



Social Policy Research Centre Report Series

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Faculty of Arts and Social Sciences

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

Interim Report 2: Case File Review

Pooja Sawrikar

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

Social Policy Research Centre, UNSW

April 2011

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ISSN: 1446-4179

ISBN: 978-0-7334-3141-8

Completed: April 2011

Published: March 2012

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

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Suggested Citation

Sawrikar, P. (2011), 'Culturally appropriate service provision for culturally and linguistically diverse (CALD) children and families in the New South Wales (NSW) child protection system (CPS)' Interim Report 2: Case File Review Report, prepared for the NSW Department of Human Services.

Acknowledgements

I would like to thank DHS for permitting access to the 120 randomly selected case files in this part of the study, without which it would not be possible to conduct evidence-based research for the improvement of service delivery to CALD families. I would also like to thank the caseworkers and case managers across the 10 Community Service Centres (CSCs) in this study for manually verifying the ethnicities of 400 randomly selected case files, and for providing desks and other infrastructure for the case file reviews. Also, I would like to thank Ryan Gleeson, Research Officer at SPRC, for his invaluable assistance in reviewing some of the case files. Finally, I would like to thank DHS and SPRC for providing joint funding for this research

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Abbreviations

ABS	Australian Bureau of Statistics
ADHD	Attention Deficit Hyperactivity Disorder
AOD	Alcohol or Drug
ATSI	Aboriginal and Torres Strait Islander
AVO	Apprehended Violence Order
BF	Brighter Futures Program
CALD	Culturally and Linguistically Diverse
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
DoH	Department of Housing
DV	Domestic Violence
EI	Early Intervention
IFBS	Intensive Family Based Service
IMB	Information Management Branch
JIRT	Joint Investigative Response Team
KiDS	Key Information and Directory System
LOTE	Language Other Than English
MCW	Manager Casework
MH	Mental Health
MSU	Multicultural Services Unit
NAATI	National Accreditation Authority for Translators and Interpreters
NESB	Non English Speaking Background
NF	Natural Father
NM	Natural Mother
NSW	New South Wales
OOHC	Out Of Home Care
PANOC	Physical Abuse and Neglect Of Children
PR	Parental Responsibility
ROH	Risk Of Harm
SC	Subject Child
SES	Socio-Economic Status
SPRC	Social Policy Research Centre
UNSW	University of New South Wales
YP	Young Person

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

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

In this report, CALD children are defined as those who are born either overseas or in Australia and who typically originate from countries in which English is not the main language². They are distinguished from their Indigenous and Anglo Saxon counterparts, as their needs and experiences, both generally and in the CPS, are significantly different from one another. Some CALD children will also be refugees³, in which case a more specific set of needs and experiences must also be taken into account.

The results of this study can be used by DHS (and other relevant key stakeholders and peak bodies) to develop practice and policy guidelines that are evidence-based, and as such improves service delivery to CALD children and families. Such steps are important because according to DHS' Multicultural Services Unit (MSU, 2009) 15 per cent of children in the NSW CPS are of non-English speaking background (NESB). After adjusting for the large over-representation of Indigenous children (who comprise about 25 per cent of children in the NSW CPS), the proportion of NESB children in the CPS increases from 15 to 20 per cent, and this is nearly on par with their representation of 24 per cent in the general population (ABS 3412.0, 2007⁴).

Despite their significant representation in the CPS, and recent efforts by the MSU to provide resources and training on the needs of CALD families⁵, the national and international literature on their needs and experiences in the CPS is largely lacking and is only recently receiving empirical and theoretical attention. Thus, this study is both crucial and timely because it is one of the first large-scale studies in Australia that aims to address this gap in the current knowledge base.

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

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

⁴ 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).

⁵ Refer to Interim Report 1: Literature Review for more information on MSUs resources and training for DoCS staff.

Method and Stage 2 aims

The methodology of this three-year project was primarily qualitative⁶ and was conducted in three stages: literature review (Stage 1); case file reviews (Stage 2); and interviews with DHS caseworkers and parents/carers of CALD children (Stage 3). This report describes and summarises the findings from Stage 2 of the research⁷.

Stage 2 involved a review of 120 case files. These were reviewed against a Thematic Template, which in turn was informed by results of the literature review, and validated by five DHS caseworkers. While the Thematic Template was detailed, there were six broad themes against which the case files were reviewed⁸:

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

Four CALD groups were targeted in this study and twenty case files per group were randomly selected for the review. The four CALD groups⁹ were:

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

⁶ Some quantitative descriptive statistics were used in Stage 2 of this study (the subject of this report).

⁷ The results of Stage 1 are summarised in Interim Report 1. Interim Report 3 contains the results from Stage 3, a shorter Final Report summarises the findings from all three stages of the research, and a Short Report for DHS staff summarises the Final Report.

⁸ See Appendix G for more detail on how the Thematic Template matches to the six broad themes.

⁹ Originally, Greek children were also to be included in the case file review as a fifth target CALD group. However, an insufficient number of Greek case files were identified during the 'case file selection' phase and so they were henceforth excluded from Stage 2 (see Section 3.2 for more detail).

4. Vietnamese.

Often due to small sample sizes in empirical research, the needs and experiences of various CALD groups are combined together. While there are indeed some commonalities that validate such a grouping, such as language barriers, racism and discrimination, acculturation stress, and a collectivist culture, it also produces the unfortunate effect of homogenising their needs and experiences (Sawrikar, 2009). To address this issue, this study has thematically analysed the 20 case files for each CALD group separately. In this way, DHS caseworkers can increase their knowledge and understanding of the unique needs and experiences of each of these groups.

Having said that, although the needs and experiences of each CALD group in the CPS are unique and should be treated as such to provide the best possible service, there are also some important insights that can be learned about the needs and experiences of CALD groups more generally by comparing them to the needs and experiences of the two other major ethnic groups in the Australian CPS: Indigenous Australians and Anglo Saxon Australians. For this purpose, 20 randomly selected case files from each of these two groups were also included in the review, and were thematically analysed to compare and contrast similarities and differences. By doing so, DHS staff (both Head Office and caseworkers) can explore the extent to which there is parity in the services provided to different groups in the CPS.

Results

Types of abuse and neglect reported

Primary and secondary types of abuse or neglect reported

In this report, there were three main types of abuse that were scoped for – physical, sexual, and emotional – and the three main types of neglect that the case files were reviewed for included neglect of basic needs, neglect of education, and inadequate supervision. The primary type of abuse or neglect was determined by the researcher based on all information available in the case file, and was defined as the most frequently occurring type of abuse or neglect reported compared to all other types reported within that case file, or the current type of abuse or neglect reported at the time of the review in cases where several types were reported and were relatively equal in their occurrence. Secondary types of abuse or neglect were defined as all other types of abuse or neglect reported in the case file that were not categorised as the primary type.

For families of Chinese background, physical abuse was the primary type in 40 per cent of cases (n = 8 of 20). For families of Lebanese background, physical abuse was the primary type in 50 per cent of cases (n = 9 of 18). For families of Pacific Islander background, physical abuse was the primary type in 55 per cent (n = 11 of 20). For families of Vietnamese background, physical abuse was the primary type in 40 per cent of cases (n = 8 of 20). For families of Indigenous background, sexual abuse was the primary type in 40 per cent of cases (n = 8 of 20). Finally, for families of Anglo Saxon background, sexual abuse was the primary type in 55 per cent of cases (n = 11 of 20). Thus, the main finding is that physical abuse is the most common primary type of abuse or neglect reported for the four CALD groups, and sexual abuse is the most common primary type of abuse or neglect reported for the two reference or comparison groups (Indigenous and Anglo Saxon).

For families of Chinese (n = 14 of 20), Lebanese (n = 11 of 18), Vietnamese (n = 8 of 20), and Anglo Saxon (n = 14 of 20) background, the most commonly occurring secondary type of abuse or neglect was emotional abuse. For families of Pacific Islander background, the most commonly occurring secondary type of abuse or neglect was inadequate supervision (n = 11 of 20). Finally, for families of Indigenous background, the most commonly occurring secondary types of abuse or neglect were equally emotional abuse and inadequate supervision (n = 12 of 20 each). Thus, the main finding is that emotional abuse (and then inadequate supervision) are the most common secondary types of abuse or neglect in these six cultural groups.

Co-morbidity of all types of abuse and neglect reported

This study categorised the total number of different types of abuses and neglect reported in each case into three groups. These three tiers were: (i) Low total – only one type of abuse or neglect reported (or ‘no co-morbidity’), (ii) Moderate total – two or three types of abuse or neglect reported (or ‘some co-morbidity’) and (iii) High total – four or more (up to a possible six¹⁰) types of abuse or neglect reported (or ‘high co-morbidity’).

Co-morbidity was relatively lower for three of the CALD groups (Chinese, Lebanese, and Vietnamese) compared to their Anglo Saxon counterparts. Thus, there were more children of Anglo Saxon background than children of these three CALD backgrounds with four or more types of abuse or neglect reported in their case file, and more children of these three CALD backgrounds than children of Anglo Saxon background with two or three types of abuse or neglect reported in their case file.

Children of Pacific Islander and Indigenous background were similar to each other, in that the number of children with two or three types of abuse or neglect, and the number of children with four or more types of abuse or neglect were both high and relatively equal. However, these two groups differed from the three CALD groups in that there were fewer CALD children with four or more types of abuse or neglect, and they differed from their Anglo Saxon counterparts in that there were fewer Anglo Saxon children with two or three types of abuse or neglect.

Broadly, the results seem to indicate that for children of CALD background (except Pacific Islander children), the types of abuse or neglect reported tend to be isolated to one, two or three different types, but for children of Pacific Islander, Indigenous, and Anglo Saxon background, the types of abuse or neglect reported tend to cover a wider range of two, three, four or more different types. For example, physical abuse may be reported as the only issue for a child of CALD background, but for children of Anglo Saxon background, this type of abuse is more likely to be one of several other types that the child is also reported to be experiencing.

Alternatively, this result could also reflect a reporting bias. Caseworkers may more systematically assess risk of harm to children of (especially) Indigenous and Anglo Saxon background as a result of greater exposure to individual variation within these groups; in turn, an artefact of their relatively greater representation in the CPS. Thus,

¹⁰ All possible types of abuse or neglect: (1) physical abuse, (2), sexual abuse, (3) emotional abuse, (4) inadequate supervision, (5) neglect of basic needs, and (6) educational neglect.

this finding may instead indicate that the number of different types of abuse or neglect that a child of CALD background may be experiencing is not routinely assessed.

Presentations among children experiencing abuse or neglect

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

Types of issues reported

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

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

(i) *Cultural;*

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

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

(ii) *Migratory (or acculturative); and*

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

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

(iii) *Generalist;*

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

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

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

Types of strengths reported

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

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

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

CALD families’ efforts to preserve their cultural heritage were also reported among families of all four CALD backgrounds. This is an important source of strength because promoting the preservation of cultural origins can help children and families adapt and balance two cultures in the process of acculturation, and thus affirm a sense of group belonging.

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

Types of issues families report with DHS

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

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

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

However, ‘intangible’ service provision relates less to the outcomes of intervention for families and more to the process of implementing the intervention. In this report, the implementation of services that demonstrate culturally appropriate practice were

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

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

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

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

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

Over-intervention was defined as the perceived excessive intrusion by DHS in terms of quantity, but not in terms of the nature of the intervention. On the other hand, failure to understand or meet cultural needs was seen as having less to do with the amount of intervention and more to do with the type. That is, services or assessments that would be culturally appropriate were not provided or used. Finally, the provision

of culturally inappropriate services is differentiated from the second type in that a service or assessment was provided or used, but it imposed a cultural context that was not relevant for that child. This occurs when caseworkers attempt to change the cultural norms or values that underpin a harmful parenting behaviour instead of focusing on the harmful parenting behaviour itself, and such intervention is seen as culturally inappropriate.

Personal, organisational, or institutional barriers to culturally appropriate practice

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

The first was lack of protocols on how to record the ethnicity of a child in case file notes. It is recommended that children are recorded as follows: “Child is of [name of ethnic¹¹ group] background”. In this way, cultural issues are not ‘boxed’ as those belonging to their culture of origin, but more accurately reflects that cultural issues for children of CALD background in Australia emerge as a result of being (visibly) different from the majority. That is, culture is an issue for families of CALD background *because* they are different from ‘the mainstream’, and not because there is something inherently defunct about their culture¹².

The second issue was the common occurrence of caseworkers reducing cultural issues to language ones. For example, reports said, “Cultural issues: Mandarin interpreter required”. The need for an interpreter is not a cultural issue but a language one. This suggests that there is a systemic lack of understanding for what constitutes “cultural issues” for families of CALD background, and warrants structural change in terms of training and resource provision. This may be especially so for caseworkers in areas with both high and low density CALD populations. These are geographic areas in which there is risk of reducing cultural issues to language ones in an effort to save the already constrained resource of time, or because of a failure to understand individual variation in the way culture and abuse may be entwined for members of an ethnic group.

¹¹ The word ‘ethnicity’ encompasses all of the following: race, culture, language, and religion (O’Hagan, 1999).

¹² To make the point in reverse, a family of Anglo Saxon background living in China and who is parenting in a harmful and unlawful way should not be seen as a representative of a “harmful culture”. To do so, is to rely on a negative stereotype, which in turn forms a necessary basis for racism. Culture only becomes an issue for Chinese caseworkers working with this family because they are different from their ‘mainstream’ and not because Anglo Saxon culture is inherently harmful.

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

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

Caseworkers are responsible for culturally respectful and aware engagement with CALD-background families. Management within organisations are responsible for providing up-to-date training and resources on ways to improve cultural knowledge responsive to local needs, and for recruiting caseworkers of CALD-background in management positions to provide culturally appropriate supervision and advice on the needs of CALD-background families (especially in high-CALD density areas). Head Office is responsible for ensuring that data fields on ethnicity are routinely collected¹³ as a demonstration of their awareness that monitoring the prevalence of CALD-background children in the CPS is a form of ethnic equality¹⁴, for promoting the necessity of consulting with multicultural caseworkers as part of routine practice, and for routinely engaging with CALD-background communities to help offset their systematic entry into the CPS because of a lack of understanding of CP laws and the system.

Resource sheets and General Model of service delivery for CALD groups

The results of Stage 2 were also used to develop brief ‘Resource Sheets’ for each of the four target CALD groups, which caseworkers may use as part of their training and development in cultural awareness, sensitivity, and competency¹⁵. The findings from Stage 2 build on the ‘General Model’ of service delivery for CALD children and families in the CPS, originally proposed in Interim Report 1: Literature Review¹⁶.

¹³ As of July 2009, ‘ethnicity’ is now a mandatory field to collect on the Key Information and Directory System (KiDS) database. Thus, institutional change toward the monitoring of ethnic equality is already in effect and moving in a positive direction.

¹⁴ This is analogous to collecting data on the sex of a child as way of demonstrating equal value for, and an ability to respond to the unique needs of, both sexes; and thus, gender equality.

¹⁵ See Appendix I.

¹⁶ See Appendix J.

Discussion and conclusion

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

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

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

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

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

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

the family, and possible negative experiences in the foster care system, will only exacerbate rather than contain the issue in need of fixing/intervention.

Importantly, this culturally-determined cause of physical abuse is not exclusive to CALD-background families, and occurs among Indigenous- and Anglo Saxon-background families as well. However, that physical abuse was not the most common primary type of abuse for Indigenous- and Anglo Saxon-background families may likely reflect that physical punishment¹⁷ has been illegal in Australia for several decades

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

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

For families of Indigenous and Anglo Saxon background, the prevalence of sexual abuse is unlikely to be explained by cultural factors, in the way physical abuse can be explained by cultural factors, because neither of these cultural groups (as with any cultural group) considers this form of abuse as *acceptable*. However, it is a form of abuse that has become (statistically) *normalised*, perhaps through the intergenerational transmission of trauma. If this is true, CALD-background families have relatively less historical presence in the CPS and thus the intergenerational transmission of trauma relating to sexual abuse has not yet become entrenched.

¹⁷ In NSW, the law forbids any form of physical chastisement which leaves a mark, involves an implement or involves striking a child on the head.

Alternatively, there could be a reporting bias, and the occurrence of sexual abuse among CALD-background families is being systematically under-reported.

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

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

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

Overall, the results of this study show that there are many examples of DHS caseworkers providing, and attempting to provide, culturally appropriate service provision for their CALD family clients. This is an important and positive finding. However, by comparing their needs to two reference groups – Indigenous and Anglo Saxon – two important themes emerged, and which need to be addressed by Head Office and caseworkers in the field to increase parity of service provision.

The first is the need to acknowledge that cultural needs are as important for families of CALD background as they are with families of Indigenous background (and that these needs are unique and different for these two groups). The second is the need to acknowledge that individual needs are as important for families of CALD background as they are with families of Anglo Saxon background (and that stereotyping the individual needs of a CALD-background family compromises quality of service delivery). By acknowledging their need to be understood culturally, and yet, not ‘boxed’ by their culture, caseworkers will be more confident to report in their case

files how and why they have used cultural information to assess the needs of a CALD child. In this way, caseworkers will less likely rely on one universal decision making tool across all families to make risk of harm assessments, and thus increase their accuracy on judgments about the nature and intensity of abuse and neglect within that family.

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

Conclusion

Delivering 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. NSW caseworkers and case managers in CP have the difficult but important task of assessing the safety and risk of harm of children across many different cultures. While DHS' MSU have provided a number of useful resources and training to support their caseworkers, ongoing and wide dissemination of these are still necessary. The results of this study can be used to address the need to improve caseworker's awareness of the needs of four unique CALD groups in the CPS, in addition to the broader context of CALD families in NSW and general principles that may underlie delivery of services to culturally collectivistic and non-mainstream Australian families.

1 Introduction

Background to the project

In July 2007, the New South Wales (NSW) Department of Human Services (DHS¹⁸) 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 investigate the needs of Culturally and Linguistically Diverse (CALD) children and families in the child protection system (CPS), and how best to meet them.

The term CALD has multiple meanings¹⁹, but in this report CALD children are defined as those who are born either overseas or in Australia and who originate from countries in which English is not the main language. They are distinguished from their Indigenous and Anglo Saxon counterparts, as the needs of these ethnic groups (both generally, and in the CPS) are considered significantly different from one another. Some CALD children will also be refugees, in which case a more specific set of needs and experiences need to be considered.

According to DHS' Multicultural Services Unit (MSU, 2009), 15 per cent of children in the CPS are of non-English speaking background (NESB), and this increases to 20 per cent after adjusting for the large over-representation of Indigenous children. This proportion is roughly on par with their representation in the state's general population at 24 per cent (ABS 3412.0, 2007). As it stands, little is known about the needs of CALD groups in the NSW CPS. Indeed, the need for evidence-based research into the needs and experiences of CALD groups across a range of social services to inform practice and policy has only recently come to the attention of academics, practitioners, and policy makers.

While some important strides towards filling the gap in research and knowledge on the needs of CALD groups in the CPS have emerged, such as resources and training provided by the MSU and developments post the recent Wood Inquiry (2009)²⁰, these are still only the beginnings of an extensive knowledge base yet to be developed. Therefore, this study is an important contribution to the field as the results can be used by DHS (and other relevant key stakeholders and peak bodies) to develop practice and policy guidelines that are evidence-based, and thus improve service delivery to CALD children and families.

Methodology and conceptual approach of Stage 2

This three-year project used a primarily qualitative methodology and was conducted in three stages: literature review (Stage 1); case file reviews (Stage 2); and interviews with DHS caseworkers and parents/carers of CALD children (Stage 3). This report is on the results of the 120 randomly selected case files that were reviewed in Stage 2.

¹⁸ The DHS used to be known as the Department of Community Services (DoCS).

¹⁹ CALD can refer to all groups in Australia, or a subset of Australians synonymous with those who are from Non-English Speaking Backgrounds (NESB) (Sawrikar & Katz, 2009).

²⁰ Refer to Interim Report 1 for more information.

Across 10 DHS Community Service Centres (CSCs), 120 case files (20 per group: Chinese, Lebanese, Pacific Islander, Vietnamese, Indigenous, and Anglo Saxon) were reviewed against a Thematic Template. This Template was informed by the literature review (Stage 1) and was validated by five DHS caseworkers. The Thematic Template covers six broad themes that have been reported on in this study:

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

By exploring these themes, this study will be able to make policy and practice recommendations that can improve the cultural appropriateness and overall service delivery to CALD families. These recommendations will build upon the originally proposed 'General Model' of service delivery.

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

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

An etic approach addresses this issue because it assumes that the characteristics on which various cultures are being compared are applicable to all groups, and so such an approach can highlight where there may be a lack of parity in the quality or quantity of the service that that group receives compared to another. The risk of this approach is that a set of characteristics are used to understand a culture and their needs, but it may not be appropriate to do so because it is not relevant. At worst, it can reflect judgments about how a culture may be 'lacking' in some characteristic compared to another because it deviates from their 'position on the chart'.

As both approaches represent opposite ends of a methodological dilemma for researchers, it is important that both approaches are used and in a way that maximises their benefits and minimises the risks associated with each of them. As such, this study has thematically analysed 120 randomly selected case files in two ways.

The first explores *within-group* diversity, consistent with an emic approach, to understand the unique needs and experiences of each of four target CALD groups. These groups are Chinese, Lebanese, Pacific Islanders [Samoan and Tongan], and Vietnamese. These four groups have been selected because they comprise some of the higher CALD groups represented in the CPS²¹. In addition to acknowledging the unique needs and experiences of each of these groups, this approach does not group these highly differentiated cultures together as if their needs in the CPS are homogeneous. Often a number of CALD groups are combined in research due to small sample sizes of each CALD group in the study. To address this, this study has used an equal and sufficient number of randomly selected case files per group (n = 20) to be able to draw some preliminary and valid inferences about the common, and range of, issues that emerge for and are unique to each of the four target CALD groups.

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

²¹ Originally, Chinese children and families were selected as a point of comparison with the other three CALD groups because it was anecdotally thought they are a CALD group under-represented in the CPS (Multicultural Services Unit, 2008). As such, a comparison between how the needs, and experiences of CALD groups over-represented in the CPS, could be compared with that of a group under-represented in the CPS. However, this study does not have empirical evidence to suggest that they are indeed an under-represented group, and as such, their needs and experiences will simply be explored *within* the case files selected from Chinese children and families (rather than *between* Chinese case files compared with the other CALD case files).

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

Significance of Stage 2

This study is significant for a number of reasons. Firstly, releasing case files for the review forms part of DHS' objective to provide efficacious services that are evidence-based. Also, the methodology of Stage 2 is particularly unique and important because the needs of (the four) CALD groups have been compared to the needs of Indigenous and Anglo Saxon groups. This is important because 'culture' is not just an issue for CALD groups. Culture is pervasive and provides the context that gives meaning to what constitutes abusive or neglectful behaviours among caregivers from all cultural groups. As such, identifying the unique needs of CALD groups, and how they compare to other groups in the CPS, is crucial to highlighting the 'place' of culture in *all* child protection cases.

By including Indigenous and Anglo Saxon families in the methodology, this study is able to address the possible belief by non-CALD caseworkers that CALD issues are so unique and different from other Australian families, that it is more appropriate or effective for only CALD caseworkers to be informed of their needs and experiences. In other words, all caseworkers will be more confident in knowing that their CALD family is receiving a comparable service if they are able to contextualise their needs and experiences both within the family's own unique cultural context as well as their context as a non-mainstream family in Australia.

Indeed, finding the common ground between the needs and experiences of CALD families with their Indigenous and Anglo Saxon counterparts is crucial for culturally appropriate and therefore effective service delivery, because it will help equalise the *quality* of service (and not necessarily the *type or frequency* of service), to which all families in Australia have the same right to. Thus, while it is not easy to be able to judge which behaviours compromise the safety of children and risk harm across all the various cultural groups in Australia, it is still a necessity in a multicultural country like Australia. Understanding the balance between 'cultural difference' in the way abuse and neglect manifests, and 'human sameness' in the right of a safe childhood, is a crucial task for caseworkers in Australia.

Also, research into the needs of CALD children and families has often focused on their needs and experiences, and has paid less attention to the needs and experiences of the caseworkers who aim to meet their needs. The interactive effect of service users and service providers is crucial for better meeting the needs of clients. If the caseworkers are well supported by their organisation and institution, this will have carry-over effects to their clients who will reap the benefits. It also avoids the

situation of pathologising culture, as if a failure to be more like the mainstream, culturally speaking, is some part of the root cause of their barriers and challenges in the CPS. In other words, a sole or primary focus on cultural characteristics of CALD families may skew how caseworkers and/or case managers attribute family dysfunction, with a leaning towards cultural differences rather than institutional biases. As such, this study has addressed this issue by exploring the extent to which caseworkers and/or case managers feel supported and resourced to address the needs of their CALD clients.

Finally, because CALD groups do have a something in common as a result of being (visibly) different from the mainstream community, the results of this study may also be used as a basis for informing an understanding of the needs of other CALD groups in the NSW CPS that are not explored here. Indeed, as this project is only a springboard for future research it is hoped that the needs of other CALD groups will be explored and compared to the needs of the four target CALD groups in this study.

In short, addressing the six themes of this study can provide a starting point for future research and allow caseworkers to develop their cultural awareness of the four target CALD groups. They also allow DHS Head Office and the Multicultural Services Unit (MSU) to develop overarching policies and practices for meeting the needs of these four CALD groups, and arguably CALD groups more generally. Further, the results of this study can be used by a wide range of key stakeholders and peak bodies. These include but are not limited to: DHS Head Office, DHS caseworkers and case managers, child protection agencies in other Australian states and territories, other related human/social services providers for CALD children and families, CALD advocacy groups in the community, researchers in the field of child protection or cross cultural research, and CALD children and families themselves.

2 Methodology

2.1 Developing and validating the Thematic Template

Method

The Thematic Template was designed based on findings from the literature review (Stage 1), and was then validated by running small focus groups and interviews with five DHS caseworkers in June 2008. DHS Head Office recruited the five caseworkers from three CSCs in Sydney's western suburbs²². This approach is an arms-length approach so that caseworkers do not feel coerced to participate. The CSCs were selected on the grounds that caseworkers in these CSCs were likely to have significant contact with CALD families because of the high cultural diversity in these areas. The researcher then made contact with the five caseworkers to organise suitable times for the focus groups or interviews. Prior to the scheduled time, each caseworker was sent via email:

- Letter of Invitation to participate (see Appendix B);
- Information Statement and Consent Form (see Appendix C); and
- Feedback Sheet on the Thematic Template (see Appendix D).

In two of three CSCs, a small focus group was held with two caseworkers, and in the third CSC, an interview with one caseworker was conducted. Focus groups and interviews were digitally recorded and later transcribed so that information would be accurate, and permission to record these was sought before they were conducted (see Appendix E for the Interview Schedule). Focus groups or interviews lasted between 40 and 110 minutes, and all participants were reimbursed with a \$50 Coles Myer gift voucher as a sign of appreciation for their time and expertise²³.

Sample

Participants also completed a short Demographics Survey (see Appendix F). Four of the five respondents were female. Of the four who responded, participants ranged in age from 26 to 59 years. Two respondents were born in Australia, and three were born in non-English speaking countries. Three respondents self-identified with their country of origin (e.g. "Sri Lankan") and two self-identified as dual Australian with their country of origin (e.g. "Vietnamese Australian"). Respondents were either multicultural caseworkers or Child Protection caseworkers (CPCW), and their experience in these roles varied from one month to 14 years. All respondents indicated that they thought they had significant experience with the needs of CALD children and families in the CPS, as well as the needs of caseworkers with CALD children and families. Across the participants, caseworkers indicated that they thought they had significant experience with Middle Eastern and North African, Pacific Island, and South East Asian children and families. Thus, no caseworkers made

²² These are not disclosed here to protect the confidentiality of research participants.

²³ 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.

reference to having significant experience with South East European or North East Asian children and families.

Results: Finalising the Thematic Template

All participants noted that the Thematic Template was comprehensive and only a few minor changes were noted. As one participant noted said, “it’s a very valuable thematic template that covers almost the needs of children from different backgrounds and the needs of their families as well. It also covers the needs of the multicultural caseworker and highlighted the best ways and methods to follow” [P1²⁴].

Three variables were suggested to be deleted from the Thematic Template. The first related to the set of variables on the child’s and family’s names (A.1–A.4). Caseworkers unanimously agreed that these variables should be deleted, and one caseworker suggested to record the case file ID of the child and their CSC instead. As one participant pointed out, “a lot of the CALD families have quite unusual names, so whether I gave the first or the surname, that’d be quite clear who it was” [P2].

Also, the variable regarding ‘Duration of each service’ (B.3b) was removed on the grounds that cases are often opened and re-opened several times and so this information would be too difficult to find in case files. As one participant said, “you’ll be pulling your hair out trying to find it. ‘They got a report, they closed it, hang on, they got a report, they closed it, hang on, they got a report, no they worked on it for a bit, closed it again’. So you’ll be forever looking for it. A lot of the child protection files are open, close, open, close, open, close, open, remove” [P2]. Thus, this variable was replaced instead with “Number of times case file was re-opened”²⁵.

Finally, caseworkers generally agreed that there was no need to distinguish between the services caseworkers *recommended* (B.1) and those actually *provided* (B.2) as it is rare for there to be disparity between these. As one participant pointed out, “I’m a caseworker in CP [so] I’m limited to what I’m doing in terms of my work. If it ends up being a long term placement, I have to transfer it to OOHC, like I don’t have a choice in that. So then you start to prepare the file for transfer. If it turns out that there’s no history, child’s quite young, it’s a minor incident, and it comes to child protection, it goes to EI [early intervention], so I don’t know how much value you’ll get out of that” [P2]. Thus, because the three systems at DHS – Early intervention, child protection, and OOHC are relatively separate, it is unlikely that services recommended by caseworkers will not match services provided by DHS. Thus, only services *provided* will be scoped for in the case file reviews.

A number of useful additions to the Thematic Template were suggested by the caseworkers. These have been included in the final version of the Thematic Template (see Appendix G). In short, they include:

Section A: Demographics

- Split Family’s religion into Mother’s and Father’s religion (A.9 and A.10);

²⁴ Note: all names have been omitted to protect participants’ confidentiality.

²⁵ This data was eventually not collected due to the difficulty of locating such information.

- Add Mother's and Father's age (A.12 and A.13);
- Add Number of children in household (A.15);
- Add Mother's and Father's highest education level (A.16 and A.17);
- Amend "Emotional" abuse to "Emotional/Psychological" abuse (A.23); and
- Clarify "Neglect" into specific categories because it is a broad term (A.23). Three possible categories were suggested:
 - Neglect of basic physical needs,
 - Neglect of education, and
 - Neglect (inadequate supervision).

Section B: Services

- Make Services provided more specific (B.1):
 - Clarify if Permanent care is short or long term;
 - Clarify the type of Residential Care provided (e.g. Refuge or Other);
 - Add Kinship Care;
 - Add Temporary Care Arrangement;
 - Add Child care;
 - Add Counselling;
 - Add Play group;
 - Add Support group;
 - Add Parenting Programs;
 - Add Shared responsibility between Minister and caregiver; and
 - Note that Adoption service and Post-placement support are more applicable in OOHC cases not CP cases.

Section C: Cultural Competency Training

- Split staff training into *general* training and training for *specific* for cultural groups (C.2a and C.2b).

Section E: Case planning and management

- Add Family Structure to data collected at case plan meeting (E.1).

Section G: Challenges for caseworkers with minority ethnic children and their families

- Add *Reasons* for why Personal relationship between caseworker and family is strained (e.g. if ‘removing’ caseworker is same as on-going caseworker);
- Add *Reason* for why there is Parental denial of abuse;
- Clarify Problems in differentiating accidental from non-accidental injuries by adding “(especially re: discipline versus physical abuse)”; and
- Amend “Impossibility” to “Difficulty” in “Difficulty of exactly assessing future risks”.

Section I: Problems minority ethnic children and families experience

- Add to Family Problems:
 - Mentality of parenting boys versus girls; and
 - School difficulties (e.g. child at school, parents with school, child with school peers)
- Add to Intergenerational conflict: “How do parents report dealing with conflicts because of generation or culture?”;
- Add “Fear of the unknown (e.g. family doesn’t know why DHS is present)”;
- Add to Issues for refugee children and families “Educational neglect” and “Any solutions proposed?”.

Results: Other interesting findings

Caseworkers were also asked if they would like to offer any comments or suggestions about the needs of CALD groups, or their own needs when working with CALD groups. Respondents provided useful and important insights into the needs and experiences of CALD children and families, both generally and in the CPS, as well their own needs for providing effective and culturally appropriate service delivery. These findings have been reported in Interim Report 3 (*forthcoming*), along with the responses from other caseworkers and case managers who took part in the Stage 3 interviews.

2.2 Selecting the case files

To select the case files for review in Stage 2, a number of decision rules were followed. Firstly, 10 CSCs with high numbers of children from the original five target CALD groups (Greek, Lebanese, Pacific Islander [Samoan and Tongan], Vietnamese, and Chinese) and/or Indigenous and Anglo Saxon children were selected. These were:

- *Metro West*: Auburn; Blacktown; Mount Druitt;

- *Metro South West*: Bankstown; Campbelltown; Fairfield;
- *Hunter and Central Coast*: Charlestown;
- *Metro Central*: East Sydney; Lakemba; St George.

Secondly, DHS' Information Management Branch (IMB) generated a list of all case files in these 10 CSCs, extracted from their KiDS database. This list was then narrowed according to 'Secondary Assessment Stage Judgment and Decision'²⁶ (SAS 'J' and 'D') Level 2, and whether the case was open or closed within the previous 12 months. This was to ensure that significant intervention and service provision with cases had occurred, thus making the reviews more substantial.

Based on these criteria, a list of 1747 possible CALD case files, and 738 possible Anglo Saxon and Indigenous case files was generated. The requested information for each of these files included the following²⁷:

- KiDS child identifier;
- Age of child at contact;
- Gender;
- Indigenous status;
- Language other than English (LOTE);
- Country of birth (COB); and
- Case plan status (open/closed).

The researcher then further narrowed these two lists by: (i) Age of child at contact (note: an arbitrary criterion of minimum seven years old was set), and (ii) randomly selecting every third case file, starting the count alternatively from either the top or the bottom of each list, for each of the 10 CSCs.

²⁶ According to DHS' intranet, '*Secondary Assessment – Risk of Harm* is the central component of DHS Child Protection Assessment. Procedurally it follows an *Initial Assessment* usually made by the DHS Helpline. *Secondary Assessment – Risk of Harm* is divided into two stages, Secondary Assessment Stage One (SAS1) and Secondary Assessment Stage Two (SAS2). When a case proceeds to SAS2 this means that a decision has been made to initiate face-to-face contact with the child, young person and the family to assess safety, welfare, and wellbeing, and determine the need for protective action by DHS. Assessment must precede protective action to safeguard a child or young person. In some cases an assessment of immediate safety provides sufficient rationale to support protective action by DHS. The general principle is that once SAS2 is commenced it must be completed. SAS2 is not complete until KiDS SAS2 and Judgment and Decisions records are approved by Manager Casework or other delegated officer'.

²⁷ Not all of these data fields were complete, especially 'Language other than English' (LOTE) and 'Country of Birth' (COB).

Using these decision rules, a shortlist of approximately 40 to 50 case files per CSC was created, to ensure sufficient over-sampling without fatiguing the caseworkers and/or case managers who would be required to manually verify the ethnicity of these case files. The 10 shortlists for each CSC were then sent to the nominated contact person at each CSC, and they were required to personally validate the ethnicity of the child. In total, the ethnicities of 400 case files across the 10 CSCs were sent via email to be manually verified. The case manager (or caseworkers to whom they had outsourced the task) manually verified the ethnicity of the case files, either by checking the KiDS database, consulting with the family's caseworker, or by referring to information in their file. They were also asked to indicate whether the child was in CP or OOHC if this information was easily attainable, and to flag any other information if they wished. A summary of the information obtained from all 10 case managers is described in Table 1.

Table 1: Child's ethnicity by place in CPS

Place in CPS → Ethnicity ↓	CP	CP-Closed	CP + OOHC	OOHC	Intake OR EI ^a OR ISS ^b OR Restoration	Not stated	Total	%
Target groups included in this study								
Chinese ^d	8	2	0	0	1	8	19	4.8
Biracial (Chinese)	2	0	0	0	0	0	2	0.5
Lebanese	7	7	0	1	0	18	33	8.3
Samoan	3	2	1	3	2	3	14	3.5
Tongan	4	3	0	0	0	3	10	2.5
Biracial (Pacific Is) ^c	0	0	1	2	0	1	4	1.0
Vietnamese	21	0	0	1	0	2	24	6.0
Aboriginal	7	2	0	5	0	12	26	6.5
Anglo Saxon ^e	32	7	10	12	4	30	95	23.8
Target group henceforth excluded from this study								
Greek	2	0	0	0	0	2	4	1.0
CALD groups not targeted in this study								
Other CALD ^f	34	12	5	4	0	10	65	16.3
Biracial (Other ^f)	10	1	0	1	0	5	17	4.3
Ethnicity data missing								
Unknown							79	19.8
File secured							6	1.5
File transferred							2	0.5
Total							400	100

a – Early Intervention; b – Intensive Support System; c – Biracial (part Samoan or Tongan); d – Also includes “Taiwanese” and “Asian”; e – Also includes “Australian”, “Caucasian”, and “New Zealander”; f – Includes CALD groups other than the four target groups selected in this study (e.g. Afghani; part Anglo, part Maltese).

As can be seen from Table 1, caseworkers were not able or allowed to verify the ethnicities of 87 of the 400 cases (21.8 per cent). Of the remaining 313 cases, 82 cases (20.6 per cent) had ethnicities that were not targeted in this study. These included Afghani, African, Armenian, Burmese, Cook Island, Croatian, Egyptian, Ethiopian, Fijian, Fijian Indian, Filipino, Indian, Iranian, Iraqi, Italian, Jordanian, Liberian, Macedonian, Maori, Nigerian, Pakistani, Serbian, South African, South American, Spanish, Sudanese, Thai, and Yugoslavian. As there were too few cases of Greek children ($n = 4$; 1.0 per cent), they have been henceforth excluded from this study.

To ensure methodological rigour, an equal number of case files per target cultural group were required, and as the smallest sample size for a target cultural group was 21 (for Chinese, Taiwanese, Asian, and biracial Chinese children), a sample size of 20 case files per target cultural group was selected. For the other target cultural groups, in which there were more than 20 children from that group (Lebanese [$n = 33$; 8.3 per cent]; Samoan, Tongan, and biracial Samoan or Tongan [$n = 28$; 7.0 per cent]; and Vietnamese [$n = 24$; 6.0 per cent]), case files were randomly selected across all the CSCs in which they were verified, so that the final 20 case files for that target CALD group were geographically represented. However, to also ensure a relatively even work load across all the CSCs, the Indigenous ($n = 26$; 6.5 per cent) and Anglo Saxon children ($n = 95$; 23.8 per cent) were only selected from the CSCs in which there were low numbers of CALD case files. The final distribution of case files selected in this study by CSC is described in Table 2.

Table 2: Number of case files by CSC

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

2.3 Reviewing the case files

All case file reviews occurred between March and October 2009. The researcher (and for some, the research assistant) were based at each of the 10 selected CSCs for between one week and one month. Data from each of the case files was reviewed

against and entered into the Thematic Template, and any quantitative data was entered into SPSS²⁸, v. 17. Data from the Thematic Template was then themed in the two ways described previously (within-group and between-group) to address the six themes of Stage 2 (see Appendix G for how the Thematic Template matches with the study themes).

2.4 Methodological limitations

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

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

Also, the findings reported in this study are sparse because the quality of linguistic and culturally relevant data recorded in the case files is poor. As such, there is little empirical evidence that can be ascertained to support the effectiveness or ineffectiveness of any practices or strategies that caseworkers use with their CALD groups. Indeed, the results of this study point to the paucity of good record keeping in regards to cultural and linguistic factors, and in turn, reflects that there appears to be no structured decision making guidelines for caseworkers to assess and meet the needs of their CALD clients. However, some examples of good practice were identified, and these are reported here.

²⁸ Statistical Package for the Social Sciences

3 Demographic summary of the case files

3.1 Case file size

In total, there were 120 case files selected for the review. As can be seen from Table 3, the average number of volumes per case file was 3.3, and the range of volumes per case file varied from one to 17. The highest average number ($M = 5.3$), and highest number ($n = 17$), of volumes per case file were recorded for the Indigenous group. The next most frequent volumes per case file were for the Pacific Islander cases. The smallest number of volumes per case file was recorded for the Vietnamese group.

However, in this study, for cases where there were more than three volumes, only the three most recent volumes were reviewed. This is because more recent volumes in a case file usually contained summary notes for the family (prepared for Court Orders or summarising previous KiDS reports for example), which contained important information summarising the family's issues, needs, and experiences from the earlier volumes, and thus, making a review of earlier case files unnecessary, and also more time efficient.

Table 3: Number of volumes per case file by ethnic group

Number of volumes per case file					
	Mean (M)	N	SD ^a	Minimum	Maximum
Chinese	2.2	20	1.9	1	8
Lebanese	2.2	20	1.6	1	6
Pacific	4.7	20	4.3	1	15
Vietnamese	1.8	20	1.8	1	8
Indigenous	5.3	20	4.9	1	17
Anglo	3.6	20	3.0	1	11
Total	3.3	120	3.4	1	17

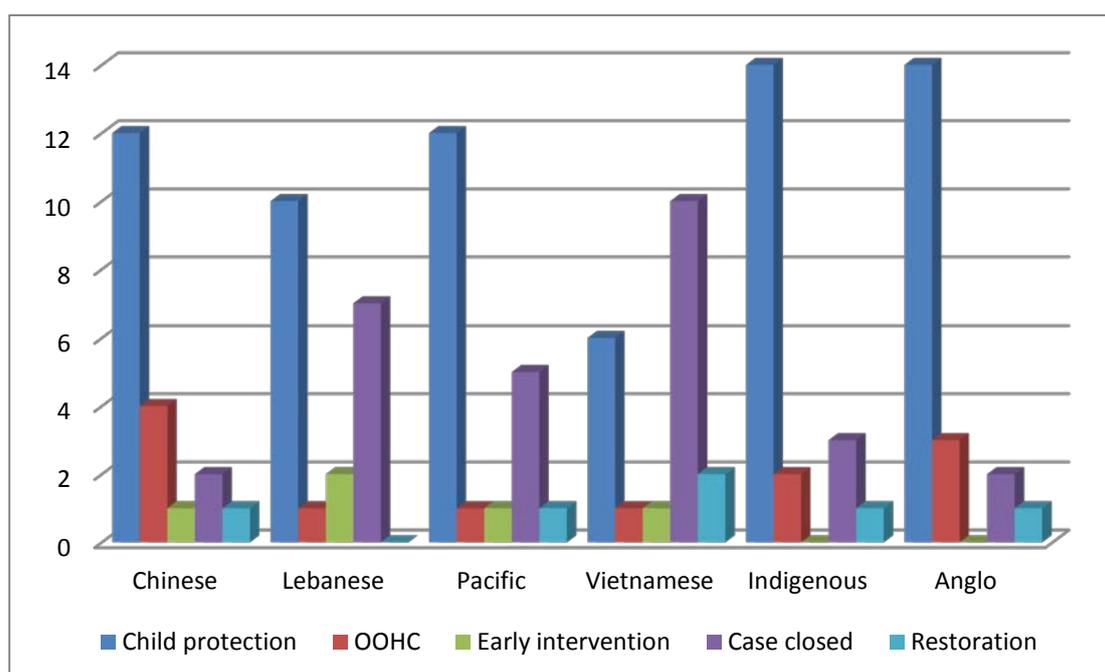
a – Standard deviation

3.2 Place in child protection system

The majority of case files reviewed were of children currently in child protection (CP; 57 per cent), however a smaller number were either in out of home care (OOHC²⁹; 10 per cent), the early intervention program Brighter Futures (BF; 4 per cent), in the process of restoration³⁰ (5 per cent), or the case was closed (24 per cent) and retrieved from archives for the review (see Figure 1 and Data Table 15).

²⁹ Refer to Burke & Paxman (2007) for more important information on the needs and experience of NESB families in OOHC.

³⁰ As indicated by the relevant caseworker while the researcher was on fieldwork.

Figure 1: Place in CPS case file currently in by ethnic group

3.3 Gender and age

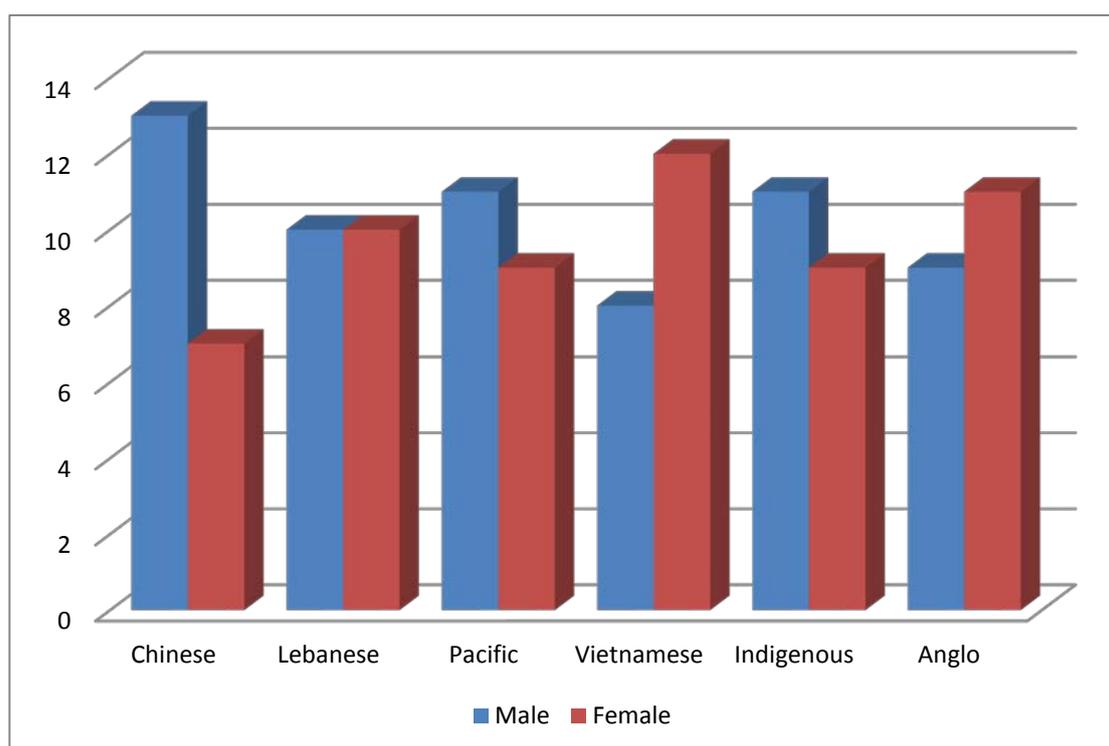
Of the 120 case files, 62 (51.7 per cent) were male (see Figure 2 and Data Table 16), thus the sample is representative overall. However, the sample is not matched by sex for the Chinese group in which there is nearly twice the number of males to females.

The children's ages ranged from one to 19 years³¹, with an average of 11.7 years (SD = 3.8, n = 120). The ages of the natural mother varied from 17 to 60 years, with an average of 38.3 years (SD = 8.4, n = 76). Finally, the ages of the natural father varied from 27 to 67 years, with an average of 42.6 years (SD = 9.4, n = 39).

3.4 Disability

Among the Chinese case files, there were two that reported disability in the family (Down syndrome and autism). No cases among the Lebanese case files reported disability in the family. Among the Pacific Islander case files, there were three cases (learning difficulties, intellectual disability, and autism). Among the Vietnamese case files, one child was reported as having an intellectual disability, one as "severe autism", and three children of one family were all reported as having learning disabilities. One child of Indigenous background was identified as having a "moderate intellectual disability", and among the Anglo Saxon case files, one child had autism/Asperger's, and in another case file a sibling was identified as having autism/Asperger's.

³¹ The age of the child, natural mother, and natural father was converted to 'years' by calculating the difference of 'DOB' (date of birth) from 31.12.2009. As a result of this computation, one child was recorded as older than 18 years.

Figure 2: Sex of child by ethnic group

3.5 Household size

As shown in Table 4, the number of children in the household (where reported) varied from between one and 11, with the average number being 3.6. The group with the largest average number of children in the household was Pacific Islander ($M = 5.2$), and the group with the smallest was Chinese ($M = 2.0$).

Table 4: Number of children in household by ethnic group

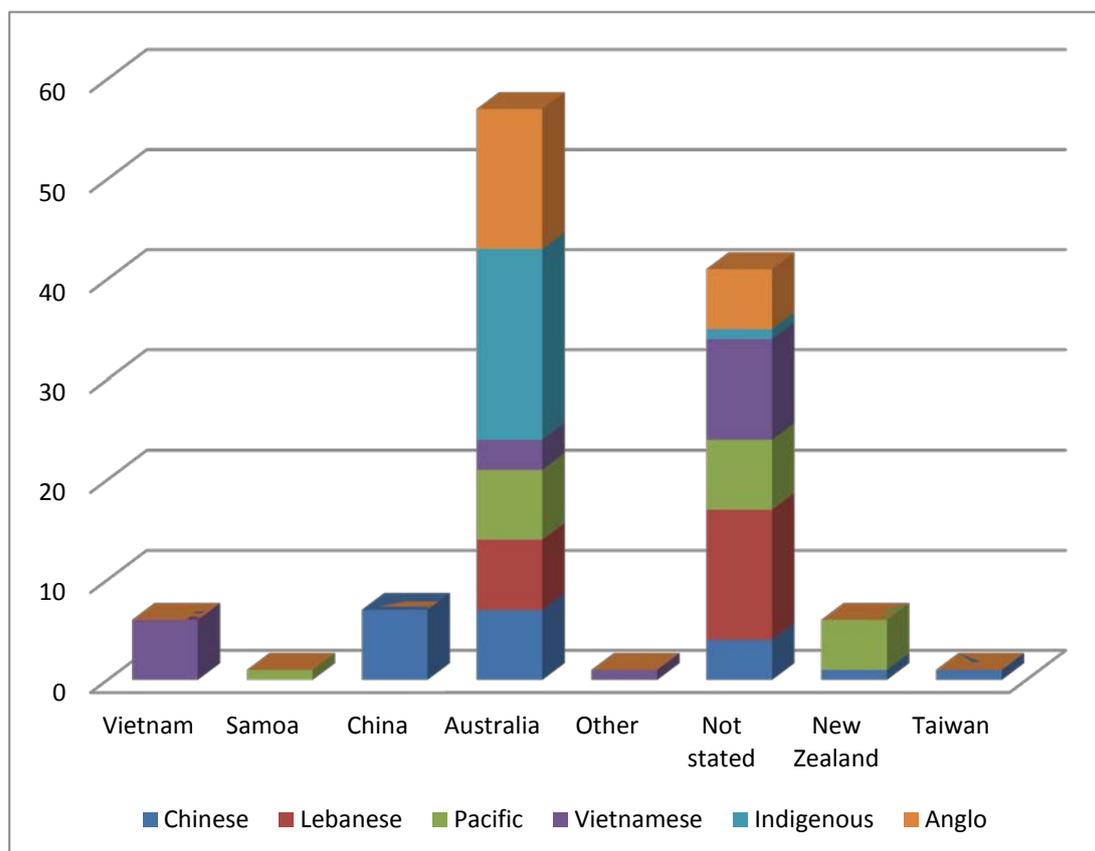
Number of children in household					
	Mean (M)	N	SD	Minimum	Maximum
Chinese	2.0	11	0.8	1	4
Lebanese	3.4	18	1.3	2	6
Pacific	5.2	17	1.5	2	7
Vietnamese	2.7	14	1.3	1	5
Indigenous	3.9	17	2.5	1	11
Anglo	3.4	19	1.4	1	6
Total	3.6	96	1.8	1	11

3.6 Country of birth

Figure 3 (and Data Table 17) contains information on the child's country of birth. The majority of children of Chinese background were born either in China ($n = 7$) and so

are first generation, or born in Australian (n = 7) and so are second generation. Of the data that is available for the children of Lebanese background (n = 7), all are second generation being born in Australia. Of the data available for children of Pacific Island background (n = 13), seven are second generation being born in Australia, and five were born in New Zealand. Of the data available for the children of Vietnamese background (n = 10), six were born in Vietnam and three were born in Australia. From this data, it can be inferred that generational issues and differences will likely emerge and affect the experience of these children and families in the CPS.

