

Protecting Black and Minority Ethnic Children:

An Investigation of Child Protection Interventions

Bawso

Providing specialist services for BME communities

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Executive Summary

The issue of safeguarding children from Black and Ethnic Minority (BME) is widely debated among policy makers and practitioners. Key areas of debate around the subject relate to adequate and timely interventions to prevent and reduce risk. This report presents the findings of a research study which aimed to look at the number of children BAWSO has worked with who have been on the Child Protection Register, with the aim of exploring patterns of registration and de-registration. The study also aimed to consider how both BME families and social work practitioners perceive and experience child protection interventions. The time period from which the sample drawn is; April 2006 to September 2011.

Study Aims

The aims of this study can be described in terms of two main areas. First, to look at the number of children BAWSO have worked with who have been on the Child Protection Register with the aim of exploring patterns of registration and de-registration. Second, to consider how both BME families and social work practitioners perceive and experience child protection interventions. In terms of the first area, the following more specific objectives were identified:

- to identify the number of BME children and young people who are, or become subject to, child protection proceedings on entry to temporary accommodation having fled domestic violence;
- to establish which child protection register categories are more commonly used in relation to such children and young people;
- to monitor the length of the periods of registration and the child protection plans experienced by BME children, young people and their families.

As part of these objectives, it was envisaged that some comparison of trends in the type of maltreatment recorded and the register categories experienced across diverse ethnic backgrounds may be possible. The second area of enquiry also embodied more specific objectives relating to:

- understanding of the perspectives of BME families on the ways in which cultural factors may shape their experience of the child protection system;
- appreciation of the experience and perceptions of professional child care social work practitioners working with BME children and families.

Methodology

In recognition of the hard to reach nature of the target population, the research exercise incorporated a mixed method design whereby quantitative data has been gathered from case files alongside qualitative data derived from interviews. Careful planning secured small, but representative, sample groups of respondents in terms of both BME families with some experience of child protection interventions and child protection social workers.

The research process was undertaken on a phased basis. The first phase was a retrospective interrogation of the BAWSO data base to identify families whose children at some point been on the protection register. 41 case files from Cardiff, Newport, Swansea and Wrexham were individually examined using a data collection tool designed to record the age, gender, ethnic background and first language of children and young people who had been supported by BAWSO and who had also been subject to child protection proceedings. In addition, the Child Protection Register category or categories used and the period of registration in each case were noted. Potential interview participants were also identified during this phase. Semi-structured interviews were undertaken with eight families in the second phase. Each family had previous or current involvement with BAWSO and one or more children within the family had been the subject of child protection registration. No children or perpetrators were interviewed. Six of the respondents had been involved with the Cardiff project, one respondent with the Swansea project and one respondent with the Newport project. In four cases the children had been directly subject to abuse, in three cases this had not occurred and in one case this question remained uncertain. In all cases the children had witnessed the abuse of their mothers.

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The current family situations varied: in some cases the mothers and children had no ongoing contact with the abuse perpetrator whilst others have remained in touch to varying degrees.

The third phase was the completion of semi structured interviews with eight child protection social work practitioners drawn from three of the four geographical regions in which there is a BAWSO project: six based in Cardiff, one based in Newport and one based in Swansea. Seven respondents are currently working in the statutory sector and one is presently employed within the independent sector. All respondents have experience of working with BME children and families generally and in the context of child protection specifically, and often with family situations involving domestic abuse. The length of qualified social work practice experience held by respondents ranged from 18 months to over 20 years. They were non-related to the family respondents i.e. had not worked with any of the families, and were not asked to comment directly on any of the family situations. Instead, the vignette technique was employed in practitioner interviews.

Summary of Key Findings

Policy/practice implications emerging from family interviews:

A number of implications for both social work policy and practice can be discerned from the results of the family interviews:

The need to recognise and understand the complexities inherent in the relationships between nuclear and extended BME families and between BME families and communities. For many women, relations between their nuclear and extended families embody a complex mix of support and surveillance and that, across BME cultures, a strong emphasis is placed upon the expectations of the extended family. A further source of intra familial tension that was referred to by women respondents related to the economic hardship at times experienced by themselves and their children as a result of their husbands channelling family funds to support their own wider relations and

also to the stress that this sense of responsibility could cause for husbands and the way in which this stress could be presented as a causal factor in male abusive behaviour.

