



Social Policy Research Centre Report Series

Never Stand Still

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)

Interim Report 3: Interviews with CALD carers and DHS staff

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

Social Policy Research Centre, UNSW

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Abbreviations

ABS	Australian Bureau of Statistics
AOD	Alcohol or Drug
ATSI	Aboriginal and Torres Strait Islander
BF	Brighter Futures Program
CALD	Culturally and Linguistically Diverse
CDC	Community Development Course
CLAS	Community Language Allowance Scheme
CM	Case Manager
COB	Country of Birth
CP	Child Protection
CPS	Child Protection System
CSC	Community Service Centre
CW	Caseworker
DHS	Department of Human Services
DoCS	Department of Community Services ¹
DV	Domestic Violence
EI	Early Intervention
HO	DoCS Head Office
KiDS	Key Information and Directory System
LOTE	Language Other Than English
MH	Mental Health
MRC	Migrant Resource Centre
MSU	Multicultural Services Unit
NAATI	National Accreditation Authority for Translators and Interpreters
NESB	Non English Speaking Background
NSW	New South Wales
OOHC	Out Of Home Care
PR	Parental Responsibility
ROH	Risk Of Harm
SES	Socio-Economic Status
SPRC	Social Policy Research Centre
TIS	Translating and Interpreting Service
UNSW	University of New South Wales

¹ The DHS was known as the Department of Community Services (DoCS) until 2010. Any references to “DoCS” that come directly from quotes have not been changed to “DHS”.

Executive Summary

Background

In July 2007, the NSW Department of Human Services (DHS²) awarded a (competitively based) three-year Postdoctoral Fellowship, under their Collaborative Research Scheme, 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 of Culturally and Linguistically Diverse (CALD) children and families in the child protection system (CPS), and how best to meet them.

CALD children are those who are born either overseas or in Australia, and typically originate from countries in which English is not the main language³. In this report, CALD children are distinguished from their Indigenous and Anglo Saxon counterparts, as the needs of these groups (both generally, and in the child protection system) are considered significantly different from one another. Some CALD children will also be refugees, in which case a more specific set of vulnerabilities are likely to be perceived and experienced.

Although an accurate representation of CALD children in the CPS is currently unknown because data collection on ethnicity has only recently become mandatory⁴, DHS' Multicultural Services Unit (MSU) estimates they comprise approximately 20 per cent of all children in the NSW CPS⁵. This estimate would be roughly on par with their representation in the general population; 24 per cent are born in non-English speaking countries (ABS 2007⁶).

Project methodology

This research was conducted in three stages: (1) literature review (see Interim Report 1), (2) case file review (see Interim Report 2), and (3) interviews with DHS staff and parents/carers of CALD children (the subject of this report). Stage 3 involved semi-structured qualitative interviews with 29 CALD parents/carers (henceforth referred to as 'CALD families') and 17 DHS staff with CALD clients (henceforth referred to as 'caseworkers').

² At that time, DHS was known as the Department of Community Services (DoCS).

³ 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.

⁴ As of July 2009.

⁵ After adjusting for the large over-representation of Indigenous children in the CPS at about 25 per cent, the estimate number of Language Other Than English (LOTE) children in the NSW CPS increases from 15 to 20 per cent.

⁶ 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 Italy, China, Vietnam, India, Philippine, Greece, Germany, South Africa, Malaysia, Netherlands, Lebanon, and Hong Kong (SAR of China) (ABS 1301.0, 2007).

Aims and objectives

The interview schedule used in Stage 3 was designed to match eight broad themes, which in turn were drawn from the literature and case file reviews. Within these eight themes, 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 DoCS 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.

Where possible, the results between CALD families and caseworkers were triangulated, allowing a comparison between service users and service providers. In turn, this can help identify if there are any gaps in current service delivery, and thus areas for possible improvement in the future. It can also help identify where there is consistency between service users and service providers, providing evidence for the continued use of the current practice or policy. The results from the interviews were also compared and contrasted to findings from Stage 1 (literature review) and Stage 2 (case file review).

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 '(stereo-)typical' 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 in Australia.

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 here in Australia.

Summary

In short, the role of collectivism, religion, gender, and family privacy, are all seen to be 'cultural' factors that may affect typical parenting behaviours and family functioning among CALD families in Australia. (Region of residence and economic disadvantage in the country of origin may also need to be considered). 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 Community Service Centres (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 originally 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 is an ‘acceptable’ differentiation between discipline and 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 patterns and history, 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 these aforementioned issues that were also identified by the caseworkers – physical abuse, inadequate supervision, and lack of awareness of about child protection laws and agencies.

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 or normative. This finding also emerged in the case file review. Importantly, however, there are other structural factors such as differences in the role of the state in child welfare and family functioning, and systemic factors such as economic disadvantage, that can also bring CALD families into the CPS. 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 DoCS 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 Indigenous 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. Also, 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 Indigenous 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. This is because each cultural group, and indeed each family, is unique. Moreover, culture is an important element for consideration among all CALD families even if the role culture plays for a specific family's issues is small. For example, 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. the use of physical discipline being regarded as culturally acceptable), culturally appropriate service provision is still required to ensure effectiveness.

At the theoretical level, this discussion highlights the difficulty of operationalising 'equity' in service provision. Does similar service provision demonstrate cross-cultural equity, or does it demonstrate a 'colour blind' and therefore culturally absolutist (or 'one-size-fits-all') bias? Thus, 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, this study recommends that mandatory consultation with multicultural caseworkers for *all* CALD cases across NSW would be a move toward culturally appropriate and still yet equitable service delivery.

Currently, consultation with Indigenous caseworkers is mandatory for all Indigenous cases across NSW. One caseworker did note that there may be an over emphasis on cultural sensitivity compared to child protection matters for Indigenous 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 at least acknowledged as being as important as child protection matters. 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.

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. Interestingly, 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 caseworkers assess the 'appropriateness' of a service for a CALD family, in significant part, by how 'equitable' they perceive the delivery of that service to be for one group across all families in the CPS. In other words, what is considered culturally 'appropriate' for a CALD family does not just depend on cultural knowledge of that group, but also on how the provision of a service fares with the services that other groups receive. That is, appropriateness is a mixture of meeting the needs of one group while still considering the needs of all groups. Moreover, that because Indigenous 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. 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 difficult to describe and categorise, and may be embedded within each other rather than being separable. Indeed, these operational and theoretical difficulties only further support the need to make consultation with multicultural caseworkers mandatory and crucial for all CALD case files, so that each CALD family is treated at the individual and informed level.

Summary

CALD, Anglo Saxon and Indigenous 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, 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 Indigenous 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 (and 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 DoCS caseworkers

One of the most common themes that emerged in the literature and case file reviews was the benefit 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 and provide cultural sensitivity. 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.

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. These caseworkers seem to believe that cultural sensitivity and child safety are opposing goals, and that meeting one may be 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 and designed 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 (and which the CALD family participants did not) 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, providing 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

By 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, cultural sensitivity, and/or cultural 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 clearly identified mentors 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; insufficient number of 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 was seen to be the lack of sufficient training and resources. Four main types of training and support from Head Office were readily identified by caseworkers: (i) the provision of multicultural caseworkers, (ii) information on DHS' intranet, (iii) 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 staff at 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 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 DoCS is perceived to sufficiently addresses the cultural needs of CALD children and families

Only a few CALD families and caseworkers indicated that the service DoCS 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 Brighter Futures (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 appropriately 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 Community Language Allowance Scheme (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 Aboriginal and Torres Strait Islander (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 not having 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 model of service delivery for CALD families' (originally developed from Stages 1 and 2), was modified 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).

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, do not change caseworkers, provide extra information, speak respectfully, keep the family informed, make them feel that caseworkers are interested in their needs, work efficiently, be more friendly, and include families in case planning and management to increase their sense of empowerment 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 of caseworkers and case managers high on culturally competency;
- 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 for 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.

1 Introduction

A three-year postdoctoral fellowship was awarded by NSW Department of Human Services (DHS) to the Social Policy Research Centre (SPRC) at the University of New South Wales (UNSW) in July 2007, to explore the needs of Culturally and Linguistically Diverse (CALD) children and families in the child protection system (CPS), and how best to meet them. CALD children are those who are born either overseas or in Australia, and originate from countries in which English is not the main language. According to DHS' Multicultural Services Unit (MSU), 15 per cent of all children in the NSW CPS come from households in which a Language Other Than English (LOTE) is spoken.

1.1 Target group for report

It is only in the last five or so years that the needs of CALD children and families in the CPS are receiving significant empirical attention. The results of this three year project form part of the contribution to the development of evidence-based research for this client group. These results 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 child- and family-related service providers for CALD children and families, CALD advocacy groups in the community, researchers in the field of child protection or any cross-cultural research, and CALD children and families themselves.

1.2 Theoretical and empirical approach to study

The first stage of this study comprised a review of the national and international literature, and identified the *theoretical framework* for this project. Briefly, this theoretical framework describes the dilemma of cultural absolutism versus cultural relativism; the (empirically irreconcilable) debate on how to balance child safety with respect for cultural difference in parenting. The literature review identified the importance of three tiers – (i) workers (e.g. caseworkers and case managers), (ii) agencies (e.g. Community Service Centres; CSCs), and (iii) institutions (e.g. DHS) – and argued that all three tiers must be aware of the pitfalls of both cultural absolutism and cultural relativism so to avoid the risks that are associated with each, rather than attempting to reconcile the dilemma. This is because best practice ultimately occurs at the case by case level, and any culturally appropriate needs identified for CALD groups can only best be used heuristically.

The second stage of this study involved a review of 120 randomly selected case files. There were two main aims of this stage. The first was to explore the unique needs and experiences of four target CALD groups in the CPS – Chinese, Lebanese, Pacific Islander [Samoan and Tongan], and Vietnamese. This was to address the common problem in cross-cultural research that the needs of different CALD groups are often grouped together, with the effect of homogenising their needs and experiences. The results were used to design brief 'Resource Sheets' that caseworkers and case managers can use to improve their *cultural awareness*, and thus better address the needs of children and families from these four groups. The second aim of this stage was to make preliminary cross-cultural comparisons between the needs and experiences of CALD, Indigenous and Anglo Saxon children and families. This is important for caseworkers and case managers, to help build their *cultural competency*

in tailoring service delivery to ensure it is culturally appropriate for one group without compromising equity in the service across many groups. Overall, the results highlighted the importance of being aware of and sensitive to cultural norms for a CALD group, but not stereotyping individual families from that group.

The third and final stage of this study involved interviews with parents or carers of CALD children, and DHS caseworkers and case managers who provide services to CALD children and families. The aim of this stage is to build on and compare the findings with those from Stages 1 and 2, but also to triangulate the needs and experiences of service users and service providers. In doing so, it is possible to identify if and where there may be gaps in current service delivery, and then to use these to make best practice policy and practice recommendations. Thus, the overarching aim of Stage 3 is to identify *best practice principles*. However, within this overall aim, there are 13 specific objectives.

1.3 Study objectives

The 13 specific objectives of this study are 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 DoCS 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.

2 Methodology

Recruitment, interviews (with interpreters as necessary), and transcription occurred between March and December 2009, at eight of the ten participating CSCs during the time the researcher was based at each, collecting data for Stages 2 and 3. Thematic analysis and report writing occurred between January and July 2010.

2.1 Recruiting participants

CALD families

DHS caseworkers and case managers at five of the ten participating CSCs – Auburn, Fairfield, Mt Druitt, Bankstown, and Lakemba – were introduced to the nature and purpose of the project during their weekly ‘Practice Solutions’ session. These CSCs were selected because of the high CALD population density in these areas, which was seen to increase the effectiveness of the recruitment process.

Caseworkers were asked to approach their current CALD clients with a Recruitment Flyer (see Appendix B) and to briefly describe the purpose of the interview⁷. Caseworkers were told to inform possible CALD participants that a university researcher was based at the DHS office for a short time (between two and four weeks) and was interested in exploring the needs and experiences of CALD families; if they would like to participate to call the researcher’s number and set up a suitable time and place for the interview. Often, the caseworker would organise the time and place on behalf of the CALD family, especially if there were language issues.

At the first CSC (Auburn) it was noted that there was difficulty in recruiting families to participate in the study, as caseworkers were generally reserved about inviting their families to take part (excluding the few caseworkers who themselves were generally interested in cultural issues). This may have been related to a perception that this was going to be a significant addition to the caseworker’s workload, or concern that the research may interfere with their casework. Based on this recruiting difficulty, the methodology of the project was modified and interviews with families no longer targeted any particular CALD group⁸, and parents and carers from any CALD background were invited to take part. This strategy was used to ensure that the target sample size (n = 32 interviews) was met⁹. Caseworkers were also assured at future CSC sites that the research would not interfere with casework as the researcher was bound by confidentiality and thus that no information during the interview would be

⁷ 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.

⁸ Originally, the aim of Stage 3 was to recruit 40 CALD family participants; eight per target CALD group (i) Chinese, (ii) Greek, (iii) Lebanese, (iv) Pacific Islander [Samoan and Tongan], and (v) Vietnamese.

⁹ As a result of their small sample size during Stage 2, families of Greek background were henceforth excluded from both Stage 2 and Stage 3 of this study. As a result, the target sample size for the interviews was reduced from 40 to 32. Thus, when 29 interviews with CALD families were conducted, the target sample size had nearly been reached.

fed back to the caseworker, but that the participating family was free to disclose and discuss any material that arose from the research interview with their caseworker if they wished to.

A number of Recruitment Flyers were also left at the front desk for clients to peruse and take themselves. However, this method proved less effective than using caseworkers to recruit participants, as caseworkers were able to immediately address any questions or queries the CALD family may have had, especially regarding the confidentiality and anonymity of their responses, but also other issues such as the length of time the interview would likely take.

In total, 29 CALD parents/carers across the five CSCs took part in the study. However, there were two interviews where both parents took part together, and so there were only 27 independent interviews conducted. At the first two CSCs, interviewees were notified that they could invite their children to also take part in the interview (which again, is an arms-length approach to ensure parental/guardian consent is first obtained), but no children participated. As a result of the difficulty in recruitment, children were not invited to take part in the remaining recruitment sites.

There were only two of the 29 CALD family participants that opted to conduct the interview in a private interview/meeting room at the DHS office itself; the remainder chose to conduct the interview at their home. Interviews varied in length of time from 15 minutes to 1 hour and 50 minutes. On average, the interview time was 45 minutes. Five of the 29 interviews were conducted with interpreters which the local CSC assisted in organising.

DoCS caseworkers and case managers

DHS caseworkers and case managers at seven of the ten participating CSCs – Auburn, Fairfield, Mt Druitt, Campbelltown, Blacktown, East Sydney, and Lakemba¹⁰ – were also invited to take part in the study. It was noted from the first of these CSCs (Auburn) that inviting caseworkers during the weekly ‘Practice Solutions’ session did not prove particularly effective; caseworkers were highly reluctant to take part in the study for fear that their responses would not be kept confidential and anonymous. Part of this fear may reflect a lack of understanding about the vigilance of ethics committees that oversee university research, but in part may also reflect a fear of DHS Head Office. Indeed, issues with the ‘organisational culture’ of DHS was highlighted by a number of caseworkers across all CSCs during the interview or during ‘everyday’ conversation while the researcher was based at the CSC.

As a result of the difficulty in recruiting caseworkers and case managers, (who also cited difficulty in finding the time to take part in an interview that could go for one hour given the nature of their crisis-driven work), case managers in the remaining future CSCs were asked to approach two caseworkers on behalf of the researcher and request if they would be interested to take part. This method proved more effective.

¹⁰ 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.

However, to ensure they did not feel coerced to participate by their case manager, the researcher iterated at the beginning of the interview that the caseworker did not need to participate in the study if they did not want to (i.e. that their participation was completely voluntary), and that they had the right to withdraw their participation at any time without explanation, consistent with ethics protocol¹¹.

In total, 13 caseworkers and case managers across the eight CSCs took part in the study. All interviews were conducted in a private interview/meeting room at the DHS office. Interview times ranged from 54 minutes to 2 hours and 10 minutes, and on average lasted for 1 hour and 11 minutes.

Originally, there was a target sample size of 20 interviews with caseworkers. 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 was also one of the 13 interviewees and thus the total sample size of DHS interviewees is 17, nearly reaching the target size. As themes began to saturate, it was no longer necessary to continue conducting the interviews.

2.2 Conducting interviews

At the beginning of each interview, an Information Statement and Consent Form was provided to the participant and verbally explained (see Appendix D for CALD family participants and Appendix E for DHS caseworkers and case managers). 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 (see Appendix F), 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 (see Appendix G).

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

¹¹ Note: That participation was voluntary was clearly explained at the beginning of every interview with all participants, CALD families and DoCS staff.

transport cost if applicable. They were also asked to sign a Receipt of Payment (see Appendix H). 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.

2.3 Theming results

After all the interviews were completed, they were transcribed and themed. The semi-structured interview schedule 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. Table 1 outlines how each question on the interview schedule for the CALD family participants matches to the specific study objective and Table 2 outlines how they match for the caseworkers.

2.4 Methodological limitations

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 DoCS, 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.

As described earlier, 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 work¹², (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.

2.5 Methodological benefits

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 because finally, I get to say what I want done being a part of the research having your say, is worth a lot more than \$50” [CW_7].

¹² For example, one caseworker said, “I think it’s crucial you get a lot more [caseworkers] ... I think it’s the chaotic-ness of this office that people don’t have the time, or feel they don’t have the time” [CW_4].

Table 1: Matching interview schedule for CALD families to study objectives

INTERVIEW SCHEDULE: CALD families	OBJECTIVE NUMBER	OBJECTIVE
Your culture		
1. Can you describe how children are typically raised in your culture? <ul style="list-style-type: none"> • Any family norms or traditions or beliefs that influence the way parents raise their children? 	1	Typical family norms, traditions, beliefs, and/or practices that influence the way children are raised
2. Do families in your culture typically discuss any problems that may be happening in the family ... <ul style="list-style-type: none"> • With each other? • To extended family? • To people outside of the family but still in the community (e.g. church groups)? • To people outside of the community? 	2	Typical ways family issues are addressed
3. Generally do you think families from your culture should talk more openly, or less openly about any problems that they may be having, or do you think they talk enough?		
Your caseworker		
4. Do you think it is better to have a caseworker who is from the same cultural background as yourself, or someone who is different to you? <ul style="list-style-type: none"> • Why or why not? 	8	Ethnically-matching caseworkers and CALD families
5. Do you think your caseworker has been sensitive to your culture? <ul style="list-style-type: none"> • Can you tell me of any examples when they were? • Any examples of when they were not? <ul style="list-style-type: none"> ○ Racism ○ Unaware of typical issues such as fear of authority, family shame/stigma, intergenerational conflict • Compare initial contact with current relationship – has it changed over time? 	10	Examples of (culturally) in/appropriate practice
6. Overall, do you feel your caseworker respects your culture (or supports your cultural needs)?		
7. Do you feel comfortable to tell your caseworker what your cultural needs are (e.g. religion, diet, customs and traditions)? <ul style="list-style-type: none"> • Why or why not? 		
8. Do you wish that you had more say in the way your family’s case plan was developed, or do you think it was enough? <ul style="list-style-type: none"> • Was the family sufficiently consulted? 		

INTERVIEW SCHEDULE: CALD families	OBJECTIVE NUMBER	OBJECTIVE
Your interpreter		
9. Have you used an interpreter? <ul style="list-style-type: none"> • Do you think they were good? Why or why not? • Do you think they should they be matched by race and gender (in addition to language)? 	9	Effective and ineffective practice with interpreters
Your support		
10. Do you feel you have enough information and help with raising your children? <ul style="list-style-type: none"> • Why or why not? • Not enough family and friends, community support, etc • Not enough awareness of, or access to, parenting programs or childcare centres or local cultural centres • Not enough translated information 	4	Common reasons underpinning the entry of CALD groups in the CPS
Your opinions on making the system more culturally sensitive		
11. In terms of the ways in which caseworkers and DoCS interact with families from cultural backgrounds that are different to the Anglo Saxon majority, what things would you like to see improved? <ul style="list-style-type: none"> • Identify the highest and lowest priorities 	12	Extent to which DoCS is perceived as sufficiently meeting the cultural needs of CALD families
12. Can you think of any ways that caseworkers or DoCS can become better at meeting the needs of children and families from cultural backgrounds that are different to the Anglo Saxon majority?	13	Suggestions for improving service delivery to CALD families

Table 2: Matching interview schedule for caseworkers to study objectives

INTERVIEW SCHEDULE: Caseworkers	OBJECTIVE NUMBER	OBJECTIVES
Demographics about CSC and CALD groups		
1. What are the most common CALD groups at your CSC?	3	Common CALD groups at each CSC
2. What do you think are the most common reasons for why CALD groups enter the CPS? <ul style="list-style-type: none"> • E.g. intergenerational conflict, poverty, etc • How does this differ across the CALD groups? 	4	Common reasons underpinning the entry of CALD groups in the CPS
3. What services does your CSC typically provide to CALD families? <ul style="list-style-type: none"> • E.g. parenting programs, home visiting, 'cultural nights' for caseworkers and/or CALD families • Do the services differ across the CALD groups? • Are generic services tailored to meet the needs of CALD clients? 	5	Common services or practices provided to CALD families
4. To what extent does the CSC have links with other agencies in the local community? <ul style="list-style-type: none"> • e.g. Ethnic Communities Council, Migrant Resource Centres, local CALD advocacy groups, language centres, community centres, youth centres, church groups, community leaders, etc? 	11	Extent to which caseworkers feel sufficiently trained and resourced to meet the needs of CALD families
CALD groups compared to Anglo Saxon and Indigenous families		
5. Can you tell me of any examples where you have had difficulties when working with CALD families, as compared to Anglo Saxon or Indigenous families? <ul style="list-style-type: none"> • What was the CALD group? • What was the difficulty? • How is this different to your experiences with Anglo Saxon or Indigenous families? 	6	Commonalities and differences in working with CALD, Aboriginal and Anglo Saxon families
6. Can you tell me of any examples where you have <u>not</u> had difficulties when working with CALD families, as compared to Anglo Saxon or Indigenous families? <ul style="list-style-type: none"> • What was the CALD group? • What was the difficulty with the Anglo Saxon or Indigenous family? • How is this different to CALD families? 		
Involving CALD families		
7. To what extent do you think CALD families are included in the process of case planning?	10	Examples of (culturally) in/appropriate practice

INTERVIEW SCHEDULE: Caseworkers	OBJECTIVE NUMBER	OBJECTIVES
Resources and training for caseworkers		
8. What resources do you currently have to address the needs of CALD groups? <ul style="list-style-type: none"> • e.g. policies or training manuals? • Do you have any forms specific for CALD groups that you fill out on intake? (<i>Can we have a copy of these?</i>) 	11	Extent to which personal, organisational and/or institutional barriers impede culturally appropriate service delivery for CALD families
9. What does the term ' <i>cultural competency</i> ' mean to you? <ul style="list-style-type: none"> • Cultural competence is defined as a set of congruent behaviours, attitudes, policies that come together in an agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations (Brach & Fraser, 2000) 		
10. Do you think you have received enough training in, and resources on, cultural awareness, sensitivity, and competency for CALD families in the CPS? <ul style="list-style-type: none"> • E.g. workshops, information sheets, list of festival dates • Why or why not? 		
Race-matching		
11. In your opinion, do you think it is better to have a caseworker who is from the same cultural background as the CALD family, or someone who is different? <ul style="list-style-type: none"> • Why or why not? • Is availability/lack of resources an issue? • If you are a minority ethnic CW, do you feel that you are seen as the expert of ethnic minority issues? If yes, is this a problem for you? 	8	Ethnically-matching caseworkers and CALD families
Culturally appropriate practices: Effective and ineffective practices		
12. Can you give me some examples of things you have come across in your work that you thought were effective in meeting the cultural needs of CALD clients? <ul style="list-style-type: none"> • i.e. culturally appropriate or sensitive for CALD groups? 	10	Examples of (culturally) in/appropriate practice
13. Can you give me some examples of things you have come across in your work that you thought were <u>not</u> effective in meeting the cultural needs of CALD clients? <ul style="list-style-type: none"> • i.e. culturally inappropriate or insensitive for CALD groups? 		
14. Overall, do you think that the CPS currently meets the needs of CALD families effectively? <ul style="list-style-type: none"> • Why or why not? 	12	Extent to which DoCS is perceived as sufficiently meeting the cultural needs of CALD families

INTERVIEW SCHEDULE: Caseworkers	OBJECTIVE NUMBER	OBJECTIVES
Barriers to culturally appropriate practice		
15. Do you think there are any <u>institutional factors</u> that affect the way caseworkers substantiate reports of abuse or neglect for CALD families, as compared to Anglo Saxon or Indigenous families? <ul style="list-style-type: none"> • e.g. policies, practices, or procedures either set by DoCS or your CSC 	11	Extent to which personal, organisational and/or institutional barriers impede culturally appropriate service delivery for CALD families
16. Do you think there are any <u>attitudinal factors</u> that affect the way caseworkers substantiate reports of abuse or neglect for CALD families, as compared to Anglo Saxon or Indigenous families? <ul style="list-style-type: none"> • e.g. cultural norms or religious practices that differ between the CALD family and the caseworker • e.g. biases or prejudices towards families from some CALD groups 		
Absolutism versus relativism		
17. How difficult do you think it has been for you to implement one child protection law that applies to all children, and take into account that cultures differ from one another in the way they raise their children? <ul style="list-style-type: none"> • What do you see as the utility of a universal standard of childcare given significant cross-cultural variability? • Are there tensions between traditional individualistic approaches to CP policies with collectivist CALD families? • Are these tensions/difficulties more or less for some CALD groups compared to others? 	7	How caseworkers take into account different cultural contexts for children, while adhering to one Australian child protection law
18. To what extent do you think caseworkers should consider the ethnicity, culture, language and/or religion when designing the case plan and managing the case?		
19. Have you ever feared being thought of as 'racist' by your CALD client? <ul style="list-style-type: none"> • Why or why not? 	11	Extent to which personal, organisational and/or institutional barriers impede culturally appropriate service delivery for CALD families
Interpreters		
20. What has been your experience with interpreters? <ul style="list-style-type: none"> • Do you feel they are useful? Why or why not? • Are they matched racially and by gender, as well as language? Why or why not? • Are there any issues that emerge between you and the interpreter? Or the interpreter and the CALD family? 	9	Effective and ineffective practice with interpreters

INTERVIEW SCHEDULE: Caseworkers	OBJECTIVE NUMBER	OBJECTIVES
Your opinions on making the system more culturally sensitive		
21. In terms of the ways in which caseworkers and DoCS provide services to CALD families, what things would you like to see improved? <ul style="list-style-type: none"> • Identify the highest and lowest priorities 	12	Extent to which DoCS is perceived as sufficiently meeting the cultural needs of CALD families
22. Can you think of any ways that caseworkers or DoCS can become better at meeting the needs of CALD children and families in the CPS?	13	Suggestions for improving service delivery to CALD families
23. In your opinion, what is the ideal procedure for addressing the needs of CALD families in the CPS efficiently?		

3 Demographic summary of sample

3.1 Total sample

As can be seen from Table 3, there were 29 CALD families and 13 DHS caseworkers or case managers that took part in the interviews. The majority of CALD family participants were sourced from the Auburn, Fairfield, Bankstown, and Lakemba CSCs. No more than two caseworkers from any of the CSCs took part in the study and were sourced from seven of the 10 participating CSCs.

There were five caseworkers who were involved in validating the Thematic Template that was used in Stage 2 (case file review) of this study. These five participants were also asked for their general views on the experience of working with CALD families. Where appropriate, their open-ended responses have been included in this report. However, one of these five participants was also one of the 13 interviewees; thus there is a total sample size of 17 different caseworkers and case managers.

Table 3: 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

3.2 CALD families

Ethnic background

The 29 CALD families that took part in this study came from a diverse range of ethnic backgrounds¹³. 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 [*these participants are coded as 'ARB'*]. Six participants were of South East Asian background, including Cambodia, Vietnam, and the Philippines [*coded as 'ASN'*]. Five participants were

¹³ Note: no names of interviewees have been reported here to protect their confidentiality and anonymity.

from North and Sub-Saharan Africa, including Sudan, Burundi, Ethiopia, Ghana, and Sierra Leone [*these 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 resident¹⁴. 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.

3.3 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

¹⁴ 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 background¹⁵. 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 DoCS 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.

¹⁵ One Anglo Saxon caseworker did not complete this question on the survey.

4 Typical cultural norms on parenting and family functioning among CALD families

The aim of this section is to describe some basic cultural characteristics of parenting and family functioning among CALD families in Australia. This may be helpful to caseworkers new to meeting the needs of CALD clients, as a ‘starting point’ for understanding their cultural context. This section is divided into two parts. The first explores typical parenting values and behaviours, and the second explores typical ways that family issues are addressed.

4.1 Typical values and/or practices that influence the way children are raised

CALD families in Australia are in dynamic flux, with their values and behaviours continuously being informed by two contrasting cultural paradigms: individualism and collectivism. Thus, it is important that caseworkers are aware of, and acknowledge, the influence that the pressure of integration (or even assimilation) has on their parenting style and values. By demonstrating sensitivity to this, caseworkers will be less likely to essentialise the collectivist paradigm that most often shapes and influences CALD family and parenting norms.

Having said that, it is still important to point out what those typical norms are, so that caseworkers can more precisely understand what may be at odds or in conflict with the typical norms of individualistic parenting and family functioning. Thus, the effect of integration on parenting style has been reported on first, and then the more stereotypic collectivist norms have been described.

The effect of integration (or assimilation) on parenting style

One participant said, “I have four kids and I raise them as normal Aussie people. Because my kids are born here, so I had to raise them as Australian people ... To my kids, I don’t speak Cambodian, I speak fully English” [ASN_1]. This response seems to reflect a personal choice or desire to assimilate and parent in an ‘Australian’ way. Similarly, another participant said, “bringing up children is similar to anyone. All what we do back home in our country is what we got people in Australia doing” [AFR_1]. While this participant has not described the specific ways in which child rearing is similar between the two cultural groups, this response may again reflect a general desire to merge cross-cultural differences, as a way of addressing the pressure to assimilate. Indeed, one participant seemed surprised that a study on cultural appropriateness was being conducted, and said,

I don’t know what is ‘culturally sensitive’. **You live in Australia, so you follow Australian rules.** You bring up the child Australian, you do what the Australians do. **That’s my understanding.** I don’t know, [maybe] someone else got a different view ... Well, we’re here, and I’m not going back [WEUR_1].

Importantly, the process of acculturation (balancing cultural adaptation and cultural preservation) can occur in four general ‘styles’: (i) assimilation (cultural adaptation greater than cultural preservation), (ii) integration (cultural adaptation and cultural preservation relatively equal and high), (iii) withdrawal (cultural adaptation less than cultural preservation), and (iv) marginalisation (cultural adaptation and cultural

preservation relatively equal and low); and both individuals and cultural groups will differ in the style of acculturation they chose. These in turn are related to a host of other factors such as age, generation, and experiences of racism. To exemplify this, one participant said, “when Vietnamese migrate to Australia, they bring their particular culture and keep strictly their culture” [ASN_5].

Collectivism

While indeed there are cross-cultural similarities in the way children are raised, there are also differences. It is important to document these, as they form the basis for helping caseworkers develop their cultural competency. By knowing how and why cross-cultural differences occur, they will be better able to provide a culturally tailored but still equitable service; that is, both understanding and quality will occur in service provision to CALD families.

Collectivism was found to be the most significant cultural factor that affects typical parenting style and family functioning for CALD families. This finding is consistent with the literature and case file reviews. Collectivism views the family rather the individual to be the ‘unit’ of society. Family is important in individualistic cultures also, as indicated by one CALD family participant who said, “in Vietnamese culture, and [even] in international culture, family [is] to be together” [ASN_6]. However, the value for family it is not a definitive characteristic of individualism. The CALD family participants described three main characteristics of collectivism: the role of extended family and community in child-rearing, strong family and community cohesion, and values that protect and enhance the family name and standing in the community such as respect, education and honour.

Indeed, the importance of cohesion is given by the trauma induced for CALD families when their children are removed. For example, one participant said, “**I was totally upset when they removed my son.** I start being happy when I received my son. **If you compare the problems that you face back home and the problem you dealing with now, no different**” [AFR_1]. All references to these collectivist features are collated in Table 4.

Table 4: Typical collectivist characteristics that influence child-rearing

Extended family and community involved in child-rearing	The meaning of Vietnamese family is extended family [ASN_5]
	If my wife work, my sister, my mother come and stay with the kids [ARB_2]
	In Philippines, you can leave kids just play outside. Here is different. I have many relatives and friends watching my kids. So hard here. Wherever you go, you cannot leave your kids [ASN_2]
	Culturally, if you have a child, people will be around, all my relatives, the child is allowed to anyone for advice. When they got the child on the street doing something bad, they have to take part of it, they will not leave the child and say “oh it’s someone’s child”. Even if it is not related to you, you have to stop child from doing that [AFR_1]
	To be honest, it’s hard to raise kids in this country. It’s much easier and better in my country. If you live in the street now, whatever my daughter do outside, no one cares. In my country [Lebanon], everyone interested. Like your neighbour watching your kids. Same, if I see any of my neighbours doing anything wrong, I jump and say “that’s no good”. Everyone cares. In this country, no [ARB_9]
Strong family and community cohesion	For Serbian culture, more close family. Brother, sister, all together. Help each other [EERUO_4]
	Egyptian culture is not like here, it’s different. Because population is too much [in Egypt], we have a lot of high buildings, so all children grow up together in the same place. They all play outside in the street. Not like here [ARB_1]
	Our culture usually brought up in families, with family gatherings, we all come together, we spend time with each other in the holidays and Christmas. With our parents, we are taught to respect our elders. We all mainly just very close knit, like we all contact each other frequently and keep in touch with each other’s lives [PAC_1]
	When they grow up with family, they stay with mother and father when they may be 30, 40, 45, 50, or all their life. And they look after the mother, father, you know, and they help a lot to. That is in my country, we do that. We very very very close family. Care very much about the mother and father and brother and sister. And here, Australian people not like that. They start to be like that now because economical problems, but if not, they different on that [SAM_1]
Collectivist values that	We teach them pride, dignity, virginity – that’s the truth – and respect [ARB_5]

enhance the family name	The Vietnamese culture is, usually when the children come home, they just fold the hands like this [arms crossed] ... this is polite [ASN_3]
	The main way Cambodians bring up children, they don't treat their kids as normal Australian. They think their life is boring, because they just study, study, study. No time to play or muck around [ASN_1].
	Respect one another. Also to really focus on your studies, academics and things. And teach them how to do some housework, personal hygiene ... encourage them to feel free to speak to us, if they have any problem or difficulties [AFR_5]
	Most of them [Lebanese] live the same way. They like to have happy family, and their kids to be educated. Sent to school, finish uni. They want to be proud of their kids, 'my son is a doctor', 'my son is an engineer', or 'my daughter is a professor at uni'. For Lebanese, high qualification. They love to spend their money on their kids for their education [ARB_8]
	Macedonian people believe that children need to be raised with the support of the parents. Even after they are a bit older, parents still want to help them. And they want children to listen to what the parents are saying, to obey parent's rules, to respect all the people and teachers at school, to do homework, to be friendly, to help in the home with duties ... Doesn't want his granddaughter to go to dances all the time, and to clubs, to parks [EEUR_3]
	Although he [child] was born in Australia, she wants to raise her child according to the Vietnamese culture, so that later on, he can recognise and put himself in the right position in the society. Not like the Australians that use the words 'you' and 'I', without knowing which rank these people are interfacing ... This implies, when my kid see the elderly people, come visit the home, they get to politely bow and to greet them, but not glance at them, and then go away ... Also the need to live well organised, with a regular timetable [ASN_4]

Religion

Islam, Christianity, and Buddhism were noted by some of the participants as religions that influenced their parenting values and practices. Muslim parents one said, “we are Muslim, so that’s one thing we have to impose in raising our kids” [AFR_5]; “as Lebanese, cos we’re Muslim, we have different thoughts. Like our kids, no one else look after them, only us. We don’t have kids sleeping at anyone’s house. We’re strict a bit, that’s our cultural belief” [ARB_7]; and “I’m a Muslim. It’s my responsibility, and my wife’s responsibility to show them the Islam. That’s a part of their education as well. And when they are older, 10 or 11 years old, they should carry on their religion if they want to” [ARB_8].

Among the Christian parents, participants said: “when I grew up, going to school, going to church, weekends go to farms, that sort of thing ... Similar compared to Australia in Ghana” [AFR_4]; “religion Catholic, you know, it’s very similar here” [SAM_1]; and “try to do my best, the same way that I been looked after ... take her to church sometimes, well, she’s a little bit young to go to church, but you know, she’ll be Catholic” [WEUR_1].

Finally, there was only one participant who noted that Buddhism affected her parenting style. She said, “because my family is Buddhist, every day we burn [incense sticks] for my grandmother. Want my children every night to do this and remember them when they pass away. Like my father before, he works very hard, and is very poor, I remind to the children. But I don’t know in the future, [if] they [will] do the same or not” [ASN_3].

The results from this study point to the significant role of religion in addition to collectivism. Thus, this may be an area for future research as it is notably absent in the current literature base examining culture and child protection issues. Although this study identifies that collectivism and religion are the two most important cultural factors that influence parenting norms and family functioning in CALD families, there were three other factors also noted. These are described below.

Gender

Gender may have an impact on how children are raised in different CALD families. As one participant noted,

A lot of Greek families, when they have boys, it’s a big thing. The way I grew up, mum does everything. Dad helps too, but the kids don’t, and shouldn’t have to, do chores. The Greek mothers do it all. Whereas in my husband’s family, he’s Greek-Egyptian, they put the girls up on the pedestal. It is a huge difference. In his family, the girls are put on the up cos she’s like mother hen that keeps the family together. So that pressure is on the girl [EEURO_1].

This quote in particular highlights the importance of being aware of intra-group variation, and that the needs and experiences of CALD families should not be homogenised, as if all their needs and experiences are the same. Thus, some CALD groups will value girls over boys, and vice versa in other CALD groups. These cultural values will impact the way they parent and raise their children.

Regional differences in country of origin

One participant noted that differences between urban and rural families in the country of origin can affect the way parents raise their children. This participant said,

For the parents to bring up children, they have two ways. Because some people are 'townies' and 'rural' people. When you stay as a 'townies' person, you put the child in school. The only support is the support of the teacher ... For the 'rurals', they actually automatically learn how to come up. It's so easy for them because they got no things like what we got in the city or town. So they just do two things, being in the village or in the cattle camp. This is the only thing they do [AFR_1].

Again, this quote highlights the importance of not stereotyping or essentialising the experiences of CALD groups, as they are highly diverse. Indeed, regional differences in the way parents raise children occur within any cultural group. Thus, the results of this study have identified nuances in child-rearing among CALD families that may help caseworkers increase their sensitivity to individual variation within a CALD group and further contextualise their experience in Australia.

Summary

In short, there are two main cultural factors that influence the way CALD families raise their children: (i) collectivism (including a reliance on extended family and community involvement, protecting family and community cohesion, and enhancing the family name), and (ii) religion (especially Islam, Christianity, and Buddhism). However, other cultural factors may also include gender, and regional differences in the country of origin.

While it is important for caseworkers to be aware of these 'typical' cultural norms regarding parenting and family functioning, it is also important for them to acknowledge that parenting is not a static or fixed 'style'; and especially for CALD families, it is in continuous and interactive flux as it is determined and shaped by two opposing cultural (and legal) forces. Thus, it is crucial that CALD families are not 'boxed' by the typical norms and behaviours that characterise collectivism.

4.2 Typical ways family issues are addressed

Cultural value for family privacy

The literature on collectivism stresses that family privacy and reliance only on extended family and community to resolve issues are key characteristics, and that as such, seeking assistance from external agencies is uncommon; it is considered culturally unacceptable as knowledge to the outside community of any family disharmony threatens the family name and their community standing. As one caseworker pointed out,

They see DoCS as a shameful thing. 'Oh, we can't tell anyone about it. If our child's in another home, what are we going to tell everybody? We're going to have to make up some excuse'. [There is] loss of face, depending on their status in the community [CW_11].

Importantly, 'loss of face' is not just exclusive to CALD families because the negative experiences associated with intervention from DoCS (such as the removal of children) would be felt by all families regardless of cultural background. However, within the 'collectivist' context, 'loss of face' may be either exacerbated or takes on a particular significance for CALD families. Consistent with this, a number of CALD family participants made reference to the importance of family privacy (see Table 5).

Table 5: Examples of valuing family privacy among CALD collectivist families

Collectivist value for family privacy	In our culture, we normally talk to relatives, not outsiders [AFR_1]
	Family problem – only family problem. Not going outside [ASN_2]
	[We talk to] Sisters. Some friends. Best friends, close friends. That’s enough [EERUO_4]
	Most Australian people do it [discuss family issues]. I’ve seen [it] a lot. But [in] my culture, we don’t do it [ASN_1]
	They can solve problem in the family, not talk to people. Sometimes talk to close relatives, uncles, sisters ... [EEUR_2]
	Most family in Iraq, discuss with us [pointing to family]. But they can make a big problem out of a small problem. In Iraq, the famous point in our culture is – they don’t go the police, because it’s a shame for the woman [to] bring the police for the husband [ARB_2]
	They don’t [talk to outsiders] cos that would cause an impact on the kid or on us. The impact is any psychological thing, emotional distress, or whatever. Plus, if you got the kids studying and stuff, you don’t want to tell them what’s happening. They will really take it very personal [AFR_5]
	Yes we do discuss problems. With the females, it is usually with the mother. With the males, it’s usually with the father. But in some circumstances, the males tend to go to the mother for help as well ... [We’ll also] talk to a best friend or grandparents, [but] that’s about it. It’s usually just relatives, aunties, uncles. It wouldn’t really be out of the family if it was a serious problem [because] your family, your relatives, have more of an understanding about you, and they practically know what your life is like [PAC_1]
Because I’m a Mormon, every Monday we do a family home evening that we can discuss if there’s any problem in the family. Like if one of my daughters did something wrong at school, she will let me know and then we discuss that, in front of my family. Just me and my kids. And if there is something for me, I will talk to my parents first. Sometimes my sisters and brothers. Sometimes, we do the family evening home together with the whole extended family ... We don’t want any other people to know our problems. It’s for our own, you know? Because some [of] my people, once you talk to them about something, asking for help or advice or something like that, after that ... they spread the whole story to other people [PAC_2]	

To extend the point, one caseworker pointed out in regards to the Temporary Care Arrangement that, “it’s very difficult to use with CALD families, because of their concept of the child not being in the home. And it’s a voluntary arrangement, so parents have to sign a document saying they’re voluntarily placing this child in care, which is not very common. ‘You’re volunteering to put them in the government’s care?’, that’s how they see it. ‘How could I be giving up my child?’ And dealing with the after-effects of that when that child is returned home, the effects of being placed in another care arrangement with another family. They prefer to deal with the situation whilst the child is in the home” [CW_11]. This quote highlights again the importance of family cohesion among collectivist families.

Despite the general tendency toward ‘keeping family matters private’, there has also been a shift among CALD communities, perhaps as a result of integration in Australia. One caseworker said,

I’ve been working here for about eight or nine years. I’ve noticed a massive shift in the reports that we are receiving around CALD groups. Back then, despite us knowing that there was a link between Aboriginal and other cultures, we weren’t actually receiving many reports on CALD communities, so they weren’t as predominant within our child protection system. **I think now with mandatory reporting**, with more of the emerging communities coming through, I think it is becoming more apparent. **It is not as hidden as before.** Obviously, there’s still cultures where it’s hidden and it’s not going to be talked about, but I think society is more aware of child protection. **Society is more aware of child abuse and neglect.** And in those communities, it’s all coming out a bit more I think. That’s what I’ve noticed in my time with working here [CW_9].