Figure 3: Child’s country of birth by ethnic group



3.7 Mixed race

Among the Chinese case files, there were two that were siblings and of mixed race; their parents were of Chinese and Yugoslavian backgrounds. Among the Pacific Islander case files, one child had parents of Tongan and Aboriginal backgrounds. (This file could have also been included in the Indigenous group but was identified by the caseworker as Pacific Islander during the validation stage; see Section 2.2); one child had parents of Samoan background and a grandparent of Chinese background; and three children of one family had parents of Tongan background and a grandparent of Chinese background. Among the Indigenous case files, one child had parents of Aboriginal and Anglo Saxon backgrounds, one child had parents of Aboriginal and Italian backgrounds, and one child had parents of Aboriginal and Tongan backgrounds. There were no mixed race children among the Lebanese, Vietnamese, and Anglo Saxon case files.

3.8 Language spoken at home

The primary language for the Lebanese case files was Arabic, but was only recorded as such in 13 of the 20 case files (65%). Similarly, the primary language of the Vietnamese group was Vietnamese and was recorded in 13 of 20 case files (65%). The primary language of Samoan or Tongan was recorded in only five of 20 cases (25%), and three cases for this Pacific Islander group were recorded as having English as the main language spoken at home. Consistent record keeping was highest for the Chinese group, with 16 of 20 case files (80%) having the primary language recorded either as Cantonese, Mandarin, or Chinese; in addition, two of the Chinese case files recorded that English was the primary language spoken at home.

3.9 Religion

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

3.10 Summary

As can be seen, the quality of demographic data relating to main language spoken at home, country of birth, and religion is poor. That is, there is no systematic collection of this important data for CALD groups. Language spoken at home is necessary to know the variety of languages that DHS information sources (such as pamphlets and notices served) will need to be translated to. Country of birth is important for caseworkers to be able to differentiate the needs of first versus second generation children of these CALD backgrounds. Finally, religion is a key variable for some groups to gain a more informed contextual understanding of that family's experiences and needs. This is especially true for families of Lebanese background in which key differences between Muslim and Christian families may emerge in the way families function, and among families of Pacific Islander background, where Christianity has a strong influence in the way family and community life are structured.

4 Children and families of Chinese background

4.1 Primary and secondary types of abuse and neglect reported

The primary type of abuse or neglect was determined by the researcher based on all information available in the case file, and was defined as the most frequently occurring type of abuse or neglect compared to all other types reported within that case file. In cases where several types of abuse or neglect were reported and were relatively equal in their occurrence, the current type of abuse or neglect was categorised as the primary type. Sexual abuse or assault was, as a rule, deemed as the primary type of abuse in cases where other types of abuse or neglect were reported (such as physical or emotional), except in the case where only sexual risk of harm (ROH) was reported (e.g. exposure to pornographic material) but not sexual assault or abuse. The secondary types of abuse or neglect referred to all other types of abuse or neglect reported within a case file, where more than one type of abuse or neglect was reported, other than the primary type.

Physical abuse

Frequency and nature of physical abuse

Table 5 contains summary information on the 20 Chinese case files. The most frequent type of primary abuse was physical, at eight of 20 (40%). Among these eight case files, reports of physical abuse varied in intensity and included for example, “[child] physically assaulted by mother ... Bite mark on right shoulder which was raised and dark” [CHN 6]; “[child] reported she is physically chastised by mother on a regular basis, at times with an instrument” [CHN 8]; and “[child] disclosed incident of physical harm” [CHN 17]. Across these eight case files, the perpetrator was either the natural mother (n = 6), the natural father (n = 1), or both natural parents (n = 1).

For four of 20 cases (20%), physical abuse or assault was reported but was not categorised as the primary type of abuse or neglect for that child. Reports of secondary physical abuse in these four cases included, “parents have a long history of abuse ... ongoing cruel, physical punishment including standing [sibling] outside in the rain at night, leaving him unsupervised in the garage till their return late from work at night” [CHN 4]; “there might be a risk of physical harm as aunt has verbalised a statement which seems to consist of threat of harm and use of physical harm to discipline the child” [CHN 19]; and “mum – physical discipline ... Ordered to be on her knees to receive punishment – hit with bamboo stick ... Step father hit her with a metal coat hanger. Mother did not stop him ... [Child] claims that she has been physically abused for many years and this is the usual form of punishment” [CHN 3].

Culture and physical abuse

Intra-familial or personal reasons (such as high level intergenerational trauma or mental health issues in the carer) may explain in part why physical abuse occurs within a particular family of Chinese background. The stress associated with socio-economic disadvantage can also cause individual parents of Chinese background to parent in this harmful way. However, part of the *overall* frequency of physical abuse for families of Chinese background may be explained by cultural factors.

Generally, physical punishment is culturally acceptable when it is used with disciplinary intention. Reports said, for example, “n/m³² explained that she was raised in China where it is acceptable to treat children in this manner” [CHN 16]; and “most parents hit their children in China. It is seen as a normal thing and there is a saying that just because your dad hits you it doesn’t mean he does not love you” [CHN 4]. Importantly, considering physical punishment to be an acceptable parenting behaviour is only ‘cultural’ in the sense that it is normalised among families of Chinese background. In other words, because this norm is common but not exclusive to families of Chinese background, it is not *Chinese culture* per se that explains the use of physical discipline among these families but simply *culture*; a normalised pattern of behaviour common to several ethnic groups (including Indigenous- and Anglo Saxon-background families).

While some families of Chinese background used cultural norms to explain their use of physical punishment, caseworkers were not always explicit in the way they used cultural factors to explain physical punishment. For example, one caseworker reported, “both parents lack insight on the impact of their over-expectation and rigidity, strict parenting style, and neglect of his emotional needs. Mother reported to be affectionate but lacks insight into the effects of physical abuse” [CHN 13]. Similarly, another caseworker notes, “it is very concerning that mother continues to inflict physical injuries on [child], within the alleged context of discipline. Mother does not see anything wrong with how she punishes [child] and [sibling] and because of this, it is believed that the abuse will continue” [CHN 6]. In these instances, it is unknown whether and how cultural factors were considered in the decision making process; culture may have contributed to the assessment of risk of harm but it was not explicitly reported. This indicates that cultural factors may be implicit in the way they inform caseworkers’ decisions and/or that there is no structured template for caseworkers to demonstrate the ways and which factors they have considered when making decisions and assessments for families of Chinese background.

Another culturally-related factor for families of Chinese background was the importance of education and scholarly achievement as the basis for the justifying the use of physical punishment. Reports said, for example, “I don’t like that tutoring – when I don’t finish homework mum starts hitting me” [CHN 6]; “education was very important, they did homework, watched some television, attended Saturday school for extra maths and English lessons and they did not partake in any fun activities. School was discussed with the children” [CHN 2]; “the school indicated that [child] was under a lot of pressure by her parents to study” [CHN 3]; and “history of high academic pressure on the children” [CHN 4].

One caseworker noted, “the parents have extremely high expectations of the children’s educational and societal presentation (to a point which can be psychologically damaging)” [CHN 6]. While this caseworker has demonstrated cultural awareness by reporting on the culturally relevant issue of face in the community (that is, “societal presentation”), it is also important for the caseworker to identify whom they are comparing the experience of this child to; the academic expectations may be “extremely high” and “psychologically damaging” if compared

³² Natural mother.

to another group such as children of Anglo Saxon background but not necessarily other Chinese-Australian children. Thus, the reference group by which risk of harm assessments are made should be explicit, to avoid judging the risk of harm to children according to criteria or standards that are not actually culturally relevant for that child.

After intervention from DHS caseworkers, families' responses varied from having no insight into the harmful effects of physical punishment, to those who did demonstrate insight. For example, one case file said, "mother does not acknowledge the violence in her use of punishment. [Her] intent was to discipline [child]" [CHN 3], and another, "given his parent's entrenched beliefs and practice of physical discipline and uncompromising approach to high achievement, [child] remains vulnerable to abusive discipline whenever he acts inappropriately. Both parents maintained the view that physical discipline is useful in teaching children to behave appropriately. Violent discipline at home from his father ... they regard this as discipline and differentiate it from abuse" [CHN 4]. On the other hand, another case file notes, "[NF³³] acknowledged the impact on the children and the emotional scars that could remain ... Both parents appeared regretful for their actions and genuinely concerned and are keen to repair the damage and ensure their children's safety" [CHN 2]. This variation among families of Chinese background highlights the importance of using culture to understand the broad context of families but not to rely on cultural factors to explain the behaviours of individual families. While they are indeed influenced by their culture, as any individual from any cultural group is, that some families show insight but others do not indicates that personal factors must always be considered. In other words, failure to demonstrate insight into the harmful effects of physical punishment is not the fault of the culture but of that parent.

Finally, some families of Chinese background may be aware that physical punishment is against Australian law, whereas others may not be aware of this. It is important that caseworkers do not assume that families of Chinese background know the law, and to explain it to them in ways that do not belittle them or make them feel inferior for their lack of knowledge; to do so, is an abuse of professional and institutional power. Moreover, once the law has been explained to them (in a respectful and non-judgemental way), it is important to then address the possibility that the family feels their *whole* culture is under threat by Australian law. Such fear may backfire and cause the family to defend harmful parenting in the name of culture, and as a result only serve to increase stereotyping of culturally maladaptive behaviours in the workplace setting where risk of harm assessments are made in a multicultural context (see Case Study 1 for more information).

³³ Natural father.

 **CASE STUDY 1: Addressing the clash between norms that consider physical discipline culturally acceptable and the illegality of physical discipline in Australia**

“It is hard here in Australia because the law is different but you have to do what the law tells you to do” [CHN 4].

Cultural norms that are comparatively more lax toward the use of physical discipline in the culture of origin may be cited by families of Chinese (and other CALD) backgrounds as a justification for their harmful parenting behaviour.

However, it is important for caseworkers to acknowledge that within the ‘migrant context’, part of the reason why families of Chinese (and other CALD) backgrounds may hold onto the use of parenting norms and behaviours (including harmful ones) is that their culture, at the time they migrated, is acting as ‘an anchor’ for them to help traverse and adapt to the culture in Australia. Any attempt to change this ‘anchor’ may be perceived or experienced as a fear of (psychological and/or cultural) loss.

Caseworkers need to acknowledge the overall importance of cultural preservation for families of Chinese (and other CALD) backgrounds, but also emphasise to their client families that it is only the specific, harmful behaviour, that they are required to dispel. In this way, harmful parenting behaviours may be more easily overturned if the family’s fear that their whole culture is being scrutinised or criticised, is acknowledged and addressed, and that they are not being asked to change their cultural values or norms, but simply to change one part of their behaviour that will then allow them to be law-abiding citizens.

Arguably, cultural change may occur across the generations of CALD-background children, and if so, such change would be generated from within members of the cultural groups and so would be empowering. For example, some parents of Indigenous and Anglo Saxon background also believe in the utility of physical discipline, reflecting a cultural norm or value for these groups, but arguably, its overall prevalence in these groups is comparatively less because of the legal changes that occurred in Australia several decades ago that made physical punishment illegal. Thus, over time, these legal changes have influenced the cultural norms and patterns of Indigenous and Anglo Saxon background families.

Inadequate supervision

Frequency and nature of inadequate supervision

There were six of 20 cases (30%) where inadequate supervision (including abandonment) was the primary issue, and two cases where it was a secondary issue. Reports across these cases included, “caller is concerned the children are being left alone on a regular basis” [CHN 6]; “he has poor attendance and when he does come to school he falls asleep in class. DoCS received information that the child was being left to care for himself while the parents went to China” [CHN 9]; “child was seen playing by himself in McDonalds and has fallen asleep. Police brought the child home and was concerned since all adults had fallen asleep and no one had gone looking for

the child” [CHN 19]; “mother could not be located. An aunt wasn’t willing to become involved as she has not seen her [child] in years” [CHN 20]; “they don’t know the whereabouts of the natural parents for the last 5 years” [CHN 14]; and “mother asked DoCS to put [child] in foster care for 3 months” [CHN 8].

Culture and inadequate supervision

Culturally, the frequency of inadequate supervision may be explained by differences in the age at which it is considered for children to be safely left alone. Families from Chinese backgrounds may have different norms about level of responsibilities attached to numerical ages, as well as the perception of risk and dangers that could compromise the safety of a young child. For example, one report of a nine year old child said, “parent’s attitudes towards inadequate supervision is that in China children are left home alone, despite being informed Australia operates differently. Caller stated [child] is responsible for running a bath for himself after school, which heightens his risk of burning. Parents have not permitted [child] to stay with friend after school” [CHN 5]. In such instances, parents need to be educated about the differences in dangers to children in Australia compared to the dangers in China, which form part of the parent’s risk perception; changing risk perception may increase alignment between the cultural norms that underpin parenting behaviours and the law.

While culture may influence how parents of Chinese background perceive risk to the safety of a child unsupervised, there are some circumstances where culture plays no part, and children are left unsupervised because of personal circumstance. For example, one case said, “mother stated that the children were left alone because she has to go to work. She trusts her children and has explained to them what to do and what not to touch. The dangers of leaving the children alone was explained to the mother. The mother explained that usually the father is with the children but due to the AVO this was impossible” [CHN 2]. This example demonstrates why it is important to consider culture but not to depend on it to explain the behaviours of all members of that group.

After intervention from DHS caseworkers, some parents demonstrated insight into the dangers associated with inadequate supervision or were cooperative with DHS in relation to this issue. For example, reports said, “n/m was apologetic in regard to leaving [child] home alone and expressed this would not occur in the future” [CHN 5]; and “father spoken to in relation to lack of supervision and domestic violence (DV) and impact on children. Children are vulnerable to harm when left unsupervised due to their young age (6 and 9 yrs) ... and did not know how to get in contact with parents. Parents agreed not to leave children unsupervised” [CHN 2]. On the other hand, some parents may not be insightful, as described in the following case file, “[child] is left at home unsupervised until his parents or brother return home from work, late at night. He walks himself to and from school on a regular basis. Like any 8 year old, he visits friends in the neighbourhood while left on his own, leaving the home unlocked and exposing himself to the harm in the community. Both parents show limited insight into the concerns around leaving [child] unsupervised” [CHN 4]. Thus, among families of Chinese background, parents can perceive the dangers of inadequate supervision differently, highlighting individual variation, and the importance of not stereotyping during engagement with families of Chinese background.

Sexual abuse

Frequency and nature of sexual abuse

For four of the 20 cases (20%), sexual risk of harm, assault or abuse was the primary issue. Reports included, for example, “concerns n/f having sexual relations with minors” [CHN 7]; and “step father walks in when [child] showers ... [sibling] – inappropriate sexualised behaviour towards [child] ... [child] said [sibling] told his mother a story about a Chinese ghost possessing him to explain his behaviour [*rubs on top of her till he orgasms*] ... [child] does not believe him” [CHN 3]. There were no cases where sexual risk of harm was reported but another form of abuse or neglect was deemed as the primary type.

Culture and sexual abuse

There are no cultures for which sexual abuse is considered acceptable. However, disclosures about, and counselling for, sexual abuse may be entwined with cultural factors. There were two important culturally-related themes that emerged from the four sexual abuse case files. One was the use of religion to address disclosures of sexual abuse in families of Chinese background. As one mother described, “mother told [sibling] to tell her when he is experiencing it [*the Chinese ghost whom he claims possesses him*] and she has instructed him to read Buddhist passages” [CHN 3].

The second issue was the language families of Chinese background use when discussing such sensitive matters. For example, one report said, “[sibling]’s father saw him [brother] do impolite things to her but she didn’t want her mother to talk with him about it” [CHN 3]. The use of the word “impolite” is, in part, culturally influenced, as families of Chinese background are typically Apollonian³⁴ in their expression – tending toward moderate rather than extreme expressions of emotion.

However, there was one case that does not so much demonstrate cultural issues, but acculturative ones instead. That is, it reflects clashes in cultural values for public displays of affection and sexual risk of harm (see Case Study 2).

³⁴ Apollonian cultures (e.g. Chinese) are differentiated from Dionysian cultures (Triandis, 2000), in that it is culturally acceptable and valued to display a larger range of emotional expression (e.g. Mediterranean cultures).

 **CASE STUDY 2: Assessing sexual risk of harm (ROH) for children in ethnically-mixed families where cultural differences in norms about public displays of affection may occur**

Earlier reports in the case file: Demonstrate cultural differences in norms about public displays of affection

“The n/m said there are cultural differences and kissing and hugging in public is seen as inappropriate in her culture ... She will speak with her husband and set some boundaries and if she has any future concerns she will alert the authorities. She was also thinking about sending [child] back to China. [Child] has stated that her mother is over protective and doesn’t understand the Australian culture ... Her stepfather has made no inappropriate comments and has not touched her in an appropriate manner ... she has no fears for her safety” [CHN 12].

Later reports in the case file: Demonstrate sexual risk of harm

“The n/m has observed her husband touching the s/c [*subject child*] on the breasts and has kissed her passionately. The POI [*person of interest*] has stated that he won’t have sex with her until she is older but will continue to kiss and hug her and play with her breasts ... [Child] is not uncomfortable around step-father. [Child] dismissed allegations of sexual abuse ... Step father has indicated his intention to have sexual intercourse with the child at some point in the future ... Counsellor at [NGO] explained appropriate and inappropriate kissing. Mother described that the husband kisses the child in the same manner she would kiss the mother (romantic); the husband said to the mother “because Chinese women can’t kiss properly I am teaching her how to kiss properly” ... The husband said that he wants to have sex with the daughter when she turns 16 and then consents. The mother viewed this is a good thing as the husband was waiting for the child to get older” [CHN 12].

This case clearly demonstrates how culture and abuse are entwined and difficult to disentangle. Arguably, all parties – the mother, the child, and the step father (who is of Hungarian background) – have misconceptions about “Australian culture” and its norms about acceptable displays of affection, given that they are all using “cultural differences” as their defence against, or explanation for, the allegation of sexual risk of harm.

Emotional abuse

Frequency and nature of emotional abuse

There was one case where emotional abuse was the primary issue and the main cause was exposure to domestic violence (DV). As the report described, “risk of emotional and physical harm to child is high given the serious DV. Father threatened mother with a knife in front of the child” [CHN 20]. In cases where emotional abuse was reported but was not the primary issue, reports included for example, “verbal abuse” [CHN 15]; and “he presents as terrified of being chastised at home for inappropriate behaviour at school” [CHN 4].

Culture and emotional abuse

Emotional abuse among families of Chinese background may include threats to send the child back to the country of origin. As one report said, “[child] was exposed to verbal and emotional abuse in the care of his parents. This includes, but is not limited to, being threatened to be sent back to live in China for not behaving well. Such

chastisement is real and scary for [child], who's 6 year old sibling reportedly resides in China" [CHN 13]. Importantly, this type of emotional abuse is not *cultural* per se, because it not reflective of some normalised value or behaviour among members of this group, but rather *acculturative*, in that it is a form of threat unique to families of Chinese (and other CALD) backgrounds in Australia.

Neglect

Frequency and nature of neglect

There was one case where neglect of basic needs was reported. More specifically, the issue of inadequate housing and neglect of medical needs (as described below) was reported.

Culture and neglect

The impact of culture on neglect of basic medical needs was identified in one case. It was reported that "[child] was diagnosed with early onset schizophrenia and a report from [hospital] suggests that the delay in [child] receiving treatment [*NM refused treatment for 10 months*] worsened the impact of her condition" [CHN 1]. Culturally, there is a stigma associated with mental health issues among families of Chinese background (although this cultural stigma is not exclusive to this group), and which in part may explain the neglect.

Co-morbidity

Co-morbidity of the types of abuse and neglect reported for children was categorised into Low, Moderate and High. "Low" indicated that the child was reported as experiencing only one type of abuse or neglect, and as such that the issue was isolated to one domain of compromise to the child's well-being. "Moderate" indicated that the child was reportedly experiencing two or three types of abuse or neglect, and as such that the abuse was relatively more global in terms of the number of areas in which the child's well-being was affected. Finally, "High" indicated the child was reported to be experiencing four or more types of abuse or neglect, and as such that the child's well-being was compromised in several different areas.

According to this three-tiered categorisation, there were five of 20 children (20%) experiencing only one type of abuse or neglect; and the remainder (n = 15; 80%) experiencing two or three types. This suggests that for the majority of children from Chinese backgrounds, child abuse or neglect occurs across a moderate number of domains in which their well-being is affected.

Presentations of children of Chinese background experiencing abuse or neglect

Reporting on the presentations of children experiencing abuse or neglect will unlikely be consistent across all caseworkers and CSCs, and as such, the frequency of these presentations may be under-reported here. Taking these reporting biases into account, mental health and behavioural issues were the most common characteristics reported of children of Chinese background experiencing abuse or neglect.

Mental health issues

Reports of mental health issues included, “suicidal ideation” [CHN 3, CHN 16]; “ADHD” [CHN 6]; “[child] very violent towards his mother (e.g. significant bite marks on both her arms). Two paediatricians have given him Ritalin and Risperdal ... child now diagnosed as having ADHD” [CHN 11]; and “[child] seems to be at risk of psychological harm as exhibited by his self-harming behaviour and threat to self-harm (head banging, indicating that if the aunt touches him he will kill himself). Caller stated that they had ongoing issues with [child] being highly emotional, irrational, and this happens on occasions such as today” [CHN 19].

Behavioural issues

Behavioural issues manifested in a range of ways including, for example, “children displaying aggressive behaviours” [CHN 7]; “an AVO was taken out to protect [child]’s family from [child]. [Child] assaulted his mother” [CHN 17]; “his behaviour at school has often got him into trouble and his social integration with peers remains unstable ... The school has involved their counsellor in helping the teachers with his behaviour management in the classroom ... [Child] has an extremely disrupted attachment disorder, having been shuffled from China, Australia, and various foster placements, and is consequently behaviourally disordered” [CHN 4]; and “aggressive behaviour with other children and uncooperative with staff. Natural parents advised that [child] is very “naughty” at school ... [Child] was banned [from childcare] last week ... [Child]’s behaviour is difficult to manage and he is always in trouble for pushing, hitting, and shoving other children” [CHN 5].

Table 5: Summary of 20 Chinese case files

	All types of abuse or neglect reported ^c						Co-morbidity ^a	Primary type of abuse or neglect ^b	Possible causes of abuse or neglect ^c					Other presentations of child reported ^c				
	Physical	Sexual	Emotional	Neglect - Basic needs	Neglect - Education	Neglect - Inadequate supervision			DV	MH (child)	AOD	Homelessness	Conflict with parent/s	Disability	High Needs Child	Sexualised behaviour	Runaway	Behavioural issues
CHN_1				✓			Low	Neglect		✓ (child)				✓				
CHN_2	✓		✓			✓	Moderate	Inadequate supervision	✓									
CHN_3	✓	✓	✓				Moderate	Sexual		✓ (child)				✓				
CHN_4	✓		✓			✓	Moderate	Inadequate supervision										✓
CHN_5				No		✓	Low	Inadequate supervision		✓ (child)								✓
CHN_6	✓		✓			✓	Moderate	Physical	✓	✓ (carer)	No							✓
CHN_7		✓	✓				Moderate	Sexual	✓	✓ (carer)	✓							✓
CHN_8	✓		✓				Moderate	Physical										
CHN_9					✓	✓	Moderate	Inadequate supervision										
CHN_10	✓		✓				Moderate	Physical	✓	✓ (carer)								
CHN_11		✓	✓				Moderate	Sexual	✓	✓ (child)	✓							
CHN_12		✓	No	No	No	No	Low	Sexual	No		No							
CHN_13	✓		✓				Moderate	Physical	✓	✓ (carer)								
CHN_14						✓	Low	Abandonment					✓	✓				
CHN_15	✓		✓				Moderate	Physical		✓ (carer)			✓					
CHN_16	✓		✓				Moderate	Physical		✓ (child)			✓ (sibling)					
CHN_17	✓		✓				Moderate	Physical	✓				✓					✓
CHN_18	✓		✓			✓	Moderate	Physical	✓	✓ (carer)	No							
CHN_19	✓		✓			✓	Moderate	Inadequate supervision		✓ (child)				✓				✓
CHN_20			✓				Low	Emotional	✓									

a – This refers to the extent of co-morbidity based on all the types of abuse or neglect reported, with 1 = Low; 2-3 = Moderate; 4 or more = High; *b* – The primary type of abuse or neglect was determined by the researcher based on what was reported in the case files. When there were several primary types, the current primary type at the time of the review was reported. Sexual abuse or assault was, as a rule, deemed as the primary type of abuse in cases where other types of abuse were reported, except in the case where only sexual risk of harm (ROH) was reported but not assault or abuse; *c* – Ticks (✓) indicate that the issue was reported somewhere in the file by a caseworker. “No” indicates that the caseworker made an assessment as to whether the issue was present for that child and recorded in the file that the issue was absent. Where blank, the data is considered “unknown”; the caseworker has neither indicated “yes” or “no” to the presence of the issue; thus, some of these issues may be present for a child but are not necessarily (systematically) recorded by caseworkers.

4.2 Types of issues reported

This section describes the incidence and nature of some possible causes of abuse and neglect reported for children of Chinese background. It cannot be determined with certainty whether these are causes or correlates of child abuse or neglect, as large-scale longitudinal quantitative data would be required for such an analysis, however the sample size in this project does allow for an exploration of the *range* of possible causes of, and associated issues with, child abuse and neglect for this ethnic group. In addition, this study has categorised the possible types of causes and other associated issues into three groups: (i) cultural, (ii) migratory, and (iii) generalist. This is because these three groupings emerged as ‘higher-order’ themes during data analysis.

Cultural

Three cultural issues emerged from the Chinese case files. These can affect the way families of Chinese background function, the way they parent, and the way children experience harm.

Gender issues

Gender issues that were tied in with cultural factors were identified. For example, in one case where the child was experiencing sexual assault, she said “felt scared to disclose to her parents because she did not think they would believe her ... There are privileges for males in the family and [Chinese] culture” [CHN 3].

Family privacy

The second cultural issue was the value for family privacy (among families of Chinese and other CALD backgrounds) which influences the way they engage with government (and non-government) intervention. For example, as one case file described, “[NF] indicating he wants to keep his family together ... After some discussion, [NF] agreed to supports/referrals, originally hesitant due to shame/embarrassment ... NF: “Can we keep confidential, can spark more problems. Wouldn’t want matter exposed, love and respect my wife. From China, I know I have to make family survive” [CHN 6]. However, issues relating to family privacy are not always as clear-cut and can be tied in with other issues. Refer to Case Studies 3-5 to explore the number of ways that issues relating to family privacy may manifest.

Intra-familial differences in cultural norms or beliefs

A third cultural issue that emerged was intra-familial differences in cultural norms or beliefs. In one case where the family were of mixed race, for example, the father said, “She’s from Chinese background [*father of Yugoslavian background*]. Often have misunderstandings. Put cards on table, discuss it, no reason to get mad at me/children” [CHN 6]. In this instance, there is clash between cultural norms on expressing emotions; he being from a Dionysian culture and she Apollonian. In other words, it is not normal to discuss problems openly in Chinese culture. Another case of intra-familial cultural differences, even among family members of the same cultural group, emerged in relation to the value for independence. The report said, “father openly explained that his expectation of [child] at 16 years is that he should be out of home living independently and providing for himself. The mother does not agree with this sentiment” [CHN 4].

 **CASE STUDIES 3-5: *The different ways family privacy may emerge for families of Chinese (and other CALD) background***

Case Study 3:

“Mother was open to referrals to counselling. [NF] indicated that he did not normally discuss the family’s problems as this was a private matter” [CHN 2].

In this circumstance, the issue was DV and from the case file notes, it appeared that the NM was willing to engage with counselling because the intensity of the DV has ‘crossed a line’ where the cultural norms of family privacy no longer controlled or affected her. On the other hand, the NF, being the perpetrator of the DV, still used this cultural norm to defend himself against DHS’ intervention.

Case Study 4:

“[Child] does not like [DoCS] staff contacting his family. We usually have minimal contact with family due to [child] not giving permission ... [Child] refuses to have contact with his dad and this continues” [CHN 17].

In this instance, the child was 16 years old and born in Australia, and as such, he is second generation Australian. Interestingly, the family privacy this child asked for was respected and adhered to by DHS, and the extent to which this may be influenced by his generational status is unknown but nonetheless important to reflect on. This is because, being second generation, he may arguably understand the CPS more than his parents, and as a result, may be more willing to be co-operative. In turn, DHS are able to return the co-operation by acknowledging and respecting the cultural norm of family privacy. Arguably, this may not occur in families who are newly arrived or first generation and know little about the CPS. As a result, there is a risk that the intervention of DHS becomes disproportionate to the family dysfunction or that respect of cultural norms and the delivery of culturally appropriate practices are compromised, because families of Chinese (and other CALD) background are un-co-operative or disengage completely with DHS.

Case Study 5:

“CW: Do you know physical abuse is illegal. My job is to protect children.

n/f: I am embarrassed and shame for this situation, what can I value myself?

CW: [NM] can’t see [child] as the AVO is still in place

n/f: Children needs mum and dad. What do you think?

CW: I think [NM] needs a mental health assessment

n/f: In this time, children do not realise how much we love them, they do not recognise family values

[Child] interrupted interviewed and then admitted he was lying *[about the physical abuse]* because he was angry with his mother ... Discussions with [child] who recanted the allegation of assault by his mother, though concerns held this is rehearsed” [CHN 6].

In this case, the child called upon the authoritative power of DHS to help protect himself from harm. However, when his father appealed to ‘family values’ the child immediately recanted the claim of assault. This possibly demonstrates the child’s dilemma in relation to acculturation, in which families experience intergenerational conflict because of the conflicting desire to both adapt and preserve two cultures. Additionally, in this case, the child may also have recanted because he would like to see his mother, and was unaware that calling upon DHS’ intervention would invite possible removal.

Migratory

Language issues

One of the most common migration-related issues was language, and language barriers can affect engagement with DHS. Reports said, for example, “father requires Cantonese interpreter ... Local CSC to interview mum and arrange interpreter as required” [CHN 20]; “Mandarin interpreter provided for mother” [CHN 3]; “p/g parents [paternal grandparents] require mandarin interpreter. The family were from Shanghai originally and n/m’s English was quite poor” [CHN 1]; “N/m had adequate English and was able to discuss the issues which had been reported. The father can understand English but the mother may require an interpreter” [CHN 5]; “CW: I spoke with [NM] concerning the issues, n/f: maybe she did not understand because she has problems with English” [CHN 6]; “they are from a NESB and expressed that they have difficulties liaising with the school due to the language barrier” [CHN 14]; and “telephone interpreter will be fine” [CHN 9]; “[child] can understand English but may be able to express himself freely in Cantonese. With the assistance of a telephone interpreter CW to request to interview [child] at family home” [CHN 19].

Financial issues

A number of case files reported that they moved to Australia for financial reasons, and this is why financial issues have been reported under migratory concerns. For example, one case file notes, “n/f advised that s/c [subject child] was raised in China for first 5 years through MGM [maternal grandmother] whilst parents came to Australia to commence work” [CHN 5]. Similarly, “parents moved from China to NZ [New Zealand] then Australia to give children ‘a better future’” [CHN 15]; and “[child]’s younger brother is residing in China with his grandparents. [Mandarin speaking CW who was consulted] explained that it’s common for people in main land China to do this as the cost of raising a child is a lot less in China. Many do this until the child attains a certain age and then they come back to Australia to go to school” [CHN 13]. Importantly, financial stress as a result of migration can impede their quality of parenting.

Lack of family support/social isolation

Another issue which may cause or exacerbate stress that compromises parenting capacity is lack of familial support and the associated isolation it may cause families to feel. Reports on this factor included, “caller states that the mother was isolated in [suburb]” [CHN 7]; “[child] was living with her mother ... they were isolated from family and community ... did not have any extended family support” [CHN 1]; “in terms of family support, there is no family members in Australia, they are in Taiwan” [CHN 3]; “family is not linked with any support services” [CHN 4]; “there appears to be no family support” [CHN 5]; “caller unaware of any supports” [CHN 6]; “the mother and child have no support people (relatives or friends) to support her” [CHN 12]; “[child] has no other family support in Australia apart from her aunt and uncle” [CHN 14]; and “it is unclear of any support and of any protective factors for the two children. Mum currently has no social supports and is socially isolated. Although she does have a family nearby she does not feel emotionally connected to them” [CHN 10].

Fear of deportation

In one case, fear of deportation was reported and this can compromise willingness to contact and engage in services to address family dysfunction. As this case file reported, “n/m is paranoid that she will be returned to China ... Mother and child are on a temporary spouse visa. Dept of Immigration has a family violence provision – if there is abuse then the immigration won’t send her back home, however there needs to be evidence of the abuse to support this. The mother and child are in fear that if they should speak out about the issues, that the relationship with the step-father will break down and they will be deported from Australia” [CHN 12].

Inter-generational conflict

A number of case files reported intergenerational conflict as a source of strain in the family, and this conflict not only relates to cultural issues but developmental ones also. Reports said, “[child] and mother experience conflict over cultural issues ... ongoing conflict re adolescent issues and the mother’s reliance on [child] for help with the younger children and to interpret for her” [CHN 3]; “PGPs (paternal grandparents) complaining the SCs (subject child’s) clothing too seductive ... threatening to throw SC out of the home” [CHN 1]; and “issues within this family are predominantly of a cultural nature. [Child] has been growing up in a Western world while his parents grew up in China. Since [child] has become an adolescent there have been reoccurring issues around types of food. [NM] wants [child] to eat such as Chinese food when [child] wants to eat Western food. There have been respect issues between [NM] and [child], and [NM] did not deny that she had hit [child]. It seems that both parents only want the best for [child] however cannot understand his adolescent behaviour” [CHN 15].

As one case showed, children may be caught between two internal pressures – the desire to be safe from harm, and the desire to abide by the cultural norm of family privacy for doing so ensures group (family) membership. This pressure can be released in a number of ways, of which one is the choice of language spoken in front of non-family members. That is, one way to keep family matters private and exclude outside intervention (such as that from DHS) is to communicate in the language of the country of origin. Children may break this ‘unspoken rule’ to meet the first of these two desires – safety from harm – but without revealing so much as to break the latter norm which would lead them to experience more harm if they were ‘outed’ from family privileges.

This is demonstrated in the following example, where the aunt spoke in Cantonese in front of the school teacher so as not to air private family matters, but the child defied the imposition of this norm by replying in English; a possible ‘cry for help’. The report stated, “he had a ‘meltdown’ this afternoon. The aunt came to the school. When the auntie came, [child] refused to go with her. [Child] kicked his auntie and swore at her. [Child] spoke in English and Cantonese his aunt. Classroom teacher stated that the aunt appeared to say that if he was her child “he would hit him and there would not be a problem”. The auntie wanted to drag [child] out but eventually went with her with a bribe of ten dollars” [CHN 19].

Generalist

Domestic violence

Nine of the 19³⁵ different case files (47.4%) reported domestic violence. These included for example, “mother talked about on-going verbal and emotional DV. Likelihood of harm continuing is medium. Recent incident where father threw a chair that hit mother on the leg hence police called to attend where father was arrested and charged with Body Harm Assault” [CHN 2]; “caller states that the mother may have been a victim of DV” [CHN 7]; and “verbal arguments and threats between parents, no physical assault, father has thrown objects around the home. Father blackmails mother sometimes and threatens to take children back to China” [CHN 10]. Also, one case file noted “both were extremely concerned about the AVO. Mother did not wish to pursue the AVO charges against the father” [CHN 2], however, the extent to which these concerns and decisions are influenced by cultural factors is unknown as it was not reported.

Mental health issues of carer

Six of the 19 different cases (31.6%) reported mental health issues in the carer, and included for example, “mother has unresolved emotional issues” [CHN 13]; “n/m attempting suicide” [CHN 7]; “n/m ... has untreated MH” [CHN 6]; and “concerns about mother’s anxiety levels. Mum stated that she had had depression anxiety on and off for 7 years” [CHN 10]. In one circumstance, the mental health issues were extreme and were the identifiable cause of abuse for the child. As described in the case file, “persons in the home are fearful of n/m mood swings and her behaviours when she is behind closed doors. n/m reports that she has previously received treatment for depression ... Both children said their mother is crazy, “she keeps on hitting me ... my dad says its cause she’s mentally ill” ... Caller said after [child] was bitten by his mother he picked up a metal sword with a pointy tip and charged at mother with it” [CHN 6].

Other

Alcohol or drug issues were reported in two case files. Fear of homelessness was also reported; “if things get worse the mother is thinking of leaving the husband however she wants to get a job first (has no money and doesn’t want to end up living on the streets)” [CHN 12]. Gambling and illegal citizenship status issues were reported; “reporter indicated that the mother seems to have a gambling problem ... and had an illegal migration status in the country and this could possibly have an adverse impact on her parenting” [CHN 19]. Gender issues which were not related to culture also emerged. One father said “his wife dealt with children a lot more than him. He just didn’t want to get involved” [CHN 6] reflecting a general difficulty in engaging fathers, but this father also reported that he suffers reverse domestic violence in that he is the victim; “I can restrain myself – she [NM] hits me in front of the children – I told her not to do it. If I lose my cool to protect myself you’d understand. I try

³⁵ Two cases were of siblings in one family. As such, some of the descriptive quantitative analyses (where appropriate) are based on a sample size of 19 *different* case files, to account for intra-familial co-variation.

retraining myself. We men suffer, can't say anything" [CHN 6]; this may in part explain his disengagement from parenting responsibilities³⁶. Finally, housing needs were reported as issues which could impact upon parenting efficacy; for example, "[child] has been placed in a residential unit, as per his wishes" [CHN 17] and "housing application has been submitted" [CHN 1]. Finally, one child was recorded as high needs because of her disability (Down syndrome). The occurrence of disability in the home may lead to familial stress that impedes on the parent's ability to parent in non-harmful ways.

4.3 Types of strengths reported

A number of strengths in families of Chinese background were reported across the case files. One of the more common strengths was willingness to engage with services. For example, "n/m has depression and anxiety issues ... was seeing a psych at the time of the report for these issues" [CHN 10]; "[child] and his n/m have both agreed to engage in individual counselling ... n/m acknowledges her inappropriate behaviour and parenting of [child] and expresses her commitment to make changes" [CHN 16]; "mother was open to suggestions for counselling, wanted CWs to speak to her husband about the DV and his verbal and emotional abuse" [CHN 2]; "n/m is attending counselling" [CHN 7]; and "n/m demonstrated protective behaviours by speaking with counsellor and discussing her concerns" [CHN 12]. Importantly, seeking external assistance should be recognised as a strength for families of Chinese background, as it contravenes the cultural norm of keeping family matters private.

Another case file noted of a father in regards to their child with a disability, "[NF] has responded appropriately to [child]'s mental health concerns, has made significant changes to his own life in order to accommodate [child]'s needs and has established relationships with the professionals involved in [child]'s care" [CHN 1]. Importantly, this excerpt demonstrates diversity within families from a Chinese background; that some will do what is required to meet a child's needs despite the stigma associated with mental health issues, and as such, why it is important not to stereotype families.

Some children were noted to have positive and engaging dispositions. For example, "[child] presented as happy and outgoing child who asked questions and responded well to questions asked" [CHN 20]. Others were noted for their resilience; "both children present as intelligent, articulate, and visibly appearing to be meeting their developmental milestones for their ages ... children present as resourceful and resilient to a point" [CHN 6]; "[child] presents as a mature 13 year old that enjoys school and has settled into Australia well. She has no identified developmental or intellectual delays" [CHN 12]; and "[child] has demonstrated resilience where he has endured a difficult time in China" [CHN 16]. Importantly, this last example demonstrates that a caseworker has acknowledged the development of resilience through hardship.

Good attachment behaviours were also observed between parent and child. One report said, "n/m has a good relationship with her daughter and provides for her physical, developmental, psychological, and emotional needs" [CHN 12].

³⁶ Note: this father was not of Chinese background, but his wife was.

Finally, families of Chinese background were preserving their cultural heritage which can act as a source of psychological strength through cultural membership. For example, one case file noted that, “natural parents advised that [child] attends Chinese school every Saturday morning, whilst they are at work” [CHN 5].

4.4 Types of issues families of Chinese background report with DHS

Issues that families of Chinese background report with DHS were usually in relation to experiences in the foster care system, and issues with removal. For example, reports said, “[child] was abused by one of the previous foster carers and is therefore extremely cagey about DoCS” [CHN 4]; “don’t take the children away (n/m)” [CHN 6]; “I miss my mum, I haven’t seen her since court, 2 weeks ago” [CHN 6]; “he was very focussed on expressing his frustration for the removal of his son, he was very angry. He feels this is unfair” [CHN 13]; and “there is an AVO in place though the father has indicated he will lie for the mother to keep the family together” [CHN 6].

A number of cases indicated either a lack of awareness or understanding about the role or (statutory) power of DHS. For example, one caseworker noted, “n/m didn’t know much Australian system” [CHN 1], and another reported, “the n/f was advised of the role of the Dept, he advised he had never heard of the Dept” [CHN 5]. However, one case, demonstrates that even newly arrived migrant families may be aware of DHS, as described below.

CW report: “The mother advised the family migrated 12 months ago stating in China the parents are allowed to leave the children unsupervised”.

CW interview: “In Australia, children’s needs to be looked after until 18 years so start thinking about a plan ... Do you understand it’s against the law for [child] to be on his own?”

CW report: “The mother recognises the difference in CP law between Australia and China. The mother was co-operative to assist with the care of the child”.

CW interview: “Do you understand what DoCS is and its role?”

n/m interview: “To look after children”

One example demonstrates a lack of appropriate engagement with DHS; “n/f was recorded to state “Australian law is different to Chinese law and maybe I did something wrong that doesn’t comply with the law but if you do something against the law it is not a crime”. Whilst the records evidence that the CW informed [NF] that hitting children is illegal in Australia, [NF] was heard to respond “well get the court to sentence me then”. This further evidences n/f’s complete refusal to understand how he was harming his child and also his inability to engage appropriately with the Dept” [CHN 13].

Finally, one case demonstrates misconceptions about DHS and underlying culture clashes. The report said, “she clearly misunderstood the system stating that she called the police because ‘In China police come to help with naughty children’” [CHN 6]. This likely shows that in culturally hierarchical countries like China, in which

children have less power than the elderly, the concept of ‘child-centred’ welfare may be foreign, and thus cause misconceptions about the role of DHS.

Some cases expressed disappointment with the type of intervention received by DHS, and of these, some are culturally-related and some are personally-related. As one report stated, “says he wasn’t smart enough to conduct things in a different way during initial report. Said some of the things he may have said about [NM] may have been exaggerated. Saying he made statement to get help, said he didn’t receive the help he expected from CW ... Said her mood swings were just due to children misbehaving. Feels that he has been used as a ‘scapegoat’ from the info he gave. Feels he has no help from the department. Is saying that he is losing his family ... Fears that he is going to lose his family and blames DoCS as he feels DoCS weren’t helping his family” [CHN 6]. Another case reported, “MCW [*Manager casework*] questions why [NF] is reluctant to go to counselling. Doesn’t believe they would help as he has already had his ‘fingers burned’ with DoCS” [CHN 6].

Finally, there was one case file which demonstrates how parents may feel disempowered when DHS intervene, and as such, contravenes the power structure of families of Chinese background. This case said, “[NM] said the incident with son was ‘very minor’ ... [NM] would never seriously harm the child – she loves the kids. [Child] has become ‘a little monster’ and ‘mr untouchable’. He blames the department for giving [child] so much power. He said he wasn’t like that before dept got involved, saying that from the first contact with CW, he became a different person, feels that they became ‘hostages’ after [child]’s meeting with CW as he would threaten to call DoCS if anything happens” [CHN 6]. In this instance, the child has sought DHS intervention as a way of protecting himself from harm, but this has caused additional issues within the family. Although a hierarchical power structure occurs for families from almost all cultural backgrounds, the cultural issues relevant in this context are those which pertain to intergenerational conflict as a result of acculturation; the child is aware of and exercising his right to safety by relying on the Australian legal system, but such actions are conflicting with (in part) culturally-determined hierarchical power relations between parents and children.

More broadly, this case again demonstrates the clash between a ‘child-centred approach’ – which is consistent with individualistic values, and in which there is a striving for more vertical or equal power relationships among family members – and a ‘family-centred approach’ – which would be more culturally consistent with collectivist values, which strive toward hierarchical power differences between parents and children. Importantly, this case could reflect both over-intervention on the part of DHS as well as parents reacting to their loss of power.

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

Types of assistance received from DHS

Across the 20 case files, DHS recommended or provided a number of services or assistance. These included, for example, “n/m has anger management and needs to develop parenting skills” [CHN 16]; “made a referral to Brighter Futures program” [CHN 7]; “info offered to parents re support ... Parents to be linked in with Montrose if they allow Montrose to complete family assessment ... Its aim is to increase the possibility of children remaining in their families, by assessing the family and

identifying what assistance is needed to keep the family unit together ... MCW [*Manager casework*] explains ‘MensShed’ and ‘Relationship Australia’” [CHN 6]; “n/f to be referred to support group. Offer support and information to mum in relation to applying protective measures for herself and child” [CHN 20]; and “family is linked with [NGO] completing an English course and has made contact with the counsellor [referred by DHS] via this English course” [CHN 12]. Financial assistance was also provided by paying for a child to attend a camp, and paying for child care.

Examples of culturally appropriate practice

A large number of examples of good practice, in terms of cultural appropriateness, were identified across the 20 case files. This is an important and positive finding. They have been grouped according to three forms: (i) consultation with multicultural caseworkers, (ii) culturally appropriate analysis by caseworkers, and (iii) culturally sensitive engagement with families.

Consultation with multicultural caseworkers

Only two cases reported consultation with multicultural caseworkers, even though the occurrence of this may be more frequent in the field. One case file noted on the Multicultural Caseworker Release Request Form “phone conference requested ... benefits – advise on engaging with the family” [CHN 15]. Another case clearly demonstrates the value of consulting with multicultural caseworkers to tease out the effects of culture from harm (see Case Study 6).

CASE STUDY 6: *The benefit of consulting with multicultural caseworkers to differentiate culture from harm*

“Mandarin CW consulted advised that it is not a cultural practice for parents to hide a divorce and marriage from their children, and described this behaviour as “strange”

... [Child] was frequently physically punished for unsatisfactory academic work ... Mandarin speaking CW who was consulted ... said that if the father used to be a lawyer he would have had a relatively high status in China and then he lost it when he came here ... If this is the case the only thing he could resolve to would be to place expectations on the child ... It may be frustration so the child doesn’t have the life he has now

... Chinese punishment (standing naked reciting dictionary) – Mandarin speaking CW stated that this is not cultural at all. She explained that Chinese people do not stand naked in the home. It is not acceptable because culturally, they are more conservative people. She explained that it would be an insult, to put the shame on someone and make them work harder” [CHN 13].

Culturally appropriate analysis by caseworkers

A vast number of excerpts indicated culturally appropriate analysis by caseworkers in their decision making and assessments. That is, they reflect a proportionate consideration of cultural factors as compared to the harm caused to the child; in some instances this may include not considering culture because it is not relevant to the

circumstance. Importantly, however, differentiating between a cultural and generalist issue is part of culturally competent service delivery. The following examples across the reports demonstrate cultural awareness, cultural sensitivity, and/or cultural competency:

- He does not mind talking to police as police know about China's culture and this makes them easy to talk to [CHN 4];
- In the event that a culturally appropriate placement is not located, the Dept would seek a placement that is supportive of [child]'s culture [CHN 13];
- It seems this (controlling) parenting style went beyond cultural differences in parenting, because the boy was presenting emotional problems not identified by the mother who sent him to live with the father [CHN 13];
- Due to the way he is being scapegoated by the parents he is not actively wanting to engage [with services]. Also he is aware parents need to engage with services and is witnessing this not occurring so may be modelled behaviour [CHN 6];
- Cultural issues with parents around supervision. Natural parents are aware they are not to leave [child] alone even for a short period. The harm was assessed as concerning given the fact that [child] is only 7 years old and was left home alone unwell for 3 days. This harm has been assessed as isolated and not persisting [CHN 5];
- *Interview with [psychiatrist]:* I interviewed her in Cantonese. Her behaviour may appear inappropriate in the Australian setting but entirely appropriate in the Chinese culture. She just wanted to teach her son to be respectful to authority. She loves her son [child] but her English is not good enough to convey her feelings [CHN 15];
- [Child] gets to have a cultural shop about once a fortnight/month depending how often he wants it. Staff are developing a cultural maintenance plan. This will involve looking into Chinese centres and looking for age appropriate activities. Getting DVDs or shows that are Cantonese for [child] to watch. Celebrating culturally significant days and festivals [CHN 17];
- Cultural factors may have also contributed to n/m's unwillingness to accept that her daughter had a mental health problem and to ask for assistance ... [child]'s mother could not acknowledge that her daughter was at risk and that her inability to trust services was impacting on [child]'s health ... The extent to which cultural factors were relevant to n/m's attitude is unclear, although TransCultural Mental Health worked with [NM] and considered that she did have MH issues which were of considerable impact [CHN 1];
- *Report from NGO CW:* [Child] reported that she is physically chastised by her mother on a regular basis, at times with an instrument. The likelihood of harm continuing is high given that this is considered culturally appropriate. [NM] needs to understand that disciplining [child] with her Chinese methods might not be applicable here since [child] is living and doing life with local culture. [NM] needs to balance her expectation and reality now [CHN 8];

- PR until 18 years to paternal aunt and uncle. There was some consideration given to placing [child] for adoption however this plan was not supported by the parents ... the placement with her extended family was supported as they were able to demonstrate their willingness and community to maintain [child] within her extended family. This was coupled with best practice principles exercised by DoCS where [child] could be cared for in a familial placement where her social and cultural needs as well as ongoing contact with her birth parents could be sustained [CHN 14]; and
- The CW will make a referral to the Aunties and Uncles program or another similar service deemed appropriate by the Dept so that [child] receives ongoing support, friendship, monitoring, and encouragement that is culturally appropriate. The Dept undertook an assessment for the second time, recommended that the family work with the Australian Chinese Cultural Association's Family Support Program ... Mandarin-speaking clinical psychologist (working on behaviour and anger management) reported: "In future sessions I will meet them separately ... I will confront and reflect [NF]'s angry behaviours that have occurred within sessions. Culturally, this is more appropriate" [CHN 4].

Culturally sensitive engagement with families

Culturally sensitive engagement was most commonly demonstrated by offering culturally appropriate services. For example, one report offered a comprehensive range of services: "[CSC] has sent a follow up letter to parents (translated to Cantonese) with information about Cantonese support services and advising them to contact CSC should they need support or wish to speak to CW ... Provide necessary supports to assist the family (DV counselling) – preferably Cantonese speaking worker ... CASS (Cantonese speaking) provide services for Chinese families at [suburb] Migrant Resource Centre and [suburb] Community Development Network, including free counselling hotline and Medicare bulkbilled face to face counselling services" [CHN 2].

Another caseworker made recommendations that an interpreter be used in court to ensure that the family receive proper information and as such, more equal representation as compared to their English-speaking counterparts. The report said "CWs advised both parties to request an interpreter in order to explain the issues in court" [CHN 2].

Another form of culturally sensitive engagement was to use Chinese-speaking caseworkers to explain Australian law. Such matches may decrease the likelihood that families perceive their culture under threat and in turn defend maladaptive parenting behaviours. As one report said, "physical discipline – commonly described as a cultural thing, however this is more of an excuse. [Mandarin speaking CW] explained that it is not acceptable in Australia under any circumstances and it's necessary the parents understand this" [CHN 13].

One case file demonstrated the importance and value of educating parents so that they are aware of differences that may occur between legal and cultural norms between Australia and China. The report said, "the n/f inquired as to what age it would be appropriate for [child] to be left home alone, he was advised it was not recommended till he was at least in high school. The n/f was surprised with this answer but agreed

would not leave [child] home alone ... n/f advised that in China [child] would be considered old enough to look after himself” [CHN 5]. This case not only demonstrates the value of education but also of giving chances to families who may not otherwise be aware of legal and culturally acceptable forms of parenting:

N/F: So what do I need to do now, go to police?

