Children and young people from non-English speaking backgrounds in out-of-home care in NSW

Research report

DoCS

NSW Department of Community Services

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Research report

Children and young people from non-English speaking backgrounds in out-of-home care in NSW

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Acronyms

ACWA	Association of Children's Welfare Agencies
AIFS	Australian Institute of Family Studies
ADVO	Apprehended Domestic Violence Order
CPR	Centre for Parenting and Research (DoCS)
DoCS	Department of Community Services (NSW)
CALD	Culturally and Linguistically Diverse
CSC	Community Service Centre (DoCS)
DADHC	Department of Ageing, Disability and Home Care (NSW)
KiDS	Key Information and Directory System (DoCS)[1]
MSU	Multicultural Services Unit (DoCS)
NESB	Non-English speaking background
NGO	Non-government organisation
OOHC	Out-of-Home Care

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[1] The Key Information and Directory System (KiDS) is the Department of Community Services' electronic system for keeping records of its clients.

Executive summary

Improving services to children and young people from non-English speaking backgrounds (NESB) in Out-of-Home Care (OOHC) begins with better understanding their needs. This small exploratory study of a sample of children and young people of Arabic-speaking and Vietnamese backgrounds in OOHC aimed to gain insight into their experiences and the way services and supports are provided.

Its specific aims were to:

- explore the demographic characteristics, placement history, current placement characteristics, and the well-being of a sample of children and young people from Arabic-speaking and Vietnamese backgrounds in OOHC

- examine the types of services and interventions provided to these children and young people in OOHC, including those relating to their language and cultural needs and characteristics

- explore the types of strategies caseworkers use and the barriers they encounter in providing culturally appropriate care to children and young people in OOHC.

This study, by the Centre for Parenting and Research, involved 28 case file reviews of children and young people in OOHC, and 11 interviews with caseworkers and casework supervisors. The research was requested by the Multicultural Services Unit (MSU) to help inform policy to guide casework practice in OOHC. The indicative findings highlight some opportunities to improve the way cultural issues are managed in OOHC. These findings will help to inform a larger study which began in mid-2007 with funding under the Department's Collaborative Research Program. That three-year research project, *Culturally and Linguistically Diverse Families in the NSW Child Protection System*, will undertake a comprehensive review of the literature, a review of case files and in-depth interviews with families and their caseworkers.

This report uses the term NESB although, officially, it has been replaced by the expression, 'culturally and linguistically diverse' (CALD)[2], except in situations where the subject matter specifically refers to the non-English speaking background of children, young people or families. NESB is used where children, young people or families speak a language other than English at home or they identify with a culture which is non-English speaking in origin. This report uses the term NESB because it more accurately describes the target group which is from non-English speaking backgrounds.

This small study found that culture is one of several important factors influencing the placement of children and young people in OOHC. Interviews with staff and case studies undertaken at four Community Service Centres (CSCs) showed that caseworkers understand the importance of cultural identity and cultural issues are weighed up in the decision-making process. In general, the process of OOHC placement for children and young people from NESB has the following priorities in relation to culture:

1. Kinship.

2. Finding a culturally matched carer.

3. Ensuring culturally appropriate strategies for placement situations where there is not a cultural match.

However, in working towards the Department's main aim, to achieve the best for the child, caseworkers sometimes gave precedence to other considerations, such as placing siblings together.

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[2] CALD is the DoCS term for referring to immigrant, refugee, humanitarian entrants and asylum seeker children, young people, families and communities. In this context, it refers to people born, or who have at least one parent born, overseas in countries that are culturally and/or linguistically different from Anglo-Australian culture and language. It is a functional definition to help the Department to target migrant and refugee communities with specific needs related to their language and or cultural differences, pre-migration and immigration experiences and/or issues related to settlement.

In addition, several themes emerged from the study about difficulties affecting casework practice with families from Arabic-speaking and Vietnamese backgrounds. These included a lack of multicultural carers and caseworkers, a lack of culturally and linguistically specific carer training and resources, and the need for more cultural awareness education through professional development.

Several practice issues have emerged from this exploratory study, including the potential benefits of:

- **Kids data remediation** to ensure accurate demographic data is recorded on KiDS, including data on children with parents from different linguistic and cultural backgrounds. Core demographic data such as 'language spoken at home' and 'cultural identity' need to be recorded accurately and consistently.

- **Research on cultural placements** to examine whether the prevailing strategy of using culturally matched placements to maintain a child's cultural background is always in the best interests of the child. This research might examine how and when other cultural supports should be used instead.

- **Assessments** of all carers and placements, including kinship care, to determine what kind of placement is in the best interests of the child, including whether culturally matched placements are appropriate. These assessments should involve the views of both parents and the child where possible.

- **Services, support and case planning** for caseworkers to develop case plans and help carers implement these plans to help children access their cultural heritage and maintain their culture. This support is required for all placement types. Cultural issues should not be overlooked for high needs children in OOHC. Supervision is critical to ensure a high and consistent quality of casework.

- **Recruitment of multicultural caseworkers** by adapting and extending current models of matching carers, caseworkers and children by culture (for example the multicultural caseworkers and the Metropolitan Muslim Foster Carer projects). Staff require ongoing orientation to the diverse cultural needs of the CSC at Practice Solutions sessions.

- **Multicultural resources**, including translating resources, key documents and written materials into languages other than English and adapting some resources to be more culturally appropriate and appealing.

- **Improved carer recruitment and support** to ensure NESB carer recruitment strategies are more culturally appropriate and engaging. This includes translating written resources into relevant language groups, training with a focus on why it is important to maintain a child's cultural background, and carer training for kinship carers.

Further research

Given the small sample size of this study the findings are only indicative. The three-year research project on *Culturally and Linguistically Diverse Families in the NSW Child Protection System* that has been funded under the Department's Collaborative Research Program will be able to build on the knowledge derived from this smaller study and provide robust evidence to inform policy and practice. This project commenced in mid-2007 and will undertake a comprehensive review of the literature, a review of case files and in-depth interviews with families and their caseworkers.

1. Introduction – Cultural issues in OOHC

1.1 Purpose

Improving services to children and young people from non-English speaking backgrounds (NESB) in Out-of-Home Care (OOHC) begins with better understanding their needs. This small exploratory study of a sample of children and young people of Arabic-speaking and Vietnamese backgrounds in OOHC aimed to gain insight into their experiences and the way services and supports are provided.

Its specific aims were to:

- explore the demographic characteristics, placement history, current placement characteristics, and the well-being of a sample of children and young people from Arabic-speaking and Vietnamese backgrounds in OOHC

- examine the types of services and interventions provided to these children and young people in OOHC, including those relating to their language and cultural needs and characteristics

- explore the types of strategies caseworkers use and the barriers they encounter in providing culturally appropriate care to children and young people in OOHC.

This study, by the Centre for Parenting and Research, involved 28 case file reviews of children and young people in OOHC, and 11 interviews with caseworkers and casework supervisors. The study was requested by the Multicultural Services Unit (MSU), within the Department of Community Services (DoCS). The MSU works to improve the Department's responsiveness to culturally and linguistically diverse clients through policy development, practical support for managers and staff, as well as providing training and resources, language services, purchased services, data and research, and whole-of-government programs.

The project is intended to inform future directions in policy, practice and research. It is intended to complement a quantitative analysis of KiDS[1] data for all children in statutory OOHC from NESB or culturally and linguistically diverse (CALD) backgrounds. This analysis will begin after the KiDS data has been remediated to record information about the cultural background of clients.

In addition, the exploratory study will help to inform a three-year research project, *Culturally and Linguistically Diverse Families in the NSW Child Protection System*, funded under the Department's Collaborative Research Program (a summary of this study can be found in the Appendix). The findings of this exploratory study should also be considered with the findings of the recent evaluation of the Department's Metropolitan Muslim Foster Carer Project.

1.2 Background and rationale

Understanding the characteristics, health and well-being of NESB children and young people in OOHC and the types of services and interventions they receive is important because:

1. The Department has a legislative obligation to preserve language, cultural and religious ties.

2. Preliminary work by MSU indicates that some NESB families are over-represented in the child protection system.

3. Little research exists on NESB children in OOHC.

Legislative obligation to preserve culture

The Department has a legislative obligation to preserve as far as possible the 'language, cultural and religious ties' of a child or young person in care, through its services and interventions (*Children and Young Persons (Care and Protection) Act 1998*). Research is therefore needed to support planning and development

of effective service models and strategies for NESB children in care. Given its primary concern to protect children and young people, the Department is required under relevant legislation to provide equitable and accessible services that are responsive to the cultural and linguistic diversity of its clients. Specifically, the *Children and Young Persons (Care and Protection) Act 1998*:

- Section 9c requires that all actions and decisions made under the Act that significantly affect a child or young person take into account the culture, disability, language, religion and sexuality of the child or young person and if relevant, those with parental responsibility.

- Section 9e stipulates that children and young people temporarily or permanently removed from their family environment are to be assisted and supported as far as possible to maintain their identity, language, cultural and religious connections.

- Section 10 under the Principle of Participation requires that information be provided in a manner and language that the child can understand.

- Section 257(1) requires that notices and other instruments be provided in languages other than English where this is required.