Seeking help from friends

Consistent with a value for keeping family matters private, one participant said, “we do family first and then after, we talk with the friend” [ASN_3]. Similarly, another participant expressed reserve in what was disclosed to friends, saying “things that we can tell them [friends] we will. Things that we think we must keep for ourselves, in our family, we won’t talk to them about that. Because we don’t know what they’re thinking, there are things we hesitate to tell them” [ASN_4].

However, contrary to these participants, another expressed a preference for talking to friends over family as a source of support. They said, “no relatives. Maybe my friend, she is the best for me. It’s better. I don’t need the relatives more talking” [ARB_3]. Similarly, another participant said, “if I live in America or England, I don’t mind mixing with Ethiopian community. But **here [Sydney] is a small community. They know who is who**, what they do. Do they have children? And when they meet, in church or something, they talk about you and you become embarrassed. So you have to stay away from them. **That doesn’t help**” [AFR_3]. Thus, there may actually be a tendency among CALD families to discuss family matters with those outside of the family, as a way of inhibiting talk within the family.

Seeking extra-familial or community help

The value for family privacy is strong in collectivist cultures, and this influences extra-familial help seeking behaviour. For example, one participant said, “[I] don’t access services in the community. [I] don’t trust them. **These services seem strange**” [ASN_5]. Having said that, there were some participants who did express willingness to seek help from outside the family and community circle. For example one participant said, “yeah, I would [talk to organisations]. I got a lot of help from other people in the community. I like to share, bring it all out. Why hide it for? You hide it, nothing’s going to happen. **You bring it all out, they find a way to help you**” [ASN_1].

Similarly, another said, “I see a psychiatrist. It’s nice to talk about it. You shouldn’t keep it inside, cos then you get sick. Maybe I’m different. Like **in our culture, you see a counsellor or a social worker or a psychiatrist, some [people] they think you’re sick. It’s just their mind.** Like I take depression pills. If I was in Egypt, [they would think] I’m mentally sick. But it’s not something bad, we’re just trying to look after ourselves. Some people are scared to talk [but] it’s your right to talk about what you feel. We living in Australia. Free country. You can say what you want, what you feel. No one’s gonna come against you if that’s what you feel and believe” [ARB_7].

Another participant also demonstrated that although family privacy is the ‘rule’, there are exceptions and internally-driven cultural change is occurring in their community. Importantly, this change is necessary to help them adapt and cope with loss of home country. This participant said,

They will not discuss their problem. So [now] the problem we are having in Australia – **because some people came without parents or relatives** – if they have [a] problem, **they will not take it further.** People are trying now to make some changes, and say ‘you know, you have to speak out’, so that people can understand what’s happened to you, and what’s your need ... I can see some changes. We are having few people, those who are educated. Our community use these people as the key. If you have problem and want to talk with anyone or organisation or department, you ask someone who is educated and explain your problem and then after, he will explain it [AFR_1].

Extending the point; voluntarily seeking help from DoCS is not easy for any family, let alone CALD families because of their statutory power. One participant who took part in DoCS’ Brighter Futures (BF) program, a voluntary program designed to help families ‘at-risk’ of entering the child protection system, indicated that she was willing to seek help from DoCS. On the other hand, her husband was not, and these intra-familial differences are telling about how CALD (and other) families perceive non-statutory involvement with DoCS. She said,

I was told about Brighter Futures, and I consented cos I am open to extra help. Whatever is out there, I’m prepared to try cos I’ve got nothing to lose. I am so grateful and appreciate any help I can get ... It took **my husband** awhile, and he’s not had much to do with the Brighter Futures program cos of his work ... [But] **he was worried,**

I'll be honest, because "DoCS". If they come and take our children away. I said 'why would they do that? We're not bad parents, we haven't done anything wrong, we just need help with [child] cos he's very demanding and has special needs' [EEURO_1].

For some CALD groups, fear of authority may be related to their experiences with governments in their country of origin. As a result, they may withdraw from the mainstream, which perpetuates their lack of awareness of what is available to them and from accessing community services, assuming they have a desire to do so. As one caseworker pointed out, "[they have a] **fear of government services**. Especially from where they come from ... they have limited awareness of services" [CW_10].

These findings again highlight the importance of being aware of cultural norms for CALD groups, but not stereotyping individual families from CALD groups. That is, although family privacy is a cultural norm, individuals of CALD background may not behave in accordance with these norms. Moreover, these results are important because they can be used by caseworkers who encounter CALD family members particularly afraid of seeking external help, by normalising extra-familial help-seeking behaviour among their counterparts. Demonstrating that others like themselves have also accessed services in the community to address family dysfunction may be a useful strategy to help them overcome their fear that such help seeking will tarnish their family name.

Importantly, although seeking extra-familial help is culturally out of the ordinary for CALD families, this 'cultural' norm may have developed from a lack of services in their country of origin, and therefore is more tied in with economic factors. As one participant pointed out, "well, **if we started off with that opportunities back home** [counselling services], **I guess we would access it**, but because we don't ..." [AFR_5].

Help seeking and gender

The extent to which CALD families seek extra-familial help may also be tied in with gender. For example, one female participant said of her "[husband]'s father fell sick. He didn't talk to anybody. He didn't tell us – his own family. He didn't talk to a doctor. By the time he got the courage to discuss it with somebody it was too late. He [had] passed away. **That's a typical Maori male**. They keep to themselves and are very stubborn. I think they should talk more about their problems and be more open. I've noticed that a lot of Maori families keep things to themselves" [PAC_1].

Contrarily, one male participant said, "I will not discuss with anybody but [caseworker]. She has been involved. She has an idea of the hardship I have been through, so I speak to her all the time" [ARB_4]. Thus, it seems that although males may be less likely or willing to engage in extra-familial help seeking, establishing a trusting relationship with a social worker is an important step toward overcoming this issue.

Summary

In short, collectivist CALD families value family privacy, and as such, they do not have a tendency to seek extra-familial help. However, this is simply a heuristic 'rule', and there are also 'exceptions'. Some CALD family members will prefer to talk with

a trusted friend over extended family. Others are open to, and are currently accessing, services in the community to address family issues. Importantly, cultural norms about family privacy may be entwined with gender, or economic factors such as lack of opportunity to such services in the country of origin.

5 CALD representation and service provision in the CPS

The aim of this section is to explore in more detail the specific CALD groups that are entering the CPS and why, as well as the services they receive once they have entered the CPS. This is to help address the current gap in the national literature. The results can be used by caseworkers and DHS Head Office to demonstrate their commitment to detailed monitoring of CALD representation, to plan preventative programs that can help offset any systematic entry of CALD groups for preventable reasons, and to obtain a descriptive profile of their most common services and practice unique to CALD groups.

5.1 Most common CALD groups entering each CSC

To obtain a preliminary demographic profile of the participating CSCs, each caseworker was asked about the CALD groups they perceived to be the most common in their local area (see Table 6). To help protect their anonymity, each caseworker's code has not been reported here.

Table 6: Most common CALD groups at each of the participating CSCs

CSC	CALD groups
Auburn	Middle Eastern and African. Some Asian, like Chinese, Vietnamese. And Anglo Australians as well
	Lebanese, Sudanese, Turkish. Fair share of Australian clients. A minority are Aboriginal, even though we have a dedicated [Aboriginal] caseworker
Fairfield	Probably Vietnamese. As well, I see Middle Eastern. You get a lot of Egyptians, Assyrians and Lebanese. Rarely from [the] Eastern Block. And yes, Sudanese
	I know that we have Vietnamese, two Laos families, a couple of Lebanese
Mt Druitt	I'd have to say Islander, so Samoan, Tongan. There's a lot of African families. I know in the Mt. Druitt area there is a lot of Afghans but I can't say I know of any clients known to be Afghan. I know there are a lot of Indian or Sri Lankan. They're some of the ones I know of. I can't be sure, I just know in the Mt. Druitt area that's there's all sorts of cultures around
	At our CSC, we have a lot of Aboriginal families. We've got Pacific Islanders and Fijian Indians
Campbelltown	Samoan and Tongan are the most prevalent in our CSC. Given the demographics of the areas that we deal with, we have a really high population of housing commission areas, so we are seeing a lot of immigrants come through, people that have just come to Australia to start a new life. We get some Arabic families. We deal with a lot of Aboriginal families and Torres Strait Islander families, but in terms of like, Greek or Maltese or something like that, we are not really dealing with those families
	Campbelltown is a really Anglo dominated CSC, so you don't often see a lot of families from different cultures. Probably the most predominant is Pacific Islander families out this way
Blacktown	We are getting a huge increase of African families in this area
	I think maybe [in] the last four years, it's been the African communities that have been coming through. I think that's obviously evident through all the resources we have available to us now. There's been an increase in the reports around Pacific Islander groups, [but] generally, it's more Anglo Saxon and Indigenous clients within our region ... Probably 40% Anglo, 40% Aboriginal and the remainder would be a mix
East Sydney	Predominately Anglo – it's just the demographic who comes here
	We cover areas with a high percentage of welfare recipients. The CALD predominant groups are Indonesian and Greek families. Few haven't come to the attention of the CSC like African and Pacific Islander, but you see in shopping centres [that] the populations are there in those areas
Lakemba	Probably Lebanese community the biggest round here. We have quite a few Greek families, and new and emerging communities like Sudanese, Sierra Leonean families. Vietnamese probably another big one. Chinese.

Summary

There is a diverse range of CALD groups represented in the CPS, and these typically reflect the local demographic profile of the area. However, some of the more common or emerging CALD groups seem to be families of Middle Eastern, Vietnamese, Pacific Islander, and African backgrounds. Thus, these groups should be the target of any preventative intervention for CALD groups, as it would constitute an effective use of often limited resources.

5.2 Most common reasons underpinning the entry of CALD groups in the CPS

According to the literature and the case file reviews, physical abuse was found to be the most common type of child abuse or neglect among CALD families, and the main reason bringing CALD families into the CPS. The aim of this objective was to explore whether these findings would be substantiated in the interviews with CALD families and DHS caseworkers, but also to explore whether other reasons may also be identified.

Caseworkers identified a vast range of factors that contribute to the entry of CALD families into the CPS. These were categorised into the three-tiered system that was originally proposed in Interim Report 2; suggesting that there are three possible types of child protection issues for CALD families: (i) cultural, (ii) migration-related, and (iii) generalist.

Cultural factors

Physical abuse

Consistent with the findings from the literature and case file reviews, this study found that the use of physical discipline was common among CALD families, and that as a result, physical abuse was one of the main causes for their entry into the CPS. All references by the CALD family participants that physical discipline was an issue for them in the CPS are described in Table 7.

Table 7: Examples of physical discipline as an issue for CALD families in the CPS

Physical discipline a common issue for CALD families	The kids here know the rights for the parents. If you scream, or any time you want to hit any of one of them, no, you don't have the right. This is not good. You raising the kids, you have the right. Not to hit badly, [but] not always 'yes, whatever you want'. Cos [they] end up in the jail [ARB_9]
	The problem here is rules. In Samoa, for example, when they smack children or ground the kids, they don't care much about the kids and all that. Because our culture ... When I was raised by my parents, I always get smacked. They want me to be good, to go to school, study, obey, respect, all those kind of stuff. I was ending up, when I was growing up, everything was fine [PAC_2]
	According to the Vietnamese culture, in [the] family, the children always obey and respect their parents. Even if they punish them, discipline them, wrong or right, they absolutely respect and obey the parents' orders. According to Australian culture, you call us 'abusing' or 'violent, domestically'. But according to Vietnamese culture, that's a normal thing. That's a typical thing. If they [children] do something wrong, they [parents] beat you [ASN_5]
	In our Burundian culture, the way we raise our children, if a child does something wrong or 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 ... 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. In most cases, when police comes, they either arrest you or they take your children away. 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]

The caseworkers also referred to physical abuse being the most common issue for CALD families. Importantly, they noted that physical discipline and abuse are tied in with cultural and legal differences between Australia and their country of origin. Responses from the caseworker participants included:

- Usually because of their cultural practices. Like hitting children is ok in their country, but it's not ok here [CW_1];
- A lot to do with parenting issues [why CALD families enter the CPS]. Sometimes we are talking about inadequate supervision, sometimes we're talking about discipline, behavioural management [CW_3];
- They have discipline. They think that's the way they love their children, that they give them all the best that way. When they see the role of DoCS, [it is seen] in the extreme [CW_5];
- I would say with Tongan and Samoan families, it's for either financial reasons – that they are struggling with money – or it's physical discipline of their

children and that is a cultural difference. That's why they come in our CSC, I think [CW_16];

- We say 'it's not right for you to hit your child'. That's the broad thing. But there is a difference. **Anglo Saxon families understand that's wrong and they'll do it. Families from a different culture, might not exactly understand** that the legal system here is quite different [CW_7];
- Many reasons. Basic one, no family. Another one, familiarity with the Act, the law, the guidelines, especially in relation to discipline of children. Lack of knowledge on what they should and shouldn't do ... **If refugees [have] been able to survive**, and women who have been raped, **they will have very little understanding of, 'oh, I cannot hit my child'** [CW_12];
- From my experience, the main reason [CALD families enter the CPS] is the differences in laws from their country to Australia. A lot of the clients I've had dealings with aren't aware that physical punishment isn't allowed, or the types of physical punishment, or the degrees of it. **It's a bit hard to change a view or a perception that's been there since birth really.** And coming here, well, **'it's not illegal in my country, so why is it illegal here?'** So it's about explaining the written law to say that it's actually an offence to do that. I think that's probably [CW_9];
- To the African families, in their culture, hitting your child is like discipline. [So] it's like, **'who are you to tell me I can't discipline my child?'** The government is telling me about how I can go about disciplining them' ... I don't think there's much difference between an Anglo Saxon family, or a Middle Eastern, or any other culture, coming in [to the CPS]. I think it's similar reasons. But the only difference I guess is, some cultures think it's alright. They don't know the definition of abuse. Some things they would define as ok, we would define as abuse [CW_7]; and
- When refugees and migrants come, they have a quick spiel about child protection laws and the system here, like 'not allowed to hit your children, otherwise this will be reported to the authorities, and this is against the law'. I don't know the level or depth of the knowledge they are handing down to the families that come here ... I think caseworkers need to be more aware. For example, say a Sudanese family has physically disciplined their child excessively or inappropriately, and they've said, 'this is what we do in our country, in our culture'. The community, the elders, have the same responsibility as the parents to chastise them and discipline their children. I guess we need to take that into account, the different cultures. Here, we don't tolerate physical discipline, or excessive physical discipline is still a no. But **when you speak to families who do come from countries where that has been the norm**, and that is the everyday practice, and it's not against the law there, **what are we doing with that here? How are we translating that back with our laws as 'zero tolerance'?** It doesn't necessarily mean that family doesn't love their child [CW_4].

In terms of addressing this issue, it appears that intensive preventative education about child protection laws in Australia, especially regarding physical discipline or

abuse, is required. Developing and implementing an outreach program or seminars, which provide ‘real life’ examples, may help overcome any ‘it won’t happen to me’ bias, especially since the very concept of a government organisation responsible for child welfare is foreign to them. In addition, it seems there needs to be some allowance in daily social work practice with families of African background (as they are the most newest arrivals), for the fact that they are unfamiliar with child protection law and its associated system.

At the more personal (and less structural) level, explaining the difference between lawful and unlawful use of physical discipline (such as between infrequent open-handed strike compared to the use of implements) may be useful; such a strategy is educational for the family who is otherwise well-intentioned in their parenting but require educational insight into the possible harmful effects of the use of unregulated physical discipline¹⁶.

Inadequate supervision

Inadequate supervision as a form of neglectful parenting was identified as a relatively common issue among CALD families in the case file reviews. Importantly, that CALD children are left unsupervised at ages younger than their Anglo Saxon and Indigenous counterparts, may have more to do with cultural practice and values than neglectful parenting, and caseworkers should be mindful not to mislabel parents as ‘neglectful’ or children as ‘parentified’.

There was only one circumstance of this issue identified by the CALD family participants. He said, “in my country, [the] schools [are] not very close [by] but [the] kids [still] go alone. [When I was a child], I go alone when I six years old” [ARB_1]. On the other hand, references to inadequate supervision were made more frequently by caseworkers than the CALD families. For example, caseworkers said:

- Parents not looking after them. Again, it’s a cultural thing. It might be like a neighbour across the road who is from the same culture looking after the kids. The parents not being that primary caregiver, that gets reported [as] inadequate supervision [CW_16];
- In Australia we have the belief that children under the age of 16 shouldn’t be left alone, or the sibling shouldn’t be taking care of the younger sibling. So in some cases, [CALD] **parents have been charged with neglect even though that’s normal in their culture**. But it’s not normal for the culture we [are] living here [CW_12]; and
- When I was working in one particular area, we used to get a lot of Korean families [who had] just moved out here. Normally what would happen is that the parents work, and the children stay at home with the grandparents. Now the grandparents are no longer here, we have little ones cooking, left at home on their own. So we were constantly [saying] a standard spiel, ‘in this country,

¹⁶ Note: Issues to do with physical abuse and physical discipline among CALD groups are discussed in more detail in Interim Report 2.

children not to be left alone under the age of ... because they might burn themselves, be it access to hot water, no parents around' [CW_17].

Although many CALD families may be unfamiliar with the new risks of leaving children unattended in Australia compared to their country of origin, some may be aware of these. For example, one participant said, "**some items, especially electricity, gases, all these sort of things, we don't have them in Sudan.** If you learn how to use them, and prevent children not to get into [them], that's the most important thing ... In Sudan, we were staying in the bushes, so you can protect your child from snakes, reptiles, fire, all these kind of things ... Now, we don't have those here" [AFR_1].

By triangulating this data, it seems that CALD families may be significantly underestimating the extent to which child protection workers consider 'inadequate supervision' a serious issue. It also appears that there is room for DoCS to improve its cultural competency at the institutional level; understanding these kinds of cultural differences will help avoid judging them as harmful, or worse yet, intervening in the role of 'child protector' when the child is not actually at risk. Such intervention is unnecessarily harmful to the child and their family. Thus, there is a large gap in assessment criteria for inadequate supervision as a form of neglectful parenting; reflecting a current structural lack of cultural awareness. As described in more detail in Interim Report 2, it is important for caseworkers not to judge such cultural differences, but instead to educate CALD families that the risks associated with inadequate supervision differ in Australia compared to their country of origin.

Cultural differences in 'child-centred' family functioning

One caseworker importantly identified the cultural clash between individualism and collectivism that causes difficulty for CALD families, for whom it is foreign that the government has a role and the power to intervene in family affairs, that are culturally seen as private. This caseworker said,

Looking at cultural and moral beliefs from other countries/religions, **[there is] a difference in cultural values placed on the worth of the child's right to be a child.** That is not in line with NSW legislation or the Hague Convention. **[And it's] not just legislation, but their values about the worth of a child.** Western countries tend to have different – like the United Nations and all that stuff – where none of those countries are part of that. It's societal views on the life of children, and their right to protection, which is governed by both religion and legislation in their own countries [CW_14].

This issue was corroborated by one of the CALD family participants. This participant of African background (and thus from a relatively newly arrived migrant group in Australia), described the difficulty encountered by institutional differences in the role of the state on family functioning. Typically, parents have the most power over children in collectivist countries, whereas in individualistic countries like Australia the state has greater power than parents. This clash can bring CALD families into the CPS. This participant said,

I can say for all Sudanese [people], we [are] having problems for our children. **We get big problems with [the] Department of**

Community Services. When we bring up our children, it need just parents. We're trying to integrate. But integration bothers the parent first and then children, because children believe their parents. If parents are not integrating, then children will be the last people ... Our children know nothing. They don't have English background. They're trying to learn English, so they like to speak out, but they know nothing. They don't have [the] meanings of words. So sometimes our children says wrong thing and this will reflect their family. This is the main issue. It's the biggest problem in our community. And if we try to like, control our kids, you know, not talk to people, it will look like we're preventing them for integration, so we getting confused now. We are not preventing them to be within different community, but at least we give them a bit of knowledge, they can go smoothly ... [If] DoCS will receive that child, for few months or few years, they will let her go and then he become a street boy or street girl. These are the crimes that are now raising at the moment. Our community is aware of that, and we're trying to say something on it [AFR_1].

Gender

Gender may be a cultural issue that brings CALD children into the CPS. For example, one caseworker said, "in terms, of like, Lebanese, Turkish and Muslim religion, attitude towards the female also plays a role in that" [CW_14]. Precisely what this role may be cannot be determined in this study as it was not described, but warrants future research.

Academic pressure

Academic pressure was cited by one of the caseworkers as a reason underpinning the entry of CALD groups in the CPS. She said, "Asian ... a lot of cases were discipline-related to their not studying ... as opposed to a lack of understanding around legislation" [CW_14]. Importantly, and as described more extensively in Interim Report 2, poor parenting behaviours should be the target of intervention but not the cultural value of scholastic achievement which may underlie the poor parenting behaviour; otherwise, it would be sign of a 'cultural intervention', and thus a sign of institutional racism.

Traditional cultural practices

Although not common, one caseworker noted that traditional cultural practices may bring CALD families into the CPS and cause difficulty for caseworkers disentangling 'culture' and 'abuse'. This caseworker said, "every now and again you simply get traditional customs, such as cupping or coin rubbing. **One [case] came through in regards to the grandmother coin rubbing the grandchild simply because he had the flu.** I didn't see the child but apparently he had burn marks all over his body. He was a pretty young kid but that was dealt with rather quickly. The grandfather and grandmother were taken to a Vietnamese GP who advised them that coin rubbing doesn't work. I think that matter it was dealt with appropriately because the grandparents couldn't speak English or communicate that well, and I think that having

the actual Vietnamese doctor explain things to them ... without the child being removed” [CW_3].

Exposure to trauma

Among CALD families of refugee background, one caseworker noted that exposure to trauma may affect parenting capacity, in turn bringing them into the CPS. This finding was also documented in the literature review but was not found in the case file review. Although not based on any specific case studies, this caseworker said, “**a lot of our clients are refugees**, or have come here on humanitarian visas, **[so] it’s not like they’ve just decided to come to Australia**. Their history involves a different pattern, as opposed to people that are into the top section [of the Australian] system here, that have not had that exposure to extreme stress and trauma” [CW_14].

Migration-related issues

Lack of awareness of child protection laws and agencies

Some CALD families may not be aware of child protection laws, and that the role of child protection agencies are to protect children who have rights (according to the UN Convention), because child protection laws are either non-existent or not widely practiced in their country of origin. While there may arguably be some differences between refugees, newly arrived migrants and more established migrant groups on the extent of this (lack of) awareness, it should be presumed that generally, CALD groups do not have awareness of child protection laws and agencies. This is because even the more established migrant groups may be holding onto cultural knowledge, values and behaviours that they brought with them at the time of their arrival in Australia, and as such, do not necessarily know more than new arrivals. Caseworkers said:

- Part of it is lack of knowledge of Australian legislation surrounding child protection [CW_14];
- CALD communities don’t know what we do. They don’t know what we are about. I’m from a non-English speaking background. I wouldn’t have had a clue who DoCS was when I was a young kid. I think it’s important to get out there and make it known [CW_9];
- Child protection is underrepresented in some countries. They don’t know, for example, [that] children have rights ... And the multicultural communities, even after some time, they don’t know about Australian rules and how they apply to them [CW_10];
- They group maybe a hundred people. They sit them in a Vietnamese, Thai, Laos, Cambodian [group], and they have a speaker up there and an interpreter down here who sits with the group. They’re given information [like] ‘this is DoCS. This is what we do. We do child protection, support family’. **When these people arrive, there’s all this information. You can’t digest it. Until you really get involved with DoCS, that’s when you learn** [CW_2]; and
- In some countries, they don’t have child protection laws as such. And a lot of people aren’t clearly aware of these things. And in other countries, there might be child protection laws, but those countries perceive they protect their

children and it's not a community role. **[In Australia], it's more like child protection is everybody's business.** A lot of the time CALD families will not educate themselves about child protection until DoCS becomes involved with their family. And that's a problem. Whereas in other communities, people are aware of legislation and they're aware that these organisations exist. They watch 'Home and Away' and see DoCS turn up and kids gets adopted out and stuff like that. They understand all of that. But in CALD communities, when DoCS become involved in their families, you say, 'do you understand the role of DoCS?' They so, 'no'. You say, 'do you understand there's child protection laws? They say, 'what are they?' [You say] 'do you understand that you can't hit your child around the head?' They go, 'why not? I only clipped him cos he was being a real shit'. Then it gets you to a point where you say, 'do you understand that your child can be removed from your care for these reasons?' Other families know that that's the risk involved when DoCS get involved, but CALD communities aren't aware that we can do that until we actually tell them. So a lot of the time, they're giving really honest answers. They're telling you, 'yeah, I hit him. Yeah, I do this, yeah, I do that', and they tell you and tell you and tell you, and give you enough information to remove the child, because they don't understand the process. **If they know you're going to take their kid, they're going to alter them [their responses], just like Anglo families do and Aboriginal families and other families that are clearly aware of DoCS' role** [CW_8].

One Arabic-background participant noted that the concept of governments being responsible for child protection was foreign to them. As he described, "someone tell me here [that the] government can take the kids, but in my country, never" [ARB_1]. Similarly, another participant said, "we know a bit of the rules because when you have any problems you will go and see, look into their website, see what the rules are ... But before that, no one knows" [AFR_1]. Again, another participant said, "no DoCS in Vietnam" [ASN_5]. Lack of awareness of child protection laws and agencies was found to also be an issue in the literature and case file reviews. Part of the difficulty that feeds into this lack of awareness is the complexity of the system. As one CALD family participant said, "in Egypt [the] law is easier than here. Here, too much stress" [ARB_1]. A caseworker made a similar comment, saying:

When you travel to very remote areas in Asia like Laos, Vietnam, people function with nothing. Why is that? Because they have the support. Everything is community-based. Here [in Australia], **too much systems confuse people.** I think here, things have gone haywire and wrong with CALD groups because of the fragmentation. People going through in Australia, led to fragmentation [of] the family unit. Then it breaks into individual fragmentation. It's a bit like when you drive a car and that window screen is cracked. That little crack, you keep leaving it there, it cracks into a bigger one. **If they have cracks back home, at least they're cracks in their own system. But here it's a crack in a foreign place. It is worse.** If you ride a bicycle you don't have window shell do you? You don't. It's very basic, very poor. You might fall off your bike, but that's it. If you drive a car, you have an impact much greater. The cost of having a car, you've got to pay for

it. You need money to buy it, you've got to pay for insurance, you can hit another person. Everything is so complicated. We can't deal with complications. **We ask for a better life, but we can't deal with the complications in our new environment.** I think people that speak English well have an ability to assimilate [but] some of us ... we get into career, buy house, a family, hit 40's, 50's [and then] say, 'why am I here?' This is where complications always catching up with us eventually. 'Ok I'm safe now, I'm not in refugee camps, but' [CW_2].

In addition to lack of awareness or understanding about CP laws and agencies, fear of authority could also be feeding into this. As one caseworker said, "[to] a Vietnamese family who has come from a communist country, **to say the police might become involved, is hugely scary for those people.** Again, I think it's about how it is communicated" [CW_15].

Lack of extended family support or social isolation

The literature widely reports that lack of extended family support and networks affects parenting (style and capacity) among CALD families in Australia, and that as a result, this factor brings them into the CPS. It is possible that as a result of migration, CALD families have lost much of the support of extended family and community they would typically rely on to help raise children. This was substantiated by both the CALD family participants as well as the caseworkers.

As one participant noted, "raising children in Jordan is a lot better because extended family are there. That's the only thing. Here, there's nobody. That would boost a little bit, or make it more comfortable" [ARB_4]. Similarly, one caseworker said, "being in a new country, there's no extended families. The lack of support network, the isolation, is probably the biggest problem they've got" [CW_17], and another caseworker said, "a lot of these CALD communities that can't function properly in our society yet, **if they can befriend Anglo people or other people that have been here longer, they tend to be ok.** Even if they can look to community leaders that have been in the country for five odd years or whatever and can help them get around, they're generally alright" [CW_8].

Importantly, however, not all CALD families experience this issue. Two participants noted that they were satisfied with the amount of help they received from family and friends, saying "I got a lot of help from people around me. I got friends everywhere. [I] used to go to parenting [classes], and I got two certificates for that" [ASN_1], and "I have a lot of help, support, family wise" [PAC_1].

Intergenerational conflict

Intergenerational conflict for CALD children and families is strongly related to culture clashes between 'traditional' parents and 'non-traditional' children. As one caseworker pointed out, "intergenerational conflict. I don't know, is it a conflict of generation or culture? You know, 'traditional' versus 'modern'" [CW_10]. In the CPS, this intergeneration conflict can escalate to the point where children leave the home. As one caseworker stated: "[intergenerational conflict] happens a lot, especially in teenagers, whereby their culture doesn't allow them all this freedom.

They just come to the point where they realise, ‘well I can just go’. So [CALD] parents are coming in trying to get their kids back” [CW_8]. While there may also be present issues particular to the family, they are likely to be interacting with the migration-related issue of intergenerational conflict.

Generational differences in migration

Interestingly, one caseworker talked about differences between the ‘eras’ that Vietnamese families migrated to Australia, and that these differences are some of the causes that underlie their entry into the CPS. This kind of contextual information is helpful for caseworkers with Vietnamese families, but similar trends and differences may also be applicable for other groups.

This caseworker said, “I believe that the Vietnamese community came to Australia at different stages since the end of the war. **Those that came soon after the war and became refugees tend to do well**, tend to be law-abiding citizens. **But those who have lived in Vietnam for a long time after the war**, they got brought up in a society that was a very, very difficult period and people immersed into [those] problems. **They’ve brought with them a lot of those different attitudes** into Australia ... A lot of clients we have on our system, mostly related to drugs. Parents are using or are dealers. The difference, social laws and values, isolation, lack of support, people don’t understand about the child support system, about the proper way of parenting, I think that’s got to a lot to do with the family broken down since [even] before [they] start to migrate to this area [Australia]” [CW_2].

Similarly, but more broadly, another caseworker said, “with the African families, it’s more settlement issues, which tend to happen anywhere in an emerging community” [CW_8].

Lack of employment despite having qualifications

Lack of employment, despite being educated and having qualifications that may not be recognised in Australia, can contribute to overall stress in the family, and in turn bring CALD families into the CPS. As one caseworker pointed out, “I’ve met heaps of parents, for example, they were teachers in their country, and they came here, they just found themselves nothing. They have stress, they have heaps of problems, they don’t know where to go, what to do. **Even if they are educated, they have heaps of problems**” [CW_10]. This is consistent with the literature that explores how socio-economic stress can contribute to parents resorting to poor disciplinary actions which then bring them into contact with the CPS.

Language issues

Finally, poor English proficiency may cause CALD families to appear to a caseworker as though they are engaging in harmful or harsh parenting, and in turn enter the CPS. For example, one caseworker said, “I can imagine it could be difficult if you are dealing with a culture where you don’t understand how they speak. **When you are translating something into English** and you are trying to get out what you mean, sometimes **you might speak in a way or say something that is incorrect in English grammar**. [And] you may perceive that as ‘wow, that mother was very

negative’, but maybe that’s how they speak in their culture. That barrier. Not understanding the culture and the language” [CW_7].

There were two identified ways in which language barriers may further complicate issues once they are in the CPS. The first is in cultural misunderstandings of body language and other nonverbal communications. As one caseworker pointed out with Vietnamese families, “they say ‘yes’, but it’s not yes. It’s yes just to be polite. In our culture [Vietnamese], they just smile. See, firstly you just try to please, and if they don’t know how to answer, they just have a smile” [CW_5]. Similarly, another caseworker noted that **“families may say ‘yes’, which the caseworker might interpret as confirmation that they have understood what they have just explained, whereas in fact it is simply an indication to keep going”** [CW_11].

The second way in which language difficulties may emerge is when multilingual caseworkers translate words or processes or concepts for which there are no words in the other language. As one caseworker pointed out, **“there’s a lot of terminology that you cannot directly translate in Arabic**. You gotta walk around it and explain it that way. Like there’s no such thing as Department of Community Services in Arabic. So you talk about how we’re child protection, we’re a government department, it’s a building here, and there’s several of them. It gives them a sense of where the Department came from” [CW_11].

Indeed, the difficulty associated language barriers was highlighted by one caseworker who noted that some concepts in child protection are difficult to convey even to English-speaking clients. This caseworker said, “Oh yes [re institutional barriers]. We base one-size-fits-all in child protection. **We have a very, very difficult language in child protection. I talked to a girl today. She is asking what ‘sustainable’ means, what ‘insight’ means, what ‘viable’ means. And she’s an Aussie**. And if you’re going to translate those words into other CALD groups, you’re going to have to use more words to make sense. We use very big words. Our clients are low socio-economic groups, who don’t have a lot of high education, so that’s the barriers we set. People don’t understand us” [CW_2].

Generalist issues

Homelessness, poverty, mental health issues

Generalist issues, as described more extensively in Interim Report 2, are those that affect all families regardless of their cultural background; not just CALD. These can include, as one caseworker pointed out “systems issues, like financial issues, domestic violence, a lot of mental health issues” [CW_6]. Similarly, another caseworker said “issues like housing, poverty and mental health. We’ve got a lot of reports with migrants in regards to their mental health issues. A lot of African people have that. I don’t want to stereotype people [but] based on my experience, African people, [when] they came here, [they] already got mental health issues back in their countries. When they’re here, they might start to have delusions and other mental health issues. probably [from] coping with this culture and new settlement. **Some families come here with seven or eight children and they can’t find proper housing, so they come into our [CP system] ... [They] become homeless”** [CW_1].

Another caseworker also referred to mental health issues. Importantly, the following example again highlights the importance of not racialising child protection matters that more reflect generalist issues. In other words, there is no need to separate ‘culture’ from ‘abuse’ when culture is not a significant issue. This caseworker said,

I had this one extreme case. It’s a very complicated matter. They were Lebanese. **I spoke to the other multicultural caseworker. I believe she was trying to over-emphasise the fact that they were Arabic and they were Lebanese.** I believe it actually got a lot more to do with mental health issues, because we’re talking about being in a refugee camp for about nine or 10 years. And the child was sexually abused while he was there. And now, at the age of 12, [his] actions [are] uncontrollable. The mother also has mental health issues. I think in that matter, it wasn’t a cultural issue at all. Anybody who has been through this circumstance would probably have that [CW_3].

The systemic issue of poverty or socio-economic disadvantage is extensively cited in the literature as a predictor of why CALD families enter the CPS. This generalist issue was indirectly alluded to by a number of the CALD family participants when they discussed their satisfaction with the amount of financial support they received from the government. Specifically, CALD families expressed that they would benefit from more financial assistance from the government, suggestive that socio-economic disadvantage is a major factor for CALD groups and their parenting capacity. Examples of this are recorded below:

- Little bit government gives [is] alright [EEUR_2];
- I think it’s [amount of help] alright. You can’t ask for something which you can’t get. That’s the system [in Australia]. And one [rule] has to apply for everyone. You can’t be different. And **if you’re not getting much, you can’t ask** [AFR_4];
- I get help from the government. That’s a big help for me. In the Philippines, no food. But here, you can live ... See I’m not from Australia, but I can see the people who take advantage [of] what the government’s doing. In my situation, really, I need help. But **sometimes they cannot give very quick help**, because they want to know everything. **They want to make it sure you really need help** [ASN_2]; and
- What has been provided is good, but they don’t provide you with much. And not everything that you need to, they provide. For example, we don’t get money from the government, and I’d like someone to support me financially because my children are at school. All the money we are paying for his studies [husband is on student visa]. The children are feeling it. Like **often the children say they don’t have enough in their lunchbox like all the other children, and they feel they are different. And other activities at school, I cannot send them because I do not have money** [ARB_4].

Domestic Violence

Domestic violence (DV) is another possible generalist issue that may bring CALD families into the CPS. As one caseworker said, “the way that we often come in contact with families is by a risk of harm report. And a lot of the issues mainly surround domestic violence in that group [Pacific Islander]” [CW_15]. Importantly, it is not Pacific Island culture that causes domestic violence, as DV occurs cross-culturally. If it were cultural, then DV would not occur in any other group and this is not true. Thus, it is important that caseworkers do not racialise generalist issues; to do so, runs the risk of pathologising their culture or exemplifying racism.

Alcohol or Drug issues (AOD)

Alcohol or drug (AOD) issues may be another generalist issue that brings some CALD families into the CPS. One caseworker said, “drug and alcohol also a problem in Vietnam” [CW_2], and another said “not so much drug and alcohol issues cos of the large Muslim community” [CW_6]. Importantly, one caseworker said, “**I don’t think it’s a CALD issue. I think it’s a lifestyle [issue]**. So most of them have come in [to the CPS] because of the primary reason of drug and alcohol, and you’ve got the secondary reasons because they are affected by a substance that they are involved in DV, or don’t have the ability to parent because they are off their face” [CW_4].

Summary

Both CALD families and caseworkers agree that physical abuse is the most common child protection issue for CALD families. Thus, preventative education for CALD groups that targets physical abuse would be an effective use of limited resources. Such a preventative ‘outreach’ program could meet two important goals: (i) educating CALD families about the possibly harmful physical and emotional (or psychological) effects associated with extensive use of physical discipline, and (ii) attempting to offset the systemic entry of CALD families into the CPS; a sign of a culturally knowledgeable and responsive child protection system that values keeping families together.

Inadequate supervision is also an issue for CALD groups. That there is a large gap in cultural understanding about what constitutes neglectful parenting for CALD families, who may have a tendency to leave their children unsupervised at ages younger than their counterparts because of earlier domestic socialisation, or in the care of extended family and community rather than a sole or primary reliance on nuclear family, reflects an institutional bias in assessment criteria.

However, there are a vast range of reasons for why CALD families enter the CPS, and many of them reflect non-cultural factors. For example, physical abuse is a cultural issue when CALD parents cite that physical discipline is culturally valued, and inadequate supervision is a cultural issue because collectivist children are typically left unsupervised by primary carers at ages younger than their counterparts. However, structural issues such as differences in the role of the state in child welfare and family functioning, and systemic issues such as entrenched socio-economic disadvantage, can bring CALD families into the CPS, and they are not cultural issues. It is important caseworkers do not overlook the role of non-cultural factors, else there may be a risk of pathologising the culture of CALD groups as if their culture were inherently

harmful to the child and is the primary reason for their family dysfunction. It also shifts responsibility onto the parent for issues they may otherwise have little control over.

The range of possible factors that can bring CALD families into the CPS, as described by the caseworkers, have been grouped into the three-tiered category designed and used in Stage 2 of this study (the case file reviews) to help identify what ‘type’ the child protection issue may be: (i) *cultural*: physical abuse, inadequate supervision, cultural differences in ‘child-centred’ family functioning, gender, academic pressure, traditional cultural practices, and exposure to trauma; (ii) *migratory*: lack of awareness of CP systems and agencies, lack of extended family support or social isolation, intergenerational conflict, generational differences in migration, lack of employment despite having qualifications, and language issues; and (iii) *generalist*: homelessness, poverty or socio-economic disadvantage, mental health issues, domestic violence (DV), and alcohol and drug issues (AOD).

5.3 Most common services or practices provided to CALD children and families

Caseworkers were asked about the most common services or practices they provided to CALD families, to gain some preliminary information about the nature and range of service provision at each CSC. However, many of the caseworkers responded to this question by comparing the nature of services provided to CALD families with those provided to all other families. That is, the nature and range of services provided to CALD families were contextualised by the nature and range of services provided to Anglo Saxon and Indigenous families. For example, one caseworker said, “no specific programs for CALD families that I know. Face to face training for parenting, I haven’t heard. But **this CSC doesn’t have the CALD numbers to justify this**” [CW_12]. Thus, these kinds of ‘cross-cultural’ responses have been reported in Section 7, which focuses on and explores *cross-cultural* service provision.

One caseworker noted that the service provided to CALD families is a “**more as you go, type of response**” [CW_8]. This does not necessarily indicate poor or haphazard practice as it could more appropriately indicate that each case is treated at the individual level and thus, that there are no general patterns of service. However, contrary to this, some caseworkers did cite patterns in the types of services provided to CALD families. Most commonly, financial assistance, referrals to external agencies, housing assistance, and the use of interpreters, were all noted by the caseworkers. Examples of this are described below:

- Use interpreters. That’s the only main thing that’s different [CW_14];
- It’s pretty much a variety. We provide financial support, referral to other appropriate services. If required in some cases, children will be removed and placed in foster care with foster families. We assist them with housing. With African communities, we help them a lot with housing. Not only Africa, but Afghanistan as well – they are the ones who have large families [CW_1];
- The main thing is the support services, such as referring them to Mental Health Team, South West, or ECAPS over in [suburb]. It stands for Early Childhood and Parenting Services, which involves home visits by midwives

and referrals to methadone clinics. Sometimes respite and childcare activities. Every now and again, financial assistance and supervision of financial assistance [CW_3]; and

- They range from things like financial assistance, helping them engage with different services outside the CSC. For example, if the family needs financial help, we can refer them to Anglicare and things like that. There's also Barnardo's, where they actually go to the family, do home visits, things like that. In terms of mental health, we refer them to mental health services and make sure they are being monitored [CW_7].

Consistent with this, one CALD family participant said, "DoCS have been very helpful. They offered \$1400. Even brother and sister in Vietnam didn't give one cent to her" [ASN_6].

Summary

Over all the caseworkers interviewed, financial and housing assistance, as well as referrals to external agencies, seemed to be some of the more common forms of service provision for CALD families. This may indicate that socio-economic disadvantage and large families are common associated patterns for CALD families in the CPS, and that culturally specialised services are not available or routinely used within the Department. Though financial and housing assistance, and referrals, are some of the more common areas in which DHS helps CALD families, they are not unique to this group. The only unique service provided was that of interpreters.

6 Cross-cultural service provision

While Section 6 used an emic analysis, exploring the unique needs and experiences of CALD groups in the CPS, the aim of Section 7 was to use an etic approach. This approach uses a cross-cultural analysis, which in turn allows for an examination of the extent to which there is equity in service provision. By comparing the service provided to CALD families with the service provided to Anglo Saxon and Indigenous families, the extent to which they are all receiving a relatively equal service can be examined.

This cross-cultural analysis was conducted in two ways. The first was simply to describe commonalities and differences in working with families from the three groups. By identifying more precisely where groups overlap and where they may be unique, caseworkers may be better able to know when to deliver a universal service and when it may be more appropriate to tailor it; this kind of cultural competency can ensure effectiveness and therefore equity for CALD groups. The second way was to explore how caseworkers address the difficulty of separating ‘culture’ from ‘abuse’ so that they do not mistake one for the other. This issue is addressed extensively in the theoretical literature, but the actual practical strategies caseworkers uses is not fully explored in the literature. Thus, the aim here it address this current gap in the knowledge base.

6.1 Perceived commonalities and differences in working with CALD, Aboriginal and Anglo Saxon families

All caseworkers noted that there are both similarities and differences in working with CALD families, but they differed in the extent to which they emphasised these similarities or differences. Caseworkers who saw that working with CALD, Anglo Saxon, and Indigenous families was generally the same, noted that the only real differences between the three groups was either language issues, or that CALD families were less aware of child protection agencies. For example, these caseworkers said:

- Difficulty is a language barrier. For a family we are currently working with who is Persian-speaking, the only way we can communicate is via interpreters. That is extremely challenging and difficult [CW_15];
- Main difference is obviously the language barrier. Other difficulty I'd say [is] not having access to resources such as translated documents, to assist in conveying what's happening. Saying that, however, that doesn't account for people that have a mental illness, or the cognitive function to understand the concepts [of child protection] regardless of language [CW_14];
- **I think we have difficulties with all our clients.** It's just the nature of the work and the role that we play. I don't think I could think of a case where I could specifically say I had a difficulty with a CALD client rather than an Anglo [client]. I think most of our clients, yeah, it's a shock having DoCS knock on the door, regardless of who you are or where you are from. Traditionally, I would say Aboriginal clients have that stigma around the Department, because of the Stolen Generation, so they obviously have a wall up straight away. I think within this [geographic] community, there are

particular areas [like] housing commission areas or particular suburbs that are really aware of welfare and DoCS, and you are going to have difficulty with those people regardless of where they are from. **I think the main issue would be that CALD clients aren't aware of what we do.** They are not aware of what our role is. They don't understand why we are knocking on their door. That's probably the biggest difficulty [CW_9]; and

- I can imagine they [**CALD families**] have this fear of the legal system here. And of the government. For them, they **are more likely to be compliant with us because of that fear.** So we are able to say, 'you need to do this, to make sure your child stays in your care'. They are more understanding. Maybe not understanding, but just scared. They don't know what's going on. Whereas Anglo Saxon families, they already have this idea of us being 'the bad guys'. They are sometimes a little bit more defiant. When it comes to Indigenous families, the whole Stolen Generation. They are part of the Australian history. Whereas a CALD family wouldn't understand that whole thing, so they wouldn't have as much negativity towards us. **Aboriginal or Indigenous families might think, 'you're taking our children away. Aren't you just doing the same thing as what happened in history?'** [CW_7].

