‘Normalising the novel’: How is culture addressed in child protection work with families of non-English speaking background (NESB) in Australia?

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Thus, this manuscript has not been published previously and is not under consideration for publication elsewhere but is part of a published Governmental report.

Conflict of interest

There is no known conflict of interest.

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Abstract

In order to address the need for empirical evidence in Australia, we conducted a review of 120 randomly selected case files of children from non-English speaking, Indigenous and Anglo backgrounds, as well as 46 qualitative interviews with NESB client families and caseworkers who service them to explore how culture is addressed in child protection work. Overall, the results showed that compared to Indigenous families the issue of culture for NESB families receives less consideration, and compared to Anglo families receives more consideration. To ensure cross-cultural parity in service delivery, it is important that culture is neither overlooked nor used to essentialise the needs and experiences of NESB families. Balancing the amount of attention that culture receives in child protection work may help ‘normalise the novel’; that is, reduce the use of cultural stereotypes without reducing the significance of cultural factors in child protection work with culturally non-mainstream NESB families.

Keywords

Child protection, cultural competency, minority ethnic, cross-cultural parity, stereotypes, child abuse and neglect.

Short title

Culture and child protection in Australia

1 Introduction

1.1 Background

Fifteen percent of children in the New South Wales (NSW) child protection system (CPS) in Australia come from families where a language other than English is spoken at home (NSW FACS MSU¹, 2008)². Although this representation is not proportionate to the representation of people from non-English speaking backgrounds (NESB) in Australia's general population, at 24% (ABS³, 2007), it is still important that child protection systems be aware of, and are properly equipped to deal with, differences in parenting and family functioning across different ethnic groups so as best to protect all children from harm.

Empirical evidence examining the needs and experiences of NESB families in the CPS and how best to meet them is notably absent in the Australian literature (Myfanwy, Higgins, valentine & Lamont, 2011; Cashmore, Higgins, Bromfield & Scott, 2006). In comparison, the theoretical and empirical literature is more developed in similar multicultural countries such as the USA (e.g. Korbin, 2008; Connolly, Crichton-Hill & Ward, 2006; Fontes, 2005) and UK (Maitra 2005; Thoburn, Chand & Proctor, 2005; Owusu-Bempha, 1999).

To address this gap, the NSW Department of Family and Community Services (FACS) funded a large scale study three-year study. The research was conducted between 2007 and 2010 and was comprised of three stages: literature review, case file review, and interviews with caseworkers and NESB families involved with the CPS. This paper reports on findings from the latter two stages of this project. While the focus here is on the Australian context, results may have transferability to other similar multicultural countries like the USA and UK.

1.2 Literature review: What do we know so far about culture and child protection?

The importance of delivering a culturally competent service to NESB families is well established in the (mostly international) literature. Interestingly, ethnic groups differ from one another in a number of ways including

¹ The New South Wales (NSW) Department of Family and Community Services' (FACS) Multicultural Services Unit (MSU).

²The NSW FACS MSU estimate that this proportion rises to 20% after adjusting for the over-representation of Indigenous children in the NSW CPS, in which about 25% are Indigenous. Note: In NSW, the child protection system is inclusive of open cases as well as those in out of home care (Author 1, 2011a).

³ Australian Bureau of Statistics.

culture, language, race, and religion (O'Hagan, 1999), as well as in their experiences of racism and discrimination (Feagin & McKinney, 2003; Cazaneve & Maddern, 1999), and social and economic opportunities. Yet, the very term 'cultural competency' shows that of all these differences, culture is seen to be the most important. In light of this, defining 'culture' before being able to define 'cultural competency', becomes crucial.

It is widely acknowledged that culture defies an easy definition. As it is a fluid and on-going process that is constantly changing (Quin, 2008), any definition of cultural norms and practices is contingent upon and subject to variation over time and context. Having said that, the difficulty associated with defining culture should not impede a meaningful discussion of what culture is at some 'basic' level and how it may impact on culturally competent child protection work. For this purpose, we use the dichotomy between individualism and collectivism. This definition of culture is consistent with other researchers in the field (e.g. Maitra, 2005; Shalhoub-Kevorkian, 2005; Al-Krenawi & Graham, 2001; Hesketh, Shu Hong & Lynch, 2000; Owusu-Bempha, 1999).

Broadly, individualist cultures view the individual to be the primary unit of society, whereas collectivist cultures view the family to be the primary unit (Bond, 2002; Hofstede, 1980). Generally, the white English-speaking mainstream is high on individualism and NESB groups are typically high on collectivism. For example, USA, Australia and UK are the top three ranking countries in individualism and this trend has persisted over time (Hofstede, 1980, 2001), and some of the largest NESB groups in Australia include Italian, Chinese, Vietnamese, Filipinos, Indians and Malaysians (ABS, 2007), all of whose cultures have persistently ranked high on 'collectivism' (Hofstede, 1980, 2001).

Unfortunately, these categorical terms are also reductionistic and so are not sufficiently sensitive to the nuanced or idiosyncratic ways that individuals from both the majority and minority groups are affected by multiculturalism. Nevertheless, this dichotomous classification is still seen as important in the context of child protection practice for two main reasons. Firstly, it delineates fundamentally different attitudes towards children's wellbeing in different cultures. Specifically, it highlights that there are cultural differences in the relative importance of the individual in relation to the group. Secondly, the distinction is inclusive of all cultures which can help to ensure that culture is not just seen as relevant to NESB groups, but rather all groups in the CPS including Indigenous and Anglo Australians.

It is also important to note that cultural differences interact with a wide range of other variables such as socio-economic factors, age, sex, area of residence, racism, disability, and sexuality. Thus, each of these also have a bearing on the unique experiences of NESB (and other) people and families.

Further still, but specific to NESB groups, culture is a significant issue because NESB families may fear that their culture is under threat of being lost or assimilated to the dominant mainstream culture. As a result, cultural preservation can become an important factor affecting parenting and family functioning.

In short, culture is a complicated construct, permeating many other facets of everyday life including the preservation of culture and identity and this complexity is brought into child protection practice in the way it is understood and addressed for children and families. Thus the importance of addressing culture for NESB groups cannot be underestimated.

Research investigating culture and cultural competency has been criticised as slow to develop. For example, Welbourne of the UK said in 2002 that “culturally competent practice is so fundamental in child protection interventions that one might expect a well developed literature on the subject ... in fact the literature is surprisingly small” (p. 345). Despite the ‘slow start’, some important findings have emerged from the growing body of work.

One such finding emerges from the research in the USA which has shown that *overall* rates of abuse and neglect do not differ across cultures (Johnson, Clark, Donald, Pedersen & Pichotta, 2007) but that there are cross cultural discrepancies in each of the *types* of abuse (physical, emotional, and sexual) or neglect (e.g. inadequate supervision, nutrition, housing, and education). For example, Hispanic Americans are under-represented generally in the child protection system compared to their representation in the general population, but are over-represented for reports of sexual abuse (Futa, Hsu & Hansen, 2001). Similarly in the UK, Thoburn et al. (2005) reports that physical abuse is more prevalent among Anglo-Saxon families than black families, and sexual abuse is higher among those of biracial heritage. Such extensive empirical research on cross-cultural rates of abuse and neglect in Australia is yet to be conducted. Culture may be one reason that explains these differences. For example, research has shown that physical punishment as a method of discipline is considered a normal aspect of child rearing in Greece (Trojan et al., 2001), Lebanon (Al-Din & Al-Hayak, 1995), Samoa (Pelczarski & Kemp, 2006), and China (Qiao & Chan, 2005); akin to the Western saying ‘spare the rod and spoil the child’.

[Note: while there is a literature to support the idea that culture may in part explain ethnic differences in rates of

physical abuse, there is no corollary literature on the relationship between culture and sexual abuse]. Literature on Indigenous families also focuses on cultural factors. For example, Author 2 and colleagues (2010) found that Aboriginal families in Australia typically have a laissez-faire approach to parenting which can be mislabelled as neglect.

Notably, cultural factors that could underpin abuse or neglect among Anglo families has not been explored in previous research. This suggests that culture may be receiving disproportionate attention when explaining causes of abuse or neglect for NESB groups. To balance this out, the effects of non-cultural factors for NESB groups (and the effects of cultural factors for Anglo families, although not the focus of this study) need to also be acknowledged. The literature suggests that there are three possible types of non-cultural factors.