C/W: No, you're not in trouble, just make sure doesn't happen again.

Another example of good practice emerged in a case where fear of deportation was interfering with seeking assistance from DHS. As the report noted, “suggest that before interviewing the child/mother that the interviewers liaise with Dept of Immig and put the family in contact with them so that they are completely familiar with their rights. The child has clearly indicated to the mother that she will not talk to anyone about the reported concerns due to the fear of being deported. Should the situation be carefully explained to the child and mother with Dept of Immigration support it may be more likely to get a disclosure from the child” [CHN 12].

Finally, an example good of practice in terms of preserving cultural identity was noted when DHS paid for a three week trip to China to “maintain identity and culture” by visiting grandparents. The report said, “[child] is of CALD background (Chinese) ... [child]’s aunt and uncle has provided a caring and loving environment for [child] for the past 15 years with very minimal support from DHS or any other department or services ... It is a significant part of [child]’s care plan that her social and cultural needs are met and that ongoing connections with her cultural identity are supported and strengthened. [Child] has not had the opportunity to go back to her country of origin, China, for over five years. She has expressed to her aunt and uncle numerous times that she would like to go to China and visit her grandparents and other relatives ... This will further inform her Life Story Work development and allow cultural links to be sustained” [CHN 14]. Efforts to preserve culture were also noted in another case file, “[child] reports to be enjoying these classes and has made many friends of Chinese background ... Until restoration takes place, the Dept will be encouraging [child] to continue these sessions to maintain her cultural heritage and preserve already formed and established relationships with other children of similar age” [CHN 15].

Example of good practice not related to cultural factors

One case demonstrates how DHS are important advocates for children, who give them the power to express their needs. The report says, “it should be noted that although [child] has frequently indicated a vehement desire to return to his parents care during conversation with me, he has also expressed a firm wish that they would “stop hitting” him. When I ask [child] why his parents hit him he looks down and informs me “because I have been bad ... you know ... they hit me for everything”” [CHN 13]. Importantly, this is a case of good practice with children of Chinese background, but is independent of cultural factors because the parents did not cite culture as an explanation for their parenting.

Examples of culturally inappropriate practice

Although a large number of examples of culturally appropriate (aware, sensitive, and competent) service delivery were noted across the case files, there were also a few

examples of culturally inappropriate practices that were identified. These have been grouped into: (i) over-intervention, (ii) failure to understand or meet cultural needs, and (iii) provision of culturally inappropriate services.

Over-intervention

Over-intervention has been defined here as the perceived excessive intrusion by DHS in terms of quantity but not in terms of the nature of the intervention. One case reported such an example; “[child] indicated that DoCS is overdoing it. They are caring parents and not just because of the Dept’s involvement” [CHN 4]. Importantly, this is not exclusive to families of Chinese background and may be reported from families of any cultural background.

Failure to understand or meet cultural needs

Failure to understand or meet cultural needs has less to do with the amount of intervention and more to do with the type of intervention; in this case, a failure to provide services that would be culturally appropriate. There were three such cases that were identified.

The first was in relation to a failure to understand cultural norms regarding parental affection and warmth. The report said of one encounter during contact, “they exchanged hellos, no hugs and kisses” [CHN 15]. This quote does not take into account that people of Chinese background are generally modest in their displays of affection, and so lack of cultural awareness about culturally determined emotional expressiveness is highlighted. The caseworkers’ report is not deemed invalid or incorrect, but simply requires an additional qualifier, such as “... however this behavioural exchange is not uncommon among families of Chinese background and so may not necessarily indicate a lack of parental warmth”. This would then be an example of culturally informed practice. Arguably, by also recording why the caseworker even thought to note the exchange (or lack) of affection in their notes would also be a sign of self-reflective and therefore, good practice; currently, the reasons for why the caseworker would observe the amount and type of affection between the parent and child is implicit to their description and future assessments about the well-being of that child, but need to be more explicit so that case file notes have a record of the ways in which culture was attempted to be addressed with that family.

Another instance was in regards to breach of confidentiality. Confidentiality is vitally important to families of Chinese background (and other collectivist cultures, where social standing is pervasive to family and community functioning and cohesion) as it saves face in the community. The report says, “n/f not happy with service received from CW, was dissatisfied with confidentiality (breach of trust) ... he said he was unaware that info may be used in court ... he said he wouldn’t have said anything if he knew that info would come out. He couldn’t remember MCW [*Manager casework*] telling him that info maybe used in court ... Said he trusted the Department even though he knew the Dept had a bad rep. Assumed that Dept would help (talk to NM etc), said he asked the Dept ‘specific questions’ and promises weren’t delivered” [CHN 6]. In fact, in this case, the MCW had informed the NF that information given could be used in court, and the NF had to be reminded of this conversation. Importantly, this indicates not so much poor practice, but does highlight how

important confidentiality is to families of Chinese background. It also demonstrates that, as part of good practice, it may be useful to ask families to repeat or sign a document which clearly indicates that they understand that the information they give can be used in court. Arguably, families may be so stressed 'in the heat of the moment' that they do not 'take in' all the processes involved.

The third case highlights the importance of appropriately acknowledging the cultural needs for children in foster care. The report said, "[child] is reportedly very happy in this placement [*with foster carer of Anglo Saxon background*]... the Dept is proposing a long term foster care placement that is culturally appropriate and supportive of [child]'s culture" [CHN 13]. The intention behind DHS' practice is in line with best practice principles and reflects an attempt to best meet the needs of the child. However, if this child is happy with the placement, then a personal match between child and carer is arguably more important than an ethnic match. In such a circumstance where the child is happy and safe in the placement, efforts should not be made to move the child to another carer who is ethnically matched, and continue disruption in their lives, but to keep the child where they are happy and put resources into supporting and educating the carer on how to (important it is to) expose the child to their culture (e.g. through food, movies, clubs, language schools, etc).

Provision of culturally inappropriate services

The final category of poor practice is similar to the issue above, in that it pertains to the nature rather than frequency of intervention, but is dissimilar in that it is not referring to a failure to provide services that would be culturally appropriate, but rather that services were provided and they were culturally inappropriate. There was one case which demonstrates this issue (see Case Study 7).

**CASE STUDY 7: *The provision of culturally inappropriate service delivery***

“The parents and DG [Director General] shall consult with the principal or such other appropriate person from [child]’s school with such frequency as is advised is required or considered appropriate about the appropriate amount and character of study and academic activities outside of school hours, and the parents shall not pressure [child] to engage in a level of study of academic activities outside that advised. Note: this excludes Tuesday Chinese classes ... The parents agree to use their best endeavours to facilitate a sporting activity for [child] to attend after school or on a weekend ... Family attending regular psychology sessions ... Please note, at the current time [child]’s school work is not a child protection concern though given the fact that one of the issues that lead to verbal and physical abuse resulting in [child]’s removal was his school work” [CHN 15].

In this case, the child was removed for two years because of physical assault by the father for not studying enough for school. Ideally, the caseworker would acknowledge the importance of education among families of Chinese background and emphasise to parents that meeting this need is more the role and responsibility of schools. In addition, the father needs education about controlling his physical outbursts so that he does not cause harm to the child when the child does not perform to the parent’s expectations. However, the father’s culturally-determined expectations about scholastic achievement should not be questioned, as this is a direct example of failure to respect cultural norms and differences. In addition, the form of intervention – to suggest sporting activities, while possibly useful to the child, is not *culturally* appropriate. Such an intervention may be construed as a form of assimilation rather than an attempt to help integrate the child and family. Indeed, this child is of Chinese background living in Australia, and therefore must traverse two cultures; their cultural needs cannot be ‘boxed’ into Chinese cultural needs as they now culturally belong to more than one ‘category’. While the intention of the caseworker may be to help the child and family acculturate, this may not necessarily have the intended outcome and be helpful to that child and family. If this is case, parity of child protection service delivery is compromised. It would be more culturally appropriate to change the harmful parenting behaviour (e.g. “under no circumstance, cultural or otherwise, is it legally acceptable to physically punish a child”) and to educate parents about the ways in which their behaviour is causing harm to help them become insightful, than to change the cultural norm that underpins the harmful parenting behaviour.

[To make the point in reverse: If this were a family of Anglo Saxon background living in China and the father physically assaulted the child because the child did not meet his expectations for sporting achievement, and a Chinese caseworker intervened by suggesting the child take up extra tutoring in maths, the intervention is unlikely to be seen as culturally appropriate by the family of Anglo Saxon background; the outcomes desired by the father who values sporting excellence (such as social power or health and fitness) will not likely be attained by academic excellence instead. It would be more appropriate for the Chinese caseworker to acknowledge the cultural value for sporting achievement among families of Anglo Saxon background, and to explain the harmful effects of physically punishing the child for not meeting their expectations about sporting achievement. Additionally, other forms of parenting that do not cause harm should be introduced to replace the harmful parenting behaviour. This intervention would be a sign of cultural awareness and respect of cultural differences in parenting].

Additionally, the child in this case was removed for two years from their parents. This is an example of over-intervention, given that physical assault due to academic expectations was the only reported issue for this case³⁷. Failure to understand cultural needs may have contributed to this ‘over-policing’.

³⁷ By comparison, for example, there was one Anglo Saxon case file from this CSC in which the child was reported to be experiencing a whole range of abuses and neglect, such as “emotional and verbal abuse”, exposure to “father seeing prostitutes” and “mother injecting speed”, displaying behavioural issues such as “abusing people in the street” and attending court “for bashing her mother”. Yet, the case plan for this child was to keep the child with the family, when removal may have arguably been considered more appropriate.

4.6 Types of personal, organisational, or institutional barriers to culturally appropriate practice

Personal

Personal barriers to good practice occurred in the field, especially in regards to language needs. As one case file described, “natural mother has some difficulties speaking English ... She was asked if she required an interpreter but did not wish for one” [CHN 2]. Also, the time-intensive nature of using an interpreter was reported as another barrier to good practice; “Counsellor: “firstly, let me say that this process of counselling [child]’s mother and father is generally extremely difficult due to cultural differences and the need for an interpreter. This means that progress is quite painstakingly slow in that everything needs to be interpreted in both directions. I believe that nm’s receptive English is much better than her expressive English, however everything goes through the interpreter. So what we would normally achieve in one hour would probably take three hours of counselling” [CHN 15]. Interestingly, this case was from a regional CSC in which ethnic diversity would be relatively less compared to some of the other CSCs in this study. As such, the time-intensive process of using interpreters may be felt more keenly than in areas where it is more commonplace in the work setting.

Another issue DHS caseworkers reported with families of Chinese background was a lack of willingness to engage with services. Reports said, for example, “parents not engaging with supports as recommended. Not engaging with Dept staff, not accepting referral to Montrose family assessment” [CHN 6]; and “CW introduced the EI program and its benefits: childcare, parenting programs, and home visiting. Mother explained she does not feel she has the time or need” [CHN 10]. Importantly, while this issue occurs among families of Chinese background, it is not exclusive to them.

Organisational

Resource constraints were identified across the 20 case files, with the main one being staff shortages. As one case file said (and which was commonly cited across all 120 case files), “case to be unallocated due to work loads, staffing issues and competing work demands i.e. under the one notification, court work and high priority crisis work” [CHN 2]; and another said, “matter has progressed to Allocation meeting on more than one occasion and due to matters of higher priority and staff capacity matter has not been able to be allocated” [CHN 6]. The financial constraint of translating costs was also noted; “Dept of Immi does not have translated copies of family violence provision in Mandarin and referred me to naati.com.au who translate document cost is approx. \$300” [CHN 12].

Institutional

There were three identified barriers to culturally appropriate practice at the institutional level. The first was the lack of specificity for what constitutes “CALD protocols” on various DHS forms. For example, on one DHS form under “Have ATSI/CALD protocols been adhered to?” the answer recorded by the caseworker was “N/A” [CHN 1]. Given that the child was from a CALD background, it is unclear if the “N/A” reported here indicates that the caseworker does not consider the child to be of CALD background (which may be the case among some caseworkers if the child was born in Australia, for example), or that they have checked the protocols and based on these have decided that they are not relevant to this particular Chinese-

background child. While the DHS intranet may contain information resources that make specific and explicit what these protocols are, these were not referred to in the case files. Importantly, it may be difficult to identify exactly what these “CALD protocols” are since CP work is largely interpretive in the field, regardless of a child’s cultural background. Indeed, the lack of specificity could be a response to ensure flexibility in case work to absorb and accommodate individual variation among families of Chinese background. However, there is a service gap if instead it reflects that important cultural factors are deemed unnecessary to consider.

Also, the issue of inconsistent coding for the ethnicities of families emerged. Across the 20 case files, children were reported as “Chinese” [CHN 1, CHN 20]; “Australian/Chinese” [CHN 17]; “Culture: The family are Asian” [CHN 5]; and “mother is of Chinese background” [CHN 6]. Of these various coding categories, the last is considered the most culturally appropriate. This is because many of the other terms are essentialising and ‘box’ families with Chinese heritage into a group that does not take into account that they are in fact families of Chinese background or heritage *in Australia*. That is, there are (at least) two cultural and legal influences on their behaviours, and which are not reflected in terms that reduce their needs and experiences to those simply of their country of origin.

Interestingly, it was noted on one of the BF Family Strengths and Needs Assessment Forms, that the options under “Cultural identity” were: (i) cultural component to support but not conflict, (ii) no cultural component to support or conflict, (iii) some cultural component to conflict, and (iv) significant cultural component to conflict [CHN 7]. These options highlight the need to clarify what is meant by “conflict”, but also that such a decision making process may be useful in CP and not just early intervention work.

Finally, a number of cases reduced cultural issues to language needs. As described in one case, “Cultural issues: Chinese, mandarin interpreter” [CHN 5]. In this case, ethnic background and language needs are simply descriptions of the family rather than “cultural issues”. Cultural issues should be referring to misunderstandings about legally acceptable forms of parenting that emerge when DHS interact with families of CALD background. In short, language issues are not the same as cultural issues.

4.7 Summary

Physical abuse and inadequate supervision were the two most common primary issues that were reported among families of Chinese background. Emotional abuse was the most common secondary type of abuse. A value for scholastic achievement may be viewed among some families as justifying physical punishment. Physical punishment with the intention of disciplining children among otherwise loving parents needs to be considered. Co-morbidity of issues is generally low or moderate, indicating that issues tend to be isolated to one or a few domains of compromise to the child’s well being, rather than a global compromise to their well-being. Mental health and behavioural issues were common among children of Chinese backgrounded experiencing abuse or neglect.

Some possible causes of, and issues associated with, abuse or neglect for families of Chinese background may include (i) cultural factors (gender issues, family privacy, and intra-familial differences in cultural norms); (ii) migration-related stressors

(language issues, financial issues, lack of family support/social isolation, fear of deportation, and intergenerational conflict), and (iii) generalist issues that are common to all families regardless of their cultural background (such as domestic violence and mental health issues in the carer).

Many families were willing to engage with services, and children's resilience was acknowledged among some caseworkers. Families reported issues with DHS including abuse in the foster care system and frustrations with removal. Lack of awareness or understanding of the role and statutory power of DHS was noted, and culture clashes between 'child centred' CP practice and hierarchal family structures typical of collectivist families were also reported. DHS provided financial assistance as well as services in the form of referrals and recommendations. A number of culturally appropriate practices were identified including consultation with multicultural caseworkers, culturally appropriate analysis, and culturally appropriate engagement. Although fewer culturally inappropriate practices were identified, they included over-intervention, failure to understand or meet cultural needs, and the provision of culturally inappropriate intervention.

Personal barriers to good practice were identified including families who required an interpreter but refused one and the time-intensive cost in the use of interpreters. Resource constraints were identified as a barrier to good practice (but this was not exclusive to families of Chinese background). DHS require a more consistent categorisation of families to address issues of ethnicity and protocols regarding service delivery to CALD families, and caseworkers need to be mindful that they do not reduce cultural issues to language ones.

5 Children and families of Lebanese background

5.1 Primary and secondary types of abuse and neglect reported

Physical abuse

Frequency and nature of physical abuse

Table 6 contains summary information on the 20 Lebanese case files. The most frequent primary type of abuse was physical, at nine of 18³⁸ (50%). Among these nine case files, reports of physical abuse varied in intensity and included, “mother hit her with a shoe” [LEB 13]; “p/uncle (paternal uncle) punched [child] in the stomach and smacked him on the face many times” [LEB 18]; “father smacked him with a tree branch for breaking a table and chair, father screaming at him, marks caused by hand or belt, smacking, hitting, mother and sisters” [LEB 9]; “mother used a shoe to hit the children 6-7 times on their arms, legs and back for making a mess while eating breakfast ... [sibling] said that his mother very often has violent reactions and hit him and his sister, particularly when she has an argument with his father who lives away from them as they are separated” [LEB 6]; and “n/m admitted to punishing the s/c [subject child] (8 yrs old) by heating a knife over a hot plate and placing it on his skin causing burns to his legs and body ... Mother has grabbed the 9 yr old by the back of the head and rammed the child into the concrete wall. The mother has then turned the corner and caller believes that the mother has then rammed another child into the door. Caller heard a thud. The children were crying and distressed. Severity of harm to the children is high due to mother’s inappropriate disciplining actions” [LEB 16]. Across these nine case files, the perpetrator was either the natural mother (n = 5), the natural father (n = 4), or the paternal uncle (n = 1).

There were five of 18 cases (27.8%) where physical abuse or assault was reported but was not the primary type of abuse or neglect for that child. Reports said, for example, “excessive physical discipline” [LEB 2].

Culture and physical abuse

As with families of Chinese background, physical punishment is generally seen as culturally acceptable among families of Lebanese background. As described in one case, “father has alleged that mother uses excessive discipline to hit the children ... mother not willing to change discipline techniques. CW discusses Australian law and cultural differences. [NM] admitted that she hits her children and very often uses physical punishment to correct their behaviour. She stated that this is the way to raise her children and she will not change at all. She stated “I am sorry, you are not talking to a druggie, I am well educated ...” Caller (father) has concerns that mother (and her family) see nothing wrong with striking a child due to their Lebanese heritage ... father says mum has a traditional Lebanese attitude when it comes to disciplining the children, i.e. that physical force is appropriate” [LEB 6].

³⁸ There were two cases with insufficient information about the types of abuse or neglect reported for that child. This occurred when the case file was small and perhaps had not gone to Secondary Assessment Stage (SAS) 2 in which judgments and decisions about the child had been made. This occurred during the fieldwork when pre-determined case files could not be sought at the time and were randomly replaced by those available at the CSC.

Although physical punishment may be seen as culturally acceptable, this does not mean that all families of Lebanese background use this form of punishment when parenting, as the case above shows (the father was also of Lebanese background). Similarly, another case said, “carer (maternal aunt) expressed she utilises ‘time out’ or take away privileges and or talk through the issues. “No child abuse here whatsoever, did not believe in that method at all” [LEB 5]; and another said, “n/f told n/m he does not like children being hit because when he was a child he was also hit by his parents and he knows how it feels to be hit ... [NF] stated that he was born in Lebanon and [NM] was born here. He came to Australia in 1991. n/f stated that the way you discipline the children in Lebanon is different to the way you discipline the children in Australia. [NF] said that the children get hit as a way of being disciplined. [NF] stated that he is aware of the impact the children may have on hitting” [LEB 16]. Importantly, this intra-group variation demonstrates the importance for understanding culture in CP work, where it may be an ‘umbrella’ influence to all members of the group, but it does not necessarily manifest among all members of the ethnic group.

Neglect (Basic needs)

Frequency and nature of neglect

There were four of the 18 cases (22.2%) where neglect of basic needs was reported, and was considered the primary type of abuse or neglect for that child. Reports included, “basic needs at risk without intervention. The children are vulnerable to physical and psychological harm due to their young ages and reliance on their mother for most of their basic physical needs ... Also reported concerns about inadequate nutrition for the children. The children are at school and have food/lunch today but tonight not enough. Caller stated that the only food they have is some emergency bread that was provided by the motel as well as some butter. However the children are lactose intolerant and can’t use the butter” [LEB 2]; “inadequate nutrition” [LEB 7]; “overdue food. Caller stated father neglected the children’s care” [LEB 18]; “caller never saw mother cook for them. They only ever eat take away food” [LEB 5]; “concerns in relation to the children’s hygiene ... caller stated that the youngest child regularly arrives late to school in a dirty shirt and has no food in her bag. The child comes into class and says he is hungry indicating no breakfast” [LEB 1].

Reports where neglect of basic needs was not the primary type for that child, pertained to educational, medical, and housing neglect. For example, reports said “children have not gone to school for the last 2 days” [LEB 2]; “under the care of mother, the children have changed 5 different schools within a period of 18 months. Caller stated that the mother is always late to school with the children. Could not state if they attend regularly or not ... [Child] has been identified as having difficulties with spelling and reading (in year 3, 2007). [Child] repeated Year 2 as she cannot read ... [Maternal aunt and carer] had a sound understanding of educational needs for her children. Would cope with academic needs as she would set time for study and would individually give each child the time they need. Expressed that she would reach out if she felt she could not cope with educational demands” [LEB 5]; “he missed the last weeks of school prior to the school holidays due to the family’s homelessness however it appeared that n/m needed his support to manage the younger three children” [LEB 7]; “medical neglect ... mother left the hospital without a medical discharge and/or medication. It is believed that the [sibling] (2 y.o.) maybe suffering from pneumonia” [LEB 7]; “overcrowding” [LEB 5]; “previous reports relate to

inadequate shelter ... Dept of housing have made her a priority. Mother has been asked to vacate property due to rental arrears and has temporarily moved into a friend's garage for temporary accommodation" [LEB 7]; and "other reported issues pertain to inadequate shelter" [LEB 15].

Culture and neglect

The systematic neglect of basic needs among families of some cultural groups may more accurately reflect systemic socio-economic disadvantage. Thus, the effects of poverty need to be considered and teased out from cultural factors.

Emotional abuse

Frequency and nature of emotional abuse

Emotional abuse was reported in 15 of the 18 case files (83.3%), but was deemed the primary type of abuse in four of the 18 cases (22.2%). In the cases where it was the primary type of abuse, the identified causes included DV, AOD, and MH issues in the carer.

In cases where emotional abuse was the secondary type for that child, reports included "verbal abuse "I'll make you cry blood". Psychological harm due to instability and transferred parental stress" [LEB 2]; "with me, (mum) emotionally abuses me" [LEB 6]; "caller stated that he heard the mother swearing at all the children under 12 years" [LEB 16]; "risk of physical and psychological harm report related in part to the child aggressive behaviours towards her sibling" [LEB 15]; "mother schiz/bipolar/delusional fits of rage, calls eldest daughter a slut, slapped middle son on the face, "not hard, just enough to scare him" verbally and physically abusive towards the children high risk of psychological harm" [LEB 19]; "[child] stated that the mother does not hit her however she is very often angry and screams; she said that she feels nervous" [LEB 6]; and "mother reported to the caller that father is abusing the children verbally and physically ... father hits them, verbally abuses them because they are overweight and makes comments like "you are fat and disgusting". Risk of psychological harm. Caller stated that the mother is always being nasty to [child], screaming at her ... [child] gets cranky with her mother and the reporter was of the opinion that mum does not give enough affection to [child] ... mother yells at children frequently and the children have no discipline at all" [LEB 5].

Culture and emotional abuse

As with families of Chinese background, threat of returning children to the country of origin is one form of emotional abuse among families of Lebanese background. As one case said, "mother stated that the father has been verbally abusive towards her when she has stated that she is not willing to let the children go back to Lebanon. Mother has become fearful and believes that when the father has access to the children that the father will take them to Lebanon. Father has stated to her that he is going to abduct the child and take the children to Lebanon" [LEB 2].

Sexual abuse

There were no cases where sexual risk of harm was reported but another form of abuse or neglect was deemed as the primary type, and there was only case in which

sexual abuse was reported and deemed the primary type of abuse. In this case, the perpetrator was the child's cousin.

The report said, “[sibling] disclosed [perpetrator] goes into his room, locks the door, pulls down his pants and puts him on the bed and “starts humping me” and “started sex” ... [child] disclosed to aunt that cousin [perpetrator] rubbed his rude part against hers down there. [Child] and her brother [sibling] used to sleep at cousin's home. This occurred several times and he [perpetrator] told her not to tell because it is normal. Mother confronted [perpetrator]'s mother who said “it is normal he is growing up” ... [Sibling] disclosed that his cousins are very naughty and say silly rude words, and their mum doesn't say anything ... Sexually abused. [Perpetrator] was spoken to in the presence of his mother. [Perpetrator] has acknowledged what he has done and is attending counselling to address his behaviours. Referral to New Street was discussed and [perpetrator] agreed to the referral. Mother appropriate. [Perpetrator] made full admissions” [LEB 3].

Culture and sexual abuse

In this instance, the mother of the perpetrator may, in part, be normalising her son's behaviour to save face. If this is the case, cultural norms may partly explain her response. However, it could also reflect a personal response and as such has little to do with cultural factors.

Neglect (Inadequate supervision)

Frequency and nature of inadequate supervision

There were four of the 18 cases (22.2%) where inadequate supervision (including abandonment) was the secondary issue and none where it was the primary. Reports included, “caller stated that the children come home from school and the mother is not home ... the oldest daughter (13 years old) cooks for the children when they come home from school” [LEB 16]; “caller was trying to organise someone to pick up the daughter as she was crying. It took 2 hours for mum's sister to come and collect her. n/m tried to call other people but no one seemed willing to come” [LEB 20]; and “police explained to the mother that DoCS would be contacted. The mother is very enthusiastic about talking to DoCS regarding the child going to DoCS. Police said to the mother that they are not going to take the child” [LEB 15].

Culture and inadequate supervision

As with families of Chinese background, culture and inadequate supervision are related for families of Lebanese background; there are cultural and legal differences in the developmental age at which it is seen as acceptable to leave children unsupervised. These differences reflect level of responsibility typically assigned to children (where caseworkers may mislabel children as ‘parentified’), and perceived risk of harm to unsupervised children (where caseworkers perceive risk that families of Lebanese background do not). This issue is further discussed in Case Study 8.

Interestingly, a cultural paradox is observed. On the one hand, CP authorities in individualistic cultures like Australia monitor inadequate supervision because it is seen as a sign of neglect, and reflects (cultural and legal) norms about the age at which it considered safe to leave children unsupervised. Arguably, this is seen to have

the effect of creating a healthy (and responsibility-free) *dependency* between the parent and child, necessary for the development of a secure attachment style. On the other hand, families in collectivist societies typically outsource some of the parenting responsibilities to the eldest child. Arguably, this can have the effect of increasing their *independence*; if independence and responsibility are seen as correlated.

Yet, children from collectivist backgrounds may be labelled as ‘parentified’ in the sense that they have been given greater family responsibilities than their age-matched counterparts (instead of being labelled as ‘responsible’ which is likely to be the intention of the CALD-background parent). They may also be labelled as ‘dependent’ or not ‘self sufficient’ because of their relatively greater involvement in family affairs, which is in contrast to the individualistic value for individuation over responsibility or obligation to the family unit. Thus, it is vital that caseworkers do not judge cultural values that are different to those in the mainstream and accuse parents of neglecting their children as if there were mal-intent in their “inadequate supervision”.

**CASE STUDY 8: Culture and inadequate supervision**

“The school are also struggling to get the mother to pick up the youngest from school and expects the other children to be in charge of this responsibility. The school principal will be speaking to the mother again about how dangerous it is to have children walking down the street on her own. The caller said that the school have tried a number of strategies to engage the mother in the care of the child but the mother continues to neglect her child and the school needs to seek DoCS intervention” [LEB 1].

In this case, the mother may rely on older children to help take care of younger ones, a practice common among families of collectivist background, because they are being socialised to become responsible for domestic affairs. DHS caseworkers may be judging this cultural value and practice when they label it as ‘neglect of younger children’ and ‘parentification of older children’. In addition, the perceived risk associated with “walking down the street on her own” may be different for a family who has or is experiencing high level hardship or trauma; in comparison, this may not be perceived as risky or dangerous (in fact, the mother was experiencing extreme DV). It is important that caseworkers are not quick to judge or label culturally normative practices as harmful. To do so, is to demonstrate the problems with an absolutist approach to child welfare, as if one universal standard is applicable to all children regardless of their cultural context. Having said this, the children in this case were notably young:

“The children are vulnerable to risk of psychological harm given that they are being parentified and are providing care for their youngest cousin beyond their responsibility ... The mother has been told by mail and face to face that this needs to cease and that she needs to prepare her child for school. The mother’s standard response is that it’s the cousin’s fault as she told them to look after the youngest. The cousins are only 5 and 6 years old, and the mother does not seem to understand that it is her responsibility, not the children” [LEB 1].

Thus, it is important for caseworkers simply to be aware of the cultural context for families of collectivist background, so that they can more accurately differentiate between neglect (inadequate supervision) and normal cultural practices.

Co-morbidity

According to the three-tiered categorisation, there were three of 18 children (16.7%) experiencing only one type of abuse or neglect; 12 of 18 (66.7%) experiencing two or three types; and three of 18 (16.7%) experiencing four or more types. This suggests that co-morbidity for children of Lebanese background resembles a statistically normal bell-curve with the majority experiencing abuse or neglect occurs across a moderate number of domains in which their well-being is affected.

Presentations of children of Lebanese background experiencing abuse or neglect

Behavioural issues

The most frequent characteristic of children of Lebanese background experiencing abuse or neglect across the 20 case files was behavioural issues. These manifested in a range of ways, including, “[child] is reported to lose her temper easily, being rather defensive and argumentative if she does not get her own way. She can be oppositional and defiant but these behaviours are not unmanageable and appear to be settling ... the children’s behaviour has become irrational and she [NM] finds it difficult to look after them. [Child] has scratches on her and she scratches herself. The reporter said mum seems to be “blasé” about [child]’s behaviour. [Child] throws tantrums and runs away from school” [LEB 5]; “not accepted by many students in her peer group, often ‘fighting’ with the girls [LEB 9]; “[child] has issues – she’s truanting school and reports with disobedience and inappropriate language” [LEB 12]; “[child]’s behaviour has been erratic lately” [LEB 16]; and “school has concerns in relation to the children’s behaviour at school” [LEB 1].

Interestingly, one report said, “[child] was reportedly highly aggressive and abusive towards the n/m ... [child] reportedly started to physically attack the n/m and police stepped in to separate them. The caller stated that police told [child] that she had 2 choices – go home with n/m or go with police to be turned over to DoCS’ care. [Child] reportedly calmed down and agreed to go home with the n/m” [LEB 15]. This case demonstrates that the ‘threat’ of DHS intervention applies to both parents and children.

Other

Mental health issues were also reported. Reports said, “mother believes her daughter’s difficult behaviours relate to ADHD, no medications. Child attends school specifically for children with behavioural difficulties” [LEB 15]; and “suicidal ideation. ADHD, ODD (oppositional defiant disorder), schizophrenia” [LEB 17]. Also, one was said to have “ongoing parental/adolescent conflict bw s/c [*subject child*] and n/m” [LEB 15]; sexualised behaviour, “[child] is 13 yo, looks older, very attractive, and quite seductive” [LEB 15]; and a reported runaway, “previous records pertain to child reported as missing person ... mother wanted the child arrested for running away. Questionable understanding and insight of mother ... s/c truanting school” [LEB 15].

Table 6: Summary of 20 Lebanese case files

	All types of abuse or neglect reported ^c						Co-morbidity ^a	Primary type of abuse or neglect ^b	Possible causes of abuse or neglect ^c					Other presentations of child reported ^c				
	Physical	Sexual	Emotional	Neglect - Basic needs	Neglect - Education	Neglect - Inadequate supervision			DV	MH	AOD	Homelessness	Conflict with parent/s	Disability	High Needs Child	Sexualised behaviour	Runaway	Behavioural issues
LEB_1	✓		✓	✓			Moderate	Emotional	✓	(carer)	✓					✓		
LEB_2	✓		✓	✓	✓	✓	High	Neglect – basic needs	✓	(carer)	No	✓						
LEB_3	No	✓	✓				Moderate	Sexual										
LEB_4								Not enough info		(carer)								
LEB_5	✓		✓	✓	✓	No	High	Neglect – basic needs	✓	No	✓	✓				✓		
LEB_6	✓		✓	✓			Moderate	Physical	✓	(carer)	✓							
LEB_7				✓	✓		Moderate	Neglect – basic needs	✓	(carer)	✓	✓						
LEB_8	✓			✓			Moderate	Neglect – basic needs	✓			✓						
LEB_9	✓						Low	Physical	✓							✓		
LEB_10			✓				Low	Emotional	✓		✓							
LEB_11			✓				Low	Emotional	✓	No	No							
LEB_12								Not enough info								✓		
LEB_13	✓		✓				Moderate	Physical										
LEB_14	✓		✓				Moderate	Emotional		(carer)								
LEB_15	✓		✓	✓			Moderate	Physical	✓	(child)		✓		✓	✓	✓		
LEB_16	✓		✓	No	No	✓	Moderate	Physical								✓		
LEB_17	✓		✓				Moderate	Physical		(child)								
LEB_18	✓		✓	✓		✓	High	Physical	✓	(carer)	✓	✓						
LEB_19	✓		✓				Moderate	Physical		(carer)								
LEB_20	✓		✓			✓	Moderate	Physical	✓	(carer)		✓						

a – This refers to the extent of co-morbidity based on all the types of abuse or neglect reported, with 1 = Low; 2-3 = Moderate; 4 or more = High; *b* – The primary type of abuse or neglect was determined by the researcher based on what was reported in the case files. When there were several primary types, the current primary type at the time of the review was reported. Sexual abuse or assault was, as a rule, deemed as the primary type of abuse in cases where other types of abuse were reported, except in the case where only sexual risk of harm (ROH) was reported but not assault or abuse; *c* – Ticks (✓) indicate that the issue was reported somewhere in the file by a caseworker. “No” indicates that the caseworker made an assessment as to whether the issue was present for that child and recorded in the file that the issue was absent. Where blank, the data is considered “unknown”; the caseworker has neither indicated “yes” or “no” to the presence of the issue; thus, some of these issues may be present for a child but are not necessarily (systematically) recorded by caseworkers.

5.2 Types of issues reported

Cultural

Gender issues

Cultural norms regarding gender and physical punishment were noted. One report said, “mother admitted to hitting the children. Children were interviewed at school separately. Children disclosed that the mother had hit them, mainly [male child] ... “For some reason mum only hits me. Homework, I didn’t bring it home, belting me with the wooden spoon. When my sister did it, she didn’t do anything”” [LEB 6]. Arguably, such gendered punishment is a form of social modelling that transmits across generations to normalise the physical expression of anger among males in families of Lebanese background.

Family privacy

The common cultural norm of keeping family matters private among families of collectivist background was noted in a number of case files. Reports included:

- Mother also refused to provide a statement to police and to get photo’s taken of her injuries [LEB 1];
- Mother has stayed with maternal grandmother however states that this is not an option as there is not enough room in the home. She has no money left. When police asked mother what they argued about she wouldn’t tell police and said ‘family stuff’ [LEB 7];
- Mother informed CW that they are awaiting court date and that n/m and s/c [subject child] are ok and don’t need any help whatsoever. She also stated that what had happened concerning her son in law and daughter was a misunderstanding and that they will reconcile and live together again. CW could not offer any DV services as Nm was not available and MGM was hesitant on any DoCS intervention or advice [LEB 20]; and
- From police report: [child] was also interviewed, and he stated that he did not witness any assault taking place [mother was assaulted several times with a broom by father after consuming cocaine]. He stated that he was asleep. When he woke up in the morning, he went to school, and did not see any injuries on the victim. When he returned from school he saw the victim’s hands bandaged and he did not ask her what happened ... He has never seen his parents argue or fight. He finds the POI (person of interest) being a humble and good father. During their spare time, the children play in their bedrooms. They do not go into their parent’s bedroom. They go to bed around 9pm every day. What happens after that is not to their knowledge [LEB 1].

Migratory

Language issues

One of the more common migration-related issues was language needs. These were reported in a number of ways such as, “n/f requested interpreter due to limited English” [LEB 9]; “Arabic – father needs interpreter” [LEB 19]; “mum doesn’t speak

English very well” [LEB 1]; “on emergency medical report: NESB, unable to explain events” [LEB 1]; “the mother sometimes puts \$2-\$5 in the bag for lunch but does not fill out the lunch order and the child has not developed enough vocabulary or communication skills to tell the caller what she wants to eat [LEB 1]; “TIS (Translating and Interpreting Service): Arabic (with Muslim foster carers)” [LEB 4]; “Arabic interpreter” [LEB 13, LEB 16]. However, not all cases required an interpreter. For example some reported, “language barriers: none” [LEB 7]; and “no interpreter required” [LEB 5].

Lack of family support/social isolation

Reports on lack of familial support and associated isolation included: “social supports: None” [LEB 7]; “family supports: nil. Community supports: nil” [LEB 9]; “no family in Australia” [LEB 17, LEB 18]; “mother did not mention any supports or services that are involved with her or her child. There are no formal or informal supports” [LEB 15]; “the family has no support from other sources. Mother does not want assistance from her family” [LEB 16]; and “[NM] had limited family supports, she advised that while her family would house her, while she looked for accommodation, she stated that she did not feel comfortable there. She feels “victimised” by her siblings ... they made her feel unwanted ... Mother advised she cannot access family support as she has exhausted this already. For the last 2 weeks she had to borrow things off other people ... CW to contact mother and advise her that in the interim it would be in her children’s best interest that she move in with her sister. CSC to provide financial assistance for food. I advised her that she would have to stay with her family or find a refuge to stay in. She stated that her family has cut all ties with her” [LEB 2].

Inter-generational conflict

One case demonstrated intergenerational conflict between the mother and grandparents of the child. The mother was born in Australia and this in part may explain the intergenerational conflict. The case file said, “[NM] is getting calls from her mother and father in law saying ‘we’ll fix it between us’. [NM] said she said “no it’s too late, I’m protecting my daughter”. She said she saw the counsellor who made her realise that she needs to protect her children” [LEB 3]. In this instance, the NM has contravened the cultural norm to keep family matters private and is seeking extra-familial assistance.

Generalist

Domestic violence

Domestic violence was the most common issue reported among families of Lebanese background, at 12 of the 19³⁹ different case files (63.2%). Reports included, “eldest child did confirm the DV that brought them to the attention of the Dept ... “I’m going to kill you ... you are a slut” – verbal abuse from father to mother” [LEB 1];

³⁹ Two cases were of siblings in one family. As such, some of the descriptive quantitative analyses (where appropriate) are based on a sample size of 19 *different* case files, to account for intra-familial co-variation.

“significant history of DV in the past ... mother was stabbed in the eye by the father she required surgery ... mother was assaulted by father and his brother. This was at a time when the parent’s were about to commence a trial separation” [LEB 20]; “referral to DV counselling” [LEB 18]; “past violence against father, DV children witness to this – father not in the home anymore” [LEB 15]; “father has anger management issues. Frequency of contact will be reviewed once father has attended DV course, anger management course, and parenting course” [LEB 10]; “verbal DV” [LEB 8]; “DV reports relate to verbal DV between parents except one where parents reportedly pushing each other but no injuries reported” [LEB 7]; “physical and emotional DV perpetuated by father” [LEB 6]; “verbal DV incident between the mother and father at an access visit, police attended” [LEB 2]; and “[child] is emotionally distressed re parent’s relationship. The children’s emotional and psychological needs appears not to be considered by their parents in conflict and this situation is increasing their vulnerability to harm. Both children appear to witness ongoing arguments between their separated parents. It is known that this situation will impact on both children’s future capacity to develop healthy relationships and at the present they feel unhappy at home” [LEB 6].

A number of cases demonstrated how DV issues may be tied in with cultural ones. Four cultural issues were identified: gender, family shame, family cohesion, and religion (see Case Studies 9-12 below).

Issues with contact proceedings were identified and in some of the cases may be tied in with cultural factors. For example, reports include, “concerns from the maternal family that the mother has been allowing the father to visit the home and live in the home” [LEB 9]; “concerns the father has not been feeding children on access visits and sleeps throughout the access visit with the children being unsupervised” [LEB 2]; and “mother taken out AVO on father but does not abide by FLC (Family Law Court) order – mother allows father to have contact during dinner time with the children” [LEB 6]. That such issues may present is an example of cultural awareness for caseworkers.

Mental health issues of carer

There were nine of 19 different cases (47.4%) in which mental health issues in the carer were reported. Reports said, “mother said that when she gets upset she bashes herself” [LEB 1]; “[NM] stated that she made threats to harm herself and that she was at breaking point and does not want to hurt the children. The mother appears to be emotionally unstable and highly anxious due to having no permanent place to stay. Concerns are held for mother’s emotional state and how this will impact on the children” [LEB 2]; “mother has MH issues and is required to seek treatment for the restoration to occur. Mother keeps calling NF. Once there were 60 missed calls from her. Either Bipolar or Borderline Personality Disorder” [LEB 4]; “father has manic depression and alleged that mother is suffering from PND (postnatal depression)” [LEB 6]; “mother also has an on-going concern relating to depression and anxiety although she is medicated ... previous reports relate to emotional state of carer” [LEB 7]; “mother delusional thinks [child]’s having an affair with the father” [LEB 14]; “mother suicidal – possible schizo affective disorder [LEB 18]; and “mother has history of DV and was on medication when she stopped when she was pregnant. She attends [suburb] Community Health weekly for counselling for depression. With the loss of the baby, the mother may be at risk for PND” [LEB 20].

 **CASE STUDIES 9-12: Culture and domestic violence in families of Lebanese background**

Case Study 9: Gender issues

“Father attended mother’s house and made verbal threats. Children were present. Mother has also been threatened by her brother in law. Mother recently separated from her husband and there has been animosity between the extended family” [LEB 11].

This case demonstrates how perpetrators of DV may potentially extend to the whole side of the father’s family.

“During bereavement counselling (for 24 week still born), the mother denied DV over the last 3 years. The father was present for this” [LEB 20].

This case demonstrates the importance of not having the male perpetrator present during counselling. Part of the power differences between the man and woman in such a circumstance may be due to culture, and part due to the nature of domestic violence.

Case Study 10: Family shame

“The PINOP (Person In Need Of Protection, in police report – refers to n/m) holds fears for her safety due to previous physical abuse by her husband that she was afraid to report as it would bring shame to the family. Police hold no immediate fear’s for PINOP’s safety” [LEB 8].

Fear of family shame can affects the extent to which families of Lebanese background make disclosures and seek help.

Case Study 11: Family cohesion

“The mother is not accepting any responsibility for keeping the children safe, she has indicated that she will leave the father in the event of another domestic incident, however she has said this in the past and not followed through” [LEB 1].

It is possible that in this case, and despite the DV and harm to both the mother and the children, the mother perceives that she is protecting her children by keeping the family together. That is, she is protecting their place (by protecting the family name) in the community; the benefits of which include cohesion, belonging, and aid. Thus, ‘failing to protect children’ means different things to the DHS caseworker and the family of Lebanese (and other CALD) background. Indeed, the mother may be indicating she will leave the harmful situation because she feels pressured by the caseworker to say so, and thus, why she is not actually enacting it. Arguably, the victim of DV requires empathy for what may be lost for her, culturally speaking, should she leave the

harmful situation; this empathy may then allow her to perceive the threat of safety to her children in the way the caseworker perceives it, rather than downplaying or denying it. Arguably, this empathy may help counteract any fears the mother is having that the caseworker has come into her home with 'Western beliefs' about choice and freedom and independence, that she does not have (either perceived or actual). And a failure for caseworkers to understand, culturally, what is considered 'protective action' and 'safety of the child' for a mother of CALD background, compromises the ability of a caseworker to protect the child's safety. Moreover, victims of DV, regardless of their cultural background, often find it difficult to leave such situations for a host of psychological reasons, and so both personal and cultural factors need to be taken into account when addressing DV with families of Lebanese background.

Case Study 12: Religion

"Doesn't want him to be charged, happy with AVO. Advise children would be removed if charges and AVO not made. Don't want to, no choice. Saw kids upstairs mimicking violent behaviour. Mum acknowledges this. Wants divorce. Told p/gf (paternal grandfather) to go to the sheike for a divorce. Father of kids can't do that to him. Explained children and women that die as a result of this. Surprised hasn't happened before, whole face swollen, knife marks, didn't recognise (mum laughed)" [LEB 1].

With families of Lebanese background that are Muslim, it is important for caseworkers to be aware of appropriate measures that need to be taken for women to leave DV and a family.

Alcohol or drug

Alcohol or drug issues were reported in six of the 19 different case files (31.6%). Reports included, “caller said the mother has been on the methadone program in [suburb] for 3 weeks. Urine test showed positive for cannabinoids. Mother has long standing heroin history” [LEB 5]; “caller stated that sometimes mum drinks a bottle of alcohol per night. Not know how often this happens” [LEB 6]; “n/m is on a number of different medications, inc. valium and morphine. n/f has also alleged that n/m may be using heroin and is gambling ... and used cocaine and marijuana in the past” [LEB 7]; “n/f in jail because of drug dealing – also drug use” [LEB 18]; and “cocaine. Father has been referred for a drug and alcohol assessment with Tower Clinic” [LEB 1].

Homelessness

Housing needs and fear of homelessness were also reported, and are issues which can impact upon parenting efficacy. For example, it was reported: “children require accommodation” [LEB 1]; “Nm currently experiencing stress due to accommodation issues” [LEB 16]; “mother and the children were living in a refuge ... mother will be homeless as of tomorrow. [NM] stated that she received another termination letter from the real estate agent and she was told to go to a refuge” [LEB 5]; “he said that he phoned the Homeless line and was told they could assist himself and the child, but as his wife is a sponsored person and not a permanent resident, then she could not be assisted by the Homeless line, so he declined their assistance ... n/f said that they are homeless and that he has put in an application to DOH (Department of Housing) for more long term accommodation” [LEB 8]; “previous reports related to concerns that the mother and children were homeless. They had been residing with MGM for approx 2 months after they were evicted for not paying rent [LEB 20]; and “homelessness due to eviction. [NM] stated that the children are distressed as they continually ask where they are going to live ... caller is about to be kicked out on the streets with her three children who are under 9 years old. Children are getting sick – asthma is getting worse due to moving around everywhere ... Lack of adequate housing. The severity of harm is medium in terms of homelessness, given the instability which is likely to have been experienced by the children in recent months. The children require a stable and consistent environment in which their physical, emotional, psychological, and educational needs can be met ... Matter to be closed given no significant risk of harm issues. If she continued to neglect the issue of adequate housing the Department would have to reassess the children’s vulnerability to harm” [LEB 2].

Other

Financial issues were reported in some cases; “caller’s wife has only been in Australia for 9 months. And receives no money from Centrelink as she is not a permanent resident” [LEB 8]; and “rent going up next month to \$300 ... talked about budgeting ... relationship broke down, lives in unit, 6 children ... Family is undergoing financial hardship which has impacted on their day to day life [LEB 16]. Criminal activity was also reported, “dad in jail” [LEB 18]; “mother has ongoing problems with stealing. Re shop lifting incident – “I know it was wrong. I want my girls back and didn’t want this to effect that”” [LEB 5]; and “larceny. Car theft. [NF] has a lengthy criminal history, and is reputed as a leader of a Lebanese gang” [LEB 8]. Finally, high level

intra-familial trauma was also reported; “[NM] described a traumatic upbringing in which she only recently reconciled with her own mother however they still did not have a close relationship” [LEB 7].

5.3 Types of strengths reported

A number of strengths in families of Lebanese background were reported across the case files. One of the more common strengths was willingness to engage with services. For example, “n/m attending counselling and recently completed Triple P program ... was referred to [suburb] Women’s Health Service for generic counselling. n/m doing well. Accessing supports. Attending meetings at school, on medication, coping better, ex is supportive, assertion/depression courses” [LEB 16]; “attending parenting classes and drug and alcohol counselling at [suburb] and [suburb] Community Health Centres and [suburb] Multicultural Community Centre ... Explained what would be involved as the girls are parental responsibility (PR) to the Minister and that would mean that all arrangements would be made through the Dept. Agreed that she would be willing to co-operate and understood what was involved and work with the Dept ... “I would like to work with the Dept in arranging counselling for the four children”” [LEB 5]; “s/c [*subject child*] and n/m engaging with services ... n/m is aware that she can contact DoCS for assistance in the future” [LEB 15]; and “mother requested counselling for self and [child]” [LEB 3].

One case reported the children to have positive and engaging dispositions; “interviewed school principal who reported that these children are well presented and appear always happy” [LEB 6]. One mother was noted for her efforts to meet the children’s needs despite the DV in her home; “[NM] continues to ensure that her children’s basic needs are being met. They are attending school, after school activities, and are being taken to social events such as birthday parties and to school excursions” [LEB 2]. Other strengths included, “CWs sighted the bedrooms, well organised” [LEB 5], and “natural parents are divorced, however the n/f is very supportive of n/m and children. No further referrals need to be made” [LEB 16].

Another strength identified was family and other supports. For example, reports said, “caller states the children are supported through the school” [LEB 2]; “support well network with family. Mother regular visits” [LEB 5]; “mum has her sister and maternal family around” [LEB 11]; and “the paternal grandfather and his family are residing with the mother and children at [suburb] to support the mother” [LEB 1]. In one particular instance, the report said, “the absence of the father (in gaol) is a stress and a risk for this family however [child]’s extended family are a strength as they have demonstrated their protectiveness in informing the mother about [sibling]’s disclosures [*re sexual abuse*]; indicating they are supportive and will take protective action regarding the children” [LEB 3]. While it is commonplace for families from collectivist (and even individualist) cultures to deny or hide sexual abuse in the family for the associated shame it may bring, this family has demonstrated a supportive position, highlighting the importance of not stereotyping families because of the ‘within-group’ variation that can occur.

Finally, families of Lebanese background were preserving their cultural heritage which can act as a source of psychological strength through cultural membership. Reports said for example, “n/m says she wants to send kids to Arabic school” [LEB 18]; and “attends Arabic school” [LEB 1].

5.4 Types of issues families of Lebanese background report with DHS

As with families of Chinese background, families of Lebanese background report negative experiences in the foster care system and issues with removal. Reports said, “from a clinical point of view (paediatrician) [child] presents as having experienced disruptive family life with what appears to have been abuse and neglect in OOHC ... “I don’t like my old carers because they hit me for no reason and I use to spy on them and they smoke drugs” ... [child] said “I get very upset when I leave my mum’s house, I want to stay longer but I know we are not allowed to” [LEB 5]; “[NM] does not agree to this addendum. [NM] is of the opinion that all four children should be restored to her care ... [NM] does not want her children to be separated” [LEB 4]; and “I want to return to my family, I have changed” [LEB 9].

A number of cases indicated either a lack of awareness or understanding about the role or (statutory) power of DHS, or a fear of interacting with DHS. Reports said, “mother is cooperative with DoCS. When dad calls DoCS dad said don’t tell her. Scared about DoCS talking to mum” [LEB 6]; “magistrate asked why NM had chosen not to be represented. NM noted that she “needs to learn how to interact with DoCS” [LEB 4]; and “n/m thinks DoCS file is closed” [LEB 16].

Finally, one case expressed disappointment with DoCS and could reflect in part possible misconceptions about the role of DoCS (in addition to rationalising her abusive behaviour). The report said, “mother has not demonstrated any insight in relation to the risk of harm to the children. She blamed the Dept for not helping her during the last domestic dispute and stated it was the Dept’s fault that this recent incident occurred” [LEB 1].

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

Types of assistance received from DHS

DHS recommended to conduct regular home visits. They also provided financial assistance by paying for a computer, the cost of moving furniture into storage, rent, and one night’s accommodation.

Examples of culturally appropriate practice

Consultation with multicultural caseworkers

No cases reported referring to multicultural caseworkers for assistance on how to meet the cultural needs and engage appropriately with a family of Lebanese background. However, such engagement may have occurred in the field.