On the other hand, some caseworkers felt that it was important to acknowledge the differences, and that working with families from the three groups should be treated as unique and distinct. For example, one caseworker said,

The similarities are that most people would generally work with them the same. The problem is that they are different. For example, if you're dealing with an African family it's quite unlikely you are going to find, particularly in this area, D & A issues. With Anglo families, that's an issue that's generally on the forefront. Everything that you do as a caseworker with an Anglo family in comparison to a CALD family should be quite different, but it's not. **The knowledge of the cultural background, a lot of the time, will explain why the primary reported issue is actually there.** But if you don't have that, you are looking at, 'this is the law, you're not allowed to do this', and that's all ... We will get, say an Asian family, that will come in on our case load and there's some serious issues and physical abuse, stuff like that, but it's all based around education. In the Asian culture, education is one of the most important things, so the abuse isn't actually based on the fact that there's inadequate parenting capacity. It's based on the fact that education is one of the paramount things of that culture. With an Anglo family you wouldn't see that. There's those sorts of things that we need to be a lot more educated on [CW_8].

Some caseworkers seemed to emphasise both similarities and differences equally. For example, one caseworker acknowledged the similarity between families in the inter-generational transmission of trauma and hardship, but noted that they differ in the nature of what is passed between generations. This caseworker said,

I think because of that lack of support network around them [CALD families], that isolation, it's the biggest killer. Because of that, they

then hit the drugs. With drugs comes the violence, and with the violence comes the homelessness. It's almost [like] **the isolation starts the cycle. It has taken me a long time to get to this realisation.** And I think **with the Indigenous families,** they are almost in the same scenario even though this is their original country. Because, **when you haven't been parented, you can't parent.** Your ability to form relationships with others and maintain relationships [is affected]. **The degree of brokenness is so severe. I think with the Anglo stuff that's inter-generational again** – if you haven't been parented, you can't parent. I have a 13 year-old and I can guarantee, almost bet my life on it, we are going to repeat the cycle with her. We are going to remove her children – she doesn't even have children at the moment – given that I know what the 13 years of her life have been like. Her mother was removed, she's been removed, and there's been no insight anywhere along the line [CW_17].

Similarly, another caseworker noted that even though the *nature* of the issues between all three groups tend to be the same, Anglo Saxon families tend to experience more of these issues than CALD families. This finding is consistent with the results of Stage 2 (case file reviews) that found that issues for CALD families tend to be isolated to one or a few domains, compared to the number of issues reported for Anglo Saxon and Indigenous families. This caseworker said, “I think they're all the same issues, [but] in my experience, **I think the Anglo groups are even harder to work with.** They've got more issues, like drug and alcohol, mental health, domestic violence compared to the migrants and CALD groups I work with. Migrant groups are less complicated issues. Usually their needs can be easily resolved, once they found housing or we've referred them to services. There are difficult ones as well, but I haven't worked with them. I can't really tell” [CW_1].

Thus, overall, caseworkers acknowledge that there are similarities and differences in the number and nature of issues between CALD, Anglo Saxon and Indigenous families. However, the main difference that was identified in this study is that caseworkers generally perceive that the services provided to Aboriginal families is superior to the service provided to CALD families. This is an important finding as it shows there is a current gap in service delivery to CALD families which may be compromising equity in service delivery. These reports are in Table 8.

Table 8: Examples of caseworkers perceiving that service is better for Aboriginal than CALD families

<p>Service for Aboriginal families perceived as better than service for CALD families</p>	<p>There is such an emphasis on being culturally appropriate when we are working with Aboriginal and Torres Stair Islander families. That stems from our training [CW_16]</p>
	<p>It's probably something we don't do very well [provide services to CALD families] because it is a really Anglo-dominated area. There's not a lot of multicultural-type service. There are Aboriginal services, but I think there's [only] one Lebanese-speaking family support worker for the area [CW_15]</p>
	<p>I guess because in this area we have a lot of Aboriginal families we are lucky to have AMS which is an Aboriginal Medical Centre, and within that centre we've got psychologists, dentists, all the other professionals in that one service area, [but] nothing specifically [for CALD] that we can target. I guess we go through external agencies that can provide [culturally appropriate services]. The only thing we can provide is if we have a caseworker here that is from the same cultural background, or if not, then we can look at the pool of caseworkers within the Department that are culturally appropriate that we can consult. Otherwise [in terms of] resources or services, we don't have anything [CW_4]</p>
	<p>I would probably think that Aboriginal clients receive, at least from what I've seen, [they] have a better chance of receiving better treatment or at least at being recognised that they need assistance. They have a better chance of having their needs addressed rather than CALD groups. With the CALD groups, for example, I've got a family that needs financial assistance. It's not really being dealt with directly, straightaway. It's been pushed aside because we've got other things to deal with. At the same time, there are other cases with Aboriginal families and normally these get processed much [more] rapidly. I think they're just trying to make sure they respond to these things quickly, urgently, so that no one can turn around and possibly use that against them. Although we're helping families, I still cannot comprehend this unevenness, where one family gets problems addressed straight away, whereas [for] the other family, the paper has been lying there for about four weeks [CW_3]</p>
	<p>I think with Aboriginal families, the practice [is] a lot more effective. There's Aboriginal consultation, there's secondary Aboriginal caseworkers. There's a big unwritten rule about Aboriginal families having access to some sort of Aboriginal supports. Some may choose not to use them but I think that's progressed that issue a lot. Ours has not. Part of that is because there's so many different ethnic groups that come under 'CALD' that you can't possibly meet all those [needs]. Even some of us, as professionals and as multicultural caseworkers, will get confused about the concept of someone from a Vietnamese background being consulted on with an Arabic worker. But that's not necessarily where the primary problem is. It's about the competence of that person providing that information to be able to say, 'there's a cultural dictionary in relation to this. This is not necessarily true, but it's some sort of guide'. And then being able to raise all those things, and say, 'have a look at this material. These are the bits I think are questionable, but it gives you some sort of idea of what that culture is about' ...</p>

The practice in terms of consultation, although it's not up there, it's much better for Indigenous families than it is for CALD families. The policies are there. They are worked into the legislation in terms of kinship carers. CALD families don't have [that]. In saying that, if there's an obvious cultural issue, the courts will ask you to address it. So if it's an African family, and they are black the first question a magistrate will ask is, 'is it a culturally appropriate placement that this child is in?' Because you can see. [But] if that's not the case, then it might fall through the cracks ... They don't address it as part of routine practice because no one pushes it. The Aboriginal staff of DoCS are really quite proactive. **In our care plans, it will ask you things about Aboriginal or Torres Strait Islander. It doesn't ask you anything about any other culture.** We've got documents produced by HO, we have checklists, [but] I would dare say, most people here have never seen them [or] used them. Whereas when there is a checklist that comes out for an Indigenous family, it is made compulsory and people have to do it. It won't get fixed for a long time ... So, yeah the Indigenous structures are much better than the CALD ones. In saying that, they both need a lot of work ... [It will] probably take a while for the organisation practice and mindset to change, I suspect [CW_8]

Summary

Overall, caseworkers acknowledge that there are similarities and differences in working with families of CALD, Anglo Saxon and Indigenous background, but emphasise these to different extents. When differences in service are noted by caseworkers, it is mostly due to lack of awareness of child protection work and language issues. However, one caseworker did feel that issues for CALD groups were typically isolated to one or a few issues. This finding is consistent with that described in the case file reviews. Finally, and most significantly, several caseworkers felt that Aboriginal families received a better service than CALD families, pointing to room for improvement in acknowledging the importance of cultural issues for CALD families.

Specifically, several caseworkers felt that there were more specialised services provided to Aboriginal families than CALD families. This is even contrary to the assertion by one caseworker that CALD families should receive the “same services provided to every other client. Our services shouldn’t be, we’re going to provide this to you and not to someone else, because that goes against our code of conduct and legislation, of DoCS’ vision, fairness, team work, equity” [CW_14].

This seems to suggest that there is unawareness about the unique cultural needs of CALD groups, and that should services be routinely targeted or specialised, that it would somehow compromise equity across groups. There was one caseworker who reported that the provision of specialised services to Indigenous families may compromise to service equity because of the over emphasis on cultural sensitivity over child safety¹⁷. Thus there is a risk to equity in specialising services for groups where culture is important.

However, at the very least, the importance of culture for Aboriginal families is systemically acknowledged, and this remains yet unfulfilled for CALD families. Indeed, this caseworker also said, “In one sense, **there is this additional education that we’ve had about Indigenous cultural issues**. A lot of the principles of culture can actually be applied to other cultures, so we have learnt in one sense. **That has helped**. Like, contributed to **giving us a language to talk about culture**. **So there is some good that has come out of that**. So there is some good conversations and good questions happening in case work in relation to cultural issues. People [are] reflecting and challenging themselves on the appropriateness of their decisions, about placements in particular, and whether it is appropriate for them to be placed in culturally appropriate placements or not. [Because] sometimes there is a need for it not to be [a culturally-matched placement]” [CW_17].

It may be very broadly inferred from these results that cultural sensitivity for CALD groups needs to increase to be on par with Indigenous families, and emphasis on child safety matters needs to increase for Aboriginal families to be on par with Anglo Saxon families. Such an assertion is terribly broad and assumes that all three groups are sufficiently comparable qualitatively, to be able to draw such quantitative comparisons. Indeed, there are operational difficulties in even implementing and measuring such changes. Importantly, however, caseworkers seem to evaluate the

¹⁷ Other caseworkers may agree with this report, but did not disclose this during the interviews.

appropriateness of a child protection service or intervention for a child from one CALD group, based on how equitable they perceive the delivery of that service to all groups in the CPS.

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

The aim of this section was to uncover how caseworkers address the theoretical debate of cultural absolutism versus cultural relativism in the field (this debate is discussed in more detail in Interim Report 1). This theoretical debate has to do with the difficulty of separating culture from abuse and neglect, so that caseworkers do not mistake one for the other. If caseworkers misattribute non-harmful parenting behaviours to abuse or neglect among different cultural groups, then it may indicate either a lack of cultural knowledge and sensitivity or institutional racism; both of which can cause disruption and trauma to the child and family through their unnecessary or avoidable intervention. On the flipside, if caseworkers prioritise culture over child safety, they risk contributing to further harm to the child for failing to appropriately intervene. As one caseworker put it, **“where to draw that line? It’s so subjective”** [CW_17].

Indeed, one caseworker identified that part of the difficulty was the definition of terms; ‘culture’ is an elusive and difficult process that defies simple labelling and categorisation, and if caseworkers are to address the cultural needs of CALD families, then what is the cultural needs of Anglo Saxon families? This caseworker said:

There’s a misunderstanding of what culture means. It’s quite a confusing thing. And I guess **the majority of us who work here are Anglo, so it’s kind of like, ‘do we have a culture?’ It’s understanding what culture means first, and getting an understanding of that, before you can apply it to other people.** In our training at CDC, we do Indigenous studies and we hear about their culture. We also have ‘working with CALD people’, and thinking about their culture as well. But I think **a good caseworker means you need to have that personal reflection and awareness of where you are coming from yourself.** And until we can challenge our own cultural biases and our own cultural understanding ... As Anglo people, you also have a lot of culture that’s influenced by a lot of different reasons [CW_17].

Similarly, another caseworker said, “you have to look at them [Indigenous families] like just another client. That’s very important. In saying that, sometimes we go, ‘ok, this family is CALD, so I have to pay more attention and be more sensitive’. And then you look at [an] Indigenous family and think, ‘got to pay more attention’. And then you go to an Anglo Saxon family, and **some people are like, ‘oh, it’s just an Anglo Saxon family’.** It’s like, ‘no, there’s a culture there as well. You have to be sensitive to that. There’s this misconception that in an Anglo Saxon family, it’s not strict. The children go off and do whatever they want. It’s not the case. I have an extensive number of friends whose families are very strict, similar to myself, my family. You have to take that into consideration and be careful” [CW_7].

The complexity of this issue in the field was summarised by one caseworker, who said:

Our primary focus needs to always be the safety of the child. Although you [may] understand the cultural issues, as a caseworker, you can't guarantee the child's safety based on where those beliefs were sourced from, and the intention behind [them]. To do that, you're placing the child at risk. So depending on specific cases, sometimes it might be clear that it's a one-off incident, and the child will be fine at home. **Other times, it may be a little more greyer. You can see where the family's coming from, what they were trying to achieve, [and] just because that doesn't fit into our Anglo society, it doesn't mean that it's completely incorrect.** But if the next incident is more severe, and you've made recommendations that the child should stay in their parent's care and [then] something happens to that child, you've made that decision based on your familiarity with that culture rather than [on] the child's safety ... Yeah, I don't know ... [You have to] try and weigh it up" [CW_8].

Emphasising cultural relativism

Two caseworkers in particular noted that considering cultural factors for CALD groups was essential; in line with a culturally relativist approach to child welfare. For example, one said, "**we have to be culturally sensitive.** We have to understand [the] background of your client. Even if they are from the same culture their backgrounds [may be] different. Family experiences. Some of them have been through war situations, might be different from other CALD backgrounds. When have to be sensitive in those areas. Some are shy [and] we shouldn't regard them as arrogant. [When] working with the family we have to be very flexible. We have to consider their background, experiences, when we're dealing with them **to get them engaged** with our service [and] to get involved with our case management. **[But] when it comes to making a decision, it is by law.** We have to do certain things according to the law" [CW_1].

Similarly, another caseworker said, "it should be a massive part no matter what background a family is from. Like [a] service might be appropriate for an Anglo family and completely wrong for a Greek family. You have to give it consideration. I think it has to be big consideration as part of your case plan. It has to be" [CW_16].

Emphasising cultural absolutism

Although all the caseworkers acknowledged that cultural sensitivity was important for CALD families, many of them also noted that they ultimately use Australian child protection law to guide how they balance culture with child safety. The law is then their 'bottom line' benchmark that helps them make their risk of harm assessments. For example, one caseworker said, "when it comes to child protection, child protection issues override any other cultural issues ... That requirement, that law, will override any other cultural beliefs or different practices. We always justify ourselves by that standard. **Our law is our standard, and we have to always justify ourselves against those laws.** Often we have to prove ourselves at the children's court – why we did what we did" [CW_1].

Strategies caseworkers use to help balance between cultural sensitivity and child safety

Caseworkers identified a number of strategies that they use in the field to help balance between cultural sensitivity and child safety. These may be used by other caseworkers new to CALD clients.

Making a general allowance for the time-intensity involved in working with CALD families

One caseworker noted that because CALD families are unfamiliar with child protection laws and the system, extra time is required to explain the relevant processes. This caseworker said, “**I think CALD families just take a lot more time to work with than other families.** Because of the concepts, you gotta do things twice over to get that message or information across. I don’t know, maybe the second time round it just makes more sense” [CW_11]. Therefore, it is important for caseworkers with CALD families to have “time and patience and respect” [CW_13].

Accepting time constraints in child protection work (compared to EI or OOHC)

Caseworkers may acknowledge that culture is important to consider for CALD families but do not necessarily have the luxury of time in their child protection work to consider it thoroughly or extensively. As one caseworker said, “ultimately our involvement is about minimising risk – this is purely **child protection**. I’m not talking about out of home care or EI – to minimise risk, we take whatever measures are necessary. That doesn’t necessarily mean we provide a good level of information to families. It really depends on the level of response your providing to a family. **Culture often isn’t in the forefront, when it’s an immediate-type response.** It’s the safety of the child. [With] out of home care and EI, there is that scope for on-going work. To discuss and reflect on it, and work around it in all your dealings. The key part is the on-going part” [CW_15].

Considering the case plan goal

Another caseworker also noted that the extent to which culture can and should be considered depends on the goal of the case plan. This caseworker said, “**if the child is going PR to 18, it definitely needs to be the first thing, because that child’s going to lose language, community connections.** That’s got to be the first thing. If there’s a restoration, that’s another story too, depending on how long. If it’s going to be an eight to 12 month restoration, then maybe culture’s not such a huge issue because contact’s going to increase over that restoration. And depending on the age and attachment, and cultural knowledge of that child, it may not be such an issue if they are going straight back. If they are going to be in parental responsibility of the Minister until 18 and they are only four, then the caseworkers really need to get it together” [CW_8].

Not looking at cultural factors to the exclusion of personal circumstances

While culture is important, one caseworker notes the importance of focusing on the individual case and their circumstance. They said,

It doesn't matter who you are working with. You could be working with an Anglo family who say, 'I was smacked when I was younger, [but] it didn't hurt me'. We get that a lot. 'My mother drank, it didn't hurt me'. I don't think it matters who you are dealing with. You need to take into consideration not only their culture, but their situation. What they've been through. What it's like for the child. **There's so many different factors you need to take into consideration** ... A lot of the families we deal with, talking generically, have been through the CP system when they were younger. You have to take that into consideration. This is why they are lacking those parenting skills, because they were never parented with those skills. Parenting skills are a learned behaviour, so if you don't see it when you were a child, how do you know what's the right thing to do when you have children? It's the same with CALD families. Like a Samoan mum who was hit when she was a child, and has come over here. It's a new country, you can't expect them to know the ins and outs of our laws and policies. Even their education levels play a part. You have to sit down and explain it to them ... They could be normal functioning people [and] a neighbour got pissy and made a report. There's so many different things you have to take into consideration. So many different factors that influence, mental illness, drug abuse, the list could go on forever. **That's why we have to come from a holistic approach** [CW_16].

Giving CALD families chances to develop and demonstrate insight

Given that CALD families enter the CPS most frequently for issues to do with physical discipline, and cite that they engage in this behaviour out of love for their children, it is important that caseworkers give otherwise loving families a chance to understand the harmful physical and psychological effects associated with long term or excessive physical discipline. That is, removal should not be the first option for obviously non-severe cases. One caseworker addressed the value of 'giving chances'. Refer to Case Study 1 for more detail.



Case Study 1: Example of cultural sensitivity by giving CALD families a chance to demonstrate insight

A lot of the time, we've gone out, spoken to them and told them they are not allowed to do it [physical abuse]. And a lot of the times it is a one-off. It is the fact that this community is not aware of the laws here, so they've done it. We speak to them and [it] never comes back again...

We need to be aware that there is a borderline for all clients regardless of their race [or] cultural background. If the child's not safe, we need to bring that child out of there and make sure they are. We need to always keep that in mind – that our focus is the child, regardless of what background they are from, what their beliefs are, what their values are ...

When I was a caseworker, I had a case, they were Arabic speaking background. The father had hit the daughter with a belt and she had gone to school with a belt mark on her leg, so it came through as a very high response. A first hit, a first report, no prior history. We went out, we spoke to them. They said 'we didn't know it was against the law, this is what we've always done, this is what we do'. And that was it, it never came back. [But] there are other cases where you go out on one like that, and it comes back, and it comes back, and it comes back, and you get to the point where [go], 'ok, it's not good enough, this child is not going to be protected there, regardless of culture, regardless of belief. We have to take more severe intervention' ...

We had a case [like that]. It was a Pacific Islander family. The first report was not too severe, so no one really responded. The second report was a mark, twisted his arm or something. We responded, they took it on board, we closed it. About a year later, another one came through with a shoe mark to the child's face. We went out and this time the father was a bit more aggressive, like saying, 'no, this is what I do, this is what my dad did to me, this is what his dad did to him, and this is what I am going to do to my child'. It took a while to talk to him about it. At that point we were thinking 'ok, if another report comes in then that's it, something else needs to be done'. Nothing did come back ...

There was another case where there was a Chinese family. It got five or six reports. Everyone agreed this is too much. Clearly, this father does not know it is not right and he's not going to change ...

You can tell when a parent really does acknowledge, 'this was wrong', 'that time my wife shouldn't have been doing that'. They have some insight into the effect that [they] may have had on their children. It doesn't have to be a great insight, just something, it's better than none really. You can see they are 'workable'; you can work with those people. When a parent has nothing, doesn't want to acknowledge or take responsibility for anything they have done, then you know it's just not going to work. Where people put the responsibility back onto you, you never referred us to anywhere, you never helped us when we wanted to, we always did it ourselves, not taking into account that they've hit their child about seven times with a belt leaving welt marks, exposing to domestic violence ongoing. I think we do just throw that word [insight] around. I don't think we stop and think how much our decision making [is] based on that, [about] the parent's level of insight into the needs of the kid [CW_9].

Being aware that family privacy may lead CALD families to deny or minimise abuse

One caseworker importantly raised the issue of how the collectivist value for family privacy can cause CALD families to deny or minimise abuse that may be occurring in the family. This can exacerbate the difficulty for caseworkers in separating culture from harm. This caseworker said, “**we have five or six Muslim-identified schools in this area. We very rarely get reports from those schools.** Therefore we don’t really know what’s going on, and we know that abuse is fairly rife in those cultures but we don’t get reports, which I think is a huge issue that presents as a cultural issue. I’m assuming that those schools, they’re saying they’re mandatory reporters too, however it’s acceptable in their culture. **They turn a blind eye. I reckon if you went in and did a little project in there, half those children would end up getting removed**” [CW_14].

Taking the time to communicate the risks associated with physical abuse and inadequate supervision to help overcome cultural differences

One caseworker acknowledged the cultural differences in the line between ‘discipline’ and ‘abuse’ for physical abuse, and leaving children unsupervised as a criterion for ‘neglect’, and noted that taking the time to communicate the possible risks associated with each was important to good practice in a multicultural context. This caseworker said, “I think it’s easy to say this is what child protection is and this is what risk is. because we’ve got that legislation to back us up. I think the way it is communicated and explained is probably where we fall down. Saying to a family, ‘you can’t hit your child’ when that’s all they know, that’s all they’ve done. That could be not even a CALD family. We don’t explain very well about what the impact is of hitting a child. That’s probably one of the biggest difficulties. Having an absolute, ‘this is risk’, I think is really difficult ... I worked with **[an African-background mother]. She 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.** I don’t know how you get around that, because there’s potential for risk in terms of the children accessing the stove or whatever and that’s really basic. I think how it’s communicated, ultimately, that’s going to make the difference” [CW_15].

Being aware of how culture may be entwined with each of the four main types of abuse or neglect

One useful to help break down or chunk the complexity of the ‘balancing’ issue, is to focus on each of the four types of abuse or neglect (physical, sexual, emotional, and inadequate supervision) separately. Two caseworkers explored the relationship of culture with each of the four types, and these have been reported in Table 9. Having said that, one caseworker importantly points out, “I think **legislation and policy guide you so far. Ultimately your professional judgement is what forms your views.** So whilst you have one family that you take one course of action with, there may be something that impacts this course of action with another family. So **there’s no hard and fast rule about how you address risk.** Whilst there’s definitions about what risk looks like and what the classifications of emotional abuse, physical abuse and all of that stuff, ultimately it’s about the impact on the child and there’s going to be different impacts for different families” [CW_15].

Table 9: Separating culture from each of the four main types of abuse or neglect

	[CW_7]	[CW_8]
Physical abuse	<p>Obviously you have cultures that believe in smacking. DoCS says no to smacking at all, you don't slap your child, that's it. Legally, which is interesting, you are allowed to smack your child from the torso down, without an implement. I think it's difficult telling a family that 'legally you can, but we don't advise you to, we don't want you to'. That's weird in itself ... There are a lot of cultures where smacking is a form of discipline. It always has been. Some cultures are more strict than Anglo Saxon or Indigenous cultures, but I think it's more important to talk about the other forms of abuse rather than physical, because physical abuse is more, 'you can say, no matter what culture you come from, that's not appropriate, full stop'.</p>	<p>I think most caseworkers will struggle with concepts like physical discipline being ok in some ethnic groups and then CP legislation says, to some level, that can be physical abuse. A caseworker struggles about making that distinction, about 'at what point does it become physical abuse?' Communities struggle with that. At one of the community information sessions, one of the African community leaders was saying to me, 'in our culture, we hit our kids when they do something wrong. Why is it we come here and all of a sudden we are treated as criminals for that?' There's a lot of misconception among community members and also among caseworkers. There needs to be a lot more emphasis on the fact that physical discipline happens in various ethnic communities. It becomes something that is against the law when we are looking at, you know, is it an open hand or a closed hand, is it above the head, is it below the waist, is there an injury, is there an open wound or a closed wound? Communities and caseworkers need to be a lot more focused on what the problem actually is. It is difficult, but it depends on your skill level. Are you able to identify, 'yes, this is a common practice in that ethnic group but it's not a common practice to the point where a child's ended up with extensive injuries'. A lot of cultures will not injure their children. That's a general thing. But communities and caseworkers need to be aware that some minor physical discipline will be used, and they need to be provided with the skills to make the decision between physical discipline and physical abuse. That's a major area.</p>
Sexual abuse	<p>When I was little, my dad would like smack us on the bottom. In my culture, there's no negative connotations around 'the male, he's touched his daughter'. In my culture, we are not as aware. In the Anglo Saxon culture, because we are so aware of it, sometimes we go overboard a bit. We see a male with a little girl and we just think automatically, 'what's going on?' They are a bit more suspicious because you are so aware of it ...</p> <p>I don't know about other CALD families, but I know the middle Eastern</p>	<p>If sexual abuse is substantiated, then in most cultures that's pretty clear. I've not come across one where that's been vague.</p>

	<p>culture and Islam, talking about sex is just so wrong. You don't ever do it. Ever. Not in front of your parents, your grandma, nobody. And to be able to disclose that someone touched me in that way, if it was a parent, if it was an uncle, if it was someone's friend, I could just imagine the difficulty the family would go through, and the embarrassment. And because the child has been brought up in that culture they might be too afraid to disclose any of that ...</p> <p>I've read true stories where the most horrible things have happened to the child and no one has ever suspected a thing. And the child has been brought up in a way where you don't talk about your family life. And that's in a lot of CALD families, that's a pattern. There's a pattern right there that maybe we can teach everyone. CALD families don't usually openly say 'my mum's been doing this, or dad's been doing that'. You don't talk about your family life. What happens in the home, stays in the home. You don't talk about it outside.</p>	
<p>Emotional abuse</p>	<p>When it comes to emotional abuse, you get to this grey area. You have to try to explain to a family, that verbal abuse and emotional abuse, is not appropriate. I sometimes say to my mum, 'stop what you are doing right now, that's verbal abuse, and what you are doing will affect me negatively'. I don't say it like that, but you know. I think 'so how do we explain that to someone who comes from a culture [where] it's alright to talk like that to your child because it's discipline?' Then there's religion that comes in. In Islam, a woman should always cover themselves, a girl doesn't go outside the home, shouldn't talk to boys, shouldn't interact with the opposite sex, all of that sort of thing. To us, it might be that some of the things a parent says to their child is emotional abuse, but the parents might be saying 'no, this is us teaching them about Islam. This is not emotional abuse'. I mean my parents constantly say to me, 'you can't go out because that is what a prostitute would do'. To me, that's emotional abuse. To my parents, that's the way they speak in my culture. If a girl is known to always be talking to boys, she is labelled as the bad girl. And for my parents to label me like that it's like 'that's not good'. They are some grey areas you have to be careful, stepping over the line, saying your religion is wrong. You can't say that. You have to be very careful.</p>	<p>Emotional abuse [is] very, very difficult. You'll see all sorts of things in cultures where caseworkers may not be able to source where certain behaviours are coming from. That's partly a skill problem, but also the lack of knowledge in being able to identify emotional abuse in comparison to cultural practices. A lot of children from various cultures will not look someone older than them in the face, and we see that all the time. A child will have his head down the whole time you are talking to them and caseworkers will either 1. perceive that as, 'this kid's not even listening' or 2. 'this kid's upset or emotionally abused or has no attachment or has no bonding'. And all these assumptions are then made based on the cultural practice. So that area, depending on what the issue is, can be quite difficult and you see that on a practical level a lot. In saying that, it's very rare that the primary issue will be emotional abuse and that will be the only factor in that family to lead to a removal. That wouldn't happen. It would just be one factor in that family.</p>

<p>Neglect</p>		<p>I think neglect is another area where we could possibly do more work on what's culturally appropriate and what's not. Like, here in Australia, age is the primary factor that makes you a child, [but] in a lot of other cultures, responsibility level is what makes you a child or an adult. We need to become a lot more educated about what is it in that culture, in that family, that makes that child a child? Is it neglect or is that child capable of supervising a younger sibling? Does that child have any money? Does he have access to a phone, does he know the neighbours? Does he know who to call? Does he know the phone numbers? Does he know emergency? We need to be getting into all the real detailed things as to whether or not that child's at risk. We can't just say, 'oh, you know its neglect, its inadequate supervision, because a 12 year old is left caring for a four year old, its inadequate supervision, it's this or that'. It can't be blanket rules, because in a lot of cultures they need to be re-educated about the CP legislation in Australia. We need to explain that although you've come from a country where responsibility level determines what an adult is, here, because of the way things are structured, because of the learning in the education system, because of the learning in communities and cultural links, and what children are exposed to at that age, it's not appropriate to leave them, to make these sorts of decisions, because of these reasons, and are really nutted out for that family.</p>
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Summary

While caseworkers acknowledged that cultural sensitivity was important for CALD families, they differed in the extent to which they took a 'bottom line' approach; in which cultural sensitivity is ultimately seen to matter less than child welfare. To help find the balance between cultural sensitivity and child welfare, caseworkers used a number of strategies. These included: making a general allowance for the time-intensity involved in working with CALD families; accepting time constraints in child protection work (compared to EI or OOHC); considering the case plan goal; not looking at cultural factors to the exclusion of personal circumstances; giving CALD families chances to develop and demonstrate insight; being aware that family privacy may 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 entwined with each of the four main types of abuse or neglect. Importantly, the results of the case file reviews found that emotional abuse is the most secondary report for all families regardless of cultural background. This may explain in part why it receives less research attention than the other types of abuse or neglect. The findings here have shown how emotional abuse may reflect cultural or generalist factors.

7 Ethnically-matching CALD families and caseworkers

The issue of whether or not to match CALD families with caseworkers of the same background is a common theme in the literature. The aim of this section was to explore the perceptions and experiences of both CALD families and caseworkers on this issue. Consistency between services users and service providers would provide evidence for the continued use of the practice, but inconsistency may provide insight on how to overcome any gaps in current service delivery.

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

There was incredible diversity in response to whether CALD families prefer an ethnically-matched caseworker. Some preferred a match, others preferred a non-match, and others still had no preference at all. This diversity indicates that there is large individual variation among CALD families, and that as a result, offering CALD families a choice about whether they would like a matched caseworker is crucial. In other words, it cannot be assumed that just because a family is of CALD background that they will or will not prefer to have a CALD-background caseworker. Having said this, the reasons behind why CALD families may or may not have a preference are identifiable, and it is important that caseworkers are aware of the issues that may impact their choices and preferences. This awareness would be a demonstration of cultural awareness, and offering choice is a demonstration of cultural competency.

Preference for an ethnically-matched caseworker

Language

Repeatedly, lack of English proficiency was cited as the main reason for a preference for an ethnically-matched caseworker. Responses included:

- They think it's better to be Macedonian ... good people, good talk ... easier because of the language [EEUR_2];
- I need to explain everything of my culture, but if they are the same, there's no need because he know everything about my culture [ARB_3];
- Yes, because then he [caseworker] can understand. **How I can explain in English, what I real feel?** Same my country, I can express what I feel, he can understand [ASN_2];
- If they Vietnamese, they understand. If they something else, I don't know, very hard to say, very hard to tell ... If the caseworker is the same, Vietnamese, very easy to understand. But Australian, so-so ... Vietnamese understand [and] explain very clearly. I can understand, and I can talk to them [ASN_3];
- Obviously, if the caseworker is from the same origin and speak the same language, it is a lot easier. I just recently got a Vietnamese caseworker, but prior to it, I got English speaking caseworker, so it has been more difficult for me to try to explain to them everything ... It's difficult to say [what], I'm thinking [ASN_4];

- It's not possible to meet that need [i.e. a matched caseworker], because even in my own country, people from different regions, they have different cultures as well, so it's impossible to meet my needs. The most important thing is to provide interpreter, regardless of where the caseworker comes from, because you can't find caseworkers from every culture, every religion [AFR_2]; and
- The [caseworker] that I am involved with at the moment, she is Arab, she speaks Arabic and from [the] same religion, so I find it very easy to converse. I find she can understand me a lot better ... But the problem is, they want to change it now [to] a Greek caseworker. I feel an Arabic lady would be enough, not specifically from Jordan, but just the fact that I could converse with her in my language, express my feeling, I feel that would be preferred or more appropriate [ARB_4]; and
- I can understand you, [but my wife] don't have any knowledge, [any] English language, so she can't understand anything. When she have problems with the Department of Community Services, I will come between like [an] interpreter. [But] I don't have more knowledge about what you [DoCS] do, I'm just interpreting. So **she will ask me, and I'll pass it to you, and then you say your word and I'll pass it to her. From here, we will keep rotating without getting each other.** So this will not give us a room to understand anything. But if Sudanese, they can make it direct. They understand [the] ways Sudanese bring up their children and she knows the system in Australia, so she can figure out the right direction you can go in [AFR_1].

Avoid discrimination

One participant described that avoiding possible discrimination underlies their preference for an ethnically-matched caseworker. However, they then went on to say that as they were South Sudanese, they would prefer a caseworker of any background over one from a North Sudanese background. His response went on further to then explore how one person, regardless of their cultural background, can provide a good service. This kind of higher-level cognitive processing is important for both service users and providers as it is an example of cultural competency. This participant said:

Caseworker to be Sudanese is the main important thing to me ...

He or she will have a bit of knowledge, what the background is culturally ... Emotionally you can feel if it is [a] different person, if this is one of my tribes or whatever. [Otherwise there] may be discrimination. The Sudanese is easy, you can gauge yourself ... Northern Sudan is Sudan, but it's different. We were in a war for 21 years and that's why we are here in Australia. So if someone [caseworker] come from Northern Sudan, you'll be more farther than Australian people ... **If it [caseworker] Sudanese but he or she from [the] North, it'd be worse** ... You lost your brother, your daughter through these people, so you may think, even if he or she is following the rule, you will say, 'no, he complicated because of that problem' ... Chinese or Lebanese or anyone [is] better! ... [But] we have a lady at [church based NGO]. She's from Northern Sudan. That lady helps a lot, for all Sudanese. So if someone like that lady came up, people will see this person is working fairly [AFR_1].

More sensitive to culture

- All Vietnamese caseworkers, all good ladies [ASN_6];
- I been trying to explain, but sometimes it's a bit hard because he doesn't understand [my cultural needs]. That's why I prefer the Samoan caseworker ... Same [is] better [PAC_2];
- I think there is a bit of difference. The English speaking caseworkers just fulfil what they got to do. I sense that the caseworker of Vietnamese origin [has] dedicated more attention to my problems [ASN_4]; and
- Same [caseworker] is better, because our culture have different religion, different tradition, different food. **Muslim is not to eat ham, pork, drink beer, whiskey. When DoCS take our kids for another culture ... Our kids, they eat maybe there.** We are responsibility for our kids [ARB_2].

Preference for a non ethnically-matched caseworker

There were some participants who preferred to have a caseworker that was ethnically different from themselves.

Generalised preference

“[I prefer] different. Something about communicating with the same nationality, [I] don't like to. It's not just with DoCS, it's with everything. We don't like to communicate with them [Lebanese]. So rather Aussies, not Lebanese” [ARB_5].

Maintain confidentiality

- **Someone who is different. I want to maintain my private and confidentiality.** I trust [other] people more than in my own culture. The side effect when you reveal things [is that] some [people] in our community would say something ... And they know me, so it's easier for them to describe who I am [AFR_5]; and
- Definitely not [a matched caseworker]! Not just Ethiopian, not [even] African [caseworker]. Privacy very important. I feel 100% comfortable with my caseworker. I think my caseworker is from India. Before she was Greek. So I was really happy ... It's a health issue. I may be suicidal [AFR_3].

Fear of breach of confidentiality

As reported in the literature, a dilemma exists for some CALD families who will prefer an ethnically matched caseworker for language purpose, but will fear a breach of confidentiality; an issue fundamental to collectivist families interested in protecting the family name. As this participant said, “I'd like to have a Samoan caseworker because of the language, but the problem is I don't trust that person. I can speak and understand (English) but not all of them [words]. I need to understand and need to know more about the situation, but I need to have a different [caseworker]” [PAC_1]. Similarly, another participant said, “someone [caseworker] different. I like my people, but they don't understand. I don't know why? [It] make me so stressed. Sorry what I

say, I like my Serbian culture, my people, but this situation make me so stressed. I like more Australian” [EERUO_4].

To learn about different cultures

“[I prefer] different. I will talk [and] learn from him better than my relatives or friends. I want to talk with another culture. I need to teach for myself. I want to know everything for this world. Talk with all nationalities. I wish I have all friends from all cultures. I need for that. When I learn something, it’s good ... Maybe I will learn English, I don’t know. With the relatives, same talking, same same same. Routine, it’s no good. I don’t like routine” [ARB_3].

To prove they are not hiding information

“I don’t prefer Lebanese [caseworker] cos I’m not hiding anything. Whatever she is or whatever she speak, I don’t care, because they’re doing this job and everyone the same ... She [caseworker] came with Lebanese girl and ask me if I prefer her. I said, ‘no, I seen you before, why change? I’m happy with you’ ... She offered to me, she said, ‘maybe you be more comfortable’, I said ‘no, what’s here is open to everyone, I’m not hiding [anything]’” [ARB_9].

No preference regarding ethnic-matching

There were a number of participants who indicated that they did not mind whether or not they had an ethnically-matched caseworker.

General indifference

- I really don’t mind [SAM_1]; and
- I don’t mind either way, the same culture or different. I have no problems with either culture, same culture or not [PAC_1].

Language not a barrier

- I don’t mind ... Only if you can’t communicate to understand, then that’s all you need [AFR_4];
- It doesn’t matter that the caseworker is Australian-born or whether he comes from a different culture, as long as that person uses an interpreter in dealing with him [AFR_2];
- I wouldn’t mind, because I like talking to them [English-speaking caseworker] ... They think I don’t know how to speak English, so they get me Cambodian [caseworker]. But I live here for 10 years, and I speak English ... I don’t need an interpreter. I speak English to all my kids, none of my kids speak Cambodian [ASN_1]; and
- I don’t mind, cos I speak English. If I didn’t, I would say I want [a matched caseworker] cos it’s easier for me ... My mum (she helps with the kids), she doesn’t speak English. [It] helps with the Lebanese [caseworker]. It’s good for my mum, to explain things. But me, I don’t mind, anyone, you know ... If it’s

Lebanese or other culture, we all the same here. They should know what your needs are, they should listen to you. **Maybe someone, you know, not even from your background might listen to you**, so all the same, it's a mixed country [ARB_7].

Belief that all caseworkers are equally trained/skilled

- Doesn't matter. **Most important, if she's experienced enough to deal with different background, different cultures** [ARB_8]; and
- [Caseworker]'s doing a good job, so [I] wouldn't change anything. They do what I ask. **Everyone is the same in their job, they know what they're doing**. Doesn't matter if you're white, black or green ... they must get taught at school or whatever, so they [caseworkers] all the same [WEUR_1].

Belief that good/kind caseworkers can be from any cultural background

- Anyone. Because not all persons the same. **Sometimes I have people not my culture, who are very kind, very good**. Sometimes I have my culture, it's bad! We have problem with our culture – don't speak too much, it's bad! That's why, maybe better outside [ARB_1].

Gender matching caseworkers

When probed about the necessity of gender matching caseworkers, one participant said, “for us, they are the same, man or girl, that is not the matter. The matter is, if she or he got qualified to do that job for us” [AFR_1]. However, another said, “I prefer a woman, and not a man ... Because the **woman understand more than men, they have more feelings**, they mothers, you know, and man is a man, and that's it! ... No, I prefer a woman. They more sensitive, yeah” [SAM_1].

Summary

CALD families that prefer an ethnically matched caseworker may cite the following reasons: to overcome language issues, possible discrimination, avoid a fear of breached confidentiality, and a belief that matched caseworkers will be more sensitive to their cultural needs. CALD families may prefer not to have an ethnically matched caseworker if this is consistent with a general preference, they want to maintain or protect their privacy and confidentiality, they want to interact with people from other cultures to learn, or to prove that they are not hiding information from caseworkers. All but the last of these are consistent with findings from the literature and case file reviews and the final result reported here is a new finding in this study. Finally, some CALD families may not have a preference at all; this may be consistent with a general indifference, if language is not a barrier, and if families believe that all caseworkers are or should be equally trained, skilled, or kind. It also appears that gender matching may be important to some CALD families.

7.2 Whether, and why, caseworkers prefer an ethnic-match

There was only one caseworker that expressed a definite preference for matching CALD families and caseworkers. This caseworker said, “**definitely better to match, otherwise you get the closest mix**. If you had a Cambodian family but you don't

have a Cambodian caseworker, you go for Vietnamese [or] Thai” [CW_2]. Importantly, this may be useful for South East Asians families, but not necessarily all CALD background families. All other interviewees expressed a preference for matching or non-matching, but accounted for these preferences in light of the pros and cons that they identified with each. The two main reasons why caseworkers may prefer to match with their CALD families is for language and cultural sensitivity issues.

Preference for ethnically-matching caseworkers with CALD families

Language

CALD families primarily preferred an ethnic match with DHS caseworkers for language reasons. This finding was corroborated by the caseworkers, who acknowledge that language is a primary reason underpinning their preference for an ethnically-matched caseworker. As one interviewee said, “a lot of the time it will be based on just language issues” [CW_8].

The caseworkers also indicated that they prefer to organise an ethnic match if it is going to help overcome any language barriers. As one caseworker said, “in terms of language interpretation, it’s great” [CW_14]. However, this caseworker did also note that there can be some work practice issues when a matched caseworker is used for language reasons, saying **“it can be complicated when you go out with someone and they don’t translate back into English so you can’t write the notes**. It happens sometimes. Depends on who it is” [CW_14]. Thus, matching caseworkers for language reasons is useful for meeting the needs of CALD families – especially given that they identify this is as one of the most important reasons underpinning their preference for a matched caseworker – but it does point to the need to ensure appropriate follow up in the workplace, so that all caseworkers and case managers involved in that case are fully informed.

Fear of breach of confidentiality

Although CALD families will prefer a matched caseworker for language reasons, this may conflict with their desire to keep family matters private from members of their community to whom it may be ‘leaked’ by the matched caseworker that their family is involved with DHS; information in the community that would be detrimental to the family name. Many caseworkers acknowledged their awareness of this issue saying:

- The cons are, and it’s fairly obvious, the community backlash; the possibility of knowing that family or having extended family members [CW_15];
- Every case needs to be addressed individually. Sometimes it does help when they can speak the same language, and at other times they are from a similar community and it’s not appropriate [CW_17];
- Sometimes they prefer to have someone who speaks English because of their family face. Because it’s a very small community, you can meet them at every social event, they have a very significant face in that community, **they feel they have loss of face** [CW_5];

- With small communities, they prefer not to have someone [caseworker] from their community, from their culture. Some families will prefer the same. [For example] Greek family will prefer to have a Greek caseworker, especially if the carer is older, and they have problems with the interpreters [CW_12];
- It depends on the family. Some families will go, ‘no, no, no, I don’t want anyone from my culture’, because they don’t want people finding out about what’s going on. There’s all sorts of confidentiality issues in a lot of ethnic groups, so some families will say that [CW_8]; and
- I think **a lot of people within the community know each other**. In that sense, I know it’s hard for Aboriginal caseworkers, same thing, if they are from that community how are they going to be perceived? Do they know them? Are they related to this family? I guess in that sense, it might not be a good idea just on the off chance you do know this family. You do need to be aware of that [CW_9].