The first is migration-related stress. Previous research has identified a number of factors unique to the migrant experience, and which may contribute to ineffective parenting and family functioning. These include, but are not limited to, migration stress (Giglio, 1997), acculturative stress (Berry, 1980), displaced sense of belonging and cultural identity (Omar, 2005), perceived or experienced racism and discrimination (Feagin & McKinney, 2003), intergenerational conflict (Giglio, 1997), low English proficiency, insufficient awareness of institutional systems and local services available, loss or lack of extended family, social and community supports, poor settlement experience in the period after arrival in the new country, socioeconomic disadvantage (Webb, Maddocks & Bongilli, 2002; Westby, 2007), lack of awareness of child protection laws and systems (Babacan, 2006) and fear of authority (Author 1, 2011a).

The second non-cultural factor may be the systematic bias of poverty. According to Chand (2000), minority ethnic children in the UK are more likely to come to the attention of child protection authorities because of their disproportionate representation among the poor. That is, by virtue of being exposed to and in contact with other social services due to socio-economic factors, class instead of race more explains their over-representation in the CPS. This hypothesis is known in the literature as the ‘exposure bias’ (Chand, 2005). There is well established evidence for class-based theories of over-representation of NESB children in the CPS (e.g. Chand, 2005; Fontes, 2005; Cahn, 2002)

Finally, (over-)representation in the CPS may occur because of culturally biased institutional processes and organisational practices, predicated on the use of one cultural norm for assessing abuse and neglect. In the words of Connolly et al. (2006, p. 47), “tools and instruments are used in child protection organisations in the belief

that they are culturally neutral, universal, and appropriate to all. This assumption fails to recognise that child protection practice is closely related to the cultural environments within which it is developed. Given that tools are generally developed from research undertaken with Western, English speaking people, they may not be applicable to other ethnic groups”.

If risk of harm assessments are made against the mainstream’s cultural norms, and as a result culturally normative care-giving behaviours are mislabelled as abusive or neglectful, then this can lead to a risk of pathologising other cultures and ignoring their strengths (Chand, 2000) as if “their cultures and lifestyles are inherently problematic and need correcting” (Singh 1992, cited in Chand, 2000, p. 67). While NESB families have several strengths, one of the most commonly cited protective factors is family cohesion. For example, the collectivist value for the (extended) family and the social solidarity, economic assistance, and psychological support that it offers has been reported in Greek culture (Agathonos-Georgopoulou & Browne, 1997), in Arab family and society (Shalhoub-Kevorkin, 2005, p. 1266), and in Pacific societies (Ali, 2006).

One risk associated with failing to fully acknowledge the strengths of NESB families is inappropriate intervention that can exacerbate an already vulnerable family. As Chand (2000, p. 70) puts it, “social workers have underestimated or misunderstood the ability of black families (in the UK) to raise their children and have inappropriately intervened in the family process”. Similarly, Shalhoub-Kevorkian (2005, p. 1265) argues that “applying Western values to collectivistic groups, mainly in relation to obligatory reporting and the involvement of the official system, causes additional trauma and social harm to abused children, which may prevent victims of abuse and caregivers from recognising or acknowledging child (sexual) abuse in the same way as in Western countries”. She goes on to say that “state intervention in the family life of an already-oppressed group leaves children vulnerable to all forms of abuse, including abuses that are direct consequences of formal interventions” (Shalhoub-Kevorkian, 2005, p. 1266). Thus, it is important that both the type and nature of the formal intervention be culturally appropriate. When the outcome and process of intervention are appropriate then it can be said that there is cross-cultural parity in service delivery.

In short, the research so far indicates that there are four possible causes for the entry of NESB families into the CPS: culture, migration-related stressors, poverty, and institutional biases. The latter three of these are seen as non-cultural factors since they do not reflect cultural norms, beliefs or practices. Importantly, these causes should not be seen as mutually exclusive as it is likely that all factors are at play. Thus, being aware of all these

factors is a crucial part of cultural competency. Indeed, this is captured in the set of fundamental components of cultural competency proposed by McPhatter (1997). She argues that proper assessment of child abuse and neglect requires: (i) knowledge of the history, culture, tradition, customs and value orientation of families; (ii) understanding of social problems, such as poverty, unemployment, truncated education, morbidity, violence, and their effect on minority families; (iii) understanding systemic oppression, discrimination, racism, sexism, and classism; and (iv) knowledge about culturally appropriate and inappropriate behaviour, child rearing practices, methods of discipline, nurturing, and meeting the physical and psychosocial needs of children.

In addition to identifying possible causes of abuse and neglect across and for different ethnic groups, the literature has also identified some features of what would constitute as culturally competent practice. These have been grouped according to a novel three-tiered system of effective service delivery proposed by Author 1 and Author 2 (2008): (i) personal, (ii) agency, and (iii) system.

Personal or practitioner-level strategies for improving cultural competency would include the provision of translated documents, receiving training in cultural competency, assuring NESB families of their confidentiality, considering the need to gender and ethnically-match caseworkers (Gray, 2003), providing multicultural or NESB caseworkers the opportunity to debrief with case managers and overcome the possibility that NESB families transfer their problems onto (ethnically-matched) workers because of over-identification (Gray, 2003), empowering NESB families by developing the intervention with them (Connolly, 2007; Welbourne, 2002), and encouraging caseworkers to involve or receive support from ethno-specific workers or organisations.

Agency or service-level strategies for improving cultural competency would include offering kinship care in cases of short/temporary removal of children (Barn, 2007; Hackett & Cahn, 2004; Wilhelmus, 1998), offering and providing home visiting (Roberts, 1997, cited in Cahn, 2002), involving fathers as much as possible (Osterling, D'Andrade & Austin, 2005; Callister, 2002; Stanley, 1997), recruiting NESB caseworkers that reflect the local NESB profile of the community (Ahmed, 2004), and partnering with local ethnic community and other non-government organisations (Sale, 2006; Chand, 2005; Osterling et al., 2005; Farmakopoulou, 2002; Walker, 2002; McPherson, Macnamara & Hemsworth, 1997; Barn, Sinclair & Ferdinand, 1987).

Finally, system or policy-level strategies for improving cultural competency would include providing community education to increase awareness in NESB communities about the role of child protection agencies

and child protection issues generally (Giglio, 1997), reviewing assessment tools that gauge the strengths and needs of NESB families and risk of harm for NESB children, offering and providing early intervention programs (Tomison, 2001; Hawkins & Briggs, 1999), monitoring and routinely collecting data on indicators of NESB status such as language and ethnicity (Thanki, 2007) especially to assist in improving the accountability and performance measurement (Tilbury, 2002, 2006) of the CPS, developing clear policy guidelines to address equal opportunity in employment and service provision (Barn et al., 1987), providing training in cultural competency (Barn et al., 1987; Osterling et al., 2005; Welbourne, 2002), and providing training in race/cultural awareness and anti-racist and anti-discriminatory practice (Barn et al., 1987).

Thus, important strides toward a better understanding of how best to service and intervene with NESB families have been made. Despite this, caseworkers may use or rely on cultural stereotypes to understand NESB individuals and families. If this occurs, it is a significant risk to good practice with NESB groups because stereotypes can be cause for the misidentification of the real issues for specific families as well as mistreatment of them, especially if they are inaccurate or negative. Therefore culturally competent practice requires the simultaneous appreciation for the importance of culture as well as vigilance on the use of (negative) cultural stereotypes.

1.3 Aims and significance of this paper

This paper argues that to enhance the quality of child protection service delivery with NESB groups, it is important that cultural knowledge is neither over- or under-stated, nor essentialised. That is, cultural factors must be balanced by the context of the individual, and factors other than culture should not be dismissed or downplayed. To explore how culture is addressed in child protection work with NESB families in Australia, this study explored six questions:

1. *Cultural causes of abuse and neglect:* What are the main types of abuse and neglect reported among NESB, Indigenous and Anglo families, and are these trends related to cultural factors?
2. *Non-cultural causes of abuse or neglect:* What factors other than culture are related to family dysfunction among NESB families?
3. *Family strengths:* What types of strengths are reported among NESB, Indigenous and Anglo families, and are these cultural in nature?

4. *Outcome (or type) of intervention:* Do NESB, Indigenous and Anglo families differ in the types of assistance they receive, and if so, is culture related to this difference?
5. *Process (or nature) of intervention:* Can examples of culturally appropriate and inappropriate practice be identified with NESB families?
6. *Barriers to effective intervention:* Can examples of personal, organisational, and/or institutional barriers to culturally appropriate practice be identified among NESB families?

The significance of this paper is twofold. Firstly, it can contribute to the current gap in empirical research in Australia. From this, the results can also be compared to findings in the international literature.

2 Method

The primary researcher (Author 1) spent approximately one month at each of 10 FACS sites selected for this project. These 10 sites were chosen because they represent both urban and regional areas in NSW and have high numbers of families from the four target NESB groups in this study (Chinese, Lebanese, Pacific Islander [Samoan and Tongan], and Vietnamese), as well as Indigenous and Anglo families. These NESB groups were selected because they were anecdotally known to be some of the higher represented groups in the NSW CPS (MSU *Personal communication*, 2007). During this time, the case files were reviewed and interviews were set up and conducted.