Number of NESB children and young people in care

Data available on language spoken and cultural identity of children and young people in care in NSW is incomplete. The Department's client data on child protection reports by language spoken at home shows only three per cent of children in care speak a language other than English (DoCS data, unpublished[3]). Yet the MSU estimates that this is under-recorded by a factor of five and approximately 15 per cent of children in care are from a family where a language other than English is spoken at home (DoCS data, unpublished[3]). This underestimation is because the KiDS database does not require reporting of 'language other than English spoken at home' and 'country of birth' to be reported. The figures do not include people who speak English at home but who identify with a culture that is non-English speaking in origin.

It also appears that some NESB communities are more highly represented than others in the child protection system. For example, children and young people from Arabic-speaking and Vietnamese backgrounds are over-represented in the child protection system given the number of people in the general population who speak these languages at home.

Further work needs to accurately record the number of NESB children in care. More research is also needed about service provision to this client group, given the likely number of NESB children in OOHC.

Research gaps on NESB children and young people in care

Worldwide there is a lack of research related to NESB children in care. A literature search conducted as part of this study found no material relating to the area in an Australian context and very little internationally. This finding is supported by other recent studies. For example, the *Audit of Australian Out-of-Home Care Research* (Cashmore & Ainsworth, 2004) found there has been no Australian research examining practices and policies that 'address the needs of ethnic minority groups'.[4] However, a small, qualitative study was conducted in 2006 by social work students on placement at the Association of Children's Welfare Agencies (ACWA) (Chuan & Flynn, 2006).

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[3] The MSU provided this information.

[4] See also L. Bromfield, D. Higgins, A. Osborn, S. Panozzo & N. Richardson (2005), *Out-of-Home Care in Australia: Messages from the Research*. Melbourne, Vic.

Literature from the United States consistently notes that placement with culturally/ethnically similar foster families can help children draw on their cultures, languages, ethnic affiliations and religious faith as supportive and protective factors (Urquiza, Wu & Borrego, 1999; Kurtz, 2002; Lutheran Immigration and Refugee Service, 2003). Children placed within culturally/ethnically similar families, or families specially trained and assessed to provide culturally competent care have the following benefits:

- better communication and less misinterpretation due to language and cultural barriers

- a positive sense of self and ethnic identity

- familiarity with food, language and customs

- increased stability of placement

- reduced need for caseworker intervention due to cultural and linguistic issues (Lutheran Immigration and Refugee Service, 2003).

Although these benefits have been observed, there is no conclusive evidence that children and young people in culturally matched care have fewer social and emotional problems compared to those not in culturally matched care. Neither is there evidence showing why the observed benefits occur. No existing research in Australia provides information or evidence regarding the outcomes for children and young people in culturally matched out-of-home care.

1.3   Scope and definitions

This study focuses on children and young people from Arabic-speaking or Vietnamese backgrounds, although some of the issues raised by the caseworkers are not particular to these clients. The study also recognises that no cultural group is homogenous and varying beliefs, standards, experiences and needs exist within cultures.

It is important to understand that the terms 'Arabic' and 'Vietnamese' are complex. Arabic-speaking describes a linguistic, not an ethnicity variable, since Arabic is spoken by some 22 nations in the world, all of which have different ethnicities between them and within them. For example, Iraqis are largely, but not only, Arabic-speaking. Within Iraq there are many different ethnic communities, for example, Kurds, Assyrians, Chaldeans. In Vietnam also there are different ethnic groups, including ethnic Chinese and ethnic Vietnamese. Each speaks its own language but subscribes to a specific Chinese or Vietnamese ethnicity.[5]

This report uses the term NESB although, officially, it has been replaced by the expression, 'cultural and linguistic diverse' (CALD)[6], except in situations where the subject matter specifically refers to the non-English speaking background of children, young people or families. NESB is used where children, young people or families speak a language other than English at home or they identify with a culture which is non-English speaking in origin. This report uses the term NESB because it more accurately describes the target group which is from non-English speaking backgrounds.

For simplicity, the term 'children' is used throughout this report to refer to both children and young people.

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[5] Ethnicity should not be confused with culture which is wider than ethnicity, since it embraces all aspects of a person's life including beliefs, values, decision-making processes, social, religious, economic and legal customs, traditions, laws, child-rearing practices, gender relationships, sexuality. Within ethno-specific cultures, communities are not homogenous and culture is both complex and dynamic. Ethnicity cannot be reduced to a set of specific behaviours fixed in time and place.

[6] CALD is the DoCS term for referring to immigrant, refugee, humanitarian entrants and asylum seeker children, young people, families and communities. In this context, it refers to people born, or who have at least one parent born, overseas in countries that are culturally and/or linguistically different from Anglo-Australian culture and language. It is a functional definition to help the Department to target migrant and refugee communities with specific needs related to their language and or cultural differences, pre-migration and immigration experiences and/or issues related to settlement.

1.4   Methodology

A small retrospective study was conducted to gain a greater understanding of the characteristics of children from NESB in OOHC in NSW, as well as the issues they face, and the services and interventions they receive.

The study comprised:

1. A review of 28 case files for a sample of children in OOHC.

2. Interviews with 11 caseworkers or casework supervisors.

A sample of 28 Arabic and Vietnamese-speaking children in foster care, relative care and other home-based placements was selected for this study. The sample was selected from four Community Service Centres (CSCs) characterised by large established Arabic-speaking or Vietnamese communities. Three sibling groups were reviewed as part of the study.

The sample was selected using KiDS to identify cases where Arabic-speaking or Vietnamese children had been in care within the past 12 months and for at least a 12-month-period. The CSCs identified a number of cases that met the study's criteria as KiDS could not identify sufficient numbers of cases because key variables on cultural background were not routinely entered.

Quantitative data collected from the case files was coded numerically using Statistical Package for the Social Sciences (SPSS) and reported in frequencies and cross tabulations. Thematic content analysis was used to analyse the qualitative or textual data.

Researchers from the Centre for Parenting and Research reviewed the case files and conducted interviews with the assistance of a Masters student on a placement with the Centre.

Case file reviews

The case file reviews gathered information on the strategies implemented in relation to maintaining a child's culture, language and religion in OOHC. It examined whether these factors were considered in assessments, placement establishment, planning and interventions, and which strategies appeared successful or unsuccessful in producing good outcomes for clients.

Research Questions

- What are the characteristics of the biological families, children and carers?

- What are the children's OOHC placement histories?

- What is the nature of children's current placement, casework planning, interventions and participation?

- What strategies do caseworkers use in accommodating the language, cultural and religious background of clients?

- What barriers are there in catering for language, cultural and religious needs?

Using these broad questions, the study particularly focused on the strategies specific to language and cultural needs, how these strategies were implemented, which strategies worked and which didn't, and what were the outcomes for these clients.

The data were collected from case files and by accessing the KiDS data, using a structured data collection tool to review to case files. This tool was designed by the Centre for Parenting and Research.[7]

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[7]   A copy of this tool can be found in the Appendix.

Data was gathered on the following variables:

- characteristics of the child
- cultural background of the current carers and biological family
- OOHC placement history
- establishment of the current placement
- case planning, intervention and support.

Interviews with caseworkers and supervisors

Caseworkers and their supervisors were interviewed to gain a more in-depth understanding about the effectiveness of casework strategies and interventions for NESB clients in OOHC. A total of 11 interviews were undertaken. The interviews included discussion about the cases reviewed and additional questions including:

- What strategies were used in accommodating the language/cultural/religious background of clients? What strategies were useful/or not in providing good outcomes?
- What barriers exist to catering for language, cultural and religious needs?
- What support and assistance do caseworkers have in working with NESB communities?
- What do you think needs to be done to better cater for language, cultural and religious needs for children in OOHC and/or provide you with further support?

Limitations of the study

The findings of this study should be seen in the context of broader research into the issues facing culturally and linguistically diverse families in the NSW care and protection system. The findings are indicative and cannot be generally applied to all NESB children in OOHC, given the small sample size. The current three-year research project on *Culturally and Linguistically Diverse Families in the NSW Child Protection System* will build on the knowledge derived from this smaller study and provide robust evidence to inform policy and practice. Given the dearth of research on this issue, this study was primarily exploratory so a qualitative design was most appropriate.

In addition, this study mainly represents the views of caseworkers and supervisors, given that it relies on file reviews and interviews with DoCS staff. It did not take into account the views of the biological parents, the child, or the foster parents on the way DoCS successfully or unsuccessfully addresses culture unless this information was on the case file.

The issues identified in the study may not represent the issues that face NESB clients in CSC areas that are less culturally diverse than those selected for this study. The four CSCs that participated in this study have high proportions of Vietnamese and/or Arabic-speaking families residing in these areas. Therefore the staff of these CSCs could be expected to be highly aware of their clients' cultural issues.[8] Staff working in culturally diverse areas may also have better access to culturally appropriate community-based services and foster carers from these NESB communities. The staff of the participating CSCs included caseworkers from NESB backgrounds. These caseworkers may be able to support and advise caseworkers who are not from non-English speaking backgrounds.

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[8] However, caseworkers need a wide range of skills to relate competently to clients beyond being from a similar cultural background. These skills include an ability to be self reflective and aware of personal biases, good communication and engagement skills, and an understanding of multicultural resources available to the organisation internally and externally.