It is important caseworkers acknowledge this dilemma for CALD families in the field, as doing so, is a sign of cultural awareness and sensitivity.

Avoid discrimination/More sensitive to culture

The CALD family participants noted that another reason underpinning their preference for an ethnically matched caseworker was to avoid possible discrimination, or lack of cultural awareness and sensitivity. The caseworkers also acknowledged that providing a matched caseworker is helpful for meeting the cultural sensitivities of their CALD clients. For example, caseworkers said:

- The pros are the knowledge base, the sensitivity that they know how to approach that family [CW_15];
- **If a family has a caseworker that is from the same culture, they are going to have more understanding in terms of language and mannerisms, and how they go about everyday life** [CW_7];
- At least that caseworker knows, they’ve grown up in this culture, they know the views of this culture, they know what their beliefs are, and it would help. Maybe the family would respond better having someone there, ‘oh you understand me’ [CW_9]; and
- [The] majority will say ‘I want someone that is Vietnamese’. That’s my experience. I found that even though I’m not from the same cultural group as various clients or communities in the area, the very fact that I can speak a similar language or understand some of the norms, makes it a lot easier for them [CW_8].

Another interviewee also highlighted how matched caseworkers importantly offer cultural awareness and sensitivity, which in turn will be in the best interest of the CALD child. This caseworker attributes the benefits to children of matching caseworkers and CALD families, not only to the cultural awareness that CALD-background caseworkers can offer, but also to a general cross-cultural adaptability of

CALD caseworkers; perhaps born of their own daily lived cross-cultural experiences. This caseworker said:

It is good if we're from the same background and understand each other. We can help them better. **We're more approachable** compared to other races. I think a lot of CALD caseworkers are **more adaptable** or **more understanding** of other cultures. They are better at working with other cultures. Whereas **Anglo caseworkers** only know one language. They **don't understand** that much [about how] to work with the CALD communities. They are not that adaptable. I can give you [an] example. I used to go out with [an] Anglo-background caseworker to a CALD family. She has three kids under five. She doesn't work, but her husband works full time. She's basically on her own with the kids. Her house is a little messy with toys on the floor, clothes, but the children have food in the fridge and the children are well cared for. To me, that is good. Ok, three kids [are] not easy. I'm a mother. This caseworker recommended that this is neglect, and mum doesn't have parenting skills. I told her, 'look, you've got three kids under five, it's a lot of work to do, you can't keep your house clean, you have to be thankful the children have food and clothes and all that'. 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. Sometimes it's damaging to the family ... Also the basic standards that we expect from our clients are different. **Probably, we come from poorer countries**, as long as the children are happy where they are ... Whereas **people who have a higher standard, expect our clients to have a higher standard for their children** [CW_1].

In short, some caseworkers have a preference for ethnic matching. As one caseworker put it, "I still think the best thing is to have a [caseworker] from the same background. If not, at the very least consult with a person of that same cultural background, and say, 'what do you think about this?' or 'how do you think I should approach that?' Yeah, it's not the same as having the same caseworker" [CW_11].

Preference for non ethnically-matching caseworkers with CALD families

While caseworkers are aware of and sensitive to the two main reasons why CALD families would prefer an ethnically matched caseworker – (i) language (balanced against their fear of a breach of confidentiality), and (ii) cultural understanding (perhaps to avoid possible discrimination) – the reasons why caseworkers prefer not to match with CALD families did not significantly overlap with the reasons why CALD families would not prefer a match. In other words, some caseworkers and some CALD families prefer not to be ethnically matched, but the reasons why each prefer this are different to one another.

CALD families prefer not be matched if this is consistent with a general personal preference, if maintaining confidentiality is more important to them than overcoming any language barriers, so that they can be exposed to and learn from different people

and cultures, and to prove they are not hiding information from DoCS. On the other hand, the main reason why caseworkers express reservation with matching is the issue of possible over-identification with the CALD family.

To prevent over-identification

Over-identification can cause CALD caseworkers to downplay or overlook child protection matters, which is the first and foremost role and responsibility. As one caseworker said, “[ethnic matching should be a] case by case basis. I would preface that by saying well, **is a person able to put aside their own personal either over-identification or under-identification with their culture to provide a fair and equitable service** to the person that their dealing with?” [CW_14].

Interestingly, this quote seems to suggest that ‘cultural sensitivity’ is on one end of an opposing spectrum with ‘child safety’ on the other, whereas in fact, child safety may require cultural sensitivity because they are embedded within each other; and that cultural sensitivity is necessary for ensuring the safety of a CALD child. Indeed, pitting these two goals against each other is the fundamental issue with a ‘child-centred’ (and individualistic) approach, as if that child lives in a family- and culture-less ‘vacuum’. This quote also indicates that because child safety is seen as a priority over cultural sensitivity, that the ethnicity of the caseworker, rather than the preference of the CALD family, should be the prioritised decision making tool regarding whether to match ethnically.

Although cultural sensitivity is crucial for CALD families, the risks associated with over-identification can be high. For example, caseworkers said,

- Over identifying with families is good in a way, to build a rapport, but later it becomes a dependency, where I think the boundaries are very blurred [CW_2];
- **There is a caseworker here** who is Pacific Islander, **who will very much downplay the issues of a family, because she will see it as culturally acceptable and we see it as risk**. I think there is absolutely the potential for that. It comes down to the skill of the worker and the skill of the manager ultimately [CW_15];
- You have to go case by case because some relationships you have to form, that might be the only common ground they have to work with the client, and that can be a very useful way to engage the family. But in other situations, the lack of identification with some of our staff, would avoid bias and opinion and some of that stuff that goes on [CW_14];
- It’s a really hard question. **I think [a] different [caseworker] because you need to have someone who is objective**. I think if you put a Samoan or Tongan caseworker with a Samoan or Tongan family, and the issue is physical discipline, you might get a lot of minimalisation of the issues. At the same time, a lot of caseworkers know the families we are dealing with and it might be a conflict of interest. I would say, not the same culture. Definitely to consult and go out with, for sure, but not on an ongoing basis. **I think the lines between CP and culturally appropriate behaviour could be blurry** [CW_16]; and

- Based on my experience, I think there are advantages and disadvantages with race-matching caseworkers and clients ... **The disadvantage is that sometimes caseworkers over-empathised with their clients.** Or we might overlook the child protection issues. We'll put our cultural needs above the child protection needs. Some caseworkers want to minimise the issues because they're working with their own community. We had that in our office. One particular caseworker wanted to work with her own community and she then minimises the issues, because she has very good relationship with the family after working [for] a while [with them] [CW_1].

Interestingly, one caseworker made the point that over-identification with a family is an issue that can occur even in Anglo Saxon families. They said, "I think that happens quite a bit [over-identification] across all cultures, even in Anglo families and stuff. Especially cos **Anglo families** can express themselves a lot clearer and their beliefs and values are clearly known, **we tend to be able to relate to them quite well as a Department, [so] we do think about their [parent's] loss, and it can cloud your judgment if you're not really really careful**" [CW_8];

As pointed out in some of these quotes, one way to overcome the risks associated with over-identification is to have good mentoring and management from case managers. Indeed, the importance of a good caseworker-case manager relationship was iterated by one interviewee, who said:

I think it [over-identification] can happen a lot. Not just with CALD clients, just with clients in general in this sort of work. **I guess 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 [it]. You need to be aware, through supervision. If you are noticing that [over-identification] then you need to be discussing that with your caseworkers. In my experience, I've been lucky. I haven't had too many people that have been in that situation or experienced that, but I have supervised Aboriginal caseworkers and they have been pretty upfront and said, 'look I can't go out on this one, I know the family, I know the background, it would be too close to home, I just can't touch it'. I've appreciated that. If they had have gone out, they may not be judging the risk as well as what they could have been. I think it is hard in this job. Caseworkers would find that difficult. And I guess also, it would impact if you are living in the same area as where you work and if you've grown up in this area and from the same background as well [CW_9].

Thus, over-identification appears to be the main reason why caseworkers prefer not to match with CALD families, and managing the risks associated with it, is part of good social work practice. Notwithstanding, it is important that case managers do not down play or overlook the importance of cultural sensitivity as part of this 'risk management'. Moreover, it is not just the job of management; it is the role of the CALD caseworker themselves to also ensure they manage this risk. As one caseworker said, "I work with the whole community. As long as you keep in mind what your role is – why are you doing this job? Why are you assessing this family? – you won't be having any problems. The disadvantages might be, we don't understand

the other culture. Like Afghan is different culture. **I might think feet-binding is very bad.** I might discredit her [mother], **[but] in fact she was doing with good intention,** to provide better care for that child. Misunderstanding of the culture would be the disadvantage” [CW_1].

To learn about other cultures

In the same way that some CALD families may prefer not have an ethnic match so that they can be exposed to and learn from people and cultures that are different from their own, some caseworkers also expressed that the main benefit for not matching caseworkers is that it become a direct way of learning about different cultures, and in turn, contributing to the development of their cultural competency. For example, caseworkers said,

- It depends on their [non-CALD caseworkers] experience as well. As they become a more experienced worker working with CALD communities, I think they become better at it. **If they’re new caseworkers and don’t know much about other cultures, and also if they come from a higher socio-economic, then they can become very judgemental and make bad decisions** [CW_1]; and
- I would prefer that other caseworkers have the opportunity to work with CALD families more. Otherwise we would be just stuck. What if we don’t have enough people who are from those particular cultures? Then those people, those caseworkers, are not going to have the experience or knowledge. And I think, **not only do the families have to come out of their comfort zone a little bit** ... It’s breaking that barrier [CW_7].

No preference regarding ethnic-matching

There were several CALD families who expressed that they did not have a preference regarding ethnic matching, citing that they are generally indifferent about ethnic matching, that language is not a barrier for them, or that they believe all caseworkers are equally trained, skilled or kind and that as a result the ethnic background of the caseworker was irrelevant. However, this was not the case for the caseworkers; very few caseworkers said that they had no preference as to whether CALD families should or should not be matched. In other words, caseworkers generally understand that there are pros and cons to ethnically matching CALD families and caseworkers, and tend to reconcile these on a case by case basis; and even then, caseworkers may express a slight preference for either matching or non-matching.

For example, one caseworker said, “I guess there are positives and negatives on each end ... [but] I’d probably say to [ethnically] match, if ideally we had the resources to do that. It’s not really realistic. I do think families respond and I’ve seen it within the Aboriginal community, **families do respond a lot better to a caseworker that is from their culture. It’s understandable.** They feel like this person is going to understand them and are going to be able to relate to them. I guess the caseworker just needs to be clear on what their role is, so that the family doesn’t identify them as a friend or a support when that caseworker is actually there as an authoritarian figure” [CW_9].

On the other hand, another caseworker said, “I think there’s pros and cons really ... [but] I personally think that probably not [ethnic-matching]. Having someone there as a point of contact to bounce ideas off and reflect on, is probably a bit better than putting a family in a situation where it may not work ... In [CSC], it caused some problem in terms of, often caseworkers living and working at the same CSC and knowing the family. There are some really large cultural groups, like Vietnamese or Chinese, where it may not be an issue. [But] an Afghani cultural group, I don’t think it would work” [CW_15].

Overall, however, the importance of looking at the individual family was emphasised by one caseworker. They said:

I don’t think we should generalise, because if you are from a CALD background you need to be working with a CALD family or try to match them up with the same ... Every family is different, everybody’s personality is different, so by working with someone in the same nationality [or] culture as you, may be something that a family would really want and may feel more comfortable in. In other cultures or other families, some don’t want somebody from the same nationality or from the same background as them, because they fear this is going to spread around the community. That also comes [up] with Aboriginal families. Some Aboriginal families might not access Aboriginal services because they know it is going to be common knowledge. It just depends on the family ... **Giving them that opportunity, if we have that resource**, if we do have a caseworker here. I guess we don’t have the luxury of picking out which case we go out to respond to when there’s a level one [but] if at least when you are out there [and] you do your assessment you say ‘look, we are going to be working with you, what would be best, if we have the resources (don’t offer them if we don’t have it), do you think you would benefit more from someone from your cultural background to be working with you or are you happy with myself?’. Giving them that option if we have that resource ... **Just be transparent with the family**. Say, ‘look, I know you come from a different cultural background. I’ll try my best to work with you and understand your culture’. Be culturally sensitive and put that out there, ‘I’d like to be able to communicate with you and work effectively together because we are working towards the same goal. Please tell me if I am doing something that is an offence to your culture’. Just having that open communication and then being able to do better work. **Then they know you have got that level of respect for them and you respect their culture** and where they come from, but also not be grey about what the primary concern is and why you are there is because there are risk factors and you are there because of the children [CW_4].

Ethnic matching and place in the child protection system

Interestingly, one caseworker noted that the effectiveness of ethnic matching is in part determined by the child’s place in the CPS. This caseworker said, “I think that in an ideal world having that matching would be really useful for the clients, but from a

case work perspective that option is probably better in terms of, **if my client is Egyptian and they know I'm Egyptian there's all sorts of issues about me busting in there and taking their kids. Like that's going to end up at my dad's house, you know what I mean?** And that would be the same for various other caseworkers. It really does depend on what case work role you are in. In CP, I don't know how useful that would be, that suggestion of having the primary worker from another cultural background but the secondary worker from the same cultural background. **In early intervention and out of home care, I think the matching would probably work better**" [CW_8].

Gender matching caseworkers

One caseworker noted that from Muslim families, it may be necessary not only to consider ethnically matching caseworkers but also gender matching them. This caseworker said, **"in any culture that follows Islam, it's very important, because there's certain rules they have to follow.** It depends on how strict the family is with the religion. Generally, a woman isn't allowed to even shake hands or speak to a male that isn't from her family or isn't married to her so that's very important I think" [CW_7]. Similarly, another caseworker said, "Culture and religion. We were working with [a] Muslim family from Pakistan. The issue was using physical discipline, and we did have difficulties engaging the family. Dealing with a system, they were very frightened to express their opinion. Differences in the way they approach, like male-female relationships" [CW_12].

Ethnic matching children and foster carers

Two caseworks also raised the importance of consider ethnic matches between children and potential foster carers. One caseworker of an Anglo Saxon carer and a Vietnamese child said, "there was a case when a carer wanted the child to call her 'mum'. And also probably enforcing a new set of rules and totally disregarding the actual thing that the child was doing before ... Her belief was 'there's no point in you doing that'. She [foster child] was practising her Vietnamese song The carer said look, 'you should be reading. I'll read with you'. In that case, **she was instilling within the child that English was a more superior language than Vietnamese, and it was ok to forget or not learn or practice the Vietnamese language.** That's one of those few cases" [CW_3].

Interestingly, though, one caseworker noted that for CALD children who are born in Australia, the importance of ethnic matching may require a different kind of consideration. This caseworker said, **'there's a third culture sometimes for people who don't quite belong here, they don't quite belong there.** Where do they fit into it? Their parents are from here, they've been born here, there's this quite big identity crisis. The thing **with good caseworkers, each case is looked at individually,** and I think sometimes inexperience, what could happen, people could say, 'they are from that culture they need to be placed with that culture', without actually taking into consideration the fact that they need to have a look at, 'where are the children actually comfortable with?'" [CW_17].

In addition to the child's generational status, it may also be important to consider how long the placement will be. Ethnically-matched placements for children removed from their parents and placed in the care of another family may be more crucial in OOH than in CP. However, sometimes temporary care arrangements can become long term,

and so protecting the cultural identity of the child is still important. As much as possible, links to a similar language or culture, should be considered when making placements for CALD children in the CPS. As one caseworker pointed out:

A lot of the time, cos of lack of placements, you'll find they're from a different country, different languages, different everything ... They do try and place as most appropriate as they can, but they generally just don't have a large number of [African] people that are saying, 'yeah, we'd love to care for [African] children'. [And] when children are removed from their birth families [and] put into permanent care ... **If they're not placed with the same culture**, which a lot of the time they're not, what tends to happen is **their cultural identity becomes quite skewed** ... They need to hear music from their own culture, all that stuff, otherwise they become completely removed. **They have really dark skin but yet only speak English; Anglicised to the point of not being part of their community anymore** ... I think once our children hit a certain age they come to these realisations, that the girls may not be able to marry someone in their own culture because of various things that have happened to them in care, or they might be excluded from their community for other reasons like language, not being able to follow traditions, being raised in a Christian family because they were removed, rather than being in a Muslim family, things like that make a huge difference, but we don't realise [CW_8].

Summary

Caseworkers may prefer to provide an ethnically matched caseworker to their CALD family clients if it helps overcome language issues and provides the CALD family with cultural sensitivity. This is a positive finding, as it matches with the main reasons that CALD families cite a preference for a matched caseworker; indicating consistency between service users and service providers and thus that there is no service gap in need of filling. However, the main drawback of ethnic matching, as viewed by caseworkers, is that CALD caseworkers may over-identify with their CALD families and as such minimise any child protection issues, in turn compromising the welfare of the CALD child. Having said that, the importance of cultural needs can also be minimised by caseworkers, in turn also posing as a compromise to the child's welfare. Caseworkers and case managers are both responsible for managing this risk.

There are benefits to not providing an ethnic match; namely, that direct exposure to CALD families is a form of cultural competency training for non-CALD caseworkers, and working with families of several different backgrounds is useful for overcoming resource shortages when matched caseworkers are not available to offer to CALD families. Finally, there were no caseworkers that expressed they had no preference regarding ethnic matching, as all participants had reflected on the pros and cons of ethnic matching; instead, caseworkers who did not have a clear preference for matching or not matching regarded the issue to be best addressed as a case by case level.

Finally, gender matching caseworkers and CALD families may need to also be considered for Muslim families; ethnically matching caseworkers and CALD families may be more important in EI and OOHC rather than CP; and ethnic matching between CALD children and potential foster carers may need to be mindful of the generational status of the CALD child, as arguably it may be more important to match carers and children for first and second generation CALD children, and more important to consider the child's preference for second and third generation CALD children.

Triangulating the data

Based on data by both service users and service providers, perhaps an ideal decision making sequence in regards to ethnic matching is:

1. Offer the CALD family a choice as to whether they would prefer a matched or non-matched caseworker;
 - Explicitly indicating that the caseworker is offering this choice because they are aware that language, confidentiality, and cultural sensitivity may be relevant issues
2. If the CALD family prefers a matched caseworker, ensure that another non-CALD caseworker is briefed and that the CALD caseworker has self-reflected on potential over-identification issues with their case manager;
3. If they prefer a non-matched caseworker, or do not have any preference, then a non-CALD caseworker should be allocated to the case, as this is an opportunity to provide on-site training in cultural competency.

By starting with the CALD family first, and offering them an option – is an empowering form of service delivery within a mostly disempowering intervention. This form of co-operation can have positive carry-over effects that help ensure that the remainder of any intervention is as effective as possible. It also signals to the CALD family that DoCS caseworkers are aware of, and sensitive to, their cultural needs. As one caseworker said, “**I would say most definitely the family needs to be given the opportunity to be matched up with someone from their cultural background.** If they say they would prefer not, then it's not. If they say yes, which they generally will, then we need to source that for them ... A lot of the time, it's based on the fact that they want to be able to speak their first language to the caseworker. We'll go out to a home and the first thing she says when we walk in the door is, 'you Vietnamese'? If the caseworker said 'yes', she would have started off in Vietnamese and the whole process would have been much more conducive to her needs” [CW_8].

8 Using interpreters

Like the issue of ethnic-matching, the use of interpreters is a common and unique issue for CALD families in the CPS. Thus, it has been explored in further detail in this study. The aim of Section 9 is to identify examples and therefore characteristics of good practice with interpreters, as well as examples of poor practice as a way of identifying when and how practice can be improved. The data between CALD families and caseworkers have been compared and contrasted to make practice and policy recommendations.

8.1 Examples of in/effective practice by CALD families

Of all the CALD family participants, three felt overall satisfied with the use of interpreters. They said, “good, very good [interpreter], tell straight what I’m saying” [EERUO_4]. Another participant said, “that’s alright, it’s good ... we’re happy with that” [EEUR_2], and another again said, “interpreting service, very good” [ASN_6]. However, some participants noted a variety of issues when using interpreters.

Inaccurate translation

One of the main issues identified with interpreters is that they do not necessarily translate all the information accurately. As one participant said, “sometimes I don’t like [interpreters] ... When I first came here [Australia], my English was alright because I learn English back in Sudan ... So when I first met interpreter in Centrelink, I understand what the officer says, but **when the interpreter interpreted to me again, it can be similar, but not direct to the point**. And this is very hard to our people. Those who are not background of English, it’s very hard for them. Now it’s alright cos more people are educated, some people are doing training. And that’s why I [now] stop [using] interpreter” [AFR_1]. Another participant, although not dissatisfied with interpreters, did point out the importance of accuracy. They said, “my wife had interpreter but I don’t know cos I wasn’t there. I don’t know if interpreter explain everything clear, but **interpreter have to listen [to] you, and explain everything as you say, don’t have to be twist way**” [AFR_4]. Similarly, another said, “interpreting service quite good, but not always useful. Can’t interpret exactly, 100%. That deeply emotion, that deeply feeling” [ASN_5].

Loss of privacy for the CALD family

Another issue with the use of interpreters was loss of privacy. As one participant said, “not good. **Discussion between two is always a lot better than between three**. You feel your confidentiality, is feeling invasive or something. Two, you feel more comfortable”¹⁸ [ARB_4]. Unfortunately, this kind of issues cannot always be overcome, but it may still be somewhat helpful if at least caseworkers are aware of its possibility.

¹⁸ The possible awkwardness for CALD families on commenting on the pros and cons when using interpreters, while an interpreter was used for the interview itself, was acknowledged. To address this methodological issue, all the participants were asked to speak frankly and honestly about their previous experiences, and not to feel uncomfortable by the presence of the current interpreter.

Lack of appropriate interpreter available

One participant noted that the necessary interpreter was not available, demonstrative of a resource constraint. They said, “in general it’s ok. The only problem he’s saying is, most of the time, **because they don’t find Kirundi interpreter, they bring interpreters who speak Swahili**. He says that’s no good, because his wife doesn’t speak Swahili. For him it’s ok, but they should make sure they bring a Kirundi interpreter for the sake of his wife” [AFR_2].

Different dialects may be difficult to understand

As a result of differences in language between ethnic groups, there may be grounds to offer CALD families not just a language-matched interpreter but also an ethnically matched interpreter. As one participant said, “they don’t give or convey you all the information that you would need. [On] two occasions I was provided with an Egyptian interpreter. **She could not understand my Arabic. She could not convey what I really needed to do**, so there was a language problem ... With my Lebanese caseworker, I feel, I’m Jordanian, but we seem to understand each other better, but sometimes still, where there is breakage in conversation, I explain it to her. So it’s easier one on one, than have a three-way conversation” [ARB_4]. Similarly, another participant said, “I can say the same cultural background is better, because Lebanese can be alright, but they having different accent in Arabic. For the Southerners [Sudanese], they can’t understand anything ... Northern [Sudan] alright, they can understand” [AFR_1].

Having said that, differences in dialect may not be issue for all languages. For example, one Spanish-speaking participant said, “no, she gonna say what I gonna say to her, doesn’t matter for me, I’m not picky. If I say something, she can’t change and say something different ... she have to say the same thing. Doesn’t matter what country she is” [SAM_1]. Thus, it could be inferred that these difference of opinions are in part related to the complexity or transferability of the two languages that have been referred to (Arabic and Spanish).

Gender matched interpreter not provided for sensitive issues

In the main, participants did not express a preference for a gender-matched interpreter, as accuracy was seen to be a more important issue:

- Doesn’t matter [EEUR_2, EERUO_4];
- No, doesn’t matter. Important interpreter can tell everything you want to tell. He can explain you know [ASN_2];
- I don’t mind if it is a male or female interpreter, provided that that interpreter express correctly and entirely what I want to say [ASN_4]; and
- Doesn’t care about the gender, as long as the interpreter is repeating what he’s saying, or conveying what he’s saying ... He said he doesn’t mind being interpreted by females because his wife is a woman, he says he doesn’t care about that [AFR_2].

However, one participant did note the importance of gender matching under certain sensitive circumstances. He said, “sometimes my wife when she go to hospital (she be pregnant) ... because little bit take off the wearing [clothes] ... is very hard with the man, but normal things, it’s alright” [ARB_1].

Interestingly, there was one female participant who did express a general preference for a gender-matched interpreter, saying “sometimes it’s better for a woman to always have a woman, because **sometimes you want to say something and you embarrassed to say it to a man**” [SAM_1].

Summary

In short, the CALD family participants identified five main issues that could occur with interpreters, the most significant of these being inaccurate translation. The remaining issues include loss of privacy for the CALD family, the lack of appropriate interpreters available, difficulty in understanding different dialects of the same language, and the lack of a gender-matched interpreter for sensitive issues.

8.2 Examples of in/effective practice by caseworkers

There was only caseworker who had not used an interpreter at the time of the interview. Further, one caseworker noted that the interpreting service in Australia was excellent. This caseworker said, “I know that Australia is the number one country in the world that’s got the best interpreting system ... **Even though we still have a lot of hiccups in our work, we’ve got a system in place to recruit interpreters.** We train them, setting up course in TAFE, in uni, whatever, to train people to become interpreters” [CW_2].

Examples of good practice

Explaining cultural issues and notifying when they reflect personal opinion

A small number of caseworkers indicated that they were satisfied with the interpreting service they had experienced. For example, one said, “interpreters have been very helpful. I’ve only been dealing with TIS [Translating and Interpreting Service], and I’ve dealt with them over the phone as well as one to one. They know how to deal with cultural issues. **Sometimes if they believe that their suggestions or opinions can assist the matter, they’ve notified me,** and [they] give their reasoning as well. At times when you’re dealing with somebody from a different culture, that information is very important. On the other hand, it’s also important to make sure that you don’t place too much emphasis on that, and also find out or obtain information from other sources just to verify that” [CW_3].

Keeping control of conversation and ensuring all parties are heard

Another caseworker said, “I have very minimal experience with interpreters. The one time that sticks out in my mind was a young boy about 12 or 13, African background. He was involved in criminal activity, kicked out of home and whatever else. We had a whole range of people within the room that did not speak a word of English and **we had the interpreter on the phone. They were really, really good.** Even though they weren’t there, they were able to keep the conversation controlled, so when I was talking no one else was talking, when they were talking he would translate after each person spoke. That worked really well. The family responded really well, we were

getting as much out of it as we needed. It didn't feel like anyone was taking over or no one was not being heard. Everyone in the room had a chance to speak. I don't think we use them enough as we should" [CW_9].

Translating accurately and sitting behind the caseworker

One caseworker said, "there are the interpreters that will interpret word for word, that will sit behind and be just a voice and not be part of meanings and stuff. I think that works much better. **I often find it good when an interpreter says, 'the family really don't understand what you are talking about and this word isn't known in our language, can we try a different word'.** I find that very helpful. I can't imagine how confronting it is for a family to have to trust that someone else is delivering their message to you. Word for word. The sentiment" [CW_15].

Having good rapport with the caseworker

Finally, one caseworker pointed out that "the rapport between the interpreter and caseworker are very important as well" [CW_2].

Examples of poor practice

Contrarily, one caseworker described mixed experiences with interpreters, saying "**brilliant, abominable. All of the above**" [CW_17]. Indeed, such mixed experiences are more likely to emerge when caseworkers have used interpreters often in their case work. Across the caseworkers, a number of examples of poor practice were also identified.

Inaccurate translation

As with the CALD family participants, one significant issue with interpreters is confidence that all the information had been translated and accurately. For example:

- Sometimes the interpreter is difficult to understand. Sometimes you don't know whether they have translated what you want to say. That's the only thing I would be concerned about ... When they translated in English, are you perceiving the right way? There's that barrier when it comes to languages, where you might say something but it means something different in another language. It's very hard. That's what I'm concerned about [CW_7]; and
- They [interpreters] are useful for the popular languages from the new and emerging communities. It's improved, but there is still a lot of issues around getting access to interpreters that can actually speak English to a level that is required to interpret that conversation. There's all [these] sorts of things that are popping up in these rare African languages ... There's always a basic level of English with these interpreters, but are they able to interpret what the legislation means when we are using our terms? Are they able to interpret that without having a backwards and forwards conversation between them and the client, and the caseworker just sitting there? Generally not. I have to jump in the middle and say, 'stop, tell me what just happened? And ask me the questions'. **With a lot of the new and emerging communities, as soon as they see each other there's an instant rapport built so the conversation can then, if you don't have enough skill as a caseworker to work out when**

that's got to be terminated, then there can end up being a lot of issues [CW_8].

Interpreters not sensitive to child protection issues

One of the more significant problems that arise with interpreters is when they are not sensitive to child protection issues. For example, one caseworker said, "I believe that interpreters trained by TAFE often they get training on medical, general legal. **I don't think interpreters get specific training on child protection**" [CW_2]. This caseworker went on to suggest that training would be useful to overcome this issue. They said, "**DoCS should pay for that training**, because they can't ask the [Department of] Immigration to pay for that training. I think we should send the manager and caseworkers [to] do the training. Not the people from Head Office ... We [should] train them because we are the people who's got knowledge [of] what we encounter, [the] barriers [of] working with CALD communities ... **Do a lot of role plays, a lot of scenarios from DV to drugs, to child abuse to sexual abuse, do everything, so these people can be exposed to working with [a] caseworker in child protection**" [CW_2].

Related to the lack of sensitivity to child protection issues is the possibility that interpreters will intervene in the interview process. As one caseworker said, "[I've had] good and bad [experience with interpreters]. **Some interpreters will take on case management** when they're not briefed properly. What we have found, **especially with domestic violence** in some groups, [is that] they will tend to be on the side of the man, and not really on the side of the woman, especially **if it's a male interpreter ... They may say, 'you need to go back'** ... We need to be extremely careful in those situations. We may even need a pool of interpreters that specialise in certain issues" [CW_12].

Interpreters who make the session about them

Another issue with interpreters that was identified by a caseworker was when interpreters become more participatory in the session rather than maintaining their role as facilitator. This caseworker said:

I've had good and bad experiences. **I've had interpreters cry when one of the family members cry, which just escalates the situation...** It was a family, a 15 year old girl we had removed because she disclosed physical harm. Had disclosed that [her family] had threatened to kill her, so she came into care. We met with the family to talk about what happened and where to from here. When the mum was saying she can't believe her daughter had gone, it was really quite emotional. The interpreter started crying as well. It just reinforced [the] mum ... I signalled her, **'it is not actually about you, it's about this mum who is obviously very upset about losing her daughter'** ... I don't have the time nor the patience to be debriefing interpreters ... Often they are not [sensitive to child protection issues]. It's obviously a training issue with them ... I think maybe **we should be saying to the interpreter prior to them walking into a meeting, 'this is what we are going to be discussing today'**. A bit of a briefing perhaps, so they have some

idea about what we are going to be discussing. So it's not a shock. We used to do that really well at [CSC], **especially if we were going to be talking about sexual abuse**. We would say to the interpreter, 'we are going to be covering sexual abuse, are you going to be ok with that?' Because you don't know what their background is either. You don't know about their experience and how that might impact on them communicating with the family ... I find if you are going to use a telephone interpreter, it's probably a little bit better because it's that one step distance. But it's not practical. **I've had experiences where interpreters will tell you their life story and barely interpret what families are saying**. Again, the experience of not interpreting back what we are saying to them appropriately [CW_15].

Resource constraints: Interpreters not arriving, distance and cost, and time-intensity

Finally, resources issues are a constraint to effective practice with interpreters. For example, caseworkers said:

- Sometimes they don't have enough people available for you to go out with. Or you book and they don't turn up. Or you book and they know the person so they can't go, which happens a lot with some of the Sudanese ones [CW_14];
- There's language barriers. I think like Swahili, there's one interpreter in NSW, two Laos interpreters. So sometimes all you want to do is tick the boxes and make sure there's an interpreter there, but you cannot do that because you cannot get hold of these interpreters [CW_3];
- If you book an interpreter it's not always the same one, it's a different one. That can be a problem too. When you try to build up a relationship of trust, this is a safe space, this is the interpreter. It's like, when you send another caseworker. I think it is a barrier. **We want to form these relationships, but it's very hard to do that when you're relying on external services that don't care who they send** [CW_14];
- We have TIS, the standard interpreting service we have access to. We have an unlimited budget so that is a lovely thing, [but] it's one of those things – **everything takes twice as long if you use an interpreter**. It's a complicated process. It's a difficult job, as it is, but when you have to involve that [interpreters] ... The quality of the interpreters, depending on what the language is, sometimes it's luck, [all] that really has a big impact on your case load. **You might get allocated one case but it is equivalent to two** [CW_17];
- If you are going to use a telephone interpreter you often get a fairly quick service. That's not too bad. **We've got a difficulty here about using speaker phones. My staff [are] like, 'who am I communicating with?'** In terms of on-site interpreters, it depends on the language really. With my Persian-speaking family, I won't have a Persian speaking interpreter come out to [suburb]. We have to arrange to meet the family in [another suburb] ... **[It's] just the distance. To pay someone extra to come out. That's been the biggest difficulty** [CW_15];

- I myself am a trained interpreter. Being that, I find that with child protection, if you use a phone interpreter it's hard. It's hard enough with face to face. **With interpreting, you have to allow double time when working with an interpreter.** If it's an hour add an hour, two hours, three hours. In terms of child protection context work, you've got to allow longer. Sometimes field work, we need to interview the parents, twice, three times. We've got to interview all the people that we know. Caseworkers get reluctant to engage [an] interpreter, because there are so many times you have to work with [them] ... I think we do less interviews [and] shorter interviews. Instead of twice, we do one. **If you do one, you don't get insight into the problems** [CW_2]; and
- I think one of the barriers is that **our telephone interpreter service [is] very impersonal.** You walk into someone's home and say, 'I'm sorry I don't understand you. I'll just get someone on the phone to interpret'. **How serious are they going to take you, when they are talking to someone on the other side of a mobile phone?** I know it's convenient and you can't always grab someone who speaks that language at the last minute. I think for a family you've been working with and you know they need an interpreter, don't have someone on the phone. **I think it's rude** ... You are not engaging with that person [and] gauging what they say. It's one of the practices I'm not a huge fan of at all ... Different languages have different dialects. **You could get a Hungarian interpreter who speaks the wrong dialect and they don't understand.** You have to hang up from them and try to find someone who is available and does speak that dialect, and sometimes you can't. You sit on the phone in the lounge room and hope to God that they find someone ... I went out on a crisis level one to a Tongan family. The guy didn't speak a word of English. I was just thankful that the lady that came out with me that day spoke Tongan and Samoan [so] she was the interpreter ... [If] it was [the] ideal situation, we'd have someone that could speak every language in the office ... **[Bilingual DHS staff] definitely, heaps better than someone on a phone. They understand body language.** Because [of] cultural differences, what we might see as offensive is not supposed to be taken that way at all. If you have someone there who can interpret body language and the non-verbal signs, [it's] heaps more beneficial. **And the intention behind what they are saying.** It's not just someone regurgitating in another language. I'm really not a fan of the TIS at all. **What if you went to an area that has no telephone coverage?** You get out there and they don't speak English. What are you going to do? We've got heaps of areas that we go to, that you don't have mobile phone service [CW_16].

CALD families refusing to use an interpreter

In addition to issues with the interpreters, caseworkers reported that they also have issues with CALD families. For example, one issue is when CALD families refuse an interpreter, even though they would benefit from the use of one. This caseworker said:

Maybe we think they can speak a little bit of English, that's ok. What I encourage with my team is, if the parents if they do speak minimal English, try and ask 'would you feel more comfortable

with an interpreter?’ The majority of the time they say ‘no’. We’ve got a Filipino mum at the moment. **She speaks English but we weren’t sure if she was really comprehending what we were telling her.** We asked her about four or five times and she said, ‘no, I’m fine, I understand’. ‘Ok, the option is there if you need it, just let us know’ [CW_9].

Indeed, this issue was identified even among one of the CALD family participants, who said, “no, never [use interpreter]. Yes, I don’t 100% in English, maybe 50% English, but I don’t need [interpreter]. **When I need the interpreter, I can’t speak English no more.** Never” [ARB_3]. It is important for caseworkers to emphasise the sensitivity and magnitude of their intervention, which CALD families may not be aware of or understand, and thus refuse to use an interpreter; believing that the opportunity to practice their English is more important.

CALD families not wishing to use interpreters for fear of breach of confidentiality

Another issue that may emerge for CALD families is the need to match by language but not ethnic group, to overcome their fear of a breach of confidentiality. As one caseworker said, “they don’t want their community to know what is going on with their family. I remember talking to one Afghanistan client. I said I can organise an interpreter. She said ‘no, no, no, I don’t want them to know about us’. I said ‘there are a lot Afghan’s here. You might not know that person’. She said ‘no’. **This lady speaks about three languages [so] we organised an Arabic speaking person not of [the] same culture ...** [Also] they’re allowed to bring a support person to the meeting, it can be anyone from [an] organisation, or relative or friend. If it is a support person, usually it’s a person that they trust” [CW_1].

CALD families wishing to use their children as interpreters

Another issue that may emerge with CALD families is when they offer their children to act as interpreters. As one caseworker said, “the interpreter has to be organised by DoCS. Sometimes they bring along their relatives or friends ... With friend it’s ok. [One] **Pakistani woman brought her daughter to be the interpreter. We said, ‘no, you can’t do that’.** So we organised a telephone interpreter. Her daughter was there to witness the whole interview but we didn’t actually utilise her as an interpreter ... Definitely not going to be a child for an interpreter. Usually with children, we never require an interpreter to interview them. From my experience, only the parents are the ones that need an interpreter for interview and case planning purposes” [CW_1]. Importantly, another caseworker said, “I don’t think a lot of people are aware of all the power shifts that are involved in using children as interpreters. And it affects the parent’s ability to actually parent the child, when the child’s in that powerful role to be able to transfer information and affect conversations. If people were aware of that, people would be less likely to do that” [CW_8].

Summary

Four characteristics of good practice with interpreters were identified from the examples provided by caseworkers: (i) when interpreters explain cultural issues and notify the caseworker when they offering their own personal opinion, (ii) when interpreters keep control of conversation flow and ensure that all parties are heard,

- (iii) translating all the information accurately and sitting behind the caseworker, and
- (iv) having good rapport with the caseworker.

Examples of poor practice were also identified, and can occur either because of the interpreter or the CALD family. Issues associated with the interpreter include: (i) inaccurate translation, (ii) interpreters not being sensitive to child protection issues, (iii) interpreters who make the session about them, and (iv) resource constraints, such as interpreters not arriving, the distance and cost associated with the use of interpreters, and time-intensity involved in their use. Issues associated with the CALD family include: (i) CALD families refusing to use an interpreter when they would benefit from one, (ii) CALD families not wishing to use interpreters for fear of breach of confidentiality, and (iii) CALD families wishing to use their children as interpreters.

Triangulating the data

As much as possible, caseworkers should ensure that the interpreter is seated behind them, informs them of when they are offering their own opinion compared to translating the families voice, has good rapport with them, and facilitates the voices of all involved parties. These will help maximise effective practice with interpreters.

However, by comparing and contrasting the examples of good and inappropriate practice with interpreters, this study has found that the risk of inaccurate translation is of greatest concern to both the CALD family participants and the caseworkers. To help increase confidence that accurate translation is occurring, it is important that interpreters translate as much as possible word for word.

It is also important that interpreters are trained on child protection matters to help increase their sensitivity, and to help offset the risk and increase their preparedness for the emotional weight of the child protection matter, which may otherwise cause the interpreter to make the session more about them than it should be. Importantly, this training may be the responsibility of DoCS case managers.

Some CALD families may fear a breach of confidentiality, and thus will opt to have an interpreter who speaks the same language but is from another ethnic group. However, there may then be a risk that differences in dialect then compromise accuracy in translation. These issues will need to be balanced on a case by case basis.

Unfortunately, some issues cannot be overcome, such as loss of privacy for the CALD families and resource constraints such as lack of appropriate interpreters. Nevertheless, caseworkers should still be mindful that these are barriers to effective practice with interpreters. Caseworkers should also be mindful of the time intensity involved in the use of interpreters, and case managers should factor this in when assigning caseloads to their caseworkers.

Finally, as part of good practice, it is also important to explain the appropriate role and responsibility of interpreters to the CALD families themselves. CALD families should be informed as to why it is inappropriate to use children as interpreters but should be told that they are allowed to bring a trusted friend. They should also be informed that the concepts and terms DoCS use are difficult for any family regardless of their cultural background, and that as such, caseworkers cannot risk less than full comprehension of English. It is important to always offer a gender matched interpreter for sensitive issues, but generally, CALD families do not require this.

9 Examples of cultural and non-cultural in/appropriate practice

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

There were a vast number of reports and examples indicating satisfaction with DHS' service. This is a positive finding. The contexts in which satisfaction are reported vary between participants and have been outlined below. They have been divided into cultural and non-cultural appropriate practices.

Culturally appropriate practice

Caseworker empowers CALD family without disrespecting culture

“Because [child] wanted to take her scarf off, I took it off for her. [My] mother and father gave me hell of a time to put it back on. I refused, because if she doesn't want it, I don't want it. I'm Muslim, don't get me wrong, we're religious too, we're supposed to be strict. [But] I'm not. So she [caseworker] said 'whatever you want man'. She didn't say, 'you have to put it on, because they [parents] said that'. So that was good” [ARB_5].

Cultural awareness about the importance of keeping CALD children with families because of collectivist value for family cohesion

“When I had my caesarean, and DoCS came in, they said if you can't look after your kids, we can send 'em somewhere. But my caseworkers agreed with me, that we're, our cultural background is, we don't like that. So **she met with my needs. She knew. And that was good**” [ARB_7].

Comfortable telling caseworker about their cultural needs

When asked whether they felt comfortable to tell their caseworker what their cultural needs are, several participants said “yes” [ASN_2, ARB_5, AFR_5], and another said “Yes, yes. Very comfortable. You know, **if I want to talk to them, I very comfortable** to talk to them ... **I'm not scared**” [ASN_3]. However, another participant more emphasised that they feel comfortable because it is part of parcel of the communication barrier. As she said, “Yeah, that's normal that I have to explain to them” [ASN_4]. Thus, several participants indicated that they felt comfortable to tell their caseworker what their cultural needs are.

Caseworker demonstrating interest in cultural activities

“I feel very comfortable talking to her about cultural things. Like, we had [child]'s birthday, and we did it in our traditional way. I explained it to her and **she was very interested** about what actually happened at his birthday and how we went about doing it. I feel like she likes to get a lot more information on him” [PAC_1].

Consulting with CALD families on their case plan

“They did [consult on family’s case plan]. **They told me what was going to be happening.** Two years¹⁹, we leave you. So I agreed with that. They helped me a lot. And they’re still helping me” [ARB_7].

Caseworker perceived to respect their culture

Several participants felt that their caseworker respects their culture, saying “yes” [ASN_1, ASN_2, ASN_3, ARB_5] or “yeah, I feel that” [ARB_1]. Another said, “according to me, they do. **They do respect our culture**” [ASN_4] and again, “yes, they understand me” [ASN_2]. This is a positive finding, especially for the South East Asian families as they were the largest group to express this feeling.

One caseworker said, “CALD families, they are respectful if you give them culture. Even a glass of water to make them feel comfortable, relax. **Engagement is so important because without that, you cannot move into more difficult areas later**” [CW_12]. Thus, respect is important for initial and on-going engagement.

