified their ethnicity in line with their culture of origin, e.g. 'Vietnamese' or 'South Lebanese'.

Use of community services and programs

In terms of services and programs that CALD families source in the community, four identified that they accessed language centres for interpreting and translating; six said they used parenting programs; five accessed Migrant Resource Centres (MRCs); four used Ethnic Communities Councils (ECCs); 11 used employment centres such as Centrelink; 13 used childcare; five used local cultural centres; and seven accessed local youth services.

Caseworkers

Ethnic background

Five participants were from a Middle East and North African background, including Afghanistan, Egypt, and Lebanon. Five caseworkers were of South or South East Asian background, including Burma, Laos, Philippines, Vietnam, and India. One

⁴³ Survey data on this question was only collected from 28 of the 29 participants.

caseworker was from a South American background, namely Uruguay, and one was from a Sub-Saharan Africa, namely Ghana. Finally, four caseworkers were from an Anglo Saxon background, and no Indigenous caseworkers took part in the interviews.

Sex, age, and generation

The DHS interviewees ranged in age from 23 to 59 years (Mean = 33.9 years) and only two of the 17 participants were male (12%). Eight of the participants were born in Australia, and of these, four were of Anglo Saxon background.

Self-identified ethnicity

Three of the 17 participants described their ethnicity as 'Australian' or 'Anglo Australian', and all were of Anglo Saxon background⁴⁴. Six participants indicated a dual ethnic identity (such as, 'Asian-Australian' or 'Australian of Indian background'). One participant identified as 'trans-racial'. The remainder identified their ethnicity in line with their culture of origin, e.g. 'African' or 'Latin American'.

Job role and length

Six participants identified that their job title was 'caseworker [CW]'; three identified as 'child protection caseworkers [CPCW]'; one as a Brighter Futures caseworker 'CW BF'; three as a 'Multicultural caseworker'; one as a 'caseworker specialist'; and three as 'Manager case work [MCW]'. The number of years working at DHS in their current role varied from one month to 14 years (Mean = 3.8 years).

Self-rated experience with the needs of CALD, Indigenous, and Anglo Saxon families in the CPS

Eleven participants identified themselves as having significant experience with or knowledge of the needs of families from a Middle East and North African (MENA) background; five identified having significant experience or knowledge of families of North East Asian background; seven with families of South East Asian background; four with families of Pacific Islander background; and one with families of South East European background.

One caseworker identified that they did not have significant experience or knowledge of families of CALD background, and another identified that they did not have significant experience or knowledge of families of Indigenous or Anglo Saxon background. Finally, one caseworker felt they did not have significant experience or knowledge of families from all three backgrounds – CALD, Indigenous, or Anglo Saxon background. These self-rated perceptions may, in part, reflect reporting biases that more demonstrate their confidence to deliver services to families from these groups rather than actual ability to do so.

⁴⁴ One Anglo Saxon caseworker did not complete this question on the survey.

4.4 Results

Theme 1: Typical cultural norms on parenting and family functioning among CALD families

The aim of Theme 1 was to describe cultural characteristics that may typify parenting norms and family functioning among CALD families in Australia. This kind of information may be helpful to caseworkers new to the needs and experiences of CALD families. The findings for this theme were informed only by responses from the CALD family participants.

Typical family norms, traditions, beliefs, and/or practices that influence the way children are raised

While some CALD family participants said they aim to raise their children according to 'the Australian way', the majority described characteristics of collectivism as influencing their parenting style, and child-rearing practices and values. In particular, they described the role of extended family and community in child-rearing, as well as the importance of strong family and community cohesion, and enhancing the family name and standing in the community. This finding is consistent with the literature that reports CALD families are typically collectivist. Religion was also noted by some CALD family participants as influencing their parenting and family functioning; in particular, Islam, Christianity, and Buddhism. Although collectivism and religion were identified as the two main factors that influence how CALD families typically raise their children, other factors were also noted. Specifically, some CALD groups may value boys over girls or vice versa and these gendered-values can affect parenting behaviours; and differences between urban and rural families in the country of origin can also affect how CALD parents raise their children.

Typical ways family issues are addressed

Consistent with the literature and case file reviews, CALD family participants in the main valued family privacy. This value is characteristic of collectivist cultures because it protects the family's name and therefore standing in the community. Interestingly, some participants said that they would trust their friends over family to avoid talk within the extended family. However, contrary to the reliance on intra-familial assistance to help keep family matters private, some participants indicated that they were open to, or were currently accessing, assistance for family issues from external agencies such as DHS. Importantly, openness to extra-familial assistance may be entwined with gender. Further, the 'cultural' value for family privacy may actually be reducible to, or at least related to, economic disadvantage in the country of origin; poor access and opportunity to social services there may underpin the 'cultural' pattern of relying on family and kin for help.

Summary

In short, the role of collectivism, religion, gender, region, and family privacy, are all seen to be 'cultural' factors that may affect typical parenting behaviours and family functioning among CALD families in Australia. However, such information is also essentialising and caseworkers are warned against relying solely on these 'stereotypic' characteristics to develop their cultural awareness and competency when working with CALD groups.

Theme 2: CALD representation and service provision in the CPS

A review of the national literature pointed to a lack of detailed information on which CALD groups frequently entered the CPS and why. The aim of Theme 2 was to obtain some preliminary demographic information to help address this issue. Caseworkers were asked to identify the most common CALD groups at their CSC and the most common reasons underpinning their entry. They were also asked to identify the kinds of services they provided to CALD families once they had entered the CPS.

The most common CALD groups entering each CSC

A diverse range of CALD groups were reported by the caseworkers across all the participating CSCs. The most common CALD groups reported at Auburn CSC were Lebanese, Sudanese, Chinese, Vietnamese, and Turkish. At Fairfield, the most common groups were Vietnamese, Egyptian, Assyrian, Lebanese, and Sudanese. Samoan, Tongan, African, Indian, Sri Lankan, and Fijian Indian were reported as most common at Mt Druitt, and Samoan and Tongan as most common at Campbelltown. At Blacktown CSC, African and Pacific Islander families were reported as the most common, and at East Sydney, they were Indonesian and Greek. Finally, the most common groups at Lakemba were reported as Lebanese, Greek, Sudanese, Sierra Leonean, Vietnamese, and Chinese.

Overall, it appears that the more common or emerging CALD groups in the CPS are families of Middle Eastern, Vietnamese, Pacific Islander, and African backgrounds. Thus, any preventative intervention that is designed and implemented for CALD groups should target these four groups, as it would be an effective use of (often limited) resources.

The most common reasons underpinning the entry of CALD groups in the CPS

Caseworkers identified a vast range of reasons that explain why CALD groups enter the CPS. These were grouped according to the three-tiered system proposed and used in Interim Report 2:

- (i) *Cultural*: physical abuse, inadequate supervision, traditional cultural practices, cultural differences in 'child-centred' family functioning, cultural differences in what's 'acceptable' in differentiating discipline from abuse, gender, academic pressure, and exposure to trauma;
- (ii) *Migratory*: lack of awareness about child protection laws and agencies (especially of their statutory power), lack of extended family support, generational differences in migration, and language issues; and
- (iii) *Generalist*: homelessness, poverty, mental health issues, domestic violence (DV), and alcohol or drug (AOD) issues.

CALD families were not directly asked about the reasons that brought them into the CPS but some alluded to three of the issues that were also identified by the caseworkers – physical abuse, inadequate supervision, and lack of awareness of about child protection laws and agencies. For example, one CALD family participant said,

In our Burundian culture, the way we raise our children, if a child does something wrong or if a child misbehaves, we are allowed to punish them physically ... and no one will accuse you of doing nothing. In a culture for millions, that's how I have been raised. Which means we raise our children, depending on how we've been raised ... And that creates a big problem for us in Australia, because when we come to Australia, our children are taught that your parents are not allowed to punish you physically, and that if that happen, they should call police. And in most cases, when police comes, they either arrest you, or they take your children away. And that's a huge contrast in comparison to our culture ... And if a child is a bit old, like 14 and above, then you can take him to police, and police can also beat children, they hit children, they also punish them physically [AFR_2].

In regards to inadequate supervision, one caseworker said,

An African family left her children unsupervised for hours and hours, but that's what she did back home. She couldn't understand why it was an issue for us [CW_15].

Overall, physical abuse seems to be the most common child protection issue for CALD families (especially African families), and is related to cultural factors when physical discipline is cited by the CALD parent as culturally valued. This finding also emerged in the case file review. Importantly, however, there are other structural and systemic factors that can also bring CALD families into the CPS, such as differences in the role of the state in child welfare and family functioning, or economic disadvantage, respectively. Thus, the benefit of the three-tiered system is that it can be used by caseworkers to help identify and differentiate between the possible 'types' of child protection issues that may emerge for CALD families. In this way, the risk of reducing child protection matters for CALD families to cultural issues and in turn pathologising culture as if this were the primary reason for their entry into the CPS, can be minimised.