BME communities too were seen by women respondents as simultaneous sources of support and oppression wherein some groups and individual friends within their ethnic and/or faith community were resources for support and advice but could also represent a form of monitoring of women's behaviour, of sanctioning and even endorsing male abuse and, at the very least, of disapproval through which a woman might become yet more isolated from those around her.

A significant lack of knowledge and understanding of the role of Social Services in particular for women born outside the UK. Those respondents not brought up within the UK (five out of eight) had no prior knowledge of social services. This means not only that information-giving is important but also that there is a significant opportunity to convey positive images of social services to people who have not been exposed to the myths/stereotypes arising from negative media coverage;

Linked to the above is the need for information to be clearly imparted and explained and for women to be enabled in developing their understanding of 'outside' (the family/community) agencies and processes. Some women talked about being left out of the discussion and decisions affecting them. For instance women cited examples of how they were just expected to turn up for conferences without prior information of the purpose, and/or expectation.

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Policy/practice implications emerging from practitioner interviews:

Practitioner interviews also demonstrated a number of social work policy and practice implications.

First is the thematic expression of uncertainty and ambivalence by practitioner respondents regarding, for example, the over or under representation of BME children on the Child Protection Register, together with some inconsistency in the responses to issues of cultural sensitivity. Such hesitance, even on the part of practitioners of long standing experience, may indicate that such uncertainty and ambivalence arises from more than limited confidence and/or experience regarding social work with BME families and perhaps equates to a fundamental lack of knowledge amongst practitioners. Bhatti-Sinclair (2011), among other social work education commentators, notes that emphasis within qualifying social work education and training upon learning regarding 'race' and ethnicity has diminished over time and the corresponding impact that this will have had upon practitioners' knowledge base. It would seem that social work education and training – at both pre and post qualifying stages – could perhaps usefully be more explicit and uniform in addressing requisite knowledge and skills for social work practice with BME service users.

All respondents referred to networking, as a practice approach and the most immediately useful way of improving their practice. Respondents spoke of the need for them to make themselves and their role known to, and to develop working relations and alliances with, a range of community groups and independent sector organisations working directly within BME communities. This strategy was espoused by practitioner respondents as a key means not only of gaining access to communities and families that they at times perceive as closed to 'outside' agency intervention, but also of developing their own levels of confidence and knowledge in this area of practice.

Conclusion and Summary of Key Recommendations:

In examining interview responses from families and practitioners this research has highlighted a wide range of issues which are consistent with previous studies cited in earlier sections. These link limitations in families' engagement with Social Services to a variety of reasons which may sometimes include complex cultural practices, compromised communication and limited or nonexistent English language skills to mention a few. It can be concluded that the overriding theme of women respondents' observations regarding effective social work practice relates to clear and accessible communication on the part of social workers. In the case of social work respondents an overall emerging theme is the lack of knowledge amongst practitioners which may sometimes lead to limited confidence in working with BME families.

In order to safeguard children and alleviate the experience of families and to enhance the work of practitioners the following recommendations arise from this study:

1. There is a need for social work practice to develop wider understanding of different cultures and ethnicities and the complexities inherent in the relationships between nuclear and extended BME families and between BME families and communities. This would entail fostering prevention and intervention approaches that build on family and community strengths.
2. Pre and post qualifying social work education and training needs to be include standardised cultural awareness input so that it is explicit in addressing basic knowledge.
3. Communication methods aimed at enhancing understanding of the role of Social Services as well as the engagement of BME families need to be improved upon. In some instances this would mean the provision of good quality interpreters to ensure that dialogue between families and Social Services practitioners can be conducted on a fluent and meaningful basis.

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4. Opportunities for professional networking need to be increased. This could be achieved through partnership working between statutory and third sector organisations.
5. Research that will expand understanding of experiences of safeguarding children in BME communities across Wales needs to be ongoing.

Introduction

Background of Study

The issue of safeguarding children from Black and Ethnic Minority (BME) is widely debated among policy makers and practitioners. Key areas of debate around subject relate to the adequate and timely interventions to prevent and reduce risk. This study provides a unique insight into how safeguarding procedures are experienced by BME families, their children, and the practitioners who work with them. There is evidence that culturally competent practice enhances children's wellbeing and an understanding of how variations in child rearing are understood by families and professionals could contribute to prevention and early intervention (Korbin and Spilbury, 1999).