Encouraging CALD families to speak their native language as a way of preserving culture

- A lady from DoCS came [with a doctor]. The doctor said, ‘don’t speak Macedonian’, and the DoCS lady said, ‘it’s ok if she speaks Macedonian, [it’s] better if [child] learns’ [EEUR_3]; and
- [Anglo Saxon caseworker] told me ‘speak Spanish. She [child] has to learn Spanish’. And that was something very very nice he said. And the last time he come with a Chinese girl, she told me the same thing. **They want the kids to learn our culture.** They say, she can learn English when she start school, and the Chinese say, ‘look, if you can, teach her Polish too. The more languages she know, the better for her’, and it’s true [SAM_1].

However, there was one participant who indicated a desire to communicate and interact with English-speakers over Cambodian-speakers. She said, “I was going to do a course in [suburb], but it’s all Cambodian. **I don’t want to mix with Cambodia, because I already can speak Cambodian.** I like to mix with other people, other countries, more than Cambodians, Chinese, Vietnamese, or something. Black or white, I don’t really care. I like to mix with them because I’m not racist, I love it. I want to talk with them, get to know them ... She send me to a course in [suburb]. It’s all Asian. I don’t want that. There were no Aussies there, nothing! And I couldn’t cope. I couldn’t handle it ... I don’t speak much English. **I gotta learn English**” [ASN_1].

Thus, language is a tool not only for cultural preservation but also for integration, and its dual function should be encouraged by caseworkers as part of good practice. Indeed, cultural preservation may be less important for some individuals or groups, as demonstrated by a participant of Dutch background who said, “**we’re here now, so I**

¹⁹ This participant was in the Brighter Futures (BF) program.

don't bother about the Dutch culture. I'm Australian, so just do what the Australians do" [WEUR_1].

Speaking few words in CALD family's language

After listening to the mother say it first, the "Lebanese caseworker [later] said 'be careful' to my child in Greek ... " [EEURO_1].

Encouraging cultural connection for child's preservation of cultural identity

"To me, I feel like she's [caseworker] trying to connect [child] with both sides. He's from a mixed culture. And I felt, even though he's with the father's side Maori, with us, she's also trying to mix him in with his Lebanese side as well. **I feel she is doing her very best to make sure he has the best of both worlds**" [PAC_1].

Cultural awareness and sensitivity

- I believe they do, yeah [caseworker sensitive to cultural needs] [ASN_4];
- No, I can honestly say, I have never encountered that [cultural insensitivity] [EEURO_1];
- Yeah, they do understand the cultural background, they do give consideration [ARB_4]; and
- I like [caseworker]. She understands what's going on. She tries always to make it easy for me. Like she knows I'm Lebanese, the way we raise our kids ... Like, you always have to expect something from my eldest girl [ARB_9].

Additionally, one participant indicated that she believes her caseworker understands her cultural needs and Vietnamese beliefs because he works with several other Vietnamese families. This participant said, "I think maybe because some family [he works with are] Vietnamese, and I think [he] maybe understand the Vietnamese" [ASN_3].

No experiences of racism

Many participants noted that they had never experienced racism with DoCS which is a very positive finding. Reports said, "No [racism from caseworker]" [ASN_1]; "No. Never" [ARB_3]; "No [Racism]" [EEUR_3]; "Not really, it's been good so far with my social worker" [AFR_5]; "Racist? Not actually" [AFR_1]; and "No no [racism]. They've even tried my cooking! They don't treat me like um ... really, it's just open" [ARB_5].

Non-culturally appropriate practice

Regular contact

"They always, she ring once a month, or once a week, when she not busy, **she ring me, and say 'how am I doing?'**" [ASN_1].

Good listening skills in caseworker

When asked whether they felt comfortable to tell their caseworker what their cultural needs are, one participant said “I not have problem to tell things if I have problem. And **they good, because they listen**. I don’t know if they do the thing they have to do, but they listen!” [SAM_1], highlighting the importance of good listening skills as part of effective practice and increasing the sense of comfort CALD families feel.

Having the same caseworker on different occasions

- They have made me feel so comfortable ... [But] **one thing I would like to suggest to BF, is try not to change caseworkers**. If it has to happen, ok. It’s just really hard for us, because it’s a very personal thing. You’re opening your door, your heart, you’re letting these people in, and you’re telling them so much ... We need it, us parents with special needs kids ... **BF are my knight in shining armour!** [EEURO_1]; and
- If I didn’t feel comfortable, I would say. **When I first started with DoCS, I didn’t feel comfortable**. But then after... she came back, the same caseworker, and I felt more comfortable. I think she understood me more [ARB_7].

Practical assistance

- Right now, if I can’t make it somewhere, they [caseworkers] take them to the appointments. Yeah, that’s the main thing really, because I’m always everywhere [ARB_5]; and
- Yeah, they [caseworkers] help me a lot. Simple thing, we have four kids, my wife very hard, they help me and my wife, relaxing a little bit in the week, so help us ... childcare, a little bit is good [ARB_1]; and

Information provision

“From my husband’s point view, ‘no, completely no [assistance]’. Whereas for me, I think, ‘no, it’s still early days, we got to give it [BF program] a chance and a go’. And the one [caseworker] that had taken over, she was fantastic, ‘look this up, here’s this, here’s that’” [EEURO_1].

Supportive assistance

- **Actually, they work very very hard to help me, the DoCS**. The service is 100% great for me. **You have to work with them, to know not to believe what you see on TV** [AFR_3]; and
- Caseworker helps me a lot with my daughter. She comes [to our] home, she tries to help me, ‘have you done this? Have you tried that?’ And she keeps in touch with us all the time. **That DoCS caseworker [is] very supportive, very helpful**. We don’t have any family here, [just] me and my wife [ARB_8].

Culturally inappropriate practice

While there were a number of positive examples demonstrating cultural awareness, sensitivity, and competency, there were also some identified examples of caseworkers not meeting the cultural needs of CALD families. These are reported in more detail below.

Lack of cultural awareness

- No, they don't know [typical problems for Sudanese people in Australia] [AFR_1]; and
- **I think my cultural needs were not met**, because I was told that the caseworkers were there for the children, not for me, to attend to my wishes or needs. They told me specifically that they were there to look after the children ... I think they should consider my cultural needs, because even though they are there for my children, **they have to understand that they spend with my children, a few hours. When they leave, I am the one who's going to spend 24 hours with the children. I'm the one who's going to clean up after their mess.** I'm the one that's going to be affected by the way they behave. So they have also to look after me, and consider me, and where I come from, and who I am, because I'm the one who's spending most of the time with the children [AFR_2].

Not understanding the importance of language for cultural identity

“At first, we had a little bit of a problem. DoCS were asking us, because we are Muslim, if we spoke different language how it was going to affect [child]. But when it came down to it, we all speak fluent English” [PAC_1].

Not comfortable to tell caseworker their cultural needs

- No [do not feel comfortable to tell caseworker cultural needs] ... **Because they didn't speak English well, they didn't want to bother people.** They were afraid they [DoCS] were going to take [child] [EEUR_3]; and
- Sometimes they don't know our culture and they don't know what we do, so **sometimes misunderstand.** Sometimes I explain if I can, but sometimes I do not speak because I feel maybe he not understand [ARB_1].

Non-culturally inappropriate practice

Not taking complaints about foster carers seriously

“**When someone tells them [DoCS] something, they've got to take it serious, before it's too late.** You can see the kid's report from 2000. It's been nine years, it's not just been one day. They should take it more serious. No one wants to ruin a family, no one wants the kids to be removed, but when you see something for so long, and can't do nothing, and no one listens to you, no one believes you. You know how many times I rang up? I kept saying, 'the kids are in danger, he's [foster carer] bashing the kids, raping the kids'. [DoCS say] 'ok, we'll take that information down'. I said, 'it's not information, it's true, it's happening, I'm seeing it' What can I do? I

said, ‘you know what I’m going to do? I’m going to come and take the kids away’. And they say, ‘if you do that, it’s called kidnap’. I said, ‘I don’t care’, and I went and did it. And then she did file some kind of kidnap on me. But I don’t care, I did the right thing” [ARB_5].

Insufficient information about foster children

“**When I first came into DoCS, they don’t inform us much on how to actually take care of a foster child.** They never really gave us background information on how [child] was brought up beforehand with other foster families. They never gave us information, like for instance, what foods he ate? How he was at bedtime? We eventually had to find out on our own, our own experiences” [PAC_1].

The use of young or inexperienced caseworkers

“**They send a caseworker. She’s young, not married, she doesn’t know what’s going on,** she has been a kid, a child, in the family, not a parent, to care and worry and all this. Maybe older people know ... They should work on it” [ARB_9].

Inefficient practice

- I tell the caseworker. [They] not do anything [ARB_6]; and
- **They take a long time to provide whatever you need,** and the first year, no assistance whatsoever, it was mainly interviews. And then it started ... Like no childcare in the first year, and now [BF] program will end in one year, so I have to take my kid out of childcare [ARB_4].

Not speaking respectfully

“I don’t expect someone to come here [and] tell the person what he or she have to do. **It’s nice for the person to come here and behave nice** and ask or whatever ... We are not that kind of people, we are just ordinary people, just come and do, and get your answers” [AFR_4].

Not keeping family informed

- Don’t know [if DoCS consulted on family’s case plan]. ... I remember that I came here for the last care plan, but now they change it and cancel it. I’m not too sure when are they going to do another one [PAC_2]; and
- She doesn’t know why caseworker doesn’t return granddaughter. She pray she [caseworker] return child as soon as possible. **This country is not fair.** They want to have family reunion [ASN_6].

Case Studies demonstrating multiple levels of inappropriate practice, culturally and otherwise

There were three cases in particular that demonstrated multiple examples of inappropriate or ineffective practice, culturally and otherwise. These have been reported in Case Studies 2-4.

**Case Study 2: Example 1 of culturally inappropriate practice**

A mother's request to travel overseas with her children (currently in foster care) to visit their ill grandfather was denied: "I want a Samoan caseworker because she understand my culture ... Like for what happened to my father. Cos I went to the funeral, and he [father] was asking for my kids, before when he was very ill, and he just want to see them one time before he's gone. No one [from DoCS] was helping me do that ... They should explain more to the manager what's the Samoan culture is, and understand more about it" [PAC_2].

Caseworker did not acknowledge the importance of protecting the family name: "My caseworker now, I keep telling him about what happened. And I don't want these carers my kids are staying with because I don't trust them. Plus, they making too many stories about me and my girls. And he [caseworker] said that he doesn't want me to say something to the carers ... [And] doesn't want me to say to him about those carers. My kids, they always complaining about where they're staying. I said to him, they call me and my girls sluts. I'm not happy about it ... And they want me to go see the kids more, but how can I go to these families where they keep spreading these stories to the Samoan communities and to other people?" [PAC_2]. **Importantly, this quote also demonstrates the importance of monitoring emotional abuse in the foster care system.**

Caseworker not respecting culture: "I like to speak and tell him [caseworker] everything ... I want him to believe everything I'm telling him about my culture, religion, and all that, but sometimes I try to explain to him ... The other day, I was telling him, I mentioned about my church, and he said that he doesn't go to church The carer want to change my son's name. I don't know why, I keep telling [caseworker], how do they feel about it? I wanted to tell him [caseworker] that. Sometimes, I feel comfortable, and sometimes I don't, cos I know he doesn't, won't, listen to it" [PAC_2]. **This quote seems to suggest that this participant is comfortable to tell her caseworker about her cultural needs, but not because he makes her feel particularly comfortable, but rather that cultural preservation is important to her. The issues regarding name changes go beyond religious or cultural respect and it is crucial that such issues are taken extremely seriously.**

Caseworker not respecting preference for non-ethnically matched foster placement: "These people from the same Samoan community [are] going to the same church. But the carer doing stupid thing to my daughter, she still go there [to church]. DoCS can't stop that lady to go [to] the church. I don't know why they remove my daughter to stay there I been asking, I don't care if they go to the Australian family, but not the Samoan family. I said to them "I had enough, I don't want any more stories". Now shame to walk around shopping centres and all that, because when I see people they keep staring at me, because all the schools, Samoan community, they all know about this. To me, I'm very shame about it. That's why I want this to be fixed ... If not Australian family, other family ... If they together that's fine with me, they're not separate. The kids need to see each other all the time. I want them to be together" [PAC_2].

 Case Study 3: Example 2 of culturally inappropriate practice

When asked whether they felt their caseworker had been sensitive to their culture, this participant responded, “I’ll make it short – no” [AFR_1].

Cultural and personal attachment bonds between mother and child not respected: “In our culture, when a lady gave birth she has to breastfeed, because the breastfeeding will give a child good energy and keep the child healthy. That’s normally what we know, rather than artificial milk. I do ask that request [to DoCS] and no one accepted. So that blocked me out. I haven’t asked anything apart from that because I know even if I ask something that I know culturally, no one will accept it ... When I said to get my child back so that he can have breastfeeding my culture was not respected ... So they are dealing with their rules, and if they are dealing with their rules, I don’t have right to express them [cultural needs] ... If you step out the rule, you get problem so ... They [DHS caseworkers] scared themselves not to do something else, not to do your request, when you request out of line” [AFR_1]. **Importantly, this quote shows that this participant is aware that caseworkers experience organisational fear.**

The institutional lack of preventative education has also impacted this family. He said, “the first thing that I figure out is, she’s [wife] migrant, she came here, and no one even did orientation to her, she is non-English background, she knows nothing. When she came here, no one taught her what to do. From there, she still getting confusion, so ... if there were any Sudanese caseworker, would have understand it more than them” [AFR_1].

Culturally inappropriate to interview children without parents knowledge as it clashes with hierarchical structures in collectivist families: “What will allow them, to have a link with the children outside without parents, they should have started first with the parents, and then children. And this where the problem is, sometime if you look into it, you can say “oh these people are playing games”, because they go and talk with the children outside sometimes, and then after that, you. So we need to involve families from this place, and then they can come together, that will be strong enough for the kids to control ... this the way they started like, if you have problem with your child, your child will ring police, and then when they ring police, police will ring DoCS. So they will come straight away, and do their job, without your information, without any permission from you, so that’s the major problem with the parents ... Culturally, it’s not ok [to talk to children without the parents knowing what they said] ... When they’re 18, they’re alright, because they already knows what’s wrong, what’s right. I’m just saying this to children, especially under 12 down” [AFR_1].



Case Study 4: Example 3 of culturally inappropriate practice

This participant was particularly dissatisfied with DoCS' service [ARB_10]. Importantly, however, he was only one of the 29 participants that expressed this level of dissatisfaction. Thus, overall, the service provided to CALD families can be considered culturally appropriate. An edited version of the whole transcript has been reported here.

I've been dealing with the Department of Community Services for six years. I been to jail because of that. [It] really really affects our lives. Not just my life, my son's life as well. He was in foster care over six years. Eight different foster carers. I have seen 15 different case teams in six and a half years ... **I can talk 24 hours about DoCS.**

Cultural parenting and family norms: We speak Turkish at home. I'm teaching my son whatever my parents taught me, which is Turkish culture. Our religion is Muslim, so it's the duty for us, as a parent to teach our background, culture, and religion to our kids. To pass this all on, you know, it's a duty. So **I'm very careful to make sure he knows about our culture.**

Cultural misunderstanding: But also, he [son] was born here. I been here for 20 years. I call Australia home. [But] Australian culture doesn't suit my culture, so I prefer to live in my culture. It doesn't mean I'm against their culture. **I respect their culture**, their religion, and **I want them to respect mine.** We have no problem in 20 years. Except DoCS. Because they know nothing about culture. For instance, we are Mediterranean people. Most **Mediterranean people, especially male, has unfortunately, got bad temper.** But they [DHS] made a lot of mistake. For instance, I used to have a once a month visit. Two hour, two people supervised in the small room.

There is a Turkish caseworker. She tried to [become] involve[d in] our case because she's Turkish. She can understand us. But somehow, that previous manager, always make sure, keep her away from our case. I did actually mention many times "look, we got different culture. **Sometimes, I am angry, sometimes I raise my voice, but it doesn't mean like I'm assaulting you or something.** Many times there is no reason, they just cancel our visit. That's why I was angry.

Issues with foster carers and case managers: I just got him [son] back last year. I got a few things to do about DoCS. First I gotta sue them. Secondly, the Muslim foster parent, unfortunately they didn't help us, they actually damaged us. My son has been assaulted twice. He ran away, and I went to the DoCS office and had an emergency meeting with the manager, and they said there is nothing they can do. All they can do is change the foster parents. Somehow [CSC] case manager has no authority to do anything, even if they [foster carer] done the wrong thing. I find very very unprofessional, unfair ... **Not everyone qualified to be a foster parent.** They have to be very very very careful.

Last year, I did research. 1200 kids died in the hands of the Department of Community Service, and I believe that one of the reasons, where we would assess the term to be a foster parent. They are not doing their job properly, so my son's last foster parent, I just found out that she is not even mentally fit. **Even the Department of Community Service, before she became a foster parent, took her own kids.** Then how that stupid woman became a foster parent and look after my son? [And] she did not meet with his needs. Whatever he needs, I buy it. Most of the foster parents, they do that. For business. They don't look after the kids for the love. They

do that for money ... Only little foster parent actually do that for love, but most of the foster parent do that for money. The whole problem is ... they [DHS] actually dump the kid to the foster parent and they don't know what's going on behind closed doors.

How many million times, I had a meeting with the DoCS manager? They said 'we can't do anything about that'. I said 'what do you mean you can't do anything, you are the manager. They are under you, you fix the problem. I believe that's your responsibility to do something about it. And they're telling me 'oh go to the minister'. Which I did actually. [I] write the minister 2, 3 times, and to the Ombudsman, nothing has happened. That's what really really frustrated me, make me angry.

Cultural norms on addressing family issues: In Turkey, 80 million are the population, so you cannot say Turks act like 'that'. It's different, where they came from originally, like city/country, education, their background, so I can speak [only] about my family's culture ... We do talk to each other if you got problem, but – it's not just the Turkish – **I believe every family have their own secret**. Something personal you cannot share. It has to stay in the home, and [be] solved inside the home. Some problem, you know, you can share, but here [in Australia] there is no neighbourhood. Back to my country, your next door neighbour like part of your family, but here, no, we just say 'hello hello' that's it. **There's no neighbourhood in Australia**. Not just in Australia, most of the Western countries.

Ethnically-matching caseworkers and personality differences: Absolutely [better to have a matched caseworker]. I raised this issue [a] million times. Because without knowing my culture, they misunderstand me, many times. They know nothing about my culture. How many times I told the manager of the [CSC], but it didn't happen. That particular women did actually damage us. Deliberately. Because somehow she didn't like me, I didn't like her. **I'm telling you, it's between that caseworker's lips, your destiny**. Only one individual change your life. It's not just my life, my son's life as well. **Who is going to bring his childhood over 6 years in foster care?** DoCS made terrible mistake. I've done whatever I possibly can. I'm actually fighting against the system. The government. This case, cost me half a million dollars. I could have been working hard, spent that money for my son's future. I was in depression, stress, frustration, you name it. Because [the] only family I have here [is] my son, and he has been taken away from me. For nothing.

Inefficiency in service provision: I done the same course four, five times. **Each time when case team change[s], I have to do all these course[s] all over again**. Stupid course like 'Good Parent' or 'Good Fatherhood', 'Anger Management', you name it.

Cultural differences in family functioning: I sacrificed my life for him [son]. They wouldn't bloody understand. **Anglo Saxons** wouldn't understand. That's what we do, that's our culture. In other cultures, in Turkish cultures, even kids become 40, 50 years old, still, I gotta look after him. Their parents, **father, mother, they just dump them to the retirement village. It's a shame for Turkish culture**. Because our parents look after us when they old, it's our turn to look after them. That's our tradition, Turkish and Muslim custom, you know. They wouldn't understand that. It's completely against our culture, the way they treat their elderly's. But what can I do, it's their own culture, you know?

As a caseworker, it's really important, they have to understand the culture. So they can understand the whole case and they shouldn't treat people in [the] same way, because every culture is different. Something like 'normal' for some cultures, something abnormal for other cultures. But they don't care about that. **The whole system has to be changed**.

Issues with child protection law and its institutional processes: I really hate 1998 Child Protection Act, [and how] it says DoCS can involve in family, take the kids, out of home care and shit. You know what they say? Simple. One sentence: If they feel [the] ‘child [is] at risk’. That’s how they took us to court. They said, “child at risk”. I said “what do you mean ‘child at risk’?”, just give me one example. Is there any report? Do you have any proof? **In 6 years, there’s no report, then all of a sudden, ‘child at risk’.** And he is a perfectly healthy, intelligent, social ... Like if I am bad father, a bad parent, he wouldn’t end up like that. It sort of speak for itself. **I’m telling you, when they got you, they got you.** That’s why [the] system has to be changed. **How many people died because of the DoCS, you know? How many people had a suicide?** I talk to lots of parents. It’s unbelievable, like one, they took the kids [when] she was breastfeeding in the hospital. What sort of a human can do that? It’s against nature. Something has to be changed in this country. **They’re acting like a God.** I find, even judges agreed with me. When I represent my case, judge told me, “Mr [name], you’re right ... I’m just delivering the law. [The] system is no good. But my hands are tied”. Three or four judges told me exactly the same thing. They know they are wrong, but there’s nothing to do. Department of Community Service over powered by government. That’s the first thing we have to change in this country. They got the power. They can go to any family, under the 1998 Child Protection Act, get the kids, and then go to court, and say “oh magistrate, your honour, we decided that that child [was] at risk”.

It’s unbelievable, Australia, the way the Department of Community Service running the department. Not even third world countries doing that, I’m telling you. Australia’s democratic and developed country, that’s one of the reasons why I chose to live here. But when I actually involved with the DoCS, when I get in the system, I find out that it is, I mean, unbelievable. If you are outside the system, you thought ‘oh everything is perfect, Australia’s good country, blah blah’. No. When you get in the system, any democratic country that’s the golden rule, simple – everyone’s innocent until proven guilty. But **the way the Department of Community Service treat the people, they accused me,** like I am like a bad father, bad parent, I am an alcoholic, I am a drug addict. **And I am the one who has to prove to them the opposite.** Any democratic countries, including third world countries, not like that, they don’t run the country, or their Department like that. If you accuse me, you are the one who prove the court.

Poor practice with legal aid officer: That’s another thing. About [the] Legal Aid solicitor. Because [they are] not working for us, they working for court, they don’t give a shit about us cos we don’t pay them ... He ring my son in the foster care. He’s supposed to take my son somewhere and interview [him]He’s supposed to represent my son in the court ... I said ‘how does he fuckin my son look like?’ Because I know he hasn’t seen my son. ‘How do you know that was my son on the phone? You’re representing some client you never ever seen in your life. Is it right, is it fair?’ I said. He was speechless. I’ve got no power.

Gender and ethnic matching interpreters: Got to be same gender [interpreter]. Interpreter must be Turkish. Men, another thing, has to be man [caseworker]. I did actually mention, I asked them, please I needed some male caseworker. Because all my caseworkers female. Don’t misunderstand me, I believe that a man can understand a man, a father can understand a father better, or mother can understand mother better, you know what I mean ... Same culture more important [than same gender].

Treating cultures and individuals uniquely to provide best service: I agree lots of families out there, junkies, they don’t care about kids, I actually agree as an Australian citizen, that there are kids out there who need help. But, what [the] NSW government don’t know, parents like myself, let the Minister know, let the system know, let the Ombudsman know, what is going on exactly. What they do they, [is they] treat every family, they put all these things in the same bag. **They have to look at the case individually. Don’t put me in the same bag.**

Issues with the foster care system: When I went to jail, I find out that there's lots of teenagers in the jail, and I'm telling you 90% of their background, they come from foster care. **Foster care, I believe, that system, actually producing, I'm telling you, potential criminals.** Because in foster care there is no love, most do that for business. So, when kids actually became 10 years and older they became like, their personality is going to be established, so without love, they got no, the main thing is, discipline, there is no discipline, there is no love, so what's these kids going to do? Why do you think there's lots of, like for instance, when you go to [suburb] you'll see there's lots of 12 or 13 year old street kids there. They don't want to go back to foster parent. You cannot actually force kids, "you have to stay in this house", because when they become 10, 11, they know things and then what they do? They run away. That's what I said, potential criminals. What they gonna do, just maybe 12, 13 year old kid on the street. they gonna commit crime, they gonna start shop lifting and armed robbery and they end up in the jail.

Issues with DoCS: Kids better off to stay in their own family. Then DoCS must help that family, rather than get the kids out of the family. That's what DoCS should do. It's [the] easy way. Take the kids and dump with foster care. They don't really give a shit about what kids actually think, kids feelings, kids life. They don't really care about family life. This has to be changed immediately.

You took the kids from the parent, right, like for me, like they took, my arm or leg, part of me ... They deliberately cancelled my visit. Imagine, one month, to see one hour to see my son, and the next moment they ring me up, "We decided access is cancelled". [I said] "Why?" They said, "We don't have to give reason" ... Everybody has a limit. I went to the fuckin' DoCS office and said "no one can get in between my son and myself except God. I'm taking my son home, stop me if you can. I took my son home and I was arrested. I'm telling you, this is wrong. **How many lives, they destroy? They supposed to help families, not destroy families. I haven't heard one single good word about the DoCS** whoever involved with them or without them..

One day, I've seen my son he had a stupid haircut. I said "Who did that?" He said "foster care" He was actually crying, he was about 7 years old at the time. 'For god's sake \$5 man, \$10 to get a haircut. They doing this, rather than pay \$5'. At the time, I got 1 hour to spend quality time with my son, so I take him to the hairdresser, to have a proper haircut. Then you know what they did? All of a sudden bloody 8 police cars came, they surround me like I'm criminal. All I did was take my son to the hairdresser to have a proper haircut. My son is crying, and I said "I'm not going to give my son to you. Are you going to arrest me?" I guess there are lots of examples ... Many times they cancel our visit. Not just me, my son just looking for that visit one month to see his father. How they going to explain that to him? He was very angry at that time. He's lucky my son, has a good DNA, he's strong, fit, psychology as well, I've always told him, I'm going to get you back, whatever happens, just wait, be strong, otherwise he could have been bad mentally. He was very angry all these things, happening.

What's the Ombudsman for then? So I can actually tell all these things to the new Minister and if I can do anything, I've done it the hard way to get my son back. And I'd like to do something about it, whatever I can and make sure no other families don't go through what we've been through. **I want a big apology,** they must apologise to us.

Summary

A large number of examples of good practice, culturally or otherwise were noted. Those that demonstrated culturally appropriate practice included caseworker empowering a CALD family without disrespecting their culture, demonstrating cultural awareness about the importance of keeping CALD children with families because of collectivist value for family cohesion, making families feel comfortable to tell them about their cultural needs, caseworkers demonstrating interest in cultural 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 few words in CALD family's language, encouraging cultural connections for the child to preservation and maintain their cultural identity, demonstrating cultural awareness and sensitivity, and not being racist. Examples which demonstrated appropriate or effective practice but were not directly meeting 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.

There were also a number of examples that indicated areas for improvement. 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 family informed. Improvement in these five areas would benefit all families not just those of CALD background.

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

While there were a large number of examples of good practice and across a range of circumstances (which should be used as evidence for their continued practice), there were also examples of inappropriate or ineffective practice, culturally or otherwise. Given the diverse range of experiences among CALD families, these results should not be used to indicate that there is overall poor practice within DHS, but rather that even though practice is culturally appropriate in some circumstances, there are also areas for improvement. Indeed, the voices of CALD clients to help child protection workers and agencies best meet their needs, is the most empowering form of evidence-based research to devise 'best practice principles'.

However, in addition to the voices of service users, it is also important to gauge the experience and perceptions of service providers. Again, the examples of good practice, and the examples that indicate where there may be room for improvement, have been categorised into two broad areas: cultural and non-cultural. These are described in more detail below.

Culturally appropriate practice

Building relationships with, and educating, local communities about the role of DoCS

“Things that are effective, that's working at the moment, is **we are running quite a few community information sessions about the Department to African**

communities in the area, and that is slowly building our relationship with them.

If we are to continue that on a regular basis, and become more active in those communities, we will have a very appropriate partnership, so that is working” [CW_8].

Institutional awareness within DoCS about the importance of culture

“I think we have actually got it ingrained in us [that] you need to be able to articulate something about your culture. Right from the word get-go, you need to have an awareness of culture, being in this organisation. To a degree, we actually do it really well. We have a high level of cultural awareness. The racism actually comes from the reports we receive and the assessment [from] outside organisations. Because we are often dealing in the chaos, we are much less ‘shock-able’ and learn to look beyond. **The racism, I don’t think it’s coming from within our Department**” [CW_17].

No racism among staff

“I think the reality is, we’ve got an incredibly professional and competent bunch of people. When I came here [to DHS], I was expecting to see absolute racist, discriminatory, narrow-minded, incompetent idiots. I was blown away that it wasn’t the case” [CW_17].

Being culturally aware and sensitive

- The times where the Korean parents aren’t home. Instead of waiting to meet the parents and look hard at finding them first, before a decision was made, to find that they were actually very loving, committed and capable people. It is a cultural issue. They didn’t know the rules of this country. They have never had child protection. Needing to continue to think outside the square with that. I think Fijian families, that threw me a bit. **You walk into a home, people are off their face but you can’t smell pot, you can’t see any beer bottles around. What the hell is going on? It’s not adding up.** Everyone is off their face. You need to know what their culture uses to get off their face. You don’t know anything about ‘kava’ and the impacts of that, then you don’t know what to look for [CW_17] and
- In general, [when] you have DoCS coming to your home you don’t exactly go, ‘hi, come in for a cup of tea’. The whole negative image that we have affects not only CALD families but every family that we deal with ... **[In] the Australian culture, you can rock up to someone’s house and start talking to them.** With different cultures, you have to be very careful, in terms of how intrusive you are. In some cultures, speaking to someone’s wife is very wrong, You don’t talk on the phone with someone’s wife. **In the Muslim religion, they would be very offended if a male picked up the phone and started having a conversation with his wife ...** Also coming into the home, things like taking your shoes off, little things like that, that some cultures might be offended by. Again, if there is a male caseworker and he walks into someone’s home and the female is on her own, that’s also very offensive [CW_7].

Placing removed children in ethnically-matched placements

“Another practice that is positive, and if we did have the resources to make that an ongoing thing, is when we do remove children, is to be placing them within a family that is of the same culture or close to. Ideally, that would be something we would aim to do every time but it is too difficult, too hard” [CW_9].

Educating CALD parents

“If it is hitting, or we see bruises or marks, then we would definitely talk to the mother and tell her it is not acceptable method of discipline in Australia. We do that all the time. I remember once, it was a while ago, that African family, the mother hit the child, seven/eight years old, with a belt, in a form of discipline. We spoke to the mother, ‘there are other ways to discipline him’. We offer her support, there is parenting support. I think she did take up one parenting course and then she left in the middle of the course. But we never received a call after that” [CW_1].

Speaking few words in their language

“It’s very interesting, as an Anglo person, coming into this organisation. It’s been a very cultural experience for me. I’ve loved it. It’s really exciting work, what you can learn. They encouraged us when we were training, if you can learn anything about the language of the people you are dealing with. One time, this particular Vietnamese family, I tried to say ‘hello’ and ‘goodbye’. And it was a murder situation, attempted murder on the mother [and] child. At the hospital, it was really serious and I decided to try and say my ‘goodbye’. I don’t know what I said, but it brought tears to their eyes. They laughed and laughed and laughed! Culturally sensitive, I don’t know!” [CW_17].

Consulting with DoCS multicultural caseworkers or local community service centres

There were a number of examples of caseworkers consulting with multicultural caseworkers. These examples are reported in Table 10.

Table 10: Examples of caseworkers consulting with multicultural workers

<p>Good practice: Consulting with multicultural workers</p>	<p>Consultations with caseworkers who are culturally appropriate, I think this CSC we try and do. We are always mindful of when we are working with CALD families that we are putting in appropriate services. We try not to set our parents up to fail, as well as keeping in mind that the children are our main concern. Consultation would be a big one I think that we do pretty well [CW_16]</p>
	<p>Everything that I've felt was the most positive has always been when we've consulted with someone who has had, even if they are not from the same CALD background, but someone that has had experience with that community or known that community. I guess that's a negative as well because it's really hard to find those resources and tap into those resources when we need to. This African case, we had a lot of support and a lot of people within the community that we were tapping into and we were able to discuss it with them and talk about the process, talk about what is best for these kids, and what is not. That really helped in our decision making. This family was well known within the community, so we were able to touch base with the elders of that community. They got in touch with the church leaders so we were able to try and engage the community with us to try and get an understanding of why we were doing what we were doing. I don't think a lot of them were supportive of us. We had a concessional worker involved and I think that helped to break down those barriers. It's still hard, it's still difficult [but] I do think one of the most positive casework practices that we have, and what we do is consulting with other people and getting as much information as we can [CW_9]</p>
	<p>We treat people, all clients, pretty much the same. If we find we can't communicate with them we consult. Last week, I had Afghani particularly, about feet binding a baby. That type of issue, I couldn't find anybody [because] there is no Afghani worker our reference list. I had to ring [suburb] Migrant Resource Centre and [another suburb] Migrant Resource Centre to get that information. Apparently it is common in their culture. Some of the families chose not to do that once they came to Australia, but because in their country they used to put the babies in a hammock and make sure they tie the baby tight so they won't fall off the hammock and they do that to keep the baby relaxed. They have good intentions in doing that, it is just some community nurses were finding it a bit unpleasant for the baby to be wrapped like that. There is cultural issues there. It is normal for them and it is not harmful for the babies. We take their advice on board because they know better. The workers at the MRC were Afghani workers. It was not just one, I spoke to two different people to find out. I spoke to the reporters about her concerns and then she can talk to the parents, you know the mum, about how we do it here and whether it is appropriate to do it, the way she tied it, until what age, probably for two or three months, might be fine. If the babies a bit older, it's not appropriate to do that. Usually according to those people I spoke to, they said they tie the baby up when they are asleep. When they're awake, they usually let them go so they can play with their hands and feet [CW_1]</p>

Taking into account cultural factors when assessing risk to child

“The woman claimed she was going to chuck her baby because she was fed up. When I read that report, instead of thinking about the culture or anything like that, I automatically thought, ‘CP, oh my gosh, she’s going to chuck the baby’. You just have that crisis sort of mind-frame. When we went out to the house, we were so into thinking of the crisis that we totally ignored the fact that this woman is from another culture, [and] she was brought up in a home where she was very well off. They had slaves in the house, and we didn’t find this out until later, speaking to her and interviewing her. My co-worker and I were quite freaked out ...

After going back to our manager I thought, ‘look, I know that in my culture we sometimes say things that you might think, ‘oh my God, what a bad mother’” To us, it’s like ‘ok, she didn’t mean it that way. It’s not a joke, but ...’ It’s sort of just like something they say; part of **a cultural saying** in the language. It **doesn’t sound as shocking in one language, whereas in another language it might sound quite shocking**. So after speaking to her, and we learned more to the cultural side, we looked at her background, her first child, where she grew up, what sort of family she had at home. Once we established that she did come from a culture where she had everything done for her, when she came to Australia, it was totally shocking to her that she would have people come into her home telling her that, ‘we’ve had a report that you want to throw your baby’. She was like, ‘look, I’m a bit frustrated, but I don’t physically want to throw my baby. I love my baby. I don’t understand’. But we were just so set on the wording, ‘I want to throw my baby’. And because it was translated from her language to English is just sounded really, like it was escalated, more than it should have been ...

I think sometimes caseworkers need to take into consideration the cultural differences before they react. It’s hard to do that when you are in a crisis situation. Also, within that particular culture, we’ve noticed that women don’t really like being a burden. **She thought she was being a burden if she went and asked other women for help**. It was like, other women might think, ‘can’t you do it on your own. You’ve only got one child, why can’t you do it on your own?’ I think she was a bit embarrassed. You also have to understand that. **At the time, we were thinking, ‘why doesn’t she seek help?’ We didn’t understand**. Again, it’s important first to have a look at who the person is, and why they might be saying or doing what they are doing, because at the end of the day, the answer was quite simple. She just needed a bit of guidance, support. She needed someone to reassure her that it’s alright to seek help. Also, that case was interesting because her husband was Anglo Saxon, and he knew what DoCS was all about, but she didn’t. It was like she was scared, didn’t know what was going on and her husband was just furious, basically” [CW_7].

Normalising culture as an issue in CP work

“Sometimes the line is very blurry between what we see as child abuse and what CALD families see as everyday living and culturally appropriate. I guess it’s just talking with them and breaking it down and saying, ‘look, I do understand that it’s part of your culture, but you need to understand that from our perspective, it is a child protection concern’. Don’t play it up to them and don’t say, ‘you are a bad parent’. **Just explain to them that it is a difference that we deal with all the time**” [CW_16].

Thorough assessment, and appropriate consultation and service, to avoid escalating initial problem

- Something that worked well, we had a **Tongan family**, three children, domestic violence. We engaged the community, **had a family conference with** not only members of their family, but **their extended family**, and their church group. Yeah, **that worked well** [CW_12]; and
- The experience I've had, is that it tends to be a one-off. It will come in, it will be a report of physical abuse normally, we would go out and assess it, and we would say, 'it is a cultural thing, it's a one off, we are not going to stay involved'. If it obviously becomes ongoing, I guess there are resources that we can tap into specifically for different cultures, for example with the emerging African communities, we've got the African sessional workers within this region, we've got the Migrant Resource Centre which is a valuable resource, we've got the African workers here. I guess we need to always keep in mind we do have the multicultural caseworkers here that we can tap into, and it's become a bit more of a focus here recently, we've got a new consultation form that we can use, there is going to be a mail box being set up. I think we are all becoming a bit more aware of it, a lot more than we were previously, but in terms of services, I guess it would depend on the case, case by case scenario, really it would depend on what happens when we go out and assess it, do we think there needs to be ongoing involvement? If so, what is that going to look like? Do we need to have an interpreter get involved? Are we going to need to take court action? How is that going to effect the family themselves? [CW_9].

Self-reflective practice to improve service delivery

"I think if it's a case [where] something has to be done right then and there, you really don't have the time to consult. You go out and respond, but then you need to keep that in mind after the action has been taken. **You really need to consult and reflect on what you've done.** 'Could we have done it differently? Should we be doing something differently for that particular community or cultural background?' Sometimes, we may consult and they might say, 'did you think of this? Did you think of that?' Maybe we need to go back and talk to the family and say, 'when we came out last time, we forgot to talk about this', or 'here's some services we can refer you on to that might help'. Even write a letter ... or a letter might not work if they're not good with English" [CW_9].

Involving CALD families in case planning

A number of caseworkers identified that they involve CALD families in their case planning and management, in different ways. Doing so is empowering to the CALD family and therefore an example of good practice. These examples are collated in Table 11. However, there are constraints that may hinder the full involvement of CALD families in their individually-tailored case planning. These include the time-intensity involved in the use of interpreters, and the time constraints in child protection work (compared to Brighter Futures' early intervention work, and in relation to tight deadlines in court matters).

Table 11: Examples of caseworkers involving CALD families in case planning

Tailoring to individual family	We always consult our CALD families because of what's called 'natural justice'. That's what we learn in our legal issues. We have to involve all the family members [that have] been nominated or identified at the interview [CW_2]
	When we do a case plan, it caters for the families' needs. When we have a case meeting, you are talking to the family one on one, and you are looking at what you need to address. I think it's just catered around what the family's needs are, and if they are a CALD family, that is going to definitely affect how your case plan goes [CW_7]
	You would hope that no matter what family you are dealing with, they are involved from the start. They know what you are doing [and] where you are going. It comes back to the caseworker being transparent with their families. It's much easier to work with a family when they know where you are coming from, and you know where they are coming from. I would hope that it wouldn't make a difference – CALD family, Aboriginal, Torres Strait Islander, and Anglo – that they are involved from the beginning to the end. That's how I function anyway. From what I've seen around the office, it does happen. The Arabic family I'm thinking of, we've got an Arabic caseworker that consulted on the matter, and they looked at Arabic services. So I do think a lot of caseworkers are mindful of making sure that they are involved, and you've got the appropriate services, and you explain to them where we are coming from, but also acknowledge the difference in their culture and what they believe, because there's huge differences in some cultures [CW_16]
Equal service provision offered, but can be hindered by language barriers	If it's by law, then we need to include them [CALD families] in our case planning meeting. So they are always invited to attend. If required, we use interpreter [CW_1]
	I think DoCS as a whole has got better, in that all families [are] included in case planning. I think that all families are invited to participate but what that means for them, and do they understand what they are committing to in the case plan, I think that is the biggest difficulty. Again language is an issue, but cultural norms about what we think are acceptable and what they think are acceptable comes as a challenge. Ultimately you're dealing with conceptual issues, but the work is practical-based decisions, judgements [CW_15]
	I think with me, with all the cases that we work on, we try and involve the family regardless. I guess it would be harder if you are thinking of a CALD family that didn't have a good understanding of English. Trying to include them in the developing of casework would probably be more difficult, but I still think you need to. It's going to be a slow process having an interpreter there, but you still have to do that. It's part of our work, we need to engage them. We need them to be involved with us regardless of what action we are taking [CW_9]
	It depends how well they speak English. If it's a CALD family from an English speaking background, I think depending on the caseworker, generally there would be a bit of involvement. If they don't speak English it would be a lot harder, and it's a lot more time consuming and caseworkers don't have the time to be going into all that. If they speak English, it's going to be more based on their relationship with the

	<p>Department, and whether they've been engaging. If they don't speak English, then it's going to be based on time and resources [CW_8]</p>
<p>Time constraints in CP</p>	<p>It depends how much time you've got. When we are writing a care plan to go before the court, best practice is to have a care plan meeting which involves us, the parents, all the major parties. And you sit down and say, 'this is what the Department's recommending, what are your views?' The families' views actually go into the care plan before the court. That is best practice. A lot of the time the caseworkers will already know the families views, so if there is not time for it, they might not do it. I wouldn't be able to tell you exactly how many caseworkers would skip over that, but I daresay that it wouldn't happen every single time in practice if they are busy. If they've got time to do it they generally would. In scenarios where you go to court and they give you a week or a few days for the care plan I daresay some stuff would need to be skipped over, but if you've got a few months then generally they would do it [CW_8]</p> <p>I've worked in child protection for five years, and I've just started in Brighter Futures. The practices there are very different. Within child protection, you are primarily making the planning for the family and the case direction and you are going there and telling them, 'this is it'. While with working in Brighter Futures you are working there together, collaboratively, and you are getting the parents to identify... It's more of promoting that you have to get <i>them</i> to identify. I know they say that in child protection, but in practice, it's not like that. It's not being practiced. With Brighter Futures, because it's a voluntary program, and they are wanting to work with you, and they have identified that they need a change, they have identified they need to work on something, you are working together for that planning stage. You know what the concerns are, but you are getting them to identify it and then asking them whether that's something they want to build on or change, and you work on a timeframe. While child protection, it's like, 'you should already know this, these are the concerns, why don't you know this and this is what you have to do'. It's not giving them a choice. I guess it depends on the caseworker as well, and their working staff, if they do get them to identify their weaknesses and build on their strengths and their needs, but most of the time it's at the stage where you've gone to court and you say, 'this is why you've gone to court, you've done this wrong and you have to do this in order to get them [children] back' [CW_4]</p>

Non-culturally appropriate practice*Thorough and holistic risk of harm (ROH) assessment including attachment*

“**When we [a] do risk assessment, we do it holistically.** We just don’t look at one incident. We look at the whole family situation. It includes, whether it is going to be harmful, or whether it is going to be better, for the child to be in that situation for a while. **We look at people who are living in that same family who can be protective;** if dad is abusive to the children, if mum is protective. Also, we look at the age of the child. The understanding of the child, if the child doesn’t have any disability, if he or she knows she has to make a phone call 000, sort of protect themselves to a certain level, we look at that. Also service providers, neighbours, AVO is another protector ...