The most common services or practices provided for CALD children and families

Caseworkers reported a large range of services that they offer to CALD families once they have entered the CPS, however, the most common forms of assistance seemed to be financial- and housing-related. This suggests that socio-economic disadvantage and large families may be common circumstances associated with child protection matters for CALD families. In addition, and as expected, the provision of interpreters was a common and unique service offered to CALD groups.

Summary

In short, there are a range of CALD groups entering the CPS and for a range of reasons. Having said that, there are also common patterns, namely that families of Middle Eastern, Vietnamese, Pacific Islander, and African backgrounds are most commonly represented in the CPS; that physical discipline is the most common cultural reason bringing CALD families into the CPS; that lack of awareness about child protection law and agencies is the most common non-cultural reason (but

instead ‘migratory’) that brings them into the CPS; that socio-economic disadvantage and housing are some of the most common issues DHS address with CALD families; and that the use of interpreters is the most unique practice with CALD families.

Theme 3: Cross-cultural service provision

The aim of Theme 3 was to compare the service provided to CALD families with the service provided to Anglo Saxon and Indigenous families. Currently, the national and international literature on cross-cultural comparisons is scant, and thus this study would be able to identify some preliminary and descriptive similarities and differences to help address this gap in the literature base. Contrarily, the debate on how to balance cultural sensitivity with child welfare is examined extensively in the literature. The focus, however, is often at a theoretical level, with less attention given to practical strategies that caseworkers use or can use to help find that balance. Thus this study also explored how caseworkers take into account different cultural contexts for children, while adhering to one Australian child protection law.

Perceived commonalities and differences in working with CALD children and families, compared to Aboriginal and Anglo Saxon children and families

Many caseworkers reported that the kinds of services they provided to CALD families were generally the same as the kind of services they provided to other families. This is an important finding because the provision of universal services demonstrates equity, consistent with the policies of fair and equitable practice espoused by DHS. However, differences in service provision were also noted by the caseworkers. The most common differences, unique to CALD families, were language issues and lack of awareness of child protection work and systems. One caseworker noted that issues for CALD groups tend to be isolated to one or a few domains, whereas issues for Anglo Saxon families tend to cover more domains (this finding is consistent with the results of the case file reviews). Finally, several caseworkers felt that Aboriginal families received a better service than CALD families.

Although the provision of universal services is one sign of equity, it is important that this finding does not indicate that service provision is mostly similar across groups because child protection matters are treated as mostly similar across groups. In circumstances where the child protection issue is clear-cut, and culture plays little or no role in the risk of harm assessment to a child (e.g. chronic neglect as a result of drug abuse), the intervention for a CALD family still requires culturally appropriate implementation, else it may not be effective. In cases where the child protection issue is not clear-cut, and the ‘culturally determined’ intention behind the harmful parenting behaviour must now be considered in the risk of harm assessment (e.g. CALD parents citing physical discipline as culturally acceptable for meeting educational expectations), culturally appropriate service provision is still required to ensure effectiveness.

Thus, the difficulty of operationalising ‘equity’ in service provision is highlighted in these findings. Does similar service provision demonstrate cross-cultural equity, or does it demonstrate a ‘colour blind’ and culturally absolutist bias? Indeed, although groups are similar, they are also different; and the provision of *appropriate* rather than *similar* services, may be a better ‘litmus test’ of whether there is equity in service provision, even though they may not be comparable in nature. That is, equity does not

necessarily take the form of similarity, and knowing when and how to tailor services to meet the unique needs of an individual family or cultural group is important for maintaining equity in the protection of all children. For example, the provision of interpreters for some CALD families is a culture-specific service, and that it is not provided to all groups is not seen as a compromise to equity, but rather enhances it. By analogy, mandatory consultation with multicultural caseworkers for *all* CALD cases across NSW would be a move toward culturally appropriate and still yet equitable service delivery.

Indeed, consultation with Aboriginal caseworkers is currently mandatory for all Aboriginal cases across NSW. One caseworker did note that there may be an over-emphasis on cultural sensitivity compared to child protection matters for Aboriginal families, indicating a possible compromise to equity in service provision for CALD and Anglo Saxon families. While not all caseworkers may agree with this, there is at least the benefit for this group that cultural issues are acknowledged as important. A comparable acknowledgement for CALD groups that cultural sensitivity is at least as significant as child welfare for CALD families (but not more so) yet remains unfulfilled, and would be a step forward toward more cross-cultural equity in child protection service provision. Indeed, many caseworkers noted that services for Aboriginal children and families were better than those for CALD children and families. In the words of one participant,

The practice in terms of consultation is much better for Indigenous families than for CALD families. The policies [on kinship care] are worked into the legislation, which CALD families don't have. They don't address it as part of routine practice because no one pushes it. The Indigenous structures are much better than the CALD ones. With the Indigenous structures, it is always on the forefront of issues. That's slowly changing. We've got some things in place but it still takes a while for the organisation practice and mindset to change [CW_8].

Overall, caseworkers differed in the extent to which they perceived or emphasised similarities and differences between CALD, Anglo Saxon, and Indigenous families. Some reported that service provision is, and should, essentially be the same across groups, and others argued that the contextual needs of each group are different and that these differences were crucial to consider. These results also revealed a fundamental problem for CALD families, namely that cultural knowledge about a CALD group is not sufficient for meeting their needs appropriately, because the 'appropriateness' of a service for a CALD family is measured, in significant part, by how 'equitable' it is for all families. In other words, what is considered culturally 'appropriate' for a CALD family does not just depend on cultural knowledge but also on how the provision of a service fares with the services that other groups receive; appropriateness is a mixture of meeting the needs of one group while still considering the needs of all groups. Moreover, that because Aboriginal families are perceived to be receiving a better service, the results indicate that there is current inequity in service provision for CALD families.

How caseworkers take into account different cultural contexts for children, while adhering to one Australian child protection law

Caseworkers face the difficult task of having to be sensitive to different cultural practices in the way children are raised, while at the same time equally protecting all children from harm regardless of their cultural background. The results show that caseworkers use a variety of strategies to help disentangle the nexus of culture and child safety. These included: allowing for time constraints in child protection work, considering the case plan goal, not overlooking the individual situation, giving CALD families several chances to show insight into some of their harmful parenting behaviours, being aware that family privacy can lead CALD families to deny or minimise abuse, taking the time to communicate the risks associated with physical abuse and inadequate supervision to help overcome cultural differences, and being aware of how culture may be tied in with each of the four main types of abuse of neglect (physical, emotional, sexual, and inadequate supervision). These strategies may be used by other caseworkers as ‘helpful tips’ for developing their own cultural competency.

Overall, caseworkers acknowledged that the ‘line’ between culture and abuse was subjective, but some more than others saw the need to consider the ethnicity and culture of a CALD family as crucial to ensuring child safety; others took a more a ‘bottom line’ approach to child welfare citing that even though culture matters, it ultimately matters less than child safety. As one caseworker said,

When it comes to child protection, child protection issues override any other cultural rights ... That [legal] requirement will override any other cultural beliefs or different practices. We always justify ourself by that standard. Our law is our standard [CW_1].

Importantly, one caseworker identified that culture is difficult to define for any group, and that if the culture of CALD groups is to be considered, then the culture of Anglo Saxon groups should also be considered. Based on these findings, this report takes the view that there is no clear-cut rule of thumb to help caseworkers differentiate between culture and abuse, especially since it may not even be appropriate to do so. That is, culture and abuse are each difficult to describe and categorise, and may be embedded within each other rather than being separable. Indeed, the difficulty only supports the need to make consultation with multicultural caseworkers mandatory and crucial for all CALD case files, so that each is treated at the individual level.

Summary

CALD, Anglo Saxon and Aboriginal families in the CPS have one thing in common: that they generally receive the same kind of service. This is indicative of equity because it shows that all families are treated the same. However, there is a risk that it could also indicate a lack of equity, because although families are the same, they are also different, and being sensitive to these differences enhances equity. One current demonstration of this sensitivity is the use of interpreters, which although unique to CALD groups, enhances their equity to be on par with other groups. However, there is one unique practice that is currently not routine, but would enhance equity for CALD groups; namely, mandatory consultation with multicultural caseworkers for all CALD cases. This practice already occurs with all Aboriginal cases. Thus, there is current

inequity in service provision with Indigenous families receiving a more appropriate, and therefore equitable, service. Mandatory consultation with multicultural caseworkers would rectify this. The main (non-unique) difference was that Anglo Saxon families were reported to have more issues than CALD families. This was also found in the case file reviews, and may indicate a reporting bias.