1.5   Characteristics of children

The sample of 28 case files for children with either Arabic-speaking or Vietnamese backgrounds included children aged from three to 18 years. Fourteen children were males and 14 were females. The majority of families were Buddhists, Catholics or Muslims.

There were eight children in the study who had mixed cultural backgrounds, meaning each parent came from a different cultural background. Sixteen children had at least one parent from Vietnamese background, nine children had at least one parent from an Arabic-speaking background and three children had one parent from a Vietnamese and one parent from an Arabic-speaking background. In most cases, a language other than English was spoken in the birth family home.

In most cases, the Minister was deemed to have Parental Responsibility (PR) of the child until the child reached 18 years. Eleven children were in foster care, 16 were in kinship care placements, and one child was in a permanent hospital placement due to disabilities. The majority of children had had placements in the range of one to six placements. The age of entry into OOHC ranged from one month to 12 years old (with a median of five years old) and the children had been in care for between one and 14 years.

Three sibling groups were reviewed as part of the study, indicative of the population of NESB children in OOHC. That is, many of the children contacted were part of a larger sibling group.

The children had first entered care for a range of reasons. In many cases (n=11) substance misuse by parents was a factor contributing to the child being placed in OOHC. Other issues included domestic violence between parents, inadequate supervision, failure to thrive, parents being incarcerated, and parental mental health issues such as schizophrenia and depression. In most cases (n=25) several of these factors were present.

Less common reasons for children being placed in care included one family where the children/siblings were severely disabled and the parents were unable to cope with them and two situations where the parents and children had been separated while fleeing their home country.

Many of the children in the sample had health problems (n=12). These ranged from issues such as asthma, eczema and vision problems to brain injuries, and for one child, severe disabilities including cerebral palsy, congenital microcephaly and profound developmental delay. Several children were born drug dependent.

Many of the children (n=15) had developmental problems identified on the file. These problems included speech delays, learning difficulties and low intelligence scores. More than half the sample (n=17) also had behavioural and/or emotional problems identified. Many of the children found it difficult to concentrate at school and demonstrated poor behaviour regulation. Some demonstrated violent, challenging behaviour while others had poor social skills, for example emotional immaturity. A small number (n=4) had a diagnosed mental health disorder; two of these were a mild intellectual disability, one with Oppositional Defiant Disorder and one with the possibility of an Autistic Spectrum Disorder.

1.6   KiDS data

The study had important findings for data collection in DoCS. The process of selecting the study sample and conducting case file reviews found incomplete data recorded on KiDS. This related to data on the children's language and cultural identity. Also, important cultural data for children with parents from different cultural backgrounds is not captured on KiDS because there is only one data field.

Preliminary implications for KiDS data collection

KiDS should consistently and accurately collect core demographic data, including:

- data on children with parents from different linguistic and cultural backgrounds.

- 'language spoken at home'.

- 'cultural identity'.

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2. Key issues and strategies – Maintaining a child's cultural identity in OOHC

This section details the key issues and strategies implemented in current practice for NESB children in OOHC. In general this study found, through interviews and file reviews, that caseworkers consider the cultural background of children when placing them in OOHC. The file reviews looked at factors such as placement history, the child's current placement, ongoing casework and their services/supports. The study found a range of challenges facing DoCS caseworkers working with carers and families from NESB. It also identified strategies CSC staff use to accommodate the language/cultural/religious backgrounds of their clients.

2.1 Placements

Placement history

The data collection focused on the child's current placement to gain insight into how cultural issues had been handled and how successful these strategies had been. Information was also collected on the children's placement history to examine the extent to which any cultural/religious/language issues had played a part in determining previous placements.

On the whole, children had had a range of experiences before being placed in their current placement. Several had initially been placed with relatives but placements had broken down for reasons such as an aunt placing the needs of her own children above those of the child in care, or grandparents not being able to care for the child's special needs. In other cases, culturally matched foster placements had been found but placements had broken down due to the child's difficult behaviour.

Only two cases involved a past placement breaking down due to reasons that included culturally specific issues. In one case, children of mixed cultural background were placed with practising Muslim carers. However, the biological mother was Christian and issues arose due to the mother and foster parents' different religious beliefs.

In another case, the subject child and two of her siblings, who were of Vietnamese background and spoke Vietnamese and English, were placed with Arabic/Muslim carers who spoke mainly Arabic and limited English. This placement was unsuccessful for numerous reasons; including some relating to culture, such as the foster parents speaking only Arabic to the children.

Children's current placements

Factors determining current placements

Finding culturally matched placements for NESB children in need of OOHC was one of a number of priorities for caseworkers. Caseworkers described, and there was evidence in the files reviewed, that the first course of action was typically to see whether there was an available kinship placement. Alternatively, caseworkers sought a placement with foster carers of the same cultural identity. As one caseworker put it, 'the least intrusive option is always the first option', so kinship care was the first preference in most instances.

When these two options were not available, another method was to place children with foster carers from a different cultural background with a detailed plan for catering for the child's cultural needs. If there were no Departmental or non-government organisation (NGO) placements available in a region, one supervisor suggested they might also look to neighbouring regions to find a culturally matched placement.

While cultural issues were considered important in OOHC placements, sometimes there were other issues that had to be given priority. For example in one case, the child had a serious disability and so finding a placement that met their needs meant addressing their health issues first. Another priority was the need to place siblings together where possible. A typical case plan outlined the following order of preference:

1. Kinship placement for siblings together.

2. Kinship placement for each child apart.

3. Culturally matched carers to care for siblings.

4. Non-culturally matched carers to care for siblings, with culturally appropriate strategies in place.

5. Separate placement for the children with non-culturally matched carers, with culturally appropriate strategies in place.

Placements were sometimes limited by available options, particularly shortages of suitable culturally appropriate carers. Overall, it seemed that the most important factor was to find the best placement for the child, taking into account the particular circumstances of each case.

Kinship care placements

Reviewers considered in each case whether factors relating to language, culture and religion were taken into account when making decisions about placing the child in care. In most cases, there was some evidence that language, cultural and religious issues were factors in deciding on a placement for the child. However the nature and extent of this information varied. Given that the first preference for placing children was typically to find a kinship placement, the language, religion and cultural identity of the children matched that of the carers in many cases.

The way in which culture, language and religion featured varied. In some cases, the files indicated a lengthy process to determine placements, providing evidence that cultural issues were taken into account. The case files included statements such as:

> The strengths of this placement are that it is a family placement and will maintain family connections, a sense of identity and cultural understanding as the family is Vietnamese.

In a number of cases, issues relating to language were raised. On the whole, it was seen as positive for a child to speak Arabic or Vietnamese at home. However some concerns were raised, such as the need to consider how the child would fit in at school or how they would maintain contact with their birth families. One case file noted the following:

> The language spoken at home is Vietnamese. This may pose problems for access to the natural mother (who speaks English) as at this point in time all the children have limited or no speech in either English or Vietnamese. As time goes on, the two younger girls in particular may not be able to speak English thereby communication with the mother may be limited. The boys share a better chance of retaining and improving their English as they attend school. This may be addressed by the children attending pre-school a few days per week.

Sixteen of the reviewed cases were children placed in kinship care. Of these 16 placements, five were of Arabic-speaking background, six were of Vietnamese background and five were from a mixed background (that is, Arabic-speaking and South American, Vietnamese and Arabic-speaking, and Vietnamese and Anglo-Australian). Nine of the children were placed with grandparents, six with an aunt and/or uncle and one with a mother's ex-husband. In 14 of the cases a language other than English was the main language spoken by the current primary caregiver.

In a few (n=4) of the kinship care cases, the child had been placed due to extreme circumstances and an in-depth consideration of the best placement for the child had not occurred. These case files had little specific information about whether cultural, language and religious issues were taken into account although caseworkers may have assumed that the carers would provide an environment where cultural needs were met. These cases included a young girl who was living with her aunt after they became separated from her parents while fleeing from their homeland, a case in which a mother requested before she died that her ex-husband should care for her child, and several cases where children had been with their grandparents since birth.

Many of the families had a mixed cultural background, meaning that a choice had been made about placing a child with one parent's family. In some cases, contact was maintained with the other parent's family, in other cases it was not. This occurred for a range of reasons including one of the parents being incarcerated, a parent unable to be found, a parent not wanting contact with their child or having returned to their country of birth.

Cultural issues were also raised in the kinship care cases in terms of understanding the way carers and/or children were behaving. For example, a psychologist's analysis discussed the problematic interaction between a child and his relative carers which may have been influenced by aspects of Vietnamese culture. The psychologist's report stated:

> It is important to note that in traditional Vietnamese culture a parent might not be expected to engage in direct one-on-one play with their 10-year-old child. Children of that age would be expected to play with their siblings and friends. The child would have experienced close and attentive care and affection as an infant from both mother and father and from others in the immediate and extended family (siblings, aunts, grandparents and so on). As they grew older this extended family care and socialisation and play and learning would continue, and the child in turn would assume some responsibility for looking after younger children in the household. In countries of resettlement (like Australia) with different family structures and with changing work patterns, these parenting practices have had to be adapted. Equally, it should be noted that outward displays of emotion and physical affection in traditional Vietnamese culture would be much more restrained than in many Western and European cultures.

The psychologist noted that these factors had been taken into account in observing the quality of interaction between the child and others.