Attachment is considered. I had a case where this 10/11 year-old child was at an Italian school. She did attend school every now and then. Mum has mental health issues, drug issues. But when you look at attachment, they are much attached. All of her life, this child is always with mother. She doesn’t have anybody [else]. We worked with the mother for a long time, told her to send her daughter to school. We literally come there to pick her up from her home and take her to school. It lasted for only a few months. As soon as we pull out, her mum doesn’t take her any more. We were thinking about removing this child. We were thinking of her [child’s] rights. She needs to be educated. She needs to have certain things in life. But then, she’s happy there, they love each other, there is secure attachment between them. If you remove a child like that, it’s going to do more harm. After that situation, we ended up not removing her from her mother. Apart from her education, her medical needs are met, her food, other things, everything else ok; [only] education neglected” [CW_1].

Being honest with potential foster carers about the difficulty posed by some children

“It’s a difficult job as it is, so people that nominate to be a foster carer, it’s a rigorous training process they have to do. These kids are difficult kids. I think we need to be upfront with people before we just place them, and not idolise the whole thing, and say, ‘these kids are fantastic children and are going to be great’, so being really upfront with them” [CW_9].

Emphasising that child safety is the common ground between parents and DoCS

- **Explain to the family the common ground – that we [both] want what’s best for the children** [CW_5]; and
- The first thing is that all children have the right to feel safe. If you come from that perspective, and you put it to families, everyone understands that. And **that’s the best way to start a conversation with any family.** You say, ‘we have something in common. I’m working because I want your child to be safe’. No one will disagree [CW_12].

Culturally inappropriate practice

Inappropriate ethnic matches in placements

“Things that aren’t necessarily working are, **I see various situations where Anglo caseworkers are put onto families or communities with extensive cultural needs. I don’t think that is appropriate** in a lot of situations, and I’ve seen issues arise out of that due to cultural difference” [CW_8].

Failing to consult with multicultural CWS

“**In my time here, I have not had a caseworker approach me** and ask me whether that may be suitable or not. I’ve expressed to a caseworker [who] had a family of my same background, but even knowing that I’ve come from that background, hasn’t come **to consult with me**, ‘is this normal that they behave this way?’ I haven’t had any of that, **just general conversations**. I guess **this caseworker had prejudgements** of the way the mother reacted, and how melodramatic she was, and me knowing that’s just, very normal, the way they show their emotion, the way they cry, the way they grieve. I’ve seen that commonality, not everybody does it, but I’ve seen that type of characteristic in that culture, so by her coming to judgements like, ‘she’s just faking it, she’s melodramatic, causing drama, fake tears, cry all the time’ ...

So this mum was saying something about the [foster] carer. [She was] saying, ‘my kids don’t smell good. I don’t think she gives them a bath very regularly. Their skin is dry and they don’t put lotions [on]. They should put lotion’. And she’s [caseworker] saying these are unrealistic expectations on caring for your children. I said I know **the Filipino culture**. They **are really proud of physical appearances** and how you smell. They like to put colognes and lotions and stuff like that, especially with little children, and that’s why she is saying that. She’s wondering whether her children will receive that type of care. What’s wrong with that? She’s lost her children and she’s grieving because of that, and thinking ‘are they getting the same care as what I would do?’ So I just said, ‘that’s very normal, and it’s not unrealistic for her to expect that’. Every mother would want to see their child smell good, something like that ...

[The other caseworker was] quite dismissive, ‘she’s always crying, always complaining about something’. I guess it’s something really little, that was big for the mother, and it was something that isn’t the norm. So, for her [caseworker], it didn’t seem like it was anything important. She was actually saying, ‘you are wasting my time, I’ve got lots of things to do. The carer is doing a good job, I’ve been doing my home visits, there’s no concerns, is there something that you really [need] ...?’ It’s just being sensitive to people. It might be just that one caseworker. **Something minor, but means a lot**” [CW_4].

Another caseworker made similar comments, saying, “I wish CSCs will use more people [multicultural caseworkers]. **[Multicultural caseworkers] really resent when they are used just for interpreting**, like ‘could you translate this?’. But when it comes to things like making decisions [for CALD families], they don’t say ‘what should we do?’ So this way, the people [multicultural caseworkers] feel used. Because in a sense, having the cultural competency should also be granting some recognition, like ‘which direction do you think we should take?’”, engaging at a much higher level. But **you also have to change the culture of some managers as well**. Directions have

to come from above. We moulding caseworkers of what they become later on. You know, ‘what decision we making to protect the family, to protect the child?’” [CW_12].

Not checking to see the child’s culturally appropriate food

“When you’re looking at the placement stage of a family, you are trying to match them up with the same culture. If there’s no relatives that are able to care for the children, then you try to find someone who’s culturally appropriate. Religion and beliefs, what they eat, what they don’t eat. Making sure you identify that, and [the] placement with a person who is not a relative or of the same background, that they are aware of that and uphold those beliefs. For example, one family doesn’t eat beef, and was telling that family they went to McDonalds and they could have [had] a beef burger and stuff like that. The family, the placement, the carers weren’t aware, and it wasn’t until the kids came and said to their parents ‘we had McDonalds and we had a burger’ I did ask what are their beliefs and stuff, and I mentioned to the carer [but] **I think the carer didn’t click with Mackas and beef or a cheese burger**. Ask if they have allergies and all that stuff. It’s also good to ask, ‘are there food things, **some people eat halal** or stuff like that’” [CW_4].

Racialising sexual abuse

“[It] depends what you see as important to those children that have come from another country, another culture, but are living here. **What implication does that have** for them **when they grow up and** may **decide** that their upbringing is not the way that they want to go? That **they’ve been exposed to another culture**, another way, **and [yet] I don’t have to put up with being sexually assaulted every night by my brother because my dad thinks it’s ok**” [CW_14].

Racism in the form of failing to consult or consider cultural needs and issues

- **I know there are caseworkers who have underlining racism issues, which you can’t sift out as much as you’d want to**. I guess not taking on board cultural differences, where again go back to the example of smacking a child, where a Tongan family, that’s common, not common practice, I’m not saying they beat their children every day, but it’s not looked down upon in their culture, whereas [for] us, certain levels definitely are. I think **while some caseworkers try and acknowledge it, there are some that just don’t care about the cultural differences**. They are, ‘this is it, this is our bottom line, these are our CP concerns, I don’t care what your reasons are, this is what is going to happen’. You are going to get off to a bad start with families straight away. It does happen [CW_16];
- I personally haven’t had any problems, but some of the problems you hear about in the CSC are families not happy with services that have been put in place because they are not culturally appropriate. If it’s an Anglo caseworker with a cultural family, sometimes there is a bit of disparity there. If it was me, you try your hardest to try and consult with a culturally appropriate caseworker. It may not be at this office, you may have to go outside. We’ve got culturally appropriate places, like offices, caseworkers at heaps of CSC. It’s just a matter of trying to track one down, and giving them history and

doing a consult with them, even if it's over the phone, and if it doesn't work for the family, then see if they can come out with you. I think **with some caseworkers, it comes down to personal views**, as well as not looking at what's best for the family, like, 'this is the service we have, it's convenient, it's here, take it or leave it' [CW_16]; and

- I think they're [CALD families] being consulted [in case planning], but the actual cultural aspect is not really being examined. Some aspects with children at home care or in child protection, it's not possible to get carers to match the cultural identity. On the other hand, it's well, nothing pro-active or nothing about this being done to make sure those issues are still being addressed [CW_3].

Removing child too quickly without sufficient consultation

"From my experience, if there is injury or harm already caused, we just go straight to removal. **I don't think we look at the whole picture**. We are there for that one or two hours that we are doing the assessment, **we don't know really if this child does feel loved in this home**, if they have had all the good times, but then **there was just that one breaking point**. All these other factors that have contributed to the family coming to the country, the lifestyle is completely different, can't speak the language, they might have been wealthy in their country but here they've got to start from nowhere. There's all these factors to take into consideration, the child does something that the parent has kept on saying, 'don't do this, don't do that, it's not with our ways', and they've gone to that breaking point, and they've got the belt, for example, and hit the child and the child's got welts as a cause of it. At that point, because the child has got welts, has sought medical attention, if someone sees it, they just remove them ...

There's **some caseworkers** that I have come across [who] **have the mentality that** previous research has shown that [for] those children that have been removed [and] have gone into the system, **when you restore them, it doesn't work, so what's the point?** [The] stats show that it causes more harm to put them back than having them in care long-term. [Her] mentality is 'go straight to long term orders, don't work on a restoration plan. If they get their act together, they can reapply'. But where's the fairness in giving this family a chance? ...

Either way, the child is damaged by the whole process. Every family is different. Circumstances for a certain child may be much better off than going back into that home environment. There's no doubt, there's no question marks on those. But somewhere, [when] you think restoration is a possible option [rather] than the process of the child going into care, especially when they are not in a relative-placement, they are in foster care, **that damage them, from one placement to another** (it's very rare that they stay in that one placement), that process, **is causing harm one way or another to the child, psychologically**. I don't think we should be the judge of saying, 'this child would be much better in this non-relative foster placement, as opposed to going back with mum once she's met all her requirements, because we know her economic status, she's on the lower end while this carer can put her in private school'. We shouldn't say, the foster carer's way is better than [the] natural parent ...

We are here about maintaining families. Keeping families together is our focus. If we can work on this mother, whether she can't provide as much quality of life, she can't provide as much as somebody else, I think that's wrong. We are here about keeping families together. They've gone through a crisis, they've done something wrong, [but] if they've identified it, if they've acknowledged it, they've done what they can to fix it, [then] what are they [DHS] tearing families apart for? That's not what we are here for ... Everyone's personality is completely different. **Everyone's view on everything is completely different.** Everyone's values are completely different. I guess you've got to weigh it with your personal value. **[But] you shouldn't really put your own belief systems in place.** You should look at the family you've got. Are they workable? And if we can keep them together, in an environment where the child is safe, is living in [an] adequate environment, a loving environment, [then] that's it. **Get rid of wealth, get rid of where you live, what school you can have, what clothing you can get, [and] look at, 'is there love there keeping a family unit together?'** That child needs to have a sense of belonging, a sense of roots?" [CW_4].

Making ROH assessments that are not culturally informed

"It's very difficult for people from **CALD groups** to **express their feelings** to their loved ones. They show it **through cooking**. They show it through buying something for you. We don't see CALD say "I love you". When caseworkers go into the home, we don't see any physical contacts, and "ok, these children are unloved". **We are very judgmental.** DoCS is very judgmental. **We are not flexible.** We don't factor in differences. **We'll do one-size-fits-all for child protection.** It doesn't work. Caseworkers, managers, come with life experience. We've got good and bad. We are parents as well, and [for] a lot of us, our decisions are based on our own bloody private experiences. **If you have a manager that thinks that "hey, this is not my standard, then I'll remove"** [CW_2].

Non-culturally inappropriate practice

Not making families feel that they are interested in them and will help them

"I ask [the caseworker for] discount for taxis. Some money this month [will] help. But no answer [from DHS]. I think, not much interest. Maybe no time? [DHS] Don't do much, nothing. [They] just talk. [They have] **Plenty question for me, but don't do nothing.** This [is] no joke. I [am] not happy ... But I tell [them] 'thank you for help me' I'm not like that – for fight, in front [of them]. [Because] maybe after [they will] record 'I'm stupid'. Maybe [I] couldn't see [my] kids, [something] like that. That's why I don't say nothing. **What DoCS need from me, I do, but they not do for me"** [EERUO_4].

Summary

A number of examples indicating culturally appropriate practice were identified from the interviews with caseworkers. 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. There were three examples of good practice identified, but they did not relate to cultural issues. These were: 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.

In regards to inappropriate practice, examples that related to both cultural and non-cultural domains were identified. Culturally inappropriate practices 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.

Triangulating the data

Across both the CALD family participants and the caseworkers, there were far more examples of culturally appropriate practice identified than culturally inappropriate practice. This is a very positive finding, indicating that DHS staff are, overall, aware of the importance of culture for CALD families and make continuous attempts to meet them. The examples of good practice all contain characteristics of cultural awareness, cultural sensitivity, and cultural competency. There were also examples of good practice identified but which were not directed at cultural issues. The continued use of these benefit all families, not just those of CALD background. Having said that, there were also examples of inappropriate practice, culturally and otherwise, and these areas indicate room for improvement. Lack of awareness, sensitivity, and competency are the main issues, culturally, and inefficient or incomplete social work practice were the main issues, non-culturally.

10 Barriers to culturally appropriate practice

As described in Interim Report 1, there are three tiers that are equally necessary for a culturally informed and responsive child protection system – workers, organisations, and institutions. Thus, barriers to culturally appropriate practice can occur at any of these three levels. The extent to which caseworkers perceive personal, organisational, and/or institutional barriers as impeding (culturally) appropriate service delivery have been explored in more detail below.

10.1 Personal barriers to culturally appropriate practice reported by caseworkers

The first type of personal barrier that was explored in this study was the extent to which caseworkers feel culturally competent to deliver services to CALD families. This process is explored extensively in the literature, however, the aim here was to use the voices of caseworkers themselves to identify the characteristics of cultural competency in a child protection context. From their responses, a wide range of important characteristics of cultural competency were identified.

The other types of personal barriers identified by the caseworkers were then further grouped into three categories. These were: (i) barriers between the caseworker and the CALD family, (ii) barriers between the caseworker and other members of DHS staff (such as fellow caseworkers and case managers), or (iii) barriers between the caseworker and the nature of their work.

Extent caseworkers feel culturally competent to deliver services to CALD families

When asked what the term ‘cultural competency’ meant to them, caseworkers identified a number of important characteristics (as described below). These may be used by other caseworkers as ‘benchmarks’ toward increasing their own confidence and ability to deliver services effectively and appropriately to CALD families.

Feeling comfortable, confident, and efficacious to not have to consult with other multicultural caseworkers

- I think [cultural competency is] probably different couple of things. Being able to identify [that] this person’s from this culture, **knowing how to ask those questions to get information from them about what their needs are**, what their values are, and how that works with our holistic assessment in terms of our statutory role [CW_14]; and
- I don’t know if I’ve heard of this [cultural competency]. I’m guessing [it means] **understanding the culture of the people we’re working with to a level that we are comfortable with**. Like, we can make a decision without having to consult that culture group. I think it’s going to be difficult to achieve that. You may be good at some cultures, but you might not have a very good knowledge of others [CW_1];
- If you said to me, are you culturally competent? I would take it as, ‘would you be confident and competent in working with families from CALD backgrounds and do you know enough information to go out there, knowing

that you'll make decisions based on culture as well as our policy'. **I don't think a lot of caseworkers are culturally competent, including myself, and I think it's based on lack of training** [CW_16].

Making cultural issues the forefront of casework, and having empathy, for CALD families

- I've heard of the term [cultural competency] before. I think it's **whether we have cultural awareness** of a culture **or if you've got empathy**. If you put it into practice, taking the culture into consideration [CW_4];
- A couple of years back at the multicultural conference that was the theme, 'cultural competence'. And I suppose varying definitions came out, but on a practical level, what it means to me as a caseworker, would be **putting the cultural needs of our clients at the forefront of our casework**. It means identifying their needs through their cultural background, the community needs, their religious affiliations and also sourcing the appropriate services. Having that empathy, educating ourselves on how to appropriately work with people from various backgrounds, and **building rapport and making those links with competent services**. You could talk about that forever [CW_8];
- When you are dealing with families and refugees and people that have come from another country, **as you go home to your family, you've got your house, you've got your support networks, your rent is paid, you have your food, you have income and you have pleasure in your life. You can't fathom what these people have been through. It's another world**. I think it comes back to that reflection stuff. Whether it's the level of trauma they have been through, it gets back to that ability to empathise. So whether it's your Anglo families [who] can go through a significant trauma but it might be from an inter-generational issue ... I think **trauma is not a cultural issue** [CW_17]; and
- We've all got our own values. The problem with caseworkers will be being able to identify those and work beyond them. If you can't identify that you've got those values then there's no way you are going to be able to pinpoint the fact that you are able to empathise with your clients ... **If you're not able to empathise with your clients that's going to impact upon your ability to build rapport and a partnership with those parents** and with that family, which then affects the outcomes for that child [CW_8].

Ensuring there is an institutional push towards cultural competency

“Cultural competency needs to be pushed from the top. No one's going to do anything down here as long as everyone up there doesn't care about it”

“It [cultural competency] actually needs to be pushed from up the top. With the Indigenous families, that is pushed from way up the top. Therefore people are doing things. (Whether or not that's tokenistic is another story). And it varies on the caseworker, but with CALD issues, it's not pushed from up the top and it needs to be. **No one's going to do anything down here as long as everyone up there doesn't care about it**. We get a lot of training in DoCS ... The problem is, from a caseworker's point of view we get too much training. Because everyone's so busy, people aren't actively engaging in this training ... **Because it's not a priority at the top, it's not a priority down the bottom**. So I guess you can train and train and train

the caseworkers, but if the managers and the people up the top don't see this as a priority and are not pushing these areas, then it's never going to happen, no matter how much training we do" [CW_8].

Writing detailed care plans

"It would be interesting to find out what sort of work is going on there [at CSC] and how much is tokenistic. No one's actually picking up these **care plans** and saying 'ok, you've said this [but] what does this actually mean for this child?' ... **It needs to be nudded out on a lot more of a practical level.** If a child comes into care [and] you're writing a care plan for the court [and] establishing a case plan for a CALD child that needs to be an issue that is very clearly addressed. It needs to be nudded out in terms of [the] age of the child, links with family, links with extended family, other siblings. Are they in culturally appropriate placements? How much of an attachment do they have to that community? Does that development need to happen within out of home care through this Department? It actually needs to be really specific questions" [CW_8].

Increasing cultural awareness

- I think as a manager supervising caseworkers, cultural competency is just **being sensitive and aware.** If we expect too much from a caseworker we're going to overwhelm them. I think having an awareness of the culture, having some idea what our involvement means for that family, that culture and being sensitive to the needs of the family. I'd see that as culturally competent [CW_15]; and
- Actually **I've never heard of the term** [cultural competency] before but I think it's very interesting. If we could get some sort of training to help us have a better understanding of different cultures in general, regular identified patterns about some things we might face when dealing with another culture, that might be ideal. Like the whole fear thing. I think that comes from every culture that comes to Australia. **They have that fear, like, 'I don't really know this legal system', 'it's not like my legal system back home', 'what is the government doing?', 'can they really take my children?', all those sort of questions.** One of the groups that came to talk to us from the African community were talking about, not only would they help us link up with the African community but also help the African community understand what we do; that we are not the bad guys and we are just there to help families. Most people don't know what we do, let alone CALD families [CW_7].

Acknowledging that cultural competency is an ongoing process with no attainable end state

- **[I] see cultural competency as one of those tools.** I see my role as basically, being child protection focused, where cultural competence is a little tool there. It's the same tool which is the same as my knowledge to DV; a tool that helps me identify [and] analyse the issues [CW_3]; and
- I've heard the term [cultural competency]. **I don't know whether one single person can say, 'I am cultural competent'. If I say that, you have to hit me**

on the head. There's no way one person who is born in that culture, speaks the language, behaves in that language [that] would understand every single thing about traditional values. There's no way. Even someone from that group. Because **you come with your own judgmental preconceived ideas, every single one of us has that, inbuilt in us.** So we could say, 'I'm competent because I came from this culture group'. No. You move away from that country for a long time, the changes around that country, it evolves constantly. This is what we use when I worked with refugees – an analogy that **people come with a suitcase. That suitcase is not their clothes, but their traditional values.** They move here 5/10 years. They are very much guarded with their traditional values. Children and grandchildren don't want to lose [their] identity. They're guarded. They are very strict. They don't know that the actual same people, their cousins who still live in Turkey or Vietnam [has] evolved. These people came with that suitcase thinking, 'I've got to keep this for my children'. What is competence? Competent in terms of Australian context or Vietnam context? It's [training in cultural competency] never going to be enough. **I will never ever be culture-competent.** I will always need training and knowledge about it. **And it's really up to me.** It's not up to the Department to say to me [CW_2].

Being aware of, and putting aside, personal values and judgements

- [Cultural competency] is not only about showing sensitivity and acting appropriately, it's also about coming to terms with someone who might not think like us [CW_12];
- **I think what's really lacking is a push to reflect on your own culture, and how your own biases are going to get in the way of delivering equitable service to your clients** ... There needs to be a bit more of focus on, 'what are your prejudices? What's your culture? What do you take for granted? And how does that affect your practice? ... You have to change the culture of the organisation so that people do that automatically. And you have to be reminded of it, cos we **all need to be reminded constantly** [CW_6]; and
- I guess we don't use that term [cultural competency] very often here. We use the term 'culturally appropriate' a lot more. I guess it would probably fit in with cultural competency to some extent. You really need to be aware and not let your own values, prejudices and beliefs about other cultures come into play when you are making decisions or assessing situations. I guess that's very hard. A lot of people will find that hard. **There's a stigma associated with each nationality and each cultural background**, but try and overcome that and focus on the job at hand [CW_9].

Case Study demonstrating self-reflective practice

One caseworker described the extensive use of self-reflective practice. Importantly, she has not disregarded her own ethnicity and how this may be impacting on her perceptions and experiences of cross-cultural service provision; self-reflection is a crucial element of cultural competency (see Case Study 5).

 Case Study 5: Example of self reflective practice as a component of cultural competency

I guess we always have difficulties working with any group because of the nature of our work. People don't like us at all because we work to remove children. We work with people who have got a lot of issues. We tell them, 'ok, you going to have [to] detox. When someone has been on drugs for 20 years, how do you do that? I try to not eat cake every day and that's even hard for me! So we have problems working with every single group ...

However, I think Vietnamese, Asian person (I speak Laos and Thai as well, I've lived in those countries), **when I work with people from those backgrounds** I build a rapport very quickly, because **I understand their values**. I've got more of the eyes of understanding towards them. **I can also be more judgmental towards them** as well. I would say, 'ok, how come you take drugs? How come you bring your children here and you're taking drugs. How's that possible? You're looking for a better life for your kids and now you're like this?'. Whereas, **if I work with an Anglo family** that's got drug abuse issues, I won't ask them, 'why the hell you taking drugs?' **I'm less judgmental** towards them **because I don't have that** relationship, that **unspoken relationship that is connected by the blood, by the skin colour** ...

But my actual concern [is that] I [am] sometimes very very aware because of my skin colour. I don't speak good English and **when I deal with Anglo Australians, I have a bit of a reservation** ... 'Who the hell are you?' They look at my name ... You thinking, 'ok, I've got qualifications, skills whatever. **They probably feel, what rights give me, a new migrant, to remove their children?** So I'm waiting for [that] one day [when] someone is going to tell me off ...

The bottom line [is], because of my work [and] my training, I do have that ability to build a relationship with my clients, regardless of skin colour. To me, that [is the] number one thing. I come in with respect for that person. Being in this job, it helps to remove a lot of my preconceived ideas, [it] helps me remove my judgement, and to see all people are the same but some people need more help than others. Some people have more sad history than others. **At the end of the day, you have to respect people**. I work with an attitude that everyone who needs your help, you give [but] that's probably why I get burnt out [CW_2].

Other personal barriers

In addition to lack of cultural competency, several other personal barriers to culturally appropriate service delivery with CALD families were identified by the caseworkers. These were grouped into three possible types: (i) between the caseworker and the CALD family, (ii) between the caseworker and other members of DHS staff (such as fellow caseworkers and case managers), or (iii) between the caseworker and the nature of their work.

Personal barriers between caseworkers and CALD families

Fear among caseworkers that CALD families will think of them as racist

One type of personal barrier that could present in the field, and which was explored in this study, was the extent to which caseworkers fear that their CALD clients may perceive them as racist. Of the caseworkers who were interviewed on this question, about half indicated that they did not have this fear and all of these caseworkers were of CALD-background themselves. The other half indicated that they did fear it of their CALD clients, and of these they were all Anglo Saxon caseworkers (there was one caseworker of CALD background who expressed that she feared this but not in relation to CALD clients but rather of Aboriginal clients). The responses of these caseworkers are presented in Table 12.

That the fear of being perceived as racist by CALD clients was only identified by Anglo Saxon caseworkers indicates that the interaction between service users and service providers is racialised in the field, and further supports the importance of not delivering a one-size-fits-all model of child protection work. It is important that case managers acknowledge that these kinds of personal dynamics do influence the effectiveness of service delivery, and this should not be downplayed or ignored. However, these results also point to the importance of non-ethnic matching between CALD families and caseworkers, as this cross-cultural exposure can help break down some of these personal barriers. It is only by interacting with Anglo Saxon caseworkers that CALD families will have the opportunity to discover that they are not actually racist.

Table 12: Examples of caseworkers fearing or not fearing that their CALD clients see them as racist

<p>Caseworkers do not fear that their CALD clients see them as racist</p>	<p>No [never feared being thought of as racist by any CALD clients] [CW_8]</p>
	<p>Probably no [ever feared as being thought of as racist]. I don't think I ever have that fear [CW_3]</p>
	<p>Not really. No I haven't [ever been thought of as racist by CALD clients] [CW_1]</p>
	<p>I haven't come across a client who has said to me that they believe my actions or what I've done or said has been racist or not been culturally meeting their needs. No, it hasn't been a race thing. Just maybe how we communicate or miscommunication or stuff like that [CW_4]</p>
<p>Caseworkers do fear that their CALD clients see them as racist</p>	<p>You get it all the time, as being racist, especially with blonde hair, or getting accused at having no idea what it would be like [CW_14]</p>
	<p>Absolutely [feared being thought of as racist by a CALD clients]. I don't think you cannot. For me, I'm a white young female walking into a family that I don't really know a hell of a lot about. It could be viewed as racist. I think that could be with any Aboriginal family. That could be with a family where you are dealing with older people [if] you are an ageist. There's potential for that everywhere really. How you get past that, I don't know. I think the approach that often works, 'I don't know about you, your family, your culture, tell me about it'. I think that often you don't have that opportunity in the first instance because of the nature of the work, but if you can build up a relationship with the family, you'll get there [CW_15]</p>
	<p>Yeah, I have a fear of it. I do absolutely my best to try to understand every culture. I think the most fear I had was dealing with Indigenous cultures, because I knew little about them and I was very careful the way I speak, how I go about it. I've only dealt with one Indigenous family and it's fantastic. I had my manager telling me [that] the grandma came to the CSC one day and left me a gift while I was away on training. I went to my pigeon hole and found this boomerang, [a] good luck key charm with my name on it. I thought where does this come from? I just love Aboriginal art [and] she had done it, hand-made. I was like 'wow!' ... My manager was like, 'do you know, getting a gift from an Indigenous family, that's pretty big. I mean, you work for DoCS and you've got a gift from them. You're loved!' [CW_7]</p>

Clients making CALD-background caseworkers not feel equal to their Anglo Saxon counterparts

One caseworker noted that CALD-background caseworkers may feel as though they are not treated in the same way that their Anglo Saxon colleagues are treated by clients. Again, this is a personal barrier that can influence and affect service delivery. It is important that case managers acknowledge this, and support and encourage their CALD-background caseworkers to feel as competent as their counterparts despite the experiences they may have in the field. This caseworker said, “**I have come across caseworkers where they have been of a CALD background, and felt they were targeted because of their background.** They thought they were not treated as equal as say an Anglo caseworker. They thought that clients haven’t responded to them because [of] their accent, or the way they’ve communicated with them” [CW_9]. Consistent with this, another caseworker said, “**Anglo families may pick up [on] the accent, and that’s the racism; ‘what do you know?’ It’s the same with a young caseworker, ‘do you have children?’**” [CW_12].

Resistance from CALD families to engage in the recommended services

Another barrier that may emerge with CALD families is when they do not engage in the services that caseworkers recommend. This barrier, however, is not exclusive to CALD families, and may occur within any family regardless of their cultural background. As one CALD family participant said, to demonstrate this kind of resistance, “they want me to do all these parenting classes, and I told them I’m not going to do anything until I know my kids are safe ... **I’m not going to go do anything that they want me to do if they’re not going to do any actions to fix this**” [PAC_2].

CALD foster carers who are more interested in the money provided rather than caring for the children

One CALD family identified that potential foster carers from her cultural group may be more interested in the financial reimbursement rather than caring for the children. Importantly, this may be an incentive in other groups too. It is important that caseworkers and case managers are aware of such personal barriers, especially when parents from which children have been removed have complaints about the foster carers. In other words, it should not be assumed that foster carers are all inherently better at caring for children than the (harmful) natural parents. Indeed, harm in the form of neglect may be occurring in the foster care placement and this should be equally monitored. This CALD family participant said, “that’s my belief cos I’m a Samoan, I know them very well. All these Samoan, **they want [foster] kids only because of that, money**” [PAC_2].

When conflict of interest occurs because too many members of extended family are involved in the child’s case

One caseworker noted that when she works with Aboriginal families, sometimes barriers in the field can emerge because too many people are involved in the consultation. While this is not a barrier identified for CALD families, it may present as an issue given the similar importance of extended kinship and community between Aboriginal and CALD groups. This caseworker said,

The difficulty comes with Indigenous families, because you've got to consult with the community elders or find out about their different clan. The community is quite involved with the one family. That's the difficulties I have to face – you don't know who you are really working with ... You are trying to work with that parent [but] you've got professionals or just family members who feel that they have to have a say. I feel like we are not empowering the parents to make any decisions. [I] don't know whether that's their own decision, their own viewpoint or they are taking on something that somebody else's told them. Sometimes there are conflicts of interests. For example the parents decide one particular thing and a service or agency is making it a bit more difficult by being involved and advising another. I guess it just depends who you work with. Some try to make it a bit more difficult, some work with you [CW_4].

Personal barriers between caseworkers and other DHS staff

Conflicts between caseworkers on the importance of culture or the extent it should be considered

One caseworker noted that a personal barrier that could emerge and affect service delivery to CALD families is the extent to which two caseworker agree on the importance of considering culture in casework. These clashes in personal beliefs may undermine effective service delivery. This caseworker said, “**if the nature of culture is being brought up, some caseworkers tend to get irritated**, because they believe that people from particular cultures are not working hard enough, and then when you have another caseworker who's advocating for them. I've seen some of those conflicts” [CW_3].

Caseworkers stereotyping the needs of CALD families

Another issue that emerge at the personal level is when caseworkers encounter other caseworkers who stereotype or generalise the needs of CALD groups. Such differences in cultural sensitivity can again compromise effective service delivery, especially when the caseworker who does stereotype is not aware that they are doing so, or justifies it, arguing perhaps that they are “essentially” the same. These caseworkers said,

- I notice, not only with them [Anglo Saxon workers], **a lot of caseworkers generalise, stereotype people**, communities they work with, ‘all Africans have that needs, all Lebanese have that needs’. In fact, Africans have so many people, Sierra Leonean, some from Kenya, Ethiopia, they've got different cultural practices and cultural beliefs, so we can never generalise their needs [CW_1]; and
- In terms of personal [barriers], **I think there's a lot of assumed knowledge and a lot of stereotypical knowledge**. I do find that [when] supervising. You have two caseworkers in front of you saying ‘this is what I saw in the family’ and ‘this is what I saw’. It's a struggle. An example is ‘**a strict Muslim family**’. **What does ‘strict’ mean?** How do you know they have ‘strict’

religious views? **I find it really challenging when people say those things without backing up with evidence** ... So when people are faced with a family that is very different from them, it is easier to assume, 'this is what I know about that family' without really challenging it. It's very easy to do that. I think it's a very natural thing. At some level, when we have the time (and in crisis-driven work you don't always have that luxury of sitting back and saying, 'to what extent is what I'm seeing or saying actually me?') ... This could be a personal view [but] I think **age is a factor in people's views** too. I think that newer caseworkers often come in, much more open to ideas and learning, whereas, **I think that if someone's dealt with a family one way, it's often easier to deal with a family the very same way**. Yet the next family may be from the same culture and not realising that they may be from a different religious background or a language difference [CW_15].

CALD caseworkers not acknowledging possible conflict of interest by admitting they know the CALD family

Finally, one caseworker noted that some CALD caseworkers may not admit knowing the CALD family client, and thus, not acknowledge possible conflict of interest. This caseworker said, "what doesn't work is when you've got someone [caseworker] from a culture who knows the people [CALD family] but don't disclose they know the people. But obviously they do know the people, because they know where the bathroom is and know how to help themselves to a drink and stuff" [CW_14].

Personal barriers between caseworkers and their work

Time and emotional constraints

In addition to personal barriers between CALD families and other caseworkers, caseworkers may have their own issues with the nature of the work itself. One of major impact and importance are the time and emotional constraints associated with CP work. Caseworkers noted:

- I think that that's one of the biggest issues is the time issue. From what I've seen, some of the caseworkers, when they're working on matters, **they don't have much time to look at the cultural issues**, because they have to look at the other issues. [CW_3]; and
- [There's] not very much [self-reflective practice] because we are so crisis-driven. I've only worked in this CSC and it's just bang, bang, bang. Like it just happens. **You have to make decisions and you have to make them quickly** ... If you speak to any caseworkers from EI [early intervention], they do have a little bit more time because it's not that crisis-driven and they get to work with the families and see what their strengths and needs are. We have case reviews [which] gives us an opportunity to go through each case and see what needs to be done, like as a projection for the next month. And you've got supervision as well which is really helpful. Without it you'd go crazy! You don't get the luxury of sitting down for an hour and looking at all your cases and go 'this is what I'm going to do now and I think this would benefit'. **You are constantly chasing your tail** [CW_16].

Continuous need to be open-minded

Another personal challenge for caseworkers is the constant and continuous need to be open-minded. As one caseworker said, “the **people that do social services**, that want to help, genuinely nice people that care about others, **often come from good backgrounds themselves**. You don’t want to stereotype [but] when you are dealing with the degree of drugs, professional criminals, we’ve got this clash of two worlds ... Just **that need to be so open-minded and experienced. It’s really difficult**” [CW_17].

Learning to develop and adapt personal styles of communication with families

Finally, another personal challenge for new caseworkers is learning to develop their own communication style with their clients. As one caseworker said, “I’ve always been out with more experienced caseworkers so at the moment I’m trying to learn what style I’ll adapt. Some caseworkers are very police-like in their tone of voice ... And other caseworkers are more friendly and down to earth, and talk to the family like they are there just as a friend or something. So it varies ... **In some families you need to be more abrupt because the soft approach will not work**” [CW_7].

10.2 Organisational barriers to culturally appropriate practice reported by caseworkers

All of the organisational barriers that caseworkers identified were grouped into three types: (i) issues with management, (ii) insufficient resources, and (iii) administrative and other issues.

Issues with management

Lack of clear and consistent management

Several barriers at the organisational level were identified by caseworkers, however the main one of these related to lack of clear and consistent management. These caseworkers said:

- **I think managers have a major role in filtering that down to the caseworkers.** If we are on top of it, then I think our caseworkers will be on top of it and always be aware of it. I don’t think there was enough structure before, when I’m thinking back to when I was a caseworker, we didn’t have that. If we had a CALD client that couldn’t speak English we would just ring the interpreter service and try and work it out that way. There were no other links within the community that we could even think of referring out to [CW_9];
- Not knowing who to confide to. Even with our child protection caseworkers, it’s very difficult when you get a different manager. Like, once I heard this case where they were saying that they’ve been here for six months, and **during that six months they went through about four managers**. It’s really hard. It’s very difficult, you know, that lack of guidance. That’s a big issue there. Every team needs a good leader. There’s a huge difference between a leader and a manager. Anyone can be a manager, have the authority to boss people around, ‘do this, do that’. But when you actually train someone to

become a leader, you're actually helping the organisation, because you're training them to lead a team. Technically, it's a ripple effect I suppose. Probably **they're lacking good leaders** [CW_3];

- Recently, we've got three multicultural caseworkers at [CSC] ... We've got a new multicultural caseworker consultation form, which we've developed and we've looked at developing new procedures for consultation across the CSC. We've just established our own mailbox and the three of us are going to look at consulting on all CALD cases at the CSC. The more we promote it, the more people are starting to come and consult but **it's been quite difficult lately because we've just lost our co-ordinator on the program**. In terms of support and really looking at pushing the multicultural caseworker role, we'll see in the future [CW_8]; and
- The previous co-ordinator of the multicultural caseworker program, before that got restructured, she was used a lot by the multicultural caseworkers, not only the new ones that were recruited into the Department, but a lot of them in general. She was setting out resources regularly and following up with caseworkers, sourcing various bits and pieces on different case loads and people were consulting with her extensively. Now that she's not there, well ... she co-ordinated our program, recruited all the caseworkers, trained everyone, organised our forums, gave us information about cultural links, various festivals, activities, services for our clients, put us in touch with each other if someone's at, you know Charlestown and needs an Arabic speaking worker you'd get an email from her, 'contact blah, blah, blah they need this' [CW_8].

High staff turn-over rate including at management levels

Related to management issues, one caseworker noted that high staff turn-over rate makes ongoing training even more crucial. This caseworker said, "**I think the main thing is, we have a high turn-over rate**. So the training comes in once a year. If you are not here during that time or the managers weren't here ... , **We haven't had a permanent manager in this position for a long time**. It was only my manager that was here for five years and now she's left" [CW_4].

No mentoring system

Again related to management issues is the lack of a clearly identified mentor for new caseworkers. As one caseworker said, "I said to her [case manager], if you have new caseworkers I'm happy to be a mentor. **They don't have a mentoring system**. Here they've got what they call a 'buddy system', but they don't have a mentoring system that says, 'sit down, I'm having this problem, can you help me to do this?'" [CW_2].

Different management and organisational cultures and practices between CSCs

According to both the caseworkers and CALD family participants, some CSCs were seen to be more culturally informed and responsive than others, and such organisational barriers can compromise effective service delivery. As one CALD family participant said, "[Bankstown CSC] more better, more stronger" [EERUO_4]. Similarly, caseworkers said:

- I must admit, **here [CSC] the managers are quite supportive**. They will sit down and listen to our proposals about various structures and they will work with us to get those done and have them approved and send them to regional. They will do all those things but **that's not the case in a lot of other CSCs** [CW_8]; and
- I think they [CSC] access multicultural services and use the [multicultural] caseworkers much better than other CSC's. I think in [CSC], **because you deal with it so much, it becomes habit**. It becomes habit using an interpreter, it becomes habit explaining what child protection means ... so you get used to talking the talk [CW_15].

Insufficient resources

Links with local culture-specific agencies in the community

Another organisational barrier that could compromise service delivery is the lack of links and relationships with local and culturally appropriate community agencies and services. Caseworkers expressed mixed feelings regarding whether these links are sufficient; some believed that they were and others believed that they were not being utilised to their fullest capacity. Caseworkers who felt that their CSC had appropriate and sufficient links with local agencies, services, and communities, or were at least in the process of establishing these said:

- **They [links] are quite strong from what I've seen from our training**. We have training sessions each Thursdays and we always get different groups come in that are linked to the Department and even the CSC which I think is very good and we are very much encouraged to liaise with them if we ever need their help [CW_7];
- I think we are improving ... Because we have specific cultures that make up the majority of our clientele, we are trying to work out links with those communities. I think we are developing good relationships with the African communities [CW_9];
- We have training every Thursday, where we get a lot of communities that are from either CALD family communities or Anglo Saxon or Indigenous, so we've got a wide range. They come and speak to us about what our options are and how they assist in, for example case planning. They help out with how we can cater for the family, basically give us some information about the culture so we have more understanding. I know there is an African group that came in, I think it was Mecca, that was really fantastic ... They don't actually go out with you on field visits or anything like that, but you can consult with them if you want more information [CW_7]; and
- I think if a situation was to come up again and I needed services that were directed at Samoan or Tongan families, I think it would be pretty easy to find. Even if you have to go to another CSC where that culture is prominent, you can get links. We've got heaps of services that can provide links, community health centres are a great start, and especially the one at [suburb], they are really helpful. A lot of the families, just from what other people say, a lot of

the families are actually aware of the services that are available for them, that are culturally appropriate, they are aware themselves. Whether they are involved in Samoan or Tongan church groups [CW_16].

Some caseworkers acknowledged that links to local community agencies are available, but are not at this stage utilised to their fullest potential by DHS and caseworkers. These participants said, for example:

- **We don't really have strong ties, as much as what we believe we do, or what we should.** I think it's only now that we actually try to involve communities more, now that we probably have about 10 multicultural caseworkers, so we are actually working towards working with the community [CW_3];
- We've been made aware of them [other local agencies]. They come to our CSC and talk about their services and what they provide. But, from what I've seen, I don't think we really utilise them as much as we should. I guess a lot of them are very new because of the influx of refugees that are coming, so they are new services to us and we have to start getting on the band wagon of utilising them and remembering they are there and referring to them [CW_4]; and
- We do have other agencies that come in and give us talks on our Thursday morning training sessions. The problem is that **we are not actually given the time to develop those relationships.** If we ask for it we generally get it but because of what we've got going on, it doesn't happen. As a caseworker I've got connections with the people that I know are going to come in handy for my specific caseload and I think other caseworkers would be the same. They would go and introduce themselves if they think they can possibly get a placement out of this community or whatever the case might be ... **We kind of establish relationships as we go along, if they are needed** [CW_8].

Contrarily, one caseworker noted that links to local services in the community were hindered by the fact that there weren't any culturally appropriate services in that locale, and that referrals to more distant services were necessary. This caseworker said, "I don't think the links very good. We use interpreters and telephone interpreters and that's often difficult in itself. There's not a lot of multicultural services out this way so we're having to access services from other areas if possible. If a service is willing to home visit I don't think it makes a huge amount difference. It's about access of families to those services" [CW_15].

Finally, three caseworkers noted that relationship building between DoCS and other local community services and agencies was conducted through regular 'inter-agency meetings'. Nevertheless, there were some practical barriers such as time and other resource constraints identified. These caseworkers said:

- We've got what you call inter agency meetings [CW_2];
- I know [CSC], when I was case working there, we tried to have inter agency meetings, but the success to get the same person to attend and actually do

something, varied. Based on crisis, staffing levels, training, court hearings, capacity levels [CW_14]; and

- I know there are a few caseworkers who are involved in inter agency meeting, which involves all the community in this area. There is one, the Migrant Resource Centre, I don't know what they do. Every two months they have a meeting here. All the other agencies come here for discussion. That includes all the criminal activities around in this area, child protection issues, housing issues all the issues that are affecting the community [CW_1].

Not enough multicultural workers

Some caseworkers noted that one barrier to effective service delivery for CALD families was the lack of sufficient multicultural caseworkers. These participants said:

- In terms of [barriers], I think it's about access to staff that can provide information around what you might walk into, like **what is culturally appropriate, like taking off your shoes, which is a silly example, but something like that**. We don't have a lot of access to that type of information, and a lot of it is local knowledge, not really formal. So that's probably the biggest thing [CW_15];
- Having more multicultural workers available. I know they are there. We've got them at different CSC's all around. Maybe making them more available to the units so that we do have a high population of Pacific Islanders come through. I don't know, maybe having a regular consultation with that person or someone coming into the unit rather than being based at one particular unit. They've still got a full case load, how are they really going to be available to consult? **I know with the Aboriginal caseworkers they have a set amount of time allocated for consults, purely for consults. I don't know if that's the same for multicultural workers, so maybe freeing them up** [CW_9]; and
- It depends on caseworker to caseworker. I would personally prefer a person to come in our office from African culture and give us a talk on cultural issues. I still think that training is a good way for us to improve our knowledge of practice, of skills, everything, to do that. We can always ask them straight away if we have questions whereas if we read through a document, we can't ask anybody. I remember there is at [suburb] MRC. There is a DoCS funded caseworker, like a consultant, but that is only for African communities. If we want them to go out with us, we can do that. We have to fill out a referral form, make an appointment and all that to go through. Time consuming. Again it is only for the African community. I needed an Afghani the other week and I couldn't find one. We're dealing with a lot of clients here, a lot of Middle Eastern here, we have a lot of Middle Eastern caseworkers here so we can consult them [CW_1].