This study responded to concerns that there may be possibility that a high percentage of BME children may be subjected to inappropriate and inadequate intervention in the child protection process. Anecdotal evidence by BAWSO suggests that decisions to place BME children on the Child Protection Register (CPR) could be decided without consideration of their ethnic or cultural backgrounds. To this end the interventions have the potential to be as a result of stereotyping, lack of awareness amongst practitioners of how various categories of abuse are manifested in these communities, coupled with a general lack of awareness of cultural practices. In the most extreme instances this could be perceived as oppressive practice.

The service users who are the focus of this study will be amongst the most vulnerable in society; they have experienced domestic violence and are at risk of homelessness as well as the inherent difficulties known to impact on families from different ethnic and cultural groups (Ghate and Hazel, 2002). They have been physically threatened and attacked, mentally insulted and demeaned, and emotionally damaged. Their self esteem and self confidence have been all but removed. Most are imprisoned by unsympathetic families or shame or the need to protect themselves and their children. Often language is a serious difficulty and they have little money and few resources to identify or pursue routes of escape. Flight brings complete dislocation for themselves

and their children. Set within this context, this study examines the factors that lead children and families to come to the attention of the child protection services by looking at similarities and differences in child rearing attitudes and beliefs and how these are understood by professionals (Hackett and Hackett, 1994).

The varying cultural practices that underpin the way that children are brought up and the role that the ethnicity of a family plays in safeguarding and child protection decisions will be explored. It has been suggested that cultural issues may impact on take up of services – specifically when interpreters are required or a strong cultural expectation exists of caring for children without external agency support (Hatton et al., 2004; Divedi, 2002).

In some instances reluctance to access support stems from simple desire to keep family life private; fear is prevalent in many communities that social work practitioners will 'take your children away'; a poor view of the state arising from initial contact through the immigration system; and, for some communities – particularly those with insecure immigration status – an instinctive distrust of the state arising from experiences in their country of origin. An overview by the National Family and Parenting Institute on support for families from South Asian backgrounds also reported lack of trust in current provision among a range of barriers preventing such families accessing both preventative and universal family and parenting services (Becher and Husain, 2003).

In addition, these anxieties are increased among communities who perceive the norms of parenting and family life in Britain to be different from those of their own culture coupled with the lack of understanding of the welfare system. They have no clear explanations of unfamiliar terms such as "child protection", "child abuse" and "neglect". For example, an inspection of services to minority ethnic children and their families in eight local authorities (O'Neale, 2000) found that families seeking support often experienced difficulties in accessing services because they did not understand the role of social services, especially when English was not their first language.

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The quality of communication between families and professionals is particularly important in child protection situations where the family is not previously known to social services, which seems to be more frequently the case for minority ethnic families (Hunt et al., 1999; Selwyn et al., 2008). Problems with the availability or suitability of interpreting services are frequently reported in studies of minority ethnic families involved in child welfare procedures (Chand, 2005; Humphreys et al., 1999; Brophy et al., 2003).

Whilst there has been an increase in research converging around issues of child welfare generally, the focus on aspects of cultural factors in relation to safeguarding is arguably underexplored (Stevenson, 2007). What can be drawn from existing evidence is that confusion and uncertainty may still be prevalent for professionals attempting to work in a culturally sensitive way. In some critical cases, professionals may be missing significant indicators that could point to maltreatment (Laming, 2003) and in other interventions may be over zealous (Barns et al., 2006). This research into this specific area of child welfare, with participants from culturally diverse ethnic backgrounds will provide a body of knowledge that has hitherto been limited in Wales and this will be significant in informing a preventative and intervention strategy by Welsh Government.

About BAWSO

BAWSO, established in 1995, is an all Wales voluntary organisation, providing specialist services to Black and Minority Ethnic (BME) women and children made homeless through a threat of domestic violence or fleeing domestic violence. It is an Accredited Support Provider for the Welsh Government with an 'Investor in People' 'Quality Mark'. Currently BAWSO supports more than 1,000 BME women and over 500 children annually.

Since opening its doors, BAWSO has supported hundreds of women and children to rebuild their lives away from fear and abuse. It has developed expertise in supporting women experiencing domestic abuse and collaborated with a variety of stakeholder agencies at the forefront of the working against

domestic abuse. The work of the organisation has been fundamental in raising awareness regarding a variety of neglected issues in the UK such as female genital mutilation (FGM), honour crimes, forced marriage, sexual violence and trafficking.