2.1 Case file reviews

In total, 120 case files were randomly selected for analysis; 20 per cultural group. Four of the six groups were those of NESB background and the other two were of Indigenous and Anglo background.

The final set of 120 case files were selected from a deidentified list of all case files in the 10 sites which were then narrowed according to: (i) 'Secondary Assessment Stage Judgment and Decision' Level 2⁴ (to ensure that significant intervention and service provision with cases had occurred, making the reviews more substantial),

⁴ Secondary Assessment Stage Two 'Judgment and Decision' (SAS2 J&D) is not complete until SAS2 and Judgment and Decisions records are approved by Manager Casework or other delegated officer and occur when there has been a decision to make 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 (FACS intranet).

(ii) whether the case was currently open or closed only within the previous 12 months, (iii) the age of the child at contact (note: an arbitrary criterion of minimum seven years old was set), and (iv) whether the nominated contact person at each of the 10 sites had personally verified the ethnicity of each child (e.g. by checking the database, consulting with the family's caseworker, or by referring to information in their file). More detail on the methodology can be found in the original report for this study (Author 1, 2011a).

As can be seen from the demographic summary of the final 120 case files in Table 1, most children were currently in child protection (57%), just over half were male (52%), and most were born in Australia (48%). Also, data on main language spoken at home was better recorded than main religion at home. The case files were scoped for a range of issues including those that fall under the six research questions explored in this study (see above).

[Insert Table 1 about here]

2.2 Interviews

2.2.1 NESB carers

Semi-structured interviews were conducted with 29 NESB carers (parents or guardians), nearly reaching the target sample size of 30. They were recruited using an arms-length approach to minimise perceived coercion, consistent with ethics protocol⁵. Caseworkers at each site were asked to contact all of their current NESB families to see if they were interested in taking part. If they were, an interview time and location were set up and interpreters were organised if required (n = 5). One interviewee opted to conduct the interview at the local FACS site and the remainder chose to conduct the interview in their home. Interviews varied in length from 15 minutes to 1 hour and 50 minutes (Mean = 45 minutes). Verbal or signed consent (depending on language issues), and permission to record for the purposes of accurate transcription, were obtained prior to the interview. After the interviews, participants completed a short demographics survey collecting data on age, sex and ethnicity variables. They were also reimbursed with \$50 as a sign of appreciation for their time.

Ten of the NESB carers were male (34.5%). Interviewees varied in age from 22 to 67 years (mean = 42.2 years). The 29 NESB carers originated from a range of countries including Argentina, Burundi, Cambodia, Egypt,

⁵ Ethics approval for the full three-year project was obtained in 2007.

Ethiopia, Ghana, Greece, Iraq, Jordan, Lebanon, Macedonia, New Zealand Maori, Netherlands, Philippines, Samoa, Serbia, Sierra Leone, Sudan, Turkey, and Vietnam. Most of the interviewees are first generation migrants/Australians, only two having been born in Australia. At the time of the interview, 20 participants were Australian citizens, four were permanent residents, three were refugees, one was a temporary resident and for one the migration status was unknown. The number of years participants lived in Australia varied from one to 45 years (mean = 18.9 years).

For the purposes of this paper, qualitative data obtained from the NESB participants of Lebanese, Samoan, and Vietnamese background were emphasised so that a comparison with data obtained from the case file reviews could be made where appropriate.

2.2.1 Caseworkers

Semi-structured interviews were conducted with 17 FACS caseworkers. There was an original target of 20 interviews, but as themes began to saturate it was no longer necessary to conduct interviews.

Caseworkers were also recruited using an arms-length approach by asking case managers to approach caseworkers on the researcher's behalf. If caseworkers or case managers themselves were interested in taking part, an interview time was set up. All interviews were conducted in a private meeting room at the FACS site in which they worked. Interview times ranged from 54 minutes to 2 hours and 10 minutes (Mean = 1 hour and 11 minutes).

Consent and permission to record were sought prior to the interview and after the interview, participants were asked to complete a short demographics survey collecting data on age, sex, ethnicity, and length of job.

Caseworkers varied in ethnic background; four caseworkers identified as Anglo and 13 caseworkers identified as originating from countries other than Australia including Afghanistan, Egypt, Lebanon, Burma, Laos, Philippines, Vietnam, India, Uruguay, and Ghana (no Indigenous caseworkers took part in this study).

Caseworkers ranged in age from 23 to 59 years (mean = 33.9 years) and only two of the 17 participants were male (12%). Eight interviewees were born in Australia, and of these four were the interviewees of Anglo background. The number of years working in child protection varied from one month to 14 years (mean = 3.8 years).

2.3 Methodological benefits and limitations

There are three main benefits of the methodology of this study. Firstly, the use of case file reviews of NESB, Indigenous (Aboriginal and/or Torres Strait Islander) and Anglo families is important because it allows for cross-cultural comparisons in service delivery to be made. Secondly, the use of semi structured interviews with NESB families and caseworkers is also important because it allows for in-depth exploration into the qualitative experience of what it is like to receive and provide child protection services (respectively) to be identified. Finally, a mixed methodology permits triangulation of the quantitative and qualitative data and thus can highlight both gaps and consistencies. For example, data from the qualitative interviews may be an important source of information if caseworkers do not fully record relevant data and information in their case file notes.

However, one important methodological limitation is that the four NESB groups in this study have been grouped together. This has the effect of homogenising their cultural needs and in turn undermines the purpose of challenging and breaking down stereotypes.

3 Results

3.1 Cultural causes of abuse and neglect

The first aim was to identify the main types of abuse and neglect reported for NESB, Indigenous and Anglo families and explore whether they were related to cultural factors. The results can help caseworkers understand how and when culture is entwined with abuse and neglect for families from these three groups.

In the case file reviews, three types of abuse (physical, sexual, and emotional) and three types of neglect (inadequate supervision, neglect of basic needs, and educational neglect) were categorised for analysis. Of all the types of abuse and neglect reported in a case file, one was deemed the primary type (defined as the most frequently occurring, or the current type if several, relatively equally occurring types were reported).

As Figure 1 shows, physical abuse was the most common primary type of maltreatment reported among all four NESB groups (Chinese – 40%, Lebanese – 50%⁶, Pacific Islander – 58%⁷, and Vietnamese – 40%), and sexual abuse was the most common primary type reported among the Indigenous (40%) and Anglo case files (55%).

⁶ Only 18 of 20 Lebanese-background case files had adequate data to determine the primary type of abuse or neglect. In 9 of these 18 cases (50%), physical abuse was deemed the primary type.

[Insert Figure 1 about here]

The qualitative interview data can help elucidate this finding. The high rate of reporting of physical abuse among the NESB groups may in part be related to cultural norms surrounding physical discipline, specifically that it is seen as culturally acceptable. As one NESB carer said⁸, “According to Vietnamese culture, if they [children] do something wrong, they [parents] beat you. That’s a normal thing. According to Australian culture, you call us abusing”. Similarly, one NESB caseworker said, “Most caseworkers struggle with physical discipline being ok in some ethnic groups and CP [child protection] legislation says that to some level that can be physical abuse. Caseworkers struggle about making that distinction: at what point does it become abuse?” High rates of physical abuse have also been reported in other studies on Asian Americans (Zhai & Gao, 2009), Chinese Americans (Yick, 2000), and immigrant Vietnamese families in the US (Rhee, Chang, Berthold & Mar, 2011).

Cultural factors however are unlikely to contribute to the relatively higher rate of reported sexual abuse in the Indigenous and Anglo groups since sexual abuse is not condoned in any culture and there are very few culturally appropriate practices in any culture which could be considered sexual abuse. As one NESB caseworker put it, “If sexual abuse is substantiated, then in most cultures that’s pretty clear. I’ve not come across one where that’s been vague”.

However, in the absence of reliable prevalence data on sexual abuse it is not entirely clear whether there are different rates of sexual abuse in different ethnic communities in Australia. Thus, the higher rate of reporting in Indigenous and Anglo groups may be due to a greater willingness in these communities to report sexual abuse than in NESB groups. Indeed, one NESB caseworker said “In the Middle Eastern culture and Islam, talking about sex is just so wrong. You don’t ever do it. And to be able to disclose that ‘someone touched me in that way’, I could just imagine the difficulty the family would go through ... The child might be too afraid to disclose any of that”.

⁷ Only 19 of 20 Pacific Islander-background case files had adequate data to determine the primary type of abuse of neglect. In 11 of these 19 cases (58%), physical abuse was deemed the primary type.

⁸ All names from research participants have been removed to protect their confidentiality. Also, unless otherwise stated, the interviewee is female.