Culturally appropriate analysis by caseworkers

A number of excerpts indicated culturally appropriate analysis by caseworkers in their decision-making and assessments, in that they reflect cultural awareness, cultural sensitivity, and/or cultural competency. Reports included, for example:

Analysis demonstrates cultural awareness

- [NGO CW] said that DV victims from Middle Eastern background who reside in the [western suburbs] area do not adjust well in the Eastern suburbs area ... they tend to feel isolated and there is lack of culturally appropriate services ... suggested that we consider a refuge in the [western suburbs] area where she could have more supports [LEB 1];
- Mother appeared not to know how the system and agencies would work. CWs advised her where to go and who to speak to i.e. DOH, Centrelink, etc ... Mother was strongly advised not to be ashamed and seek financial assistance re: bond etc from Dept Housing and obtain details from local CSC re agencies that may be able to assist with food vouchers ... Mother was embarrassed and very grateful for the assistance with groceries [LEB 2]; and
- The severity of the physical harm is assessed as being serious in nature and may impact on [child]'s emotional and psychological well being ... displays concerning behaviours such as anxiousness, attention seeking, or challenging behaviours. Whilst it is acknowledged that the parents belong to a different cultural background and may have different experience and understanding of appropriate child rearing practices however, it cannot be discounted that the likelihood of physical harm continuing is of concern. The family is currently undergoing a stressful time as a result of various factors operating within their lives. These factors directly impact parents parenting and their ability to cope within a stressful environment. Hence without appropriate intervention the likelihood of harm continuing is high [LEB 16].

Assessment is thorough, balanced and appropriate

- Interview with mother about discipline techniques, what do parents do if child does not listen? How would they describe their parenting style? What are the rules in the home? How strict are they in enforcing them? How is discipline managed? Who is responsible for maintaining discipline? How do the children respond to this? How effective is it? How do they reward their children? Parents stressors? Parents attitudes towards children? Supports? Mother's relationship with father? [LEB 6].

Culturally sensitive engagement with families

A number of excerpts indicated culturally sensitive engagement with families of Lebanese background. These included:

Offering and providing culturally appropriate services

- Was given the Muslim Women's Refuge [LEB 1];
- I finished anger management. Maronite Family and Adult Counselling Service [LEB 9];
- Adventure Camp ... Alzara'a Womens Group for computing course ... Gone to course on budgeting [LEB 18];

- Given that there may be a lack of understanding/insight into Australian laws (as identified by the caller) it is recommended that the mother be educated around what constitutes acceptable discipline and what is not. Alternative disciplining methods to be explored with mum. Referrals to appropriate supports and services is recommended [LEB 6];
- Offer family support. Referrals to be provided to n/m for supports and counselling. n/m was offered referrals for counselling and the Arabic Council, however she said that she did not want any referrals at present as she does not want too many services involved. s/c [subject child] will be attending anger management course, behaviour classes, controlling behaviour ... Culturally appropriate supports for family may be beneficial [LEB 15];
- Referrals have been made for family ... Mother given number for [suburb] CHC (Community Health Centre) for sexual assault (SA) counselling. [Suburb] CHC no SA counselling available. Long wait for counselling via [NGO]. CPU [Child Protection Unit] cannot provide counselling unless DoCS/JIRT (Joint Investigative Response Team) investigation complete ... [child] has been referred to CPU at Westmead for sexual abuse counselling to address the impact of this abuse ... [sibling] attending counselling through Our Lady of Lebanon for sexual assault [LEB 3].

Educating families

- Reporter will arrange a Arabic counsellor to educate father about bi-polar [LEB 19]; and
- CWs made it very clear to the mother (in Arabic) that should another DV incident occur that matter would be taken to court [LEB 1].

Keeping families together

- [MCW] advised that DoCS could have removed the children this week but we wanted to keep them with their mother [LEB 1]; and
- Caller was upset that DOH had told her that her children would be taken away from her if she didn't seek accommodation. DOH have stated that they won't assist mother anymore and will involve DoCS to have the children removed from her. Mother wanted to again confirm that DoCS would not take her children away from her. Advised mother that removal of children was not DoCS' first response when assisting families [LEB 2].

Culturally appropriate placements

- Paternal aunt is the carer [LEB 12];
- Cultural identity maintained by carers within family context [LEB 10];
- 2 children have been living with n/m and m/extended family members in m/grandmother's home since the separations [LEB 8];

- In the court orders, he is only allowed contact with his father for “medical and religious needs” [LEB 4]; and
- Natural father – whereabouts unknown. [Paternal grandmother] responsible for day to day care of [child] – who is under Minster’s care till 18 years. Maternal aunt seeking to have contact with [child] so that she can meet her sisters once a month for 1.5 hrs (under supervision of CW), and expressed interest in looking after all four children on long term basis. The Court recommended that [child] stay in the care of [paternal grandmother] as it is not in the child’s best interest to be moved. [Child] has stated she would prefer to live with maternal aunt ... After a placement assessment was approved, the girls moved in with their maternal aunt [LEB 5].

Long term support

- DoCS provided case management to the family in [year] and closed the case in [year] stating that the issues seemed to have settled within the family. It is reported that the children are good at home and at school. PANOC [*Physical abuse and neglect of children*] terminated its work after 2 years of involvement around issues of parenting, alternative ways of disciplines and understanding child development [LEB 16].
 - This is especially an example of good practice because despite the serious physical harm in the family, DHS made long term efforts to keep the family together. In part, this may be related to the number of caseworkers of Lebanese background in this CSC who are able to offer each other culturally appropriate consultation.

Example of good practice not related to cultural factors

There was one example which demonstrates good analysis by the caseworker and which is not related to cultural factors. As the report describes, “[child] is currently physically safe as he has no contact with the POI [*person of interest*], his mother is protective, and believes [child]’s disclosures [*re sexual abuse*]. Severity of harm is medium due to mother’s acceptance of disclosure and protective action. However, [child] is a very young child exposed to sexual behaviour beyond his normal development age, and the impact of this will only be known with time” [LEB 3].

Examples of culturally inappropriate practice

No cases of over-intervention or provision of culturally inappropriate services were identified.

Failure to understand or meet cultural needs

There was one case that could demonstrate failure to meet or understand cultural needs. This case file reported, “AVO protecting mother and children from father. Mother not being protective, not enforcing AVO” [LEB 1]. While indeed this assessment is accurate, cultural awareness would be demonstrated if the caseworker reported that they acknowledged the conflict for families of Lebanese background in which familial cohesion is paramount to this (and other) collectivist cultures, and which impedes on her ability to keep her children safe. That is, part of the solution to

reconciling this dilemma for families of Lebanese backgrounds is simply acknowledging it.

5.6 Types of personal, organisational, or institutional barriers to culturally appropriate practice

Personal

One barrier DHS caseworkers reported with families of Lebanese background at the personal level was a lack of willingness to engage with services. One case said, “secondary assessment ... indicates it was very difficult for CWs to engage with the mother” [LEB 20], although in this case, this difficulty could have been related to both fear associated with DV as well as a fear of DHS. Another case said, “since [month, year], the Department in conjunction with a number of other agencies including the Housing Department, Salvation Army, Smith Family, St Vincent de Paul, Narcotics Anonymous, Probation and Parole Service – [suburb], Jarrah House, [suburb] Drug Court, Family Support Services and various Women’s Refuge insistently offered to help and assist [NM]’s family to ensure the children’s physical, medical, developmental, and emotional needs would be met. However the mother appears to be failing to do so, or has demonstrated difficulty in addressing these issues due to reported allegations of unresolved addiction to illegal drugs and persistent criminal activities. The Department and other agencies have offered all possible resources to support the family intact but this did not achieve a satisfactory level of care for the subject children” [LEB 5].

Another issue that may emerge during personal engagement with families is the issue of over-identification among caseworkers of CALD background. This issue is further explored in Case Study 13.

Two other personal-level issues were also identified. One was issues regarding family reporters. One case said, “paternal aunt wished to be anonymous. Mother is unaware reporter is giving a ROH notification” [LEB 20]. While the desire among family reporters to remain anonymous is not exclusive to families of Lebanese background, this example can be used to demonstrate the importance of anonymity among families of collectivist cultures in which name and face in the community are important. Also, another case highlighted intra-familial differences in opinions of where children should be placed. As one case file reports, “[child] wants to live with mother but paternal grandmother fears that parents are not good because of drug problems and criminal history” [LEB 5].

Organisational

Resource constraints were identified in the case files. For example, one said, “due to current workload unable to allocate matter for further assessment. Matter will be closed in accordance with case closure policy” [LEB 6]. One report indicated a service gap for families ‘at risk’ of homelessness. This case said, “mother states that she has been in touch with Homeless Persons but because she is not ‘homeless’ yet they cannot help her. Caller states that her organisation cannot help because they deal with victims of DV only” [LEB 2]. Importantly, this issue is not exclusive to families of Lebanese background. Finally, one report said, “mother was finally accepted by [refuge]. It was mentioned that this may cause problems as the mother is away from her Muslim community supports” [LEB 1]. Importantly, this shows that the

caseworker is culturally aware of the mother's needs but the barrier to culturally appropriate practice in this case was a result of resource constraints.

 **CASE STUDY 13: Caseworkers of CALD background who may project or over-identify with their CALD families**

One family of Lebanese and Muslim background reported extreme DV, drug use by the father (cocaine), neglect of basic needs for children, low English proficiency in the mother, self-harming behaviours in the mother, behavioural issues at school among the children, and the mother was not enforcing the AVO. Counselling for the mother and children was recommended, as was a Muslim women's refuge [LEB 1].

As reported in the case file notes, the caseworker was not slight in the way they explained to the mother that she was causing harm to her children by failing to protect them. The nature and intensity of the intervention was considered appropriate, as it was in proportion to the high-level denial and rationalising of the mother by keeping her children the violent home.

Interestingly, however, this caseworker was of CALD background themselves. It is possible that because they identify with the family shame and need to protect family cohesion, common to collectivist cultures, that part of their intervention is influenced by personal projections and over-identification. Thus, while the received treatment may be appropriate for that CALD family, the processes that produce the good outcome still need to be considered. This can help avoid a situation where families of CALD background are shamed by caseworkers of CALD background, whose manner may be perceived as particularly harsh or forthright, for not taking protective measures in accordance with the caseworkers' criteria for safety of the children.

Institutional

Children within the 20 case files for this group varied in their ethnic background with some being "Lebanese" [LEB 8, LEB 16]; "Jordanian" [LEB 17]; and "Syrian-Lebanese" [LEB 10]. However, inconsistent coding for the ethnicities of families was noted, as with families of Chinese background. Across the 20 case files, children were reported as "Lebanese Australian" [LEB 12]; "Cultural background: Lebanese. Identity: Arabic" [LEB 9]; "family is from a Lebanese background" [LEB 5, LEB 11, LEB 16]; "Cultural Middle Eastern" [LEB 15]; "Culture: Arabic" [LEB 7, LEB 11]; and "Culture: Muslim [LEB 20]".

One case file (like many others across all the CALD case files) said, "Culture: not aboriginal" [LEB 15], demonstrating a bias in the way cultural issues are addressed within DHS; that is, that culture is only seen as being relevant for children of Indigenous background. Another caseworker said, "Culture – no" [LEB 7], demonstrating a failure to understand culture and cultural issues. That is, culture is not something a person has or does not have, as in the way a family does or does not have MH or AOD issues; all people have culture and it is not a "yes/no" decision. It is possible that, given the time constraints and stress associated with CP work, caseworkers use such 'shorthand' to address cultural issues and reduce them to either

language needs or possibly even generational issues. That is, if the child is second generation Australian, and it is assumed they are assimilated⁴⁰ or integrated, then cultural issues may be considered as not relevant to the context of that child. In terms of language, it may be shorthand for high English proficiency and therefore that culture does not need to be considered.

Also, country of birth ('COB') and 'first language' were recorded for each family member on a Department of Housing (DoH) form [LEB 7]. Similar recordings are required on DHS so that inter-generational issues can be acknowledged, especially given that in this case the first language at home was English, and not Arabic; language spoken at home is being treated here as a proxy for possible intergenerational conflict.

While some caseworkers appropriately reported on culture and language separately, for example, "cultural background Lebanese, perfect English" [LEB 15]; "the family are from a Lebanese background and an interpreter is not required" [LEB 6]; and "family are from a Lebanese BG (background) and no language barrier" [LEB 7], some caseworkers reduced cultural issues to language needs. For example, "cultural issues: no language barriers" [LEB 7]; "family is Lebanese in origin but speak English" [LEB 3]; and "the family are of Lebanese descent but do not require an interpreter" [LEB 2]. It is the use of the word 'but' rather than 'and' in these latter reports which lies at the heart of this issue; culture and language are related but not synonymous. One caseworker reported that family as: "culture: Islamic and Arabic – all family members speak English very well" [LEB 1]. This description is considered ideal as it is comprehensive; taking into account culture and religion, and not reducing these to language needs.

5.7 Summary

Physical discipline and neglect of basic needs were the two most common primary issues reported among families of Lebanese background. Emotional abuse was the most common secondary type of abuse. Physical punishment may be justified by parents who see the use of this parenting behaviour, with the intention of disciplining children, as culturally acceptable. Co-morbidity of issues is generally moderate, indicating that issues tend to occur across a few domains of compromise to the child's well-being. Behavioural issues were common among children of Lebanese backgrounded experiencing abuse or neglect.

Some possible causes of, and issues associated with, abuse or neglect for families of Lebanese background may include (i) cultural factors (gender issues and family privacy); (ii) migratory stressors (language issues, lack of family support/social

⁴⁰ According to Berry (1980), there are four heuristic types of acculturation: *Integration*: high cultural preservation and high cultural adaptation; *Assimilation*: low cultural preservation and high cultural adaptation; *Withdrawal*: high cultural preservation and low cultural adaptation; and *Marginalisation*: low cultural preservation and low cultural adaptation. However, his theory has a psychological focus and not a sociological one, and so the word "assimilation" in this context refers to personal preference or choice. When power between ethnic groups at the sociological level is taken into account, the word "assimilation" no longer represents a personal choice to acculturate through assimilation, but that differences in social power 'force' the individual who belongs to the group with less social power to become more like the dominant group.

isolation, and intergenerational conflict), and (iii) generalist issues that are common to all families regardless of their cultural background (especially domestic violence, but also mental health issues in the carer and alcohol or drug issues).

Many families were willing to engage with services, and children's resilience was acknowledged among some caseworkers. Extended family and community support and cultural preservation may also be sources of strength. Families reported issues with DHS including abuse in the foster care system and frustrations with removal. Lack of awareness or understanding of the role of DHS was noted. DHS provided financial assistance as well as services in the form of referrals and recommendations. A large number of culturally appropriate practices were identified including culturally appropriate analysis and culturally appropriate engagement (but not consultation with multicultural caseworkers even though this may occur in the field). Only one possible example of culturally inappropriate practice was identified and pertained to possible failure to understand or meet cultural needs.

Personal barriers to good practice included a lack of willingness to engage with services, and caseworkers of CALD background projecting onto or over-identifying with their CALD families⁴¹. Resource constraints were identified as a barrier to good practice (but this was not exclusive to families of Lebanese background). DHS require a more consistent categorisation of families to address issues of ethnicity, and caseworkers need to be mindful that they do not reduce cultural issues to language ones or as being only applicable to families of Indigenous background.

⁴¹ In this study, over-identification emerged in the form of possibly extra-stringent interactions between CALD caseworkers and CALD families. Contrarily, the findings of Stage 3 (see Interim Report 3) showed that over-identification had little to do with 'harshness' in manner but more the opposite – downplaying abuse or neglect in a CALD family because of empathy. Thus, over-identification can manifest in both ways.

6 Children and families of Pacific Islander background

6.1 Primary and secondary types of abuse and neglect reported

Physical abuse

Frequency and nature of physical abuse

Table 7 contains summary information on the 20 Pacific Islander case files⁴². The most frequent type of primary abuse that emerged across the Pacific Islander case files was physical, at 11 of 20 (55%). Among these 11 case files, reports of physical abuse varied in intensity and included for example:

- Hit with ruler, electric cord [PAC 1];
- Slapping children. Cigarette burns [PAC 13];
- Children slapped and physically disciplined [PAC 20];
- There have been 16 previous reports for [child]. Issues pertain to physical harm [PAC 7];
- Issues relate to physical abuse of the children by their father (and an older sibling has experienced verbal/emotional/physical abuse by a DoCS foster carer) [PAC 10];
- Mother threw a shoe at [child] because he was refusing to go to school. [Child] stated that his mother smacks him regularly and hits him “everywhere” [PAC 19];
- Disciplining him by hitting him on the leg and arm with a shoe ... Hit with strap and the notifier claimed that children’s screams are not an unusual event in the household [PAC 8];
- Child disclosed that he is hit at home particularly when the school makes contact with family around discipline issues at school ... mother hit [child] with a belt on left thigh causing a bruise ... scared to go home, maybe get a big smack ... father has hit him with a metal pole ... hit by mother with her bag ... hit by father with a tree branch. [Child] had cut on his head ... father hit him with a metal rod and threatened to hit him again tonight, the physical harm was due to [child] turning the TV off because there was a problem with it [PAC 12]; and
- [Child] physically assaulted by his mother and aunt ... [child]’s mother has assaulted him by repeatedly kicking, hitting, and punching him with steel capped boots. [Child] has sustained injuries to his head, neck pain, facial abrasions, and a large amount of bruising on his lower back. [Child] required medical treatment ...

⁴² Three cases were of children belonging to one family (Family File 1) and another three cases were of children belonging to another family (Family File 2). As such, the two x two additional children in each family (n = 4) have not been included in some of the descriptive quantitative analyses due to the high intra-familial co-variation. Thus, a total sample size of 16 different case files has been used for this CALD group where appropriate.

[child] had been repeatedly choked by his mother, referred to JIRT. JIRT investigation, [child]’s mother was charged [PAC 17].

Across these 11 case files, the perpetrator (where reported) was either the natural mother (n = 5), the natural father (n = 2), both natural parents (n = 1), the maternal aunt (n = 1), a significantly older partner (n = 1), and the grandmother (n = 1).

In the four of 20 cases (20%) where physical abuse or assault was reported but was not the primary type for that child, one report said for example, “mother abusive to children (emotionally and physically) ... mother smacks children in front of the school personnel ... Multicultural Community Centre reported mother hits her children. Mother admitted to this but said it was only “light” and does it because the children don’t listen ... [child] told teacher’s aide last week just before suspension that he spent the school holidays with his brother [sibling] and [sibling] hit him a lot of times with a large metal spoon ... mother is aware that [sibling] hits his younger brothers ... it looks like there is not much discipline used at home” [PAC 2].

Culture and physical abuse

Generally, physical punishment is regarded as culturally acceptable among families of Pacific Islander background, as it is with families of Chinese and Lebanese backgrounds. As one report says, “[child] is very vulnerable to harm due to mother using excessive force as method of discipline. N/m stated she smacks the children as a form of discipline when they do not listen. Interview with n/m: “I told kids they have to obey parents. [CPCW]: “If physical abuse continues, placement with family in jeopardy ... immediate response – would take it to management”” [PAC 12].

Some families may not demonstrate insight into the harmful effects of physical punishment; for example, “CWs noticed that there was no interaction between [child] and his parents even when crying. Parents showed limited insight into the incident however admitted hitting [child]” [PAC 12]. On the other hand, some may; “harm was substantiated however harm in the future cannot be substantiated at this point as the grandmother is in agreeance with the Dept’s expectations re: physical discipline” [PAC 6]. Thus, intra-group variation occurs and cultural norms regarding the acceptability of physical punishment should not be used to stereotype families of Pacific Islander background.

Also, some families of Pacific Islander background may be aware that their culturally-informed behaviours are against Australian law, whereas others may not be aware of this clash. For example, “[uncle] stated that he would like to discipline the child “the Samoan way” however he believes that he cannot as this entails “belting him” and he understands this is against the law” [PAC 16].

Finally, physical abuse may also be tied in with religious factors for some families of Pacific Islander background (see Case Study 14). Thus, in the way some individuals may justify the use of physical punishment in the name of culture, despite the law, some individuals may justify the use of physical punishment in the name of religion, despite the law. (Importantly, fundamentalist individuals from any religion may pose similar issues in the CP context).

Sexual abuse

Frequency and nature of sexual abuse

For four of the 20 cases (20%), sexual risk of harm, assault or abuse was the primary issue. Reports included, “issues pertain to sexual harm (multiple reports) ... Two incidents of sexual assault by her adopted father” [PAC 7]; “Department has organised for [child] to attend sexual assault counselling with [NGO]” [PAC 13]; and “she has no contact with her n/m, n/f is believed to be deceased, and she lives with her maternal uncle and aunt – whom she calls mum and dad – and it is her maternal uncle that she claims to have sexually abused her. [Child] alleged ongoing physical and sexual abuse from her step father and step brother. Was not substantiated. [Child] has been referred for sexual assault counselling with Rosie’s Place in the past however refuses to attend there or speak with anyone in relation to the sexual abuse” [PAC 14].

There was one case where both sexual and physical abuse were relatively equal in their occurrence and thus were both considered to be primary types of abuse for that child. However, the only current form of abuse was physical and as such, this has been recorded as the primary type of abuse or neglect for this case.

Culture and sexual abuse

Disclosures of sexual abuse can affect acceptance by the community, which in turn, compromises sense of family cohesion and perceived social support for members of this collectivist culture. As one report describes, “[child]’s family identifies with the Mormon faith and attend church regularly. [Child] does not attend church regularly however at times church will be an important issue for her and she will regularly attend. [Child] also attends other churches such as Hillsong and Christian City Church as a way of meeting her faith. [Child] describes that it is difficult to attend her own faith church as in her culture she needs to be introduced to the Mormon church through a family member and her family are not willing to do this given she has made allegations about her step father and the church believes that the step father is innocent” [PAC 14].



CASE STUDY 14: *Physical abuse and religion*

NF: Love = vigilant and disciplined. I'm not an alcoholic, no drugs, I was a cop, I know drugs are bad ... I don't want my children involved in criminal behaviour, that's why I discipline diligently. Read from bible (proverb 20 vs 30) "blows that wound, cleanse away evil" ... "beating make clean that inner most part".

CW: You believe that?

NF: I truly do. It means it is an obligation from God to look after my kids. It's my responsibility to discipline the children.

CW: Types of discipline?

NF: Never ever use punches, never it would send him away forever. Use a belt and slap him. It's good to pinch him. That will tell him he knows why he got it. He learns from it ... the bible says the "rod" is not good might harm him. The belt will give him a hint that what he has done is wrong ... want him to cop the blow but not to leave marks, I'm scared of what God will do to me ... if I don't discipline him it means I hate him.

CW: It's not about discipline, it's about level of physical force.

NF: I consider physical force a punch or strike in the face ... I use the belt on all my kids so that they will be good citizens of Australia.

CW: Common law not to use implements.

NF: You're assuming everyone knows the law.

CW: I'm just telling you. No implement which leaves mark, no physical force.

NF: The bible guides me. It allows me.

CW: Hard as it may seem, DoCS cannot let you use that discipline. Discipline is ok, but not with a belt leaving marks. Not ok, unacceptable.

NF: If for my father using the belt on me, I wouldn't be here right now. I love my family.

CW: I know that. There are just some things that aren't ok. We want to help you. This is an adult talking to an adult. It's not your fault.

NF: You have your own man made laws but the only law I believe in is the bible ... If God thinks what I am doing is wrong, God will punish me.

CW: We are in agreement that we want all children to be good citizens, but can we agree on not using physical punishment.

NF: I don't hit my children all the time. He is given numerous warnings. If he doesn't learn, I hit. I don't hit him every time he is naughty. I am giving you my word.

CW: Can we find a common ground to work together to come up with more appropriate forms of discipline?

NF: Started disciplining my son at 3 years of age. Between 3 and 5 I just talked to him. At age 7 I started using the belt.

CW: Why age 7? Does bible say so?

NF: No. I just know at 7, he needs to know what he is doing is wrong. Talking to him won't work ... At 7 they know wrong from right.

CW: It sounds like you could use different methods and discipline other than the belt.

NF: Well it's not about the belt, the belt is the last resort.

CW: That is not ok at all.

NF: But I don't use it every day. If your child needed warning after warning and kept behaving that way what would you do?

CW: This is about you.

NF: Discipline is my obligation.

CW: Are you willing to discipline other ways?

NF: Yes.

CW: Could you make the commitment to never use the belt on any of your children ever again?

NF: No. It's just the last resort, but like I said, it's God's way.

CW: Wife use belt?

NF: No.

CW: We can't receive any more reports of your children having marks. Using belt not acceptable, leaving marks not acceptable. Department may need to take court action.

NF: What type of legal action?

CW: Removal, assumption, medical, care application, last resort.

NF: What you did yesterday, who authorised that?

CW: The law.

NF: If my child gets any diseases, I will come after you. That's not a threat.

CW: Yes it is.

NF: That's a promise.

CW: You were asked to take [child] for a medical, and you didn't.

NF: I was going to that afternoon.

CW: Well that's not good enough.

NF: How dare you take my son without telling me? Imagine if you got into a car accident on the way?

CW: Hypothetical. Your child was brought back to school by 3pm for you to pick up.

NF: I just want you to know that I will come after you if something comes from that needle yesterday. I am not stupid I care for my son.

CW: Loving your son is not the issue. It's the physical force you use with the belt.

NF: Show me the law.

CW: I am not happy that we can't find a middle ground. I'm telling you, our framework says no belt.

NF: Give me a copy.

CW: Even if we got you the law, would you stop?

NF: I would have to read it.

CW: I will bring you the legal documents. Last thing, no more reports on your children re: physical harm or court action initiated. Please do not use the belt or any implement. Do not leave marks.

NF: Ok.

[PAC 4]

In this case, the father is a church minister. The extent to which his views reflect personal and cultural factors is difficult to disentangle. Nonetheless, it is important to tease out their relative contributions so that a caseworker can more accurately tailor their intervention. (By analogy, if a psychiatrist can determine the extent to which depression is determined by neurochemical imbalance against experienced trauma, then the appropriate balance between anti-depressants and counselling can be designed for that individual).

Neglect (Inadequate supervision)*Frequency and nature of inadequate supervision*

There was one case where inadequate supervision (including abandonment) was the primary issue. The report said, “his family does not appear to have any concerns about his welfare. Mother unable/unwilling to collect child from police station on several occasions. Parents have refused to take responsibility. No other family options known ... Reports relate to child abandoned, inadequate shelter, and runaway child. Report from police: considering the circumstances and the extreme lack of action by DoCS and the YP’s (young person’s) family it is understandable that the YP, after spending 15 hours at a police station would leave of his own accord. [Older sibling] said that [child] cannot come home and if comes home he will kill him. [Sibling] said [child] causing a lot of stress for the mother and they do not want him there anymore” [PAC 16].

However, inadequate supervision (including abandonment) was a common secondary issue with 11 of the 20 case files reporting this (55%). Reports included, “children frequently seen without supervision, and are allegedly known to be continually roaming around the streets including at night” [PAC 2]; “concerns that children are caring for themselves” [PAC 4]; “previous reports pertain to inadequate supervision” [PAC 7]; “children not properly supervised by n/parents. N/F works from 2pm to 10pm so is unable to provide any supervision” [PAC 20]; “inadequate supervision for age” [PAC 15]; and “abandonment by the mother” [PAC 13].

Culture and inadequate supervision

The cultural issues of differences in age-appropriateness for leaving children unsupervised, and differences in risk perception for doing so, were not cited for this group, in the way they way were for families of Chinese and Lebanese backgrounds. As such, they seem to be more indicative of neglect, rather than cultural differences in characteristics of what may appear to be neglectful behaviour but which may not necessarily indicate “neglect”.

Neglect (Basic needs and education)*Frequency and nature of neglect*

There were two cases where neglect (of basic needs and educational neglect) was the primary issue. Reports included, “inadequate nutrition ... [child] and [sibling] frequently come to school with no food” [PAC 15]; and “[child] absent from school due to looking after younger siblings” [PAC 18].

As with inadequate supervision, neglect of basic needs and educational neglect were common secondary issues for this CALD group. Eight of the 20 case files (40%) reported neglect of basic needs, and six of the 20 case files (30%) reported educational neglect, as secondary types. Reports in these cases included, “school attendance was only average despite the closeness of their residence to the school ... Lack of language skills ... Caller [school teacher] stated that mother has been urged to take [child] to see a paediatrician for the last 2 years but mother won’t do it. Caller wants to know what DoCS will do about this. Mother stated she’s ok to bring [child] for another paediatric assessment if DoCS organises and pays for it ... reports made

for the child in relation to medical treatment not provided ... caller is aware that the child only has one pair of shoes, 2 pairs of socks and 2 pairs of underwear to get him through the week ... child presents in an unkept manner at school and is often in dirty clothes ... unknown if there is adequate bedding for the children ... child regularly has no food ... children not provided money for the canteen ... No food in fridge or cupboard, no toys or clothing sighted. House was clean but empty ... child said he sleeps in a single bedroom with 4 brothers on 2 single mattresses on the floor ... House in very poor condition, the smell and the appearance of the house – hole marks in the door. Concern about their health in the house ... reports made for the child in relation to inadequate nutrition” [PAC 2]; “caller stated that [child] has a sore ear with pus and blood and the mother stated that she took him to the doctors but the child stated that he had not been to the doctors. There is a high concern given that the mother has not provided medical treatment” [PAC 19]; and “inadequate furniture and bedding in the house, inadequate nutrition for the children also reported” [PAC 20].

Culture and neglect

While neglect may be a common issue for families of Pacific Islander background, and therefore it may be cognitively easy to misattribute this issue to cultural factors, it may in fact be an issue relating to systemic poverty that more explains the presence of this issue as a common factor for families from this CALD group. It is important that caseworkers remain mindful of teasing out the effects of culture from socio-economic disadvantage for any cultural group.

Emotional abuse

Frequency and nature of emotional abuse

There was one case where emotional abuse was the primary issue. As it described, “child disclosed to his teacher’s aide that no one at home loves him, and he has been told to pack up and go ... caller believes that this has been an ongoing threat made towards the child ... child said mother doesn’t call him by his name and calls him “the little mongrel” ... mother tells the child she doesn’t know why he is living here all the time ... Emotional abuse by the mother. Persistent caregiver hostility. Verbal abuse by mother. Caller has concerns for [child] when he gets home. [Child] stated that he going to be killed when he gets home. [Child] has real fears about going home. There is a lot of emotional abuse from the mother ... mother blames him for his sister’s death ... mother said once to [child] in front of school principal “I wish it was you who died in the accident not [sibling]” ... psychological harm ... It appears the mother lacks insight into the negative effects her actions have on her children” [PAC 2].

Emotional abuse was a common secondary issue, with nine of the 20 cases (45%) reporting this issue. Reports in these cases included, “emotional harm due to the possibility of the n/m making threats towards [child]” [PAC 12]; “risk of psychological harm” [PAC 14, PAC 16]; “[child] appears to be at risk of emotional and psychological harm due to conflict with his family” [PAC 17]; and “children shouted and sworn at, abused verbally and emotionally” [PAC 20].

Co-morbidity

According to the three-tiered categorisation, there were three of 20⁴³ children (15%) experiencing no or only one type of abuse or neglect; eight of 20 cases (40%) experiencing two or three types; and eight of 20 cases (40%) reporting four or more types of abuse or neglect. This suggests that for the majority of children from Pacific Islander backgrounds, child abuse or neglect occurs across a moderate or high number of domains in which their well being is affected, rather than just being isolated to one domain that affects their well-being.

Presentations of children of Pacific Islander background experiencing abuse or neglect

Two of the more common characteristics of children of Pacific Islander background experiencing abuse or neglect were behavioural and mental health issues.

Behavioural issues

Behavioural issues manifested in a range of ways including, “behaviour/anger management issues – has been suspended for hitting other school children and violent tendencies displayed to younger siblings. [Child] may react to blaming, accusations, and bullying. Last report is regarding the child being out of control and behaving violently ... Chronic disobedience – running out of class and school. Threatening to kill others including principal. Punched a boy in the face and eye. He threatened to kill himself” [PAC 2]; “caller stated that [child] is not at school because he is suspended for continued non compliance and violent behaviours” [PAC 3]; “children display challenging behaviours” [PAC 10]; and “violent behaviour ... [child] is restless and more aggressive at school” [PAC 17].

Mental health issues

Of those with reported mental health issues, reports included: “ADHD diagnosed – on Risperidone medication ... suicide risk for child. Suicidal ideation ... The school feels he is very emotionally disturbed” [PAC 2]; “issues pertain to suicide risk for child ... On the weekend, [child] broke up with [partner]. [Child] was very distressed and said she wanted to harm herself” [PAC 7]; and “diagnosed with depression and conduct disorder ... maybe even ADHD” [PAC 14].

Other

Conflict with parents were reported across a number of case files. One report said for example, “[child] is a normal 13 year old young girl presenting with adolescent issues common at her age ... efforts to assert her own individuality ... this is further accentuated by the cultural background of her carers which views assertiveness towards elders on the part of children as a sign of disrespect” [PAC 6]. Three children were recorded as high needs, and another was reported as having sexualised behaviour. Health issues were also reported; “obesity – he is 50% overweight [PAC

⁴³ One case file had no reported issues after an assessment was made. Thus, it is differentiated from case files in which there was insufficient information to determine the primary type of abuse or neglect.

2], and “[child] has hyperinsulism and is at risk of developing diabetes” [PAC 14]. Criminal activity was noted in some case files; “child was associated with robbery. 4 warnings: will continue to travel on train without valid ticket, shows no respect towards police or authority, may escape from custody ... stealing/shoplifting” [PAC 16]; “[child] (10 years old) has been stealing” [PAC 3]; and “there were suspicions she was stealing (at refuge)” [PAC 7]. Finally, reports of children running away were also noted, such as, “Missing Person (MP) has recent history of running away from home” [PAC 7]; “child absconded” [PAC 14]; and “caller stated that the child ran away from school this morning for a short amount of time. The child’s teacher’s aide followed him and bought him back to school” [PAC 2].

Table 7: Summary of 20 Pacific Islander case files

	All types of abuse or neglect reported ^c						Family File (FF) ^d	Co-morbidity ^a	Primary type of abuse or neglect ^b	Possible causes of abuse or neglect ^c					Other presentations of child reported ^c				
	Physical	Sexual	Emotional	Neglect - Basic needs	Neglect - Education	Neglect - Inadequate supervision				DV	MH	AOD	Homelessness	Conflict with parent/s	Disability	High Needs Child	Sexualised behaviour	Runaway	Behav' al issues
PAC_1	✓			✓		✓		Moderate	Physical				✓						
PAC_2	✓		✓	✓	✓	✓	FF 1	High	Emotional	✓	(child/carer)	No		✓	✓	✓	No	✓	✓
PAC_3	✓			✓	✓	✓	FF 1	High	Physical	✓	No	No					No		✓
PAC_4	✓							Low	Physical		(carer)	No							
PAC_5							FF 2		None reported (FF)										
PAC_6	✓							Low	Physical					✓					
PAC_7	✓	✓	✓			✓		High	Physical	✓	(child/carer)	✓	✓	✓	No	✓		✓	
PAC_8	✓					✓		Moderate	Physical										
PAC_9		✓	✓					Moderate	Sexual	✓									
PAC_10	✓		✓					Moderate	Physical	✓		✓					No		✓
PAC_11	✓	✓	✓	✓	✓	✓		High	Sexual			✓							
PAC_12	✓		✓	No				Moderate	Physical	✓	No	No		✓	✓				
PAC_13	✓	✓	✓	✓		✓		High	Sexual				✓						
PAC_14		✓	✓			✓		Moderate	Sexual	✓	(child)	✓	✓	✓		✓	✓	✓	
PAC_15				✓		✓		Moderate	Neglect (basic needs)	✓	(child/carer)	No		✓					
PAC_16	✓		✓	✓	✓	✓		High	Inadequate supervision			✓		✓				✓	
PAC_17	✓		✓				FF 2	Moderate	Physical	✓				✓					✓
PAC_18					✓		FF 2	Low	Neglect (education)										
PAC_19	✓			✓	✓	✓	FF 1	High	Physical	✓	(carer)	No					No		
PAC_20	✓			✓	✓	✓		High	Physical	✓	(carer)	✓							

a – This refers to the extent of co-morbidity based on all the types of abuse or neglect reported, with 1 = Low; 2-3 = Moderate; 4 or more = High; *b* – The primary type of abuse or neglect was determined by the researcher based on what was reported in the case files. When there were several primary types, the current primary type at the time of the review was reported. Sexual abuse or assault was, as a rule, deemed as the primary type of abuse in cases where other types of abuse were reported, except in the case where only sexual risk of harm (ROH) was reported but not assault or abuse; *c* – Ticks (✓) indicate that the issue was reported in the file by a caseworker. “No” indicates that the caseworker made an assessment as to whether the issue was present for that child and recorded in the file that the issue was absent. Where blank, the data is considered “unknown”; the caseworker has neither indicated “yes” or “no” to the presence of the issue; thus, some of these issues may be present for a child but are not necessarily (systematically) recorded by caseworkers; *d* – Case files 2, 3, and 19 belong to one family (FF 1) and Case files 5, 17, and 18 belong to one family (FF 2).

6.2 Types of issues reported

Cultural

Gender issues

The extent to which gender is tied in with cultural and family factors is sometimes hard to disentangle. For example, one case said, “[Child] stated she did not want to reside with her partner and his parents as they were too strict on her” [PAC 7]. The extent to which gendered, cultural, and familial norms influence this all need to be taken into account.

Family privacy

Family privacy is an issue common to families from collectivist backgrounds. However, it is also common to cases of sexual abuse regardless of cultural background. Thus, when the two are intertwined, it is difficult for caseworkers to be able to assess how to best meet the needs of the child, in ways that are not only personally but culturally appropriate as well. One case demonstrates this issue (see Case Study 15).

CASE STUDY 15: *Family privacy and sexual abuse*

“[Child] is a 16 y.o. girl with a history of sexual abuse perpetrated by her adopted father. [Child] received a lot of pressure from her family to retract her allegations

... [Child] is in a relationship with a 36 year old man ... and has been living with [partner] and his parents prior to being advised by the Dept that they will commence legal action if [child] continues to live with [partner]. This has placed considerable strain on their relationship as [child] decided to move out rather than having [partner]’s parents go through what she described as “shame” to them if legal proceedings commenced

... Dept does not support the current living arrangement and relationship between [child] and [partner] due to the age difference. I stated the Dept would like to explain the current stance and rationale to [partner] and his parents. The Dept would have a Samoan caseworker to interpret to the family. I also stated that the Dept would like to liaise with the church and its members in relation to their view and the Samoan cultures view on the relationship. [Partner] stated that she would not have the Dept intervene and bring shame on the family. [Child] stated that her church was in [suburb] and it consisted only of family members.

... [Child] stated that she would not reside with [partner] and his family if it was going to cause them that many problems. I inquired as to whether [child] understood what she was agreeing to. [Child] stated that she understood and did not want any further involvement from the Dept in [partner]’s parents life” [PAC 7].

In this case, the intervention by DHS was appropriate as they are asking the right (culturally-relevant) questions, and making the intentions behind their intervention clear to the family. However, a typical ‘battle’ DHS caseworkers face is getting past and working around issues of family shame.

Migratory

Lack of family support/social isolation

One of the most common migration-related issues was lack of familial support and associated isolation. Reports included, “family only recently having come to Australia from Samoa, were experiencing social and cultural isolation” [PAC 20]; “unknown what supports are in place. [Child]’s vulnerability has heightened due to his challenging behaviour and no formal support systems identifying and addressing his behavioural concerns ... Caller stated the school supports the children with a teacher’s aide and school counsellor ... mother stated that she has 4 brothers and 4 sisters who are all in Tonga and she doesn’t have any family support here in Australia” [PAC 2]; and “[child] is unsupported by her family ... [child] currently has no supports other than [partner]’s family members ... “Every weekend I go to the church with family” ... CW offered [child] the option of counselling with MCW who is a Christian Minister should [child] want to talk about her feelings on a spiritual level” [PAC 7].

Language issues

Language issues were identified only in some cases. Reports included, “no interpreter required” [PAC 13]; “whilst [child] has a good command of the English language, [partner] requires the assistance of an interpreter as he speaks very little English” [PAC 7]; and “would utilise Samoan interpreter” [PAC 12].

Generalist

Domestic violence

Eleven of the 16 different case files (68.8%) reported domestic violence. These reports included for example, “16 y.o. 25/40 gestation. Assaulted by boyfriend last night. Punched in face and dragged on floor. No punches to abdomen ... [partner] pulled a knife on her on the weekend ... [child]’s acceptance of violence ... has refused to go to the police to report the incident and is refusing to go to the hospital” [PAC 7]; “DV between the parents” [PAC 10, PAC 14, PAC 17]; and “DV – children exposed to violence” [PAC 15].

Mental health issues of carer

Six of the 16 different case files (37.5%) reported mental health issues in the carer, and included for example, “mother depression” [PAC 19]; “mum appears to be suffering from some sort of mental health issues. Caller [*support worker from [suburb] Multicultural Centre*] stated that mother suffers with depression following the death of her daughter” [PAC 2]; “issues pertain to emotional state of carer” [PAC 4, PAC 7]; “[child] claims that n/m has depression” [PAC 15]; and “mother was assessed for mental health issues, reported she had none, however she still has some emotional disturbances” [PAC 20].

Alcohol or drug

Alcohol or drug issues were reported in six of the 16 different case files (37.5%). Reports included, “[partner] was there till all hours of the night, drinking and knocking on people’s doors. She also found drink bottles in [child]’s room” [PAC 7];

“alcohol abuse by carers” [PAC 10]; “[child] has a history of drug use and has admitted to smoking marijuana; drinking alcohol regularly and using speed and heroin” [PAC 14]; “POI [*person of interest*] appeared to be under the effect of a drug. All children appeared to be intoxicated and have admitted to having one drink of wine each” [PAC 16]; and “self reported drug use and drug possession by n/m. Father physically abused n/m after consuming alcohol” [PAC 20].

Homelessness

Threat of homelessness and housing needs were reported in some of the case files. Reports said, “family homeless, was living with aunt, but then she went into a nursing home, and hard finding place to rent with 5 kids” [PAC 1]; “issues pertain to homelessness ... [child] is at risk of being homeless today” [PAC 7]; “homelessness: Yes” [PAC 13]; and “larger accommodation for the family. DoCS liaised with DO Housing to arrange 4 bedroom house. New larger house provided after DoCS established the family as a priority” [PAC 20]. Importantly, homelessness may be tied in with cultural factors in that families of Pacific Islander background have, on average, large families compared to mainstream Australian families. Some reports said for example, “possibly other children ... 6 children in the household” [PAC 12]; “family structure – 7 children in the house” [PAC 5]; and “7 kids in house” [PAC 17].

Financial issues

Financial issues were also reported; “n/m has difficulties meeting her financial needs for the family” [PAC 10]; and “financial problems of carer. School reporting poverty in the family. For example the mother owes the school \$60 for canteen but she fails to pay. Previous KiDS history indicates [child] and his siblings are afforded minimal discipline; it may be that given mother has 7 children with natural father deceased, she may be limited in her time, finances, and capacity to address such issues. Mother is struggling financially to meet the children’s basic needs” [PAC 2].

Other

High level intra-familial trauma and entrenched family dysfunction were also reported. For example, one case said, “[child]’s file is secured” [PAC 7]; and another said “[child] is known to the Dept with 14 previous reports since [year]. Caller [*teacher*] stated that the whole family is now falling apart and need support and mother does not seem to have control. Caller stated that the mother blames the AP [*assistant principal*] and principal and tells the children the caller is picking on them. Caller stated that it may be easier for mother to blame the school than realise she’s not coping” [PAC 2].

6.3 Types of strengths reported

A number of strengths in families of Pacific Islander background were reported across the case files. One of the more common strengths was willingness to engage with services. For example, “n/f has expressed a willingness to work with the dept, and stated he feels it’s a good thing” [PAC 1]; “mother was happy to speak with the caseworkers. Mother stated she appreciated CWs help and “hide nothing”” [PAC 2]; “parents are now working in a more co-operative and open manner with the department – mother accessing DV counselling and father has been seeing a counsellor re anger management and other issues” [PAC 10]; and “mother stated that

she has been stressed and worried about [child]. [Child] called the mother yesterday and said that he was okay, staying with his friend in the city, that he is not going to come home because “home is boring”. Mother does not know who his friends are. Mother does not know where he is staying in the city. Mother is concerned about [child] because he does not want to come back home, and the people he associates with. He does not go to school. He drinks and smokes and is underage. Caller said that she saw an advertisement in the paper that DoCS changes children’s lives and the caller wants DoCS to change his life” [PAC 16].

Examples of good parenting were also noted across the case files. Reports said, for example, “n/m appears appropriate in her parenting capacity. The quality of care the n/m provides appears to be extremely good. n/m contacted police when the children absconded” [PAC 16]; “[child] has a strong attachment and is affectionate with her mother” [PAC 13]; “well presented at school and adequate food” [PAC 12]; and “children all appear to be well looked after” [PAC 4].

One child was acknowledged for the insight that he had into the cause of his removal. The report said, “[child] was able to identify and express his feelings in counselling. He stated that he felt “sad” and “angry” 10/10 when he was “taken away from his mother” for the second time. He also expressed that he is “worried” about mum’s safety and about “losing her house in [suburb]”. He said it is “hard not knowing when you’re going back home”. [Child] demonstrated a good understanding of why he is coming to counselling. He said he is coming because “dad hits us and stuff”. He also identified how to implement a safety plan if he ever is placed in danger at home” [PAC 10].

Among families of Pacific Islander background, religion may also be a source of strength. As one case file described, “n/m: I asked him [child] to be strong, to pray to God ... I go to Samoan United Church. I explain my problem, they pray for me. It helps me” [PAC 16], and another said, “many members of the church around to help out (she is heavily pregnant) ... she is almost bored as no one will let her lift a finger” [PAC 4]. One case file reported on the child’s personal strength by demonstrating knowledge of how to protect herself; “CW asked if she knew who to call if she ever felt threatened and she said DoCS and the police” [PAC 7].

Families of Pacific Islander background were preserving their cultural heritage which can act as a source of psychological strength through cultural membership. For example, “children participate in cultural events and learn traditional dance” [PAC 1]; “maternal uncle (carer) highlighted the fact that in order for [child] to have a positive and stable life, it was important for him to grow up with his family, cultural and religious group” [PAC 17]; and “[child] respects people of her own Samoan culture as she feels a cultural connection to them” [PAC 14].

Also, family support was identified as a source of strength among some families. For example, reports said, “n/m and s/c [*subject child*] currently reside with m/aunt and her children. n/m said that her sister is supportive and she also has other extended family residing in the area who are also supportive” [PAC 8]; “under “Strengths” on Initial Assessment Recommendations Form: “the s/c [*subject child*] has friends and family members within the Pacific Islander community ... m/aunt is very supportive” [PAC 16]; and “caseworkers advocated on behalf of the mother and her informal family support networks to extend their stay in Australia. This was successful. Help

was rendered by DoCS in successful application for living Visa. Maternal g/m helped natural mother for a while with the children. Came to assist from Samoa” [PAC 20].

Finally, one caseworker acknowledged the strength of the parent given her stressful circumstance; “history indicates there has been a lot of grief and loss issues for this family and that it is large family. As such, the mother may actually be doing the best she can with what resources she has. It is believed that the mother’s level of ability to meet the children’s need of protection may be hindered by the lack of supports to assist with the large family rather than an issue of deliberate neglect” [PAC 2].

6.4 Types of issues families of Pacific Islander background report with DHS

No issues were reported in the case files. However, this does not indicate that they do not occur in the field.

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

Types of assistance received from DHS

Across the 20 case files, DHS recommended or provided a number of services or assistance. These included, “regular home visitation from [suburb] Multicultural Centre” [PAC 2]; “CW to n/m: contact [suburb] Migrant Centre, see how they can help you. Maybe with mentoring. Support services recommended to assist parents with child’s challenging behaviours” [PAC 16]; “n/m may require support services” [PAC 17]; and “[suburb] youth refuge to organise counselling for [child] regarding DV ... Conflict resolution and assertive skills – teaches conflict management, becoming an assertive person, building self confidence, building self esteem” [PAC 7]. They also assisted in practical ways such as helping a family get a Medicare card.

Financial assistance was also provided, and included for example, “\$100 provided by CPCW to mother to buy food ... DoCS will provide Family Support Services and taxi vouchers to attend bereavement counselling ... Movie vouchers and admission to Sydney Olympic Aquatic Park ... School has had to purchase shoes for the children as they did not have any [PAC 2]; “DoCS to explore funds to assist [child]. [Suburb] to provide a list of items that can be provided for with [child] funds, DoCS will explore the rest. [Child] to put more funds in the compulsory savings plan to save for the bond and the 2 week rent ... CW stated that she will send us a list of all the things she needs for the house and baby (comes to \$3000) and CW will discuss with MCW and get back to her” [PAC 7]; “YMCA Camp Yarramundi and Deeimba Holiday Camp” [PAC 10]; “Jindabyne Sport and Recreation Centre – financial payment” [PAC 17]; and “initial support included financial support for the family, recommendation by DoCS to increase welfare amount, purchase additional support ... Vacation care offered by DoCS after initial contact, payment still required from family” [PAC 20].

Examples of culturally appropriate practice

Consultation with multicultural caseworkers

One case demonstrated good practice in that they informed the family that they would consult with a multicultural caseworker; “CW to n/m: meantime I will talk with a Samoan worker to help [child]” [PAC 16]. This tells families that they are aware that

culture is important and that they have (or are willing to find) the resources to help address their cultural needs.

Culturally appropriate analysis by caseworkers

A number of excerpts indicated culturally appropriate analysis by caseworkers in their decision making and assessments. That is, they demonstrate cultural awareness, sensitivity, and/or competency. Reports included, for example:

- Children initially placed in foster care. No mention made of whether or not this was culturally appropriate [PAC 20];
- Although this does not appear to be a serious physical abuse, but rather discipline that the n/m does not realise is inappropriate, child protection intervention is not necessary at this stage [PAC 8];
 - This caseworker has made a sound conclusion/assessment as they have differentiated physical discipline versus physical abuse; an important distinction among CALD families given the frequency of physical abuse and assault
- MCW stated that CW (of Pacific Islander background) is to draft Section 232 letter in relation to [child] residing in an unauthorised placement. CW is to liaise with the Samoan church community to ascertain whether this arrangement between [child] and [partner] is culturally appropriate and accepted [PAC 7]; and
- DoCS reported in interview with n/m and n/f that a negative aspect of the children's development was that they didn't know how to use spoons. N/m stated they used their hands to eat and that "that's our way". Possibly related to cultural practices [PAC 20].

Culturally sensitive engagement with families

Culturally sensitive engagement with families of Pacific Islander background was demonstrated in a number of ways. For example:

Provision of a diverse range of culturally appropriate referrals and practices

- [Child] does have a life story book in regards to photos and her memories and cultural events [PAC 14]; and
- Needs assessment, behaviour management, occupational therapist. Referral to Intensive Family Support Options (IFSO) for families with child with disability. Follow up from Migrant Resource Centre required. [Child] is eligible for [suburb] Community Support Team Services [PAC 12].

Culturally appropriate placements

- Grandmother is the primary carer [PAC 6]; and
- [Child] is currently in a stable culturally appropriate Departmental foster care placement with her two siblings and one cousin. This placement is providing

[child] with the consistency and stability she requires for all of her physical, emotional and psychological needs. It is envisaged that because [child] placed with paternal family member she will maintain her identity and also her cultural heritage [PAC 13].

Education-based services (which is empowering for families)

- A letter has been sent to the n/m outlining the Dept's concerns with her method of discipline. Several brochures were included: [NGO] support, alternative to hitting children, children and discipline, parenting tips [PAC 8];
- Caller [*support worker from [suburb] Multicultural Centre*] discussed with mother changing her hitting behaviour and mother agreed to receive some reading material about discipline and agreed that a report be made to DoCS [PAC 19]; and
- Intensive Family Based Service (IFBS). Daily access due to past 17 risk of harm reports. Teaches parenting skills, developing routines for the children, budgeting skills, education on nutrition and meals, disciplinary techniques, monitoring and supporting family on a daily basis [PAC 20].

Examples of good practice not related to cultural factors

Some examples of good practice with families of Pacific Islander background were identified, and which were not related to cultural factors. For example, reports included, "under goals of counselling: to address the impact of grief and loss entering care and changing family environments" [PAC 10]; and "report from psychologist: I have seen n/m on several occasions and provided her with behaviour management techniques. n/m reported that she has successfully implemented these techniques and has seen a change in [child]'s behaviour. As she no longer requires assistance I will be closing this service request. I have encouraged her to contact DADHC should she experience difficulties in the future" [PAC 12]. There was also one case in which extensive financial support had been provided for two years post the intensive crisis mode that the family were in, demonstrating an exemplar case in terms of maintaining contact with families in relatively greater need.