BAWSO's core services deliver a place of safety, one to one support to the abused BME woman and her children, including childcare, welfare and housing advice. In addition to providing a central core of specialist support, BAWSO has also developed language and interpretation services, specialist volunteers, professional mentoring and positive image programmes designed to invigorate the self confidence of BME women. These complement BAWSO service provision and deliver a culturally sensitive service attuned to the needs of BME women. These are:

- Advice and Information
- 24 Hour Help Line
- Childcare
- Volunteering – recruiting, selecting, training and placing volunteers
- Language Support – providing interpretation and translation services
- Development, Research and Information
- BAWSO Training services
- FGM Health and Safeguarding Community Based
- Diogel – providing temporary secure accommodation and support for 13 women who have been trafficked as well as 20 outreach support to both men and women
- Older Peoples' Project – Promoting independence and wellbeing of 50+ BME people in Cardiff
- Men's Project – Support provision for BME men experiencing DV and mentoring for young people

The purpose of BAWSO services is to provide a platform of security upon which BME women can address the practical and emotional implications and impact of fleeing from abuse, and can embark upon the journey of regaining self confidence and realising their individual potential.

Methodology

The aims of this study can be described in terms of two main areas. First, to look at the number of children BAWSO have worked with who have been on the Child Protection Register with the aim of exploring patterns of registration and de-registration. Second, to consider how both BME families and social work practitioners perceive and experience child protection interventions. In terms of the first area, the following more specific objectives were identified:

- ? to identify the number of BME children and young people who are, or become subject to, child protection proceedings on entry to temporary accommodation having fled domestic violence;
- ? to establish which child protection register categories are more commonly used in relation to such children and young people;
- ? to monitor the length of the periods of registration and the child protection plans experienced by BME children, young people and their families.

As part of these objectives, it was envisaged that some comparison of trends in the type of maltreatment recorded and the register categories experienced across diverse ethnic backgrounds may be possible. The second area of enquiry also embodied more specific objectives relating to:

- ? understanding of the perspectives of BME families on the ways in which cultural factors may shape their experience of the child protection system;
- ? appreciation of the experience and perceptions of professional child care social work practitioners working with BME children and families.

Research design and methods used

The research process was undertaken on a phased basis, it had three phases.

Phase 1-

The first phase involved retrospective interrogation of the BAWSO data base. 41 case files from each of the four BAWSO projects in Wales were individually examined using a data collection tool that had been designed to record the age, gender, ethnic background and first language of children and young

people who had been supported by BAWSO and who had also been subject to child protection proceedings. In addition, the Child Protection Register category or categories used and the period of registration in each case were noted. The time period from which case files were drawn was April 2006 to September 2011. Initially, it had been assumed that sampling would need to be undertaken in order to draw 50 case files from a considerably larger number of families across Wales who had previously received support from BAWSO or were currently doing so. However, on canvassing the four BAWSO projects for the files of all families where children's names had been placed on the Child Protection Register, 41 cases only were identified. The files relating to each of these cases were scrutinised in order to capture the data outlined above and to draw out a brief summary of the case context and of the child protection concerns. This information was then used to generate a sample of families who were potentially suitable for qualitative interview – the second phase of the research process.

Table 1: Shows the number of cases included in the sample by area

Area	Number
Cardiff	20
Swansea	10
Newport	6
Wrexham	5
Total	41

Phase 2-

Semi-structured interviews were undertaken with eight families, each of whom had previous or current involvement with BAWSO and where one or more children within the family had been the subject of child protection registration. The families were drawn from three of the four geographical regions in which there is a BAWSO project. Only those families where registration was not current were accessed for interview as it was recognised that research enquiry regarding an ongoing experience of registration could serve to confuse interview respondents or be otherwise unhelpful to the intervention that they were engaged with. Similarly, care was taken to ensure that there had been some passage of time since the

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experience of trauma in the form of domestic abuse and that there was some evidence of the family having been able to establish recovery before making a request of them for a research interview. Before approaching any family for interview, the views of the BAWSO worker who had closest involvement with them over time were sought to ensure that the experience of a research interview would not be detrimental to the family's interests. Initial contact with each prospective respondent family was then made by their current (or most recent) BAWSO support worker. Another sampling consideration was that families needed to continue to be living in Wales (it is not uncommon for families with whom BAWSO has worked to relocate to other parts of the UK in order to be closer to extended family and/or as part of establishing distance between themselves and former perpetrators of abuse).