In most kinship placements reviewed, children were stable and placements were reported to be successful in meeting children's cultural needs. However, kinship placements matched on culture, language and religion were not necessarily successful. In the example outlined directly above, the child was later removed from his relatives and placed into foster care.

Foster care placements

Eleven of the reviewed cases were placed in foster care. As with the kinship cases, reviews considered whether factors relating to language, culture and religion were taken into account in the decision to place the child in care. In most cases (10 out of 11), the file showed evidence that caseworkers took account of cultural issues when finding a placement for the child. For eight of the cases language-related issues were documented, while three did not have this information on file. In five cases, religious issues were mentioned in terms of determining placements for the child.

Of the 11 placements, one child was of Arabic-speaking background, seven children were of Vietnamese background and three children were from a mixed background. In seven cases, a language other than English was the main language spoken by the current primary caregiver, in three cases English was spoken and in one case, the primary language was unknown.

Eight of the foster care placements matched in terms of cultural identity and three did not match. In those that did not match, one child with Vietnamese background was placed with a European carer, and two siblings of Vietnamese background were placed with carers who had Anglo-Australian and South American cultural backgrounds.

As with the kinship placements, several factors affected the degree to which culture, language and religion were taken into account in foster care placements. These included the:

- importance placed on these issues by the parents, the new carers and the child

- degree to which the child experienced health and/or behavioural problems

- other circumstances, such as whether siblings also need to be placed.

Many files had evidence that the caseworker's first preference was to find a culturally matched placement. For example:

> Ideally the child should be placed in a family of the same Vietnamese cultural background wherein she has the opportunity both for grounding in this cultural tradition and for language and educational development in English. It should provide rich opportunities for interaction with other children (e.g. siblings in the same house or frequent contact with young neighbours and extended family). These natural social contacts might need to be supplemented in an organised manner (e.g. through support to attend camps, join sports and recreational groups etc.).

In another case, the child was placed with a temporary foster carer but the care plan identified the need for 'maintaining Vietnamese cultural identity', and caseworkers expressing a preference for finding a culturally appropriate placement with carers from a Vietnamese background.

Similarly, for another child who had a series of placements, religion was matched where possible first, or alternatively, culture. One placement was with Muslim Indonesians as no Arabic-speaking carers were available. A DoCS worker commented, 'It was thought to be important to maintain his cultural identity as the plan was to re-unify him with his mother who was a religious teacher'. In later restoring the child to his mother caseworkers considered issues such as setting the family up in an area with a strong Muslim community.

In several cases, it was not possible to find culturally matched foster carers, although this strategy was preferred. In these cases, culturally appropriate strategies (detailed in Section 2.3 below) were put in place.

Overall, this study indicates that caseworkers primarily seek to maintain a child's cultural identity through culturally matched placements. The caseworkers said that they endeavoured to place a child with an extended family member whenever possible. They emphasised that the key question asked when placing a child was: 'Is the child's best interests served being placed here?' Culture should be considered in terms of the child's needs and the context in which it is living.

> ### Preliminary implications for placements
>
> - Caseworkers need guidance on assessing the most suitable options for supporting cultural maintenance.
>
> - Carers require support to implement the full range of strategies to support the development of positive cultural identities in children.
>
> - Given that culturally matched placements are a primary strategy used to maintain a child's cultural background, future research needs to ask: 'In what circumstances are culturally matched placements not in the best interests of the child?'
>
> - How alternative cultural supports might be used to help NESB children maintain their cultural and religious practices should also be examined.

2.2   Placement assessment

Culturally matched placements may not always be the most appropriate placement and are not always preferred. Caseworkers emphasised the diversity between and within NESB cultures. Children from NESB have different linguistic, cultural and religious backgrounds and experiences prior to care and in care. Similarly, carers are not a homogenous group and may have different capacities and resources. Therefore, culture should not override other aspects of the child's life but it needs to be looked at in terms of its impact on the child and its relevance in any assessment relating to the needs of the child. Thorough assessments are important to ensure that the best interests of the child are served and that appropriate interventions are put in place.

Information about assessments in case files was variable. Occasionally there was information about the wishes of the child. In one case, a Vietnamese child stated he did not wish to be placed with Vietnamese carers as he preferred to speak English at home. However, he was placed with a Vietnamese foster family, with supports to assist him with his speech difficulties. The child is still in this placement but ongoing support is needed to assist him with his learning difficulties and other emotional problems. Other examples of children who did not want to identify with their parents cultural background included:

- children who had suffered severe trauma and had no desire to identify with their culture

- a girl from a NESB who refused to attend language school despite being encouraged by her caseworker, her biological father and her non-culturally matched foster parents.

Cultural placements may not always match the wishes of the child. However, several caseworkers said that the long-term consequences of non-culturally matched placements needed to be carefully considered. Children who did not want to identify with their parents' culture should still be encouraged to gain knowledge about their cultural background. In some cases, children had negative feelings about their culture due to the way they had been treated by someone and they needed additional services and supports to address these feelings.

The wishes of birth parents were also considered. For example in one case, the parents clearly stated that they did not want their children placed with another family from the same cultural background. In another case, the natural father stated he wanted his child placed with a Vietnamese family while the mother wanted the child to be placed in a non-Vietnamese family. The quote below, taken from one of the case files, shows how important it is to some parents to preserve their child's cultural identity:

> I understand that my daughter is currently placed with carers not from my or my partner's background. I am concerned if my child remains with these carers she will not grow up to understand my culture or to speak the native language of her mother or the native language of my family and myself.

Other files contained no information concerning the wishes of the birth parents.

Preliminary implications for placement assessment

- Carer and placement assessments of all types, including kinship care, should consider whether the placements are culturally appropriate.

- Assessments need to determine what kind of placement is in the best interests of the child, including whether culturally matched placements are appropriate.

- The views of both parents and the child should be collected in assessments where appropriate.

- Caseworkers would benefit from guidance and support in effectively assessing a child's cultural connections and needs.

2.3   Case planning and services

The research found evidence that caseworkers help carers to implement strategies to maintain a child's cultural identity. Each NESB child in OOHC must have either a case plan objective to meet his or her specific cultural needs or a cultural plan attached to the case plan. The purpose is to assist carers to maintain a child's cultural identity in an appropriate manner. The mother, father, carer and child should ideally participate in case planning and their views should inform the strategies developed. It may be helpful for elders in the community or bicultural/bilingual workers from relevant ethno-specific services or cultural centres to attend case conferences or meetings.

Cultural issues were often mentioned in case plans for ongoing casework. For example, the plan might identify a person responsible for the child's cultural needs or list specific cultural activities to maintain the child's cultural identity. Many files contained evidence of caseworkers encouraging carers to put culturally appropriate strategies in place. The strategies included culturally specific services, maintaining contact with birth family, attending religious/cultural festivals, and activities such as life story books.

Some examples quoted from case studies follow:

> Carer participated in Vietnamese foster care training and carer engages in Vietnamese support groups at school. The carer has also been given parenting tips from a Vietnamese-speaking counsellor at a local community health centre. She has taken the child on a holiday to Vietnam twice, and has enrolled him in Vietnamese school on Saturdays.

> Child attends Sunday Vietnamese school and attended the Buddhist Festival in 2005.

> The children attend Vietnamese language class, children's moon festival and Vietnamese New Year celebrations.

Other strategies that caseworkers and carers used to maintain cultural identity included:

- life story books to ensure children maintain a connection with their cultural identity

- culturally matched service providers, for example using a Vietnamese counsellor, or referring clients to Arabic family support services

- contact with the biological family, particularly on culturally important occasions such as Vietnamese Children's Day or Chinese New Year

- cultural mentors

- cultural respite placements

- culturally appropriate videos/entertainment

- cultural schools, for example, attending Vietnamese language school on weekends or specific religious education

- excursions to culturally specific monuments, such as a Buddhist temple

- schools where there are a lot of children from a similar culture

- use of interpreters when appropriate, for example, on contact visits

- culturally specific foster care training for carers provided by the Department

- culturally appropriate parenting resources

- activities in the community, for example, a Vietnamese scout group or an Arabic soccer team

- childcare centre with staff and children from the same cultural background

- family contact to ensure links with family's cultural identity is maintained.

Occasionally there were suggestions by caseworkers on the case plans for culturally specific activities that carers could provide for their children, but it was sometimes unclear whether these suggestions had been put in place. Case plans also featured statements about progress indicators for particular children such as 'the child identifies himself as Arabic and has an awareness of his culture, religion and identity'.

Caseworkers reported that supervision was important, particularly in situations where they felt unsure about the cultural aspects of the case, and in situations where they feel threatened by a carer or family member.

Services for carers and children included general services, such as counselling (including from school counsellors), psychologists, psychiatrists, childcare, occupational therapy, physiotherapy, speech therapy, mentoring services and a range of services provided through community health centres, such as behaviour management programs. Some culturally appropriate services also featured in the case files included: culturally matched scout groups, childcare services, language schools (on weekends), counsellors, speech pathologists, support groups, counselling, mentors and family support services.