Examples of culturally inappropriate practice

Failure to understand or meet cultural needs

One example points to an intention by DHS to best meet the cultural needs of families from Pacific Islander background, but in fact, contravenes their cultural norm for family privacy; in doing so, they can cause harm despite their good intention⁴⁴.

The report says, "mother appears to be struggling with grief, look into a Tongan family support worker" [PAC 2]. Similarly, another CW recommended that a "Samoan worker preferable" [PAC 12]. There is a tendency among families of Pacific

⁴⁴ In the same way, by analogy, otherwise loving parents who use physical discipline with a non-harmful intention despite still causing harm for the child needs to be differentiated from parents who both intend and cause harm. The good intention needs to be acknowledged, but the behaviour needs to be modified nonetheless.

Islander background to prefer having caseworkers or other support staff who are not ethnically matched as a way of protecting their family privacy. Should information leak into the community, it can cause great damage in terms of family, social, and community support and standing. For example, one case file said, “family offered a Samoan caseworker but declined the need” [PAC 20], and another said, ““no not Tongan’s no – they talk too much, too many problems”. DoCS have previously sent a Tongan or Islander person to the family and the mother is reluctant to receive help from them as it is a loss of faith for her and the caller [*teacher aide*] states they would like someone not from the family culture. DoCS have offered to help a fair bit with the family but mother has not taken things up as DoCS has an islander involved” [PAC 2]. Arguably, in the following exchange, the family has agreed to an ethnically matched caseworker because they are unfamiliar with the role and power of DHS:

CW: Would you like Samoan person?

n/m: Yes

CW: Here to speak to you, know about DoCS?

N/m: No

Although generally, families of Pacific Islander background will not prefer an ethnic match, there are some individuals who may prefer a match or who do not mind one way or the other. For example, one case file said, “N/f perpetrated domestic violence. Referred to a Samoan support group and was happy to take part in culturally appropriate support” [PAC 20]. Importantly, this shows that even though there is a general tendency to not want an ethnic match, there should be some choice given (within resource constraints) so that the family receives the best possible (and culturally appropriate) service from DHS. Perhaps a culturally appropriate form of engagement with families of Pacific Islander background is to first offer the choice of caseworker if resources permit, and then, as a general rule to have a non-ethnically matched caseworker and consult with a multicultural caseworker, particularly of a Pacific Islander background themselves.

One case said, “there does not appear to be any protective factors for [child] in the home” [PAC 12]. While it was noted across all 120 case files that protective factors have more to do with immediate safety of the child, such as the presence of an AVO for example, there are other less proximate factors that can act as sources of protection for a child from a Pacific Islander (or other CALD) background. For example, in terms of cultural sources of strength, belonging to a church group or large extended family can be considered a protective source. Thus, it is important that caseworkers consider both proximate and distal sources of (cultural) strength when assessing the risk of harm or strengths and needs of a child of Pacific Islander background.

6.6 Types of personal, organisational, or institutional barriers to culturally appropriate practice

Personal

One issue DHS caseworkers reported with families of Pacific Islander background, as with families of Chinese and Lebanese background, was a lack of willingness to

engage with services. One report said for example, “his mother is reluctant to speak with DoCS about the concerns identified and was reluctant to make arrangements for [child] to return to her home, expected that DoCS would do this” [PAC 16].

Another barrier may be related to language. As the following exchange demonstrates [PAC 12], some CALD families may use their low English proficiency to minimise responsibility for the harm they are causing to their children:

n/m: I hit kids not husband.

CW: If this continues we have to inform police.

n/m: We don't understand too much English.

Organisational

Resource constraints were identified across the 20 case files. For example, one case file demonstrates a resource issue in terms of access to interpreters; “n/f speaks limited English and there are currently no Tongan interpreters – messages passed through n/m” [PAC 1]. While this situation is less than ideal, it is however, better than relying on a child to interpret.

Institutional

One issue was that of inconsistent coding for the ethnicities of families emerged, as it was with families of Chinese and Lebanese backgrounds. Across the 20 case files, children were reported as “Tongan” [PAC 6, PAC 19]; “family reported to be Islander” [PAC 8]; “culture: NZ” [PAC 9]; “father Aboriginal and mother Tongan” [PAC 11]; “COB: Australia. Samoan” [PAC 13]; “Samoan” [PAC 7, PAC 14]; “racial appearance: Pacific Islander. Samoan ... cultural issues: N/A ... self identified ethnicity: Torres Strait Islander ... Australian” [PAC 16]; and “[child]’s cultural background is Tongan and he was born in New Zealand ... It is suspected that the family is of Islander origin” [PAC 17]. Ideally, coding should say “child is of Pacific Islander background” or something similar to take into account that their needs and experiences are of an Australian family with a different ethnic heritage to the Anglo Saxon mainstream.

Finally, two cases highlight the lack of systemic understanding of what cultural needs are for CALD families. One case said, “cultural issues: u/k (unknown)” [PAC 7], which was common across many of the CALD case files. On the one hand, this could indicate that at the time of reporting the cultural issues were unknown, but given its common occurrence across all the CALD case files reviewed, it more likely reflects a lack of knowledge about what *precisely* to record. Thus, this points to a need to increase cultural awareness and knowledge among caseworkers at the systematic level, so that it is not isolated to a small number of caseworkers. Having said this, recording cultural issues as “unknown” is better than “N/A” or “not indigenous” [PAC 15] which were also both commonplace. These last two indicate a failure to understand or meet the unique and specific cultural needs of CALD groups, as it suggests that culture is something that only needs to be considered for Indigenous Australians.

6.7 Summary

Physical abuse and sexual abuse were the two most common primary issues reported among families of Pacific Islander background. Neglect of basic needs was the most common secondary type of abuse (and not emotional abuse as was the case for all other groups in this study). Physical punishment may be justified by parents who see the use of this parenting behaviour, with the intention of disciplining children, as culturally acceptable. Co-morbidity of issues is generally moderate or high, indicating that issues tend to occur across several domains of compromise to the child's well being, rather than being isolated to a few. Behavioural and mental health issues, and absconding, were common among children of Pacific Islander background experiencing abuse or neglect.

Some possible causes of, and issues associated with, abuse or neglect for families of Pacific Islander background may include (i) cultural factors (gender issues and family privacy; (ii) migration-related stressors (lack of family support/social isolation and language issues), and (iii) generalist issues that are common to all families regardless of their cultural background (especially domestic violence, but also mental health issues in the carer, alcohol or drug issues, and homelessness).

Many families were willing to engage with services, and children's resilience and insight into their removal was acknowledged among some caseworkers. Extended family, community, and church support and cultural preservation may also be sources of strength. DHS provided financial assistance as well as services in the form of referrals and recommendations. A number of culturally appropriate practices were identified including consultation with multicultural caseworkers, but especially culturally appropriate analysis and culturally appropriate engagement. Only one type of culturally inappropriate practice was identified and pertained to a possible failure to understand or meet cultural needs.

Personal barriers to good practice included a lack of willingness to engage with services, and families of CALD background using their low English proficiency to minimise responsibility for the harm they have caused to their children. Resource constraints such as staffing shortages and lack of access to interpreters were identified as a barrier to good practice (but this was not exclusive to families of Pacific Islander background). DHS require a more consistent categorisation of families to address issues of ethnicity, and caseworkers need to be mindful that they do not reduce cultural issues to language ones or as being only applicable to families of Indigenous background.

7 Children and families of Vietnamese background

7.1 Primary and secondary types of abuse and neglect reported

Physical abuse

Frequency and nature of physical abuse

Table 8 contains summary information on the 20 Vietnamese case files. The most frequent type of primary abuse was physical, at eight of 20 (40%). One case file said [VIE 18], for example,

Child: “Get shouted at all the time ... forget to wash dishes ... she shouts then hits me ... with hand, sometimes utensils like spatula, chop sticks ... she swears”.

CW: This morning [child] came out of her bedroom to get herself a glass of milk. Mother smacked [child] a number of times on her right arm with an open palm for leaving the used glass in the sink. No marks or bruising visible.

CW: How do you feel about talking with her?

Child: “Scared she will hit me”.

CW: If you could change something what would that be?

Child: “Stop hitting, smacking, going off”.

Mother: “I am also very strict about everything. I don’t want her to be like me”.

CW: She gets very frustrated with [child] over minor things.

Other reports among these eight cases files said, “beats children with his crutches” [VIE 16]; “[child] disclosed that her father has hit her on the head a number of times this morning and also kicked her in the back as a means to get her out of bed... [child] was in shock as opposed to fear of her father as this has not occurred previously according to [child] ... CW: “pass on message to partner that Dept was here – physical discipline is not to be used on children” [VIE 14]; and “both parents have disclosed hitting [child]. She believed her behaviour was in alignment with child discipline techniques in Thailand and therefore ok” [VIE 5]. Where reported, the perpetrator across these eight case files was either the natural father (n = 3), the natural mother (n = 2), both natural parents (n = 1), or the step father (n = 1).

In the five of 20 cases (25%) where physical abuse or assault was reported but was not the primary type of abuse or neglect for that child, reports included, “ROH (risk of harm) physical – throwing child, hit, kick, strike” [VIE 17]; and “[child] hit with coat hanger ... [CW]: it states that you put medicine with salt onto the marks from physical assault so it does not bruise. [NM]: once [child] was naughty, I hit her with ruler ... I put salt on it to stop swelling. This is traditional method. Hit with chopsticks, and slapped on her face “lightly” otherwise will cause damage. [Child]: in Vietnam, they don’t care if you hit your children as long as they don’t die” [VIE 6].

Culture and physical abuse

As with families of Chinese background, physical punishment was justified by parents of Vietnamese background who value scholastic achievement. Reports said for example:

- Case closed because parents sent [child] back to Vietnam to finish studies since she was always wagging [VIE 16]; and
- Possible physical harm being utilised as a disciplinary method at home by n/f ... [child] stated to teacher that his step father got angry with him whilst doing homework and pushed his head down hard on the table and hit him on the back of the head ... It seems as though the abuse occurs around tutoring and homework for [child], when he sometimes struggles to get things right. If he cannot do his maths problems correctly he may be hit by his father ... [younger brother] said he is sometimes made to stay up till 11pm to finish homework ... [child] was quite emotional when making the disclosure – he was angry and told reporter that he gets hit quite a bit and that it is always related to school and homework ... Reporter [*teacher*] concerned there may be high expectations academically ... reporter is concerned that the children’s father is using inappropriate physical discipline on the children and that it is due to unrealistic pressure in regards to homework ... Reporter also concerned that [younger brother] is being physically disciplined in regards to homework – given that he is only in Year 1 ... Caller stated mum is aware of this violence and sometimes mum asks dad to hit them [VIE 4].

Case Study 16 further explores the issue of the cultural value for education and physical abuse.

While some families may not be aware of Australian law in regards to acceptable forms of punishment, others may justify their culture over the law. One case file said, “natural father informed JIRT caseworkers that he can hit his son when he likes and that the Australian laws are wrong and he should be allowed to hit [child] when he is naughty” [VIE 1].

**CASE STUDY 16: *Physical abuse and education***

“[NM] discussed feeling frustrated with her son for spending time playing with his play station, rather than study. She also described setting boundaries around his use of the game however he would continuously push this. [NM] further described an incident in which [child] did not eat his lunch at school, as he chose to spend the lunch hour playing his play station game. This caused [NM] further anxiety as she had been approached by the school with concerns regarding [child] not eating lunch ... [NM] described telling her son “you will make me sick if you don’t do your work” as a way of describing to her son the level of stress and anxiety he caused her ... her frustration with her son stemmed from her high hopes for his future” [VIE 10].

In this case, she is a single mother with the stress of raising her child on her own. This may, in part, explain why she steadfastly holds onto the cultural value of education; a pathway to high social standing in the community. Cultural values that people have grown up with and which they bring with them when they migrate, act as ‘anchors’ to help families adapt to life in Australia, where they are in the main, seen, feel, and treated as ‘different’.

This case is an exemplar of ‘culture clash’. The natural mother values education because this helps the family name, but she is also experiencing loss over her child due to intergenerational and intercultural clashes that occur as a result of acculturation. Additionally, reprimand from the school is perceived intensely by the mother who values education, and issues of racialised power – if it is a ‘white person’ from the school who has done the reprimanding, may also be tied in with this. Such feelings will only likely fuel or escalate feelings of shame and fear for the migrant family who already feels on the ‘outer’ because they are ‘different’.

In response to all these emotions, the mother may lash out at the child, who has behaved in ways that have invited external intervention, and as such violated the norm of keeping family matters private.

Further, the ‘emotional blackmail’ demonstrated in this case (“you will make me sick if you don’t do your work”) is not uncommon among families of CALD background, as disappointment is a form of controlling and parenting children to abide by social norms that protect the collectivist structure.

Emotional abuse

Frequency and nature of emotional abuse

There were six of 20 cases (30%) where emotional abuse was the primary issue and the main causes were exposure to DV, MH issues in the carer, and AOD issues. As some of these cases described, “ROH (risk of harm) psych” [VIE 17]; “her behaviour in front of him and involving [child] in her problems is considered emotionally abusive” [VIE 10].

In cases where emotional abuse was reported but was not the primary issue (n = 8; 40%), reports included:

- There is concerning psychological harm identified as [child] has stated he is very scared of his father and will only see him if a caseworker is present [VIE 1];
- Verbal abuse and occasional slapping and pushing by mother towards the child ... child does not want to go home as a result of the aforementioned issues, suggestive of the severity of harm experienced by the child [VIE 18];
- [Child] told the caller that she has a big secret but said that the mother would kill her if she told the caller. [Child] is very aware of whom DoCS are but she believes that DoCS have not done anything. She hits you because you eat too slowly? Yes, she says I’m stupid, and ugly and I eat too slowly. Threatened with knife ... could kill her at any time [VIE 6];
- [Child] and [sibling] are now physically safe given that their father is residing full time in the home and appears to be very protective of his children. However, [NF] has discussed things in front of his children, about his wife and her gambling problem and the fact that she has other ‘boyfriends’. The potential for emotional harm therefore still remains, given the things they’ve heard their father say about their mother and that their mother is currently still missing [VIE 8]; and
- [NF] bashed [NM] in the face, choked her, mother ran away screaming. There appears to be a serious assault on this mother witnessed by the child who would likely have been traumatised by the incidents ... Fortunately the perpetrator did not appear to use the child to get to the mother. This could be a likely scenario if such a situation happens again. [Child] is also at risk of psychological and physical harm as a previous CP report indicates that [child] is living in an environment of verbal and physical DV [VIE 13].

Sexual abuse

Frequency and nature of sexual abuse

For three of the 20 cases (15%), sexual risk of harm, assault or abuse was the primary issue. One report said, “healed anal fissure suggestive of sexual assault ... blood on toilet paper” [VIE 11]; “initial assessment states that [child] disclosed his brother [perpetrator] “humps me and my sister” ... when clarified [child] said ‘up and down our backs like having sex’ he also disclosed that [perpetrator] “uses his finger in our bottom”. [Child] disclosed that [perpetrator] was humping [sibling] and she tried to get to the phone but he stopped her. The mother was not in the home during this

incident and [perpetrator] also said that he would kill them if they said anything. It is unclear, as to what actually occurred between him and his brother, [perpetrator]. However, the outcome of the information gathered by JIRT has been assessed as typical sibling rivalry and some inappropriate games that both boys played” [VIE 15].

Another case said, “it appears the de facto male in this relationship has no understanding of appropriate parenting ... In the DoCS report, it was stated [child] 4 y.o. was with her aunt who was changing her underpants and noted redness and that the vagina ‘did not look normal’. The aunt had reportedly asked the child what happened, and the child had disclosed sexual abuse by mother’s new boyfriend with his penis four times. Aunt’s words ‘done something wrong’ to her. Allegations were to paternal aunt, not mother, there were no disclosures at CPU [*Child Protection Unit*] Westmead, and medical examination do not refute or confirm the allegations of sexual abuse. There was no evidence of trauma. During the JIRT interview [child] disclosed that she went to the Hospital and saw the Doctor because her vagina was in pain and red because a little worm got into it. The initial assessment alleged that [child] disclosed that her vagina was swollen because of her mother’s partner’s penis. It is not known if this is [child]’s exact disclosure due to the information being passed through a number of people and a Vietnamese interpreter. However, after the JIRT interview, in response to repeated questioning and enlightenment, [child]’s mother agreed that she would take [child] to a doctor if her vagina was sore, red, or swollen. [Child]’s mother also agreed that she would separate from her partner if [child] made a disclosure of child sexual abuse ... Case to be closed. [Child] did not make any disclosures at this time” [VIE 13].

There were two cases where sexual risk of harm was reported but another form of abuse or neglect was deemed as the primary type for that child. Reports for these cases included, “risk of sexual harm as she has an 19 year old boyfriend (she is 15 y.o.)” [VIE 16]; and “[child] has been or is likely to be physically or sexually abused or ill treated. There are nude photos of the mother in the home (e.g. on the coffee table) ... CW has her suspicions that mother is involved in prostitution” [VIE 6].

Culture and sexual abuse

As with families of Chinese, Lebanese, and Pacific Islander background, parents of Vietnamese background may, in part, deny or downplay disclosures of sexual abuse because of the associated shame it may bring to the family name (but personal shame may also be tied in with this). For example, reports said, “interview with mother: Asian culture strict – not to do this again. Have to stop them ... Mother believes “just playing around”” [VIE 15]; and “[child]’s mother’s level of protectiveness is questionable, as it appears she has coached [child] not to disclose to JIRT, when it would be in [child]’s best interest to tell JIRT if something did or did not happen ... Interpreter said “[child] said ‘I didn’t tell them anything, I said no to everything’” ... During the interview, [child] often answered “I don’t know”, and at one point [child] stated “my mother said I don’t know”” [VIE 13].

Inadequate supervision

Frequency and nature of inadequate supervision

There were two cases where inadequate supervision was the primary issue. One report said for example, “ROH concerns reported in the initial assessment mainly pertained to inadequate supervision. [Child] likely to suffer serious emotional harm after their mother abandoned them for one week” [VIE 8].

There were five of 20 cases (25%) where inadequate supervision was categorised as a secondary issue. In these cases, reports included, “inadequate supervision: yes” [VIE 6, VIE 17]; “previous reports relate to leaving the children unsupervised” [VIE 15]; “child left in car alone at night, for at least 45 minutes concerns that the car was also in an RSL car park” [VIE 10]; and “CW: if something was to happen is there anyone you could talk to? “No” ... Child approached the caller this morning and stated that she was home alone last night with her 2 brothers. Mother went out at 9pm and child thinks that mother went to the [suburb] community club. Child went to bed and is not sure what time the mother came home. Child left the light on in the house because she was scared about being home alone. This morning mother was reportedly yelling and screaming at the child for having the light on” [VIE 18].

Culture and inadequate supervision

As with families of Pacific Islander background, inadequate supervision was not tied in with differences in the age at which may be considered appropriate to leave children unsupervised, or differences in perceived risks for doing so, for families of Vietnamese background; these kinds of cultural issues were only identified for families of Chinese or Lebanese background. Thus, neglect of adequate supervision is more easily distinguished from cultural factors for children of Vietnamese background.

Neglect (Basic needs)

Frequency and nature of neglect

There was one case where neglect of basic needs was the primary issue. The report said, “extremely skinny and malnourished. Basic physical needs not being met. [Child] speaks about the mother not buying her things. [Child] feels that her mother does not care about her” [VIE 6].

Reports of secondary neglect included, “[child] staying home from school, this may be to look after mother (in bed crying all day)” [VIE 10]; “basic physical needs not met” [VIE 17]; and “in the past mother would keep the child at home *[from school]* but no longer an issue ... inadequate nutrition, for dinner, take away every night ... “I skip breakfast, 4 days a week ... I have to buy my bread on way to school ... There is no food in the house” ... The school are providing lunch for the child. Caller has to coerce the child to accept some food ... house pretty dirty ... she [NM] doesn’t go to any meetings for school” [VIE 18].

Culture and neglect

Neglect issues may be tied in with poverty, as it is with families of other CALD backgrounds. Thus, caseworkers should be mindful of not attributing neglect to culture when in fact systemic socio-economic disadvantage is contributing to neglect for that cultural group.

Co-morbidity

According to the three-tiered categorisation, there were six of 20 children (30%) experiencing only one type of abuse or neglect; 10 of 20 children (50%) experiencing two or three types; and four of 20 (20%) experiencing four or more types of abuse or neglect. This suggests that co-morbidity for children from Vietnamese backgrounds closely nears a normal bell-curve, with the majority reporting a moderate number of domains in which their well being is affected.

Presentations of children of Vietnamese background experiencing abuse or neglect

Mental health issues

The most frequent characteristic of children of Vietnamese background experiencing abuse or neglect across the 20 case files was mental health issues. Reports included “[child] has anxiety disorders, prescribed on antidepressants” [VIE 5]; “caller states that [child] appears to ‘lose it’ emotionally when small things happen” [VIE 10]; and “child seems to be very depressed ... Of brother: “he is spoilt, when doesn’t get what he wants he yells and hits his head against the wall”” [VIE 18].

Other

Behavioural issues were reported in one case; “prior to placement with Complete Care [child] had three other placements. These placements were all disrupted due to violent behaviour from [child] towards the carers and other children in the homes. As a result of these breakdowns, it was decided that a high needs placement would be sought to assist in managing [child]’s behaviour and addressing his individual needs” [VIE 1]. In some instances though, behavioural issues may manifest not by acting out but by withdrawing; for example, “[child] appears to be a scared sort of boy and this behaviour appears to have escalated over time. He seems to be withdrawn however he is very well behaved child at school” [VIE 4].

One child was recorded as having sexualised behaviour. Two were reported as runaways. Finally, four were reported as having conflict with parents. Reports said for example, “[child]’s abuse was reportedly the result of his father’s reaction to his challenging behaviour. [Child] has severe hearing impairment which makes understanding instructions difficult, this in turn leads to a tense relationship between himself and his parents who treat his lack of understanding as disobedience or defiance” [VIE 1]; and “I don’t like mum anymore” [VIE 8].

Table 8: Summary of 20 Vietnamese case files

	All types of abuse or neglect reported ^c						Co-morbidity ^a	Primary type of abuse or neglect ^b	Possible causes of abuse or neglect ^c					Other presentations of child reported ^c				
	Physical	Sexual	Emotional	Neglect - Basic needs	Neglect - Education	Neglect - Inadequate supervision			DV	MH	AOD	Homelessness	Conflict with parent/s	Disability	High Needs Child	Sexualised behaviour	Runaway	Behavioural issues
VIE_1	✓		✓				Moderate	Physical	✓		✓		✓	✓		✓		
VIE_2	✓		✓				Moderate	Emotional	✓									
VIE_3	✓						Low	Physical				✓						
VIE_4	✓		✓	No	No	No	Moderate	Physical										
VIE_5	✓		✓				Moderate	Physical		✓ (child)		✓						
VIE_6	✓	✓	✓	✓		✓	High	Neglect – basic needs		✓ (child)								
VIE_7			✓				Low	Emotional	✓	✓ (child)								
VIE_8			✓			✓	Moderate	Inadequate supervision	✓		No	✓						
VIE_9			✓	✓		✓	Moderate	Inadequate supervision	✓	✓ (carer)	✓							
VIE_10	✓		✓	✓	✓	✓	High	Emotional	✓	✓ (child/carers)	No							
VIE_11	✓	✓		✓			Moderate	Sexual	✓					✓				
VIE_12			✓				Low	Emotional			✓							
VIE_13	No	✓	✓				Moderate	Sexual	✓							✓		
VIE_14	✓						Low	Physical		✓ (carer)								
VIE_15		✓		No		✓	Moderate	Sexual		✓ (carer)	✓	✓ (child/siblings)						
VIE_16	✓	✓		✓			Moderate	Physical		✓ (carer)	✓	✓			✓			
VIE_17	✓		✓	✓		✓	High	Emotional	✓			No			✓			
VIE_18	✓		✓	✓		✓	High	Physical	✓	✓ (child/carers)	✓							
VIE_19			✓				Low	Emotional		✓ (child)								
VIE_20	✓						Low	Physical	✓	✓ (child)								

a – This refers to the extent of co-morbidity based on all the types of abuse or neglect reported, with 1 = Low; 2-3 = Moderate; 4 or more = High; *b* – The primary type of abuse or neglect was determined by the researcher based on what was reported in the case files. When there were several primary types, the current primary type at the time of the review was reported. Sexual abuse or assault was, as a rule, deemed as the primary type of abuse in cases where other types of abuse were reported, except in the case where only sexual risk of harm (ROH) was reported but not assault or abuse; *c* – Ticks (✓) indicate that the issue was reported somewhere in the file by a caseworker. “No” indicates that the caseworker made an assessment as to whether the issue was present for that child and recorded in the file that the issue was absent. Where blank, the data is considered “unknown”; the caseworker has neither indicated “yes” or “no” to the presence of the issue; thus, some of these issues may be present for a child but are not necessarily (systematically) recorded by caseworkers.

7.2 Types of issues reported

Cultural

Family privacy

Pressure within families to keep matters private is exemplified in the following excerpt; “pressure from family to drop assault charges and AVO against father” [VIE 16].

Other

Other cultural behaviours that were identified in the reports and which may emerge during CP work included, “there may be some involvement in setting up arranged marriages” [VIE 6]; and “parents have separated, however live on the same street” [VIE 17].

Migratory

Language issues

The most common migration-related issue for this CALD group was language barriers. Nearly all the cases files reported the need for an interpreter. Reports included:

- Vietnamese interpreter [VIE 11];
- Organise a phone interpreter (Vietnamese). Child is an ESL student [VIE 14];
- [Child] has difficulty in English. Mother may require an interpreter [VIE 15];
- Vietnamese interpreter. English of father is good but hard to understand [VIE 16];
- Mother using telephone interpreting service. Mother taking English classes and parenting classes [VIE 6];
- Interview conducted with Vietnamese CW and then translated to another CW in English ... Teleconference with Vietnamese interpreter [VIE 12];
- Father and mother are Vietnamese. The n/father speaks fair English. The paternal grandparents do not speak English well but seem to be involved with n/f [VIE 18];
- Family is Vietnamese and mother’s English is alright but she may require an interpreter. Language is a barrier which may prevent mother seeking assistance [VIE 17];
- Mother has indicated to school that an interpreter is not required but reporter [teacher] believes an interpreter would be beneficial for discussing complex matters [VIE 4];
- CWs spoke to [child]’s aunt and explained via interpreter the Department’s role and what had happened. Mother is Vietnamese and speaks little English, may need an interpreter given her present emotional state [VIE 10];

- Cantonese interpreter organised through DoCS for meetings with DoCS and legal aid ... Carer able to communicate effectively with [child]'s mother as she spoke both Cantonese and Mandarin ... For medical appointments [child] has been supplied with an Auslang interpreter [VIE 1]";
- Mother required an interpreter for her interview with DoCS. After she was taken to the hospital following a domestic violence incident she was only able to speak with police after [hospital] provided an interpreter ... Initial contact with [child]'s n/m involved the assigned caseworker phoning her with the aid of a translator [VIE 2]; and
- Medical appointment at CPU Westmead facilitated with the assistance of Vietnamese interpreters. A telephone interpreter was used after the Healthcare interpreter left ... [child]'s vulnerability to harm is increased as she has not participated in any protective behaviour lessons and her capacity to converse in English is limited, which may impact on her ability to make a disclosure at Child Care, which she attends once a week [VIE 13].

Lack of family support/social isolation

Lack of familial support and associated isolation was another common issue for families of Vietnamese background. Reports included, "n/m she does not want to make friends as there is stigma in the community and she feels ashamed due to being divorced ... mother has a brother in Sydney. No other family ... mum has a support at the temple who is a nun. Concerns that there is no adult ally in the home to support and protect [child]" [VIE 10]; "no formal supports other than school. Referral made to school counsellor" [VIE 8]; "use of extended family and community resources for support: unknown. N/m does not speak English well and has no family supports in Australia therefore it makes it hard for her to access services for her and her children" [VIE 17]; "caller states the [child]'s external family live in Adelaide, and mother does not have any informal networks" [VIE 18]; and "family support offered ... does not talk to auntie or teachers at school" [VIE 20].

Inter-generational conflict

A number of case files reported intergenerational conflict as a source of strain in the family, reflecting both cultural and developmental factors. For example, "there was an incident a month ago that the father disclosed. [Child] had ordered a skin lotion on the internet. Arrived by courier. Delivery driver asked the mother to open the package to make sure it was not damaged. When [child] found out that the mother opened it, [child] became very angry, screaming ... she went to her father in the backyard. The father reported that he could not manage her level of distress and anger and hit her on the left arm with an open hand. YP [*young person*] threatened to call police, father tried to stop her, if she did do it, it would destroy the family forever. [Child] denied wanting to call the police" [VIE 5]. In this case, the child believes she has the right to privacy – in the way her Anglo Saxon counterparts would be entitled to, culturally speaking; as value for privacy is consistent with individualistic values. This culturally clashes with the hierarchical structure typical of collectivists where parents have more power, and children are less likely to be treated as individuals in their own right.

Generalist

Domestic violence

Eleven of the 20 case files (55%) reported domestic violence. Reports included, “been DV between the parents” [VIE 10]; and “children are at high risk of psychological and physical harm due to exposure of serious domestic violence between their parents ... An AVO has been applied for against the n/father, the n/mother stated she would abide by it and not invite the n/father back into the household” [VIE 2].

Mental health issues of carer

Six of 20 cases (30%) reported mental health issues in the carer, and included for example, “further concerns for mother’s state of mind, very depressed and flat with self, perceived shame at the break up of her relationship with dad. [Child] is upset mother has said she is going to kill herself. The mother is saying that she is only waiting to find a way to make [child] safe before she does it. [Child] is now in a dreadful state. Depression. She has said she wants someone to care for [child] as she has no motivation to live” [VIE 10]; “Depression” [VIE 14]; “mother suffers from depression and has seen the MH team in [suburb] sometimes” [VIE 15]; “father diagnosed with schiz” [VIE 16]; and “caller believes mother may have some MH issues” [VIE 18].

Alcohol or drug

Alcohol or drug issues were reported in six of the 20 case files (30%). Reports included, “[child]’s father drinks regularly and heavily in order to help himself sleep after returning from work at his bakery” [VIE 1]; “contact was made with South East Asian Crime Squad (father arrested for drug charges – cannabis cultivation)” [VIE 12]; “n/m has AOD and MH issues” [VIE 15]; “alcohol use by the child (15 years old)” [VIE 16]; and “mother may have used drugs in the past. Possible cannabis use” [VIE 18].

Financial issues and gambling

Financial issues were somewhat commonly reported across the case files. Reports included, “parents always fighting about money and the n/f hits the mother when angry” [VIE 8]; “n/m has over \$11 000 debt to approx 6 different people. n/m finds it difficult to pay this off as she has no job and is the primary carer for her children” [VIE 9]; and “mum owes about \$650 for tutoring fees and the service is threatening court action to recover the money owed” [VIE 10].

Gambling issues were also reported in four cases; “mother has severe gambling habit” [VIE 8]; “it is believed [NM] has a gambling problem” [VIE 9]; “gambling problem of carer (n/f)” [VIE 17]; and “she has no money, she gambles it”. Mother has gambled all their money and this happens quite often” [VIE 18]. Culturally, it is possible that women of Vietnamese background take on financial concerns and responsibilities, and in part, this worry manifests as a gambling issue. This is however a generalisation, as men of Vietnamese background also reported gambling issues.

Gender issues

Gender issues not related to culture emerged in the case files. As one case said, “father is unwilling to engage with psychologist as per Court Clinic recommendations. Due to limited opportunity for DoCS to engage with father, decision made for DoCS to close case however continued involvement by MH is required” [VIE 11]. This case demonstrates the difficulty of engaging fathers, but is not exclusive to families of Vietnamese background and therefore is not cultural.

Other

Housing needs were reported as issues which could impact upon parenting efficacy. One report said, “requires support for housing” [VIE 9].

7.3 Types of strengths reported

Some strengths in families of Vietnamese background, in terms of positive parenting behaviours, were reported across the case files. For example, “protective factors for [child] is that she attends school” [VIE 17]; “mother presented as very concerned about her son, very capable of meeting his needs, and very loving” [VIE 3]; “there are no neglect issues identified for [child] as he always has food for lunch and appears to be clean with appropriate clothing” [VIE 4]; and “[child] is usually well behaved” [VIE 13]. However, there were some reports where strengths were unknown; “protective factors are unknown” [VIE 15]; and “strengths – nil identified” [VIE 17].

Family support was also noted as a strength; “in terms of strengths, the family appears to be close and there is limited support network of extended family which includes two uncles” [VIE 8]; “large extended family that will help out if we need it (n/f)” [VIE 12]; and “n/m requires help with the children due to her MH so the extended family help care for the children ... Family is very supportive and protective ... They have moved to grandfather’s house. The grandfather is a school teacher and speaks English well; he also has a good relationship with his grandchildren and has been supportive and protective of his family. He also mentioned that if something inappropriate was to occur [child] usually tells him and he would then resolve the issue” [VIE 15].

7.4 Types of issues families of Vietnamese background report with DHS

The main issues families of Vietnamese background report with DHS pertain to a lack of awareness or understanding about the role or statutory power of DHS. For example, reports included, “mother is terrified of authority and reporter is concerned if DoCS or some other authority turn up to the house it will push her over the edge” [VIE 10]; “[NF] was very anxious about who was looking after his children and he was also very anxious about signing the temporary care agreement ... [child] was more reserved and expressed anxiety about going into temp care. She relaxed after a short period of time” [VIE 8]; and “CW: “Do you understand what we do?” n/m: “No” ... explain DoCS, responsibilities, legislation ... started crying “can’t believe happening ... I love her ... describes how her relationship not that good between herself and her own parents, doesn’t want that to happen to [child]” [VIE 18].

Issues with being removed were also reported; “caller wants to highlight that the child was “very fearful” about revealing this information. Child is worried about being

removed from her parents, as this happened one year ago through DoCS. Child said that this has been the first actual physical abuse by the parents since her restoration” [VIE 5].

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

Types of assistance received from DHS

Across the 20 case files, DHS recommended or provided a number of services or assistance. These included, for example, “anger management counselling ... [child] provided residential care ... [child]’s parents participate actively in a parenting skills training course and demonstrate successful completion of the program” [VIE 1]; “there is a need for further assessment and input of professional supports and services” [VIE 4]; “a referral to the school counsellor will be made once the children return to school next week” [VIE 8]; and “mother needs support and guidance to appropriate support services and needs advice as to keeping the perpetrator out of her home and away from her child. Should the allegations be confirmed on investigation [child] and non-offending family members should be referred to their local sexual assault service ([suburb] Sexual Assault Service) for appropriate follow-up services” [VIE 13]. Financial assistance was also provided; “YMCA camp” [VIE 6]; and “DoCS paying for their accommodation” [VIE 19].

Examples of culturally appropriate practice

Consultation with multicultural caseworkers

No cases of direct consultation with multicultural caseworkers were identified in the reports, but such consultation may occur more routinely in the field.

Culturally appropriate analysis by caseworkers

Some excerpts indicated culturally appropriate analysis by caseworkers in their decision making and assessments. That is, they demonstrate cultural awareness, sensitivity, and/or competency. Reports included, for example:

- Clinical psychologist report: her preference to stay in her family needs to be acknowledged and respected by external authorities as to do otherwise could well be experienced by [child] as a repetition of her mother’s dismissal of her wishes and opinions [VIE 5]; and
- [Child] disclosed physical harm perpetrated by his father during the school holidays indicating that he was physically assaulted by his father several times, on the head and on his back, also being kicked in the stomach causing him to fall off his chair. This is concerning behaviour demonstrated as a disciplinary method for the father however seems to be using it as a means to let out his own emotional frustration on the children via violence [VIE 4].

Culturally sensitive engagement with families

Culturally sensitive engagement with families of Vietnamese background was demonstrated in a number of ways. For example:

Culturally appropriate referrals and services

- Referred to Vietnamese Women's Support group [VIE 6];
- A Vietnamese counsellor in drug and alcohol abuse was provided for [child]'s father [VIE 1];
- Discuss mum seeking counselling or seeing GP for depression issues, discuss linking mum in with culturally appropriate organisation, etc [VIE 10];
- Need counselling for anger management – psychologist recommended with Vietnamese interpreter or Vietnamese speaking psychologist [VIE 11]; and
- Counselling in Vietnamese for [NM], counselling with a specialised adolescent service, participating in a Vietnamese conducted parenting group. [Child]'s parents to consider attendance to [NGO]'s Vietnamese Group for Parents of Teenagers [suburb]. A referral to this service has been made if parent's consent. A culturally specific counselling service (such as the TransCultural Mental Health Service) to be considered for [child]'s parents to provide further support and education around: teenage developmental issues, parental rights and responsibilities, the implementation of appropriate consequences for challenging teenage behaviour and the impact of childhood abuse and trauma [VIE 5].

Culturally appropriate placements

- MGPs [*maternal grandparents*] have expressed a desire to live in Australia in order to look after [child]. MGM believes that Australia has a better education system and there are more opportunities here so she would like [child] to stay here and for herself and her husband to raise her here [VIE 19].

Recognising the importance of food and language (generally, and at times for maintaining family privacy) for cultural preservation and group membership

- [Child] at one of the contact visits asked mum to bring Vietnamese food next time. Mum told me she has to bring Vietnamese food every time because [child]'s carer only gives her Australian food and [child] talks about the Vietnamese food they used to eat together. Mum and [child] moved between Vietnamese and English while they talked [VIE 6].

Others

- *Practical assistance*: [Letter from DHS to Telstra]: In future is there a possibility to communicate with [NM] in Lao as she does not speak or read English [VIE 9];
- *School intervention helpful and culturally respectful*: Caller stated the kids said step-dad is really happy when they receive awards at school, so caller has sent them home with a principal award [VIE 4]; and
- *Culturally sensitive and patient practice*: Throughout the conversation [child]'s mother was crying and sobbing and sounded very distressed. I offered to organise a Vietnamese caseworker to speak to the mother and while initially she declined

this offer, she eventually agreed. Following the conversation with the Vietnamese CW, a decision was made to contact the mental health team and for caseworkers to attend the mother's home to assess situation further [VIE 10].

Case Study 17 demonstrates both culturally appropriate analysis as well as culturally sensitive engagement with a family of Vietnamese background.

☀ CASE STUDY 17: Example of culturally appropriate analysis and engagement for family of Vietnamese background presenting with DV

"Police received a call of verbal DV. Police were told that the father had been banging on the front door and yelling at the mother. The father had a bit too much to drink. The mother and children were scared of this ... Children exposed to DV. Verbal/physical DV by father to mother. Involved father choking mother ... One of the children told their teacher that the father assaulted the mother, however the father was not charged as the mother did not want to give any information

... Child is afraid for the mother's safety ... [child] is sad for her mother and is scared that she will get into trouble for telling ... N/m understands that DV is impacting on the children but has no plans to change the situation. Nm hopes that one day n/f will change ... Nm was unwilling to get the AVO on n/f as she does not want to create hate between them ... N/f is beating n/m and has not purposely hurt the children yet

... DV standard with alcohol condition ... AVO in place ... Mother said she already had a counsellor ... DoCS have attempted to speak with the mother about seeking help in this situation but it appears that the mother is not willing or has not followed through with the supports ... Action can be actioned through DoCS home visit and phone calls also providing links to external supports ... N/m has also been sent pamphlets in Vietnamese about DV and how DV can impact on children, and services that she can contact if needed.

... [Child] and [sibling] are at risk of further harm due to their presence in the home and the possible inability of the mother to ensure protective behaviours due to being a victim of violence herself. The severity of harm is therefore increased due to the lack of protective factors in the home, increasing the likelihood of further harm without effective intervention. Further assessment is warranted to address the above concerns and ensure the safety, care and protection of children in the home, addressing DV, and linking the family with culturally appropriate professional supports and services" [VIE 17].

The CSC from which this case file was obtained has a relatively high number of Vietnamese families in the area. This may, in part, explain why this service was culturally sensitive and appropriate.

Example of good practice not related to cultural factors

- Child has difficulty communicating, however this is primarily attributed to his poor hearing. For future meetings it is recommended a sign interpreter be used,

that the parents complete a sign language course and an English language course, and that the parents complete a deaf awareness training course [VIE 1].

Examples of culturally inappropriate practice

One example of failure to meet cultural needs was identified. This case said, “foster carer spoke Cantonese – so there was a language barrier” [VIE 11]. While this placement may have occurred due to resource constraints, and reflects an attempt to match the child with at least an Asian carer (assuming a Vietnamese carer was not available), this placement with a Chinese-background carer is not appropriate for the child as language barriers were present.

7.6 Types of personal, organisational, or institutional barriers to culturally appropriate practice

Personal

As with families of Chinese, Lebanese, and Pacific Islander background, personal barriers occurred in relation to language issues. For example, one case file noted, “interpreter needed but refused, English not good but adequate” [VIE 8].

Organisational

Resource constraints of staff shortages were identified across all 120 case files, regardless of cultural background.

Institutional

Compared to families of Chinese, Lebanese, and Pacific Islander background, the ethnic coding for families of Vietnamese background was surprisingly consistent. All were recorded as “Vietnamese”. For example, no cases said “Vietnamese-Australian” or “child of Vietnamese background”. This seems to suggest that of all the CALD groups explored in this study, this group may be the most marginalised from the mainstream and any other cultural group in Australia. The extent to which this reflects a self-fulfilling prophecy, in which (fearful) expectations about being judged or disrespected by other groups in the Australian community cause or fuel marginalisation, is unknown. Also, and similar to the other CALD groups in this study, cultural issues were reported as “N/A” [VIE 17] in one case, (incorrectly) indicating that culture is seen either as not important or relevant.

7.7 Summary

Physical abuse and emotional abuse were the two most common primary issues reported among families of Vietnamese background. Emotional abuse was also the most common secondary type of abuse or neglect. A value for scholastic achievement may be viewed among some families as justifying physical punishment. Physical punishment with the intention of disciplining children among otherwise loving parents needs to be considered. Co-morbidity of abuses and neglect for children of Vietnamese background resembled a normal bell-curve; with the majority reporting a moderate number, and suggestive that issues tend to affect a number of domains of the child’s well being. Mental health issues were most common among children of Vietnamese background experiencing abuse or neglect. Some possible causes of, and issues associated with, abuse or neglect for families of Vietnamese background may include (i) cultural factors (family privacy); (ii) migration-related stressors (language

issues, lack of family support/social isolation, and intergenerational conflict), and (iii) generalist issues that are common to all families regardless of their cultural background (especially domestic violence, but also mental health issues in the carer, alcohol or drug issues, and financial issues).

Many families reported positive parenting behaviours and family support was acknowledged as a strength. Families reported issues with DHS including abuse in the foster care system and frustrations with removal. Lack of awareness or understanding, and fear, of DHS was noted. DHS provided financial assistance as well as services in the form of referrals and recommendations. A number of culturally appropriate practices were identified including culturally appropriate analysis and culturally sensitive engagement. Culturally inappropriate practices included failure to understand or meet cultural needs. Personal barriers to good practice were identified including families who required an interpreter but refused one. Resource constraints were identified as a barrier to good practice (but this was not exclusive to families of Vietnamese background). As with families from other CALD backgrounds, caseworkers need to be aware of what might constitute “cultural issues” so that they do not record this as “n/a” in case management and case file notes.

8 Children and families of Indigenous background

8.1 Primary and secondary types of abuse and neglect reported

Sexual abuse

Frequency and nature of sexual abuse

Table 9 contains summary information on the 20 Indigenous case files. The most frequent type of primary abuse that emerged was sexual (including risk of harm, assault or abuse), at eight of the 20 cases (40%). There were two cases where sexual risk of harm was reported but another form of abuse or neglect was deemed as the primary type. Reports across these eight case files included:

- Risk of sexual harm ... exposure to sexual acts and DV [IDG 1];
- Boys have been sexually assaulted prior to father's intervention [IDG 10];
- [Child] disclosed that n/m's de facto got into bed with him and was "sexing him with his penis" [IDG 9];
- Sexual abuse – incident outside the family. Did not relate to any inappropriate action or lack of supervision on behalf of the parents [IDG 17];
- n/Father recently had allegations made against him of sexual harm against [child] ... Caller stated that [NF] is molesting two of his children, [child] is one of them. Caller stated that [NF] boasts to her about sexually abusing little girls. He is known to police and has been charged with this before. Both girls more withdrawn and wetting the bed [IDG 3]; and
- JIRT substantiated sexual abuse perpetrated by step father. Allegations include touching [child] on the breast, indecent assault and digital penetration ... [child] does not wish to reside in the family home as she was raped there 2 years ago ... [NM] does not appear to have insight into the danger of the situation. Child recently miscarried, not the first, father was her step father ... There is a current AVO excluding stepfather from the premises [IDG 15].

Culture and sexual abuse

There are no groups which consider sexual abuse to be culturally acceptable. Thus, it is unlikely that cultural factors explain the prevalence of sexual abuse among families of Indigenous background. Instead, it may be that the entrenched and pervasive socio-economic disadvantage experienced by Indigenous Australians can lead to a sense of disempowerment that causes them to act out in harmful ways on less powerful members of their own group, possibly as a way of re-gaining a sense of control. Arguably, as a result of the Stolen Generation, Aboriginal parents have not only been robbed of their children and culture, but of the opportunity to model good parenting behaviours for future generations. Over time, the intergenerational transmission of sexual abuse can make its prevalence entrenched.

Emotional abuse*Frequency and nature of emotional abuse*

Emotional abuse was the primary type in three of 20 cases (15%), and the secondary type in 12 of 20 cases (60%). Reports included, “emotional abuse” [IDG 3]; “risk of, and ongoing, psychological harm” [IDG 5, IDG 8, IND 10, IDG 16]; “family member threatened to withhold love from the child/criticised the child” [IDG 18]; and “persistent caregiver hostility. Caller (mother) expressed she cannot have [child] back home at this stage ... because of [child]’s current behaviour with shoplifting, and other criminal related activities with other associates. Caller would still want to have contact and maintain a relationship with [child] in the future. [Child] has disclosed that there is a lot of ‘abuse’ in the home. It is thought to be verbal abuse of [child] who is reportedly blamed for a lot of the problems within the home. This has an impact on the psychological well being of the child” [IDG 15].

Neglect (Inadequate supervision)*Frequency and nature of inadequate supervision*

There were three of 20 cases (15%) where inadequate supervision (including abandonment) was the primary issue, and 12 of 20 cases (60%) where it was a secondary issue. Reports across all these cases said, “abandonment ... victim of neglect and trauma in early childhood ... Extensive history of chronic neglect, poor supervision” [IDG 2]; “inadequate supervision for age” [IDG 4, IDG 5, IDG 6, IDG 10]; “de facto’s daughters alleging n/m physically abuses, neglects, and leaves children with anyone including strangers” [IDG 9]; “issues re lack of supervision, neglect, all aspects of basic and educational care ... abandonment/desertion” [IDG 16]; “concerns held for [child] and his brother [sibling] was found riding a bike from [suburb] to [suburb] unsupervised. N/m was not concerned about the safety of her children” [IDG 20]; “mum does not want [child] back in the home and wants DoCS to place her” [IDG 15]; “current whereabouts of natural parents unknown” [IDG 12]; “anon caller reported concerns of the children being left for up to a week alone” [IDG 11]; and “caller wants to relinquish her rights⁴⁵ as a parent” [IDG 15].

Culture and inadequate supervision

As with families of Pacific Islander and Vietnamese background, issues regarding inadequate supervision was not tied in with differences in the age at which may be considered appropriate to leave children unsupervised, or differences in perceived risks for doing so, for families of Indigenous background. Such cultural issues only emerged for families of Chinese or Lebanese background.

⁴⁵ Interestingly, parenting may more appropriately be seen as a responsibility rather than a right.

Neglect (basic needs)*Frequency and nature of neglect*

There were three of 20 cases (15%) where neglect of basic needs was the primary issue, and nine cases (45%) where it was a secondary issue. Reports across all these case files said:

- Neglect by foster carers [IDG 3];
- [Child] unable to read at age 9 [IDG 2];
- Inadequate shelter or homeless [IDG 4, IDG 18];
- Irregular school attendance ... ongoing neglect ... children asking for food from neighbours [IDG 4];
- 200 spiders on the kitchen ceiling ... Past allegations of non school attendance by the children [IDG 6];
- Numerous reports received by the Department, initial notifications relate to [NM]'s chronic neglect of her eldest son [sibling] and later of [child] her youngest son [IDG 20]; and
- [Child] expelled from two schools and is currently not in the educational system ... there are also concerns due to a pool being seen in front of the home without a fence. This raises concerns for the younger children in relation to risk of physical harm. Caller is reporting that when she visited the house today, the house is hygienically not appropriate clean to have children there ... the home smells of urine, the carpet is dirty and stained, there is rubbish all through the front room (cigarette butts, empty cans, plates with leftover food on them, food on the floor, and clothing all over the floor). Caller stated that the smell was “absolutely horrible”. Inadequate shelter ... Inadequate nutrition. Concerns carers not adequately feeding or caring for children. [Child] reports that at times there is no food in the home and she had stolen money from her mother’s bank account in order to purchase food for her siblings and herself [IDG 15].

Culture and neglect

As with the other CALD groups, neglect may more accurately reflect systemic socio-economic disadvantage rather than cultural factors.

Physical abuse*Frequency and nature of physical abuse*

Physical abuse was categorised as the primary type of abuse for three of the 20 (15%), and was a secondary type of abuse in eight case files (40%). Case file notes across the primary and secondary reports of physical abuse said, “physical harm or injury” [IDG 6]; “run over by a quad bike” [IDG 12]; “disclosure of physical abuse from foster father. Facial bruising and broken bones from physical and emotional abuse prior to removal” [IDG 14]; “physical harm – hit, kick, strike. [Child] said her father

sometimes “bashes” her ... with the metal bit at the end of the belt” [IDG 15]; “children have recently made disclosures in relation to being physically disciplined as well as verbal abuse towards them by the carers” [IDG 18]; and “[child] was in the care of his father. There was a light cigarette burn found on his thumb and index finger” [IDG 20]. Across the three case files where physical abuse was the primary type, the perpetrator was either the foster carer/s (n = 2), or the natural father (n = 1).

Co-morbidity

According to the three-tiered categorisation, there were two children (10%) experiencing only one type of abuse or neglect; 10 children (50%) experiencing two or three types of abuse or neglect; and the remainder (n = 8; 40%) experiencing four or more types of abuse or neglect. This suggests that for the majority of children from Indigenous backgrounds, child abuse or neglect occurs across a large number of domains in which their well being is affected.

Presentations of children of Indigenous background experiencing abuse or neglect

The most frequent characteristics of children of Indigenous background experiencing abuse or neglect across the 20 case files were behavioural and mental health issues.

Behavioural issues

Behavioural issues manifested in a range of ways. Reports included, “suspended for physical violence ... Challenging behaviours were described from a young age including violence and aggression towards others, lighting fires, impulsivity, risk-taking behaviours, defiance and non-compliance, property damage and shoplifting ... Crimes in robbery [IDG 2]; “behavioural concerns” [IDG 6]; and “[child] extremely challenging, gives [carer] a hard time. [Child] very influential with [siblings], oppositional and undermining, manipulating. [Child] uses his size” [IDG 18].

Mental health issues

Of those with reported mental health issues, reports included “diagnosed ADHD and Oppositional Defiant Disorder” [IDG 2]; “OCD [*obsessive compulsive disorder*], ADHD and currently medicated for both disorders” [IDG 12]; “Wishes he was dead ... PTSD ... Oppositional defiant disorder ... Reactive attachment” [IDG 14]; “history shows concerns for mother’s emotional state and if mum is not mentally well this may be a reason why the home is in poor condition. [Child] has previously self harmed. Suicide risk. Mother called to say that [child] is pregnant and returned once with stab wounds to her stomach and back which were self inflicted. [Child] is depressed when she is not on drugs has attempted suicide in the past. [Child] has PTSD” [IDG 15]; and “child may have depression. Some superficial self harm behaviours when in care of birth family” [IDG 17].