Theme 4: Ethnically-matching CALD families and DHS caseworkers

One of the most common themes that emerged in the literature and case file reviews was the benefits of matching CALD families with caseworkers of the same ethnic background. Thus, the aim of Theme 4 was to more fully explore whether and why CALD families and caseworkers would be in favour of an ethnic match. The results could be used to make practice and policy recommendations on ethnic-matching if there is consistency between services users and service providers.

Whether, and why, CALD families prefer an ethnic-match

The CALD family participants either preferred an ethnically-matched caseworker, a non-ethnically matched caseworker, or had no preference at all.

- CALD families that preferred an ethnically matched caseworker cited the following reasons: to overcome language issues, to avoid possible discrimination, and because of a belief that matched caseworkers will be more sensitive to their cultural needs.
- CALD families may demonstrate a preference for a non-ethnically matched caseworker if this is consistent with a general personal preference, they want to maintain or protect their privacy and confidentiality, they want to interact with and learn from people from other cultures, or to prove that they are not hiding information from caseworkers; and
- CALD families may not have any preference for a matched or non-matched caseworker if this is consistent with a general personal indifference, if language is not a barrier, and if families believe that all caseworkers are or should be equally trained, skilled, or kind.

Additionally, some CALD families may prefer a gender matched caseworker.

Whether, and why, caseworkers with CALD families prefer an ethnic-match

Among the caseworkers, some indicated a slight preference for matching over non-matching, and some indicated a slight preference for non-matching over matching. No caseworkers indicated they had no preference in regards to ethnic matching, and most of them instead indicated that they prefer to address the issue on a case by case basis. This is an important and positive finding, as it indicates that caseworkers are aware of, or have reflected on, the pros and cons associated with matching and non-matching.

The main benefits of ethnic matching that caseworkers cited were being able to address language issues but also to provide cultural sensitivity. As one caseworker said,

It is good if we're from the same background. We're more approachable, more adaptable, more understanding of other cultures. Anglo caseworkers are not that adaptable. We see things different, probably because of our background and because of our experiences. We are more accepting, flexible on making judgement on people. [The] consequences of those judgements are very, very harmful ... Also the basic standards we expect from our clients are different. We come from poorer countries, whereas the people who have a higher standard, expect our clients to have a higher standard for their children [CW_1].

The main problem of ethnic matching identified by caseworkers was the risk of over-identification; in which CALD caseworkers may downplay or overlook child protection matters. Both caseworkers and case managers are seen to be responsible for managing this risk. As one caseworker said,

I think [over-identification] can happen a lot. Not just with CALD clients, just with clients in general, in this sort of work. It's hard for caseworkers to distance themselves if they do feel a connection or they have experienced the same thing or been down that same road. It's part of the job as a manager, you need to be on top of, you need to be aware of that, through supervision, if you are noticing that then you need to be discussing that with your caseworkers [CW_9].

There were two main benefits of non-matching that caseworkers identified. The first was that caseworkers could learn about CALD issues, thereby developing their cultural awareness and competency, and the second was that CALD families could protect their family name. The main issue with non-matching, was that caseworkers may not be able to provide cultural sensitivity, and as such may misjudge the importance or nature of a cultural issue for a CALD family.

Finally, other characteristics of matching were also noted by the caseworkers. It may be necessary to consider gender matching as well, especially for Muslim families; ethnic-matching may be more important in early intervention (EI) and out of home care (OOHC) compared to child protection (CP); and ethnic matching between CALD children and potential foster carers may need to be mindful of the generational status of the CALD child; depending on the individual, second generation CALD children may feel more or less comfortable in ethnically-matched placements.

Summary

By triangulating this data, it seems that caseworkers who perceive over-identification to be a significant risk will prefer to have a non-matched caseworker assigned to a CALD family. It is possible that these caseworkers believe that cultural sensitivity and child safety are opposing goals, and that meeting one is at the cost of meeting the other. On the other hand, caseworkers who believe that by being culturally sensitive they will be better able to protect the child's welfare (and thus that these two issues are embedded within each other, rather than being opposed to each other), may see that offering choice to the CALD family about whether they prefer an ethnic match or not is more important than managing the risk associated with over-identification.

This report proposes that the needs of CALD families should be a foremost priority because in meeting this cultural need, the effectiveness of future and on-going intervention will be significantly and positively influenced by the extent to which DHS demonstrate cultural awareness and sensitivity in the initial meetings. Thus, it is proposed that firstly, CALD families should be offered choice as to whether they would prefer a matched or non-matched caseworker, (and the caseworker should explicitly explain that this offer is being made because they are aware that language, confidentiality, and cultural sensitivity may be important and relevant issues for them). If the CALD family prefers a matched caseworker, then a second non-CALD caseworker should also be briefed on the case and the CALD caseworker should self-reflect and discuss with their manager on how they will address the potential of over-identification. If, on the other hand, the CALD family prefers a non-matched caseworker, or does not have any preference, then again both a CALD and non-CALD caseworker should be allocated to the case, as this is an opportunity to provide on-site training in cultural competency.

Theme 5: Use of interpreters

In the same way that ethnic matching is a common theme for CALD families, the use of interpreters is frequently explored as an important need for CALD families. The aim of Theme 5 was therefore to more fully explore the advantages and disadvantages associated with their use. By comparing these between CALD families and caseworkers, some practice and policy recommendations may be inferred to improve practice with interpreters.

Examples of effective and ineffective practice by CALD families

The CALD family participants identified five main issues with interpreters: inaccurate translation, loss of privacy, lack of appropriate interpreters available, difficulty in understanding different dialects of the same language, and lack of gender-matched interpreters for sensitive issues.

Examples of effective and ineffective practice by caseworkers

Caseworkers identified some similar issues with interpreters, including inaccurate translation and resource constraints (such as interpreters not arriving, the distance and cost associated with the use of interpreters, and the time-intensity involved). Issues that caseworkers uniquely identified with interpreters included: interpreters not being sensitive to child protection issues, and interpreters who make the session more about them than they should. Caseworkers also identified that issues may be caused by the CALD family themselves, including when CALD families refuse to use an interpreter when they would benefit from one, when they do not wish to use interpreters for fear of breach of confidentiality, and when they wish to use their children as interpreters.

Importantly, caseworkers identified four characteristics of good practice with interpreters: when interpreters explain cultural issues and notify the caseworker when they are offering their own personal opinion, when interpreters keep control of conversation flow and ensure that all parties are heard, when interpreters translate all the information accurately and sit behind the caseworker, and when interpreters have good rapport with the caseworker.

Summary

By triangulating the data, it seems that inaccurate translation is of greatest concern to both the CALD family participants and the caseworkers. It also seems that there is room for improvement by increasing training to interpreters on the nature of, and sensitivity required for, child protection matters. Also, CALD families need to be offered a choice between a language match only (to help address their fear of a breach of confidentiality) and an ethnic match (to help address issues regarding differences in dialect between ethnic groups that speak the same language). CALD families should be informed as to why it is inappropriate to use children as interpreters but reminded that they can bring a trusted friend, and they should be strongly encouraged to use an interpreter when their English comprehension may be questionable. Gender matching is important for sensitive issues. Finally, some issues cannot be overcome, such as loss of privacy and resource constraints, and caseworkers should be mindful of these barriers to good practice with interpreters. Moreover, case managers should be mindful of the time intensity involved in the use of interpreters when assigning caseloads to their caseworkers.

Theme 6: Examples of cultural and non-cultural in/appropriate practice

The aim of Theme 6 was to collate a wide range of examples that demonstrate appropriate practice with CALD families, both cultural and non-cultural, as both are important for effective service delivery. From these, caseworkers can learn about the strategies other caseworkers have used and which are seen by both CALD families and caseworkers to be successful or beneficial. In the same way, the aim was also to collate a range of examples that demonstrate inappropriate practice with CALD families, culturally or otherwise, so that caseworkers can learn about practices that are not beneficial to CALD families.

Cultural and non-cultural in/appropriate practice reported by CALD families

According to the CALD family participants, culturally appropriate practice was demonstrated in the following ways: caseworkers empowering CALD parents to contradict cultural values of CALD grandparents without disrespecting their culture, demonstrating cultural awareness about the importance of keeping CALD children with families because of the collectivist value for family cohesion, making families feel comfortable to tell them about their cultural needs, caseworkers demonstrating interest in culture-specific activities, consulting with CALD families on their case plan, caseworkers respecting their CALD family's culture, encouraging CALD families to speak their native language as a way of preserving culture, speaking a few words in the CALD family's language, encouraging cultural connections for the child to preserve and maintain their cultural identity, demonstrating general cultural awareness and sensitivity, and not being racist. Effective or appropriate practice that was identified by the CALD family participants but did not reflect cultural needs included: regular contact, good listening skills in the caseworker, having the same caseworker on different occasions, practical assistance, providing extensive information, and providing supportive assistance.