The case files showed a lot of variation in the way a child's case plan addressed cultural issues. Some caseworkers appeared to believe that placing a child in kinship care or in a culturally matched placement addressed culture *per se*. Case plans addressing cultural issues were usually on the files of children in foster care placements that were not culturally matched. Overall, caseworkers reported that usually carers were cooperative if supported but culture may not be addressed if left up to the carer. In one case, three cultural backgrounds were present in one household. The foster carer wanted to treat all of the children in her care the same and the foster child wanted to be treated equally. In this case,

the caseworker spoke to the carer about the importance of maintaining the children's cultural identity. The caseworker felt that even if the child was not expressing an interest in her cultural background, it was important that she learnt about it so that there would be no surprises or regrets when she was older. The caseworker developed a cultural plan and assisted the carer to implement it. The cultural plan included activities such as visits to a temple, attending a culturally specific childcare centre two days a week, outings to restaurants, visits to the library to borrow ethno-specific picture books. The carer was also encouraged to complete the life story book.

Another case of a child with special needs showed that culture was overlooked in assessments and case plans because the child's health needs took precedence over cultural issues. However, culturally specific activities could be incorporated into the case plan, for example, culturally appropriate food, music and art.

As discussed in the previous section, several children selected for this study had parents from mixed cultural backgrounds. The case files provided several examples of children from mixed cultural heritage being placed with kin that inevitably led to one part of their heritage being lost over time. Regardless of the placement type, clearly caseworkers need to be proactive in assessing and maintaining a child's cultural identity and ensuring the carer understands the significance.

Family contact is usually a significant part of casework and an important way of maintaining a child's identity and sense of security. In one case, a grandparent refused to have contact with two grandchildren who had been placed in foster care. The grandparents were already looking after three grandchildren and it was not possible for them to care for more. Removing the children and placing them outside the kin group brought enormous shame to the family. Guilt associated with the involvement of DoCS caused regular contact between the grandparents and siblings in care to cease.

Caseworkers also needed to consider the needs and wishes of the birth family, the child and the carers. In some situations, the birth family had specific wishes about how they wanted their children raised. For example, in one case the birth mother was a religious teacher and religion was very important to her. In another case, the child stated she did not want to attend Vietnamese school on the weekend although the caseworker had recommended that she do so.

Caseworkers generally believed that they needed to deal with each case differently, according to its specific circumstances. One caseworker explained that providing the child with the information was important, but it was up to the child to decide whether to accept it. The caseworker said, 'the rights of the child are paramount and that forms the platform that underpins all the work we do'.

Preliminary implications for services, support and case planning

- In all placement types, case plans need to address the cultural needs of the child, and carers need assistance to implement them to ensure that a child is getting appropriate opportunities to maintain their cultural heritage.

- Cultural issues should not be overlooked for high needs children in OOHC.

- Caseworkers need to identify and provide appropriate supports for carers so they can implement cultural maintenance strategies.

2.4   Support for caseworkers

Multicultural caseworkers

Staff interviewed unanimously said that multicultural caseworkers were a valuable resource for DoCS and NESB clients. The key benefits/strengths of multicultural OOHC caseworkers cited were that they can:

- break down barriers caused by language

- build a positive rapport with the families by being respectful about cultural customs/practices

- provide support and cultural knowledge to caseworkers.

Staff believed it was important to match carers, caseworkers and children by culture and generally supported recruitment of more multicultural caseworkers in OOHC. Caseworkers from one CSC in a strong Arabic speaking community said they had a high ratio of staff with a Muslim background, including four Arabic-speaking caseworkers. One caseworker suggested that the CSC should be able to adjust staffing to meet the needs in the local community, for example, by the creation of New and Emerging Communities Caseworkers.

Shared understanding is important because there are many different cultures and religious beliefs with different practices and subtleties within communities. It is therefore difficult for caseworkers to respect the customs/practices unique to each culture if they are unaware of them. In addition, caseworkers may have cultural practices of their own which they may have to modify when working with families of different cultures.

Interpreters

The CSCs employ interpreters when multicultural caseworkers are not available. However, some caseworkers said using interpreters for child protection and personal family problems was not ideal. A number of problems were raised. As one caseworker asked, 'how do you know if the interpreter is providing the information?' Some caseworkers expressed concern that some interpreters were not accurately interpreting their interaction with the client. In one case, the mother's body language indicated to the caseworker that something was not right. In another case, the family knew the interpreter employed by the CSC and this made the family feel ashamed.

Caseworkers also noted the need to establish whether an interpreter is needed before going out to conduct a home visit as it is often difficult to call interpreters on the spot. Unavailability of interpreters can be a particular problem in urgent child protection matters.

Staff indicated a need for training about using interpreters. Suggestions for training included:

- pre-consultation work to establish if an interpreter is required

- screening interpreters to ensure the interpreter is not related or known to the family

- how to use interpreters appropriately

- skills in assessing whether the information is being relayed accurately

- skills in ensuring subtle information is not being lost in translation.

Cultural awareness training

Ongoing professional development for caseworkers with multicultural clients is important given the challenges that they encounter. Ongoing cultural awareness training is not happening as frequently as caseworkers would like. Caseworkers had the following views about cultural awareness training:

- Cultural conferences and professional training is needed for all staff, not just for those of a particular cultural background, and not just for senior staff.

- Practice solutions sessions could address multicultural casework, multicultural interagency work, participation with community groups and activities, presentations by community members about local ethno-specific services.

- More education about specific cultural groups is required, for example, about the Turkish, Lebanese and Sudanese.

Some caseworkers said their work with NESB clients would be improved with more focus on cultural awareness and information about local ethno-specific services.

Multicultural resources

Some caseworkers felt that they did not have enough culturally specific resources to work effectively with NESB clients. For example, some staff could not get documents translated on request as it was dependent on available staff. One caseworker said all her documents were translated until the staff member who was fluent in Vietnamese left the office. Caseworkers reported that being able to translate important documents, such as court reports and case plans, was very useful. In addition, the Department could provide greater assistance for NESB families at first contact to help them understand the Department's role and responsibilities. Departmental resources and key documents such as court reports and caseplans could be translated to help parents and carers fully understand them. Caseworkers should be encouraged to contact multicultural caseworkers for advice on developing cultural plans. The Metropolitan Muslim Foster Carer Project was seen as very useful model/resource that could be adapted for other cultural groups.

Additional resources, such as cultural calendars showing religious holidays, festivals, practices, would be useful for caseworkers and carers when developing case plans and contact arrangements.

Resources that are culturally appropriate in content and design could be designed to help culturally matched carers support children to maintain their culture. For example, some culturally matched carers could not complete life story work with children because of language barriers. One explanation for this was that the resources are in English and many of the kinship carers speak little English. Another caseworker felt generic resources, such as the life story book, were not used by kinship carers because these resources are not culturally appealing. One caseworker suggested that culturally matched carers might make better use of existing resources, such as the life story book, if they had an additional explanatory ethno-specific resource to guide them on how to use it.

Caseworkers also need resources to help them support a child's cultural identity. For example, several mentioned making use of local migrant resource centres as part of their work with NESB families. Caseworkers could be further encouraged to contact relevant ethno-specific community centres, for advice in developing cultural plans. The Arabic-speaking community is an example of a well resourced group which has trained Arabic-speaking caseworkers and an excellent resource centre.

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Preliminary implications for caseworkers

- Multicultural caseworkers and the Metropolitan Muslim Foster Carer Project are two programs that caseworkers can draw on to assist their work.

- Caseworkers could benefit from ongoing cultural competence training (including training on the use of interpreters), and orientation to the diverse cultural needs of key client groups of the CSC at Practice Solutions sessions.

- Resources, key documents and written materials could be translated into languages other than English; and some resources adapted so that they are culturally appropriate and appealing.

- Staff should be encouraged to draw on the broader service system, for example migrant resource centres, to support the work they do with NESB families.

- Consideration could be given to additional multicultural carer support caseworker positions in high need areas.

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2.5   Recruiting and supporting carers

Cultural placements are considered important in maintaining a child's cultural identity, yet this study also highlighted several barriers to establishing culturally matched placements. The greatest barrier is the shortage of kinship carers and culturally matched foster carers. Caseworkers felt that the current foster carer recruitment training strategies were not attracting NESB carers. One caseworker explained that foster carer training and resources were not offered in languages other than English in their region and the course content was culturally generic. Many carers and potential carers from NESB do not speak English. Written resources were also in English and not culturally specific. One caseworker said NESB foster carers become interested in fostering children through word of mouth rather than through advertising campaigns.

A second barrier to culturally matched placements is a lack of ongoing culturally specific training for NESB carers. One caseworker suggested that all carers, but particularly kinship carers, needed more training about child protection and how to help children in care. In one case reviewed, the caseworker reported that the kinship carer found it difficult to address the past abuse and neglect suffered by the children.

Several ideas for foster carer training and support were suggested by caseworkers:

- cross cultural skills for carers

- generic training with more focus on the importance of culture, religion and language

- support for carers to understand why it is important to address past abuse and neglect with children and how to do this[9]

- information for carers about culturally specific and generic carer support groups

- a cultural carer's network to support carers to meet a child's cultural needs and link non-culturally matched carers to culturally matched carers.

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9   This can be particularly difficult for NESB kinship carers due to cultural beliefs and practices.

Another barrier to culturally matched placements was the degree to which carers maintain a child's religious and cultural heritage. This depends on the carer's own religious beliefs and cultural practices. In some cases, the carer may not practice any religion, may practice a different religion to the child/ren in their care or may only want one religion practiced in their household. Caseworkers are responsible for assisting carers to ensure children get appropriate access to their cultural heritage.