Other

Some children reported as runaways; “she was at school till lunch time then she left ... she is usually gone for 1 or 2 days” [IDG 17]; “absconding” [IDG 1]; and “current whereabouts of [child] not known. [Child] is a habitual run away. [Child] lives with

her parents but is rarely at home. [Child] has a history of engaging in risk taking activities and frequently absconds from her home” [IDG 15].

Sexualised behaviour was also reported; “inappropriate sexual behaviour for [child]’s brother” [IDG 6]; “unknown as yet if the behaviours two other children in the family are displaying inappropriate sexualised behaviours due to exposure to inappropriate sexual material and/or activity” [IDG 8]; and “both boys displaying inappropriate sexual behaviour” [IDG 9].

Health issues were reported; “[Dr] thinks [child] is slightly underweight but otherwise normal ... Rash diagnosed as scabies” [IDG 2]; and “asthma, eczema, golden staph” [IDG 15].

Criminal activity was reported; “shop lifting” [IDG 11]; and “caller (mother) states that [child] engages a lot in criminality and runs away from home often. Last month the police came to home residence and questioned her about an incident of assault where she bashed a man with a bottle which was caught on surveillance. Two days ago she got caution for her criminality. Caller stated that she has been attending a behavioural school but has just been expelled for turning up under the influence on drugs. She has been to rehab centres but stops attending after a few appointments ... [child] has been charged with shoplifting” [IDG 15].

Conflict with parents was also noted; “ongoing verbal arguments between the y/p and parents ... Conflict between child and mother and given the history, the relationship appears to be deteriorating” [IDG 15].

Table 9: Summary of 20 Indigenous case files

	All types of abuse or neglect reported						Co-morbidity ^a	Primary type of abuse or neglect ^b	Possible causes of abuse or neglect					Other presentations of child reported				
	Physical	Sexual	Emotional	Neglect - Basic needs	Neglect - Education	Neglect - Inadequate supervision			DV	MH	AOD	Homelessness	Conflict with parent/s	Disability	High Needs Child	Sexualised behaviour	Runaway	Behavioural issues
IDG_1	✓	✓	✓				Moderate	Emotional	✓	✓ (carer)	✓					✓		
IDG_2				✓	✓	✓	Moderate	Neglect (basic needs)	✓	✓ (child)	✓	✓	✓	No	✓	✓	✓	
IDG_3	✓	✓	✓	✓			High	Sexual	✓	✓ (carer)			No					
IDG_4				✓	✓	✓	Moderate	Neglect (basic needs)	✓	✓ (carer)	✓							
IDG_5			✓			✓	Moderate	Inadequate supervision	✓	✓ (carer)	✓							
IDG_6	✓	✓		✓	✓	✓	High	Neglect (basic needs)	✓		✓	✓			✓		✓	
IDG_7	✓	✓	✓	✓		✓	High	Sexual	✓		✓							
IDG_8		✓	✓	✓		✓	High	Sexual	✓		✓			✓				
IDG_9	✓	✓	✓			✓	Moderate	Sexual	✓		✓			✓				
IDG_10		✓	✓			✓	Moderate	Sexual	✓		✓							
IDG_11				✓		✓	Moderate	Inadequate supervision	✓	✓ (carer)	✓							
IDG_12	✓	✓	✓				Moderate	Sexual		✓ (child)	✓		✓					
IDG_13			✓				Low	Emotional	✓			✓						
IDG_14	✓		✓	✓		✓	High	Physical	✓	✓ (child)							✓	
IDG_15	✓	✓	✓	✓	✓	✓	High	Sexual	✓	✓ (child/carers)	✓	✓	✓	✓	✓	✓	✓	
IDG_16	✓		✓	✓	✓	✓	High	Neglect (abandonment)	✓		✓	✓						
IDG_17	No	✓	✓	✓			Moderate	Sexual	No	✓ (child)	✓	✓	✓	No	✓	✓	✓	
IDG_18	✓		✓	✓		✓	High	Physical			✓						✓	
IDG_19			✓				Low	Emotional		✓ (carer)								
IDG_20	✓					✓	Moderate	Physical	✓		✓							

a – This refers to the extent of co-morbidity based on all the types of abuse or neglect reported, with 1 = Low; 2-3 = Moderate; 4 or more = High; *b* – The primary type of abuse or neglect was determined by the researcher based on what was reported in the case files. When there were several primary types, the current primary type at the time of the review was reported. Sexual abuse or assault was, as a rule, deemed as the primary type of abuse in cases where other types of abuse were reported, except in the case where only sexual risk of harm (ROH) was reported but not assault or abuse; *c* – Ticks (✓) indicate that the issue was reported somewhere in the file by a caseworker. “No” indicates that the caseworker made an assessment as to whether the issue was present for that child and recorded in the file that the issue was absent. Where blank, the data is considered “unknown”; the caseworker has neither indicated “yes” or “no” to the presence of the issue; thus, some of these issues may be present for a child but are not necessarily (systematically) recorded by caseworkers.

8.2 Types of issues reported

Domestic violence

Sixteen of the 20 case files (80%) reported domestic violence. Reports said, “verbal and physical DV” [IDG 1]; “exposure to parental DV” [IDG 2]; “DV: Yes, by foster carers” [IDG 3]; “mother may be escaping DV” [IDG 4]; “violence” [IDG 5]; “family are known to be violent” [IDG 6]; “DV” [IDG 8, IDG 16]; “DV incident in the home, both children were present” [IDG 9]; “[NF] used to beat mummy up on the floor in the lounge all the time” ... Victim of DV issues ... Father has been physically abusive towards the mother” [IDG 10]; “[child]’s father also set n/m’s car on fire” [IDG 11]; “n/m beaten up by father” [IDG 13]; and “domestic violence between the mother and the 16 y.o. older sibling, caller stated that the 16 y.o. son has previously physically abused the mother when she brings home different men. The callers client stated that the mother brings home men two nights a week, ranging from 1-4 different men” [IDG 20].

Alcohol or drug

Alcohol or drug issues were reported in 16 of the 20 case files (80%). Reports included:

- n/m’s AOD [IDG 12];
- Alcohol abuse [IDG 1];
- Drug problems for mother [IDG 4];
- Drug use. Cannabis detected in urinalysis. Alcohol use by carer [IDG 5];
- Both parents are reportedly amphetamine users. The mother’s other children all removed from her care in the previous 6 months [IDG 18];
- Past allegations of drug use ... Father regular user of cannabis ... [child] often calls his mother a “junkie” ... Both parents heroin users [IDG 6];
- Children assumed into care due to natural parents intoxicated state. Over 10 years of history with the family” [IDG 16]; “uses alcohol but does “not shoot up” [IDG 17];
- Exposure to drug use ... [NF] appeared drug affected ... [CW] explained the impacts of drug use past and present on [NM] and [NF]’s current parenting capacity [IDG 2];
- The significant change was that the mother had addressed her D&A problems ... The father has entrenched alcohol dependency ... Alcohol addiction is a huge barrier to overcome and she has done that [IDG 10];
- Drug abuse by carer. [Child] has previously disclosed (n/m) and (s/f) uses alcohol and cannabis. [Child] discloses she is parenting her younger siblings. [Child] alleges [NM] and [NF] are engaged in AOD use. [Child] allegedly uses ice, cocaine, heroin, and other drugs. [Child] is sleeping with older men and they in turn supply her with drugs [IDG 15]; and

- Caller is reporting concerns about mothers' AOD use ... caller stated the mother stated she would be back in an hour at 7pm, however she returned at 4am this morning, intoxicated with a 20 y.o. male and stated that they would just smoke some marijuana together. After giving birth to her youngest female child the natural mother was alleged to be in the ward sinking breezers, the hospital staff were not aware of this, g/p saw n/m. Drug and alcohol treatment programs for the natural mother and older brother. Suggested the mother refer herself to Aboriginal Medical Services with the intention of seeking treatment for AOD abuse issues [IDG 20].

Mental health issues of carer

Six cases reported mental health issues in the carer. Reports said, "emotional state of carer" [IDG 1, IDG 5]; "mother suffers from anxiety" [IDG 3]; "dep/anx" [IDG 4]; "father attempting to hang himself on the clothes line" [IDG 11]; and "early psychosis (bipolar schizoaffective) in n/m" [IDG 19].

Lack of family support

Lack of support was identified in a number of reports. For example, "(n/m) stated that her family was out west and that she didn't see them. [NF] stated that he did have family closer however did not see them because he has been spending all his time with his children" [IDG 2]; "likelihood of harm continuing is high as there are believed to be no supports in place" [IDG 15]; and "reported the natural mother does not have any family contact. Her relationship with her father is tenuous, many of the reports to DoCS come from him" [IDG 20].

Other

Fear of homelessness and housing needs were also reported. Reports said, "homelessness" [IDG 6]; "currently homeless" [IDG 16]; "n/m and s/c had become homeless after a family breakdown" [IDG 13]; and "housing their biggest issue" [IDG 5].

Financial issues were also reported. For example, "financial problems" [IDG 4, IDG 17]; and "[NM] stated that she was low on food and would not be receiving her payment until Friday. [NM] claimed that [NF]'s money had been ceased since he had been in gaol. Otherwise, [NM] is not as yet receiving any benefits from Centrelink for [child] [IDG 2].

8.3 Types of strengths reported

A number of strengths in families of Indigenous background were reported across the case files. One was a willingness to engage with DHS; "[NM] has expressed a commitment to working with DoCS and wants her children to be safe" [IDG 3]. This should be recognised as an important strength among individual families given the historical involvement of the Department during the Stolen Generation.

Another strength was the use of positive parenting behaviours. For example reports said, "[NF] has stated in the past that he believed in using a belt and belting the children as being a form of discipline ... n/m used to smack the children on the bottom until [child] was hit and bruised. After this she signed undertakings that she would not physically discipline the children. [NM] said her main forms of discipline at the

moment are to deny privileges and to use time out, either standing the children against the wall for five minutes or to send them to their room if they are really naughty. [NM] said she always explains to the children what they are in trouble for and that in general, her methods of discipline seem to work quite well ... there is a strong level of bonding and attachment between [NM] and the children” [IDG 3]. Another example of good parenting included “[carer] stated that [child]’s parents seemed very supportive of him whenever he saw them” [IDG 2].

Families of Indigenous background were preserving their cultural heritage which can act as a source of psychological strength through cultural membership. For example, “the children identify as being Aboriginal. The children do not have strong associations within the local Aboriginal community however (n/m) states that they learn about Aboriginal culture at school and also attend special dance groups, run by the school for Aboriginal children” [IDG 3].

Adequate housing was noted in some cases; “numerous unplanned home visits have been conducted to the family home during which time no concerns have been raised in relation to the state of the house. There has always been food readily available for the children including fresh fruit, snacks as well as eat, vegetables, and drinks ... (even though the) caller described family residence as “filthy” [IDG 11]. Finally, one family was recognised for having overcome their alcohol addiction; “Dept should recognise the strength it took for n/m to overcome addiction” [IDG 10].

8.4 Types of issues families of Indigenous background report with DHS

Instances where families of Indigenous background report disappointment or frustration with DHS for removing children were commonplace. As compared to the CALD groups, however, Indigenous families did not indicate a lack of awareness or understanding about the role and statutory power of DHS.

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

Types of assistance received from DHS

Across the 20 case files, DHS recommended or provided a number of services or assistance. These included, for example:

- Aboriginal Women’s Legal Centre [IDG 6];
- There are already several services involved with the family [IDG 3];
- [Suburb] Women’s Housing Group is supporting the family [IDG 4];
- ‘Link up’ is a service that links Aboriginal children with their extended family and assists in finding kinship placements and family trees for life story work [IDG 14];
- Family appears with a number of high level of violence and complex characteristics that appear entrenched and beyond the scope of a BF funded service option [IDG 13];

- Counselling for the children, anger management, [suburb] Family Support Service, Mission Counselling, Salvation Army, St Vincent's de Paul, All Saints, [NF] starting the PPP parenting course next Monday [IDG 10];
- [Child] self placed at home last February. We have been working with the parents through various services to enable [child] to remain with his parents as further placements are seen to be redundant due to his habitual absconding and running from the Dept and police. As of [month], [sibling]'s placement also broke down for the same reasons. [Sibling] is also now self placed ... [NF] and [NM] attended the information session for Ted Noffs Aboriginal Adolescent Spiritual Connection Family Healing Program. They indicated that they were interested to continue this program. [Child]'s counselling needs could also be met via this program [IDG 2]; and
- Family may require referrals to supports and services. Refer [child] with appropriate supports such as counselling and education. Recently [child] has been told about a program called "Hands on" program which is targeting indigenous students in the [suburb] area. This program works with school age children who do not wish to attend school but to learn skills at other places. The participants will be able to learn their preferred skills at TAFE facilities. [School counsellor] has discussed this option with the mother and the mother has left everything up to her. [Child] has also indicated some interest in the program ... She is meant to be seeing a sexual assault counsellor and a drug counsellor but caller is not sure if she has attended lately ... Encourage both [child] and [NM] to attend relationships counselling. Prefers the compulsory session with school counsellor does not want an external counsellor. [Child] is attending Youth Off the Street – Chapel School [IDG 15].

Financial assistance was also provided. For example, "money to assist in the purchase of shoulder pads and a mouthguard for [child] to play rugby league in ... money for purchase of groceries" [IDG 2]; "rental assistance provided by DoCS" [IDG 15]; "financial assistance – paying for Aboriginal pride and heritage camp" [IDG 16]; and "pay for [child] to go to a camp organised by the Dept of Sport and Rec" [IDG 18].

Examples of culturally appropriate practice

Consultation with multicultural caseworkers

Unlike across the CALD case files, there were ample references and examples of caseworkers consulting with Aboriginal caseworkers. Identified examples included:

- Aboriginal Liaison officer ... Aboriginal factors and dynamics to be considered when ascertaining response [IDG 8];
- Abor consultant agreed to search for appropriate Aboriginal services that may be able to support n/m if the children do return to her care [IDG 10];
- Aboriginal CW advises that the n/m is well connected with the elders in the area and suggests referring to the guidelines on using appropriate language when working with Aboriginal families [IDG 11];

- Aboriginal worker talked to [child] about Aboriginal cultural awareness program in more detail ... Response agreed with Acting Team Leader in consultation with Aboriginal CPCW, no cultural issues identified [IDG 15]; and
- Has a CW from the Waru Mudyin Aboriginal Intensive Family Based Service (IFBS), [suburb] ... (From Regional Panel Outcome Report): Foster care team are working on recruiting an Aboriginal foster carer. [CW] to follow up with LWB to ensure cultural plan in place. Parents agreed to get Teddy (Mens Aboriginal worker) on board. The Aboriginal elders in the community have participated in the first safety circle meeting and are willing to look at ways of supporting parents and [child] ... OOHC to consider option of a referral to the Aboriginal Planning Circle as there is evidence of disengaging ... I identified to my manager that there is a gap in services provided that support parents with adolescents. This was also discussed at the Aboriginal Family Workers' meetings with Ted Noffs. At the last Family Worker's Meeting a working group was set up to develop a culturally appropriate parenting program [IDG 2].

Culturally appropriate analysis by caseworkers

A number of excerpts indicated culturally appropriate analysis by caseworkers in their decision making and assessments. Reports included, for example:

Promotion of cultural preservation

- It was noted that the children would take particular interest when they have been taught about their Aboriginality [IDG 1]; and
- Under "Care Plan": Objective – Identity, cultural, and religious awareness; Task: the carer to promote Aboriginal culture and heritage in culturally appropriate activities. Responsibility – carer [IDG 18].

Culturally sensitive engagement with families

Culturally sensitive engagement with families of Indigenous background was demonstrated by offering culturally appropriate services. For example:

Culturally appropriate service referrals

- Hunter Aboriginal Children's services [IDG 12].

Ethnically matched service providers

- Family are happy to engage with Aboriginal services [IDG 8].

Culturally appropriate placements

- Placed with Aboriginal foster carers [IDG 18];
- Kinship placement with maternal uncle [IDG 16];

- Currently in short term placement (2 months) not Aboriginal carer, but looking for long term placement with Aboriginal carer. [Child] does not want to reside with n/m and step father [IDG 17]; and
- n/m home culturally appropriate placement ... “obviously no guarantee’s but having the children home will motivate her to further improve herself” ... They will primarily receive their Aboriginal history from their mother [IDG 10].

Engaging Aboriginal men

- [NM] and [NF] are both linked with Metro West Aboriginal Foster Carers and Kinship Carers support group. Carers meet once a month and often have picnics where they get a chance to share stories and offer support to each other. [NF] has further been linked with [suburb] Aboriginal men’s group that meets every Thursday [IDG 17]; and
- Towards the end of the intervention I believe [NM] did start to give accurate accounts to IFBS as she developed a level of trust. Initially it was hard to engage [NF] and he displayed avoidance behaviours. A couple of weeks into the intervention [NF] began to see the benefits of IFBS intervention and realised our service was involved to support the family while identifying further supports that were needed. I believe [NF]’s engagement was largely due to the fact that IFBS is an Aboriginal program with Aboriginal workers. [NF] has continued to engage with other Aboriginal services [IDG 2].

Additionally, many of the ATSI case files had a sticker of the Aboriginal flag on the case file. This was seen as effective practice and perhaps a sticker for children of CALD background could be equally useful and effective, as a proxy for caseworkers to be use a culturally relevant and appropriate ‘paradigm’ for child protection service delivery.

Case Study 18 describes a success story because of the effective intervention provided by DHS.

 **CASE STUDY 18: *Success story – example of good practice***

Interview after kids returned to n/m:

CW: Why do you think the children were removed from your care?

n/m: Due to alcohol and left unattended.

CW: Do you think your family has benefited from DoCS intervention?

n/m: Yeah I think so ... I’ve just got to say this. I have learnt my lesson. Losing the kids was a big wake-up call and you’s being involved. I will never choose alcohol over them again. It was hard.

[IDG 10]

Examples of (culturally) inappropriate practice

There were no identified cases of culturally inappropriate practice, but there were some instances of inappropriate practice not related to cultural factors. For example, one report said, “it appears that mum has contacted DoCS several times and she has not got assistance” [IDG 15]; and “clinician at CAFE counselling: We have a real problem with DoCS giving information, mixture of social workers, some people on the border of rudeness” [IDG 5]. Improvements on such issues will benefit all families, regardless of their cultural background.

8.6 Types of personal, organisational, or institutional barriers to culturally appropriate practice

Personal

Personal barriers in the field may include families using the system for their own gain. For example, as one case said, “barriers included [NF]’s reluctance to engage initially, the families’ history with the Dept, and knowledge of procedures, i.e. I believe they know the system and do try to manipulate workers for their own agenda. The ability to work intensively allows positive relationships to build quickly and discussions around honesty and transparency minimised [NF] and [NM] ‘abusing the system’ ... As this Safety Planning Circle is only in its trial stages at [CSC], there needs to be some consideration given to the effect on other Aboriginal children in care. Cases will need to be assessed on an individual level, to prevent a community perception, that this could work for all Aboriginal children in [CSC] OOHHC – especially where there has been no protective change demonstrated by their parents” [IDG 2].

8.7 Summary

Sexual abuse was the most common primary type of abuse or neglect reported among families of Indigenous background. Emotional abuse and inadequate supervision were the two most common secondary types of abuse or neglect. The high prevalence of sexual abuse may reflect systemic disadvantage and disempowerment over several generations. Co-morbidity of issues is generally moderate or high, indicating that issues tend to affect several domains that compromise children’s well-being. Behavioural and mental health issues were common among children of Indigenous background experiencing abuse or neglect. Some possible causes of, and issues associated with, abuse or neglect for families of Indigenous background may include domestic violence and alcohol or drug issues especially, but also mental health issues in the carer, lack of family support, threat of homelessness and financial issues.

Some positive parenting behaviours were observed and efforts of preserve culture were cited as sources of strength for families of Indigenous background. Like any family, families of Indigenous background reported negative experiences in the foster care system and frustrations with removal. DHS provided financial assistance as well as services in the form of referrals and recommendations. A number of culturally appropriate practices were identified including consultation with Aboriginal caseworkers, culturally appropriate analysis, and culturally sensitive engagement. Some inappropriate practices were also identified but they were not related to cultural factors. Personal barriers to good practice included encountering families who abuse or manipulate the system. No organisational or institutional barriers were found in the case file reviews.

9 Children and families of Anglo Saxon background

9.1 Primary and secondary types of abuse and neglect reported

Sexual abuse

Frequency and nature of sexual abuse

As can be seen from Table 10, 11 of the 20 randomly selected case files (55%) had sexual abuse or assault as the primary type of abuse or neglect reported, being the most common for this ethnic group. The types of sexual abuse or assault reported in these 11 case files varied from being “touched inappropriately” [ANG 12] to “disclosures of sexual/indecent acts” [ANG 6; ANG 14] to “sexually abused by older half-brother” [ANG 18]. Where reported, the perpetrator was the brother (n = 2), the natural father (n = 1), or a friend of the natural mother (n = 1). There were no cases where sexual risk of harm was reported but another form of abuse or neglect was deemed as the primary type.

Culture and sexual abuse

As there are no cultures that consider sexual abuse culturally *acceptable*, the high prevalence of sexual abuse among families of Anglo Saxon background is not attributable to cultural values. Instead, the intergenerational transmission of sexual abuse over time (especially given their longer historical presence in the CPS compared to their CALD counterparts) is what is seen to make its prevalence *normative* in this group, and which is not reflective of an underlying cultural acceptability.

Physical abuse

Frequency and nature of physical abuse

There were four cases (20%) where the primary type of abuse was physical. In the most extreme instance, the child had died from physical harm inflicted by the natural parent. In one case, the child had “been hit by her step mother who has thrown chairs and knives at her” [ANG 8]; another was a one-off assault by the natural father to the child’s face causing bruising and swelling; and finally, one involved the natural mother slapping the child “on the face with an open fist” [ANG 17]. Where reported, the perpetrator was the natural father (n = 5), natural mother (n = 2), step mother (n = 2), a half sibling (n = 2), a brother who was reported as being parentified (n = 1), a brother with a disability (n = 1), and/or a foster carer (n = 1).

In cases where physical abuse was reported, but was not the primary type of abuse or neglect (n = 11; 55%), reports included for example, “dad physically abusive” [ANG 3]; “there are concerns for physical abuse as one child had bruises over leg from being hit by the mother with a wooden spoon” [ANG 7]; “[sibling] the 14 y.o. brother has autism/Asperger’s and is physically abusing sister [child] and their mother” [ANG 12]; and “unexplained bruises with features suggestive of child abuse” [ANG 19]. There were also cases that demonstrated the use of physical punishment with the intention of discipline, as was common with the families of CALD background; “[child] also disclosed physical abuse by NF, [step mother] and his [sibling] ... Discipline by smacking ... Physical h/k/s (hit/kick/smack) ... Risk of physical harm”

[ANG 14]; and “[child] appears parentified for his age. [Child] has been observed to physically discipline his young siblings who then physically retaliate” [ANG 10].

Culture and physical abuse

Though just a generalisation, in the way all cultural explanations are for any (harmful) behaviour, part of the prevalence of physical abuse may be explained by the prevalence of alcohol issues. Australia’s ‘drinking culture’ – in which the consumption of alcohol is considered both socially acceptable and a form of social acceptance – may form a broad ‘umbrella’ context that increases the chances of aggravating aggressive drives and lack of anger management in individuals. Arguably, over time, patterns can become normalised through social modelling (as with any culture).

Emotional abuse

Frequency and nature of emotional abuse

Three of the 20 case files (15%) were primarily those of emotional abuse. Across the three case files, the cause of emotional or verbal abuse was attributed to diagnosable mental health issues (borderline personality disorder), concerns about the emotional state of the carer or undiagnosed mental health issues, AOD abuse, and/or exposure to domestic violence. The reported perpetrator in all three cases was the natural mother.

In cases where emotional abuse was reported, but was not considered to be the primary type of abuse or neglect (n = 14; 70%), reports included for example, “psychological risk of harm (ROH)” [ANG 7]; “basic psychological needs at risk” [ANG 9], “constantly yells ... and swears at them” [ANG 19]; “mum more verbal and emotional abuse ... the children being exposed to ongoing and extensive DV between the natural parents ... witnessing physical, emotional, and psychological abuse of elder sibling and n/f’s continual threats to kill n/m and the children” [ANG 3]; and “mother is verbally abusive to the children which is causing them to have low self esteem” [ANG 8].

Inadequate supervision

Frequency and nature of inadequate supervision

There were two cases where the primary issue was neglect (inadequate supervision and abandonment). In one instance, the child was neglected due to domestic violence between, and AOD abuse of, both natural parents. In the other case, the child, who had a disability and presented with challenging behaviours, “was dropped off at the office by NF and his partner who wanted to relinquish care of him. NF blamed [child] for all the problems that happened in the family ... NF appears to put his needs before his children’s” [ANG 14].

There were four cases where inadequate supervision was reported as a secondary type of abuse or neglect. Reports in these cases said, “never home for her kids ... gets home all hours of the night ... lack of supervision” [ANG 19]; “inadequate supervision, nutrition and care of the children” [ANG 3]; and “I don’t want him anymore and would be happy for DoCS to take him away” [ANG 9].

Culture and inadequate supervision

Interestingly, some children of Anglo Saxon background were described as “parentified” [ANG 13], but the extent to which this reflects personal circumstance or cultural factors is unknown. For families of Anglo Saxon background, the criterion of assessing inadequate supervision is not likely to be tied in with cultural factors relating to cultural differences between parents and caseworkers in perceptions of risk of harm to children, and cultural and legal differences in the age-appropriateness of leaving children unsupervised, in the way that it is for children of Chinese and Lebanese background. This likely reflects that legal and cultural norms for this group are aligned, and therefore that assessment criterion for this type of issue is a culturally appropriate measure of neglect.

Neglect (basic needs)

Frequency and nature of neglect

Neglect of basic needs was not deemed as the primary type for any of the case files, but was reported as a secondary type of abuse or neglect in 11 of the 20 case files (55%). Education neglect was also reported as a secondary type in five of the 20 case files (25%).

Reports included “children have not been attending school” [ANG 7]; “educational needs not being met” [ANG 9]; “inadequate nutrition as the parents are spending all of their money on AOD” [ANG 8]; “does not have home-made dinners she goes out and buys take away” [ANG 19]; “both children [are] overweight – lots of maccas boxes lying around house – children may not have their nutritional needs being met” [ANG 12]; “home dirty but not unhygienic” [ANG 5]; and “reporter said that the house was disgusting, there was a very strong smell of urine in the house, phlegm in the ashtrays, house did not appear to be cleaned for months. There was food scraps and rubbish. There were broken windows and holes in the walls and grime everywhere and there was grime all over the kitchen cupboards. Reporter’s colleague believed that children should be removed from the house” [ANG 9].

Culture and neglect

As with all groups, neglect should not be seen as a cultural issue when it could reflect systemic socio-economic disadvantage.

Co-morbidity

According to the three-tiered categorisation, there were four children (20%) experiencing only one type of abuse or neglect; five children (25%) experiencing two or three types; and the remainder (n = 11; 55%) experiencing four or more. This suggests that for the majority of children from Anglo Saxon backgrounds, child abuse or neglect occurs across a large number of domains and is not just isolated to a small number of areas in which their well-being is affected.

Presentations of children of Anglo Saxon background experiencing abuse or neglect

Reports of runaways, mental health and behavioural issues were the most common characteristics of children experiencing abuse or neglect.

Runaway

Seven cases (35%) reported runaway children, for example, “[child] and her boyfriend ran away from home as she has concerns in relation to her step mother” [ANG 8], “he would truant school often [ANG 9], “runaway child. [Child] disclosed that NF and [step mother] were providing him with breakfast and his medication each morning then ordering him to leave the house for the day. [Child] would be forced to go to the park alone and not return to the house until dinner time” [ANG 14], “ran away from home to live with father” [ANG 17], and “[child] ran away from the family home on the weekend after her boyfriend was asked to leave the home” [ANG 11].

Mental health issues

Mental health issues for the children were also reported. They included depression [ANG 12], suicide risk [ANG 1], ADHD [ANG 13, ANG 14], and reactive attachment disorder [ANG 13]. One child was “aggressive to himself and others – self hits ... Meeting criteria for oppositional defiant disorder and generalised anxiety disorder” [ANG 18].

Behavioural issues

Behavioural issues were reported. These included, “challenging and aggressive behaviours (mother believes violent behaviour due to Ritalin medication)” [ANG 1], “[child] being bullied at school ... used a pencil to stab” [ANG 5], “[child] is violent herself stating “she abuses people in the street, she accused the next door neighbour of raping her and she went to court for bashing her mother” [ANG 17], and “number of suspensions for spitting, abusing staff, non compliance, physical assault, running away from school, throwing bottles and sticks, and threatening staff” [ANG 18].

Other

Other characteristics included “high needs” children; for example, “[child] had been almost expelled everyday from school last week” [ANG 14]. Sexualised behaviour was also reported, for example “[child] was ‘sexual’ towards males” [ANG 15] and “child inappropriate sexual behaviour” [ANG 5]. Developmental delays were also noted; “speech pathology assessments indicated severe language disorder with both receptive and expressive difficulties” [ANG 18].

Table 10: Summary of 20 Anglo Saxon case files

	All types of abuse or neglect reported						Co-morbidity ^a	Primary type of abuse or neglect ^b	Possible causes of abuse or neglect					Other presentations of child reported				
	Physical	Sexual	Emotional	Neglect - Basic needs	Neglect - Education	Neglect - Inadequate supervision			DV	MH (child/carer)	AOD	Homelessness	Conflict with parent/s	Disability	High Needs Child	Sexualised behaviour	Runaway	Behavioural issues
ANG_1			✓				Low	Emotional		✓ (child/carer)					✓		✓	
ANG_2		✓					Low	Sexual										
ANG_3	✓		✓	✓		✓	High	Emotional	✓	✓ (carer)	✓						✓	
ANG_4	✓	✓	✓				Moderate	Sexual			✓					✓		
ANG_5	✓	✓	✓	✓			High	Sexual	✓	✓ (carer)	✓				✓		✓	
ANG_6	✓	✓	✓				Moderate	Sexual			✓							
ANG_7	✓	✓	✓	✓	✓	✓	High	Sexual	✓		✓							
ANG_8	✓		✓	✓			Moderate	Physical	✓		✓					✓		
ANG_9	✓		✓	✓	✓		High	Emotional	✓	✓ (carer)	✓					✓		
ANG_10	✓	✓	✓	✓			High	Sexual	✓	✓ (carer)	✓							
ANG_11	✓						Low	Physical		✓ (carer)		✓				✓		
ANG_12	✓	✓	✓	✓			High	Sexual	✓	✓ (child)		✓ (sibling)		✓				
ANG_13						✓	Low	Inadequate supervision	✓	✓ (child)	✓							
ANG_14	✓		✓		✓	✓	High	Neglect (abandonment)	✓	✓ (carer)	No	✓		✓	✓	✓		
ANG_15	✓	✓	✓	✓			High	Sexual							✓			
ANG_16		✓	✓				Moderate	Sexual	✓		✓							
ANG_17	✓		✓			✓	Moderate	Physical	✓		✓					✓	✓	
ANG_18	✓	✓	✓	✓			High	Sexual	✓	✓ (child/carer)	✓			✓		✓	✓	
ANG_19	✓		✓	✓	✓	✓	High	Death (physical)										
ANG_20		✓	✓	✓	✓		High	Sexual	✓	✓ (child)								

a – This refers to the extent of co-morbidity based on all the types of abuse or neglect reported, with 1 = Low; 2-3 = Moderate; 4 or more = High; *b* – The primary type of abuse or neglect was determined by the researcher based on what was reported in the case files. When there were several primary types, the current primary type at the time of the review was reported. Sexual abuse or assault was, as a rule, deemed as the primary type of abuse in cases where other types of abuse were reported, except in the case where only sexual risk of harm (ROH) was reported but not assault or abuse; *c* – Ticks (✓) indicate that the issue was reported somewhere in the file by a caseworker. “No” indicates that the caseworker made an assessment as to whether the issue was present for that child and recorded in the file that the issue was absent. Where blank, the data is considered “unknown”; the caseworker has neither indicated “yes” or “no” to the presence of the issue; thus, some of these issues may be present for a child but are not necessarily (systematically) recorded by caseworkers.

9.2 Types of issues reported

Domestic violence

Thirteen of 20 cases (65%) reported domestic violence (DV) which varied from exposure to DV [e.g. ANG 7; ANG 13] to children being harmed while intervening during an incident of DV [ANG 14]. In some cases, threats or physical violence were absent during verbal arguments [e.g. ANG 14], but others included physical threats, for example, “mother is violent having attempted to stab father in the past” [ANG 7] and “constant arguing” was also reported [ANG 8].

Alcohol or drug

There were 12 cases (60%) that reported alcohol or drug (AOD) abuse or addiction. The various drugs included ice, speed, alcohol, methamphetamines, and cannabis. One case reported that the natural mother’s drug and alcohol issues emerged “at a very young age” [ANG 16] indicating a high level of entrenchment. Helping parents overcome denial of such issues is a major concern for caseworkers, as demonstrated in the following example: “mother has a drug and alcohol problem ... [NF] appeared to be on a substance due to his rapid speech and his bodily jitters ... I could smell alcohol on the n/m breath ... CWs went to [NM]’s address today to follow up on the positive urine tests received today contained methamphetamines ... Concerns as mother co sleeping with [child] drunk ... Mother denies drinking problem” [ANG 7].

Mental health issues of carer

Eight cases (40%) reported mental health issues in the carers. Reports included, “borderline personality disorder in mother” [ANG 1], “MH: Mum extreme self focus ... undiagnosed MH of both parents, anger management and aggressive behaviour of both parents” [ANG 3], “emotional state of carer. Anxiety/depression/ post natal depression” [ANG 5], “mother has many complex MH issues and plays the “victim”” [ANG 10], “[child] disclosed that her father is bipolar” [ANG 11] , and “mother suicidal attempts “what felt like every second day”” [ANG 18].

Other

Homelessness is one possible cause of abuse or neglect for children of Anglo Saxon background. One report said, “inadequate shelter or homeless ... The main concern was where she was living ... Transient lifestyle, doesn’t have stable accommodation ... Mother has been staying with friends ... Last night mother went to a refuge and mother was drunk so she and her children have been kicked out of the refuge” [ANG 7].

Conflict with parents can also contribute to or exacerbate abuse or neglect. As noted in one case, “the injuries [child] sustained are concerning, however it does not appear that this is an ongoing issue and the parent’s are trying to manage the behaviour of a typical adolescent girl wanting to do her own thing” [ANG 11]. Gambling issues were reported in one case, and lack of family support was noted in two cases. These too may contribute to child abuse or neglect.

A number of instances of high level intra-familial trauma were also reported. Reports said for example, “other issues outlined was the death of [child] and [sibling]’s NM. This issue has never been addressed through counselling, etc ... Parents allegedly going through separation possibly impacting on escalating arguments. NF has 7

children in total, only 2 in his care and has minimal contact with them” [ANG 14]; “mother divorced and ex-husband killed himself 2 years ago” [ANG 16]; “n/m found it difficult to demonstrate unconditional love and commitment to [child] ... attributes this to inability to see [child] as separate from his father, and the ‘trauma’ she associates with him” [ANG 1]; and “CW: Why did you leave [suburb]? NM: Because the guy I was living with poured petrol over me” [ANG 7]. Another ‘high needs’ case described how the older half-sister of the child (now 27 years old) was removed by DoCS as a result of chronic and intense drug use in the mother and sexual abuse by her mother’s partner, and who is now considering taking the child into her care “but is not emotionally ready yet” [ANG 18].

The number of examples here may be demonstrative of a general tendency among caseworkers to engage in a more psychological rather than cultural analysis for why family dysfunction occurs for families of Anglo Saxon background. That is, there may be relatively more focus on cultural factors for families of CALD background to explain dysfunction, and thus why intervention also occurs at the cultural rather than personal level for these groups.

9.3 Types of strengths reported

The types of strengths reported for Anglo Saxon families usually related to positive parenting behaviours, such as level of attachment, rather than extra-familial factors such as community support. For example, one caseworker reported “there appears to be a good relationship developing between [child] and his mother. This is demonstrated by the conversations [child] has with his mother are not heated or about something he has done wrong” [ANG 9]. Similarly, another noted, “he has a strong attachment to his father” [ANG 14].

9.4 Types of issues families of Anglo Saxon background report with DHS

The experiences and perceptions that families of Anglo Saxon background have of DHS varied. One family “demonstrated a willingness to engage with the Dept given previous their involvement” [ANG 14], suggesting they have had a positive experience with DHS. Another family demonstrated their awareness of DHS’ statutory power; “during the conversation [NM] kept on repeating that we can’t take [child] off her” [ANG 7]. One case demonstrates possible misconceptions about the role of DHS; “NF and [step mother] outlined their frustrations with the Dept not assisting them. Their expectation was for the Dept to place [child] into care but instead they were provided with the names of respite and relevant support services to assist the family. NF and [step mother] were not satisfied with this response and felt that as [child] was disrupting their newly formed family structure, abandoned him at the CSC” [ANG 14].

Importantly, however, the trauma associated with removal of children is not greater for children of CALD backgrounds just because there is a significant emphasis on family cohesion among these collectivist groups. For families of CALD background, the strength of family cohesion should not be underestimated as a protective factor for the CALD-background child, but the trauma of removal itself is comparable for any child of any cultural group. For example one case said “counselling goals: 1. to address the impact of sexual assault, emotional abuse and neglect, and 2. to address the impact of grief and loss from entering care and changing family environments”

[ANG 15]. Case Study 19 also demonstrates the trauma of removing children among families of Anglo Saxon background.

 **CASE STUDY 19: *The trauma of intervention incurred on the natural parents when children have been removed is not unique to CALD families***

“[CW 1], Organise a visit ASAP. I’ll come see them, write me a letter to tell me when cause I don’t want to have phone contact with you, I’ll be seeing my solicitor next week to organise to sue use. You have wrongly accused me of being an unfit mother and your sarcastic attitude just will not cut it for me. You’d better warn my mother to stay indoors cause there aint no AVO on her for me yet. I really need to discuss with her as to why she wants nothing to do with me. You have torn apart our family [CW 1]. My kids don’t have a mother anymore and neither do I. How would you feel if someone tore your world up, ripped out your heart and trod on it. This is not fair to my children and NO ONE hurts my babies “remember that”! You are a liar, a torment, and I hope carma gets you. You told me I could live with my mum for two months when I signed your temporary care agreement. You said it would be OK. You and [CW 2] lied! Liars get hurt. I have a beautiful loving home with everything I need for my children’s well being. How dare you take that from my babies. I waited all my life for my daughter. I thought my life was perfect. Until You lied. I strongly suggest that you take time out to go over all your allegations and see that I am a wonderful mum, and I have never hurt or neglected my babies. Follow Up. To conclude, I am the perfect mum, I never drink alcohol, never take drugs, and I have always cared for and gone to every possible to give my children what they need. Please give me my little Angels back” [ANG 3].

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

Types of assistance received by DHS

Across the 20 case files, DHS recommended or provided a number of services or assistance; for example, counselling, D&A counselling, family support Triple P parenting programs, and EI were offered. Follow up with families on support services that they may need was routinely reported across the case files and as such, demonstrates good practice. For example, as reported in one case file, “follow up with [child] to assess whether she would like to be referred to counselling as an option. Details of support services have been provided to [child] and the parent’s” [ANG 11]. A number of services in the local community to which families were referred included “Coral Tree Family Service”, “Reconnect”, “[suburb] Family Service”, and “Traxside”. These services provided supervised contact visits, and mental health counselling. Financial assistance was also provided, with the largest lump sum reported of \$14 900 to purchase a car for a family in which the child had been sexually abused [ANG 15].

Examples of (culturally) appropriate practice

There was only one case in which the importance of cultural preservation for the development of identity and sense of belonging was identified for a child of Anglo Saxon background. Under the child’s *Care Plan – identity, culture, and religious*

awareness it said “[child] will be maintain regular contact with his family members, which will reinforce his sense of security and belonging, which will ensure that his identity, cultural, and religious needs are being met” [ANG 18].

There were also two notable examples of good practice emerged across the Anglo Saxon case files, and these were not related to cultural factors. The first demonstrates the importance of having two caseworkers perform risk of harm assessments, given the subjectivity of such assessments (see Case Studies 20-21).

Examples of (culturally) inappropriate practice

No examples of culturally inappropriate practices were identified, as the ‘culture’ of Anglo Saxon Australians is not at odds with Australian law; the two are generally aligned because both reflect (individualistic) child-centred approaches (rather than family-centred approaches which would be more culturally aligned with collectivism). However, cases of inappropriate practice were identified on case by case basis.

9.6 Types of personal, organisational, or institutional barriers to culturally appropriate practice

Organisational

The range of barriers to good practice reported in the case files was limited to resource issues only. For example, as one case file describes, “whilst not optimal for s/children to witness incidents such as these, further intervention is unable to occur due to higher competing priorities, excessive workloads, and trained staff shortages. Matter closed” [ANG 14].

Institutional

As with the CALD groups, lack of a consistent coding structure for the ethnic backgrounds of children was noted for children of Anglo Saxon backgrounds. For example, reports said, “Culture: Australian” [ANG 12, 17], “Caucasian” [ANG 7, 8, 17], “Culture: Anglo-Australian” [ANG 15], “Cultural issues: not Indigenous” [ANG 7], and “Anglo Saxon” [ANG 9]. Of these, the two problematic ways of categorising the ethnic background of Anglo Saxon background children are “Australian” and “Not Indigenous”. The former has the potential of implying that children of other racial backgrounds are not Australian (this can perpetuate social exclusion, a form of non-parity in service provision across different groups in Australia), and the latter can imply that Anglo Saxon children and families do not experience abuse or neglect because of cultural factors. Indeed, they like any group, experience abuse or neglect for (personal, familial), and cultural reasons.

**CASE STUDIES 20-21: Examples of good practice*****Case Study 20: Perception in risk of harm assessments***

“PCH (person causing harm) is the natural father. [Child] reported that she was assaulted by her father and she has bruising to her face and also her arms that is turning black in colour. Report alleges that her face is swollen on the left side and appears to be a punch in the face. Bruising on her is substantial. Reporter states that they are the worst injuries he has seen in 33 years of teaching. [Child] has declined counselling offered at school. Child resides with mother and said she is safe with her. She is to visit her father on the weekends. Father has reacted inappropriately to a challenge of his authority. No immediate ROH is assessed at this point. [Child] is not fearful. The bruising was not as severe as reported and did not require medical attention” [ANG 11].

This case study is important because it demonstrates differences in perception of risk (between the reporter and caseworker). That is, it shows just how subjective reporting and assessment of risk can be, and as such, why it is important to have two caseworkers conducting ROH assessments. This is currently DHS’ practice and so they are endorsing good practice principles.

Another element of this case study is that the assault was a one-off, and as such, even though the harm caused to the child was significant, the context matters: the number of incidents and intentions of parents who otherwise would not be generally harmful do need to be taken into account. That is, harm is not a “black and white” issue which meets identifiable criteria and is determined by a holistic analysis of that family.

Case Study 21: Importance of appropriate placements for children

“A suitable long term placement has been located for [child] through a family arrangement assisted by the Dept. It was decided that [child] would spend a few days in foster care while it was arranged for him to stay with Paternal Aunt in [suburb] under a family arrangement. Aunt seems eager to make this a permanent arrangement. [Aunt] is well known in the community and is aware of all the services” [ANG 14].

9.7 Summary

Sexual abuse was the most common primary type of abuse reported among families of Anglo Saxon background. Emotional abuse was the most common secondary type of abuse. The significantly high entrenchment of sexual abuse at the group level more likely reflects the intergenerational transmission of sexual abuse over time, especially given their longer historical presence in the CPS.

For a majority of children, co-morbidity is generally high, indicating that issues tend to affect several domains that compromise the child's well being. Absconding, mental health and behavioural issues were common among children of Anglo Saxon background experiencing abuse or neglect. Some possible causes of, and issues associated with, abuse or neglect for families of Anglo Saxon background may include domestic violence and alcohol or drug issues especially, but also mental health issues in the carer. High level intra-familial and inter-generational trauma to explain current dysfunctions within families of Anglo Saxon background may reflect a bias toward more psychological than cultural analysis of a child's needs.

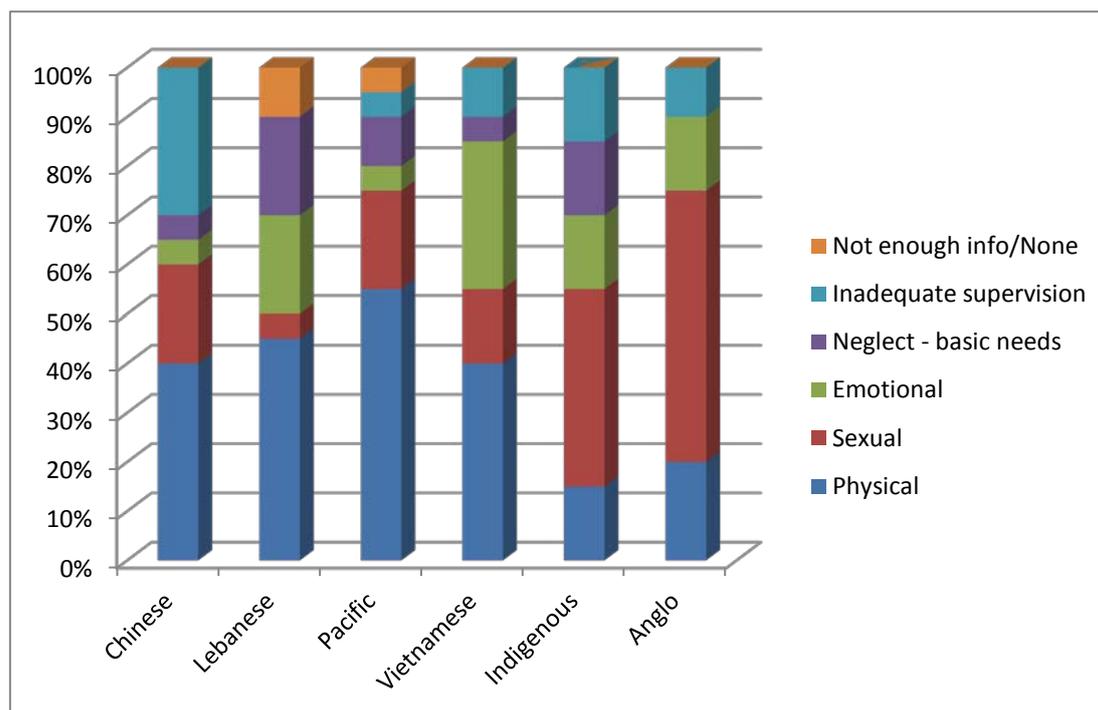
Strengths acknowledged among families of Anglo Saxon background typically were in relation to positive attachment behaviours and less about family or community support. Families reported issues with DHS including abuse in the foster care system and frustrations with removal. Importantly, the trauma of removing children is comparable for all children and families, regardless of their cultural background. DHS provided financial assistance as well as services in the form of referrals and recommendations. Some cases demonstrated both appropriate and inappropriate practices in terms of best meeting the needs of that child, both personally and culturally. Resource constraints such as staff shortages were identified as a barrier to good practice (but this was not exclusive to families of Anglo Saxon background). DHS require a more consistent categorisation of families to address issues of ethnicity for all groups in the CPS, as cultural issues are pertinent to all groups; they are a context that helps understand 'where the family is coming from'.

10 Comparing the needs and experiences of all ethnic groups

10.1 Primary and secondary types of abuse and neglect reported

Figure 4 (and Data Table 18) contains summary information on the primary type of abuse or neglect reported across all six ethnic groups explored in this study. Caution should be exercised when making inferences about general populations, as these sample sizes are too small for such inferences. The data presented here relates to sample characteristics only.

Figure 4: Primary type of abuse and/or neglect by ethnic group



The data in Figure 4 shows both the primary type of abuse or neglect across cultural groups, but also the range of abuses and neglect within each cultural group. Looking *across* the groups, physical abuse was the most common primary type of abuse for all the CALD groups, and sexual abuse was the most common primary type for the Indigenous and Anglo Saxon groups.

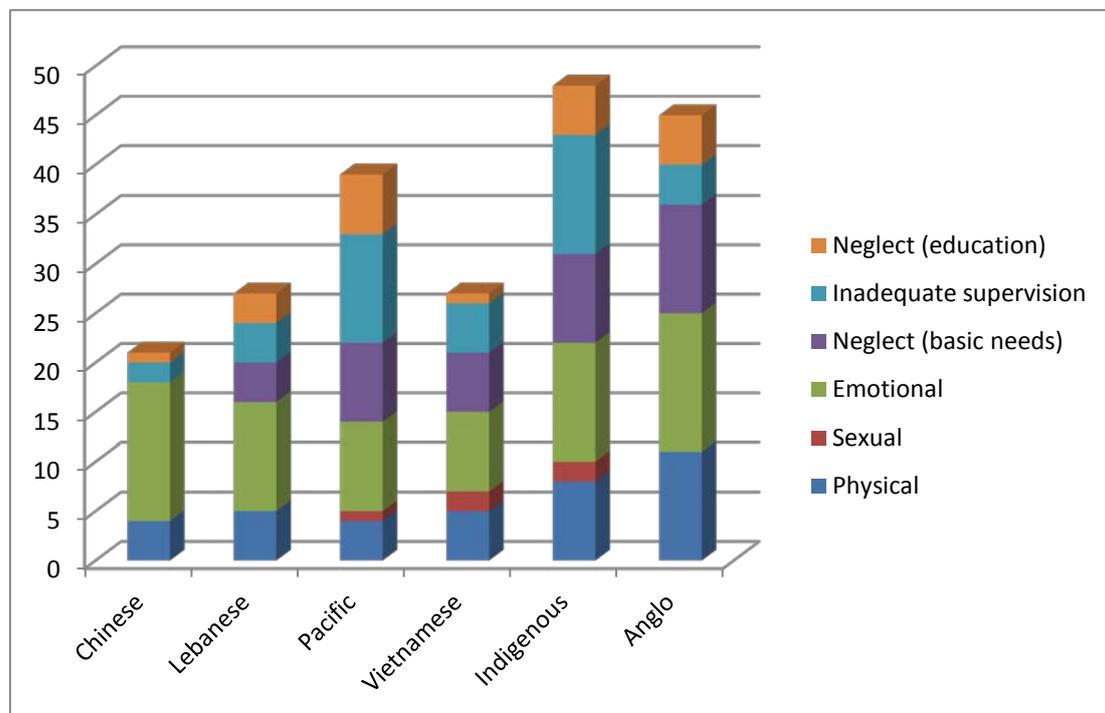
Looking *within* each group, inadequate supervision was the second most common primary type and neglect of basic needs was the least common primary type for the Chinese case files. Within the Lebanese group, emotional abuse and neglect of basic needs were both the second most common primary types and sexual abuse was the least common primary type. Within the Pacific Islander group, sexual abuse was the second most common primary type and neglect of basic needs and emotional abuse were both equally the least common primary types. Within the Vietnamese group, emotional abuse was the second most common primary type and neglect of basic needs was the least common primary type. Within the Indigenous group, physical abuse, neglect of basic needs, inadequate supervision, and emotional abuse were all equally the second most common primary types. Finally, within the Anglo Saxon group, physical abuse was the second most common primary type and inadequate supervision was the least common primary type.

As stated previously (see Section 4.1), physical abuse is in part culturally-determined because it is seen as an *acceptable* form of discipline. This cultural belief is not exclusive to CALD-background families, and may occur among families of Indigenous and Anglo Saxon background also. However, its higher prevalence among the CALD-background families may reflect that physical punishment has been illegal in Australia for several decades.

As discussed in Section 9.1, sexual abuse is not in part culturally-determined in the same way physical abuse is, because no cultural group considers this form of abuse as acceptable. However, characteristics within a culture may be used by a perpetrator to defend their harmful behaviour. The effect of culture on an individual perpetrator’s behaviour is differentiated from systemic trends that make sexual abuse entrenched and pervasive for families of Indigenous and Anglo Saxon background. Thus, the intergenerational transmission of trauma associated with sexual abuse, over the long course of time in which DHS has been operational, as well as the experiences of the Stolen Generation for Indigenous children, is what is seen to cause systemic prevalence for these two groups.