Difficulty recruiting CALD caseworkers

Perhaps related to the lack of sufficient multicultural caseworkers is the difficulty in recruiting CALD staff. This was raised by one of the caseworkers who said,

“Indigenous [caseworker] is very rare in the CSC. You might have one in every few offices. That becomes like a rare resource. **It’s very hard for DoCS to recruit Indigenous caseworkers; it’s harder than recruiting CALD caseworkers**” [CW_2]. Having said that, this caseworker also said, “I think so far DoCS has the best, the strongest recruitment numbers in terms of attracting CALD caseworkers to care for CALD communities than any the other services. We got a huge amount of CALD clients, and we have history if we don’t help these people, this will last into generations, therefore, that’s why we put it in place. It’s so good that in the top end Head Office Multicultural Unit we recruit people” [CW_2]. Thus, the *extent* to which this presents as a barrier to service delivery is not known, but this study has identified that difficulty in recruiting CALD staff may be a possible organisational barrier.

Difficulty recruiting CALD foster carers

Another resource issue that may present in the workplace is the lack of sufficient CALD foster carers with whom to place CAD children. As one caseworker said, “we try to provide culturally appropriate service but **when you don’t have any Turkish care, and all you’ve got left on the books is a Filipino that doesn’t speak English, then you take the placement**” [CW_14].

Part of the difficulty in finding CALD foster carers could be related to cultural beliefs. One caseworker said, for example, “I can only speak in terms of the languages and the cultures I know. You know how **some Asian cultures believe that adopting a child from another family and they admit that these children often betray you, they’re not loyal to you, why adopt them**. If you look around a lot of Asian childless couples, would not adopt. A lot of them probably could become foster carers, but they don’t. People also think, ‘ok, these children were born from this drug abuse, addictive family it’s likely they will have it in their genes, drug use as well’. A lot of misconception about what people think about children” [CW_2].

Thus, one way to help address this issue may be to conduct out-reach programs to local community groups. In doing so, and in helping to overturn cultural stigmas, the number of CALD foster carers may increase.

Discrepancies in amount of support given to different CALD groups

Two caseworkers identified that some CALD groups receive more attention and resources than others, and these kinds of discrepancies can compromise service delivery. Moreover, both caseworkers specifically identified that there is a lack of resources for Vietnamese families. Thus, work to target this group would be beneficial. These caseworkers said:

- **Vietnamese foster carers don’t have any support.** They haven’t been supported for years. Once they come into the foster care, they need that on-going support because it’s a huge legal responsibility for the foster carer. I think that’s a huge issue [CW_5]; and
- The influx of Vietnamese cases and kids that need care is amazing, it’s just a huge amount. And **we don’t have a Vietnamese foster care team** but you’ve got a Muslim foster care team and an Aboriginal Foster care team, which is great, it’s fantastic, cos you’re servicing the needs of those communities, what

about these other communities? ... [And] the Samoan community is huge in this area, and this is not just now, this is dating back 10 years ago, or maybe even more, we've had this issue with this group for a long time, where we've required assistance. We do rely a lot on the extended family support in that network, but it's not always protective. And you do need carers, and often those kids are not placed with culturally appropriate carers, and they have a whole lot of cultural issues, and if we're able to meet the needs of other children that are culturally specific, what about these kids, they have that right as well ... These issues have been around a long time, and we do complain about them but these issues are never taken on board and addressed, and this has been going on for years [CW_11].

Administrative and other issues

Insufficient support

Finally, administrative issues can present as barriers to good practice with all families, and not just those of CALD background. One caseworker noted that the amount of paperwork leaves time for CP work short, saying, "that's a resource thing, but it's so important, **the amount of time I am spending faxing, photocopying and things like that**" [CW_17].

Poor open-plan office structure

Another organisational-related issue that was raised is that of the open-plan office structure, which was seen to compromise caseworker's productivity. This caseworker said, "it's abominable [an open plan office]. I can't [work like this]. Often, if you are a person who is sensitive to noise you need to work late at night when people are gone, or come in early in the morning, because you just can't function with the level of reports we need to write and assessments that we need to do, **in an open plan environment, it's atrocious**" [CW_17].

10.3 Institutional barriers to culturally appropriate practice reported by caseworkers

The main type of institutional barrier to culturally appropriate practice that could present in child protection work is seen to be the lack of sufficient training and resources. Thus, this topic area has been explored first. Any other types of institutional barriers that caseworkers identified were explored later, and were grouped into: (i) child-centred versus family-centred work practice, (ii) management and workplace issues, and (iii) entrenched institutional fear within DoCS.

Extent caseworkers feel sufficiently trained and resourced to meet the (cultural) needs of CALD families

This section has first explored the current training and resources available to caseworkers, and then the extent to which this current level is perceived as sufficient for meeting the needs of CALD families.

Current level of training and resources provided by DoCS Head Office

Caseworkers identified four main forms in which DoCS Head Office currently provide structural support to develop their cultural awareness and competency when

working with CALD families: (i) the provision of multicultural caseworkers, (ii) information on DHS' intranet, (iii) CDC training on CALD families, and (iv) DoCS' Multicultural Services Unit (MSU).

Multicultural caseworkers

The provision of multicultural caseworkers was seen to be helpful, but some caseworkers also noted that there were not a sufficient number of them, or that they are a currently under-utilised resource and practice. Caseworkers said:

- We've got one multicultural caseworker here. The caseworker specialises in multicultural work and we consult him if we need to. We ask him for resources, where should we go [CW_1];
- We've got multicultural caseworkers within the CSC where you can liaise with them about a case where they are experienced with in that particular culture. Throughout the Department, there is always multicultural caseworkers. I don't think there are enough of those by the way. Ideally it would be good to have one from every culture. In our CSC, I think there's two or only one [CW_7];
- I don't think there was a focus on the multicultural staff that were here at the time. There wasn't a focus on 'ok, why aren't we consulting with them, why aren't we using them, they are there, they've got this valuable information, why aren't we using it?' ... I think most of them are [aware of multicultural caseworkers]. **I think when they are bogged down in casework, they forget that 'hey, maybe we should step back and just consult first'**. I think that's the nature of the work. It's all crisis driven, it's all very much task focused [CW_9]; and
- We have the Multicultural Services branch. We also have the list of CALD caseworkers which can be accessed. I'm not really good on policy around multicultural workers but I would say it would be very similar to working with Aboriginal families and involving consultations and things like that with multicultural caseworkers. The reason **I'm not familiar with it is because it doesn't happen a lot here**. Like [CSC], the multicultural stuff is very limited. When I was a caseworker at [another CSC], it was much easier, much better, much more utilised, lots of different nationalities, and different nationalities of workers. It's great. Here it's not utilised. A different demographic [CW_15].

DHS intranet

Several caseworkers noted that the name of all CALD caseworkers was available on the DHS' intranet and that these caseworkers were available for consultation, but that as with multicultural caseworkers, this information was not routinely accessed. These caseworkers said:

- The internet. There's a list of people and what languages they speak and what offices they're from. People in the Department who have been identified in those positions to do that [CW_14];

- I think there's documents out there, if you go to intranet. I think people aren't aware that they're there, the information that's available. They are aware there's a section that says Multicultural Services. They probably aren't aware of the content of the material. That's probably the issue there [CW_3];
- **Don't know if anyone has used the intranet.** Usually we're busy. **Quicker to talk to the multicultural worker** or go to other services ... We have multicultural list here at our office. We've got people there if we need to consult them in regards to a specific CALD culture we can consult them [CW_1];
- It's not enough if it's just there [on the intranet], it needs to be utilised and for that to occur you need to be informed, and you need to be aware that it's there ... Once you do a training session, and you're told, "oh this is what you can do, and this is what you can access on the internet" as a by-product of the training, not as a "here you go, you don't need the training, go look it up", **nobody's got the time to look it up** [CW_11];
- **Our intranet is frightening.** You can't find your way around it and they've just updated it! **The least user-friendly KiDS system.** It is such a complex intranet site. I know there are a lot of resources on the intranet you just have to find them. There is the CLAS²⁰ offices there is the MSU there is stuff in the community and we do have training on it. In one sense we are, there is enough resources around to a degree, in one sense, but unless you can access them [CW_17];
- **DoCS** has put one together and I read it cos I had to evaluate some of it, I thought that was crap because it's not reflective of the families that are here, they're **talking about ancient stuff like what happened in Ghana years ago**, but not the stuff that's going on with families here, so that needs to be re-evaluated. And if we had a community profile on each, I think that would help them [caseworkers] so much ... so Ghanaians in Australia, how they interact with the community, all that sort of stuff. Not talk about politics and stuff back home. Most of them don't practice that here anyway [CW_13]; and
- **I guess we do have resources on the intranet**, where you can click to find the list for caseworkers if they are identified to be a specialist in that culture, to consult with. **I don't actually think they call them to consult and find out if there is anything in general that I need to know about this culture before I go in there.** It's only when they receive a report and on that report there is something they don't know for example they may speak specific, or they may come from this country or this town and you want to know 'what's this town?'. Otherwise, in terms of, is there a best way how to approach them? How to greet them, we don't utilise them just for that we still go out and if we are faced with something then we pick up the phone and we call and consult. I don't hear that its being utilised as much, and I don't hear caseworkers saying, 'when I'm doing the permanency planning or when I'm working on the court

²⁰ Community Language Allowance Scheme

document, I've called to consult with someone from that cultural background to see whether the contents I've put in there is realistic or culturally appropriate or not'. I've had families who are CALD families and I've gone through the court processes and our solicitor or our Court Liaison Officer doesn't say, 'have you gone through this with a CALD identified caseworker to see whether there's something here that we are not picking up or if it's meeting their needs or realistic in their culture or anything like that' ... If we are trying to be culturally sensitive and appropriate and doing best practice with CALD groups, why aren't we just quickly flagging it with them and making sure? [CW_4].

Other documents available on the DoCS intranet included translated information. For example, one caseworker said, "They have on the intranet, from memory, they have some brochures that are translated, such as 'What Do DoCS do'. I haven't checked for ages so I don't quite know that one. In terms of say when we go to remove **we need to hand them a piece of paper that says that 'DoCS has removed your child under the legislation for this reason'**. There's a sheet you are to give them about what does this mean, what happens if they do an assessment, who's my contact person, and it gives them a blurb. **That's not translated, as far as I know**. However, that may have changed cause when I was at [CSC] the Multicultural Unit came out and said we're working on it. As far as I know it's not readily available to me. I haven't needed to use it. Yes, a variety of different languages it needs to be available in. The other issue is, that's fair enough, that's ok that may have been translated, who pays the fee to have all the court documents translated so that they have a fair understanding and don't have to rely on their five minutes that they get with their solicitor" [CW_14].

CDC Training

Several caseworkers noted that they received one module of learning about CALD families in their staff development training course (CDC). These caseworkers said:

- CDC training, there was part of one of the subject was about working with CALD community [CW_1]; and
- There's the section at CDC which is the training that you do at working with CALD families, so there is a lot of basic training. In terms of, I guess deeper training, I haven't really come across any [CW_16].

Multicultural Services Unit (MSU)

Although some caseworkers noted that they were aware of DHS' MSU, they were not precisely sure of their role and the resources they provide. This seems to indicate a service and structural gap between service providers in the cold face and those at Head Office.

- There is the Multicultural Services Unit, MSU, and we've recently had a presentation from them [CW_17];
- I know that the Multicultural Unit came with this package last year, 18 months ago, they worked through all these packages and re-trained. Now, they're

bringing new packages again which is going to target every single region [CW_3];

- There is policy obviously, ‘CALD families, be inclusive’. We have the multicultural caseworker, the Multicultural Unit within the Department, we have pamphlets being translated into different languages, so those are the resources are available [CW_12];
- **We have a multicultural unit, but who knows what they do.** I have called them to get advice sometimes, but either they just refer you off to somewhere else or they say this is the person that deals with that language so call them, and their caseworkers in CSC is doing child protection work or whatever, so sometimes they’re not designated and they don’t get back to you. And they don’t help at all. So you do it yourself, if you care. If you don’t, ‘I made the phone call, they didn’t follow up, too bad’. I talk like that because I see across the regions, I see a big variety, not just one office, and I don’t mean to be derogatory, but that’s what happens [CW_14]; and
- **We’ve got the multicultural services unit,** most people wouldn’t use them though. It’s within DoCS, it’s at Head Office, **but most people wouldn’t know how to use them.** In the Department, there is a lot of self education... if you need something at that point you’ll educate yourself on where to get it, but because CALD issues are not something people tend to think they need unless of course there’s a placement breakdown and no where to put the kid or whatever the case might be, it’s not something that would be a priority on a case load. Obviously as a multicultural caseworker if they came to me, I could refer them to someone at Head Office, and people would be happy to help them, but most caseworkers probably wouldn’t do that unless they absolutely needed to [CW_8].

Extent to which current level of training and resources is perceived as sufficient

The results of the previous section seem to indicate that there are a vast range of resources available to caseworkers, provided both by Head Office and other local agencies. The aim of this section, however, is to explore whether these resources are (perceived as) sufficient. If caseworkers perceive that they are sufficient, then it indicates that the main barrier to culturally appropriate service provision is the lack of routine *uptake* of resources, rather than the lack of *availability* of resources. On the other hand, if the current level of resources is not seen to be sufficient then caseworkers may be able to suggest direct ways in which they would benefit from more, both in terms of nature and frequency.

Caseworkers satisfied with amount of training received and resources provided

There was one caseworker who reported that, overall, they were satisfied with the amount of training and resources they received. They said:

I think we are pretty trained up. Caseworkers do a component of cultural [competency] through CDC. We have refreshers here engaging clients of a CALD background. We have had a recent

training session and the multicultural unit from Head Office came out and presented I can't remember the exact title of that training but we are continually being refreshed and being made aware of it ... I think we have a fair bit. **I've been around for a fair while, so I've had the refreshers and the different types of training. I've seen a lot of it happening. I think it's getting better.** I think the information we are getting is a bit more practical, the resources we are being exposed to is a bit more useful for us. It's not so much just theory based, we can actually implement that. We are becoming more aware of it and it is evident in our casework I think, what is appropriate with each culture and who to tap into when we need to make those decisions [CW_9].

Another caseworker also indicated satisfaction with the amount of resources provided, but not with the management of their implementation. This caseworker said, "one of the main things that **DoCS' multicultural unit [have] been pushing is the ethnic priorities, ethnic affairs, priorities, statements** something like that. Again, I think it's one of those things that there's a policy in place there, but it's not being followed through. As in, **it's great to have a policy but** at the same time, actually the chain of commands, **it's not being followed through.** The project officers are not telling the managers and, it's one of those things that, better communication needs to happen, in terms of feedback, evaluation checking, making sure it actually happens" [CW_3].

Similarly, another caseworker expressed mixed feelings about whether the current level of resource and training provision was sufficient. This caseworker said, "in general, yes. Specifically, no. It would be good to devise a list of culturally appropriate services in the area, just for cultural services, as opposed to a zillion other services that are available. So if you were working with say, domestic violence, DV services that are available to target Tongan and Samoan families, Greek families like whatever it may be. Even if they have someone that works there from that background, a list would be helpful" [CW_16].

Caseworkers not satisfied with the amount of training received and resources provided

A number of caseworkers indicated that they were not satisfied with the current level of training and resources provided by DoCS. These caseworkers said:

- **Being a CALD person, I have sensitivity to all cultures. But saying that, there are so many emerging communities, that I have very little knowledge of.** We need on-going training, on emerging communities [CW_12];
- Unless you're a multicultural caseworker, it's general [training in cultural issues]. Once you do your CDC that's it, the rest of the training's up to you, and if you're in child protection, fat chance you can get away from your cases to do that [CW_13];
- I have to say at the moment, no. Then again that's not like, **you can't really blame the Department for that, because there's just so much we can learn but there's so little time.** We should be out there, you know, especially in CP,

its crisis based, so it's really hard to spend all of that time doing training. Sort of things you learn as you go [CW_7];

- We received training right at the beginning, so this is when I did CDC, and to be honest since that time, the only time we've ever had any workshops or any training, we haven't had really, we haven't had any unless an agency or a group come to us and let us know what their services are and then it will be reminded 'hey we've got to be culturally sensitive' [CW_4];
- Not enough [training] ... Sometimes [makes] service provides not very efficient because they don't have the full knowledge of the background. **If they had training they wouldn't be needing multicultural caseworkers as much, and they would be making better judgments when removing children** ... I'm an oldie now, so we just remove, we don't have to time to stop and think 'right, what do these kids need' [CW_10];
- [Training] gives the multicultural caseworker a chance to learn about that [other new culture], but it doesn't give generalist caseworkers ... Really, you need everybody to have access to that ... We have all these cases, and we don't know anything about the culture, and we're making all these assumptions ... It's the unknown ... It devalues your service. And then you get re-reports and then you think well something's obviously wrong [CW_11];
- Do I think there's been enough training for everyone across the Department? There has been training, and it has been good training, but nobody is pushing it beyond that. **Ongoing implementation of that training. Every day.** If you've got a client from a CALD background, that needs to be something that needs to be put in your case review, into your supervision, into your case plan, your care plan, your placement, it needs to be something that's an element of everything [CW_8];
- I'd probably say, no. I've been to a multicultural conference. I don't think I learned much from that anyway. Maybe it was a bit of a reinforcement of what I knew already, but in terms of what to apply in case work, no. Besides, that one-hour session [at the conference], I think everything was more like 'ok, be sensitive when you deal with people in CALD groups'. How do you be sensitive? **Where do you draw the line between being culturally sensitive and being fair, being just. Because if you go beyond that line, technically you're not being fair towards the Caucasian Anglo Australian,** because technically are you doing this because they're a different skin colour. If you do that, it's not fair for the other person. I think that's the issue there [CW_3];
- I don't think I've received enough training. We've got one training in our CDC training, after that I don't remember doing any other things. We've got practical solutions on how to operate kids, legal issues, child protection issues, other issues but not on CALD issues. The practice solutions supposed to occur weekly, but it doesn't happen all the time depending on who is organising that. **I've been working three years with DoCS. Not had one session on CALD issues.** I don't remember or I may have missed them. There are on our work page, intranet information about CALD and working with CALD children,

refugee children. We've got information, but we don't have a specific training. I haven't really looked at the intranet information. I know it's there [CW_1];

- I don't know if you can ever have enough training around it. I think what the Department needs to look at is perhaps being more specific around different cultures and what you may face entering a family of that culture. If we walk into an Afghani family, what does that mean. If we walk into a Vietnamese family, what might we face. Probably be a bit more specific. I think **having someone from that culture deliver it, because they are the keepers of the knowledge ultimately**, so I think their own experience like, people often learn from others own experiences, so sharing some life stuff would be helpful. You probably know the way we are formatted in terms of training with the practice solutions set up on a Thursday morning. I think it probably needs to be a bit more interactive, that type of session too. I don't know how feasible this is, but even having someone who has experienced the child protection service and what it was like for them. What they would like a caseworker to have done better for them perhaps. But it's hard then I guess, the confidentiality side of things having a client come in [CW_15]; and
- When we did our training, it was eight weeks, case work training, all caseworkers had to go through. We had a day component, module working with CALD groups and I have to say it was too, too basic. I'm being unfair because I have seen a lot more in depth work than that. For the nature of our work, that very basic, it wasn't enough, just useless. In fact, why they don't just tender it out and look for the best around Australia. Get these people, I have seen the best. Even when I attended the multicultural forum they had, the best speaker in terms of working with CALD groups, she's in Sydney. Why don't we get her? Internal resources, I think we've got very limited. I haven't seen a model, Vietnamese or Laos manual in terms of child protection pamphlet, talking about child protection habits in different languages, say if we remove the children what has it got to do in other language. We don't want to say, 'ok, we remove your children, sign here. You go to court'. We have a case, we remove her son, we say, 'ok, if you want to talk to us, we're at this number tomorrow'. She doesn't speak English, she's an alcoholic, we didn't tell her, 'you've got to go and seek legal advice quickly, we'll take you to court, we'll drive you, we'll do this, lalalala'. We said to her nothing. Then, she didn't turn up for a couple of days. We said, 'she doesn't care about her son'. But did we tell her that, 'ok, I'm going to remove your son now? In two days time you can come and visit him'. She didn't turn up we said, 'you don't care'. We don't have time, we don't have literature, and we don't have pamphlets to explain in this language, this could take hours. We don't have time, we don't have time. We just do this, 'we have to take your son now, he's at risk of harm, you're drunk, and I'm going to take him away. Tomorrow, when you're sober give me a call'. Literally, 'when you're sober give me a call' [CW_2].

Other institutional barriers

Child-centred versus family-centred work practice

One of the most significant institutional barriers to culturally appropriate practice with CALD families is the child-centred framework of child protection, compared to a family-centred framework. While this poses an issue for all families regardless of their cultural background, the effect of this clash may be escalated for CALD (and Aboriginal) families in which extended family connections and cohesion are definitely characteristic. Caseworkers who noted this as an issue said:

- This is the conflict I have. We remove the children, not work with the parents. All my work in the past, I worked with the family as a whole. I was a community education project worker. Working with new arrivals, working with refugees. Before I came to DoCS I worked with Brighter Futures in Lead Agency, and that's also a very different approach to child protection. **DoCS are extremely unique in this approach. DoCS more child-focused as opposed to family-focused** [CW_2]; and
- I often find that a quandary myself about how can you actually be child focused without looking at the family, that children belong in the family. I think we work from a family-based theory, and even last night I said to this guy that was doing a removal to reassure him that our first priority is about keeping families together. We know that is the best place for a child and that's where all our energies and resources go and the first priority is making sure that they can stay together. Understanding at times that that may be in the best interest to remove but even so, in this context what we've done is we've signed a temporary care agreement to say that the sole objective of this agreement is that we can work together to get you guys back together as a family. Child focus, but you can't separate it from working in a family context. Being an older caseworker, **there is a real need to place emphasis on looking at it from the child's eyes, because they are the voiceless ones in this equation often, and it is easy to get absorbed in the parents but really, who can draw a line** between, I think sometimes people might use the child focus thing but I think it's the bigger picture stuff as well. **I call it containing the containers, so in looking after the parents you are actually looking after the children.** You are spreading your energies. Which is something you develop from professional experience. It is case by case [CW_17].

The issue of focusing on the child over the family can even pose a problem for CALD-background caseworkers, who are expected to prioritise child safety over cultural sensitivity (when in fact both are equally important for CALD children). This caseworker said, "I think CALD caseworkers will struggle with this a lot more than others. This is something that non-CALD caseworkers, a lot of the time, will not be aware of. And won't be aware of that culturally, religiously, a certain level of physical abuse is actually discipline. They might not be aware of the extent of that. But a lot of the time these CALD caseworkers will go into families and see that the parents are actually trying to do the right thing, but may still be forced to remove or something along those lines, so that's a real struggle for CALD caseworkers" [CW_7].

DHS' child-centred focus also has the unfortunate effect of disempowering families in their effort to protect children. One caseworker said, "I think for us it's about maintaining the bottom line of child safety. **Whilst we talk the rhetoric of trying to keep families together ultimately what it means is as long as the kids are safe.** In that situation we are often disempowering people even further and I think that's the struggle that my guys are having currently because we are saying 'you need to enforce an AVO, you need to do this, you need to do that, because if you don't, you are potentially going to lose your children'. So we are just disempowering her further, around her own choices because we are forcing her hand. I think that's a dilemma in any family, especially domestic violence" [CW_15].

Management and workplace issues

Insufficient CALD staff in top tiers of management

The first management and workplace issue identified as an institutional barrier to culturally appropriate service delivery was the perceived proportionate lack of CALD-background staff at Head Office (see Case Study 6), and at the case manager level. As one caseworker said, "**if you look at management, it's all white. And I think people [CALD caseworkers] with an accent, who weren't born here, get overlooked. Unless that changes, it's very difficult for the culture in the workplace to change. And I don't think it's in all CSC. I think here it's all tokenistic, the stuff here they do for CALD. Even having you here [the researcher]. It's not prioritised, it's not valued**" [CW_6].

**Case Study 6: Insufficient CALD staff in top tiers of management**

It's a process of skilling people up and we are not doing that. These new and emerging communities have similar issues in terms of education and access to things, as Indigenous communities do sometimes. With Indigenous communities, we'll designate positions to Aboriginal people within government departments but what does that actually do to help them progress? It's getting them into a job and keeping them there, but can they actually go for a generalist position? Can they progress in that department without that degree? Is that helping them on a broader level? Yeah, it might. A caseworker position here, like DoCS, but are they ever going to be Manager caseworker? Are they ever going to be at a level that they want to be in progressing their career without a degree? That's the same concept of things that are happening with these new and emerging communities. Yeah they can speak the language, let's get them NAATI accredited and give them an interpreter position, but what does that actually do to help them progress in the future. What have they actually learnt about the processes? What knowledge have they gained for them to progress their career? That's questionable. It's more than just providing the opportunity and the access to that language. It's giving the people that are identified as being able to successfully fulfil that position into a level that's on par with the generalist ...

I think the move to the multicultural caseworker program was a massive step for the Department, but things that aren't working well is the fact of, the ongoing promotion and ongoing progression of that program, at the moment, is not very effective. There's no support for those multicultural caseworkers, as in one specific person. There's no ongoing management or rapport building now that there's no co-ordinator. There's no ongoing resources provided, there's no accountability for people to follow the program goals, and we've previously seen in the Department with the last multicultural caseworker program, which was the court district offices back then, eventually all the multicultural caseworkers ended up being used as journalists, and nothing happened, and that will happen again with this program. It needs a co-ordinator, it needs someone that's liaising with the client service managers and the regional directors, and saying 'these are the great things that are happening culturally in your area, this is what the multicultural caseworkers have been doing, this is the work that they achieved with these communities, these are the resources they've managed to gather for the CSC for the clients'. There needs to be somebody that's putting that on the agenda all the time [CW_8].

Uneven workload perceived between caseworkers in the field and DHS Head Office

The second management and workplace issue identified as an institutional barrier to culturally appropriate service delivery was the perceived unequalness in the amount of work hours between caseworkers and case managers in the field and staff at Head Office. One caseworker said:

I think it's a really sensitive point, that **the amount of work that we have to do is absolutely ridiculous**. There is no time for reflection which hence is why a lot of us wake up at 3 o'clock in the morning. But you almost don't want to admit that because it gives an indication that you are not coping. Good casework does require reflection, and **I think one of the frustrations for me in the Department is particularly in CP, what an unlevel playing field it is**. You see people transferred to other sections or to HO walking out the door at 5 o'clock and the pace of work they work under. Everyone knows CP is the frontline and a dog's body of working in the Department. New policies continue to be brought in for CP workers to implement. It's like you are flogging a dead horse. Until they can actually review the business process of what this role entails, there is going to be, the system is kind of broken and you need to fix that first before. **There are incredibly dedicated, competent passionate people who are doing their darndest** [CW_17].

Entrenched institutional fear within DHS

Entrenched fear within the Department affects the effectiveness of all three tiers – workers, organisations, and the institution itself. One caseworker demonstrated how this institutional fear affects her level of empowerment and overall job satisfaction (see Case Study 7).



Case Study 7: Entrenched institutional fear within DHS

I've moved to Child Protection now. It's crisis driven work. We intervene when we have reports about child protection issues, we intervene to remove children when we see that child is at risk. I believe we do very minimal to assist the parents in working towards, to demonstrate change, or support those in the process, to get their kids back. We're such a powerful, powerful agency, the Department. People are scared of us. They don't like to talk to us. [They] think that what we think is absolute. People don't know how to approach us, how to negotiate with us. When they don't do that, you think, 'ok, you don't care about your children'. You don't want to remove children, you've got to work with the family. In reality, you don't. All our work is based on legislation, very strict. Our work is based on, that people have to fear about us, because we are children-takers... And we also work with people, even people that speak very good English, born Australian, they don't even have the capacity to communicate with us, let alone the CALD groups. In particular CALD groups, we have fear of authority. And clients that came from communist countries, even worse. When you ask people, some of them, probably half of them, have spent time in jail, either they have committed something or tried to escape the country and been locked up ...

We have a lot of power. We are very powerful and people fear us. Pretty much depends on which manager is on roster. You have manager's here that who would reluctantly remove children. You have [other] managers here who are children-focused. We jump in to remove children, we don't have time to look at the parent's history, the parent attitudes to parenting, we don't spend the time to say 'ok, you have a very, very sad history as refugees or migrants, this is the impact on you in the post traumatic years'. We don't spend the time to say, 'ok, I feel sorry for you'. We say, 'ok, you bad parents, because you brought your kids here and you bash your kids. This is a common known problem ... You can't [overcome that]. The barriers are the work-culture in DoCS. I guess a lot of them we base our work on the legislation. Excuse me, but we have to cover our butt, right. Let's remove first, protect the child from risk, but we don't say, 'ok, you might move this child, you place in foster care, they might abuse the shit out of this child' ...

When I first started here I thought other people, gee, are so cruel. [But] I am becoming like them ... I know a lot of the new caseworkers, we came with these views about working with the community, that sense of community development, but when you're put into a job, and the nature of your work, number one, you hate your job because you have to remove children, number 2, you don't have time for an extreme case load, you don't have time, and number 3, you've got this work culture that, unhealthy, very unhealthy, you don't have the support from your manager, you don't get support from your Directors, sort of like, 'I cover my butt'. I do what I have to do. In other jobs you empowering clients, whereas this one, you disempowering them, and yourself I suppose. This is where, as the worker, I have never felt, I'm so disempowered that the knowledge, skills and experience I have, I used to be proud of myself, gone ...

I don't think anyone can fix DoCS in my life time. I just happened to pick this job because I thought I can learn something from it. I'm here, I'm not happy, but I make myself happy. I give myself a certain time to learn and to move out. I think that the younger generation of caseworkers, recently over the last couple of years, will make a difference. Those people, when they become managers themselves, you'll see the difference. My colleagues, at the moment, I see that if they want they become managers, I will be glad to work with them ...

The fear factor is a lot in this office. If I don't do this, my manager going to get cranky with me, she's going to do this to me ... The caseworker judge the manager, the manager judge the caseworker, the caseworker judges the family. And the managers get judged by their managers, and the managers get judged by the Director. The Director's judging by the Member of Parliament, the Minister ... [CW_2]

Summary

The main type of *personal barrier* to culturally appropriate service delivery with CALD families was seen to be the lack of cultural competency. Based on the voices of caseworkers themselves, some important features of cultural competency were identified. These may help caseworkers in the future in terms of developing their skill and confidence to deliver culturally appropriate services to 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 types of 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).

Organisational barriers were categorised into three types: (i) issues with management (including lack of clear and consistent management, especially given high staff turnover rate, and the lack of 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).

Finally, the main *institutional barrier* that could present in child protection work was seen to be the lack of sufficient training and resources. Currently, there are four main types of training and support provided: (i) the provision of multicultural caseworkers, (ii) information on DHS' intranet, (iii) CDC training on CALD families, and (iv) DHS' Multicultural Services Unit (MSU). A small number of caseworkers indicated that they were satisfied with the amount of training received and resources provided, however several noted that the current training was not sufficient. 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.

Thus, overall, 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.

11 Improving culturally appropriate practice

To determine the ways in which DoCS may be able to improve its service provision to CALD families, it is first important to identify the extent to which this is a need at all. Although a number of barriers to effective and appropriate practice, and examples of poor practice, have been identified, it may be the case that, at least overall, the system can be said to be culturally informed and responsive. Thus, the first section gauges the perceived need to which improvement is necessary, and then the following section identifies specific ways in which this improvement may be implemented if it is seen as required.

11.1 Extent DoCS is perceived to sufficiently address the (cultural) needs of CALD children and families

Interviews with CALD families

When asked about their perceived level of support with raising children, some CALD family participants interpreted this as a question about their satisfaction with the level of support received from DHS. In this regard, responses were somewhat positive, indicating that participants did not have high expectations, and as such were not disappointed or that they were grateful for whatever assistance they did receive from DHS. Given that the primary role of DHS is to protect children from harm, rather than provide help to parents raising children, it seems that CALD parents are grateful for any assistance received by DoCS in this regard. Responses from the participants varied according to whether they were in Brighter Futures (BF), child protection (CP), or out of home care (OOHC), and included:

- The DoCS come once a year [EEUR_3; OOHC];
- I think maybe enough [support for the children]. At the moment, it's ok. If I need, I call the caseworker. If I can't, I ring it again [ASN_3; CP];
- Yeah, I do, I have a lot of help. Some things maybe I agree to, some things I don't agree to, but I have to thank them, they're helping me [ARB_7; BF];
- For me, I'm happy with what they helped to me, that's enough. I don't want to ask more than that, you know. That's enough for me. I don't want to ask 'yeah, I need more, it's not enough'. I'm happy, what the blessing comes to me [ASN_2; CP];
- At the moment I have all the support I need. I know there are other sources available, however, as I am not in need of such services, I'm not searching for them. At the moment, I received support as to the transport of my children to school, and every two months I participate in the Vietnamese Group Workers, where I can understand the issues to date, so at the moment, I'm good, I'm ok [ASN_4; OOHC]; and
- Any time a caseworker comes to my house, he explains to them what he does or what he can offer, or what the DoCS can offer, so in that I don't much help. But in terms of help, if you ask me if I need more help, **as a human being**, waiting to get as much help as I can get, **can't never be satisfied with help**. But I understand there is guidelines, I understand there is a limit to what they

can offer, but in terms of, if someone asked me if I need more help, **of course I will say that I need more help** [AFR_2; CP].

Interviews with caseworkers

Three caseworkers noted that the current practices and policies DoCS use to best meet the needs of CALD families is sufficient, and has recently improved. These caseworkers said:

- I think we are doing ok. **There's always room for improvement** [CW_17];
- I would have to say yes [child protection system currently meeting needs of CALD families], from my involvement with them. I don't know about child protection and assessment risk [but] from my part, yes, we do because we educate ourselves about their culture, their issues, we also organise interpreter to make sure we understand each other. It's all we can do at intake level. We can't do more than that. We don't go out to their house and do that kind of assessment [CW_1]; and
- **I think there's a lot more awareness** around the issues now than when I previously started, because of the training, because of the new processes we've got within this office, because of the higher awareness and caseworkers being aware of who our multicultural caseworkers are. I think a focus from HO as well on that. **I think it's heading in the right direction.** I do think that we need to be more aware that when removing children from CALD clients that we need to try and be, if we can't find a culturally appropriate placement, then at least try to link them in with something within the community, still be linked in with their community, with their cultural and not lose that. We do it with Aboriginal clients and we should be doing it with all CALD clients. They are very similar in terms of, most cultural groups are very similar to the Aboriginal group, that family is the main focus, that kinship is the main focus, there are strong cultural beliefs and strong factors that influence them as people, and their spiritual beliefs, and how they develop as a person. A lot of cultures have that as well. I think we just need to keep that as a focus [CW_9].

Summary

Overall, it seems that DHS is not perceived to provide a sufficient service to CALD families. Caseworkers and CALD families identified areas of priority and suggested ways to meet them. These are explored in more detail in Section 12.2.

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

Interviews with CALD families

It is important that DHS caseworkers and agencies improve their culturally appropriate practice by taking ideas and suggestions from the client group itself. Thus, this part of the report reflects ideas from the CALD family participants on how DHS may be able to improve their culturally appropriate practice. Their suggestions have also been grouped into three tiers: (i) personal (caseworker), (ii) organisational (CSCs), and (iii) institutional (Head Office).

Improving service delivery at the personal level

CALD family participants noted four main features that would improve service delivery at the personal level: working efficiently, being more friendly, being culturally informed, and balancing cultural difference and sameness in ways that do not make CALD families ‘feel’ different. These respondents said:

- [Suggestions to improve] Do quicker [EERUO_4];
- [Caseworker] who come here, have to understand Vietnamese culture. If they do not understand Vietnamese culture, they can make the situation worse. They have to study Vietnamese culture before they come in here [home]. When they came here. They didn’t ask anything, so I don’t trust them. They try to help, but they don’t understand. They just follow Australian culture [ASN_5];
- Not just for Lebanese, cos we live here, sometimes you may forget about your family or your background for the rest of the year, you don’t remember what’s going on, you living here, you have to be one of this community, or one of this society ... In my religion, it’s against my religion to have boyfriend. Why? not because having boyfriend is bad but because we don’t want to have all these troubles, pregnancy and all this, that’s it, you are not allowed, and every family I think the same, Australia, you can see very good families, they care, and they still have to virgin till they get married, Japanese the same, Chinese, every family the same, so we don’t have to work only on Lebanese culture, just mix what’s suitable for the family cos wasting time like background and culture, we all I think the same, we care about kids, we have to raise them good, and they should watch the school, sometimes the police go to school and talk to kids [ARB_9]; and
- Everything they do is really good, they take care of us really well, they help us, like calling solicitors and taking us to court, that’s really good, that’s a good support, but I think if they get more closer to parents, like doing activities with the kids, or going out somewhere, you know, helping the mothers, you know, getting more close to us. It’s nice. Like I’m not gonna be at DoCS forever. Some mothers they need that support ... like friendly ... then kids can get in touch with the CW as well as the mother ... If they can’t [because of resource constraints], they can’t, but maybe in the future, they get more workers. Some parents suffer a lot, and they’re single, and they don’t have anyone to take them, they don’t have the time, you know, they struggle. But if they’ve got support, it’s nice ... I don’t want it for me, but other parents, if I was a caseworker, I would do the same. They do a lot, they help us a lot, but it’s not always about money, it’s about caring, giving, there’s always someone there to stand next to you ... maybe in the future, nothing stays the same! [ARB_7];

Improving service delivery at the organisational level

A number of suggestions to improve the cultural appropriateness of service delivery were offered by the CALD family participants, and they address issues that can be met at the organisational level. These included:

Increasing preventative education

“For myself, I can say, it’s doing nothing, because we having a lot of things to do, but no one is handling them, you know, to Australian government or any department in Australia, you now, DoCS, the police, so we have to allow these people, if we leave these children like this, what will happen, I know, simply, for few years to come, the crime will raise, and if we have something to resolve this way, the crime will reduce, and it will give us peaceful life, our parents and the kids. Yes, that’s useful to us [community education/out-reach about DHS]” [AFR_1].

Recruiting CALD staff

“We prefer within the community, because within the community, that person might get training, or something to get him or her in that project to understand fully what they [DoCS] doing, and then he reflects back to us. I know our understanding is less sometimes, for example, if you came to our community and we don’t know even your background, and you try to say that so, and we don’t know what you’re talking about, it’s hard to understand you, we can hear it, but can’t understand it, and then, you know, it will cause debating, so it’s good, this is what I say all the time, if our people especially our community is working hard, they should involve in all these course like, so we can have more teachers, we can have more people in any department or whatever, so that they can help, if you confuse with any other staff you know, one of your community, will come and sit down with you, and explain it to you, directly, whatever language you like, you want to speak English or your mother tongue, straight away you understand” [AFR_1].

Allocating two caseworkers

“Sometimes I do find things frustrating. When I try and ring my caseworker, she’s not always available, and look, I understand, because I’m not their only case, they’ve got thousands of other people, and I do understand, but I think as well, what they should do, **they should have two caseworkers on the one [case]**. They might think, ‘it’d be too conflicting’, but no, I think it would be better, cos I have rung about five times, haven’t been able to get her, so it would be great to be able to. And I like relate very well with both of them, I adore these girls, they are beautiful girls, and you know, I couldn’t get a hold of my caseworker, so I rang the other one up, who was more than happy to talk to me, cos I needed to talk to somebody ... And if they found that wasn’t practical due to money resources, fine, then allocate say, principal caseworker would be say [hypothetical name], and only if [hypothetical name] is not available, then you can contact such and such ... If there is an incident, from my point of view as a participant, something arises, I need to talk to someone, she’s out of the office for four days on a training course, what am I going to do for four days ... I really think that would be fantastic” [EEURO_1].

Increasing basic understanding of cultural issues, especially to help overcome fear of DoCS

“That’s so simple to me. The only thing I know is the mother of communication – understanding. **If we get to understand each other, we will work fair and nice and well.** But without understanding, nothing will change ... The Department of Community Service, they don’t understand. When I was trying to work with them I

get used to understand what my caseworker says. And she understand me. [But] before that, they scare me ... So first, the caseworker will know more about you, and then you can work it out. **It's good for the caseworker to know you more, rather than having the fear inside**" [AFR_1].

Resourcing families who are exiting BF

"She was good, and she was understanding and all that, but at the moment my main issue is, in four months time, what do I do? [When BF ends]" [ARB_4].

Making sure the removal is justified

- She [CALD family participant] complains, it's not fair [child removed] ... DoCS promised to return daughter after two weeks. She [caseworker] throw away all paperwork because she [CALD family participant] got upset, she got angry [Daughter still in care after six years] [ASN_6]; and
- The only thing they supposed to do **before they take the children from parents, they have to be very very sure, they doing the right thing. Because if not, they completely ruin family, and doing the wrong thing.** Before, I didn't know about DoCS. The first time I knew DoCS exist, was when they took [name], my first granddaughter ... And I was very angry with them. Oh my god, I hate them so much. Because I can't understand how they can take children like that. But after, you see a lot of thing, like the father kill the child, and things like that, and I say, 'ok, somebody have to protect them, sometimes, the parents, they doing the wrong thing to the babies'. And I said 'no, they're [DHS] doing their job. And I think they're doing a good job'. But the only thing, before they take the baby, they have to make sure they doing the right thing, that's all [SAM_1].

"They always try to do the best. The only thing they supposed to do, before they take the children from parents, they have to be very very sure, they doing the right thing"

Improving service delivery at the institutional level

There was only one suggestion by a CALD family participant to improve service delivery at the institutional level. This relates to the practice and protocol of interviewing children without the parent's knowledge. This contravenes the hierarchical power structure characteristic of collectivist families.

Increasing involvement with parents

"I know DoCS apply the law, and I don't think they're going to consider my point of view, but if they were to consider my point of view, I would suggest if anything happens in a family and DoCS get involved, **they shouldn't buy whatever the children say** ... They don't give a chance to the parent to explain themselves, and give their side of the story, they just always buy the stories of the children. They don't listen to the parents. So I suggest they should also listen to the parents. And also invite the parents to listen to what the child is saying, instead of listening [to] them separately. And also **they should pay more attention to the parent**" [AFR_2].

Interviews with caseworkers

One caseworker importantly noted that there is no ideal model when it comes to working with CALD families. This caseworker said: "Ideal model? I think that's

where it's flawed, **there's no ideal model**. It's fine to say theory-practice structure, but in reality it doesn't come in a neat tidy box, or black or white, so **whatever model you have available is going to have to be flexible and adaptable to the ongoing, changing needs of the case as it develops**" [CW_14].

Having said that, caseworkers offered a large and wide range of suggestions, and across all three tiers – worker, agency, and system, to improve service delivery. While there may be no ideal model, implementing these may at least improve the responsiveness of the CPS to best meeting the needs of CALD families.

Improving service delivery at the personal level

Empowering families in their involvement with DHS

One caseworker noted that it is important that the way services are delivered to CALD (and all) families is important for engaging them properly and that when services are presented in way to assure them that their needs are being considered and addressed is important for empowering the family, and then in turn, improving the effectiveness of the intervention. This caseworker said,

Ideally, if in the first instance you can't have someone there to consult with around cultural issues, that somewhere through your involvement fairly early on with the family, that needs to occur. Possible involving that person with case planning with the family. I think having culturally appropriate services already set up to a degree and **inviting them to participate in case planning probably shows the family that we are trying to attempt to address the issues in a way that works for them, not in a way that works for us**. I think it's about having the people around to support the work we are already doing [CW_15].

Improving service delivery at the organisational level

Presenting information in different ways

- **I'm a visual learner**, so I'd rather have someone sit beside me and say, 'this is how you should do it', that would probably work better. Sometimes you need to step away from the literature stuff, and say, 'ok, how can we best put it in practice' [CW_13]; and
- **I think face to face is always better**. I know for most caseworkers on my team for example, they prefer that. They prefer to have a face to face conversation and say, 'this is the case, this is where we are up to, what do you think? What do you recommend?' I think it's good to have that. You can bounce off each other you can talk, it's a lot easier I guess than having this document that has bits and pieces there. There might be things there that flow on or something completely different from this particular family that we may need to throw out at someone. I think it will always work well [CW_9].