Examples of inappropriate or ineffective practice were also cited by the CALD family participants. Within the domain of culturally inappropriate practice, there were three identified types: lack of cultural awareness, not understanding the importance of

language for cultural identity, and CALD families not feeling comfortable to tell their caseworker about their cultural needs. Within the domain of non-culturally related issues, there were five types identified: insufficient information about foster children, the use of young or inexperienced caseworkers, inefficient practice, not speaking respectfully, and not keeping the family informed. Improvement in these five areas would benefit all families, not just those of CALD background.

Cultural and non-cultural in/appropriate practice reported by caseworkers

Similar to the findings reported by the CALD families, the caseworker interviewees also cited a number of examples of culturally appropriate practice. These included: building relationships with, and educating, local communities about the role of DHS, institutional awareness within DHS about the importance of culture, being culturally aware and sensitive, placing removed children in ethnically-matched placements, consulting with DHS multicultural caseworkers or local community service centres, educating CALD parents, speaking few words in their language, taking into account cultural factors when assessing risk to child, normalising culture as an issue in CP work, conducting thorough assessments and providing appropriate consultation and service to avoid escalating initial problems, engaging in self-reflective practice to improve service delivery, and involving CALD families in case planning. Three examples of non-culturally appropriate practice were identified: thorough and holistic risk of harm (ROH) assessment including attachment, being honest with potential foster carers about the difficulty posed by some children, and emphasising that child safety is the common ground between parents and DHS.

Comparatively, the examples of inappropriate or ineffective practice cited by the caseworker participants included: inappropriate ethnic matches in placements, failing to consult with multicultural caseworkers, not checking to see the child's culturally appropriate food, racism in the form of failing to consult or consider cultural needs and issues, and removing child too quickly without sufficient consultation. One example of a non-cultural inappropriate practice was identified: not making families feel that they are interested in them and will help them.

Summary

Triangulating this data, it seems that DHS staff are, overall, aware of the importance of culture for CALD families. Positively, both the CALD family participants and the caseworkers identified more examples of culturally appropriate practice than culturally inappropriate practice, and these all contained characteristics of cultural awareness, sensitivity, and/or competency. Further, the continued use of non-culturally appropriate practices will benefit all families, not just those of CALD background. The examples of culturally and non-culturally inappropriate practice are best seen as areas for improvement. Indeed, by identifying practices that do not best meet the needs of CALD families, it is possible to minimise or avoid caseworkers having to 'repeat history's mistakes', and instead learn from the tried and tested local knowledge of other caseworkers.

Theme 7: Barriers to culturally appropriate practice

Caseworkers identified a number of personal, organisational and institutional barriers to culturally appropriate, and therefore effective, service delivery for CALD children and families.

The extent caseworkers perceive personal barriers to culturally appropriate practice

The main type of personal barrier to culturally appropriate service delivery with CALD families was seen to be the lack of cultural competency. Caseworkers identified a number of important features of cultural competency, which may help other caseworkers to develop their skill and confidence when working with CALD families. These characteristics included:

- Feeling comfortable, confident, and efficacious to not have to consult with other multicultural caseworkers;
- Making cultural issues the forefront of casework, and having empathy, for CALD families;
- Ensuring there is an institutional push towards cultural competency;
- Writing detailed care plans;
- Increasing cultural awareness;
- Acknowledging that cultural competency is an ongoing process with no attainable end state; and
- Being aware of, and putting aside, personal values and judgements.

The other personal barriers identified in this study were categorised into three types:

- (i) *Barriers between the caseworker and the CALD family* (such as fear among caseworkers that CALD families will think of them as racist, clients making CALD-background caseworkers not feel equal to their counterparts, resistance from CALD families to engage in the recommended services, CALD foster carers who are more interested in the money provided rather than caring for the children, and caseworkers experiencing conflict of interest when too many members of extended family are involved in the child's case);
- (ii) *Barriers between a caseworker and other members of DHS staff* (such as conflicts between caseworkers on the importance of culture or the extent it should be considered, caseworkers stereotyping the needs of CALD families, and CALD caseworkers not acknowledging possible conflict of interest by admitting they know the CALD family); or
- (iii) *Barriers between the caseworker and the nature of their work* (such as time and emotional constraints, the continuous need to be open-minded, and learning to develop and adapt personal styles of communication with families).

The extent caseworkers perceive organisational barriers to culturally appropriate practice

Organisational barriers identified by caseworkers were also categorised into three types:

- (i) *Issues with management* (including lack of clear and consistent management especially given high staff turn-over rate, and the lack of a clearly identified mentor for new caseworkers; and differences between CSCs in management and organisational cultures and practices),
- (ii) *Insufficient resources* (including insufficient links and relationships with local and culturally appropriate community services and agencies; not enough multicultural workers; difficulty recruiting CALD caseworkers; difficulty recruiting CALD foster carers; and discrepancies in the amount of support given to various CALD groups with some receiving more attention and resources than others), and
- (iii) *Administrative and other issues* (including insufficient support; and poor open-plan office structures).

The extent caseworkers perceive institutional barriers to culturally appropriate practice

Finally, the main possible institutional barrier from Stage 3 was seen to be the lack of sufficient training and resources. Four main types of training and support from Head Office were identified by caseworkers: (i) the provision of multicultural caseworkers, (ii) information on DHS' intranet, (iii) Career Development Course (CDC) training on CALD families, and (iv) DHS' Multicultural Services Unit (MSU). Some caseworkers perceived this to be sufficient, but most caseworkers indicated that they were not satisfied with the amount of training received and resources provided. These results suggest that both the *uptake and availability* of resources require improvement.

The other institutional barriers identified by caseworkers included: (i) child-centred versus family-centred work practice, (ii) management and workplace issues (including insufficient CALD staff in top tiers of management, and uneven workload perceived between caseworkers in the field and DHS Head Office), and (iii) entrenched institutional fear within DHS.

Summary

Overall, the results indicate that there are a number of barriers to appropriate and effective practice with CALD families, some of which relate to cultural factors and some of which that do not. Addressing each of these will help improve service delivery to all families including those of CALD background.

Theme 8: Improving culturally appropriate practice

The extent to which DHS is perceived to sufficiently address the cultural needs of CALD children and families

Only a few CALD families and caseworkers indicated that the service DHS currently provides to CALD children and families is sufficient. To help address this, both caseworkers and CALD family participants identified a number of areas of priority, as well as suggesting ways to meet them.

Suggestions for improving the cultural appropriateness of DHS' service delivery for CALD children and families

CALD families identified a number of strategies that they perceive to be important for improving the (cultural) appropriateness of service delivery to CALD families. These include: working efficiently, being more friendly, being culturally informed, and balancing cultural difference and sameness in ways that do not make CALD families 'feel' different (personal-level strategies); increasing preventative education, recruiting CALD staff, allocating two caseworkers, increasing basic understanding of cultural issues, especially to help overcome fear of DHS, resourcing families who are exiting BF, and making sure the removal is justified (organisational-level strategies); and increasing involvement with parents (institutional-level strategies). Importantly, these suggestions cover both cultural and non-cultural domains, and mostly target the personal- and organisational-levels, with the caseworker and CSC respectively, rather than at the institutional-level.

One caseworker identified that there is no ideal model when it comes to meeting the needs of CALD families. Nevertheless, caseworkers identified a large range of strategies (indeed, far greater than the number of strategies offered by the CALD family participants), that could be implemented to improve service delivery to CALD families. These suggestions were grouped according to the three tiers – workers, agencies, and systems – to help delineate the roles and responsibilities on whom each suggestion would or should fall:

- (i) *Caseworkers*: empowering families in their involvement with DHS;
- (ii) *Community Service Centres (CSCs)*: presenting information in different ways; increasing cultural awareness education; ensuring case managers are culturally competent; increasing access to services and make roles and responsibilities clear; increasing training of CALD caseworkers with Anglo Saxon families; having a list of all available and appropriate services in the local community; working in different areas of the CPS; having a specialist consultant to monitor the care plan links for maintaining culture for children in OOHC; increasing cultural awareness to help normalise any cultural differences as non-harmful; having a collaborative approach between the caseworker and case manager; ensuring there is an identified 'cultural contact' for CSCs where the local CALD-density of the population is low; targeting training to match the local demographic; increasing the writing and speaking skills of CLAS workers; and ensuring that trainers in cultural awareness are sensitive to the role and job of DHS caseworkers; and

- (iii) *DHS Head Office*: providing community education as a preventative approach, increasing overall support for CALD families; ethnically matching foster carers and CALD children where possible; addressing technological issues with the KiDS system; providing regular training to account for high staff turn-over rate and discrepancy in amount of training between ATSI and CALD families; increasing training on cultural issues to Anglo Saxon and ATSI caseworkers; making CALD consultation mandatory; being aware of the potential risks of mandatory consultation; translating all important documents; relaxing the level of vigilance on CP work; and increasing positive media images of DHS.