All interviews with families were carried out at a time and place of their own choosing. In most cases, respondents opted for the interview to take place within their home. All interviews were conducted by the same researcher though interpreters were also used in two out of the eight interviews. Full consideration was given to the nuanced version of what is said that can arise through the use of an interpreter (Humphries, 2008). At each interview a narrative approach was used wherein respondents were asked to tell the story of their experience and the meanings they have attributed to it (Kvale and Brinkmann, 2009). At the end of each interview, each family was given a £25.00 supermarket voucher as a thank you for their time and an acknowledgement of their contribution to the research exercise. No mention was made of this acknowledgement prior to each interview to avoid any possibility of the voucher being seen as a form of inducement (Head 2009) or incentive (Creed-Kanashiro et al., 2005) through which the principle of informed and freely given consent may have become compromised (Morrow, 2009).

Phase 3-

Following the family interviews, semi structured interviews with eight child protection social work practitioners, drawn from three of the four

geographical regions in which there is a BAWSO project, were completed. These respondents were non-related to the family respondents i.e. had not worked with any of the families, and were not asked to comment directly on any of the family situations. Instead, the vignette technique was employed in practitioner interviews. Within the research context, the use of the vignette is defined by Jenkins et al., (2010: 175–6) as 'A technique ... providing sketches of fictional (or fictionalised) scenarios. The respondent is then invited to imagine, drawing on his or her own experience, how the central character in the scenario will behave. Vignettes thus collect situated data on group values, group beliefs and group norms of behaviour.' From this it can be seen that use of the vignette technique, as part of a qualitative interview, enables an individual practitioner respondent to discuss professional social work responses more widely, and not simply their own. Also, vignettes can provide a helpful means of enquiring into potentially sensitive areas (Barter and Renold, 1999); asking a practitioner directly about their individual practice may be experienced as more challenging whereas asking them to discuss, on a slightly removed basis, social work responses to a practice situation which has familiar elements may be more facilitative. A vignette scenario was developed drawing on a number of aspects of family situations derived from the case file analysis and thus represented a typical BAWSO case.

Practitioner interview respondents were accessed using existing links between Cardiff University and South East Wales local authority children and families social work teams. A purposive sampling approach was adopted i.e. children and families team managers were approached and asked to circulate information about the research to social work staff within their teams, with a view to prospective interview participants coming forward in response to this. Despite the well established nature of these links and the general interest in and support for the research study that was expressed by local authority training officers and managers as initial access-givers, social work practitioner respondents proved difficult to access, however. The identification of an interview sample of eight took more time and persistence than originally envisaged.

Methodology

A decision was made not to perform statistical testing on case file data because of the limited size of the sample. Data is presented as a collation based on the data collection sheet which was devised to collect information on child protection cases in terms of age, gender and ethnicity, together with the first/preferred language of their primary carer.

All family and practitioner interviews were audio taped and the data from these were analysed in accordance with established principles of thematic analysis (Ryan and Bernard, 2003): each interview was transcribed fully and the transcriptions used to generate codes and subsequent emergent themes. This process was undertaken so as to enable recognition of cross-cutting themes from within each sample (families and social workers), as well as any connections across the sample groups.

Ethical Considerations

Throughout the planning and execution of this research study, ethical issues have been a key consideration. Prior to commencement of any data collection, an application for ethical approval was submitted to – and approved by – the Cardiff University School of Social Sciences Research Ethics Committee.

In relation to BAWSO case files, the ethical approval application clarified that on initial engagement with BAWSO, service users are routinely asked for their consent for anonymised data regarding their circumstances to be used for research purposes and that only the files of families where such consent had been given would be accessed. With regard to family interviews, it was confirmed that no children would be interviewed and that informed consent of adult respondents would be ensured through the provision of verbal and written information (translated as appropriate) and a minimum period of two weeks for consideration of this by prospective respondents before they were asked for their decision as to whether or not they wished to engage with the research. Prospective respondents were informed that their refusal or agreement to participate would in no way affect their access to services from BAWSO or any other services with which they were involved.

Consent forms that detailed respondents' right to withdraw from the interview at any point, and without having to provide any reason for this, were issued and signed at the outset of each interview.

In addition to the ethical care that informed the sampling strategy that is outlined above, it was ensured that all interviews took place during BAWSO working hours so that immediate support could be accessed by respondents in the event of any distress arising from engagement with the interviews. Similar measures of ethical care were taken in relation to practitioner respondents in that verbal explanation and information sheets were issued as part of the informed consent process and consent forms were also used.