Preliminary implications for carer recruitment and support

- General carer recruitment strategies could be modified so that they are more culturally appropriate and engaging.

- Consideration could be given to undertaking targeted recruitment in specific communities.

- Carer training and recruitment could incorporate a focus on cultural competency.

- Carer training could have a greater focus on why it is important to maintain a child's cultural background.

- Kinship carers could also be offered carer training.

- Establish ways for carers from all backgrounds to network and provide information and support in cultural maintenance.

- Written resources for carers could be translated into various relevant language groups.

2.6   Other challenges for casework

NESB families who have not adjusted to life in Australia

In addition to the challenges they face in working with families, caseworkers also face particular challenges in working with NESB communities. In many cases, NESB families have had little information and support, and have difficulty adjusting to life in a country that is very different to their country of birth. Confusion and/or hostility towards the Department can be caused by different belief systems and by different understandings of the role of state authorities. Caseworkers observed that recently immigrated NESB families may hold different cultural beliefs, values and standards to those in Australia. These differences can make casework difficult where the families and caseworkers do not have a common understanding of acceptable care and protection of children. Also, care and protection interventions in other countries may be very different to those in Australia and may not involve removing children from their parents. Parents often resisted caseworker involvement.

Some NESB families may fear state authorities and interventions based on experiences in their homeland. In some cases, these families' experiences of state authorities may have included abuse of power, torture, trauma and victimisation and some have experienced refugee camps or detention centres. In this context, DoCS caseworkers can find it challenging to shift the families' fear and build-up trust in the Department. The lack of trust or anti-DoCS sentiment is often heightened when DoCS needs to place a child in care. One biological father commented to caseworkers that DoCS was not sensitive to his difficulty in understanding how Australian institutions work.

Close-knit NESB communities

The case files provided several examples of how complex OOHC can be for some NESB families. For example, culturally appropriate placements might mean a child is placed within a tight knit community in which the birth parents also exist. This could be positive but it could create problems for the carers and the child. One example was of a birth father that easily located and harassed the foster parents, causing the placement to break down. This harassment continued with the next foster parents even though an Apprehended Domestic Violence Order (ADVO) was enforced. Furthermore, the foster parents chose not to report breaches of the AVO by the father because they did not want to strain their relationship with the foster child who was very attached to his birth father and settled in the placement. Matching caseworkers and carers by cultural background may be complicated by them discovering friends in common. One example was of a kinship carer obtaining personal information about the caseworker and her family, who were from the same region, through common acquaintances overseas. The caseworker was upset by this invasion of her privacy.

Isolated NESB families

While the CSCs in this study have relatively large Vietnamese or Arabic-speaking communities, minority cultures face different issues. Unlike the families included in this study who live in communities with access to many culturally specific services, minority cultures moving into the area are particularly disadvantaged. The larger NESB communities have access to language and community centres, temples or places of worship, schools that cater for their cultural group and shops/food outlets. This provides a sense of identity and belonging in a multicultural society. However, for example, Islander and African families moving into an area with a large Arabic-speaking community are disadvantaged by the lack of culturally specific services and workers lack of knowledge about their cultural needs. Those services that do exist are heavily booked.

Preliminary implications

- The Department could provide community education to new and emerging communities on the child protection system and the role of DoCS.

- Despite the challenges, the safety, welfare and well-being of the child or young person in OOHC is the paramount consideration and decisions should be informed by appropriate and timely assessments.

- Caseworkers would benefit from information on how to effectively engage and work with refugee families, and new and emerging communities.

- Further research could examine how to effectively provide OOHC services to children from new and emerging communities.

2.7   Summary

There appears to be a high level of multicultural awareness among the DoCS staff interviewed at the CSCs participating in this study. The maintenance of cultural, linguistic and religious ties of children placed in OOHC is considered by staff to be an important part of casework. The findings indicate there are several common strategies used by caseworkers to maintain a child's cultural background. These include culturally appropriate OOHC placements, multicultural caseworkers, family contact and case/cultural plans that ensure access to culturally and linguistically appropriate services.

However, there also appear to be several barriers or challenges facing caseworkers working with families from NESB. These may include:

- the lack of multicultural carers and caseworkers

- the wishes of the children and parents may not fit with best practice principles

- the lack of culturally and linguistically specific resources and professional development

- NESB families not having adjusted to life in Australia.

Overall, each case reviewed was unique in terms of the children's and family's circumstances, and there was evidence that culture was considered by caseworkers in the majority of cases examined. However, there were other considerations such as the importance of placing siblings together, that sometimes had to take precedence, or there was a lack of culturally matched carers. Several themes emerged from the study about factors that were affecting casework practice with NESB families. These included the lack of multicultural carers and caseworkers, the lack of culturally and linguistically specific carer training and resources, and the need for more cultural awareness education through professional development.

Given the small sample size of this study the findings may not be generalisable to all NESB children in OOHC. The three-year research project on *Culturally and Linguistically Diverse Families in the NSW Child Protection System* that has been funded under the Department's Collaborative Research Program will be able to build on the knowledge derived from this smaller study and provide robust evidence to inform policy and practice.

3. Improving policy and the evidence base

3.1 Policy developments

Several policy and practice issues emerged from this exploratory study to inform DoCS policy. These include KiDS data collection, recruitment of carers and multicultural caseworkers, assessment and intervention issues, case planning, training for carers and caseworkers, and ethno-specific resources.

Many of the study's emerging policy issues are currently being addressed by the Department's MSU. Recently produced policy resources from the MSU include:

- A practice resource, *Assessing Needs and Supports for Migrant and Refugee Children, Young People and Families in Out-of-Home-Care.*

- Advice to assist OOHC caseworkers undertaking life story work with children from culturally and linguistically diverse backgrounds.

- Input into the Case Worker Development Course (CDC) module *Working with Authorised Carers* on caring for children from CALD backgrounds.

The Department's current work relevant to children from NESBs in OOHC includes:

- A draft module on issues to consider in caring for children from CALD backgrounds for inclusion in the foster carer training resource: *Shared Stories Shared Lives.*

- A draft supplement to the general foster care *Step-by-Step Assessors' Manual,* to ensure all new foster carers have the competencies required to care for children from CALD backgrounds.

- A draft facilitated discussion package to assist carers explore strategies for cultural maintenance.

- Developing culturally and linguistically appropriate support resources for foster carers caring for children from CALD backgrounds to include in *Real Kids, Real Carers – a continuing education resource for foster carers.*

- Evaluating the Metropolitan Muslim Foster Care Project initiated in 2005 to address the religious, cultural and linguistic needs of Muslim children and young people in OOHC.

- Piloting an Ethno-Specific Foster Care project to recruit Vietnamese foster carers in Metro South West.

3.2 Directions for further research

As previously noted, the three-year research project on *Culturally and Linguistically Diverse Families in the NSW Child Protection System* is expected to fill a significant gap in national and international research related to NESB children in care. On the basis of the findings of this study, there are a number of specific directions for future research on NESB children in OOHC. These include the following:

Outcomes for children in different placement types – Further research is needed to look at the outcomes NESB children have in different placement types e.g. kinship care, culturally matched foster care or non-culturally matched foster care, and what factors influence outcomes for children.

Children's perspective of their experience in OOHC – What placements do children prefer and why? How important is it to match placements on culture? How successfully is culture maintained for children, particularly for those from mixed cultural backgrounds?

Perspective of the carers, caseworkers and birth parents – More information is needed about the views of key parties involved in caring for and supporting children. What are their perceptions about what works and what could be done differently?

Carer and placement assessments – Given that kinship care appears to be the preferred placement type for NESB children in care, further research should consider when kinship care is not the best option, what carer and placement assessments are conducted for different placement types, and how assessments can be improved to get the most appropriate placement for the needs of the child.

Placement stability and permanency planning – What are the issues around placement stability and permanency planning for NESB children in OOHC?

Case planning – This study raised several issues relating to case planning including how effective casework cultural plans are in maintaining a child's cultural identity, whether case/cultural plans are routinely developed for kinship and cultural placements, and how well children and parents are consulted on case/cultural plans.

Contact and safety issues – Other issues to be considered include safety issues for NESB clients in OOHC (number of risk of harm reports; severity and chronicity), and how family contact is being supported?

Experiences of isolated NESB families and carers – How do these families and carers living in small communities or in rural/remote areas receive services and support. How can staff and clients be better supported?

Providing culturally competent services – How can cultural competency be incorporated into effective service delivery to diverse cultural groups? What do these services look like? How can this be monitored?

4. Conclusions

This study found that the staff were aware of the importance of maintaining children's culture and language and of developing cultural plans for NESB children in OOHC. Most files reviewed showed cultural identity was considered in placing children in OOHC. This reflected the view that kinship and culturally matched foster care placements can preserve cultural and religious ties. In addition, kinship care can also reduce the trauma associated with being removed from one's parents by remaining in the wider family group and cultural community. Most cases reviewed showed that caseworkers sought culturally matched placements and that kinship care was the preferred placement type. The interviews with caseworkers found that placement with relatives or kin were always explored as a priority for all children in OOHC, regardless of cultural background.