By triangulating this data, it appears that caseworkers may be able to offer a wider range of suggestions to improve culturally appropriate practice than the CALD family participants, because they have direct access to both the clients and the organisational structure. On the other hand, the suggestions to improve service delivery by the CALD family participants were more at the personal and organisational levels, perhaps because caseworkers are in the frontline provision of services and thus are the ‘face’ of DHS to CALD families. Importantly, these results indicate that improving overall service for all families regardless of their cultural background, would reap the greatest benefits to CALD families

Summary

Based on the results from these interviews, the ‘General models of service delivery for CALD families’ (originally developed across Stages 1 and 2), was built on to include the findings from Stage 3. These include practice and policy recommendations to improve service delivery to CALD families across the three necessary tiers – worker, agency, and institution. Brief ‘Resource Sheets’ were also developed from Stage 2 and were to be modified to incorporate the findings of Stage 3. However, this has not been done as there was an insufficient sample size of participants from the four target CALD groups (Chinese, Lebanese, Pacific Islander [Samoan and Tongan], and Vietnamese).

4.5 Discussion and conclusion

The results of this study have been used to explore and understand the needs and experiences of CALD families as well as caseworkers who service this client group. In doing so, it is possible to compare where these are consistent or inconsistent with one another. Where consistent, they indicate evidence for the continued practice or policy, and where inconsistent, they may indicate possible gaps in service delivery. These identified gaps form the basis for improving service delivery in the form of new policy and practice recommendations. The main best practice principles identified in this report were grouped under three tiers – workers, agencies, and systems.

Best practice principles for caseworkers include:

- Be aware that collectivism and family privacy are typical ‘cultural’ factors that influence parenting and family functioning among CALD families;
- Consult with multicultural caseworkers to help differentiate between cultural, migratory, and generalist issues;

- Emphasise the importance of using an interpreter to CALD families who over-estimate their English proficiency or do not understand the magnitude of DHS' intervention;
- Improve general interaction with all families: regular contact, good listening skills, don't change caseworkers, provide extra information, speak respectfully, keep the family informed, make them feel that caseworkers are interested in their needs, working efficiently, being more friendly, and include families in case planning and management to increase their sense of empowering when involved with DHS;
- Improve confidence in CALD families to tell caseworkers their cultural needs;
- Normalise culture as an issue in CP work, so that CALD families for whom cultural issues are important, do not feel or fear they will be misunderstood;
- Self-reflect on personal values, biases, and judgements that may influence risk of harm assessments;
- To help overcome cultural differences, emphasise to CALD families that child welfare is the common ground between parents and DHS;
- Acknowledge personal racisms in the form of failing to consider cultural needs or acknowledge its importance;
- Develop cultural knowledge, confidence (to consult), and empathy for meeting the cultural needs of CALD families;
- Do not stereotype the needs of CALD families; their needs are not all the same, and they are not all cultural;
- Develop strategies to cope with the emotional, cognitive, and time constraints associated with child protection work; and
- Increase acknowledgement of the trauma for removing CALD children given the importance of family and community cohesion definitively characteristic of collectivist groups.

Best practice principles for case managers include:

- Understand that the provision of a similar service across cultural groups does not necessarily indicate equity; 'appropriateness' rather than 'sameness' is more important;
- Make allowances in case load for the time required using interpreters;
- Relax vigilance/increase leniency for 'first time' offences on physical abuse and inadequate supervision. Educate CALD families to increase their insight. Do not remove a child 'to cover butt';
- Consider the needs of the CALD family over the child protection work itself: resources permitting, offer an ethnically-matched caseworker. Managing the

risk of ‘over-identification’ is important, but less so than ensuring the CALD child’s safety which in turn requires cultural sensitivity;

- When CALD families do not have a preference for an ethnic-matched caseworker, assign a non-matched caseworker as this is an opportunity to directly develop cultural competency;
- Focus on OOHC as a first step toward improving the cultural appropriateness of the CPS. Detailed care plans for maintaining cultural links through ethnic-matched foster carers are required. Consider the age and generation of the CALD child; cultural links may be more important for young and first generation children in PR till 18 years;
- Provide training to interpreters on CP issues to increase their sensitivity and skill in this specific context;
- Increase links and relationships with local and culturally appropriate community services and agencies. Make a list of these for the main CALD groups in the area easily accessible to all caseworkers;
- Offer mentors to new caseworkers who can ‘shadow’ the experiences and culturally competent caseworkers and case managers;
- Increase the number of CALD staff and improve the level of cultural competency at management levels in all CALD-dense CSCs, so that some CSCs are not operating at poorer levels than others;
- Clearly identify the roles and responsibilities of multicultural caseworkers and case managers for addressing cultural issues for CALD families;
- Target training in cultural awareness to match the local demographic profile; and
- Ensure invited trainers in cultural awareness are sensitive to the role and job of DHS caseworkers.

Best practice principles for Head Office include:

- Target preventative intervention to families of Middle Eastern, Vietnamese, Pacific Islander, and African backgrounds, and focus on physical abuse and inadequate supervision;
- Make consultation with multicultural caseworkers mandatory, to increase systemic awareness throughout DHS of the importance of cultural sensitivity for CALD families. Do not view cultural sensitivity as an ‘impediment’ to child safety, but rather a ‘pathway’ to child safety;
- Increase the number of CALD staff addressing and co-ordinating cultural issues at DHS Head Office;

- Provide regular ‘refreshers’ on cultural competency to account for high staff turn-over rate. Ensure the training is interactive, and delivered in different ways to meet different learning styles in caseworkers;
- Conduct outreach programs to local CALD communities to help overcome any cultural stigmas associated with foster caring;
- Increase specialised resources for all the main CALD groups in the CPS, so that each are receiving proportionate attention;
- Increase awareness of all currently available resources to increase their uptake;
- De-centralise power from Head Office to help overcome institutional fear within DHS;
- Make each child’s history immediately available on the KiDS system;
- Increase training on cultural issues to Anglo Saxon and ATSI caseworkers; do not just focus training on CALD issues to CALD caseworkers;
- Translate all important and frequently used documents, and encourage their use as part of routine practice with CALD families; and
- Increase positive images of DHS in the media.

The delivery of culturally appropriate and therefore effective child protection service is especially crucial in NSW, as this is one of the most culturally diverse states in Australia. Thus, the results of this study are important for helping NSW caseworkers and case managers toward this goal.

5 Discussion and conclusion

The literature review showed that there were three possible reasons that underpin the entry of CALD groups into the CPS: culture, poverty, and institutional biases. Support for all three factors were found from the results of Stages 2 and 3 of this study. Both the case file reviews and the interviews with caseworkers and CALD families repeatedly showed that physical abuse was the most common type of abuse or neglect reported for this group, and that physical discipline is seen as culturally acceptable among this group. Thus, it may be inferred that culture is the main determinant of their systematic entry into the CPS.

However, poverty and institutional biases may also play a role. Financial stress and socio-economic disadvantage (which was reported in the interviews with CALD families) can impinge upon a parent's ability to consistently engage in non-harmful parenting behaviours, and thus exacerbate the already normative relationship between culture and physical *discipline*, to levels that may warrant physical *abuse*. It is important caseworkers remain mindful of the larger context that shapes family functioning of CALD families, and that they do not focus singularly on 'culture'; to do so, pathologises the culture when external factors may also be playing a part.

Also, although the results of Stage 3 showed that many caseworkers use *education* to improve insight in CALD parents about the physical and psychological effects of excessive physical discipline, there were others that use a 'zero tolerance' policy and instead *punish* CALD children and families by removing them. This is inconsistent with Australian law on the use of physical discipline⁴⁵, and this disparity is an institutional bias that can systemically introduce CALD families into the CPS.

Importantly, it is understandable that some caseworkers would use a 'zero tolerance' policy, is line with the notion that it is 'better to be safe than sorry', but once CALD families enter the CPS they can become vulnerable to a whole raft of other factors that compromise the well-being of CALD children and families, such as possible negative experiences in the foster care system, negative experiences in the bureaucracy of the CPS, and the grief and loss associated with the removal itself. Thus, the nature of intervention really is an issue of risk management, and one significant way that DHS can minimise risk to CALD children and promote their safety and welfare is to engage in large-scale preventative programs that educate CALD communities about their role as 'child protectors' (rather than 'child removers') *before* they enter the CPS.