This finding is consistent with Futa et al. (2001) in the USA who argues that allegations of sexual abuse among Asian Americans are conspicuous and violate the middle-position virtue – when an individual blends with others in society to maintain harmony, conformity, and inconspicuousness. The effect is that it can either decrease the incidence of sexual abuse among Asian American families compared to other American families, or serve to mask their reporting. Thus, cultural factors associated with shame appear entwined with sexual abuse among NESB families and may therefore hide the true extent of sexual abuse in some communities from caseworkers.

However, it is also possible that caseworkers themselves contribute to under-reporting of sexual abuse of children in NESB families (or over reporting in Anglo families). As one NESB caseworker commented, “In the Anglo Saxon culture, because we are so aware of it [sexual abuse], sometimes we go overboard. We see a male with a little girl and we just think automatically ‘what’s going on?’ They are a bit more suspicious because you are so aware”. Thus, it appears that low disclosure among NESB families combined with higher vigilance for Anglo families may together be contributing to the higher rate of reporting of sexual abuse for Anglo groups (and arguably also for Indigenous families).

In addition to identifying the primary type of maltreatment in each case file, this study also recorded the number of different types of maltreatment reported. This number has been termed here as ‘co-morbidity of maltreatment’; a proxy measure of the *range* of maltreatment reported. ‘No co-morbidity’ meant that only one type of abuse or neglect was reported in the case file; when two or three (of the six possible) different types of abuse or neglect were reported in the case file, this was categorised as ‘some co-morbidity’; and ‘high co-morbidity’ indicated that either four, five, or six different types of abuse and neglect were reported in the case file.

[Insert Figure 2 about here]

The results of Figure 2 show that for families of Chinese, Lebanese and Vietnamese backgrounds, the majority of children were reported to have ‘some co-morbidity’. For example, 67% of the Lebanese group had two to three different types of maltreatment reported in their case files. Comparatively, for families of both Pacific Islander and Indigenous backgrounds, there were more cases with reports of multiple types of maltreatment ($2 < n < 6$) compared to the number of cases with only one type reported. Finally, the Anglo group had the most unique ‘co-morbidity curve’. The results indicate that the majority of children (55%) from this group have between four and six different types of abuse and neglect reported in their case file.

There are two possible explanations for the ‘high’ co-morbidity found in the Anglo group. The first is that it is accurate; that compared to the other five groups, Anglo children tend to experience many types of abuse and neglect rather than just a few. However, the second alternative is that this result reflects issues to do with reporting. For example, caseworkers may either feel more comfortable to explore issues such as neglect in Anglo families or are reluctant to explore and make judgements about such issues with NESB families.

Importantly however, this result may also indicate that caseworkers pay more attention to physical abuse over other types of maltreatment in NESB families because of stereotypes they hold about parenting in NESB families. Certainly, the cultural acceptance of physical discipline means that there are grounds for caseworkers to closely monitor whether the discipline meets criteria for abuse⁹, but unfortunately it may also mean that negative cultural stereotypes about NESB families (such as ‘NESB families are typically physically abusive’) may affect casework practice. Caseworkers may consciously or unconsciously expect to find physical abuse in NESB families and once this is identified, may be reluctant to probe deeper in those families for other types of abuse.

Additionally, it is important to acknowledge that use of, or reliance on, cultural stereotypes is related to representation in the child protection system. Children of Anglo background comprise the largest group of all children in the CPS, affording caseworkers the opportunity to be exposed to diversity within this group. Contrarily, NESB groups only comprise 15% of all children in the CPS, which means that caseworkers have less exposure to variations in cultural practices between and within different NESB groups. This lower exposure to diversity can reinforce reliance on cultural stereotypes for NESB groups and increase the perceptual salience of homogeneity within NESB groups.

Having said that, caseworkers’ stereotyping of different groups of families is likely to be only part of the explanation for the different profile of abuse types in families from different ethnic backgrounds. For example, it may be that caseworkers are underestimating physical abuse in Indigenous and Anglo clients, that these clients are more adept at hiding physical abuse from caseworkers, or that physical abuse is occurring in families who are not clients at all. Another explanation is that NESB families may be less likely to be able to explain their

⁹ 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.

behaviour because they are less familiar with child protection procedures (explored below under ‘migratory issues’).

In short, by exploring both the primary type and the co-morbidity of abuse and neglect, this study has shown that culture is in part related to physical abuse for NESB families, but that caseworkers may be paying disproportionate attention to this stereotypically-consistent type of maltreatment. As a result, caseworkers may arguably be over-relying on cultural stereotypes to inform their decisions and judgments when working with NESB families.

3.2 Non-cultural causes of abuse or neglect

This study aimed to explore whether, and which, factors other than culture were reported by caseworkers as contributing to family dysfunction among NESB families. This can help ascertain the extent to which culture is seen as causative over other possible factors.

The case file reviews revealed a large number of issues related to the experience of NESB families, which were grouped in this study into three possible types: (i) cultural, (ii) migratory (or ‘acculturative’), and (iii) generalist. Of these, only the latter two are seen as the non-cultural factors.

3.2.1 Cultural issues

Although not the focus of this section, cultural issues related to collectivism were identified and refer to norms and beliefs of different ethnic groups. The cultural factors identified in this study typically included gender issues (e.g. boys and girls receiving differential treatment in the way they are raised or culturally sanctioned power differences between men and women), but more commonly were related to concerns for family privacy (e.g. keeping family matters private to protect the family name which is common in collectivist cultures).

Interview data confirms this. For example, one male NESB carer said, “In our [African] culture, we normally talk to relatives, not outsiders” and one NESB caseworker said, “They see DoCS¹⁰ as a shameful thing. ‘If our child’s in another home, what are we going to tell everybody?’ [There is] loss of face, depending on their status in the community”.

¹⁰ Department of Community Services (DoCS). Since 2010, the Department is referred to as Family and Community Services (FACS).

3.2.2 Migratory issues

Migratory (or acculturative) issues relate to factors which are caused by the migration experiences of different ethnic groups. Perhaps the most significant migratory issue encountered by NESB families was language barriers. Interestingly, this was especially noted among the Vietnamese case files as they had the highest use of the interpreter service.

Besides the common difficulties associated with using interpreters (e.g. effectively conveying sensitive information), the qualitative data reveals other difficulties associated with language barriers. For example, one Vietnamese caseworker said of Vietnamese families, “They say ‘yes’, but it’s not yes. It’s yes just to be polite. In our culture, you just try to please. If they don’t know how to answer, they just have a smile”. This example shows that cultural factors are entwined with language ones and that when NESB families do not understand what they are being told this can be misinterpreted by caseworkers as comprehension and/or acquiescence.

Difficulties associated with language can also be brought about when there are no direct translations from English and/or when professional jargon is used. For example, two NESB caseworkers said, “There’s a lot of terminology that you cannot directly translate in Arabic”, and “We have a very difficult language in CP [child protection]. A girl today was asking what ‘sustainable’ means, what ‘insight’ means, what ‘viable’ means. And she’s an Aussie! We use very big words. That’s the [language] barriers we set. People don’t understand us”.

Three other significant migratory issues that emerged in the case file analysis included: (i) lack of awareness of child protection laws and the system, (ii) fear of authority, and (iii) lack of family support or social isolation. (Intergenerational conflict as a result of acculturation and financial issues as a result of migration stress were also reported in the case files but less commonly).

The interviews confirmed these issues. In regards to the issue of lack of awareness of child protection laws and the system, one male NESB carer said, “Someone tell me here [Australia] government can take the kids, but in my country [Lebanon], never”, and another NESB carer said “[There’s] no DoCS in Vietnam”. Caseworkers made similar comments saying, “NESB communities don’t know what we do. I’m from a non-English speaking background and I wouldn’t have had a clue who DoCS was when I was a young kid” [NESB]; “Child protection is underrepresented in some countries. They don’t know that children have rights ... And multicultural communities, even after some time, don’t know about Australian rules and how they apply to them” [Anglo];

and “In other countries, there might be CP [child protection] laws, but those countries perceive they protect their children and it’s not a community role. [In Australia], it’s more like ‘child protection is everybody’s business’” [NESB].

For some NESB groups, fear of authority may be related to their experiences with governments and officials in their country of origin. As caseworkers pointed out, “[To] a Vietnamese family who has come from a communist country, to say the police might become involved is hugely scary for those people” [Anglo]; and “I can imagine they [NESB families] have this fear of the legal system and of the government. And they are more likely to be compliant with us because of that fear” [NESB].