Figure 5 (and Data Table 19) contains summary information on the secondary types of abuse or neglect reported across all six ethnic groups. Secondary types of abuse or neglect could be multiply counted, and as such, a percentage axis has not been used here but instead a frequency axis. The important data inferred from Figure 5 is that emotional abuse is the most common secondary type of abuse or neglect for five of the six cultural groups (all but Pacific Islanders).

Figure 5: Secondary types of abuse and/or neglect by ethnic group



Co-morbidity

The data on co-morbidity is related to secondary types of abuse and neglect reported; the more secondary types reported, the greater the co-morbidity. Thus, the data in Figure 5 also shows that co-morbidity is greatest for families of Indigenous and Anglo Saxon background and least for families of Chinese and Vietnamese backgrounds.

However, co-morbidity has also been presented in another way as shown in Figure 6 (and Data Table 20). This data has converted the numeric data of secondary types of abuse or neglect into categorical data; where “Low” = one type of abuse or neglect reported (or ‘no co-morbidity’), “Moderate” = two or three types of abuse or neglect reported (or ‘some co-morbidity’), and “High” = four or more types of abuse or neglect reported (or ‘large co-morbidity’).

Figure 6: Co-morbidity of abuse and/or neglect by ethnic group

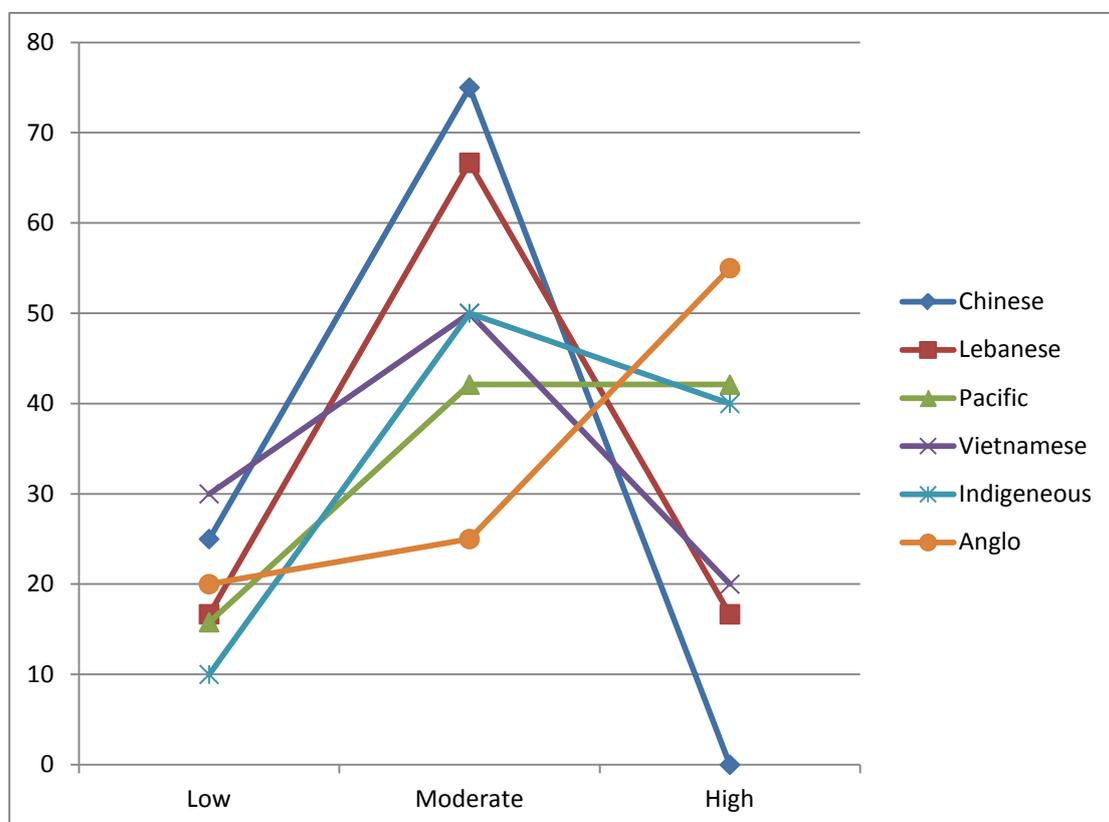


Figure 6 shows that for families of Chinese, Lebanese and Vietnamese backgrounds, co-morbidity resembles a bell-curve, with the majority of children reporting a moderate number of abuses or neglect ($n = 2$ or 3), and the remainder reporting either an isolated type of abuse or neglect ($n = 1$) or a high number of different abuses and neglect ($n = 4^+$). Within these three groups, children of Vietnamese backgrounds report the least variation, as the size of their curve is smaller than the other two groups.

On the other hand, families of Pacific Islander and Indigenous backgrounds had similar curves, and neither resembled a bell curve in the way it did for the aforementioned groups. Their curves indicate that co-morbidity is skewed toward the

higher end, with a relatively equal number of reports of 'moderate' and 'high' co-morbidity for each group.

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

These results indicate one of two possibilities. On the one hand, it could be an accurate reflection of family dysfunction, suggesting that families of Anglo Saxon, Indigenous, and Pacific Islander background tend to experience many types of abuse or neglect, rather than just say one or two types, and that children of Chinese, Lebanese, and Vietnamese background tend to only experience one, two, or three types of abuse or neglect. If this is the case, then it means that caseworkers will need to be able to assess and address family dysfunction across more domains with the former three groups than the latter three.

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

Presentations of children experiencing abuse or neglect

Mental health and behavioural issues were common to all children experiencing abuse or neglect, regardless of their cultural background. However, the results from Table 11 seem to suggest that mental health issues may be more common among children of Chinese, Vietnamese, Indigenous and Anglo Saxon background, and less common among children of Lebanese background; and behavioural issues may be more common among children of Chinese, Lebanese and Indigenous background, and less common among children of Vietnamese background, relative to all the other issues each of these groups present with.

Notably, runaways were the most common for children of Anglo Saxon background (n = 7), but also children of Indigenous and Pacific Islander backgrounds to a lesser extent (n = 4 each). Only two cases of runaways were reported for children of Vietnamese background, one for children of Lebanese background and none for children of Chinese background.

Importantly, there may be reporting biases in the extent to which caseworkers systemically record the presentations of children, and these biases compromise the extent to which the current data is representative of the experiences of these children. Moreover, only the first three volumes in case files (where there were more than three volumes) were reviewed, which compromises the amount of data collected. Thus, caution should be exercised when interpreting this data. Having said that, this limitation was consistently applied across all the case files.

Table 11: Mental health and behavioural issues reported by ethnic group

Number of cases that reported mental health and behavioural issues		
	Mental health issues	Behavioural issues
Chinese	6	6
Lebanese	2	6
Pacific	4	4
Vietnamese	5	2
Indigenous	5	6
Anglo	5	5
Total	27	29

10.2 Types of issues reported

The types of issues and the context which can bring families of different cultural backgrounds into the CPS are each unique. Thus, the context which explains the needs and experiences of CALD-background families is unique and different to the context that explains the needs and experiences of Indigenous Australians or Anglo Saxon Australians.

In other words, each group has their own ‘story’, and if caseworkers are not aware of, or sensitive to, this unique ‘story’, then caseworkers will not be able to deliver the best possible service to a family from that group. For example, if caseworkers are not aware of the Department’s history with Aboriginals and the Stolen Generation, then their ability to help individual families is compromised by their lack of awareness. Some caseworkers may have awareness of these historical experiences for Indigenous Australians, and yet, under the belief of delivering ‘colour blind’ and therefore equal service provision, may choose not to take into account these experiences when making assessments or decisions for that family. In other words, they are aware, but they are not being sensitive to their ‘story’. Further still, there may be caseworkers who are aware, and are sensitive to the need for taking these experiences into account when delivering CP services, but do not yet know or have the confidence to know how to implement this awareness and sensitivity in daily work practice with families of Indigenous background. These caseworkers are said to be culturally aware and sensitive, and working towards cultural competency.

By analogy, the ‘story’ of CALD-background families is unique to them, and if caseworkers are not aware of this story, sensitive of the need to take into account

when delivering CP practice, or do not believe there is a need to be aware or sensitive, then service delivery is compromised for families of CALD background. If such lack of awareness, sensitivity, and competency is sufficiently prevalent across caseworkers in the field, across management within CSCs, and within structural training and resources delivered by Head Office, then this places families of CALD-background at a systematic disadvantage. It can cause them to enter the CPS under culturally-insensitive assessment criteria about what constitutes 'risk of harm' to that child, or it may cause them to have negative experiences within the CPS because of culturally insensitive engagement with them. To help offset or minimise both these risks, routine consultation with multicultural caseworkers for families of CALD background should be as commonplace as consultation with Aboriginal caseworkers is for Indigenous families.

The unique 'story' for CALD-background families is that some of their harmful behaviours are determined by cultural norms and values that occur in their culture of origin, and which they have brought with them (for migrant/first generation Australians) or passed through social modelling (for second or third generation Australians). For example, physically punishing children was seen as culturally acceptable by the four CALD groups. Importantly, families of CALD-background may hold onto these harmful behaviours because they form part of the 'anchor' – cultural norms, values, and behaviours they brought with them at the time of migration – to help them traverse the new culture. As a result, they may become entrenched because of the role they play in acting as a 'reference point' for their experience as 'a fish out of water'. It is important caseworkers understand this, and acknowledge that this forms part of the reason why parents of CALD background hold onto harmful behaviours and use them to justify or defend poor and harmful parenting. To address this, it is recommended caseworkers focus only on the specific harmful behaviour, and not the cultural value that may underpin it. (Changing cultural norms that underpin harmful parenting behaviours should be an empowering experience intrinsic to the person or cultural group itself, in line with the principle of 'self determination'). By focussing on the one specific behaviour that has caused them to come to the attention of the CPS, caseworkers can better address the fear that CALD families may have that the caseworker is threatening their psychological and cultural 'anchor'. Such threats may manifest as a fear of loss of culture and of being assimilated; in turn, examples of disrespect for culture and of cultural difference.

Some of their harmful behaviours may not be determined by cultural norms that occur in their culture of origin, but have resulted because of their migration and the need to adapt to a new culture. In this sense, harmful behaviours have arisen from 'acculturative' stress. These can include for example language barriers, lack of extended family support, and intergenerational conflict. It is important caseworkers differentiate acculturative factors from cultural factors; just because this acculturative context is unique to CALD-background families, it does not make it 'cultural'. To make these factors cultural is to make them inherent to the group, instead of understanding that it occurs because of the interactive dynamic of a whole range of 'cultures' – the ethnic culture of the client family, the ethnic culture of the caseworker, 'Australian' culture, and the organisational cultures of the CSC and DHS itself. Thus, self-reflective practice is crucial here. Being able to disentangle 'cultural' from 'acculturative' factors requires caseworkers to be able to reflect on how their

own culture (personal or organisational) impacts their understanding of what constitutes ‘risk of harm’.

Finally, some of their harmful behaviours have nothing to do with culture or acculturation, and reflect issues that manifest among families of all groups regardless of their cultural background. In the main, these include domestic violence, mental health issues in the carer, and alcohol or drug issues. These are seen to be generalist issues. It is also important that caseworkers do not racialise these generalist issues as if they were ‘Aboriginal issues’ or ‘Lebanese issues’, for example. These kinds of cognitive errors are examples of racism; perceiving that ethnic culture is the cause of such issues when it is not. The implication of such logic is that if the culture were to change, the issue would reduce. However, generalist issues are not caused by culture, they are caused by other factors such as high level intra-familial trauma, psychological factors, and systemic issues. Nonetheless, the manifestation of these generalist issues may be influenced by cultural factors (see Table 14).

In short, the general need for families of CALD-background to preserve their cultural heritage, and at the same time enjoy the benefits of cultural adaptation, needs to be acknowledged by caseworkers; this need is unique to the ‘story’ of CALD groups, and any attempt to stifle the gratification of one of these needs can cause them to feel discomfort (at the ‘lower end’) and systemic withdrawal from mainstream society (at the ‘higher end’). Currently, the extent to which this need is understood or acknowledged by caseworkers is systemically less than it is for families of Indigenous background. This may be reflective of broader politics regarding assimilation in Australia. For Indigenous Australians, the costly lessons associated with attempts to assimilate have been learned at the institutional level (characterised for example by the routine practice of consultation with Aboriginal caseworkers). However, for families of CALD-background, political pressure in Australia still swings between ‘multiculturalism’ and ‘assimilation’, with Australian politicians undecided about what ‘integration’ looks like at the structural level⁴⁶.

By understanding the larger socio-cultural and political framework that influences the daily lived experience of CALD-background families, caseworkers will better understand their context or unique ‘story’. At the more practical level, caseworkers can use this broad context to help differentiate between culturally-determined risk of harm and non-culturally determined risk of harm, engage with them in culturally appropriate ways, and thus demonstrate cultural competency.

Cultural

The results of this study show that the value for family privacy is a cultural issue common to all the four CALD groups. This cultural value stems from protecting the family name, but also because in their culture of origin, where CP awareness and laws are less commonplace, there is an associated increase on reliance on the family for

⁴⁶ Arguably, if Anglo Saxon Australians perceived themselves as migrants, just like their CALD-background counterparts, then they would be better able to acknowledge the importance of cultural preservation (instead of taking for granted their current ability to practice and preserve their culture), and which is not under threat of loss because of (hypothetical) pressure from original Indigenous land owners/custodians who expect them to assimilate to their way.

support. Government or any external assistance or intervention is culturally foreign to them.

Migratory

The migration-related stressors that can impact on good parenting and family functioning varied, and which were common to all four CALD groups were language issues, lack of extended family support and associated isolation and intergenerational conflict. Notably, families of Vietnamese background experienced the greatest number of language barriers, with interpreter use greatest for this group.

Generalist

The three main generalist issues common to all groups – CALD, Indigenous, and Anglo Saxon – were domestic violence (DV), mental health (MH) issues in the carer, and alcohol or drug (AOD) issues. As can be seen from Table 12, of the 114 different case files (that is, excluding the variance within family files), 72 cases (63.2%) reported DV. Of these, the largest number were reported for families of Indigenous background (n = 16). Also, 41 of the 114 case files (36%) reported MH issues in the carer, and of these, the largest number was reported for families of Lebanese background (n = 9). In regards to AOD, 48 of 114 cases reported this issue (42.1%) and of these, families of Indigenous background reported the highest number (n = 16). Notably, the number of families of Chinese background with AOD issues is comparatively small (n = 2). Finally, homelessness was reported in 15 of the 114 case files (13.2%) with the highest number recorded for families of Lebanese background (n = 5).

Table 12: Generalist issues reported by ethnic group

Number of cases reporting generalist issues					
	Valid N	DV	MH (carer)	AOD	Homeless
Chinese	19	9	6	2	0
Lebanese	19	12	9	6	5
Pacific	16	11	6	6	4
Vietnamese	20	11	5	6	0
Indigenous	20	16	7	16	3
Anglo	20	13	8	12	3
Total	114	72	41	48	15

10.3 Types of strengths reported

Willingness to engage was reported as a strength among several families of CALD families. This is surprising and positive given that it breaches the cultural norm of

family privacy. Such families need to be recognised and acknowledged for having the strength to breach this norm and seek or be co-operative with external help.

Both positive parenting behaviours (such as good attachment) and family/community support were noted for all the groups, but the former was noted relatively more often for families of Anglo Saxon background, and the latter was noted relatively more for the CALD-background and Indigenous-background families. Importantly, if the need to respect family privacy is not observed and addressed in casework practice for families of CALD background, the support of family and community will likely be withdrawn and they will then lose this form of strength. Issues of confidentiality in CP work with CALD-background families is crucial.

Also, it was noted that 'protective factors' in the case file notes most often pertained to factors that relate to the child's immediate safety, such as having an AVO in place. This is appropriate in CP work where matters of immediate child safety are relatively more important than a consideration of cultural factors. However, in work that is less crisis-driven, such as in OOHC and making decisions regarding restoration of the child to the parent, the cultural strength of family and community cohesion should not be underestimated or over-looked for CALD-background families; they may be acting as a protective factor and caseworkers should acknowledge this as part of any strengths and needs or risk of harm assessment.

10.4 Types of issues families report with DHS

All case files reported issues with being removed and abuses in the foster care system. This demonstrates that these kinds of issues that families report with DHS are independent of cultural factors.

On the other hand, lack of awareness about the role and statutory power of DHS was unique to the CALD groups. Often, families of CALD background originate from countries in which CP laws do not exist. As such, they are not aware of concept like child welfare or 'child-centred' government intervention. Such systematic lack of awareness about CP issues and laws and the role or statutory power of DHS can bring them into the CPS. To help offset this, Head Office need to engage in on-going 'reach out' educational programs and engage with communities as a preventative measure, and caseworkers and case managers need to be aware of, and sensitive to, this during face to face engagement.

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

All six groups received financial aid, referrals and recommendations, as well as practical assistance. Thus, as far as tangible receipt of service delivery, there is parity across all six cultural groups. However, parity in CP service delivery is achieved not only through *what* is received across different cultural groups, but also *how* it is received. Thus, culturally appropriate (face to face) engagement also matters, and if this is compromised, then so too is equality or parity in CP service delivery. It is beneficial for case file notes to reflect the kinds of strategies caseworkers have used to address cultural needs, and whether and why they believe those strategies have been useful. This kind of information can be used by other caseworkers so that they can see what strategies worked, with whom, under what conditions, and why; and by the same token, which ones did not work. Thus, what may seem like a good idea at the time, or

well intentioned, may not actually translate as best practice, and so examples of effective and ineffective practice are crucial for all caseworkers to know as part of their learning in cultural awareness, sensitivity, and competency.

A large number of culturally appropriate practices were identified across the CALD case files. These included, for example, culturally appropriate placements, educating families, offering and providing culturally appropriate services, and analysis demonstrating cultural awareness. However, some cases did report culturally inappropriate practices, and it is these which compromise parity in CP service delivery to families of CALD background. These included failure to understand or meet cultural needs and providing culturally inappropriate intervention possibly reflective of attempts to assimilate CALD-background children and families. On the whole however, DHS are making important and valuable attempts to meet the cultural needs of CALD-background families, and this is an important and positive finding.

There are two areas, however, in which best practice principles with good intention are being used, but are not necessarily in the best interest of the CALD family. The first is in relation to ethnically matching caseworkers with families. Families may fear a breach of confidentiality and thus that DHS' involvement in their family will be leaked to the community, either through the caseworkers or an interpreter. To help offset this fear, the family should be reassured of the caseworker's and interpreter's duty to keep all matters confidential except as required by law. Ideally, without resource constraints, families should be asked if they prefer an ethnic match. In cases where such choice is not possible, an appropriate heuristic may be to use a non-matched caseworker who is paired with a multicultural caseworker. Alternatively, a non ethnically matched caseworker who is bilingual may be used (e.g. a Lebanese-background caseworker can be used with a Sudanese –background family if they both speak Arabic). On the other hand, some families may prefer an ethnic match to minimise language barriers or gain empathy, and some families may not have a preference one way or the other because they do not want to be treated as though they are different; they want the same service that they believe everyone else receives. This is in contrast to Indigenous Australians who are more likely to engage and work with Aboriginal caseworkers. This difference again highlights that best principles on cultural appropriateness are not the same for Indigenous and CALD-background Australians; each 'story' is different.

The second is in relation to deciding between ethnically matching carers and children so that children have the opportunity to maintain their cultural heritage, as compared to restoring children to their parents despite the history of harm. In the words of one Aboriginal parent, "children need the connection to their culture but most all to their mother" [IDG 10]. While ethnically matching carers and children is crucial and should remain a best practice principle, keeping families together is also important. There are also some instances in which it may be warranted to keep the child with a non-ethnically matched carer and support that carer in developing and exposing the child's cultural links, if this is being compared with an option of moving a child from an emotionally positive placement to a placement that is culturally-matched.

10.6 Types of personal, organisational, or institutional barriers to culturally appropriate practice

The personal barrier of lack of willingness to engage with DHS or other services was common to all six cultural groups. However, the personal barrier of families of CALD background refusing to use an interpreter and the time intensive cost of using interpreters was unique this group. Resource issues, including staff shortages, were reported across all case files and so no cross-cultural differences were observed. However, institutional barriers were the most pertinent for CALD-background families, and biases here are what demonstrate current lack of cultural competency within the institution of DHS.

Under “cultural issues” – which is a protocol for all caseworkers to consider for all families – there were three typical responses: “Needs an interpreter”, “Not Indigenous” or “Not Applicable”. The first indicates a bias toward assuming cultural issues are the same as language ones. The second issue demonstrates a bias in cultural sensitivity for Indigenous- but not CALD-background families. And the third shows a failure to understand or meet cultural needs.

Failure to understand what constitutes “cultural issues” for CALD-background families may indicate a lack of awareness, or a fear about what caseworkers should report as an issue given that the very word “issue” is ‘loaded’ and could be ‘misconstrued’ as a judgement on the part of the caseworker. Indeed, it was observed that case file notes mostly just *described* exchanges between families and DHS staff and rarely recorded the *analysis* behind the caseworker’s CP practice and intervention. Thus, a failure to discuss cultural “issues” is consistent with this general tendency in the way case file notes are recorded⁴⁷.

10.7 Differences between CSCs

During fieldwork there were two main differences that emerged across the CSCs and which can influence the number and nature of culturally appropriate engagement with families of CALD background. The first was the CALD-density of that local population, and the second was the response toward diversity at the management level.

In some of the CSCs, there were a number of CALD-background caseworkers, proportionate to the CALD-density in that local population. Thus, caseworkers are arguably better able to assist one another in understanding the role of culture in CP work. Even in cases where the number of CALD-background caseworkers was not proportionate to the CALD-density of the local population, mere exposure to individual variation, in turn, a result of that density, may arguably allow caseworkers

⁴⁷ Anecdotally, the amount of paperwork associated with CP work was noted by several caseworkers during fieldwork, and yet, case file notes rarely showed examples of self reflective practice or an analysis of all documented attempts to help meet cultural needs and why they were used. Indeed, the success of outcomes is arguably less important than the attempt to at least meet cultural needs and engage with cultural issues in the field. Additionally, it was noted that the cultural information during the case file reviews was often extracted or inferred from original interview notes and not as often from the official notes typed up after the interview. This again indicates that cultural information may not be understood by caseworkers during engagement and case management.

to better grade risk of harm across CALD-background families, and thus not over-intervene or provide culturally inappropriate intervention. However, in CSCs where there are fewer CALD families in the local population, exposure to individual variation within the group is less, and perhaps access to multicultural caseworkers is less. Both of these can lead to a situation where caseworkers over-intervene, fail to understand or meet cultural needs or provide inappropriate intervention.

Secondly, across the CSCs that had a high CALD-density local population, the response of management toward diversity in CP practice had a large influence on the way caseworkers addressed issues of culture. Thus caseworkers need to ask: to what extent is support for diversity 'at the top' affecting their casework practice? For example, some CSCs had more open and routine conversations in the office about cultural issues, and were relatively more well resourced with links to culturally appropriate agencies in the local community. Such 'organisational cultures' within a CSC can affect service delivery for CALD-background families.

10.8 Summary

Caseworkers require a different 'set of lenses' to understand where a family of CALD, Indigenous, or Anglo Saxon background is coming from. Each of these groups have a unique story or context that influences their needs and experiences in the CPS. Using one set of lenses to understand them all will only compromise service delivery and thus parity. The amount and nature of intervention may differ and therefore not be comparable, but awareness and sensitivity to each of their unique contexts will help ensure that each group receives a uniquely tailored but comparable service to one another.

The primary difference noted in service delivery to these three groups is that matters of cultural awareness and sensitivity are greater for Indigenous-background than CALD-background families, and awareness of individual variation and emphasis on personal or psychological factors rather than cultural factors to explain family dysfunction, was greater for Anglo Saxon-background than CALD-background families. Thus, caseworkers need to understand that families of CALD background need their cultural norms to be understood and respected, but at the same time, do not want to be stereotyped by them. In short, the needs of CALD-background families are similar to Indigenous-background families in terms of meeting cultural needs, and their needs are similar to Anglo Saxon-background families in terms of meeting personal needs (so that they are not negatively prejudiced or stereotyped by their ethnicity).

11 Developing ‘Resource Sheets’ and Reviewing the ‘General Model’ of service delivery for CALD groups

Conceptual approach to the ‘Resource Sheets’

As described in the literature review (Stage 1), the individual relationship between the caseworker and CALD client is the most important aspect of effective and culturally sensitive service delivery. According to O’Neale (2000), ethnically sensitive services rest on good assessments made by individual caseworkers; “those who were knowledgeable and tenacious in their consultation with those who are informed about the cultural needs of a CALD group were able to achieve more positive results for their minority ethnic families” (cited in Chand and Thoburn 2005, p. 171).

However, two factors constrain the effectiveness of this one-to-one relationship. The first is that CP work is emotionally and administratively taxing. Assessing risk, managing cases, and record keeping are all part of the normal and daily duties of CP caseworkers, and can constrain their time or ability to make a fully informed assessment about the best interests of a CALD-background child. Secondly, caseworkers in NSW are likely to come into contact with families from a wide range of cultural groups, and it is neither reasonable nor possible to expect them to be aware of all the various and unique needs of each of these groups in the CPS (Sale 2006).

As a result of these two constraints, broad and general schemas such as stereotypes may be used to interpret the needs and services required of CALD families. Indeed, such schemas may arguably be necessary in CP service delivery because of the resource constraint on time. Importantly, stereotypes are not inherently negative as they are simply bodies of information, and can be useful for drawing (quick) inferences about the needs of CALD children and families. However, to ensure that the inferences that are made are informed and therefore effective for the CALD family, it is necessary that these schemas account for the wide variation *within* a CALD group. In other words, if a schema is limited in its knowledge, the CALD family may be stereotyped in ways that inhibit or prevent the delivery of a comprehensive and appropriate service.

Gaining such nuanced and detailed information is not always easy. For example, exposure to the diverse range of parenting behaviours within a cultural group may be limited if the number of children from each CALD group in the CPS is relatively small. More generally, caseworkers may have little contact with CALD families outside of the CPS, skewing the perceived norm of parenting behaviours and the range of tolerance from that norm, toward the more abusive or neglectful end of the continuum. Arguably, these issues may be exacerbated in regional or rural NSW where there are fewer CALD families, to which exposure to within-group diversity is reduced. Thus there is a need to provide information resources that caseworkers can use to widen the scope of their stereotypes, and help centre them around the (albeit elusive) “norm” in that CALD group, rather than the norm of the caseworker’s cultural background, or the perceived “norm” that has resulted from skewed exposure to dysfunctional families from that CALD group.

Comprehensive schemas are those that contain key information about a culture’s norms, values, and traditions, as well as the pattern of variation around these key points, especially in relation to other important demographic variables such as gender,

age, religion, generation, socioeconomic status (SES), education, employment, disability, and sexuality. From this comprehensive and therefore flexibly responsive schema, caseworkers can increase their cultural awareness and in turn the appropriateness of their service delivery. In the context of CP, they can provide caseworkers with a better understanding of what constitutes 'normative' parenting behaviours, and arguably the range of tolerance for deviating from that norm, in that CALD group. With this information, caseworkers are able to more accurately identify instances of abuse or neglect, and thus assess the best interests of the CALD child, because they are able to recognise when a parenting behaviour has 'crossed a line' within that cultural group, and not 'the line' that deviates from their own parenting norms and behaviours; norms that may not be culturally relevant to the CALD child and their family context, and nor in their best interests.

Unfortunately, however, schemas also reify culture, treating it as if it were a 'fixed' entity rather than the highly nuanced and dynamic process that it actually is (Korbin 2008). Thus, the information in the 'Resource Sheets' and the 'General Model' (and any other research outputs) developed in this study should simply be seen as a *guide* to culturally appropriate service delivery, as it can only provide a schematic overview of the needs of CALD groups to promote caseworker's cultural awareness. This report should not be used as a definitive and comprehensive source of information on the needs of CALD children and families in the CPS, but rather should be used in conjunction with other resource materials and on-the-job training and consultation with relevant personnel, such as DHS Multicultural Caseworkers and speaking with local community members from local CALD community organisations about the needs of CALD children in the CPS as they arise.

In short, this report aims to address the need to promote cultural awareness among caseworkers for CALD groups. It acknowledges that culture is a highly complex process. However, given that the individual relationship between the caseworker and CALD client is most important for culturally effective service delivery, the need to develop practical strategies that the caseworker can implement and to identify the key need-to-know points with CALD groups, all within their normal daily constraints, is seen as equally important to describing how the complexity of culture may manifest in CP work for caseworkers with CALD clients. That is, while a theoretical understanding of this complexity is necessary and as significant as identifying the practical strategies required to help address this complexity, the *conceptual approach* of this project is to use the theory as context and still focus on practical concerns. Thus, it aims to support caseworkers, to support their CALD clients. By doing so, the potential of the one-to-one relationship for CALD children and families can be facilitated and maximised, and thus lead to effective and culturally appropriate service delivery for CALD children and families.

The 'Resource Sheets' proposed here simply contain basic need-to-know information about four target CALD groups in the CPS, and should be used to build on training towards cultural competency; an on-going and self-reflective process for adapting CP law and practice in ways that maintain respect for cultural difference without compromising the safety of the child. That is, cultural competency training focuses more on developing a caseworkers' general sense of efficacy with being able to address the cultural needs of CALD groups in the CPS, and so has less to do with having knowledge about the needs of specific cultural groups, and more about

generally being able to deliver effective and culturally appropriate service to children and families from any cultural group, especially in this highly culturally diverse state in Australia. Also, the 'Resource Sheets' outlined in this Report (see Appendix I) are only draft and will be finalised after Stage 3 is complete.

Reviewing the 'General Model' of service delivery for CALD groups in the CPS

Based on all the main findings in this part of the study (Stage 2), a number of recommendations for practice and policy have been described below (see Table 13). These recommendations are intended to be added to the 'General Model' of service delivery, originally proposed in Interim Report 1.

Table 13: Practice and policy recommendations

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

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

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

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

	with the CALD-background CW who offers understanding/empathy.		
Some CSCs being better resourced and having management more embracive of cultural diversity issues than others	HO making mandatory that CWs do a placement at such a CSC (e.g. Fairfield). CMs receive training from HO on how to approach and manage cultural diversity at the CSC.	✓	✓
Cost of translating	DHS and other related departments (e.g. Department of Immigration) to share costs of translating important documents (e.g. “Why your child is being removed”).		✓
Time-intensive cost for CWs of using interpreters (and regional differences in this perceived cost)	CMs to account for time intensive cost and accordingly reduce case loads of CWs with low English proficiency-CALD clients. CWs to be aware of and account for time intensive cost in case management without getting frustrated at CALD client/s with low English proficiency.	✓	✓
The systematic lack of consistency among CWs re: how to describe the ethnicity of a CALD-background child	HO provide training and make mandatory in case file notes that all CWs with CALD families record ethnicity as: “child is of [racial], [religious], and [language] background. Child/NF/NM each born in [COB]. Child/NF/NM each English proficiency is [low/moderate/good]. Child/NF/NM each [does/does not] require an interpreter”.		✓
The systematic lack of awareness among CWs of what constitutes “cultural issues” for CALD-background families	HO provide training and make mandatory in case file notes that all CWs with CALD families address “cultural issues” (as identified in Table 14), and distinguish them from “acculturative issues”, “generalist issues”, and “socio-economic issues”.		✓

Table 14 contains a summary of characteristics and issues to help clarify what may be considered cultural and what may not. This is to help caseworkers distinguish between these, so that one is not mistaken for another. The cultural characteristics that have been listed here are those that are typically inherent or definitive of collectivist cultures; those that consider the family more to be the unit of society, compared to individualist cultures that more consider the individual to be the unit of society.

Importantly, any of the issues listed as ‘not cultural’ may still be influenced by and entwined with cultural factors, and it is this which causes complexity in CP work in a multicultural populace. Caseworkers need to distinguish the parts that are cultural from those that are not to be able to best understand and meet the needs of their CALD-background clients.

Table 14: Distinguishing cultural from non-cultural factors

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



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

12 Conclusion

Stage 2 of this study reviewed 120 randomly selected case files across four CALD groups, as well as Indigenous and Anglo Saxon groups. In doing so, parity of CP service delivery – that is, the extent to which each group is receiving a tailored but comparable service – can be explored.

The results indicate that there are two ways in which parity may be compromised for CALD-background families. The first is that cultural issues are not fully or systemically understood by CP authorities (caseworkers, case managers, and Head Office) in the way they are for Indigenous families. Thus, failure to be aware of and sensitive to cultural issues can lead to disadvantage for the CALD-background family. The second way in which CALD-background families may be disadvantaged is if CP authorities stereotype the cultural needs of CALD families and are not sensitive to individual variation and needs.

To put it another way: the needs of CALD-background families are complex. At times, they require cultural understanding and at other times they do not. It is difficult for caseworkers in a multicultural context to identify the circumstances under which of these needs occur for a particular CALD-background family, and how these needs change and react to changing experiences in the CPS. As a result, consultation with multicultural caseworkers should be mandatory for all CALD-background families. This can help decrease the two risks for CALD-background families which can compromise CP service delivery being comparable to their Indigenous and Anglo Saxon counterparts.

In addition to routine consultation with multicultural caseworkers (as each CALD-background family is unique), one way for all caseworkers to help overcome either a lack of awareness of (the importance of) cultural needs or an over-reliance on cultural needs, is to understand what is cultural and what is not. This study has differentiated between three possible types of issues for CALD-background families: (i) cultural ones, (ii) non-cultural ones that are unique to them (migratory or acculturative issues), and (iii) non-cultural ones that are not unique to them (generalist issues).

This three-tiered schema may help caseworkers, at least at the heuristic level or as a starting point, understand what the needs and experiences of CALD-background families may be in the CPS. Arguably, it can also help them develop ‘cultural awareness’ – being aware of parenting norms, values, behaviours, and traditions; ‘cultural sensitivity’ – being aware of the need to be aware; and ‘cultural competency’ – feeling efficacious and confident to know when to consider cultural issues and when not to.

At worst, if caseworkers do not understand cultural needs or rely on them too heavily to understand CALD-background families, the risk is that DHS’ intervention (either actual or perceived) exemplifies a form of ‘cultural and parental control’, rather than just ‘parental control’. As awareness of cultural differences in parenting increases, CP intervention will arguably be more appropriate for each CALD-background family. In this way, ‘the novel will become normal’ and the organisational and institutional knowledge and ability to respond to ethnic diversity will improve.

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Appendix A: Project methodology and update for Stage 3

Originally, Stage 3 aimed to interview 40 children and their families; eight per five target CALD groups – Greek, Lebanese, Pacific Islander [Samoan and Tongan], Vietnamese and Chinese. This target number was then reduced to 32 interviews (eight per four target CALD groups) when Greek children and families were excluded from the research methodology of Stage 2.

However, there was some 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 be related to the 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. (Note: the researcher was required to rely on caseworkers to recruit families, as this is an arms-length approach, consistent with ethics protocol⁴⁸). As such, interviews with families no longer targeted any particular CALD groups, and carers from any CALD background were invited to take part. This strategy was used to ensure the target sample size (n = 32 interviews) was met. In addition, Stage 3 had a target sample of 20 interviews with caseworkers who have CALD clients. Also, no children ended up taking part in the study, and interviews were only conducted with the carers of CALD children.

Recruitment, interviews (with interpreters as necessary), and transcription occurred between March and December 2009, during the time the researcher was based at each of the CSCs. Thematic analysis occurred between January and June 2010. Broadly, interviewees were asked about their experiences, needs, and challenges in the CPS. Specifically, they were asked about services they considered effective or ineffective and why, and possible strategies that can be developed to overcome the barriers they perceive and experience to culturally appropriate and therefore effective service delivery. The findings from Stage 3 have been used to finalise the 'General model of service delivery for CALD groups' and the 'Resource Sheets' for the four target CALD groups, and are reported in Interim Report 3 (*forthcoming*).

⁴⁸ Ethics approval from the Human Research Ethics Committee (HREC) at the UNSW was obtained in November 2007 for all stages of this three year project.

Appendix B: Letter of Invitation (Validating Thematic Template)

UNSW



THE UNIVERSITY OF NEW SOUTH WALES

<p>Culturally and Linguistically Diverse (CALD) children and their families in the NSW Child Protection System</p>
--

2008

Dear [REDACTED]

Why have you received this letter?

You are receiving this letter because you are a Department of Community Services (DoCS) caseworker:

- from either the [REDACTED], [REDACTED] or [REDACTED] Community Service Centres (CSCs);
- have contact and/or work relating to the needs of CALD families (from any cultural background); and
- have agreed to take part in the study on “*CALD children and their families in the NSW child protection system*”.

What is this study about?

This study will look at how the NSW child protection system is meeting the needs of children and their families from five CALD backgrounds:

- Greek,
- Vietnamese,
- Chinese,
- Arabic-speaking (with a focus on Lebanese), and
- Samoan and Tongan.

The results of this study will be used to inform best practice for these CALD children and their families. They will also be used to make policy recommendations for the culturally appropriate and effective implementation of child protection policies for CALD families more broadly in the child protection system.

Who is conducting the study?

This study is being conducted by Dr Pooja Sawrikar from the Social Policy Research Centre (SPRC) at the University of New South Wales (UNSW), as part of a Post Doctoral Fellowship funded by DoCS. This project is being supervised by Professor Ilan Katz, Director of the SPRC.

As a research participant, what am I required to do?

If you are interested, you will be required to sign a Participant Information and Consent Form (included with this letter), and participate in two parts of this study.

The *first* part of the study will require you to look over the Thematic Template and complete the Feedback Sheet. These documents are included with this letter. This is expected to take about 45-60 minutes. You will have till [REDACTED] 2008 to complete the Feedback Sheet. The Thematic Template is a list of variables that are expected to emerge for CALD families. This list is based on a literature review on the needs of CALD families in child protection systems, nationally and internationally.

The *second* part of the study will require you to participate in a small focus group with one other caseworker from your CSC (either [REDACTED] or [REDACTED]) who is also participating in this study. This is expected to take about 45-60 minutes. The focus group will occur on [REDACTED] 2008 from [REDACTED] at your CSC. The information that you each individually record on the Feedback Sheet will be discussed in the small focus group.

The aim of these two parts of the study is to ensure that the list of variables in the Thematic Template as much as possible address all issues or factors that are likely to be relevant for CALD families. This Thematic Template will later be used to conduct extensive case file reviews. You will be reimbursed with a \$50 Coles Myer gift voucher as a sign of appreciation for your time and participation.

Who sees the results?

What you tell us in the Feedback Sheet and focus group will be completely confidential and you will not be identified in any publication or report about the study. You will receive a copy of the final report if you wish.

What now?

If you would like to participate, you will need to read and sign the Participant Information and Consent Form (overleaf) and return either by fax on (02) 9385 7818 or by mail to Dr Pooja Sawrikar, Social Policy Research Centre, University of New South Wales, Sydney 2052, Australia. You will then need to read the Thematic Template and complete the Feedback Sheet by [REDACTED] 2008. Finally, you will need to participate in a small focus group on [REDACTED] 2008 at [REDACTED] at your CSC. If you would like more information, please contact Dr Pooja Sawrikar on (02) 9385 5504 or by email p.sawrikar@unsw.edu.au. Alternatively, you can contact Ms Eileen Ross at the Department of Community Services (DoCS) by email Eileen.Ross@community.nsw.gov.au.

Kind regards, Pooja Sawrikar

Appendix C: Information Statement and Consent Form (Validating Thematic Template)

UNSW



Approval No [REDACTED]

THE UNIVERSITY OF NEW SOUTH WALES

PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM

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

FEEDBACK SHEET ON THEMATIC TEMPLATE AND FOCUS GROUP

You are invited to participate in a study that will broadly look at whether and how the implementation of child protection policies in NSW meets the needs of children and their families from five target CALD backgrounds: (a) Greek, (b) Vietnamese, (c) Chinese, (d) Arabic-speaking (with a focus on Lebanese), and (e) Samoan and Tongan.

Dr Pooja Sawrikar from the Social Policy Research Centre (SPRC) at the University of New South Wales (UNSW) is undertaking this study as a Postdoctoral Fellow under the Department of Community Services' (DoCS) Collaborative Research Program.

You were selected as a possible participant in this study because you are a DoCS caseworker from either the [REDACTED] or [REDACTED] CSCs, have contact and/or work relating to the needs of CALD children and their families (from any cultural background), and have indicated your interest to participate in this study. If you decide to participate, you will be required to comment on the Thematic Template that will be used in later stage of the study as a basis for case file review, and then participate in a small focus group with one other caseworker from your CSC to discuss the range and relevance of the variables in the Thematic Template. Each part of this study is expected to take about 45-60 minutes. The focus group will occur at your CSC from [REDACTED] pm on [REDACTED] 2008.

Participating in this study will give you the opportunity to reflect on the various factors that need to be considered when examining and exploring the needs of CALD families in the child protection system, 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.

Any information that is obtained in connection with this study and that can identify you will remain confidential and will be disclosed only with your permission, except as required by law. If you give us your permission by signing this document, we plan to publish the results in a series of interim reports and a final report for DoCS, as well as in academic journals and at conferences. In any publication, information will be provided in such a way that you cannot be identified. You will receive a copy of the final report if you request it (tick the box on page 3).

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.

Your decision whether or not to participate will not prejudice your future relations with UNSW or DoCS. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

If you have any questions Dr Pooja Sawrikar will be happy to answer them. You can contact her by phone on (02) 9385 5504 or by email p.sawrikar@unsw.edu.au.

The Participant Information Statement (on pages 1 and 2) is for you to keep. You will need to sign and return the Consent Form (on page 3) either by fax – 02 9385 7838 or mail – Dr Pooja Sawrikar, Social Policy Research Centre, University of New South Wales, Sydney 2052, Australia. 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 children and their families in the NSW child protection system

INTERVIEWS

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:

.....
.....
.....

Sign this page and return by fax or mail

Fax: 02 9385 7838

Mail: Dr Pooja Sawrikar, Social Policy Research Centre, University of New South Wales, Sydney
2052, Australia

THE UNIVERSITY OF NEW SOUTH WALES

**PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM
(continued)**

REVOCAION OF CONSENT

CALD children and their families in the NSW child protection system

INTERVIEWS

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 University of New South Wales (UNSW) or the Department of Community Services (DoCS).

.....

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.

Sign this page and return by fax or mail

ONLY IF you choose to withdraw your consent to participate in this study

Appendix D: Feedback Sheet (Validating Thematic Template)

UNSW



THE UNIVERSITY OF NEW SOUTH WALES

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

INSTRUCTIONS FOR COMPLETING THE FEEDBACK SHEET

The aim of this part of the study is to validate the Thematic Template. The Thematic Template will be used as the basis for conducting extensive case file reviews for a random sample of 125 CALD children in the NSW child protection system.

To ensure that all the relevant factors and variables are scoped for and reviewed in the case files, we are asking caseworkers from the [REDACTED] CSCs, who have significant contact with CALD children and their families, to check whether the variables in the Thematic Template:

- include all the variables they think are necessary,
- to indicate whether some variables should be removed because they are not considered to be relevant for CALD families, and
- to offer any other comments or suggestions.

Your responses will be used to amend the current Thematic Template and ensure that it is both comprehensive and relevant for CALD children and their families in the NSW child protection system.

There are three parts to the Feedback Sheet:

Part 1 requires you tick whether you think each variable in the current Thematic Template **MUST REMAIN** or **SHOULD BE REMOVED**. A tick under “Must Remain” indicates that you think the variable should stay in the Thematic Template because it is relevant for CALD children and their families.

Part 2 asks you to list other variables that you think should be included in the Thematic Template but are not currently in this version.

Part 3 is an open-ended section where you can make any other comments or suggestions.

If you have any queries or questions, please contact me at any time.

Pooja Sawrikar

FEEDBACK SHEET

PART 1:

VALIDATING THE CURRENT THEMATIC TEMPLATE

Your name: _____ **Date** (*dd/mm/yyyy*): __ __ / __ __ / __ __ __ __

Your CSC (*Please circle*):

Variables in Thematic Template		This variable MUST REMAIN	This variable SHOULD BE REMOVED	Comment/s about this variable OR Reason for your response ⁴⁹
A	Demographics			
1	Child's first name	<input type="checkbox"/>	<input type="checkbox"/>	
2	Child's family name	<input type="checkbox"/>	<input type="checkbox"/>	
3	(Foster) Mother's family name	<input type="checkbox"/>	<input type="checkbox"/>	
4	(Foster) Father's family name	<input type="checkbox"/>	<input type="checkbox"/>	
5	Child's Country of birth (COB)	<input type="checkbox"/>	<input type="checkbox"/>	
6	(Foster) Mother's COB	<input type="checkbox"/>	<input type="checkbox"/>	
7	(Foster) Father's COB	<input type="checkbox"/>	<input type="checkbox"/>	
8	Language/s spoken at child's home other than English	<input type="checkbox"/>	<input type="checkbox"/>	
9	Child's or family's interpreter requirements	<input type="checkbox"/>	<input type="checkbox"/>	
10	Child's religion	<input type="checkbox"/>	<input type="checkbox"/>	
11	Family's religion	<input type="checkbox"/>	<input type="checkbox"/>	
12	Child's age	<input type="checkbox"/>	<input type="checkbox"/>	
13	Child's gender	<input type="checkbox"/>	<input type="checkbox"/>	
14	Child's ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	
15	Child's self identified cultural identity	<input type="checkbox"/>	<input type="checkbox"/>	
16	Child's nationality	<input type="checkbox"/>	<input type="checkbox"/>	
17	Child's residency/visa status	<input type="checkbox"/>	<input type="checkbox"/>	
18	Child's migration history	<input type="checkbox"/>	<input type="checkbox"/>	
19	Child's refugee status	<input type="checkbox"/>	<input type="checkbox"/>	
20	Type of abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>	
	• Physical	<input type="checkbox"/>	<input type="checkbox"/>	
	• Sexual	<input type="checkbox"/>	<input type="checkbox"/>	
	• Emotional	<input type="checkbox"/>	<input type="checkbox"/>	
	• Neglect	<input type="checkbox"/>	<input type="checkbox"/>	
B	Services			

⁴⁹ You do not need to complete this column. However, if you would like to explain the reasons for your response or would like to make any other comment about the variable, then please feel free to record this here. If there is insufficient room here, you can continue in Part 2, Question 1.