The results of Stage 2 and 3 both showed that another common type of abuse or neglect for CALD groups is inadequate supervision. Again, culture, poverty and institutional biases all play a role in explaining why this is a common issue for CALD groups.

Culturally, as CALD groups are typically collectivistic rather than individualistic, children (especially the eldest in a family) are typically socialised to take on domestic responsibility at ages younger than their Anglo Saxon (and individualistic)

⁴⁵ Australia law permits the use of open-hand strikes that are not to the face and do not use implements.

counterparts. As a result of their comparably greater responsibilities, it is generally not seen as odd that they would not be able to care for themselves or younger siblings.

Economically, as migrants or refugees without extensive community and family networks and support, or if their internationally-obtained qualifications are not recognised in Australia for example, they may have an additional burden to 'make ends meet'. As a result, children are expected to look after themselves or are left with neighbours for extended periods of time because they do not have the luxury of affording choices such as childcare or working part-time.

Institutionally, caseworkers may label CALD parents who leave their children unsupervised for periods of time that are longer than what would be considered 'normal' in Australia as 'neglect' or they may describe these children as 'parentified'. Such labels may be culturally judgmental or reflect lack of knowledge, and can be damaging to parents who have no intention to neglect their children. Again, education rather than punishment is key; and informing CALD parents that the risks to unsupervised children in Australia are different to the risks of unsupervised children in their country of origin, can help prevent their systemic entry into the CPS.

The literature review grouped the issues that CALD children and families may perceive or experience once they have entered the CPS into four types: (1) *Issues in relation to the child protection system itself* (such as lack of awareness about DHS and their statutory power, fear of authority because of past experiences with DHS 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) *Issues with interpreters* (such as ethnic-matching and gender-matching, not using children, and having a respectful manner); (3) *Tensions between their own conflicting needs* (such as 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); and (4) *Tensions between CALD children and families, and caseworkers* (such as 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 results of Stages 2 and 3 showed that of all these possible issues, the three main ones for CALD groups in the CPS are: (i) lack of awareness about DHS and their statutory power, (ii) fear of authority because of shame on family, and (iii) fear of breach of confidentiality despite having ethnically-matched interpreters who may provide empathy. While these may be the more common issues, it is still important for caseworkers to be aware of the range of possible issues they may encounter when working with CALD families.

The literature review grouped the issues that caseworkers may perceive or experience when providing services to CALD clients into two types: (1) *Tensions between caseworkers and CALD children and families* (such as determining 'abuse/neglect' and 'the best interests of the child' across cultures); and (2) *Tensions between caseworkers and other relevant colleagues* (such as 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).

The results of Stages 2 and 3 provided support for all these possible issues. Determining ‘abuse/neglect’ and ‘the best interests of the child’ across cultures taps into the theoretical debate between cultural absolutism and cultural relativism. The former position states that abuse and neglect have identifiable characteristics across cultures and therefore culture does not need to be considered in determining whether or how severely abuse and neglect have occurred. Contrarily, cultural relativism asserts that whether and how severely abuse or neglect have occurred depend on the extent to which cultural values and norms about parenting behaviours have been deviated from. Thus, ‘excessive’ and ‘harmful’ parenting depends on what constitutes ‘normal’ parenting. Since norms vary between cultural groups, harmful parenting and risks to children are not consistent across cultures.

There are issues with both positions as they can lead to ‘false positives’ and ‘false negatives’, with abuse or neglect being inaccurately identified or inaccurately overlooked. In the field, it is more important for caseworkers to be aware of the pitfalls of both approaches and then weighing these risks up in a case by case fashion, rather than trying to reconcile the theoretical debate. Failure to be informed of these risks (and to then use this information or awareness to tailor intervention that meets the family’s individual needs) can take many forms, but the more risky way in which this can manifest is when caseworkers take a ‘bottom-line’ culturally absolutist approach to child safety and fail to consider (the importance of) culture in their risk of harm assessments (and this result was found in the interviews with caseworkers).

To help clearly identify for caseworkers what constitutes as ‘culture’, this study differentiates between individualism and collectivism. It is a broad and heuristic dichotomy to help caseworkers understand some basic cultural differences that make the position of cultural relativism important to be aware of and consider in casework. Individualism holds the individual to be the unit of society, and thus is consistent with a ‘child-centred’ framework to child welfare. Collectivism holds that the family is the unit of society and thus a ‘child-centred’ framework is inconsistent with hierarchical and group-based cultural norms and values among CALD collectivist groups.

However, to also ensure that caseworkers do not attribute all issues for CALD families to culture, this study differentiates between three possible types of issues: cultural, migration-related (or ‘migratory’ or ‘acculturative’), and generalist. The results of Stage 3 help to give some examples of the kinds of issues that could comprise these three types:

- (i) *Cultural*: physical abuse, inadequate supervision, traditional cultural practices, cultural differences in ‘child-centred’ family functioning, cultural differences in what’s ‘acceptable’ in differentiating discipline from abuse, gender, academic pressure, and exposure to trauma;
- (ii) *Migratory*: lack of awareness about child protection laws and agencies (especially of their statutory power), lack of extended family support, generational differences in migration, and language issues; and
- (iii) *Generalist*: homelessness, poverty, mental health issues, domestic violence (DV), and alcohol or drug (AOD) issues.

It is important caseworkers are aware of all these type of issues that could impact child rearing and family functioning among CALD families, so that any one issue is not mistaken for another. For example, generalist issues are common to all groups regardless of cultural background and racialising them as if it were culture that explained its occurrence would be a false and biased attribution. Indeed, the more aware of and sensitive to nuanced variation between CALD families that caseworkers are and become, the more likely they are to appreciate that even though the right to child safety is equal across groups, the way it is implemented is not, and requires cultural awareness and sensitivity to be effective. Each family, regardless of their cultural background, is unique and different, and thus the provision of *appropriate* services rather than services that are *similar* across families is a better 'litmus test' of whether there is equity in service provision.

Issues with interpreters were identified more in Stage 3. Specifically, the time-intensity involved with their use and their sometimes lack of sensitivity to child protection issues were reported by the caseworkers.

While support of the over-reliance on CALD caseworkers as 'cultural experts' was not found in Stages 2 and 3 of the study, insufficient training in cultural competency was identified. Caseworkers could identify a number of resources provided by DHS and MSU but noted that they were not routinely used by caseworkers in the field. Thus, the provision of resources by DHS is there, but their routine uptake is not. This requires a move 'from the top' at Head Office level to make consultation with multicultural caseworkers (who in turn can also direct other caseworkers to all the available resources) mandatory. Indeed, consultation with Aboriginal caseworkers is currently mandatory and many caseworkers noted that policies and legislation acknowledged cultural issues for Indigenous families but not CALD families to the same extent; this indicates that there is current inequity in cross-cultural service provision.

Throughout all stages of this study, a three-tiered system (Sawrikar & Katz, 2008) of effective and appropriate engagement with CALD families in the CPS was used: (1) *Service* (or 'personal' or 'worker'); (2) *Agency* (or 'organisational' or 'community service centre'); and (3) *Organisation* (or 'institutional' or 'system'). All three are seen as necessary and equally responsible for delivery culturally appropriate child protection services to CALD children and families. Indeed, all the General Models of Service Delivery developed throughout this study use these three tiers. *Examples of caseworker's responsibilities include:* culturally respectful and aware engagement. *Examples of responsibilities for case managers and community service centres include:* providing up-to-date training and resources to meet local needs, and recruiting CALD caseworkers in management roles. *Examples of the responsibilities of Head Office include:* ensuring that data fields on ethnicity are routinely collected⁴⁶

⁴⁶ As of July 2009, 'ethnicity' is now a mandatory field to collect on the KiDS database. Thus, institutional change toward the monitoring of ethnic equality is already in effect and moving in a positive direction.

as a demonstration of ethnic equality⁴⁷, and making CALD consultation mandatory, and providing preventative education programs to CALD communities.

The results of Stages 2 and 3 identified a range of examples of good practice and areas for improvement. Culturally appropriate practice can be grouped into: (i) consultation with multicultural caseworkers (e.g. to distinguish ‘normal and non-harmful’ from ‘not-normal and harmful’), (ii) culturally appropriate analysis for families (e.g. placing removed children in ethnically-matched placements if this is appropriate for the child), and (iii) culturally sensitive engagement with families (e.g. encouraging CALD children to speak their native language). Effective or appropriate practice that met non-cultural needs, and which would benefit all families regardless of their cultural background, were also identified such as good listening skills and being honest.