The study showed a typical pattern when finding an OOHC placement for an NESB child:

1. kinship care

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2. culturally matched foster care

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3. non-culturally matched foster care with a cultural plan
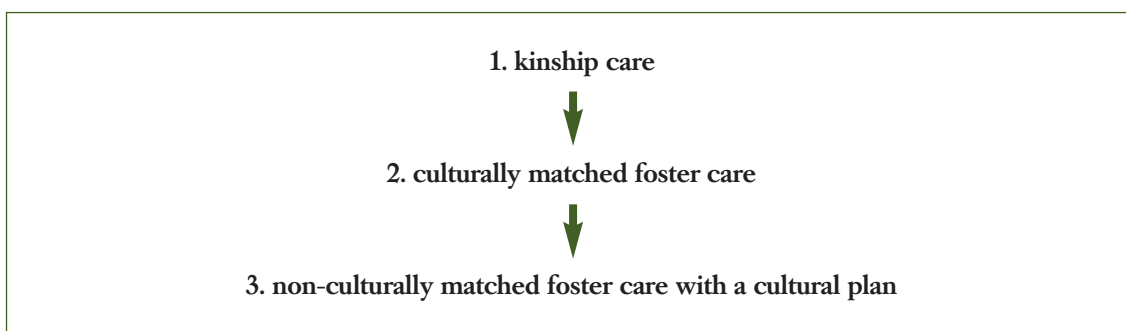
However the study revealed numerous challenges and barriers to incorporating culture effectively. Culture is one of many considerations that need to be made when making OOHC decisions, the most important factor being the best interests of the child. Each case is considered according to its particular circumstances. In some cases, other considerations outweighed culture, for example keeping sibling groups together and children with special needs.

Culture appeared to be most successfully maintained where the birth family, child, carers and the caseworker all had an interest in maintaining the culture. Culture did not feature as strongly in cases where one or all of these parties were not so committed to this objective.

The study highlighted several ways the Department can assist caseworkers to support NESB children in OOHC to maintain their cultural identity. These include carer recruitment and training, multicultural OOHC caseworkers, culturally specific foster care projects, training for caseworkers on working effectively with NESB clients, improving assessments for NESB clients, improving case and cultural planning for NESB children in care, culturally specific resources for carers and clients, translation of key documents and significant improvements to KiDS data in terms of appropriate fields and mandatory collection of data.

Further work including the Metropolitan Muslim Foster Care Project, the *Culturally and Linguistically Diverse Families in the NSW Child Protection System* and the Department's longitudinal study of children in OOHC is expected to assist with information on how to improve outcomes for NESB children in OOHC. Given the current focus on kinship care in OOHC, the Centre for Parenting and Research's current kinship care project will be significant in identifying the way in which the experiences of children in foster care and kinship care differ.

References

Australian Bureau of Statistics. (2006) *Census QuickStats: New South Wales*, accessed at www.censusdata.abs.gov.au.

Baines Faye, D. (2006) *'Making a Square Hole': Recruiting Culturally and Linguistically Diverse People as Formal Foster Carers in Queensland. The Multicultural Foster Carer Project Final Report.* Brisbane, Queensland: Ethnic Communities Council of Queensland Ltd.

Bromfield, L., Higgins, D., Osborn, A., Panozzo, S. & Richardson, N. (2005). *Out of home care in Australia: Messages from research.* Melbourne, Vic: Australian Institute of Family Studies, for the Community Services Ministers' Advisory Council, commissioned by the Australian Government Department of Family and Community Services.

Bromfield, L. & Higgins D. (2006) *Ten years of out-of-home care research: evaluating the Australian evidence-base.* (PowerPoint). Paper presented at the Out of Home Care Research Forum, Brisbane, QLD.

Cardona, B., Chalmers, S. & Neilson, B. (2006) *Diverse Strategies for Diverse Carers: The Cultural Context of Family Carers in NSW*, Sydney, NSW: NSW Department of Ageing, Disability and Home Care.

Cartledge, G., Kea, C. & Simmons-Reed, E. (2002) Serving culturally diverse children with serious emotional disturbance and their families. *Journal of Child and Family Studies 11*(1), 113-126.

Casey Family Programs. (2005) *Breakthrough series collaborative: recruitment and retention of resource families, promising practices and lessons learned.* Washington, USA: Casey Family Programs.

Cashmore, J. & Ainsworth, F. (2004). *Audit of Australian out of home care research.* Sydney, NSW: Child & Family Welfare Association of Australia.

Coakley, Tanya M. & Orme, John G. (2006). A psychometric evaluation of the cultural receptivity in fostering scale. *Research on social work practice, 16*(5), 520-533.

Chalmers, S. (2006) *Culture, Health and Parenting in Everyday Life.* Sydney, NSW: University of Western Sydney.

Chand, A. & Thoburn, J. (2005), Child and family support services with minority ethnic families: what can we learn from research? *Child and Family Social Work, 10*, 169-178.

Chand, A. & Thoburn, J. (2006) Research review: Child protection referrals and minority ethnic children and families. *Child and Family Social Work, 11*, 368-377.

Chuan, C. & Flynn, C. (2006). *Children and young people of culturally and linguistically diverse (CALD) backgrounds in out-of-home care in NSW: support strategies, challenges and issues.* Sydney, NSW: Association of Children's Welfare Agencies.

Earner, I. (2002). The Immigrants and Child Welfare Project. *Permanency Planning Today.* Winter, 10-11.

Ethnic Communities' Council of Queensland (2006). *Making a square hole: Recruiting culturally and linguistically diverse people as formal foster carers in Queensland. The Multicultural Foster Carer Project. Final Report.* Brisbane, Queensland.

Henneman, K. (2000) *Cultural competence for foster and adoptive parents: Trainer's guide.* National Resource Centre for Special Needs Adoption. Spaulding for Children. Southfield, Michigan, USA.

Kurtz, A. (2002). Bicultural foster care: a holistic commitment to the child. *Envision: The Manitoba Journal of Child Welfare, 1*(1), 36-49.

Lutheran Immigration and Refugee Service (LIRS); United States Conference of Catholic Bishops/Migration and Refugee Services (USCCB/MRS), (2003). *Foster care at a cultural crossroads: refugee children in the public foster care system. Roundtable report.* Washington, DC, USA.

Lutheran Immigration and Refugee Service (LIRS); United States Conference of Catholic Bishops/Migration and Refugee Services (USCCB/MRS), (2006).

Moffat, P. & Thoburn, J. (2001) Outcomes of permanent family placement for children of minority ethnic origin. *Child and Family Social Work, 6,* 13-21.

Foster Care for Unaccompanied Refugee Minors: Frequently Asked Questions. Washington, DC, USA.

Urquiza, A. J., Wu, J. & Borrego, J. (1999) Foster care and the special needs of minority children. University of California. Medical Center, Davis. Child Protection Center. p. 84-98. In: Curtis, P. A., Dale, G. & Kendall, J. C. (Eds). *The Foster Care Crisis: Translating Research into Policy and Practice.* Child, Youth, and Family Services. University of Nebraska Press, Lincoln, USA.

Wise, S. & DeSilva, L. (2007), *Differential Parenting of Children from Diverse Cultural Backgrounds Attending Child Care.* Research Paper No. 39, Melbourne, Australia: Australian Institute of Family Studies.

Appendix

1.　　Post doctoral research

Culturally and Linguistically Diverse Families in the NSW Child Protection System.

This research study is currently funded under DoCS Collaborative Research Program. The aim of this study is to investigate whether there is an unmet need to develop culturally appropriate strategies among a select number of target CALD families in the two stages of the child protection system – prevention and OOHC. These groups include (i) Southern and Eastern European (e.g. Greek), (ii) South East Asian (e.g. Vietnamese), (iii) North East Asian (e.g. Chinese), (iv) North African and Middle Eastern (e.g. Lebanese), and (v) Pacific Islander (e.g. Samoan).

These groups have been chosen to meet the following criteria:

1. Their language or cultural identity is other than English speaking.

2. They are visibly and consensually considered ethnic minorities in the Australian community.

3. They are either over-represented or under-represented in prevention and OOHC.

As such, the differences in the rates and types of reporting in these stages of the child protection system can be related to cultural factors that are inherent to the group investigated, as well as the environment (policies and practices) of the service providers and the social welfare sector at large.

This study addresses a high priority research area for DoCS and is consistent with the Ethnic Affairs Policy Directions (EAPS, 2005-09) to promote the strengths and needs of working with these CALD families. The study employs both quantitative and qualitative methods to develop a research profile of issues associated with the implementation of child protection policies in Australia, and to compare these with international results. This study will provide an important contribution to the empirical and theoretical literature on best practice for these CALD families in the care and protection system.

2. Case file review data collection tool

Children and young people of non-English speaking backgrounds in out-of-home care in NSW

Section 1. Identifying variables

1. **Project ID:** _____

2. **KIDS Person Number:** _____

3. **DOB:** _____

4. **Age at review:** _____ years

5. **Gender:**

    Male 1

    Female 2

6. **Diagnosed disability:**

    No 1

    Yes (specify) _____2

7. **Language spoken at birth family home:** ....

8. **Religion practiced at birth family home:** ....

9. **Cultural identity/background of birth family:** ....

10. **Current court order/legal status** (specify): _____

11. **Duration of current final care order** (specify): _____

12. **CSC (current):**

    A* 1

    B 2

    C 3

    D 4

Section 2. Characteristics of the child

Any comments re language, religion and culture from the child's perspective:

13. **Are there any health problems identified on the file?**
    e.g. hearing impairment, asthma, respiratory infections?