The combination of a lack of awareness of the role and statutory power of child protection authorities with the compliance they often demonstrate from fear of authority means that NESB families may divulge sufficient information to warrant a child’s removal. As one NESB caseworker said, “NESB communities aren’t aware that we can do that [remove children] until we actually tell them. So a lot of the time, they’re giving really honest answers. They give enough information to remove the child because they don’t understand the process ... If they know you’re going to take their kid, they’re going to alter them [their responses], just like Anglo families do and Aboriginal families that are clearly aware of DoCS’ role ... In years to come I wouldn’t be surprised if a lot of these new emerging communities are overrepresented in the DoCS system. They’ve got no concept of the appropriateness of their responses and of our role, and as much as we explain that to them, it’s not familiar”.

Lack of extended family support or social isolation can also bring NESB families into the CPS. Both NESB carers and caseworkers substantiated this: “Raising children in Jordan is a lot better because extended family are there. Here, there’s no one” [male NESB carer]; and “That lack of support network around them, that isolation, it’s the biggest killer. It has taken me a long time to get to this realisation” [Anglo CW].

3.2.3 Generalist issues

Finally, generalist issues were defined as those that can occur in any family regardless of cultural background (unlike migratory issues which are unique to NESB families). Thus, these issues were reported across all the NESB, Indigenous and Anglo case files. As can be seen from Table 2, the most common generalist issues included domestic violence (DV), alcohol or drug issues (AOD), and mental health (MH) issues in the carer. Other, less common generalist issues included conflict with parents and homelessness and housing needs.

[Insert Table 2 about here]

Interestingly, one NESB caseworker said, “In my experience, Anglo groups are harder to work with. They’ve got more issues like drug and alcohol, mental health, domestic violence, compared to the migrants and NESB groups I work with. Migrant groups [have] less complicated issues. Usually their needs can be easily resolved”.

The data from the case file reviews only substantiates this perception in regards to AOD. This is because the four NESB groups varied in proportion of AOD reports between 11 and 38% but for the Indigenous and Anglo groups, the proportion was much higher at 80% and 60% respectively. On the other hand, the proportions for reports of domestic violence and mental health issues in the carer appear to have less variation in range across all six groups (with some exceptions such as domestic violence being of slightly lower frequency for Chinese-background families [47%] and mental health issues in the carer being of slightly higher frequency for Lebanese-background families [47%]. It is also important to acknowledge that the numbers here are small and caution on making inferences needs to be exercised). Arguably, this quote exemplifies the use of negative cultural stereotypes in child protection practice only that in this instance it is in reverse, reflecting a stereotype of Anglo families.

Importantly, no caseworkers reported economic disadvantage in their case files even though the generalist issue of poverty receives significant attention in the literature. This suggests that there is a tendency not to acknowledge in written case file notes that socio-economic disadvantage may be contributing to poor parenting or family dysfunction.

In summary, not all issues reported by caseworkers for NESB families are cultural; some are a result of acculturation (or the migration experience) and others yet are common to all cultural groups. Importantly, these factors highlight all the relevant issues affecting the day to day context of minority ethnic families, and which caseworkers should be aware and mindful of. However, it is also important that these three tiers (cultural, migratory/acculturative and generalist) are treated as separable factors, and one should not be confused with or mistaken for another.

For example, addressing (‘acculturative’) language issues through the provision of an interpreter should not be seen as sufficient for meeting the ‘cultural’ needs of NESB families. Indeed, many case files reduced cultural issues to language by reporting for example, “Cultural issues: Mandarin interpreter required”.

Similarly, it would be an error to infer that the generalist issue of domestic violence is a cultural issue among Lebanese families simply because of its relative prevalence (63%) in this group. Indeed, domestic violence was found to be as common in the Anglo files (65%) yet arguably Anglo families are less likely to have to defend the occurrence of domestic violence as a possibly cultural issue.

Two examples of caseworkers who attributed generalist issues to culture were identified in the interviews. One Anglo caseworker said, “Children that have come from another country, but are living here – what implication does that have when they grow up and decide that their upbringing is not the way they want to go? ... ‘I don’t have to put up with being sexually assaulted every night by my brother because my dad thinks it’s ok’”. This quote illustrates how damaging negative stereotyping of NESB communities can be and underpins the need for practitioners to understand and challenge their own prejudices. Another NESB caseworker said, “I had this one particular case. I believe the other [Anglo] caseworker was trying to over-emphasise the fact that they were Lebanese. I believe it’s got a lot more to do with mental health issues. I think it wasn’t a cultural issue at all. Anybody who has been through being in a refugee camp for ten years where the child was sexually abused would probably have that [uncontrollable actions]”.

3.3 Family strengths

The third aim was to explore the types of strengths caseworkers reported about NESB, Indigenous and Anglo families, and whether they were cultural in nature. This is important because although cultural strengths are important to acknowledge for NESB groups, it is also important that their personal strengths are not overlooked. Five main strengths were reported by caseworkers in the case files and were validated by interview data.

The first was willingness to engage with child protection authorities or other external services, which is important to recognise and acknowledge because breaching the collectivist cultural norm of family privacy is likely to be difficult for NESB family members. Thus, this particular strength is entwined with cultural factors. As one NESB carer said, “In our [Lebanese] culture, [if] you see a counsellor or a psychiatrist, some [people] think you’re sick. It’s just their mind. But it’s not something bad. We’re just trying to look after ourselves”.

The second strength was acknowledging the availability of extended family and community support, and was especially noted in the case files for families of Lebanese, Vietnamese, and Pacific Islander (e.g. church groups) backgrounds. Corroborating this, NESB carers said, “I have a lot of support family-wise”; “The meaning of

Vietnamese family is extended family”; and “It’s hard to raise kids in this country. In my country [Lebanon], it’s much easier. Everyone cares. Like your neighbour watching your kids. In this country, no” [male].

Importantly, although family and community are a crucial form of support for collectivist NESB families, it may not always be readily available, and moreover, it may be withdrawn if the ‘family name’ is tarnished by knowledge in the community that child protection authorities are involved with that family. For example, one NESB caseworker said, “We do rely a lot on the extended family support in that [Vietnamese] network, but it’s not always protective”. Because of these sensitivities, it is especially important that child protection workers maintain strict levels of confidentiality with NESB families, except as required by law. Again, this particular strength is cultural in nature.

The third strength was preservation of cultural heritage, e.g. regularly attending Chinese language classes. Such efforts are an important source of strength because they offer a sense of group belonging to individuals and groups that may feel socially excluded from the mainstream. Unsurprisingly, this strength (also cultural in nature) was also noted in the Indigenous case files.

Two types of strengths were identified by caseworkers that were personal rather than cultural in nature. The first was an acknowledgment of resilience, and the second was the display of secure attachment behaviours among NESB children.

While the development of resilience as a result of trauma and hardship is important to acknowledge among all children regardless of their cultural background, such reports were noticeably low in frequency in the case file notes across all six cultural groups. However, as an example specific to a subset of NESB families, one NESB caseworker said, “People think refugees need all this help, but they are more resilient than people realise or give credit for”.

In regards to the number of secure attachment behaviours reported, the frequency was noticeably higher in the Anglo case files compared to the NESB case files. Secure attachment style is a construct from the psychology literature (Bowlby, 1969) which asserts that consistent and warm interactions between a mother and child in the first few years have a strong bearing on the ability of the child to form secure attachments during adulthood. Thus the focus is on personal interactions rather than cultural factors.

These findings may suggest that the strengths typically reported of NESB families are more cultural than personal in nature. While the cultural strengths positively affect members of NESB families, the types of cultural strengths reported here are also all stereotypical. Thus, it is possible that individuals of NESB are treated as representatives of a group rather than being treated as unique. To address this, the same amount of attention that is paid to secure attachment behaviours among Anglo families should also be paid to NESB families. (Indeed, reliance on strong family networks was also recorded frequently for the Indigenous group but not for the Anglo group, also reflecting cultural stereotypes that individualist Anglo cultures do not rely on the support of family).

3.4 Outcome (or type) of intervention

The fourth aim was to explore whether NESB, Indigenous, and Anglo families differed in the types of tangible services and assistance they were provided, and if so whether culture was related to the difference. This is important because the results are a crude measure of equity in service provision; if families across cultures are receiving the same kind of service (or at least an appropriate one, such as the interpreter service when English proficiency is a barrier), then to some extent this indicates parity in the outcome of child protection intervention.

Based on the case file review, this study found evidence for cross-cultural parity. This is because the provision of tangible and appropriate services such as financial assistance (e.g. paying for temporary housing) and referrals to appropriate external services (e.g. mental health or parenting programs, counselling for domestic violence) were relatively equal in prevalence across the six cultural groups. In the interviews, caseworkers who saw that working with NESB, Anglo, and Indigenous families was generally the same, noted that the only real differences between the three groups was the difficulty associated with language barriers.