Culturally inappropriate practice can be categorised into: (i) over-intervention, (ii) failure to understand or meet cultural needs (e.g. failing to consult with multicultural caseworkers or downplaying culture), and (iii) provision of culturally inappropriate services (e.g. trying to change cultural attitudes that underpin harmful parenting behaviours or prioritising the risk of ‘over-identification’ over the need for ‘cultural sensitivity’). Non-cultural and inappropriate or ineffective practice includes things like inefficient practice and insensitivity.

The results of Stages 2 and 3 show that barriers to good practice can occur at any of three levels: personal, organisational, and institutional. *Personal barriers* include caseworkers over-identifying with CALD families, lack of cultural competency, fear that CALD families will think of them as racist, conflicts between caseworkers on the importance of culture or the extent it should be considered, and time and emotional constraints associated with CP work. *Organisational barriers* include resource constraints, lack of clear and consistent management, insufficient links and relationships with local and culturally appropriate community services and agencies, and poor open-plan office structures. *Institutional barriers* include lack of protocols on how to record a child’s ethnicity, reducing cultural issues to language ones, reporting cultural issues as “Not Indigenous” or “Not Applicable”, perceived lack of sufficient training and resources, child-centred versus family-centred work practice, and entrenched institutional fear within DHS.

In conclusion, the one to one relationship between the caseworker and the CALD family is the most crucial because it is here that the frontline delivery of services occur. However, caseworkers require organisational and institutional support to maximise the appropriateness and effectiveness of this personal relationship. The needs of CALD groups are complex. On the one hand, they need to be understood culturally, but the risk is that they can be stereotyped. Their cultural needs are as important as they are for Indigenous Australians, and their need to be treated as an individual case is as important as it is for Anglo Saxon Australians. Given that they are themselves a diverse group, it is important that the strategies to meet their needs are also diverse. Programs and policies that are a combination of ‘ethno-specific’,

⁴⁷ This is analogous to collecting data on the sex of a child as way of demonstrating equal value for, and an ability to respond to the unique needs of, both sexes; and thus, gender equality.

‘multicultural’, and ‘mainstream’ (Babacan, 2006) are all necessary to meet the needs of CALD children and families appropriately.

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Appendix A: General Model of Service Delivery from Stage 1

DHS Head Office	DHS Community Service Centres (CSCs)	DHS 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, and these differences may underpin the personal dynamics between a caseworker (who may be seen as a representative of the law which is based on individualistic norms of family functioning) and a CALD family (who generally have less social, economic, and/or political power as a group in society). As a result, 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 (Babacan, 2006).</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 DHS and their statutory power, fear of authority because of past experiences with DHS 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 like poverty that impinge on a family’s ability to parent functionally.</p>
<p>Consult with elders from the CALD group in the local</p>	<p>Consider the need to linguistically and/or ethnically</p>	<p>For refugee families, assess the extent to which their</p>

community to obtain feedback on proposals of how to tailor generic parenting programs or services for specific CALD groups.	match interpreters and CALD families (e.g. an Arabic speaking Lebanese interpreter may be used with an Arabic speaking Sudanese family).	needs are due to trauma and torture in their home 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.
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.	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.	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.
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, and increase the visibility of DHS' efforts to address cultural issues to CALD families in terms of cultural knowledge and bridging across diverse groups (Babacan, 2006).	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.	Refer to DHS Multicultural caseworkers for advice, support, or feedback.
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 (Babacan, 2006).	Develop brief 'cultural fact sheets' for caseworkers for each of the CALD groups common in the local community.	Refer to local CALD advocacy community groups and centres for advice, support, or feedback.
Make widely available anti-racist and anti-discriminatory policies for CSCs to refer to easily.	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.	Refer CALD families to Ethnic Communities Council (ECC) and/or Migrant Resource Centres (MRCs) if necessary.
Develop clear guidelines for equal employment opportunity and multicultural policies.	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.	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 DHS' Brighter futures) that are available to them to receive

<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 DHS 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, develop 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.</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>

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.

Appendix B: General Model of Service Delivery from Stage 2

Issue	Recommendation	Responsibility of ...		
		Caseworker (personal)	CSC (organisational)	Head Office (HO) (institutional)
CALD-background families justifying physical punishment/abuse as an acceptable form of discipline	<p>CM to allocate two CWs, one who is an ethnically-matched CW to explain to family that physical abuse is culturally and legally unacceptable in Australia. This may help reduce the chances of parents defending harmful parenting behaviours because of perceived threat to culture. The presence of another non-ethnically matched CW can help offset the risk that the CALD family perceives the ethnically matched CW as a cultural 'sell-out' or the fear that the non-matched CW may be racist.</p> <p>CM to allocate all new CWs to shadow multicultural CWs.</p>		✓	
CALD-background families justifying physical abuse as an acceptable punishment for failing to meet academic expectations	<p>CW to acknowledge the importance of education among cultures that value social standing in their community, and using this acknowledgement as the basis for educating families that physical abuse is culturally and legally unacceptable in Australia and alternative non-harmful ways of parenting.</p> <p>CALD-background CM or multicultural CW to advise as appropriate on a case by case basis during routine consultation.</p>	✓	✓	
CALD-background families lacking insight into the harmful effects of physical abuse and the risks associated with inadequate supervision	CWs to begin with an assumption that CALD families, despite the overall prevalence for a CALD group, are not insightful into the harmful effects of physical abuse. This	✓	✓	

	<p>may help reduce parent's defensiveness.</p> <p>CWs to acknowledge that perceptions of risk to a child's safety may differ between assessment criteria of neglect and the CALD family. Differences may be due to the experience of other more extreme conditions (e.g. living in a refugee camp, or long standing DV) that make 'inadequate supervision' seem comparatively less risky. Differences may also reflect cultural differences in age-appropriateness for domestic responsibility, otherwise mislabelled as 'child is parentified'.</p> <p>CALD-background CM or multicultural CW to advise as appropriate on a case by case basis during routine consultation.</p>	
<p>CALD-background families lacking awareness about CP laws re: physical abuse and inadequate supervision (i.e. use of implements is illegal and minimum age considered safe for children to be left unsupervised, respectively)</p>	<p>CW to respectfully and precisely explain what is legally acceptable in Australia in terms of physically punishing children (i.e. no implements, etc), and that these laws reflect UN CRC, and therefore reflect the child's best interest and their right to safety.</p> <p>CW to acknowledge cultural differences in age-appropriateness for leaving children unsupervised and to respectfully explain that dangers in Australia may be different to dangers in country of origin.</p> <p>CALD-background CM or multicultural CW to advise as appropriate on a case by case basis during routine consultation.</p>	<p>✓ ✓</p>
<p>CALD-background families lacking awareness about DHS' statutory power and that information disclosed to DHS may be used in court</p>	<p>CW to make clear at the outset that they have the legal power to remove their children based on what the family discloses.</p>	<p>✓</p>