Prospective practitioner respondents were also advised of the use of the vignette technique and an exemplar vignette was attached to their information sheets. Here, an important caveat to the assurance was made as to the anonymity of data and its use for research purposes only was emphasised: that if any disclosure of practice that placed a respondent in breach of the Code of Practice for Social Care Workers were to be made (i.e. that indicated a potential instance of professional misconduct) then their line manager would be informed of this. As noted above, the vignette technique was used during practitioner interviews and this was used in part to avoid any breaches of confidentiality stemming from actual case discussion by respondents.

In summary, this research exercise has incorporated a mixed method design whereby quantitative data has been gathered from case files alongside qualitative data derived from interviews. Careful planning has secured small, but representative, sample groups of respondents in terms of both BME families with some experience of child protection interventions and child protection social workers.

Findings

The results section is divided into four sections. The first section gives a demographic backdrop of the study area followed by a discussion of how data were analysed. This section is followed by an analysis of retrospective data. The third and fourth sections are the results of the family and practitioner interviews.

Demographics of Study Areas

Wales has an ethnically diverse population. In 2001 61,580 people residing in Wales registered themselves as being from a black and/or minority ethnic group (Population Census from the Office of National Statistics). Estimates produced in 2011 show that between 2001 and 2009, the percentage of people in Wales from minority ethnic groups increased from 2.1 per cent to 4.1 per cent.

The largest minority ethnic group in Wales is Asian or Asian British. In 2009, this group made up 1.8 per cent of Wales' population. At a local authority level Cardiff, Newport, the Vale of Glamorgan and Swansea had the highest proportions of people from minority ethnic groups in 2009 whereas across the rest of Wales there are smaller numbers and in some cases isolated families and individuals living in rural and semi-rural settings – these being mainly in Mid, West and North Wales.

Statistical data available from local authorities suggest that where areas have higher levels of deprivation, there is also a higher BME population (1– ONS Mid 23007 BME Population in Wales Estimate). In some parts of Cardiff, for example Butetown and Adamsdown between 14% and 20% of the population are born outside of the UK. Within these areas, indicators of poverty and deprivation can also be found. For example, 19% of the working age population has a long-term illness, and 13% – 14% of the population is not in good health.

Generally, available indicators suggest that areas of Cardiff with large BME and migrant populations tend to have higher levels of unskilled occupations and higher levels of poor health (Cardiff Council, 2011). No changes were made to the original objectives

of the study. These remained constant in terms of identification of the number of BME children and young people worked with by BAWSO who, over a five year period, have had their names placed on the Child Protection Register, in which categories and for how long. Also, in terms of exploration and enhanced understanding of the experiences and perceptions of both BME families and child protection social workers regarding the influence, if any, of cultural factors upon child protection interventions in respect of BME children and young people. However, a number of changes to the originally proposed methodology of the study were made, each of which was in response to, or represented, a research finding:

- Initially it had been assumed that, over a five year period, the four regional BAWSO projects would have worked with an extensive number of families where children's names had been placed on the Child Protection Register and that a sample of 50 case files would represent only a proportion of these. In fact, it was found that the number of such cases was far fewer than originally anticipated and the analysis of 41 case files represented the entire number of cases involving child protection interventions that had been worked with by BAWSO between April 2006 and September 2011. In majority of the cases there was social service involvement however no referrals were made to the protection register. For example in Wrexham only five cases were referred on to child protection register out of 21 which had Social Service involvement.
- Each of the four BAWSO projects uses a standard initial information gathering pro forma on meeting with families. This document covers a wide-ranging spectrum of areas of information and, if fully completed, would provide a detailed and extensive picture of a family's composition and circumstances. Thus this document was expected to represent the key source of case file data for the study. In many cases, however, the pro forma had not been used fully and/or there were contradictions between the family information entered on this document and that on other

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documents contained within the family file(s). In these instances it was necessary to scrutinise the whole file for the research data required and, in some of these cases, incomplete information only existed. Missing information in some instances such as the date of the initial conference and/or the period of registration were incomplete because the family had social service involvement prior to accessing support from BAWSO and this information was not shared with upon commencing support. In other instances service user's support with BAWSO ended whilst their children remained subject to Child Protection Register and so there was no access to information on the closure of cases.