3.5 Process of intervention

There are two parts to service delivery – process and outcome. Thus, equity is not just dependent on the services that are provided, but on *how* they were provided. Indeed, Walker (2002, p. 384) argues for “equivalence in standards rather than exactly the same service being provided for all”. Similarly, Gough & Lynch (2002, p. 343) argue that “just because a service is clearly acceptable to the majority does not mean it will be appropriate for everyone. Any attempt to reduce inequalities must acknowledge that this will not be achieved by simply

providing more of what is accessible to the majority. Nutbeam (2002) has likened this approach to the English habit of saying the same thing again but louder to those who do not understand our language”.

Thus, the aim of this section was identify examples of culturally appropriate and inappropriate practice with NESB families as a way of exploring whether the process of intervention indicates cross-cultural parity in service delivery. Culturally appropriate practice is defined here as the balanced consideration of cultural and non-cultural factors, and inappropriate practice is defined as an imbalance, either by overlooking cultural factors or by relying disproportionately on them to explain family dysfunction.

This study found 67 examples of culturally appropriate practice across the 80 NESB case files. These were grouped into three types: (i) consultation with multicultural caseworkers, (ii) culturally appropriate analysis (e.g. awareness of the collectivist values for family cohesion, privacy, and the family name) and (iii) culturally sensitive engagement (e.g. encouraging families to speak in their native language and attempting to seek ethnically matched placements for removed children).

The prevalence of these examples suggests that there is evidence for cross-cultural equity in service provision, and this finding was also confirmed by the qualitative interview data (which has not been reported here).

Interestingly, however, examples of consulting with multicultural caseworkers were the least common of the three types. This is in stark contrast to ‘best practice principles’ for Indigenous families, in which it is mandatory to consult with Aboriginal caseworkers for Aboriginal families. Thus, the overall results provide evidence for cross-cultural parity in service provision, but whether this is fully enacted is arguable. Indeed, there were a small number of examples of inappropriate practice found in the case file reviews and interviews.

In the case files reviews, nine examples of unbalanced weighting between cultural and non-cultural factors across the 80 NESB case files were identified. Most of these indicate a failure to provide a culturally appropriate service (e.g. not acknowledging the importance of speaking the language of origin). This suggests that lack of cultural awareness may be the biggest barrier to culturally appropriate practice (and both NESB families and caseworkers did report lack of cultural awareness as an issue in the interviews).

While some examples of a failure to provide a culturally appropriate service were cited in the interviews, more examples of the provision of a culturally *in*appropriate service were provided, and also more than in the case files did. Importantly, all of these instances had in common a failure to (sufficiently) consult with multicultural

caseworkers, which likely led to inappropriate analysis about the child's cultural context or inappropriate decisions regarding a child's removal. As an example, one NESB caseworker said, "It's very difficult for people from NESB groups to express their feelings to loved ones. They show it through cooking or buying something for you. We don't say "I love you". When caseworkers go into the home, we don't see any physical contact, and "ok, these children are unloved" ... We are very judgmental. We are not flexible. We don't factor in differences. We'll do [a] one-size-fits-all for child protection. It doesn't work".

Thus, like the failure to provide a culturally appropriate service or intervention, the provision of a culturally inappropriate practice may also be attributed to lack of cultural awareness. Either way, the risk of not understanding and engaging with NESB families in a culturally appropriate way is that a standard of family functioning and risk of harm appropriated to the mainstream culture may be used to judge and intervene with culturally non-mainstream (collectivist) families. Thus, the results point to the importance of consulting with multicultural caseworkers to ensure that analysis and engagement are culturally appropriate; that is, that caseworkers appropriately balance the attention they pay to cultural and non-cultural factors.

Importantly, the interviews also revealed that the service provided to Aboriginal families is sometimes seen as superior to the service provided to NESB families. This is in contrast to the case file reviews which suggested that there is essentially cross-cultural parity in service delivery.

For example, one male NESB caseworker said, "I think that Aboriginal clients have a better chance of receiving better treatment or at least being recognised that they need assistance and having their needs addressed than NESB groups. For example, I've got a [NESB] family that needs assistance. It's not being dealt with straightaway. At the same time, there are Aboriginal cases, and these get processed much [more] rapidly. I think they're just trying to make sure that no one can use that against them. I cannot comprehend this unevenness".

Similarly, another NESB caseworker said, "The practice in terms of consultation is much better for Indigenous families than for NESB families. The policies are there and are worked into the legislation in terms of kinship carers. NESB families don't have [that]. They don't address it as part of routine practice because no one pushes it. In our care plans, it will ask you about Aboriginal or Torres Strait Islander. It doesn't ask you anything about any other culture. So yeah, the Indigenous structures are much better than the NESB ones. (In saying that, they both need a lot of work)".

3.6 Barriers to effective intervention

The final aim was to identify examples of personal, organisational or institutional barriers to culturally appropriate practice among NESB families because not all barriers to culturally appropriate practice occur in the frontline delivery of services between families and caseworkers. Stereotypes that may occur in the one to one interaction between caseworker and client may be informed or reinforced by organisational and institutional practices and policies. Thus, it is crucial to ascertain if and where the major barriers to cross-cultural parity in service provision may lie. In turn, this may help inform practice and policy guidelines and frameworks for all minority ethnic families, in a structured and systemic way, so that not just the lucky few who happen to have a caseworker high on cultural competency receive a culturally appropriate service.

Five types of personal barriers were identified in the case file reviews. These were also identified in the interviews. The first was NESB families who required an interpreter but refused one (e.g. “We’ve got a Filipino mum at the moment. She speaks English but we weren’t sure if she was really comprehending what we were telling her” [NESB CW]). The second was the time-intensive cost in the use of interpreters (e.g. “Everything takes twice as long if you use an interpreter” [NESB CW]). The third barrier was a lack of willingness to engage with child protection authorities or other external services (e.g. “They want me to do all these parenting classes, and I told them I’m not going to do anything until I know my kids are safe” [NESB carer]). The fourth type was NESB caseworkers over-identifying with their NESB families (e.g. “There is a caseworker here who will very much downplay the issues of a family, because she will see it as culturally acceptable and we see it as risk” [Anglo CW]). Finally, there were caseworkers identifying stereotyping in other colleagues (e.g. “I notice a lot of caseworkers generalise, [they] stereotype people” [NESB CW]). While many of these barriers are difficult to overcome in the field, it is at least helpful to be aware that they are part and parcel of practice with NESB clients. This can in turn help address any frustrations that caseworkers may experience.

Resource constraints such as staff shortages and issues with management were identified as organisational barriers both in the case file review and the interviews. Importantly, these kinds of barriers affect all six cultural groups equally. However, organisational barriers specific to NESB groups were identified only in the interviews. For example, two NESB caseworkers said, “We don’t really have strong ties [with the community], as much as what we believe we do, or what we should”, and “We don’t have a Vietnamese foster care team, but you’ve got a Muslim foster care team and an Aboriginal Foster care team, which is great, but what about these

other communities? These issues have been around a long time. We do complain, but they are never taken on board and addressed”.

Finally, the main institutional barrier identified in the case file reviews was the common occurrence of caseworkers reporting cultural issues for NESB families as “Not Indigenous” or “Not Applicable”. Both of these routine reports in case file notes demonstrate a failure to engage with cultural issues deeply and meaningfully. The greater sensitivity to cultural issues for Aboriginal compared to NESB families has already been described. Additionally, cultural issues are never “not applicable”.

Indeed, one of the main reasons for including Anglo families in this study was to highlight that culture is an issue for all groups, and not just those of NESB. In the words of two caseworkers, “The majority of us who work here are Anglo, so it’s like, ‘do we have a culture?’ It’s getting an understanding of what ‘culture’ means first, before you can apply it to other people. I think a good caseworker means you need to have that personal reflection and awareness of where you are coming from yourself, and challenge our own cultural biases and cultural understanding. As Anglo people, you also have a lot of culture that’s influenced by a lot of different reasons” [Anglo]; and “Sometimes we go, ‘ok, this family is a CALD¹¹ family, so I have to pay more attention and be more sensitive’. And then you look at Indigenous family and think, ‘got to pay more attention’. And then you go to an Anglo Saxon family, and some people are like, ‘oh, it’s just an Anglo Saxon family’. It’s like, ‘no, there’s a culture there as well. You have to be sensitive to that’” [NESB].

Interestingly, the interviews revealed another institutional barrier not identified in the case files; namely that there is insufficient recruitment of NESB caseworkers in higher tiers of management. As one NESB caseworker said, “If you look at management, it’s all white. I think people with an accent, who weren’t born here, get overlooked. Unless that changes, it’s very difficult for the culture in the workplace to change. I think the stuff they do here is all tokenistic. It’s not prioritised, it’s not valued”.