Increasing cultural awareness education

- **We know so little on how different groups will react to grief and loss.** Some cultures, they will completely detach themselves, they believe they don't have any more chances. It's then seen as 'they're not interested in child, they don't fight for child, they don't come for contact', not understanding that their understanding of contact is too sad, it's too much for them to take on, to see a child for ... [CW_12]; and
- Probably better educate caseworkers to understand the issues of their client backgrounds, their country's situation as well, because that tells a lot about the people. When you work with somebody, if you don't understand that person's experiences, **if you don't understand their belief system, their way of life, it's very difficult.** It's important we need to know about them, to know about them is to educate ourself, like training. Let somebody from the community come and give us a talk [CW_1].

Ensuring case managers are culturally competent

"I was very surprised that the person that I had gone out with she was freaking out too. I thought, 'I'm allowed to freak out because I'm new, but why are you freaking out?' The fact that there's a lack of understanding of CALD families in general. Maybe if we could get someone who is skilled enough and experienced and everything with the DoCS system but also with CALD families, they have that experience maybe they could identify some patterns that come from all CALD families, sort of like a general thing and maybe we could have training sessions based on that, how to deal with CALD families in general because it's going to take forever if we say, 'ok, African family, this family, that family'. Just in general how to deal with a family that's from a CALD family and what things we need to look out for and be aware of' [CW_7].

Increasing access to services and make roles and responsibilities clear

"I think access to services. I don't know if that is a caseworker- or a DoCS-responsibility. Especially in this area, like access to services is the biggest thing for us. For the Department, I don't know, I think there's a potential for CALD caseworkers to not be managed properly in terms of what their role is in a family. I guess there probably needs to be some clarification around 'ok, what is their role? Who do we have to use them for consultation? What's the process from here?' I don't think that's really communicated very well, if it is I certainly don't know about it" [CW_15].

Increasing training of CALD caseworkers with Anglo Saxon families

One caseworker felt that cultural barriers and miscommunications can occur between Anglo Saxon families and CALD caseworkers, and that as such, CALD caseworkers should receive cultural training on how to work with Anglo Saxon families. When another caseworker was asked on their opinion of this suggestion, they said "I don't know if it's necessary, but probably as a manager it's important to challenge people's assumptions whether that's an Anglo or CALD worker. What's it like for you being a Samoan person working with an Anglo family. I don't know how well that's done though. I think people's personalities and all of that come into it. I think to say generally CALD workers can't really interact with Anglo families is probably not a

fair statement and the same goes with Anglo families can't interact with CALD families, you know" [CW_15].

Having a list of all available and appropriate services in the local community

"Knowing what culturally appropriate services are available in our area, to start with. I think the training based on specific cultural backgrounds, just so we have some idea. If you were to ask me what was the difference between smacking a child between China or India, I don't know. I know there are heaps of cultures out there but the more prevalent ones we see constantly, just a background on, this could be a CP concern, this is how they will view it, so you are not walking in blind, and more culturally appropriate caseworkers at every CSC. **A list of services would probably be the most helpful thing**, and probably the most simple of all of them put together, but it would be a resource that the caseworkers would use even if it was like a little book that had services for Arabic families, services for Asian families like these are the services you can link them up, it would tell you if there's nothing available so you are not searching and there is nothing. Then you may have to revert to a generic service, it's better than no service for the family. Instead of saying yes I'm looking, I'm looking and there's nothing to look for" [CW_16].

Working in different areas of the CPS

"I've moved around, I don't stay in CP too long. **I told my caseworkers, if you are going to last here, take regular holidays and move around**. Do a shift, go into out of home care, go to intake, go to another office, you've got to mix it up. You can't stay in the one spot" [CW_9].

Having a specialist consultant to monitor the care plan links for maintaining culture for children in OOHC

"Care plans and **children going into the PR** of the Minister until 18, **their cultural links need to be maintained in a very, very structured way**. That is probably the most important thing. **If that doesn't happen, we are going to start seeing the same problem as what we have seen in the past with the Stolen Generations** in terms of children being taken away from their families and finding out years later, 'hang on a second, I'm Aboriginal'. The same thing's going to happen with these kids. They're going to find out ten years later, 'hang on a second, I think my family might have been Japanese' ... **With a lot of children from CALD families, there's not been that structured assimilation, but a lot of the time that will get lost if caseworkers are not recording that information properly**. I think the CP caseworkers are the ones that are setting it out for the future [in] the care plan. So **we need to be looking at a process where caseworkers write their care plans, it gets flicked over to someone identified as being culturally competent to check over, as we do with legal**. They have a look at it and send it back and say 'change this, put this in, consider this, consider that, put these services in, put these activities in, put this cultural event in, do these sorts of things'. Once that's part of the care plan, out of home care will then look at that care plan and go this event's on this day, this is the prominent family member, this is where contact needs to be followed up and all those things will follow. Not just that, that person needs to have that link between what we are doing in here [CP] and what they are doing out there [OOHC]. They need to have both in the one person" [CW_8].

Increasing cultural awareness to help normalise any cultural differences as non-harmful

“I had a family who were Fijian Indian and their son had drug issues. We removed his baby. I had been to see the grandparents and the place was clean, tidy. They cook outside, however. I didn’t have a problem with that. The manager said that’s not acceptable. ‘They’re going to keep the child outside while they cook, or the child’s going to be inside?’ You know to take into consideration, culturally that’s how they cook, all their stuff is outside. They had set it up. There’s nothing wrong with that. They had a problem with that. I fought and eventually the child got placed there” [CW_14].

Having a collaborative approach between the caseworker and case manager

“You would hope that it was a collaborative approach and if people didn’t agree they would be able to voice that and it would be taken on board. [In] some offices, that doesn’t happen at all. **Some caseworkers go out and say ‘my manager told me to come and remove the baby, so I’m here to remove the baby’. I think that’s a huge cop out. The decision the manager makes is only as good as the information you provide.** If they’re not asking the right questions and they’re not paying attention to the right things, they get it sometimes not correct and we remove children for the wrong reasons and then take them back and we’ve caused them trauma in the process. **Some managers say, ‘yeah, you go out and make that decision and I’m happy to support you’, and others wouldn’t trust people to go out and make any decisions.** If you don’t have an open relationship with your manager and you’re able to go, ‘this client really frustrates me blah blah blah’, then hopefully the manager’s going to say, ‘ok, you’re really frustrated, how does that affect our casework? What does that mean in terms of what service we can provide? How is that going to impact on the child?’. If you don’t have that, then you’re never going to acknowledge your own personal bias or your own personal, intuition stuff, that sometimes there’s no evidence but you know it’s there. How do you get there, if you don’t talk about it? **[If] you don’t have reflective practice, you never get there**” [CW_14].

Ensuring there is an identified ‘cultural contact’ for CSCs where the local CALD-density of the population is low

“**If knowledge is not used on a regular basis, it’s forgotten. So training caseworkers just in case is a bit ridiculous.** In terms of Charlestown, having a contact person either within the CSC, or outside of that does all that community development, and has those connections to gain cultural knowledge for caseworkers if they come in contact with those families, is paramount. Training every single person would be a bit of a waste of time, but having someone designated to a role specifically looking at community development and inter agency work, finding out what culturally specific services are in the area, those types of things, and keeping those connections, building those relationships, even if it’s just to attend community leaders’ meetings, church groups ... ” [CW_8].

Targeting training to match the local demographic

- Staff [only] received training in general cultural sensitivity matters ... We should be getting training about our emerging communities, specific to [our

area]. **If we were to go to Bankstown or Lakemba, with a high Arabic population, staff should be specifically trained in that, but they're not** [CW_8]; and

- There are so many CSC's that deal with one large population of a CALD family. Like, the Cabramatta area is largely Vietnamese. We have a lot of Tongan and Samoan, and then there's Greek at Leichhardt. I think specific training based on a majority-rules, more intensive training based on areas. Because **there's no point in coming out here and giving us this three hour training on Italian families when we don't work with Italian families**. But somewhere like the CSC who deals with the Leichhardt area would benefit from that hugely [CW_16].

Increasing recognition of CALD but non-CLAS workers

"I think we can challenge the idea that 'unless you can write as well as read, you don't get the CLAS position'. There [are] some people who are culturally aware, who speak the language, [but] who may not necessarily write the lingo ... There's a whole group of people that have a hell of a lot to offer, if not more than some of the CLAS officers. **That's one benchmark I'd like to see challenged** ... At the moment we've got a girl on our team who is speaks Spanish but doesn't write it. We've got another girl who is Vietnamese, who speaks it and doesn't write it. A lot of people have a lot of cultural stuff to offer us and they are not getting the recognition they deserve because they are not actually writing it" [CW_17].

Ensuring that trainers in cultural awareness are sensitive to the role and job of DoCS caseworkers

"I would want someone from that culture, and not someone that has had a negative experience [with DHS] so that they can say what is wrong with DoCS. They need people from other agencies or from the Migrant Resource Centre or someone that has thorough understanding of the need to do the job that we do and provide practical experience for caseworkers [on] how to deal with issues that arise with the families that we deal with ... For example, **Vietnamese or Chinese** I can't remember. We had a child that had a disability that needed to be removed. In their culture **it's not acceptable for a child to have a disability**, it means there is something wrong with the family, therefore it's hard to recruit carers to care for, not only children with disabilities but children that have been removed, because of the whole social stigma attached to that. So being aware of stuff like that is more helpful than someone coming to training – where we have asked people from other organisations to come and talk and help educate people – and **all they do is DoCS bash**. What's the point?" [CW_14].

Improving service delivery at the institutional level

Providing community education as a preventative approach

- Families should be told about DoCS history, their laws, or whatever ... because most of them don't trust authority. **Need interactive education**, rather than getting information ... They don't read the pamphlets we give them [CW_13];

- **A lot of our clients will alter their responses to meet a criteria that they know DoCS would accept, but CALD communities don't have that knowledge** to be able to do that. So I guess in years to come I wouldn't be surprised [if] a lot of these new emerging communities are overrepresented in the DoCS system for reasons like that. They've got no concept of the appropriateness of their responses and of our role, and as much as we explain that to them, it's not familiar [CW_8]; and
- Having BBQs at schools is creative, interactive, since they're [parents] all there. Parents will obviously liaise with their relatives and their family friends. They start talking, 'oh no, you've got a misconception about DoCS. This is what we were told'. **We don't wanna spend the dollars.** It's a full circle. Put it [education] up here first rather than back here in care. It's like prevention and education ... [And] depending on the urgency, the parents are in such a highly strung state that they're not understanding anything new. It needs to be done at a time when they're calm, when they've got time to give you [and] they're open to it [CW_11].

Increasing overall support for CALD families

"I think there's not an ideal one [model for addressing cultural issues]. **If you are looking for the very best models [on] working with CALD groups, talk to STARTTS.** They have [a] good model. They [are] constantly working with CALD because there's no one else. They've been there a long time and they deal with different groups emerging from the '80s. They're very, very supportive to their clients. When you talk to them about working with CALD groups, they are experts. They don't have huge resources like DoCS [but] they do have very good models. Their models stem from a single word: support" [CW_2].

Ethnically matching foster carers and CALD children where possible

- I can't give you one area [that] most needs to change, but if I have to say, if we removed them [and] put them **with foster carers** [then] to **have a right match**. If we haven't got enough foster carers, do that. Because if we don't tackle [this] – if we leave that for another 50 years, doing the same things as we do now in 2009 – when I retire in 20 years time, I [will] say 'things [are] still the same' [CW_2]; and
- I think what needs to improve the most [is] recruitment of foster carers. Change some of the assessments so they're not so intrusive to the families, and **make cultural competency** more of a highlight, **more than just ticking boxes**. And **when we have a child with two cultures**, we give predominance [to] the Anglo culture. We don't do that with Indigenous cultures. We don't do that in CALD cultures. **We say 'that child is an Anglo child'**, and we place him in a mainstream placement, or we don't put in an effort to find out ... We are a multicultural society, and **culture is more than language and food**, it's about behaviour and values [CW_12]; and

Addressing technological issues with the KiDS system

“One of the flaws that has been highly voiced for the KiDS system [is that] when you open up the KiDS system there’s no front page going, ‘there has been 50 reports, the reported concerns have been the child has been in care’. If you want to look at a report, you have to go to initial assessment ... Let me tell you, **the only thing that’s filled in culturally is there’s a thing about Aboriginality, Torres Strait Islander**, it says, ‘not reported, not stated, not known’, in the drop down box” [CW_14].

Providing regular training to account for high staff turn-over rate and discrepancy in amount of training between ATSI and CALD families

“A three hour training session – **if you did it once every 12 months – you’d pretty much cover every caseworker who came through**. It doesn’t sound that often, but at least then it’s available to new caseworkers. At the moment, it’s very general training and I think it needs to be a bit more specific. We get training on working with Aboriginal families and working with Torres Strait Islander families and we only get ‘CALD training’ which is huge. I think that has stemmed from the history of the Department with working with Aboriginal Torres Strait Islander families because they are so over represented in the families that we deal with. At the same time, it’s almost like it’s not fair to give all this training to Aboriginal and Torres Strait Islander families, when here’s, Greek, Lebanese, Samoan. Even working with Muslim families. **I find Muslim families would be more difficult to work with than CALD families in the sense of the word. Then you not only take in cultural beliefs but bring in religious beliefs**” [CW_16]

Increasing training on cultural issues to Anglo Saxon and ATSI caseworkers

“Because I’m from a CALD background, I had the opportunity to attend the multicultural conference. [But] you see that people who do attend it are from a CALD background. You would like to see more Anglo’s and Aboriginal people attending that because it’s an everyday issue that we face and within work practices come across CALD families. So I think **more encouragement needs to be made for people from Anglo and Aboriginal backgrounds to attend the multicultural conferences** or meetings, and I think there should be more training or more, yeah, every now and then refreshes. Because in my five years, it was just spoken to me about at CDC, and recently again having done the EI training. Otherwise in between that, nothing, unless we’ve got services coming in to let us know that interpreting services or recent refugee migrants group coming out ... Once every two years, at least” [CW_4].

Making CALD consultation mandatory

- **We have the multicultural caseworker program**. We’ve built up lots of good resources. **Problem is, no one uses them**. We have the program, but no one consults cos it’s not pushed from the top. And it’s not compulsory. **Like Aboriginal consultation, you have to do [it], it’s compulsory. Which is absolutely fantastic. I think it should be modelled from that**. It’s not prioritised by management. If they made it obligatory, how do you stop it from being a token tick the box? Get rid of management. And you’d maybe get some more genuine commitment to it. I can only speak for this CSC. I’ve heard [CSC]’s really good [CW_6]; and

- It's [culture] not actually addressed in a lot of areas. Like when we are sending kinship carers over to foster care training, there's an Aboriginal module, but there's no CALD module. There's a cultural case planning tool for Indigenous families, but there isn't one for CALD families. And that one's mandatory. So **there's a lot of work that needs to be done of making CALD consultations mandatory**. And because that's not the case, caseworkers don't tend to see that they need to educate themselves about those things ... There'll be a lot of scenarios where cultural issues may not come into it, and the **people that have the skills and knowledge** and are providing that information to caseworkers **will be able to say, 'this is a generalist issue**. Although this family does come from a cultural linguistic background, it's a generalist issue and there is no need to have specific supports in place for this family'. On the flip side, a lot of the time there is a lot of cultural issues that caseworkers are not picking out. As a caseworker, **if you are able to say to your client, 'I understand that education is really important in your culture**, I understand that it means status, income, so many things that are important in that culture. I understand that is the problem that is causing the physical abuse **but let's put some tutoring in, let's start re-educating this family** about the fact that education is not so much a parenting role, it is the school's role and outside of that parent's responsibility, those little things. In these sorts of families, caseworkers need to know how to address those issues and how to identify them initially to be able to put those supports in place [CW_8].

Increasing links with other organisations

- In terms of meeting needs, I guess it would be access and linking into external sources because we're not set up as a translating agency, we're not set up as a library of stuff about other cultural stuff, so **creating those links with other organisations**, like the Vietnamese women's association and things like that, through Migrant Resource Centres and Cultural groups [CW_14].

Promoting cultural awareness and sensitivity for CALD groups to be on par with Indigenous Australians

- I think the difficulty in the Department at the moment is with **Indigenous cultures, it's so predominant over other cultures**; we have every possible support you could imagine for Indigenous people. You tread so carefully and you have to have specific cultural consultations. And part of the Act is specifically around that culture and **that culture almost overrides CP matters**. Sometimes it's become so blown out of context, and **that's such a difficult thing to say**, because at the same time I appreciate the utter sensitivity of how bad we have done, but the pendulum has swung so far the other way that we need to be really careful at times that we are balancing that as well [CW_17].

Translating all important documents

“The translation of documents, as a practical priority, definitely. For offices that have huge numbers of [CALD] people ... I think, **you need people in the CSC; their designated role is not to carry [out] casework necessarily but to provide consultation** to provide you with the education to link you in with the services,

identify what language people speak and stuff like that. Obviously that's not going to work in every office, because every office doesn't have the multicultural mix" [CW_14].

Relaxing the level of vigilance on CP work

“This is maybe the ugliest job I have ever had. We have to be a bit more relaxed about child protection. I know that some parents deserve to have their children taken away, like drug addicts or those ones that sexual harass their children. Those are extreme, extreme cases. We have to be a bit relaxed and not jump to the conclusion that the ‘children need child protection, children’s rights’. Involve in the extreme cases, remove them” [CW_2].

Increasing positive media images of DoCS

- They [families] should have another mentality about us, that we can help them, not just taking their kids [CW_10]; and
- The media tends to put child abuse and neglect ... and it's all negative **there's no good news stories out there**, of this is what we can do, this is how we can help [CW_11].

Summary

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 DoCS, 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, rather than the institutional-level.

One caseworker importantly identified that there is no ideal model when it comes to meeting the needs of CALD families. Nevertheless, a large and greater range of issues, as well as ways of overcoming them, were identified by the caseworkers. These were grouped into the three tiers to help delineate the roles and responsibilities on whom each suggestion would or should fall, and included:

- (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 DoCS caseworkers

(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;
- increasing links with other organisations;
- promoting cultural awareness and sensitivity for CALD groups to be on par with Indigenous Australians;

- translating all important documents;
- relaxing the level of vigilance on CP work; and
- increasing positive media images of DHS.

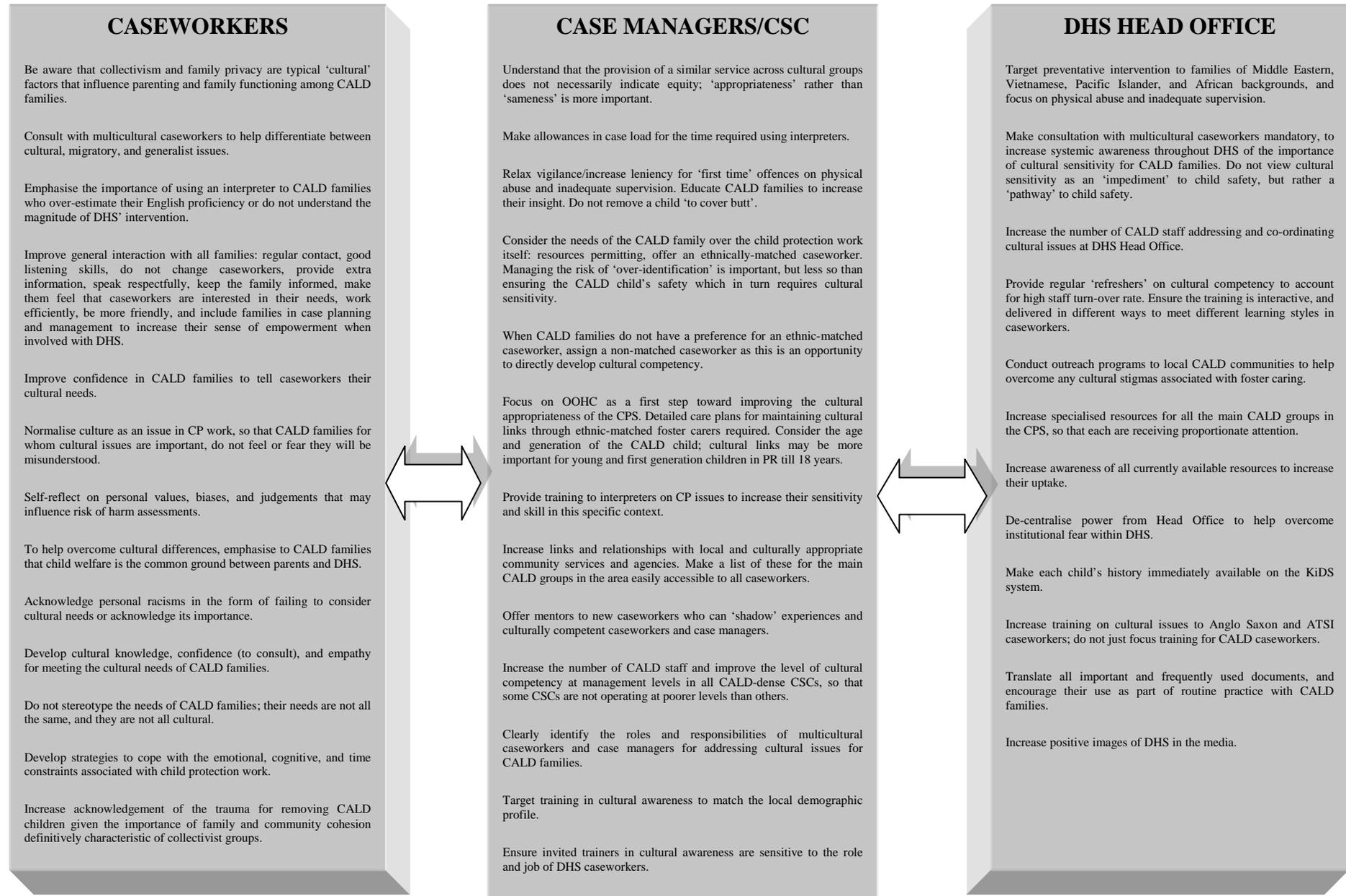
Triangulating the data

Overall, the results suggest that caseworkers can offer a larger and wider array of suggestions to improve culturally appropriate practice than the CALD families. This may be because they are in the frontline provision of services to a wider range of diverse families. They are also the middle point between clients and the organisational structures that support them. Thus, they are able to identify areas for improvement at the institutional level, unlike CALD families for whom caseworkers are the ‘face’ of DHS.

12 Finalising the proposed ‘General Model’ of service delivery for CALD groups in the CPS

The results of Stage 3 were going to be used for two purposes: (i) to amend and finalise the ‘Resource Sheets’ designed in Stage of the study, and (ii) to amend and finalise the ‘General Model’ of service delivery for CALD families. However, the first goal has not been conducted here as there was an insufficient sample size of participants from the four target CALD groups in Stage 2 (Chinese, Lebanese, Pacific Islander [Samoan and Tongan], and Vietnamese).

By drawing out the main findings from the results of Stage 3, this report has been able to make ‘best practice’ policy and practice recommendations, which are described overleaf. Overall, the main finding of Stage 3 is that compared to ATSI families, CALD families do not receive the same quality of service provision. Thus currently, there is cross-cultural inequity in service provision. Although several examples of cultural sensitivity were identified both by CALD families and caseworkers, there is a lack of structure in the extent to which this occurs across all caseworkers, case managers, and across the top tier of management at Head Office. Each of the main findings in this study, have therefore been categorised into one of three tiers – worker, agency, or system – to help identify their roles of responsibilities for improving the cultural appropriateness of service delivery to CALD families.



13 Discussion and Conclusion

This report summarises the results of the third and final stage of this three-year project on how best to meet the needs of CALD children and families in the child protection system. These results can be used by a wide range of stakeholders and peak bodies, such as DHS Head Office, DHS caseworkers and case managers, child protection agencies in other Australian states and territories, other child- and family-related service providers for CALD children and families, CALD advocacy groups in the community, researchers in the field of child protection or any cross-cultural research, and CALD children and families themselves.

These results are a significant contribution to the currently scant theoretical and empirical literature on how to identify and address cultural difference while still maintaining the human right of child safety. Moreover, the practice and policy recommendations drawn from the results of this study have been informed by the service users and service providers themselves; and thus is a demonstration of empowering the client group while developing an evidence-based framework for child protection work in a multicultural populace.

While the broad aim of Stage 1 (literature review) was to identify the theoretical framework for this study, and the main aim of Stage 2 (case file review) was to develop 'Resource Sheets' that caseworkers could use to develop their cultural knowledge about four specific CALD groups (Chinese, Lebanese, Pacific Islander [Samoan and Tongan], and Vietnamese), the overarching aim of Stage 3 (interviews with CALD families and DoCS caseworkers and case managers) was to identify best practice principles when working with CALD children and families in the CPS. To meet this goal, 13 specific objectives were explored. These objectives covered eight themes: typical parenting and family functioning norms; common CALD groups in the CPS and why, and common services for CALD groups in the CPS; delivering services cross-culturally; ethnic-matching between CALD families and caseworkers; using interpreters; examples of good and poor practice; barriers to good practice; and suggestions for improving current practice.

Based on all the results, a number of 'best-practice' principles were identified. These were grouped under three tiers: (i) caseworkers (also referred to as 'personal' or 'worker'), (ii) case managers/CSC (also referred to as 'organisational' or 'agency'), and (iii) DHS Head Office (also referred to as 'institutional' or 'system').

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, do not change caseworkers, provide extra information, speak respectfully, keep the family informed, make them feel that caseworkers are interested in their needs, work efficiently, be more friendly, and include families in case planning and management to increase their sense of empowerment 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 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’ 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 for 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.

If these principles and practices are implemented, then the overall cultural appropriateness of child protection service delivery will increase for CALD children and families. Indeed, all families regardless of their cultural background will also benefit from the implementation of some of these principles, as not all of them are directly meeting cultural needs. It is important for child protection workers and agencies to acknowledge that although culture is important for CALD families, it is not their only need.

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. The results of this study are important because they can help NSW caseworkers and case managers toward meeting this goal.

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Appendix A: Update for Final Report

The Final Report is a short summary of (i) Interim Report 1: Literature Review, (ii) Interim Report 2: Case file reviews, and (iii) Interim Report 3: Interviews with CALD families and caseworkers with CALD families. All participants – CALD families and DHS caseworkers – will be sent a copy of the Final Report as a sign of appreciation for their participation.

Appendix B: Letter of Invitation for CALD families

Letter of Invitation

Looking for families to take part in paid research



NSW Department of
Community Services



We are looking for families to take part in some paid research on how the NSW Department of Community Services (DoCS) can improve its service delivery for Culturally and Linguistically Diverse (CALD) families.

The study is being carried out by Dr Pooja Sawrikar from the Social Policy Research Centre (SPRC) at the University of New South Wales (UNSW).

Talking to families and understanding their needs and ideas is crucial to improving services for CALD families in NSW.

You (the carer) will be interviewed for about one hour, and you can ask your partner and your child (between 12 – 18 years old), to join you if you wish.

You will be given a total of \$50 (cash reimbursement) in recognition of your time and contribution.

If you want to take part in this study, call Dr Pooja Sawrikar on 9385 5504 or 0466 556 115, or email her at p.sawrikar@unsw.edu.au, and she will arrange a time that suits you to do the interview.

Appendix C: Letter of Invitation for caseworkers

Letter of Invitation

Looking for DoCS caseworkers or case managers to take part in research



NSW Department of
Community Services



We are looking for DoCS caseworkers or case managers to take part in some research on how the NSW Department of Community Services (DoCS) can improve its service delivery for Culturally and Linguistically diverse (CALD) families.

The study is being carried out by Dr Pooja Sawrikar from the Social Policy Research Centre (SPRC) at the University of New South Wales (UNSW).

Talking to DoCS caseworkers and case managers and understanding their needs and ideas is crucial to improving services for CALD families in NSW.

You will be interviewed for about one hour at your CSC, and at a time that suits you.

If you want to take part in this study, call Dr Pooja Sawrikar on 9385 5504 or 0466 556 115, or email her at p.sawrikar@unsw.edu.au, and she will arrange a time that suits you to do the interview.

Appendix D: Information Statement and Consent Form for CALD families

UNSW



Approval No 07215

THE UNIVERSITY OF NEW SOUTH WALES

PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM

Culturally and Linguistically Diverse (CALD) families in the NSW child protection system

INTERVIEWS WITH CARER

(optional: your partner/co-carer and your child [if they are between 12-18 years old] may also be present during your interview, if they wish)

What is this study about? You are invited to take part in a study that will look at how the NSW Department of Community Services' (DoCS) child protection system is meeting the needs of children and families from five Culturally and Linguistically Diverse (CALD) backgrounds:

1. Greek;
2. Lebanese;
3. Samoan and Tongan;
4. Vietnamese; and
5. Chinese.

We would like to talk to you about any services or practices that you believe were culturally sensitive to your needs, and any that were not. We would also like to talk about how you think they could have been better.

Who is doing the study? Dr Pooja Sawrikar from the Social Policy Research Centre (SPRC) at the University of New South Wales (UNSW) is doing a Post-Doctoral Research Fellowship under the DoCS Collaborative Research Program which is supported by UNSW.

Why have you received this letter? You are being asked to take part in this study because:

- your child is from one of the five CALD backgrounds listed above; and
- your DoCS Community Service Centre (CSC) is one of 10 sites in NSW that have been selected for this project.

If you decide to take part, what will you be asked to do? If you decide to be in the research, Dr Pooja Sawrikar will conduct a face-to-face interview with you at a time and location that suits you. This will take about 45-60 minutes. If there is another caregiver in your household, they can join the interview with you if they wish. If your child is between 12 and 18 years old, and you give them permission, they can also join the interview. An interpreter will be available to assist if you request one. You will receive a total of \$50 [cash reimbursement] as a token of our appreciation for your family's time and participation (Please note: you will receive a total of \$50, and not this amount per person).

Will being in the study benefit you? Taking part in this study will give you the opportunity to discuss your and your family's cultural needs, reflect on the positive experiences you may have had with DoCS, and help DoCS to improve the way it works with families from your cultural background. However, we cannot and do not guarantee or promise that you will receive these or any other benefits from this study.

What happens with the results? I will analyse the information you and other people provide to look at the services families receive and to identify ways in which services could be improved. I will write some reports and may also report findings in scientific journals and at conferences. I may also present findings to staff within DoCS. However, I assure you that no report, publication or presentation will identify you or your family in any way. Any information that is obtained in connection with this study and that can identify you or your family will remain confidential and will not be released to anyone else except if required by law. You will receive a copy of the final report if you request it (please tick the box on page 3).

What are my rights if I decide to take part in this study? Your decision whether or not to take part will not affect your relationship with DoCS or UNSW in any way. You are free to withdraw your consent and to stop taking part at any time without prejudice.

Who can I talk to for more information about this study? If you have any questions Dr Pooja Sawrikar will be happy to answer them. You can contact her on 9385 5504 or by email p.sawrikar@unsw.edu.au.

Who can I talk to if I have a problem with this study? Complaints may be directed to the Ethics Secretariat, The University of New South Wales, SYDNEY 2052 AUSTRALIA (phone 9385 4234, fax 9385 6648, email ethics.sec@unsw.edu.au). Any complaint you make will be investigated promptly and you will be informed of the outcome.

I want to take part in this study, so what now ... ? Pages 1 and 2 of this Participant Information Statement are for you to keep. You will need to sign the Consent Form (on page 3) and return it to Dr Pooja Sawrikar at the time of the interview. If you decide to withdraw your consent, sign and return the Revocation of Consent (on page 4) at any time.

Pages 1 and 2 are for you to keep

THE UNIVERSITY OF NEW SOUTH WALES

PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM (continued)

CALD families in the NSW child protection system

INTERVIEW WITH CARER

You are making a decision whether or not to participate. Your signature indicates that, having read the information provided above, you have decided to participate.

.....

Signature of Research Participant

.....

Signature of Witness

.....

(Please PRINT name)

.....

(Please PRINT name)

.....

Date

.....

Nature of Witness

Tick the box below if you would like a copy of the final report.

I would like to receive a copy of the research findings in the final report.

Please post the final report to the following address (or send to the following email address):

Sign this page and return to Dr Pooja Sawrikar at the time of the interview

THE UNIVERSITY OF NEW SOUTH WALES

PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM (continued)

REVOCATION OF CONSENT

CALD families in the NSW child protection system

INTERVIEW WITH CARER

I hereby wish to **WITHDRAW** my consent to participate in the research proposal described above and understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with the Department of Community Services (DoCS) or the University of New South Wales (UNSW).

.....

Signature

.....

Date

.....

Please PRINT Name

The section for Revocation of Consent should be forwarded to Dr Pooja Sawrikar (Chief Investigator) by fax - 02 9385 7838 or mail - Social Policy Research Centre, University of New South Wales, Sydney 2052, Australia.

Appendix E: Information Statement and Consent Form for caseworkers

UNSW



Approval No 07215

THE UNIVERSITY OF NEW SOUTH WALES

PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM

Culturally and Linguistically Diverse (CALD) families in the NSW child protection system

INTERVIEWS WITH DoCS CASEWORKERS OR CASE MANAGERS

What is this study about? You are invited to take part in a study that will look at whether and how the implementation of child protection policies and practices in the NSW child protection system is meeting the needs of children and families from five Culturally and Linguistically Diverse (CALD) backgrounds:

1. Greek;
2. Lebanese;
3. Samoan and Tongan;
4. Vietnamese; and
5. Chinese.

We also hope to learn about challenges caseworkers and case managers may face in the implementation of culturally appropriate practices; examples of good practice in the implementation of child protection policies; how culture informs case management; how the needs of these five CALD groups compare to Indigenous and Anglo Australian families; and resources and strategies that can be used to design models, policies and practices that are most effective for these CALD families.

Who is doing the study? Dr Pooja Sawrikar from the Social Policy Research Centre (SPRC) at the University of New South Wales (UNSW) is doing a Post-Doctoral Research Fellowship under the DoCS Collaborative Research Program, which is supported by UNSW.

Why have you received this letter? You are being asked to take part in this study because:

- you are a DoCS employee who has contact and/or work relating to the needs of CALD children and families in the child protection system; and

- you work in one of the 10 DoCS Community Service Centres (CSCs) that have been selected for this project.

If you decide to take part, what will you be asked to do? If you decide to be in the research, Dr Pooja Sawrikar will conduct a face-to-face interview with you at your CSC. This will take about 45-60 minutes, and will occur at a time that suits you.

What may be some of the benefits for you for participating in this study? Participating in this study will give you the opportunity to discuss your needs as a DoCS service provider in the child protection system to families from the five CALD backgrounds listed above, reflect on any positive experiences you may have had in the implementation of child protection practices and policies, and contribute to the improvement of implementing child protection policies to families from these five CALD backgrounds. However, we cannot and do not guarantee or promise that you will receive these or any other benefits from this study.

What happens with the results? I will analyse the information you and other people provide to look at the services families receive and to identify ways in which services could be improved. I will write some reports and may also report findings in scientific journals and at conferences. I may also present findings to staff within DoCS. However, I assure you that no report, publication or presentation will identify you or your CSC in any way. Any information that is obtained in connection with this study and that can identify you or your CSC will remain confidential and will not be released to anyone else except if required by law. You will receive a copy of the final report if you request it (please tick the box on page 3).

What are my rights if I decide to participate in this study? Your decision whether or not to participate will not prejudice your future relations with DoCS or UNSW. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

Who can I talk to for more information about this study? If you have any questions Dr Pooja Sawrikar will be happy to answer them. You can contact her on 9385 5504 or by email p.sawrikar@unsw.edu.au.

Who can I talk to if I have a problem with this study? Complaints may be directed to the Ethics Secretariat, The University of New South Wales, SYDNEY 2052 AUSTRALIA (phone 9385 4234, fax 9385 6648, email ethics.sec@unsw.edu.au). Any complaint you make will be investigated promptly and you will be informed about the outcome.

I want to participate in this study, so what now ... ? This Participant Information Statement (on pages 1 and 2) is for you to keep. You will need to sign the Consent Form (on page 3) and return it to Dr Pooja Sawrikar at the time of the interview. If you decide to withdraw your consent, sign and return the Revocation of Consent (on page 4) at any time.

Pages 1 and 2 are for you to keep

THE UNIVERSITY OF NEW SOUTH WALES

PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM (continued)

CALD families in the NSW child protection system

INTERVIEWS WITH DoCS CASEWORKERS OR CASE MANAGERS

You are making a decision whether or not to participate. Your signature indicates that, having read the information provided above, you have decided to participate.

.....

Signature of Research Participant

.....

Signature of Witness

.....

(Please PRINT name)

.....

(Please PRINT name)

.....

Date

.....

Nature of Witness

Tick the box below if you would like a copy of the final report.

I would like to receive a copy of the research findings in the final report.

Please post the final report to the following address (or send to the following email address):

Sign this page and return to Dr Pooja Sawrikar at the time of the interview

THE UNIVERSITY OF NEW SOUTH WALES

PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM (continued)

REVOCATION OF CONSENT

CALD families in the NSW child protection system

INTERVIEWS WITH DoCS CASEWORKERS OR CASE MANAGERS

I hereby wish to **WITHDRAW** my consent to participate in the research proposal described above and understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with the Department of Community Services (DoCS) or the University of New South Wales (UNSW).

.....

Signature

.....

Date

.....

Please PRINT Name

The section for Revocation of Consent should be forwarded to Dr Pooja Sawrikar (Chief Investigator) by fax - 02 9385 7838 or mail - Social Policy Research Centre, University of New South Wales, Sydney 2052, Australia.

Appendix F: Demographics Survey for CALD families



Culturally and Linguistically Diverse (CALD) children and their families in the child protection system (CPS)

Dr Pooja Sawrikar, Social Policy Research Centre

DEMOGRAPHICS SURVEY

- 1 What is your name? _____
- 2 How old are you? _____ (in years)
- 3 What is your gender? (Please circle) FEMALE MALE
- 4 What is your religion? _____
- 5 What languages do you speak (other than English)?

- 6 Which country were you born in? _____
- 7 How long have you lived in Australia? _____ (months/years)
- 8 Are you ... (Please tick only ONE box)
 - A refugee?
 - A temporary visa holder? (e.g. student, spouse)
 - An Australian citizen?
- 9 How would you describe your ethnicity? (How would you describe yourself?)
(e.g. African, South Indian, Australian-Chinese, Chinese-Australian, Australian, etc) _____

10 Do you access any of these services or programs in your local community?

(Please tick all that are true for you)

- Childcare centre
- Local youth services (e.g. sports club, youth centre)
- Language centres (e.g. for interpreting/translating)
- Employment centres (e.g. Centrelink)
- Ethnic Communities Council (ECC)
- Migrant Resource Centres (MRC)
- Parenting programs (e.g. "Triple P")
- Local cultural centres or groups _____
- Other? _____
- Other? _____

11 Do you have any comments? (e.g about the project, or anything that did not come up in the interviews that you would like to add, etc)

THIS IS THE END OF THE SURVEY. THANK YOU FOR YOUR TIME.

Appendix G: Demographics Survey for caseworkers



Culturally and Linguistically Diverse (CALD) children and their families in the child protection system (CPS)

Dr Pooja Sawrikar, Social Policy Research Centre

DEMOGRAPHICS SURVEY

- 1 What is your name? _____
- 2 How old are you? _____ (in years)
- 3 What is your gender? (Please circle) FEMALE MALE
- 4 Which country were you born in? _____
- 5 How would you describe your ethnicity?
 - i.e. How would you describe yourself?
 - e.g. African, South Indian, Australian-Chinese, Chinese-Australian, Australian, etc_____
- 6 What is your job title? _____
- 7 How long have you been working in this role? _____ (months/years)
- 8a Do you think you have significant experience and/or knowledge on the needs of CALD children and their families in the CPS?
 - No => Go to 9
 - Yes => Go to 8b

8b If yes, which CALD families in particular? *(Please tick all that are true for you)*

- Middle Eastern and North African (e.g. Lebanese)
- North East Asian (e.g. Chinese)
- South East Asian (e.g. Vietnamese)
- Pacific Islander (e.g. Tongan)
- South East European (e.g. Greek)

9 Do you think you have significant experience and/or knowledge on the needs of caseworkers who interact with CALD children and their families in the CPS?

- No Yes

10a Do you think you have significant experience and/or knowledge on the needs of Indigenous and Anglo Saxon children and their families in the CPS?

- No Yes

10b Do you think you have significant experience and/or knowledge on the needs of caseworkers who interact with Indigenous and Anglo Saxon children and their families in the CPS?

- No Yes

11 Do you have any comments? *(e.g. about the project content or methodology, anything that did not come up in the interviews that you would like to add, etc)*

THIS IS THE END OF THE SURVEY. THANK YOU FOR YOUR TIME.

Appendix H: Receipt of Payment Form for CALD families



Receipt of Payment for Interviews

I am signing below (and on behalf of other members of my family who also participated in the interview) to indicate that I have received \$50 cash reimbursement from Dr Pooja Sawrikar at the Social Policy Research Centre (SPRC) for my (or our) participation in the project:

'Culturally and Linguistically Diverse (CALD) children and their families in the child protection system'.

Name: _____

Signature: _____

Date: _____

Have you given back the Demographics Survey? Yes / No

Have you signed and given back the Consent Form? Yes / No

Appendix I: Comments by caseworkers who did not participate in interviews

A number of caseworkers made comments to the researcher about working with CALD families while the researcher was based at their CSC. However, these comments were in passing and formal consent was not obtained by these caseworkers. Having said that, many of them provided verbal consent to use their comments but without identifying who they were. Thus, additional information obtained from caseworkers in this informal way have also been included.

“Only the caseworkers and the Client Intake Manager know the real issues. The people at Head Office have no idea”

“Problem with Muslim foster carers project, the carers only do it for the foster carer’s payment, “the bucks”, don’t care about the children”

“I’d like more face to face contact with families, take them to the park, take them to the movies. Instead, I’m just at the computer, on phone, it’s stupid”

“There are lots of different orders – not just removal – that caseworkers can use, like for 12 months, just to scare parents, so that they think twice the next time to go to do something abusive or neglectful”

“Everything comes down to the manager”

“Vietnamese foster carers easy going and respectful, always there to help, but not like that with Australian foster carers”

“Second generation NESB caseworkers, “little brats”, “little rascals”. Migrants always feel inferior. I see them laugh at the accent of first generation migrants. After knowing what their parents went through”

“People think refugees need all this help, but they are more resilient than people realise or give credit for”

“Australian caseworkers are more legalistic. They’re not used to poverty”

“There’s a difference between the ‘child’s best interests’ and the ‘interests of the child’. One is determined by adults, and one determined by children”

“Junior staff have to start somewhere. It’s a shame they have to learn on real people, there’s no practice ground”

“It’s more important to look at the similarities between people rather than the differences. Diversity is important but people are more similar than they are different”

“The KiDS system was based on an American system and they could have used that money to build a system that was made for Australian caseworkers. The data fields have more to do with proving that a program is working to parliament and is not actually designed to help the caseworker”

“CALD caseworkers need to be taught about Anglo families because there are things that Anglo families say that they miss, or they misinterpret, like “I’m going to kill the little shit”. They will freak out, but it’s just an Aussie saying. They will want remove for that”

“Pacific Islander families usually have lots of kids, so how do you find a placement that keeps them all together?”

“DoCS just want to cover their ass. They don’t want to take any risk and so they record everything down as abuse. They used to have far more contact with services before they would remove. Now they just remove for everything, and just for two or three weeks. In that time, parents can kill themselves cos they think “I’ve lost my child””

“There’s nothing wrong with physical punishment. I think the cane is good. Now case managers are very young, and just want to cover their ass. They don’t know, and they just come out of university, which is teaching them what the one standard ideal should be”

“People who came out 30 years ago have held onto their culture, even though their culture has changed. If Australians held onto their culture from 30 years ago, we’d still be using the cane”

“Chinese families contribute to the family and not the community because they don’t trust the community. They trust their families”

“You should create a fourth tier – regional responsibility. Between agency and Head Office”

[Administrative support person regarding asking caseworkers to give their ‘Anglo Saxon files’ to the researcher]: “so I say Anglo? Cos I don’t want to offend anyone”