- Three of the four BAWSO projects are based in cities throughout Wales (Cardiff, Swansea and Newport) whilst the fourth is located in a smaller town and more rural area (Wrexham). The original research design had been based on an assumption that whilst there would probably be fewer Wrexham cases, there would nonetheless be sufficient to generate potential interview respondents and it had been planned that the family interview sample would represent the four BAWSO projects. In fact five cases from Wrexham formed part of the sample.
- Two cases were ongoing and there was a negative response from the other three when approached to participate in the family interviews and thus no interviews with families living in Wrexham took place. Furthermore, the number of Swansea and Newport-based families with experience of child protection interventions was considerably smaller than the number of Cardiff-based families. Again, this was reflected in the distribution of family interviews.
- The original design of the study had included a number of post interview dissemination events with each of the family and practitioner interview respondent groups and across the four BAWSO project regions. It had been planned that these events would be a means of presenting key findings from the interviews and would provide a forum for some further discussion of these and, importantly, for facilitating recommendations for best practice by respondents. Further, it had been planned that a final group event would be held that would bring together both family and practitioner respondents for the purpose of negotiating and agreeing a shared set of recommendations, in the manner of a collective performance review.

This plan changed, however, as it became apparent that the majority of respondents in each group would be Cardiff-based and single dissemination events – one for family respondents and one for practitioner respondents – were scheduled to take place in Cardiff with respondents from Swansea and from Newport invited to attend these.

No respondents attended the planned dissemination event for families. This was rescheduled and a wider group were invited i.e. women receiving support from BAWSO who had not taken part in the interviews but had experience of children being placed on the protection register were also invited to attend.

No respondents attended the planned dissemination event for practitioners and, in the light of this and the difficulties expressed by practitioners in making the time to engage with interviews, the event was not rescheduled. This extremely low level of response to invitations to attend the dissemination and recommendations events led to the decision not to proceed with the originally planned joint review event.

Findings

Interrogation of Retrospective Data

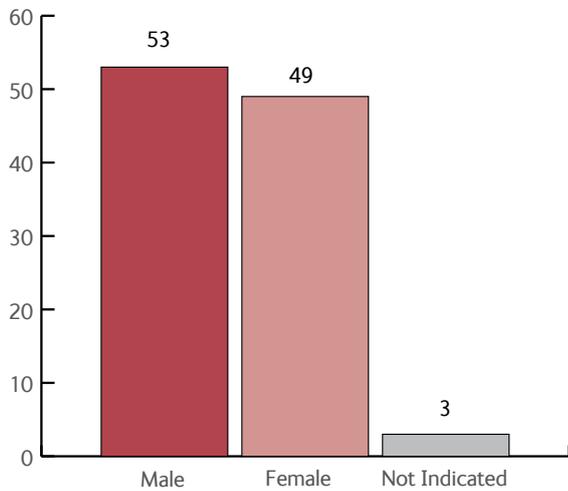


Figure 1: Number and sex of children on the Child Protection Register

Between April 2006 and September 2007 105 children had at some time been placed on the Child Protection Register although only 41 families formed the sample. The number of children per family ranged from between 8 and 1. The age of the children was between 16 years and 4 months. In an exceptional case two young people over the age of 17 had requested to remain on the protection register because of the risk of forced marriage.

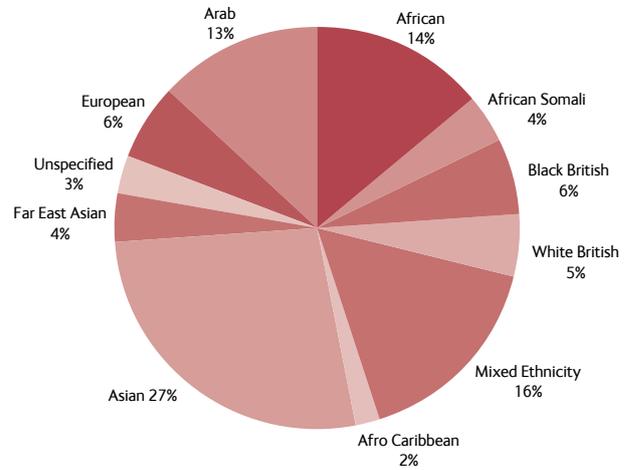


Figure 2: Pie chart showing the ethnicity of children

The ethnic composition of the sample was quite diverse. The chart shows that the majority of the cases were Asian (27%), this was followed by mixed ethnicity (Pakistani/Welsh/Arabic) (16%) and African (14%).