4 Discussion and conclusion

In this study, a review of 120 randomly selected case files and 46 qualitative interviews with NESB client families and caseworkers were conducted to explore how culture is addressed in child protection work in

¹¹ The term ‘Culturally and Linguistically Diverse’ (CALD) is used synonymously with NESB in the Australian social policy literature (Author 1 and Author 2, 2010).

Australia. In doing so, this study has contributed to the current gap in empirical literature in Australia, and the findings may have transferability to other similar multicultural countries like the USA and UK.

There were several significant findings of this study. For example, it was found that of the four possible causes of entry into the child protection system – culture, migration-related stressors, poverty and institutional biases – support for all but poverty was identified. This indicates that caseworkers should take care not to dismiss or downplay the role of poverty for all families including those of NESB. Also, consistent with previous literature, this study found evidence for cultural strengths such as community cohesion among collectivist NESB families. Importantly, this finding suggests that its capacity to act as a protective factor should not be underestimated in assessments of risk of harm among NESB families. However, three findings in particular are considered to be the most pertinent to this study.

Firstly, this study found evidence to suggest that the high rate of reporting of physical abuse for NESB families may in part be related to negative cultural stereotypes. This is inferred from the fact that physical abuse was the most common primary type of abuse for the NESB groups in this study (a crude measure of ‘frequency’) and that co-morbidity with other types of maltreatment (a crude measure of ‘range’) was lower for the NESB groups compared to the Anglo group. Together, these seem to essentialise physical abuse among NESB families. While such essentialist stereotypes are founded in the fact that physical discipline is common and culturally acceptable in these NESB groups, it is also possible that these stereotypes introduce NESB families into the CPS prematurely, and vigilance on this possibility is crucial to monitor and avoid.

Secondly, the results indicate that it is important to differentiate cultural factors that may bring NESB families into the CPS from factors related to the migration experience and those which are generalist. Cultural factors include for example the value for family privacy; migratory factors include language barriers and lack of awareness of child protection laws; and generalist factors can include domestic violence and mental health issues. Understanding that these three factors are separate can help avoid the possibility of racialising migratory and generalist issues as if they were cultural ones. The risk of doing so is that culture will then be incorrectly seen as a contributing cause of their entry in the CPS; ‘pathologising’ the culture and exposing it to the risk of it being used as evidence for maltreatment. If this occurs, it may be evidence that negative cultural stereotypes occur in child protection practice.

Finally, this study argued that both the outcome and process of intervention are important aspects of cross-cultural equity in service provision, and on the whole found that both were relatively equal across cultural groups. Similar services were provided to families regardless of their cultural background (e.g. financial support and referrals to appropriate services), and services were tailored to ensure they were culturally appropriate to meet the needs of unique cultural groups and families. Some of the most significant examples of a culturally appropriate process of service delivery included providing an interpreter, assessing both personal and cultural strengths of NESB families (e.g. secure attachment behaviours and reliance on extended family, respectively), and consulting with multicultural, bilingual or NESB caseworkers to ensure that service delivery is culturally informed, appropriate, sensitive and respectful (but ideally at levels that are on par with the current service delivery to Indigenous families).

In addition, addressing any personal, organisational, or institutional barriers to culturally appropriate service delivery is also important. Personal barriers may include NESB families refusing an interpreter and caseworkers disagreeing among themselves about the extent to which culture should be considered in child protection work. Organisational barriers may include insufficient links with NESB organisations in the local community, and institutional barriers can include the systemic tendency to overlook the importance of culture, reduce cultural issues to language ones, and inequity in the representation of NESB caseworkers in management levels.

Caseworkers and child protection management who are able to acknowledge such personal, organisational, and institutional barriers are more likely to work confidently with cultural issues; specifically, addressing cultural issues in NESB families whilst at the same time relating to them as unique individuals that should not be stereotyped. Working with NESB families is challenging and complex because their daily lived experience crosses two worlds. Caseworkers need to understand that there are many parts that make up their experience; some of which are unique to them and some of which they have in common with all families. Importantly, the weight of neither should be misplaced or misjudged, or there will be a risk that stereotypes will (continue to) persist in child protection work and culturally non-mainstream families will continue to be regarded as novel rather than normal.

References

- Agathonos-Georgopoulou, H., & Browne, K. D. (1997). The prediction of child maltreatment in Greek families. *Child Abuse and Neglect* 21(8): 721-735.
- Ahmed, S. (2004). Preventative services for Black and Minority Ethnic group children and families: A review of recent literature. *A paper for The National Evaluation of the Children's Fund*.
- Al-Din, O., & Al-Hayak, N. (1995). *Physical domestic violence against children*. Research for an award in social health management, cited in second state party report to the Committee on the Rights of the Child, 2000, CRC/C/70/Add. 8, para. 466.
- Ali, S. (2006). Violence against the girl child in the Pacific Islands region. *UNICEF Innocenti Research Centre*.
- Al-Krenawi, A., & Graham, J. R. (2001). The cultural mediator: Bridging the gap between a non-western community and professional social work practice. *British Journal of Social Work* 31: 665-685.
- Australian Bureau of Statistics. (2007). *Migration Australia* (Cat. No. 3412.0). Canberra: Author.
- Babacan, H. (2006). Literature Review: Service response models in child protection for culturally diverse communities. Report prepared for The Department of Child Safety, Queensland.
- Barn, R. (2007). 'Race', ethnicity, and child welfare: A fine balancing act, Critical commentary. *British Journal of Social Work* 37(8): 1-10.
- Barn, R., Sinclair, R., & Ferdinand, D. (1987). *Acting on Principle: an examination of race and ethnicity in social services provision for children and families*. London: British Agencies for Adoption and Fostering.
- Berry, J. W. (1980). Acculturation as varieties of adaptation. In A. M. Padilla (Ed.), *Acculturation: Theory, models, and some new findings*. Boulder, CO: Westview.
- Bond, M. H. (2002). Reclaiming the individual from Hofstede's ecological analysis: A 20 year odyssey. Comment on. *Psychological Bulletin* 128(1): 73-77.
- Bowlby, J. (1969). *Attachment and loss (Vol. 1). Attachment*. London: Hogarth.

- Cahn, N. (2002). Race, poverty, history, adoption and child abuse: Connections. *Law and Society Review* 36(2): 461-205.
- Callister, G. (2002). Family violence and child protection. *Children Australia* 27(34): 14-16.
- Cashmore, J., Higgins, D. J., Bromfield, L., & Scott, D. A. (2006). Recent Australian child protection and out of home care research: what's been done and what needs to be done? *Children Australia*, 31(2): 4-11.
- Cazenave, N. A., & Maddern, D. A. (1999). Defending the White Race: White Male Faculty Opposition to a White Racism Course. *Race and Society*, 2: 25-50.
- Chand, A. (2005). Do you speak English? Language barriers in child protection social work with minority ethnic families. *British Journal of Social Work*, 35: 807-821.
- Chand, A. (2000). The over-representation of Black children in the child protection system: possible causes, consequences and solutions. *Child and Family Social Work*, 5(1): 67-77.
- Connolly, M. (2007). Practice frameworks: Conceptual maps to guide interventions in child welfare. *British Journal of Social Work*, 37: 825-837.
- Connolly, M., Crichton-Hill, Y., & Ward, T. (2006). *Culture and child protection: reflexive responses*. London, England: Jessica Kingsley Publishers.
- Farmakopoulou, N. (2002). Using an Integrated Theoretical Framework for Understanding Inter-agency Collaboration in the Special Educational Needs Field. *European Journal of Special Needs Education*, 17: 49–59.
- Feagin, J. R., & McKinney, K. D. (2003). *The many costs of racism*. Maryland: Rowman & Littlefield.
- Fontes, L. A. (2005). *Sexual abuse on nine North American cultures: treatment and prevention*. The Union Institute: Minneapolis. Sage Publications.
- Futa, K. T., Hsu, E., & Hansen, D. J. (2001). Child sexual abuse in Asian American families: An examination of cultural factors that influence prevalence, identification, and treatment. *Clinical Psychology: Science and Practice* 8(2): 189-209.