Variables in Thematic Template		This variable MUST REMAIN	This variable SHOULD BE REMOVED	Comment/s about this variable OR Reason for your response
1	List each type of child protection service or type of care <i>recommended</i> by caseworker in assessment	<input type="checkbox"/>	<input type="checkbox"/>	
	• Permanent care	<input type="checkbox"/>	<input type="checkbox"/>	
	• Residential care	<input type="checkbox"/>	<input type="checkbox"/>	
	• Respite care	<input type="checkbox"/>	<input type="checkbox"/>	
	• Adoption services	<input type="checkbox"/>	<input type="checkbox"/>	
	• Post placement/aftercare support	<input type="checkbox"/>	<input type="checkbox"/>	
	• Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	
2	List each type of child protection service or type of care actually <i>provided</i> by DoCS	<input type="checkbox"/>	<input type="checkbox"/>	
	• Permanent care	<input type="checkbox"/>	<input type="checkbox"/>	
	• Residential care	<input type="checkbox"/>	<input type="checkbox"/>	
	• Respite care	<input type="checkbox"/>	<input type="checkbox"/>	
	• Adoption services	<input type="checkbox"/>	<input type="checkbox"/>	
	• Post placement/aftercare support	<input type="checkbox"/>	<input type="checkbox"/>	
	• Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	
3	For each service <i>provided</i> by DoCS:	<input type="checkbox"/>	<input type="checkbox"/>	
a	Is this service a placement or support service?	<input type="checkbox"/>	<input type="checkbox"/>	
b	What is the duration of the service?	<input type="checkbox"/>	<input type="checkbox"/>	
	• List in months/years	<input type="checkbox"/>	<input type="checkbox"/>	
4	Was there a need for post-placement:	<input type="checkbox"/>	<input type="checkbox"/>	
a	Support?	<input type="checkbox"/>	<input type="checkbox"/>	
b	Therapy?	<input type="checkbox"/>	<input type="checkbox"/>	
c	Respite placement?	<input type="checkbox"/>	<input type="checkbox"/>	
5	Was the program or service generic or tailored to meet the cultural needs of the child and/or family ?	<input type="checkbox"/>	<input type="checkbox"/>	
6	What was the time lag between assessment and service provision?	<input type="checkbox"/>	<input type="checkbox"/>	
	• Date of assessment	<input type="checkbox"/>	<input type="checkbox"/>	
	• Date of first service provision	<input type="checkbox"/>	<input type="checkbox"/>	
C	Cultural Competence Training			

Variables in Thematic Template		This variable MUST REMAIN	This variable SHOULD BE REMOVED	Comment/s about this variable OR Reason for your response
1	Have links with relevant community or religious groups been developed (such as churches or temples, and youth and community groups, community leaders or migrant resource centres)?	<input type="checkbox"/>	<input type="checkbox"/>	
2	Have <i>staff</i> received general training in cultural awareness and sensitivity matters?	<input type="checkbox"/>	<input type="checkbox"/>	
3	Have <i>carers</i> received general training in cultural awareness and sensitivity matters?	<input type="checkbox"/>	<input type="checkbox"/>	
D Resources				
1	Prior to receiving referrals, were the following sources of information and resources provided to caseworkers?	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Lists of cultural community groups in their area (available from the Community Relations Commission: www.crc.nsw.gov.au) 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Calendar of key religious and community celebrations and events 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Information about countries, language or religious groups that are tending to be represented in local CSC 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Information about issues of trauma or loss that might be affecting recent arrivals, especially refugees 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Policy guidance and documentation on importance of data collection ('ethnic monitoring') 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Policy guidance and documentation on equal opportunity in employment and service provision 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Policy guidance and documentation on anti-racist and anti-discriminatory practice 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Policy guidance and documentation on access to local translator and interpreter services 	<input type="checkbox"/>	<input type="checkbox"/>	
2	Do carers receive information and resources about:	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Grief and loss issues as a result of a loss of cultural identity? 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Recipes for traditional foods? 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Diary of celebrated cultural days and events? 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Access to reference books and other resources? 	<input type="checkbox"/>	<input type="checkbox"/>	
3	What is the frequency of training in cultural awareness, sensitivity or competence, so that caseworkers remain informed about the main cultures they provide services to?	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Date of last training received in cultural competency training? 	<input type="checkbox"/>	<input type="checkbox"/>	

Variables in Thematic Template		This variable MUST REMAIN	This variable SHOULD BE REMOVED	Comment/s about this variable OR Reason for your response
	<ul style="list-style-type: none"> Date of session before last training received in cultural competency training? 	<input type="checkbox"/>	<input type="checkbox"/>	
E	Case planning and management			
1	At the case planning meeting, are the following data collected?	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Dietary requirements 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Interpreter arrangements 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Cultural events or obligations 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Religious observance 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Other (list) 	<input type="checkbox"/>	<input type="checkbox"/>	
2	Are children and their birth parents invited to express any requests regarding the support or services they feel are necessary or required to address their child's cultural needs?	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Yes/No 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Is this regular? 	<input type="checkbox"/>	<input type="checkbox"/>	
F	Cultural identity/preservation			
1	Do caseworkers:	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> demonstrate respect and support for child's cultural identity? If so, how? 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> encourage child to express their own cultural and religious identity? If so, how? 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> encourage child to express their sense (or lack) of belonging? If so, how? 	<input type="checkbox"/>	<input type="checkbox"/>	
G	Challenges for Caseworkers with ethnic minority children and their families			
1	List each type of challenge reported by caseworkers working with ethnic minority children and their families	<input type="checkbox"/>	<input type="checkbox"/>	
2	For each challenge, how did the caseworker and/or agency address the challenge?	<input type="checkbox"/>	<input type="checkbox"/>	
3	Were the following types of common challenges reported?	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Limited availability and accessibility of CALD foster carers 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Personal relationship between caseworker and client 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Ethnic minority children denying their cultural identity 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Competing interests between the child and their birth parents regarding cultural or religious behaviours or practices 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Access to quality interpreting services 	<input type="checkbox"/>	<input type="checkbox"/>	

Variables in Thematic Template	This variable MUST REMAIN	This variable SHOULD BE REMOVED	Comment/s about this variable OR Reason for your response
<ul style="list-style-type: none"> • Difficulty establishing links with cultural groups 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Why? 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Was this because the local area of the CSC has a low multicultural demographic? 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • <i>Inter-organisational</i> challenges. If so, what? 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • <i>Intra-organisational</i> challenges. If so, what? 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Insensitivity and lack of awareness amongst other community and government agencies especially regarding the importance of cultural and religious observances 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Encouraging colleagues to respect or at least understand the beliefs and practices associated with some cultures, which may at times conflict with Australian law or custom. Example, the subservient role of women in some culture or the practice of polygamy 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Providing intervention that is meaningful and within the control of the family 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Difficulty race-matching child and caseworker 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Challenges to respect a culture while acknowledging its limits 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Fear of being labelled a racist 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Ethnic minority caseworkers feeling like they are being seen as the ‘expert’ of all ethnic minority issues 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Separating and challenging firmly-held, but harmless, views based on faith from abusive behaviour 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Understand diversity and cultural difference and therefore understanding what is the norm and what is deviant 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Difficulty with the number of factors relevant to ethnic minority children and combining these factors in assessments 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Remain mindful of the rights of the child when considering the impact of culture 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Making hasty or intuitive judgments based on caseworkers own values and stereotypes 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Balancing social work practice with their own strong faith or cultural beliefs 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Lack of consensus between caseworkers about what abuse is across cultures 	<input type="checkbox"/>	<input type="checkbox"/>	

Variables in Thematic Template		This variable MUST REMAIN	This variable SHOULD BE REMOVED	Comment/s about this variable OR Reason for your response
	<ul style="list-style-type: none"> • Problems caseworkers have with ethnic minority children and their families: <ul style="list-style-type: none"> ○ parental denial of abuse ○ mental illness in carers ○ parental intellectual or physical disability ○ substance use ○ domestic violence ○ problems in differentiating accidental from non-accidental injuries ○ safety of the child once the abuse has been disclosed ○ impossibility of exactly assessing future risks ○ lack of balance between care and control ○ sympathy for the parents clouding perceptions of risk to the child ○ communication difficulties 	<input type="checkbox"/>	<input type="checkbox"/>	
H	Presence of support or resiliency factors in the ethnic minority child and/or their family			
1	Does the child and/or their family report the following protective factors?	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> • Comfortable with their cultural identity, • Use extended family and community resources for support, • Have a race-matched carer or role model • Assistance for coping with racism and discrimination • Perceptions of neighbourhood safety • Other (list) 	<input type="checkbox"/>	<input type="checkbox"/>	
I	Problems ethnic minority children and their families experience			
1	Are the following problems reported for the child and/or their family?	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> • Language barriers • Insecurity regrading finances, employment and/or housing • Lack of traditional support mechanisms such as family and friends • Cultural estrangement, social isolation or social alienation • Racism or misunderstandings due to cultural differences with any service provider • Family problems <ul style="list-style-type: none"> ○ children's behaviour 	<input type="checkbox"/>	<input type="checkbox"/>	

Variables in Thematic Template	This variable MUST REMAIN	This variable SHOULD BE REMOVED	Comment/s about this variable OR Reason for your response
○ choice of marital partner	<input type="checkbox"/>	<input type="checkbox"/>	
○ alienation from “Australianised” children	<input type="checkbox"/>	<input type="checkbox"/>	
○ weakening of extended family	<input type="checkbox"/>	<input type="checkbox"/>	
○ filial responsibility	<input type="checkbox"/>	<input type="checkbox"/>	
○ choice of friends	<input type="checkbox"/>	<input type="checkbox"/>	
○ dating	<input type="checkbox"/>	<input type="checkbox"/>	
○ outings, social activities	<input type="checkbox"/>	<input type="checkbox"/>	
○ occupational choice	<input type="checkbox"/>	<input type="checkbox"/>	
○ education	<input type="checkbox"/>	<input type="checkbox"/>	
○ pursuit of spare time	<input type="checkbox"/>	<input type="checkbox"/>	
○ household management	<input type="checkbox"/>	<input type="checkbox"/>	
○ female employment	<input type="checkbox"/>	<input type="checkbox"/>	
● Personal problems:	<input type="checkbox"/>	<input type="checkbox"/>	
○ cultural conflict/accluturation	<input type="checkbox"/>	<input type="checkbox"/>	
○ lack of self-esteem and self confidence	<input type="checkbox"/>	<input type="checkbox"/>	
● Intergenerational conflict between children and their migrant parents when young migrants	<input type="checkbox"/>	<input type="checkbox"/>	
○ Do children report wanting to reject the traditional cultural values of their parents?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Do children report a desire to leave home as a result of intergenerational conflict?	<input type="checkbox"/>	<input type="checkbox"/>	
● Lack of access to (formal or informal) childcare	<input type="checkbox"/>	<input type="checkbox"/>	
● Insufficient knowledge about community services and relevant support agencies (including ethno-specific ones) which can be contacted for assistance	<input type="checkbox"/>	<input type="checkbox"/>	
● Insufficient knowledge about alternative forms of disciplining children and parenting guidance	<input type="checkbox"/>	<input type="checkbox"/>	
● Children being used as interpreters or translators for their parents, even with highly sensitive or important information	<input type="checkbox"/>	<input type="checkbox"/>	
● Women experiencing abuse in the family against males being used as interpreters or translators	<input type="checkbox"/>	<input type="checkbox"/>	

	Variables in Thematic Template	This variable MUST REMAIN	This variable SHOULD BE REMOVED	Comment/s about this variable OR Reason for your response
	<ul style="list-style-type: none"> • Lack of access to simple translated information about child protection laws and what constitutes child abuse 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ And how they are different from laws in their own country? ○ And what can be done about it? 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> • Fear of authorities 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ misconception about the role of DoCS ○ negative experiences of authorities in their home countries ○ Permanent residents or refugees may not report abuse or maltreatment for fear of non-receipt of citizenship 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> • Protecting the family name (anything that a child does is seen as a reflection on the family name which must stay intact at all costs) 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> • Fear of partner/spouse (especially in cultures where men are considered superior to women) 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> • Fear that children may be taken away 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> • For refugee children and their families: 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Family fragmentation ○ Torture and trauma ○ Physical and emotional neglect ○ Fear of abandonment ○ Fear of harm 	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix E: Interview Schedule (Validating Thematic Template)

Overall comments

1. What did you think generally about the thematic template?

- is it sufficient?
- is it relevant?

Of the variables to keep in the Template...

2. What variables do you think are the *most* relevant to CALD families and why?

- which CALD families in particular?
 - MENA (Middle Eastern and North African)
 - NE Asian
 - SE Asian
 - Pacific Islander
 - SE European

3. What variables do you think are the *least* relevant to CALD families and why?

- which CALD families in particular?
 - MENA (Middle Eastern and North African)
 - NE Asian
 - SE Asian
 - Pacific Islander
 - SE European

Variables to delete from the Template

4. What variables did you suggest to delete and why?

Variables to add to the Template

5. What variables did you suggest to add and why?

Final comments

6. Any other comments or suggestions?

Appendix F: Demographics Survey (Validating Thematic Template)

CALD children and their families in the child protection system

Pooja Sawrikar, Social Policy Research Centre

These questions are about you

- 1 What is your first name? _____
- 2 How old are you? _____ (in years)
- 3 What is your sex? (Please circle) **FEMALE** **MALE**
- 4 Which country were you born in? _____
- 5 How would you describe your ethnicity? (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 on the needs of CALD children and their families in the child protection system?
₀ No => Go to 9
₁ Yes => Go to 8b
- 8b If yes, which CALD families in particular? (Please tick all that are true for you)
₁ Middle Eastern and North African (e.g. Lebanese)
₂ North East Asian (e.g. Chinese)
₃ South East Asian (e.g. Vietnamese)
₄ Pacific Islander (e.g. Tongan)
₅ South East European (e.g. Greek)
- 9 Do you think you have significant experience on the needs of caseworkers who interact with CALD children and their families in the child protection system?
₀ No ₁ Yes
- 10 How did you hear about this study?

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

Appendix G: Thematic Template matched to study themes

Thematic Template		Objective
A	Demographics	
1	Case file ID	N/A
2	CSC	Demographic summary
3	Child's Country of birth (COB)	
4	(Foster) Mother's COB	
5	(Foster) Father's COB	
6	Language/s spoken at child's home other than English	
7	Child's or family's interpreter requirements	
8	Child's religion	Demographic summary
9	Mother's religion	
10	Father's religion	
11	Child's age	
12	Mother's age	
13	Father's age	
14	Child's gender	
15	Number of children in the household	
16	Mother's highest education level	
17	Father's highest education level	
18	Child's ethnicity	
19	Child's self-identified cultural identity	
20	Child's nationality	
21	Child's residency/visa status	
21	Child's migration history	
22	Child's refugee status	
23	Type of abuse or neglect	1. Types of abuse and neglect
	• Physical	
	• Sexual	
	• Emotional/Psychological	
	• Neglect	
	○ Neglect of basic physical needs	

	<ul style="list-style-type: none"> ○ Neglect of education ○ Neglect (inadequate supervision) 	
B	Services	
1	List each type of child protection service or type of care actually <i>provided</i> by DoCS	5. Types of assistance provided
	<ul style="list-style-type: none"> • Permanent care (e.g. short term/long term) • Residential care (e.g. refuge) • Respite care • Kinship care • Temporary care arrangement • Child care • Counselling • Play group • Support group • Parenting programs • Other (list) <ul style="list-style-type: none"> ○ e.g. Shared parental responsibility between Minster and caregiver • (Adoption services – more likely in OOHC) • (Post placement/aftercare support – more likely in OOHC) 	
2	For each service <i>provided</i> by DoCS:	
a	Is this service a placement or support service?	
	Number of times case file was re-opened	
3	Was there a need for post-placement:	
a	Support?	
b	Therapy?	
c	Respite placement?	
4	Was the program or service generic or tailored to meet the cultural needs of the child and/or family?	
5	What was the time lag between assessment and service provision?	
	<ul style="list-style-type: none"> • Date of assessment • Date of first service provision 	
C	Cultural Competence Training	
1	Have links with relevant community or religious groups been developed (such as churches or temples, and youth and community groups, community leaders or migrant resource centres)?	6. Personal, organisational, or institutional barriers to culturally appropriate practice
2a	Have <i>staff</i> received general training in cultural awareness and sensitivity matters?	

b	Have <i>staff</i> received training in cultural awareness and sensitivity matters for specific cultural groups?	
3	Have <i>carers</i> received general training in cultural awareness and sensitivity matters?	
D	Resources	
1	Prior to receiving referrals, were the following sources of information and resources provided to caseworkers?	6. Personal, organisational, or institutional barriers to culturally appropriate practice
	<ul style="list-style-type: none"> • Lists of cultural community groups in their area (available from the Community Relations Commission: www.crc.nsw.gov.au) 	
	<ul style="list-style-type: none"> • Calendar of key religious and community celebrations and events 	
	<ul style="list-style-type: none"> • Information about countries, language or religious groups that are tending to be represented in local CSC 	
	<ul style="list-style-type: none"> • Information about issues of trauma or loss that might be affecting recent arrivals, especially refugees 	
	<ul style="list-style-type: none"> • Policy guidance and documentation on importance of data collection ('ethnic monitoring') 	
	<ul style="list-style-type: none"> • Policy guidance and documentation on equal opportunity in employment and service provision 	
	<ul style="list-style-type: none"> • Policy guidance and documentation on anti-racist and anti-discriminatory practice 	
	<ul style="list-style-type: none"> • Policy guidance and documentation on access to local translator and interpreter services 	
2	Do carers receive information and resources about:	5. Examples of culturally in/appropriate practice
	<ul style="list-style-type: none"> • Grief and loss issues as a result of a loss of cultural identity? 	
	<ul style="list-style-type: none"> • Recipes for traditional foods? 	
	<ul style="list-style-type: none"> • Diary of celebrated cultural days and events? 	
	<ul style="list-style-type: none"> • Access to reference books and other resources? 	
3	What is the frequency of training in cultural awareness, sensitivity or competence, so that caseworkers remain informed about the main cultures they provide services to?	6. Personal, organisational, or institutional barriers to culturally appropriate practice
	<ul style="list-style-type: none"> • Date of last training received in cultural competency training? 	
	<ul style="list-style-type: none"> • Date of session before last training received in cultural competency training? 	
E	Case planning and management	
1	At the case planning meeting, are the following data collected?	5. Examples of culturally in/appropriate practice
	<ul style="list-style-type: none"> • Dietary requirements 	
	<ul style="list-style-type: none"> • Interpreter arrangements 	
	<ul style="list-style-type: none"> • Cultural events or obligations 	
	<ul style="list-style-type: none"> • Religious observance 	
	<ul style="list-style-type: none"> • Other (list) 	
	<ul style="list-style-type: none"> • Family structure 	
2	Are children and their birth parents invited to express any requests regarding the support or services they feel are necessary or required to address their child's cultural needs?	
	<ul style="list-style-type: none"> • Yes/No 	

	<ul style="list-style-type: none"> Is this regular? 	
F	Cultural identity/preservation	
1	Do caseworkers:	5. Examples of culturally in/appropriate practice
	<ul style="list-style-type: none"> demonstrate respect and support for child’s cultural identity? If so, how? 	
	<ul style="list-style-type: none"> encourage child to express their own cultural and religious identity? If so, how? 	
	<ul style="list-style-type: none"> encourage child to express their sense (or lack) of belonging? If so, how? 	
G	Challenges for Caseworkers with ethnic minority children and their families	
1	List each type of challenge reported by caseworkers working with ethnic minority children and their families	6. Personal, organisational, or institutional barriers to culturally appropriate practice
2	For each challenge, how did the caseworker and/or agency address the challenge?	
3	Were the following types of common challenges reported?	
	<ul style="list-style-type: none"> Limited availability and accessibility of CALD foster carers 	
	<ul style="list-style-type: none"> Personal relationship between caseworker and client + reason/s why it’s strained (e.g. was removing caseworker the same as on-going caseworker?) 	
	<ul style="list-style-type: none"> Ethnic minority children denying their cultural identity 	
	<ul style="list-style-type: none"> Competing interests between the child and their birth parents regarding cultural or religious behaviours or practices 	
	<ul style="list-style-type: none"> Access to quality interpreting services 	
	<ul style="list-style-type: none"> Difficulty establishing links with cultural groups <ul style="list-style-type: none"> Why? Was this because the local area of the CSC has a low multicultural demographic? 	
	<ul style="list-style-type: none"> Inter-organisational challenges. If so, what? 	
	<ul style="list-style-type: none"> Intra-organisational challenges. If so, what? 	
	<ul style="list-style-type: none"> Insensitivity and lack of awareness amongst other community and government agencies especially regarding the importance of cultural and religious observances 	
	<ul style="list-style-type: none"> Encouraging colleagues to respect or at least understand the beliefs and practices associated with some cultures, which may at times conflict with Australian law or custom. Example, the subservient role of women in some culture or the practice of polygamy 	
	<ul style="list-style-type: none"> Providing intervention that is meaningful and within the control of the family 	
	<ul style="list-style-type: none"> Difficulty race-matching child and caseworker 	
	<ul style="list-style-type: none"> Challenges to respect a culture while acknowledging its limits 	
	<ul style="list-style-type: none"> Fear of being labelled a racist 	
	<ul style="list-style-type: none"> Ethnic minority caseworkers feeling like they are being seen as the ‘expert’ of all ethnic minority issues 	
	<ul style="list-style-type: none"> Separating and challenging firmly-held, but harmless, views based on faith from abusive behaviour 	

	<ul style="list-style-type: none"> Understand diversity and cultural difference and therefore understanding what is the norm and what is deviant 	
	<ul style="list-style-type: none"> Difficulty with the number of factors relevant to ethnic minority children and combining these factors in assessments 	
	<ul style="list-style-type: none"> Remain mindful of the rights of the child when considering the impact of culture 	
	<ul style="list-style-type: none"> Making hasty or intuitive judgments based on caseworkers own values and stereotypes 	
	<ul style="list-style-type: none"> Balancing social work practice with their own strong faith or cultural beliefs 	
	<ul style="list-style-type: none"> Lack of consensus between caseworkers about what abuse is across cultures 	
	<ul style="list-style-type: none"> Problems caseworkers have with ethnic minority children and their families: <ul style="list-style-type: none"> parental denial of abuse (and reason why) mental illness in carers parental intellectual or physical disability substance use domestic violence problems in differentiating accidental from non-accidental injuries (especially re: discipline versus physical abuse) safety of the child once the abuse has been disclosed difficulty of exactly assessing future risks lack of balance between care and control sympathy for the parents clouding perceptions of risk to the child communication difficulties 	
H	Presence of support or resiliency factors in the ethnic minority child and/or their family	
1	Does the child and/or their family report the following protective factors?	3. Types of strengths reported
	<ul style="list-style-type: none"> Comfortable with their cultural identity, Use extended family and community resources for support, Have a race-matched carer or role model Assistance for coping with racism and discrimination Perceptions of neighbourhood safety Other (list) 	
I	Problems ethnic minority children and their families experience	
1	Are the following problems reported for the child and/or their family?	2. Types of issues reported
	<ul style="list-style-type: none"> Language barriers Insecurity regarding finances, employment and/or housing 	

	<ul style="list-style-type: none"> • Lack of traditional support mechanisms such as family and friends 	
	<ul style="list-style-type: none"> • Cultural estrangement, social isolation or social alienation 	
	<ul style="list-style-type: none"> • Racism or misunderstandings due to cultural differences with any service provider 	
	<ul style="list-style-type: none"> • Family problems <ul style="list-style-type: none"> ○ children's behaviour ○ choice of marital partner ○ alienation from "Australianised" children ○ weakening of extended family ○ filial responsibility ○ choice of friends ○ dating ○ outings, social activities ○ occupational choice ○ education ○ pursuit of spare time ○ household management ○ female employment ○ mentality of parenting boys versus girls ○ school difficulties (e.g. child at school, parents with school, child with school peers) 	
	<ul style="list-style-type: none"> • Personal problems: <ul style="list-style-type: none"> ○ cultural conflict/accluturation ○ lack of self esteem and self confidence 	
	<ul style="list-style-type: none"> • Intergenerational conflict between children and their migrant parents when young migrants <ul style="list-style-type: none"> ○ Do children report wanting to reject the traditional cultural values of their parents? ○ Do children report a desire to leave home as a result of intergenerational conflict? ○ How do parents report dealing with conflicts because of generation or culture? 	
	<ul style="list-style-type: none"> • Lack of access to (formal or informal) childcare 	
	<ul style="list-style-type: none"> • Insufficient knowledge about community services and relevant support agencies (including ethno-specific ones) which can be contacted for assistance 	
	<ul style="list-style-type: none"> • Insufficient knowledge about alternative forms of disciplining children and parenting guidance 	
	<ul style="list-style-type: none"> • Children being used as interpreters or translators for their parents, even with highly sensitive or important information 	
	<ul style="list-style-type: none"> • Women experiencing abuse in the family against males being used as interpreters or translators 	

	<ul style="list-style-type: none"> • Lack of access to simple translated information about child protection laws and what constitutes child abuse 	
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ And how they are different from laws in their own country? 	
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ And what can be done about it? 	
	<ul style="list-style-type: none"> • Fear of authorities 	
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ misconception about the role of DoCS 	
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ negative experiences of authorities in their home countries 	
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Permanent residents or refugees may not report abuse or maltreatment for fear of non-receipt of citizenship 	
	<ul style="list-style-type: none"> • Protecting the family name (anything that a child does is seen as a reflection on the family name which must stay intact at all costs) 	
	<ul style="list-style-type: none"> • Fear of partner/spouse (especially in cultures where men are considered superior to women) 	
	<ul style="list-style-type: none"> • Fear that children may be taken away 	
	<ul style="list-style-type: none"> • Fear of the unknown (e.g. family doesn't know why DoCS is present) 	
	<ul style="list-style-type: none"> • For refugee children and their families: 	
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Family fragmentation 	
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Torture and trauma 	
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Physical and emotional neglect 	
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Fear of abandonment 	
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Fear of harm 	
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Educational neglect 	
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Any solutions proposed? 	

Appendix H: Data Tables

Table 15: Place in CPS case file currently in by ethnic group

Place in CPS case file currently in						
	Child protection	OOHC	Early intervention	Case closed	Restoration	Total
Chinese	12	4	1	2	1	20
Lebanese	10	1	2	7	0	20
Pacific	12	1	1	5	1	20
Vietnamese	6	1	1	10	2	20
Indigenous	14	2	0	3	1	20
Anglo	14	3	0	2	1	20
Total	68	12	5	29	6	120
%	57	10	4	24	5	100

Table 16: Sex of child by ethnic group

Sex of child			
	Male	Female	Total
Chinese	13	7	20
Lebanese	10	10	20
Pacific	11	9	20
Vietnamese	8	12	20
Indigenous	11	9	20
Anglo	9	11	20
Total	62	58	120
%	51.7	48.3	100

Table 17: Child's country of birth by ethnic group

Child's country of birth									
	Vietnam	Samoa	China	Australia	Other	Not stated	New Zealand	Taiwan	Total
Chinese	0	0	7	7	0	4	1	1	20
Lebanese	0	0	0	7	0	13	0	0	20
Pacific	0	1	0	7	0	7	5	0	20
Vietnamese	6	0	0	3	1	10	0	0	20
Indigenous	0	0	0	19	0	1	0	0	20
Anglo	0	0	0	14	0	6	0	0	20
Total	6	1	7	57	1	41	6	1	120
%	5	1	6	48	1	34	5	1	100

Table 18: Primary type of abuse and/or neglect by ethnic group

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

Table 19: Secondary types of abuse and/or neglect by ethnic group

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

Table 20: Co-morbidity of abuse and/or neglect by ethnic group

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

Appendix I: Resource Sheets for caseworkers with clients from the four target CALD groups

CHILD ABUSE AND NEGLECT AMONG FAMILIES OF CHINESE BACKGROUND

Physical abuse: The most common type of abuse or neglect reported is physical, and more often than not, the natural mother is the perpetrator. Part of its frequency can be explained by the cultural acceptability of using physical punishment to discipline children.

- Some parents will demonstrate insight into the harmful effects of physical punishment.
 - These parents require education about children’s right to safety as declared by the UN, legally acceptable forms of discipline in Australia, and alternative strategies for disciplining children in non-harmful ways. They also require recognition for their intentions and/or efforts to change their harmful behaviours.
- Some parents may not demonstrate insight into the harmful effects of physical punishment and will justify its use in the name of: (i) normative cultural practice, and/or (ii) the intention to raise ‘good’ (Chinese) children.
 - In the former case, parents may defend harmful cultural practices as part of a wider response to being (or fear of being) judged for their differences to the ‘mainstream’; an everyday lived experience for most (visibly different) minority groups in Australia.
 - These parents need to be educated about legally acceptable forms of discipline in Australia, but also need to be shown empathy for their larger socio-cultural experience as a migrant family (visibly different from the ‘mainstream’. By demonstrating a general or overall respect for their right to parent in their own culturally sanctioned ways, the parent may then feel less defensive about specific and harmful behaviours that may be acceptable in their culture of origin. Importantly, the caseworker should emphasise that it is only these specific behaviours that the caseworker is required to change, as part of their job in protecting children from harm, and that their intervention is not in relation to their whole culture. In this way, they can demonstrate empathy for their perceived and actual experience as a (visibly) different ‘other’ in Australia; show respect for the right to cultural difference in parenting styles and practices; and address any fear the family has of being assimilated (which is a form of disrespect to cultural difference).
 - In the latter case, parents who are otherwise loving and protective of their children and who use physical punishment with ‘good’ intention need to be differentiated from parents who use physical punishment with the intention of causing harm.
 - The first kind of parent needs to be educated about the difference between a ‘good intention but harmful outcome’ for the child, and a ‘good intention with a good outcome’ for the child.
 - There may be grounds for removal of children for parents of the second kind.
- **Awareness of the law:** Not all families are aware of legally acceptable forms of discipline in Australia, regardless of their length of residency. Caseworkers, no matter how frustrating it may be to repeat information, should explain the law in ways that do not belittle them or make them feel inferior for their lack of knowledge; to do so, is an abuse of professional and institutional power.
- **Reporting on cultural factors:** When caseworkers use cultural information to make assessments and decisions about the needs and best interest of a child of Chinese background, these must be reported in the case files. This at least demonstrates an attempt to meet or understand the cultural needs and context of that child, even if the strategy eventually proves not useful.
- **Education and scholastic achievement** are highly valued; they are a pathway toward higher social standing in the community. This is a common experience in families of collectivist cultures (cultures in which the family unit is seen as relatively more important to protect and nurture than the individual).
 - Parents who justify physical punishment for children who do not meet their academic standards (and which in turn causes them anxiety because of the threat this then causes to their standing in the community) may require two forms of intervention/engagement:

- *Change behaviour:* Parents need to be educated about legally acceptable and alternative forms of disciplining children, without being made to feel that their academic expectations are 'too high'; such an assessment in culturally judgemental and fails to respect their cultural context. In this way, caseworkers can demonstrate that they acknowledge the importance of education among families of Chinese background. Also, caseworkers should clarify their 'reference point' when making judgements – academic expectations may be high compared to a child of Anglo Saxon background but not in comparison to a child of Chinese background.
- *Change expectations:* It is more likely that families of Chinese background will change their expectations regarding academic achievement if they themselves are less interested in social standing. This intervention is risky as it may be misconstrued as an attempt to change cultural norms and behaviours.

Inadequate supervision: is also common. Level of insight may vary between families, with some showing an understanding of the dangers associated with being left alone, and others not.

Sexual abuse: Caseworkers need to be mindful of two cultural issues: (i) *Shame:* which may in part be related to cultural factors, but also to the experience of the abuse itself; and (ii) *Language:* families of Chinese background are typically 'Apollonian' in their expression – tending toward moderate expressiveness rather than extreme (known as 'Dionysian') expressiveness. This may impact the way disclosures are made.

Emotional abuse is, more often than not, a secondary type of abuse reported along with other types.

Neglect of basic needs may be reported, but is not as common as physical abuse or inadequate supervision.

Mental health and behavioural issues are some of the more common presentations among children of Chinese background experiencing abuse or neglect.

CAUSES OF, AND ISSUES ASSOCIATED WITH, ABUSE AND NEGLECT AMONG FAMILIES OF CHINESE BACKGROUND

Causes and issues associated with abuse and neglect include:

- Cultural factors:** *Gender issues:* favouring males over females; *Family privacy:* affects making disclosures and seeking help due to associated shame on family name; and *Mixed race:* parents of two different cultural backgrounds may clash on culturally normative parenting behaviours.
- Migration-related stressors:** *Language issues:* need for an interpreter, and a form of keeping matters private within the family; *Financial issues:* may have come to Australia 'for a better life'; *Lack of family support/social isolation:* less help available to raise children; *Fear of deportation:* affects making disclosures and seeking help; *Intergenerational conflict:* will reflect both cultural differences (in acculturation) and developmental differences (in age), and may be the cause of conflict in the family if children breach hierarchical power structures and norms of family privacy to seek external assistance; and *Illegal citizenship status:* affects making disclosures and seeking help.
- General issues common to all groups regardless of cultural background:** *Domestic violence:* most common general issue (also need to be mindful of reverse DV in which the male is the victim); *Mental health issues in the carer:* second most common general issue; Alcohol and drug issues; Gambling; and Housing needs.

ENGAGING WITH FAMILIES OF CHINESE BACKGROUND

Strengths that some families of Chinese background may demonstrate include willingness to engage with services; positive, engaging, and resilient dispositions in children; and preservation of cultural heritage.

Common issues with DHS: As with all families regardless of their cultural background, families of Chinese background report experiences of abuse and dissatisfaction in the foster care system, and frustrations, disappointment, disempowerment, and sadness with removal. Lack of awareness or understanding about the role and power of DHS may be an issue for some families.

Culturally appropriate practice: Three main types of culturally appropriate practice may be used: (i) *Consultation with multicultural caseworkers* – to help differentiate between 'cultural' and 'harmful' (i.e. find the balance between cultural acceptability and non-harmful parenting), (ii) *Culturally appropriate analysis by caseworkers* – to ensure the relevant cultural context is used to assess and make decisions for the child of Chinese background, and not use a standard or norms that are not culturally applicable, and (iii) *Culturally sensitive engagement with families* – to empower, educate, refer (to culturally appropriate personnel and services), practically assist, comprehensively inform, support the preservation of culture, and respectfully engage with families of Chinese background, (and despite the time-intensive nature of working with interpreters).

Culturally inappropriate practice: Three main types of culturally inappropriate practice may occur: (i) *Over-intervention* (i.e. the type of intervention is not culturally inappropriate but the amount of intervention is unnecessary because the balance between 'culture' and 'harm' has not been accurately identified for that family), (ii) *Failure to understand or meet cultural needs* (i.e. the type of intervention that would be culturally appropriate is absent, e.g. judging parental displays of affection according to culturally irrelevant standards, or breaching confidentiality), and (iii) *Provision of culturally inappropriate services* (i.e. the type of intervention provided is not culturally appropriate and reflects the cultural needs for children of other groups but not children of Chinese background; e.g. attempting to change cultural norms and values such as scholastic achievement that underpin some harmful parenting behaviours).

Issues in the field: Caseworkers may experience some of the following barriers to good practice with families of Chinese background: time cost of interpreters, financial cost of translators, families requiring an interpreter but refusing to use one, CALD families using low English proficiency to minimise responsibility for harmful parenting behaviours, lack of willingness to engage with DHS or other services, CALD caseworkers projecting or over-identifying with issues of CALD clients, resource constraints such as short staffing, lack of availability of culturally and geographically appropriate refuges and other services, the lack of specificity for what constitutes "CALD protocols" on various DHS forms, lack of guidance on how to report the ethnic backgrounds of children, and reducing cultural needs to language ones (sometimes in an effort to save time) or as being applicable only to Indigenous Australians.

CHILD ABUSE AND NEGLECT AMONG FAMILIES OF LEBANESE BACKGROUND

Physical abuse: The most common type of abuse or neglect reported is physical, and the chances the perpetrator is the mother or the father is relatively equal. Part of its frequency can be explained by the cultural acceptability of using physical punishment to discipline children.

- Some parents will demonstrate insight into the harmful effects of physical punishment.
 - These parents require education about children's right to safety as declared by the UN, legally acceptable forms of discipline in Australia, and alternative strategies for disciplining children in non-harmful ways. They also require recognition for their intentions and/or efforts to change their harmful behaviours.
- Some parents may not demonstrate insight into the harmful effects of physical punishment and will justify its use in the name of: (i) normative cultural practice, and/or (ii) the intention to raise 'good' (Lebanese) children.
 - In the former case, parents may defend harmful cultural practices as part of a wider response to being (or fear of being) judged for their differences to the 'mainstream'; an everyday lived experience for most (visibly different) minority groups in Australia.
 - These parents need to be educated about legally acceptable forms of discipline in Australia, but also need to be shown empathy for their larger socio-cultural experience as a migrant family (visibly different from the 'mainstream'). By demonstrating a general or overall respect for their right to parent in their own culturally sanctioned ways, the parent may then feel less defensive about specific and harmful behaviours that may be acceptable in their culture of origin. Importantly, the caseworker should emphasise that it is only these specific behaviours that the caseworker is required to change, as part of their job in protecting children from harm, and that their intervention is not in relation to their whole culture. In this way, they can demonstrate empathy for their perceived and actual experience as a (visibly) different 'other' in Australia; show respect for the right to cultural difference in parenting styles and practices; and address any fear the family has of being assimilated (which is a form of disrespect to cultural difference).
 - In the latter case, parents who are otherwise loving and protective of their children and who use physical punishment with 'good' intention need to be differentiated from parents who use physical punishment with the intention of causing harm.
 - The first kind of parent needs to be educated about the difference between a 'good intention but harmful outcome' for the child, and a 'good intention with a good outcome' for the child.
 - There may be grounds for removal of children for parents of the second kind.
- **Awareness of the law:** Not all families are aware of legally acceptable forms of discipline in Australia, regardless of their length of residency. Caseworkers, no matter how frustrating it may be to repeat information, should explain the law in

ways that do not belittle them or make them feel inferior for their lack of knowledge; to do so, is an abuse of professional and institutional power.

- **Reporting on cultural factors:** When caseworkers use cultural information to make assessments and decisions about the needs and best interest of a child of Lebanese background, these must be reported in the case files. This at least demonstrates an attempt to meet or understand the cultural needs and context of that child, even if the strategy eventually proves not useful.

Inadequate supervision: is also relatively common. Level of insight may vary between families, with some showing an understanding of the dangers associated with being left alone, and others not. Also, perceived dangers (risk perception) may differ depending on length of residency in Australia as newly arrived migrants may perceive dangers differently. Culturally (and legally), this form of 'neglect' may be related to differences in norms about the age-appropriateness of leaving children unsupervised. Caseworkers should be mindful of (culturally) judging children as 'parentified' and 'unsafe'.

Neglect of basic needs is also relatively common, and may span the range of nutritional, educational, medical, and housing neglect.

Sexual abuse: may be reported, but is not as common as physical abuse, inadequate supervision, or neglect of basic needs. Caseworkers need to be mindful of a possibly cultural issue, namely, denial to save face. This may also be related to the shame associated with sexual abuse, regardless of cultural background.

Emotional abuse is, more often than not, a secondary type of abuse reported along with other types.

Behavioural issues are the most common presentations among children of Lebanese background experiencing abuse or neglect. However, other presentations may also include mental health issues, sexualised behaviour, and runaways.

CAUSES OF, AND ISSUES ASSOCIATED WITH, ABUSE AND NEGLECT AMONG FAMILIES OF LEBANESE BACKGROUND

Causes and issues associated with abuse and neglect include:

- (i) **Cultural factors:** *Gender issues:* male children relatively more likely to be physically assaulted than female children; *Family privacy:* affects making disclosures and seeking help due to associated shame on family name; and *Mixed race:* parents of two different cultural backgrounds may clash on culturally normative parenting behaviours.
- (ii) **Migration-related stressors:** *Language issues:* need for an interpreter, and a form of keeping matters private within the family; *Lack of family support/social isolation:* less help available to raise children; and *Intergenerational conflict:* will reflect both cultural differences (in acculturation) and developmental differences (in age), and may be the cause of conflict in the family if children breach hierarchical power structures and norms of family privacy to seek external assistance.
- (iii) **General issues common to all groups regardless of cultural background:** *Domestic violence:* most common general issue (need to be mindful of how these are tied in with gender issues, family shame, family cohesion, and religion); *Mental health issues in the carer:* second most common general issue; Alcohol and drug issues (relatively common); Threat of homelessness and housing needs; and Financial issues.

ENGAGING WITH FAMILIES OF LEBANESE BACKGROUND

Strengths that some families of Lebanese background may demonstrate include willingness to engage with services; positive, engaging, and resilient dispositions in children; extended family and community support; and preservation of cultural heritage.

Common issues with DHS: As with all families regardless of their cultural background, families of Lebanese background report experiences of abuse and dissatisfaction in the foster care system, and frustrations, disappointment, disempowerment, and sadness with removal. Lack of awareness or understanding about the role and power of DHS may be an issue for some families.

Culturally appropriate practice: Three main types of culturally appropriate practice may be used: (i) *Consultation with multicultural caseworkers* – to help differentiate between 'cultural' and 'harmful' (i.e. find the balance between cultural acceptability and non-harmful parenting), (ii) *Culturally appropriate analysis by caseworkers* – to ensure the relevant cultural context is used to assess and make decisions for the child of Lebanese background, and not use a standard or norms that are not culturally applicable, and (iii) *Culturally sensitive engagement with families* – to empower, educate, refer (to culturally appropriate personnel and services), practically assist, comprehensively inform, support the preservation of culture, and respectfully engage with families of Lebanese background, (and despite the time-intensive nature of working with interpreters).

Culturally inappropriate practice: Three main types of culturally inappropriate practice may occur: (i) *Over-intervention* (i.e. the type of intervention is not culturally inappropriate but the amount of intervention is unnecessary because the balance between 'culture' and 'harm' has not been accurately identified for that family), (ii) *Failure to understand or meet cultural needs* (i.e. the type of intervention that would be culturally appropriate is absent, e.g. judging parental displays of affection according to culturally irrelevant standards, or breaching confidentiality), and (iii) *Provision of culturally inappropriate services* (i.e. the type

of intervention provided is not culturally appropriate and reflects the cultural needs for children of other groups but not children of Lebanese background; e.g. attempting to change cultural norms that underpin some harmful parenting behaviours).

Issues in the field: Caseworkers may experience some of the following barriers to good practice with families of Lebanese background: time cost of interpreters, financial cost of translators, families requiring an interpreter but refusing to use one, CALD families using low English proficiency to minimise responsibility for harmful parenting behaviours, lack of willingness to engage with DHS or other services, CALD caseworkers projecting or over-identifying with issues of CALD clients, resource constraints such as short staffing, lack of availability of culturally and geographically appropriate refuges and other services, the lack of specificity for what constitutes “CALD protocols” on various DHS forms, lack of guidance on how to report the ethnic backgrounds of children, and reducing cultural needs to language ones (sometimes in an effort to save time) or as being applicable only to Indigenous Australians.

CHILD ABUSE AND NEGLECT AMONG FAMILIES OF PACIFIC ISLANDER BACKGROUND

Physical abuse: The most common type of abuse or neglect reported is physical, and somewhat more often than not, the natural mother is the perpetrator. Part of its frequency can be explained by the cultural acceptability of using physical punishment to discipline children.

- Some parents will demonstrate insight into the harmful effects of physical punishment.
 - These parents require education about children’s right to safety as declared by the UN, legally acceptable forms of discipline in Australia, and alternative strategies for disciplining children in non-harmful ways. They also require recognition for their intentions and/or efforts to change their harmful behaviours.
- Some parents may not demonstrate insight into the harmful effects of physical punishment and will justify its use in the name of: (i) normative cultural practice, and/or (ii) the intention to raise ‘good’ (Samoan or Tongan) children.
 - In the former case, parents may defend harmful cultural practices as part of a wider response to being (or fear of being) judged for their differences to the ‘mainstream’; an everyday lived experience for most (visibly different) minority groups in Australia.
 - These parents need to be educated about legally acceptable forms of discipline in Australia, but also need to be shown empathy for their larger socio-cultural experience as a migrant family (visibly different from the ‘mainstream’). By demonstrating a general or overall respect for their right to parent in their own culturally sanctioned ways, the parent may then feel less defensive about specific and harmful behaviours that may be acceptable in their culture of origin. Importantly, the caseworker should emphasise that it is only these specific behaviours that the caseworker is required to change, as part of their job in protecting children from harm, and that their intervention

is not in relation to their whole culture. In this way, they can demonstrate empathy for their perceived and actual experience as a (visibly) different 'other' in Australia; show respect for the right to cultural difference in parenting styles and practices; and address any fear the family has of being assimilated (which is a form of disrespect to cultural difference).

- In the latter case, parents who are otherwise loving and protective of their children and who use physical punishment with 'good' intention need to be differentiated from parents who use physical punishment with the intention of causing harm.
 - The first kind of parent needs to be educated about the difference between a 'good intention but harmful outcome' for the child, and a 'good intention with a good outcome' for the child.
 - There may be grounds for removal of children for parents of the second kind.
- **Awareness of the law:** Not all families are aware of legally acceptable forms of discipline in Australia, regardless of their length of residency. Caseworkers, no matter how frustrating it may be to repeat information, should explain the law in ways that do not belittle them or make them feel inferior for their lack of knowledge; to do so, is an abuse of professional and institutional power.
 - Some families may abide by Australian law, but internally endorse the cultural acceptability of physical punishment. This is not exclusive to families of Pacific Islander background. These families should be acknowledged for the control of harmful behaviours and differentiated from those who are not aware of the law and from those who aware and yet, still continue to cause harm to their children.
 - Some religious fundamentalists may also believe that they are excluded from Australian law and answer only to their God.
- **Reporting on cultural factors:** When caseworkers use cultural information to make assessments and decisions about the needs and best interest of a child of Pacific Islander background, these must be reported in the case files. This at least demonstrates an attempt to meet or understand the cultural needs and context of that child, even if the strategy eventually proves not useful.

Sexual abuse: is relatively common. Caseworkers need to be mindful of the possibly cultural issues of shame and denial, and to separate cultural factors these from those common to the experience of this abuse itself.

Inadequate supervision and neglect of basic needs: are common secondary issues reported along with other types of abuse or neglect. This could in part be related to systemic poverty and not cultural issues. Level of insight may vary between families, with some showing an understanding of the dangers associated with being left alone, and others not. Neglect of basic needs can cover nutritional, educational, medical, and housing neglect.

Emotional abuse is, more often than not, a secondary type of abuse reported along with other types.

Mental health and behavioural issues are some of the more common presentations among children of Pacific Islander background experiencing abuse or neglect. However, other presentations can include sexualised behaviour, health issues, criminal activity, and runaways.

CAUSES OF, AND ISSUES ASSOCIATED WITH, ABUSE AND NEGLECT AMONG FAMILIES OF PACIFIC ISLANDER BACKGROUND

Causes and issues associated with abuse and neglect include:

- (i) **Cultural factors:** *Gender issues:* favouring males over females; and *Family privacy:* affects making disclosures and seeking help due to associated shame on family name.
- (ii) **Migration-related stressors:** *Lack of family support/social isolation:* less help available to raise children; and *Language issues:* need for an interpreter, and a form of keeping matters private within the family.
- (iii) **General issues common to all groups regardless of cultural background:** *Domestic violence:* most common general issue; *Mental health issues in the carer:* relatively common; *Alcohol and drug issues:* relatively common; Threat of homelessness and housing issues; Financial issues.

ENGAGING WITH FAMILIES OF PACIFIC ISLANDER BACKGROUND

Strengths that some families of Pacific Islander background may demonstrate include willingness to engage with services; positive, engaging, insightful, and resilient dispositions in children and carers; belonging to a church group; extended family and community support; and preservation of cultural heritage.

Common issues with DHS: As with all families regardless of their cultural background, families of Pacific Islander background report experiences of abuse and dissatisfaction in the foster care system, and frustrations, disappointment, disempowerment, and sadness with removal. Lack of awareness or understanding about the role and power of DHS may be an issue for some families.

Culturally appropriate practice: Three main types of culturally appropriate practice may be used: (i) *Consultation with multicultural caseworkers* – to help differentiate between ‘cultural’ and ‘harmful’ (i.e. find the balance between cultural acceptability and non-harmful parenting), (ii) *Culturally appropriate analysis by caseworkers* – to ensure the relevant cultural context is used to assess and make decisions for the child of Pacific Islander background, and not use a standard or norms that are not culturally applicable, and (iii) *Culturally sensitive engagement with families* – to empower, educate, refer (to culturally appropriate personnel and services), practically assist, comprehensively inform, support the preservation of culture, and respectfully engage with families of Pacific Islander background, (and despite the time-intensive nature of working with interpreters).

Culturally inappropriate practice: Three main types of culturally inappropriate practice may occur: (i) *Over-intervention* (i.e. the type of intervention is not culturally inappropriate but the amount of intervention is unnecessary because the balance between ‘culture’ and ‘harm’ has not been accurately identified for that family), (ii) *Failure to understand or meet cultural needs* (i.e. the type of intervention that would be culturally appropriate is absent, e.g. judging parental displays of affection according to culturally irrelevant standards, breaching confidentiality, or ethnically matching caseworkers with families), and (iii) *Provision of culturally inappropriate services* (i.e. the type of intervention provided is not culturally appropriate and reflects the cultural needs for children of other groups but not children of Pacific Islander background; e.g. attempting to change cultural norms that underpin some harmful parenting behaviours).

Issues in the field: Caseworkers may experience some of the following barriers to good practice with families of Pacific Islander background: time cost of interpreters, financial cost of translators, families requiring an interpreter but refusing to use one, CALD families using low English proficiency to minimise responsibility for harmful parenting behaviours, lack of willingness to engage with DHS or other services, CALD caseworkers projecting or over-identifying with issues of CALD clients, resource constraints such as short staffing, lack of availability of culturally and geographically appropriate refuges and other services, the lack of specificity for what constitutes “CALD protocols” on various DHS forms, lack of guidance on how to report the ethnic backgrounds of children, and reducing cultural needs to language ones (sometimes in an effort to save time) or as being applicable only to Indigenous Australians.

CHILD ABUSE AND NEGLECT AMONG FAMILIES OF VIETNAMESE BACKGROUND

Physical abuse: The most common type of abuse or neglect reported is physical, and there is a relatively equal chance that the perpetrator is the natural mother or the natural father. Part of its frequency can be explained by the cultural acceptability of using physical punishment to discipline children.

- Some parents will demonstrate insight into the harmful effects of physical punishment.

- These parents require education about children's right to safety as declared by the UN, legally acceptable forms of discipline in Australia, and alternative strategies for disciplining children in non-harmful ways. They also require recognition for their intentions and/or efforts to change their harmful behaviours.
- Some parents may not demonstrate insight into the harmful effects of physical punishment and will justify its use in the name of: (i) normative cultural practice, and/or (ii) the intention to raise 'good' (Vietnamese) children.
 - In the former case, parents may defend harmful cultural practices as part of a wider response to being (or fear of being) judged for their differences to the 'mainstream'; an everyday lived experience for most (visibly different) minority groups in Australia.
 - These parents need to be educated about legally acceptable forms of discipline in Australia, but also need to be shown empathy for their larger socio-cultural experience as a migrant family (visibly) different from the 'mainstream'. By demonstrating a general or overall respect for their right to parent in their own culturally sanctioned ways, the parent may then feel less defensive about specific and harmful behaviours that may be acceptable in their culture of origin. Importantly, the caseworker should emphasise that it is only these specific behaviours that the caseworker is required to change, as part of their job in protecting children from harm, and that their intervention is not in relation to their whole culture. In this way, they can demonstrate empathy for their perceived and actual experience as a (visibly) different 'other' in Australia; show respect for the right to cultural difference in parenting styles and practices; and address any fear the family has of being assimilated (which is a form of disrespect to cultural difference).
 - In the latter case, parents who are otherwise loving and protective of their children and who use physical punishment with 'good' intention need to be differentiated from parents who use physical punishment with the intention of causing harm.
 - The first kind of parent needs to be educated about the difference between a 'good intention but harmful outcome' for the child, and a 'good intention with a good outcome' for the child.
 - There may be grounds for removal of children for parents of the second kind.
- **Awareness of the law:** Not all families are aware of legally acceptable forms of discipline in Australia, regardless of their length of residency. Caseworkers, no matter how frustrating it may be to repeat information, should explain the law in ways that do not belittle them or make them feel inferior for their lack of knowledge; to do so, is an abuse of professional and institutional power.
 - Some families may abide by Australian law, but internally endorse the cultural acceptability of physical punishment. This is not exclusive to families of Vietnamese background. These families should be acknowledged for the control of harmful behaviours, and differentiated from those who are not aware of the law, and from those who are aware and yet still continue to cause harm to their children.
- **Reporting on cultural factors:** When caseworkers use cultural information to make assessments and decisions about the needs and best interest of a child of Vietnamese background, these must be reported in the case files. This at least demonstrates an attempt to meet or understand the cultural needs and context of that child, even if the strategy eventually proves not useful.
- **Education and scholastic achievement** are highly valued; they are a pathway toward higher social standing in the community. This is a common experience in families of collectivist cultures (cultures in which the family unit is seen as relatively more important to protect and nurture than the individual).
 - Parents who justify physical punishment on children who do not meet their academic standards (and which in turn causes them anxiety because of the threat this then causes to their standing in the community) may require two forms of intervention/engagement:
 - *Change behaviour:* Parents need to be educated about legally acceptable and alternative forms of disciplining children, without being made to feel that their academic expectations are 'too high'; such an assessment in culturally judgemental and fails to respect their cultural context. In this way, caseworkers can demonstrate that they acknowledge the importance of education among families of Vietnamese background. Also, caseworkers should clarify their 'reference point' when making judgements – academic expectations may be high compared to a child of Anglo Saxon background but not in comparison to a child of Vietnamese background.
 - *Change expectations:* It is more likely that families of Vietnamese background will change their expectations regarding academic achievement if they themselves are less interested in social standing. This intervention is risky as it may be misconstrued as an attempt to change cultural norms and behaviours.

Emotional abuse is common, both as a primary and secondary type of abuse.

Sexual abuse: Caseworkers need to be mindful of the possibly cultural issues of shame and denial, and to separate cultural factors these from those common to the experience of this abuse itself.

Inadequate supervision: is common, especially as a secondary type of abuse or neglect. Level of insight may vary between families, with some showing an understanding of the dangers associated with being left alone, and others not.

Neglect of basic needs may be reported, but is not as common as physical abuse, emotional abuse, or inadequate supervision.

Mental health issues are some of the more common presentations among children of Vietnamese background experiencing abuse or neglect. Behavioural issues, sexualised behaviour, and runways may also be reported.

CAUSES OF, AND ISSUES ASSOCIATED WITH, ABUSE AND NEGLECT AMONG FAMILIES OF VIETNAMESE BACKGROUND

Causes and issues associated with abuse and neglect include:

- (i) **Cultural factors:** *Family privacy:* affects making disclosures and seeking help due to associated shame on family name.
- (ii) **Migration-related stressors:** *Language issues:* need for an interpreter, and a form of keeping matters private within the family; *Lack of family support/social isolation:* less help available to raise children; and *Intergenerational conflict:* will reflect both cultural differences (in acculturation) and developmental differences (in age), and may be the cause of conflict in the family if children breach hierarchical power structures and norms of family privacy to seek external assistance.
- (iii) **General issues common to all groups regardless of cultural background:** *Domestic violence:* most common general issue; *Alcohol and drug issues:* relatively common; *Mental health issues in the carer:* relatively common; Gambling and financial issues; and Housing needs.

ENGAGING WITH FAMILIES OF VIETNAMESE BACKGROUND

Strengths that some families of Chinese background may demonstrate include willingness to engage with services; positive, engaging, and resilient dispositions in children; large extended family support; and preservation of cultural heritage.

Common issues with DHS: As with all families regardless of their cultural background, families of Chinese background report experiences of abuse and dissatisfaction in the foster care system, and frustrations, disappointment, disempowerment, and sadness with removal. Lack of awareness or understanding about the role and power of DHS may be an issue for some families.

Culturally appropriate practice: Three main types of culturally appropriate practice may be used: (i) *Consultation with multicultural caseworkers* – to help differentiate between ‘cultural’ and ‘harmful’ (i.e. find the balance between cultural acceptability and non-harmful parenting), (ii) *Culturally appropriate analysis by caseworkers* – to ensure the relevant cultural context is used to assess and make decisions for the child of Vietnamese background, and not use a standard or norms that are not culturally applicable, and (iii) *Culturally sensitive engagement with families* – to empower, educate, refer (to culturally appropriate personnel and services), practically assist, comprehensively inform, support the preservation of culture, and respectfully engage with families of Vietnamese background, (and despite the time-intensive nature of working with interpreters).

Culturally inappropriate practice: Three main types of culturally inappropriate practice may occur: (i) *Over-intervention* (i.e. the type of intervention is not culturally inappropriate but the amount of intervention is unnecessary because the balance between ‘culture’ and ‘harm’ has not been accurately identified for that family), (ii) *Failure to understand or meet cultural needs* (i.e. the type of intervention that would be culturally appropriate is absent, e.g. judging parental displays of affection according to culturally irrelevant standards, or breaching confidentiality), and (iii) *Provision of culturally inappropriate services* (i.e. the type of intervention provided is not culturally appropriate and reflects the cultural needs for children of other groups but not children of Vietnamese background; e.g. attempting to change cultural norms that underpin some harmful parenting behaviours).

Issues in the field: Caseworkers may experience some of the following barriers to good practice with families of Vietnamese background: time cost of interpreters, financial cost of translators, families requiring an interpreter but refusing to use one, lack of willingness to engage with DHS or other services, resource constraints such as short staffing, the lack of specificity for what constitutes “CALD protocols” on various DHS forms, lack of guidance on how to report the ethnic backgrounds of children, and reducing cultural needs to language ones (sometimes in an effort to save time).