    Yes 1

    No 2

    Information not found...3

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* Disguised for confidentiality reasons.

14. **Are there any developmental problems identified on the file?**
    e.g. developmental delay, learning problems, growth, speech delay?

    Yes 1

    No 2

    Information not found..3

15. **Are there any diagnosed mental health disorders identified on the file?**
    e.g. anxiety disorder, attachment disorder, ADHD, depression?

    Yes 1

    No 2

    Information not found..3

16. **Are there any behavioural and/or emotional problems identified on the file?**
    e.g. aggression, anger?

    Yes 1

    No 2

    Information not found..3

Section 6 covers support services.

Section 3. OOHC placement history

Instructions: Exclude respite care placements. Record data for each placement
(Q21-Q32) in chronological order including the current placement.

17. **How many placements has the child had?** _____

18. **Placement number:** _____

19. **Age at entry:** _____ **months**

20. **Duration:** _____ **months**

21. **Main reason for placement?**

    Child protection 1

    Parent need periodic relief..2

    Parent illness (physical/psychological)...3

    Significant family breakdown..4

    Other (specify)_____5

22. **Type of placement?**

Foster care...1

Kinship Care 2

Residential care...3

Independent living..4

Other (specify)_____5

23. **Purpose of the placement?**

Permanent..1

Temporary 2

Not found on file...3

24. **Main trigger for placement change?**

Carer's situation changed...1

Carer unable to cope 2

Conflict b/t carer and child 3

Conflict b/t carer and biological parents 4

Other conflict 5

Changes in parental circumstances..6

Another placement (planned) 7

Restoration (planned) 8

Not found on file...9

Other (specify)_____10

25. **Who is providing primary case management?**

DoCS...1

NGO (specify) _____2

26. **Is this the child's current placement?**

Yes..1

No 2

If no, repeat questions 22 to 30 for each placement.

27. **What circumstances appeared to contribute to the child being placed into care?**

28. **What factors appear to make it most difficult for the child to return to his/her biological parents?**

29. **Were there any issues relating to language, culture, migration/refugee experiences of child/ family that were factors in placement history? (Please include both factors considered in making placements and also factors contributing to breakdown of placements.)**

Summary of OOHC placement history:

Section 4. Current placement

Establishing the current placement

30. **Did carer/placement assessment consider factors relating to language?**

    Yes...1

    No 2

    Not found on file...3

31. **Did carer/placement assessment consider factors relating to culture?**

    Yes...1

    No 2

    Not found on file...3

32. **Did carer/placement assessment consider factors relating to religion?**

    Yes...1

    No 2

    Not found on file...3

33. **Comments re carer/placement assessments including language, religion and culture:**

34. **Has consideration been given to carers having appropriate language and cultural knowledge, or cross cultural skills?**

    Yes...1

    No 2

    Not found on file...3

35. **Comments re establishing the current placement and consideration of language, culture and religion:**

Characteristics of the current carers/placement

36. **Primary caregiver's relationship to the child?**

Unrelated foster carer..1

Grandmother..2

Grandfather..3

Grandparents..4

Aunt...5

Uncle..6

Aunt and uncle...7

Cousin female...8

Cousin male..9

Sister..10

Brother...11

Sister and brother...12

Other related male..13

Other related female...14

Unrelated friend/kin male...15

Unrelated friend/kin female 16

Not found on file..17

Other (specify)_____18

37. **Main language spoken by primary caregiver?**

Not found on file..1

English 2

Speaks language other than English..3

(specify) _____

38. **Does primary carer's language match that of child?**

Yes..1

No 2

Information not found...3

39. **Are there efforts by the carer to meet the language needs of child?**

Yes..1

No 2

Information not found...3

40.   **Primary carer's cultural identity?**

Specify ....

Not found on file...1

41.   **Does primary carer's cultural identity match that of child?**

Yes...1

No 2

Information not found..3

42.   **Are there efforts by the carer to meet the cultural needs of child?**

Yes...1

No 2

Information not found..3

43.   **Primary carer's religion practiced at home?**

Not found on file..1

NA, no religion 2

Practicing religion 3

Specify ....

Non practicing ....

Specify ....

44.   **Does primary carer's religion match that of child?**

Yes...1

No 2

Information not found..3

45.   **Are there efforts by the carer to meet the religious needs of the child?**

Yes...1

No 2

Information not found..3

46.   **Does primary carer have cross cultural skills?**

Yes...1

No 2

Information not found..3

If Yes Specify _____

47.   **Any placement reviews describing the quality of the placement, stability, felt security, cultural issues etc?**

Section 5. Casework (in the last two years only)

Case plans

48. **Is there a current case plan?**

Yes..1

No 2

Information not found..3

49. **When was the last case review conducted?** _____ months _____ years

Code '8' for data not found

50. **Is the current case plan the result of a case conference?**

Yes..1

No 2

Information not found..3

51. **How was the case plan developed?**

Not found on file..1

Case conference with carer only..2

Case conference with carer and child..3

Case conference with carer and birth parents 4

Case conference with carer, birth parents and child 5

Case conference with carer, birth parents, child and significant others...6

Other (specify)_____7

52. **Is the case currently allocated to a caseworker**

Yes..1

No 2

53. **Length of time case unallocated?** _____ months _____ years

(Code '0' if allocated and '8' if data not found)

54. **How often has the carer had contact with caseworker over the past 2 years?**

NA (unallocated)..1

At least once a week..3

Once fortnight..4

Once month...5

Once every six months 6

Once every 12 months..7

Not found on file..8

55. How often has the child had contact with caseworker over the past 2 years?

NA (unallocated) 1

At least once a week 3

Once fortnight..4

Once month..5

Once every six months 6

Once every 12 months..7

Not found on file..8

		Yes	No	Not found
56.	**Do case plans consider and/or address language?**	1	2	3
57.	**Do case plans consider and/or address culture?**	1	2	3
58.	**Do case plans consider and/or address religion?**	1	2	3
59.	**Do case plans consider and/or address migration or refugee experience?**	1	2	3

60. Comments about case planning and participation, comment on any changes in allocation/support over the period of time in care?

Permanency

61. Goal of the current permanency plan

Restoration to care of parent(s) 1

Adoption 2

Placement with member of same kinship care group..3

Permanent long term placement with authorised carer..4

Placement under order of sole parental responsibility (S149) 5

Placement under parenting order Family Law Act 1975 (CW)....................................6

Leaving care/independent living..7

Not found on file..8

62. Services provided for the parent to support contact and/or restoration

i. _____

ii _____

iii_____

iv_____

63.   Please write down any further details about the services for the parent(s) (i.e. what was provided, how long they were involved, how they addressed culture, any services that the caseworker felt were needed but were unavailable?)

64.   What are the barriers to permanency (i.e. any cultural issues)?

Family contact

		Yes	No	Not found
65.	Is there contact with the birth family?	1	2	3
66.	Are language services required (and used) in communication with the birth family?	1	2	3
67.	Are language services required (and used) in communication with the child?	1	2	3
68.	Do cultural issues have an impact on contact/lack of contact with birth family?	1	2	3

69.   Describe the nature of family contact and any culturally specific support services that are required/used:

Section 6. Services (in the last two years)

70.   **Services provided for the child and support for the placement** (multiple responses)

Alcohol misuse treatment..1

Anger management...1

Behaviour management...1

Childcare/preschool placement..1

Drug misuse treatment...1

Education at mainstream school 1

Education support worker/ tutor..1

Educational program..1

Employment training/ apprenticeship 1

Family mediation 1

Family therapy 1

Grief and loss...1

Mentoring program..1

Occupational therapy...1

Parenting program...1

Physiotherapy...1

Self-esteem building 1

Social skills training 1

Speech therapy 1

Mental health 1

Respite 1

Other (specify) _____1

71. **Type of services the child was referred to** (multiple responses)

Psychiatrist 1

Psychologist 1

Counsellor/ mentor 1

Family support worker 1

Community 1

Service 1

Other (specify) _____1

72. **Name the agencies that the child was referred to:**

i. _____

ii _____

iii _____

iv _____

	Yes	No	Not found
73. **Do support services address language?**	1	2	3
74. **Do support services address culture?**	1	2	3
75. **Do support services address religion?**	1	2	3
76. **Do support services address migration or refugee experience?**	1	2	3

77. **Please write down any further details about the services for the child (i.e. assessments conducted, what was provided, how long they were involved, how they addressed culture, any services that the caseworker felt were needed but were unavailable)?**

Section 7. Case outcomes

Instructions: It may be difficult to find this information on the case files. Please indicate where this information is found, and include the date. This information may need to be gathered from the interviews with caseworkers.

What outcomes are there for children in terms of:

78. **Progress and well being of the child?**

79. **Placement stability (current one)?**

80. **Achievement of placement goals?**

81. **Maintenance of connection to language, cultural identity and religion?**

82. **Child's perspectives of stated or apparent satisfaction with the placement?**

83. **What planning and intervention strategies specific or not specific to language/culture/ religion/migration experience appear to be effective or not effective in providing good outcomes?**

84. **How do these strategies deliver this? Ie the good (or otherwise) outcomes?**

85. **What support is available for caseworkers in working with NESB families and children?**

Additional comments:

END