- Giglio, M. (1997). Child Protection and cultural difference: Issues for Non-English Speaking Background Communities. *Child Abuse Prevention, National Child Protection Clearinghouse Newsletter* 5(2), pp. 2-7.
- Gough, D., & Lynch, M. A. (2002). Culture and child protection. *Child Abuse Review* 11: 341-344.
- Gray, B. (2003). Social exclusion, poverty, health and social care in Tower Hamlets: the perspectives of families on the impact of the family support service. *British Journal of Social Work* 33: 361-380.
- Hackett, W. L., & Cahn, K. (2004). Racial disproportionality in the child welfare system in King County, Washington. *Report prepared for King County Coalition on Racial Disproportionality*.
- Hawkins, R. M. F., & Briggs, F. (1999). Partnerships between parents and teachers in child protection. *Children Australia* 24(1): 8-13.
- Hesketh, T., Shu Hong, Z., & Lynch, M. A. (2000). Child abuse in China: the views and experiences of child health professionals. *Child Abuse and Neglect* 6: 867-872.
- Hofstede, G. (1980). *Culture's consequences: International differences in work-related values*. Beverly Hills, CA: Sage.
- Hofstede, G. (2001). *Culture's consequences: Comparing values, behaviors, institutions, and organizations across nations* (2nd ed.). Thousand Oaks, California: Sage Publications, Inc.
- Johnson, E. P., Clark, S., Donald, M., Pedersen, R., & Pichotta, C. (2007). Racial disparity in Minnesota's child protection system. *Child Welfare* 86(4): 5-20.
- Korbin, J. (2008). Child Neglect and Abuse across Cultures. In Robinson G, Eickelkamp U, Goodnow J and Katz, I. (Eds.). *Contexts of Child Development Culture, Policy and Intervention*. Darwin: Charles Darwin University Press, Chapter 10, 122-130.
- Maitra, B. (2005). Culture and child protection. *Current Paediatrics* 15: 253-259.
- McPhatter, A. R. (1997). Cultural competence in child welfare: What is it? How do we achieve it? What happens without it? *Child Welfare* 76: 225-278.

- McPherson, L., Macnamara, N., & Hemsworth, C. (1997). A model for multi-disciplinary collaboration in child protection. *Children Australia* 22(1): 21-28.
- Myfanwy, M., Higgins, D., valentine, k., & Lamont, A. (2011). Protecting Australia's children research audit (1995-2010): Final Report. Australian Institute of Family Studies and Social Policy Research Centre, accessed online <http://www.aifs.gov.au/nch/pubs/reports/audit/2011/index.html>
- O'Hagan, K. (1999). Culture, cultural identity, and cultural sensitivity in child and family social work. *Child and Family Social Work* 4: 269-281.
- Omar, Y. (2005). Young Somalis in Australia: an educational approach to challenges and recommended solutions. *Migration Action* 32(1): 6-18.
- Osterling, K. L. D'Andrade, A., & Austin, M. J. (2005). Understanding and addressing disproportionality in the front end of the child welfare system. *Centre of Social Services Research*.
- Owusu-Bempah, K. (1999). Race, culture and the child. In Tunstill, J. *Children and the state: Whose problem?* Cassell, London.
- Pelczarski, Y., & Kemp, S. P. (2006). Patterns of child maltreatment referrals among Asian and Pacific Islander families. *Child Welfare* 85(1): 5-31.
- Qiao, D., & Chan, Y. (2005). Child abuse in China: a yet-to-be-acknowledged 'social problem' in the Chinese Mainland. *Child and Family Social Work* 10: 21-27.
- Quin, D. (2008). Multicultural Disability Advocacy Association of NSW.
- Rhee, S., Chang, J., Berthold, M., & Mar, G. (2011). Child maltreatment among immigrant Vietnamese families: Characteristics and implications for practice. *Child and Adolescent Social Work* 29(2): 85-101.
- Sale, A. U. (2006). Paralysed around culture. *Community Care* 1614: 28.
- Shalhoub-Kevorkian, N. (2005). Disclosure of child abuse in conflict areas. *Violence Against Women*, 11(10): 1263-1291.

- Stanley, N. (1997). Domestic violence and child abuse: developing social work practice. *Child and Family Social Work* 2(3): 135-145.
- Thanki, V. (2007). Ethnic diversity and child protection. *Children and Society* 8(3): 232-244.
- Thoburn, J., Chand, A., & Proctor, J. (2005). *Child Welfare Services for Minority Ethnic Families: The Research Reviewed*. Jessica Kingsley Publishers.
- Tilbury, C. (2002). Performance measurement in child protection. *Australian Social Work* 55(2): 136-146.
- Tilbury, C. (2006). Accountability via Performance Measurement: The Case of Child Protection Services. *Australian Journal of Public Administration* 65(3): 48-61.
- Tomison, A. M. (2001). A history of child protection: Back to the future? *Family Matters* 60: 46-57.
- Trogan, I., Dessypris, N., Moustaki, M., & Petridou, E. (2001). How common is abuse in Greece? Studying cases with femoral fractures. *Archives of Disease in Childhood* 85: 289-292.
- Walker, S. (2002). Culturally competent protection of children's mental health. *Child Abuse Review* 11: 380-393.
- Webb, E., Maddocks, A., & Bongilli, J. (2002). Effectively protecting Black and Minority ethnic children from harm: Overcoming barriers to the child protection process. *Child Abuse Review* 11: 394-410.
- Welbourne, P. (2002). Culture, children's rights and child protection. *Child Abuse Review* 11(6): 345-358.
- Westby, C. E. (2007). Child maltreatment: A global issue. *Language, Speech and Hearing Services in Schools* 38: 140-148.
- Wilhelmus, M. (1998). Mediation in kinship care: Another step in the provision of culturally relevant child welfare services. *Health and Social Work* 43(2): 117-126.
- Yick, A. G. (2000). Domestic violence beliefs and attitudes in the Chinese American community. *Journal of Social Service Research*, 27 (1), 29-51.

Zhai, F., & Gao, Q. (2009). Child maltreatment among Asian Americans: Characteristics and explanatory framework. *Child Maltreatment* 29(14): 207-224.

Table 1: Demographic summary of the 120 case files

DEMOGRAPHIC CHARACTERISTIC	MIN	MAX	MEAN	N	%
Number of volumes per case file	1	17	3.3		
Place in CPS					
Child protection				68 of 120 cases	57
Out of home care				12 of 120 cases	10
Early intervention ^a				5 of 120 cases	4
Restoration				6 of 120 cases	5
Case closed ^b				29 of 120 cases	24
Sex					
Male				62 of 120 cases	51.7
Age^c	1	19	11.7		
Country of birth					
Australia ^d				57 of 120 cases	48
Not stated				41 of 120 cases	34
Other				22 of 120 cases	18
Language					
Chinese (Cantonese or Mandarin)				Recorded in 16 of 20 cases	80
Lebanese (Arabic)				Recorded in 13 of 20 cases	65
Pacific Islander (Samoan/Tongan)				Recorded in 5 of 20 cases	25
Vietnamese				Recorded in 13 of 20 cases	65
Religion					
Christian (other than Catholic)				Recorded in 10 of 120 cases	8.3
Muslim				Recorded in 8 of 120 cases	6.7
Catholic				Recorded in 4 of 120 cases	3.3
Buddhist				Recorded in 2 of 120 cases	1.7
No religion				Recorded in 1 of 120 cases	0.8

a – The early intervention (EI) program is called “Brighter Futures”; b - These files were retrieved from archives during the monthly visit at the FACS site and were included either because they had been closed within the previous 12 months or to replace the pre-selected case files that could not be attained at the time of the visit because they had been transferred to another FACS site or were in use by caseworkers; c – Although an *a priori* criteria of minimum 7 years was set, not all of the pre-selected files were available at the time the researcher visited the FACS site. Thus, some files were replaced with those that were available or were retrieved from archives during the monthly visit at the FACS site. As a result, some cases were of children younger than 7 years. Also, calculations of age were rounded up (from 31.12.2010 to date of birth) resulting in some children being recorded as 19 years old; d – This likely indicates that findings in this study regarding NESB families pertain to second generation Australians.

Table 2: Frequency of generalist issues reported by ethnic group

	Valid N^a	DV^b (%)	AOD^c (%)	MH carer^d (%)	Conflict with parents (%)	Homeless (%)
Chinese	19	9 (47)	2 (11)	6 (32)	6 (32)	0 (0)
Lebanese	19	12 (63)	6 (32)	9 (47)	2 (11)	5 (26)
Pacific	19	11 (58)	6 (32)	6 (32)	7 (37)	4 (21)
Vietnamese	16	11 (69)	6 (38)	5 (32)	4 (25)	0 (0)
Indigenous	20	16 (80)	16 (80)	7 (35)	2 (10)	3 (15)
Anglo	20	13 (65)	12 (60)	8 (40)	1 (5)	3 (15)
Total	114	72 (63)	48 (42)	41 (36)	22 (19)	15 (13)

a – Valid N represents the number of case files that had adequate data to determine the reported generalist issues; b – Domestic violence; c – Alcohol or drugs; d – Mental health issues in the carer.

Figure 1: Proportion of each type of abuse or neglect deemed the primary type of maltreatment by ethnic group

Figure 2: Co-morbidity of the six possible types of abuse and neglect by ethnic group