CALD CHILDREN AND FAMILIES IN THE NSW CHILD PROTECTION SYSTEM

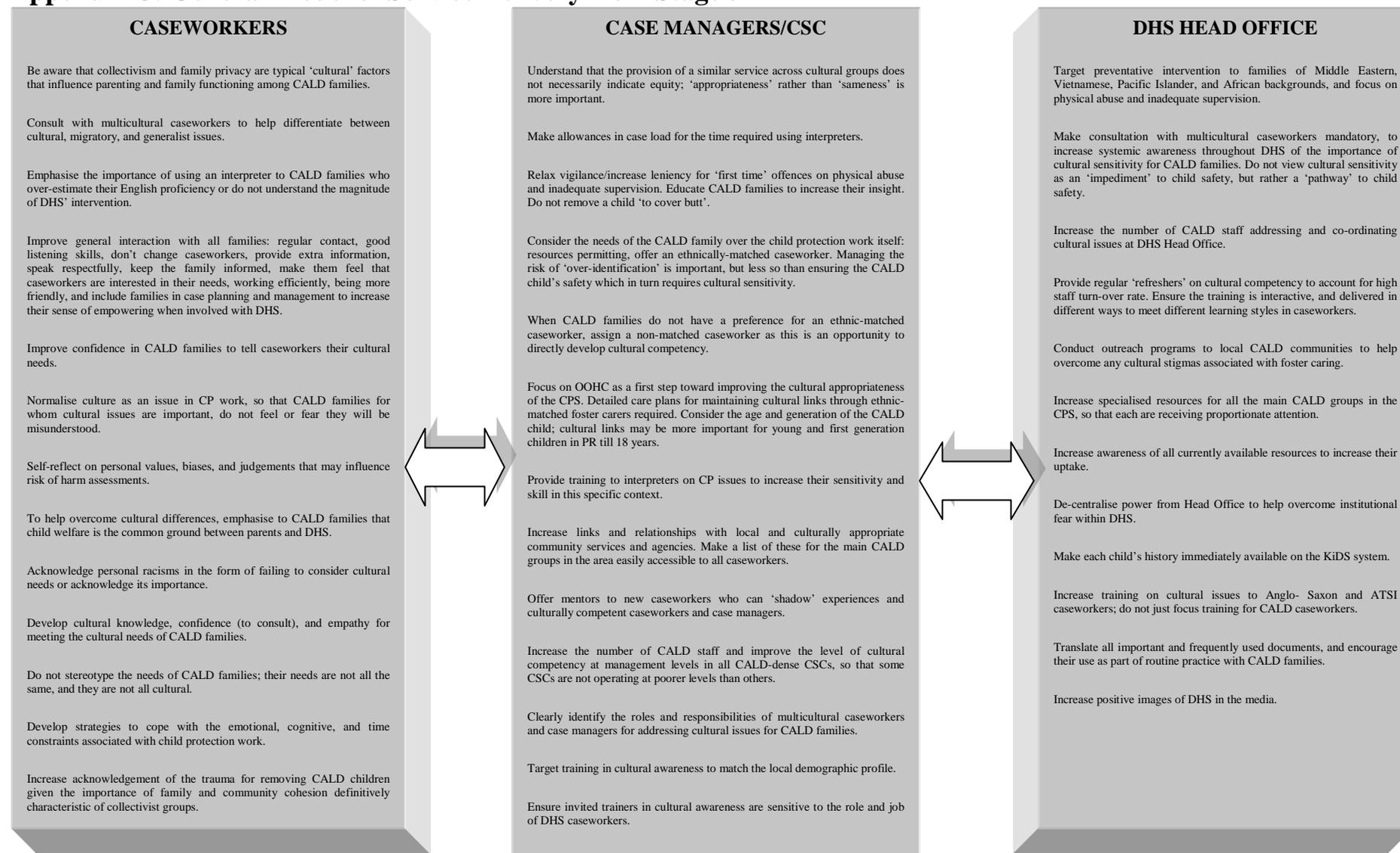
	CW to ask family to sign or at least repeat, so that they are aware their disclosures may be used in court.	
CALD-background families lacking protective actions such as taking out an AVO or allowing breaches of an AVO for the sake of keeping their family together	CW to acknowledge the difficulty for CALD mothers in taking out or enforcing an AVO as it breaches cultural norms about keeping the family together, but to iterate that such behaviours compromise the safety of the child.	✓
CALD-background families fearing a breach of confidentiality with ethnically-matched interpreters	At the beginning of each session, both the interpreter and the CW facilitating the session should clearly iterate that all matters are confidential, except as required by law.	✓
CALD-background families fearing a breach of confidentiality with ethnically-matched CWs	CM to offer CALD family a choice between ethnically-matched or non-matched CW. CWs who are racially and/or linguistically matched should clearly iterate that all matters are confidential, except as required by law, at the beginning of each session.	✓ ✓
CALD-background families feeling socially isolated because of lack of family support	CW to suggest multicultural community groups (not exclusive to their CALD background, especially if saving face important) with activities not related to CP, to increase general sense of connectedness to community.	✓
CALD-background families who require an interpreter but refuse one	CW to respectfully point out that even though their English proficiency may be sufficient in day to day matters, CP matters and processes are complex and that it is in the child and family's best interest to use an interpreter.	✓
CALD-background families feeling disempowered by DHS' intervention because of the associated loss of power in the hierarchical family structure	CW to iterate that the intention of DHS' intervention is to protect children from harm, and not to disrespect cultural norms about hierarchical power structures common in collectivist cultures.	✓

CALD CHILDREN AND FAMILIES IN THE NSW CHILD PROTECTION SYSTEM

<p>CWs being able to identify how culture and harm may be entwined <i>generally</i> for a CALD group, and then how this general relationship is related to an <i>individual</i> family from that CALD group</p>	<p>HO to make mandatory consultation with multicultural CWs for all CALD-background clients (especially in low CALD-density CSCs).</p> <p>CMs to organise regular cultural awareness training at CSC (during “Practice Solutions”) responsive to local needs (especially in high CALD-density CSCs).</p>	<p>✓</p> <p>✓</p>
<p>CWs suggesting inappropriate interventions due to a lack of awareness or respect for cultural differences in parenting</p>	<p>HO to make mandatory consultation with multicultural CWs for all CALD-background clients.</p> <p>CSC to recruit CALD-background CMs proportionate to local populace to advise and make decisions about appropriate intervention and case management.</p>	<p>✓</p> <p>✓</p>
<p>CWs addressing the cultural issue of family privacy (and the associated lack of willingness to engage)</p>	<p>CSC to recruit CALD-background CMs proportionate to local populace to advise and make decisions about appropriate intervention and case management.</p> <p>CWs acknowledge importance of family privacy during case management as a way of helping the client overcome this fear and seek assistance.</p>	<p>✓</p> <p>✓</p>
<p>CWs addressing intergenerational conflict with both developmental and acculturative components</p>	<p>CWs obtain data on COB for each family member (measure of generational status).</p> <p>CWs act as advocate for child to parents; normalising the developmental process of individuation during adolescence, and understanding the child’s dilemma of balancing ‘two worlds’.</p>	<p>✓</p>
<p>CALD-background CWs over-identifying with their CALD-background clients</p>	<p>CMs or multicultural CWs to advise or discuss with CW when this may be occurring.</p> <p>CM to re-allocate case to non-matched CW but still consult</p>	<p>✓</p> <p>✓</p>

	with the CALD-background CW who offers understanding/empathy.		
Some CSCs being better resourced and having management more embracive of cultural diversity issues than others	HO making mandatory that CWs do a placement at such a CSC (e.g. Fairfield). CMs receive training from HO on how to approach and manage cultural diversity at the CSC.	✓	✓
Cost of translating	DHS and other related departments (e.g. Department of Immigration) to share costs of translating important documents (e.g. “Why your child is being removed”).		✓
Time-intensive cost for CWs of using interpreters (and regional differences in this perceived cost)	CMs to account for time intensive cost and accordingly reduce case loads of CWs with low English proficiency-CALD clients. CWs to be aware of and account for time intensive cost in case management without getting frustrated at CALD client/s with low English proficiency.	✓	✓
The systematic lack of consistency among CWs re: how to describe the ethnicity of a CALD-background child	HO provide training and make mandatory in case file notes that all CWs with CALD families record ethnicity as: “child is of [racial], [religious], and [language] background. Child/NF/NM each born in [COB]. Child/NF/NM each English proficiency is [low/moderate/good]. Child/NF/NM each [does/does not] require an interpreter”.		✓
The systematic lack of awareness among CWs of what constitutes “cultural issues” for CALD-background families	HO provide training and make mandatory in case file notes that all CWs with CALD families address “cultural issues” (as identified in Table 3), and distinguish them from “acculturative issues”, “generalist issues”, and “socio-economic issues”.		✓

Appendix C: General Model of Service Delivery from Stage 3



Appendix D: Data Tables

Table 5: Primary type of abuse and/or neglect by ethnic group

Primary type of abuse or neglect							
	Physical	Sexual	Emotional	Neglect (basic needs)	Inadequate supervision	Not enough info/None	Total
Chinese	8	4	1	1	6	0	20
Lebanese	9	1	4	4	0	2	20
Pacific	11	4	1	2	1	1	20
Vietnamese	8	3	6	1	2	0	20
Indigenous	3	8	3	3	3	0	20
Anglo	4	11	3	0	2	0	20
Total (%)	43	31	18	11	14	3	120
%	36	26	15	9	12	3	100

Table 6: Secondary types of abuse and/or neglect by ethnic group

Secondary type of abuse or neglect reported by ethnic group							
	Physical	Sexual	Emotional	Neglect (basic needs)	Inadequate supervision	Neglect (educ)	Total
Chinese	4	0	14	0	2	1	21
Lebanese	5	0	11	4	4	3	27
Pacific	4	1	9	8	11	6	39
Vietnamese	5	2	8	6	5	1	27
Indigenous	8	2	12	9	12	5	48
Anglo	11	0	14	11	4	5	45
Total	37	5	68	38	38	21	207

Table 7: Co-morbidity of abuse and neglect by ethnic group

Co-morbidity of abuse or neglect				
	Low (Row %)	Moderate (Row %)	High (Row %)	Total (Row %)
Chinese	5 (25)	15 (75)	0 (0)	20 (100)
Lebanese	3 (17)	12 (67)	3 (17)	18 (100)
Pacific	3 (16)	8 (42)	8 (42)	19 (100)
Vietnamese	6 (30)	10 (50)	4 (20)	20 (100)
Indigenous	2 (10)	10 (50)	8 (40)	20 (100)
Anglo	4 (20)	5 (25)	11 (55)	20 (100)
Total	23	60	34	117