Findings

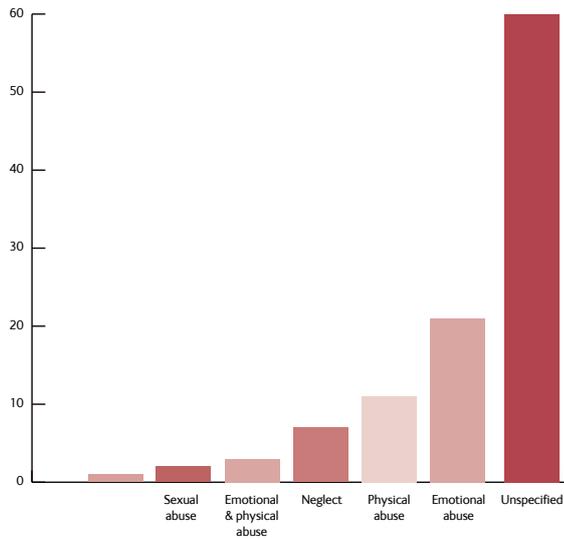


Figure 3: Shows the registration categories

The chart shows that in the majority of cases the category of abuse recorded in the case file was unspecified (n=60). There is a twofold explanation for this finding. In the first instance information relating to category of registration was not available to BAWSO since the case commenced before they started supporting the family. However, in some instances the information was omitted during collection of information. Support staff recorded that the child(ren) were on the Child Protection Register but did not go into the detail of the nature of concerns and /or category because the service users did not inform or involve the support worker making it difficult to keep a full record.

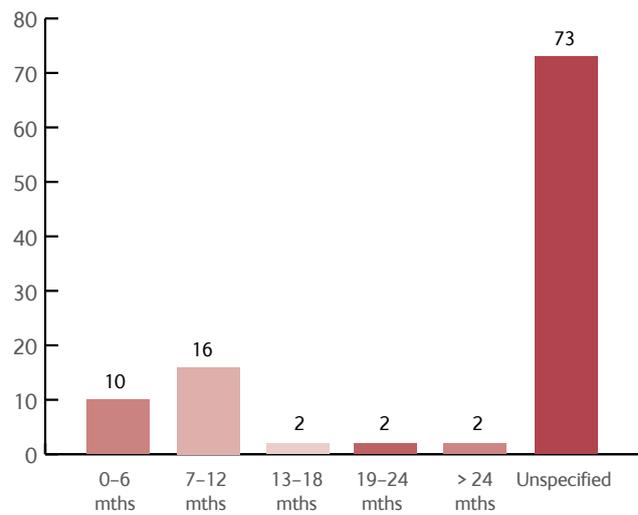


Figure 4: Shows the period of registration on the Child Protection Register

The graph shows that in majority of the cases (n=73) the period of registration was not specified (see explanation in categories of registration). In the instances where the period was indicated (n=32), most of children were on the Child Protection Register between 7 – 12 months followed by those who were on the register for 6 months. On average, women who come to refuge stay for a period of 6 months to a year. Therefore in some of these cases the children were removed from the register because they were deemed safe since the mother had left the abusive relationship and had no plans to return to perpetrator. In some instances the children were returned on the register when the women left refuge and reestablished contact with the perpetrator.

Findings

Findings from Family Interviews

Profile of Family Respondents

Eight interviews were carried out with women who had had support from BAWSO in response to their experience of domestic abuse and whose children's names had been placed on the Child Protection Register. No children or perpetrators were interviewed. Six of the respondents had been involved with the Cardiff BAWSO project, one respondent with the Swansea BAWSO project and one respondent with the Newport BAWSO project. In four cases the

children had been directly subject to abuse, in three cases this had not occurred and in one case this question remained uncertain. In all cases the children had witnessed the abuse of their mothers. The current family situations varied: in some cases the mothers and children had no ongoing contact with the abuse perpetrator whilst others have remained in touch to varying degrees.

Family Respondent Identification	Ethnicity	Religion	BAWSO Project	No. of Children in Family	Children Subject to Abuse	Children Witness to Abuse	First/ Preferred Language
FR1	Bangladeshi	Muslim	Cardiff	4	✓	✓	Bangla Interpreter required
FR2	Somali	Muslim	Cardiff	1	✗	✓	English
FR3	Congolese	Christian	Cardiff	7	✓	✓	Bangla Interpreter required
FR4	Pakistani	Muslim	Cardiff	4	✓	✓	English
FR5	Indian	Christian	Cardiff	2	Uncertain	✓	English
FR6	Bangladeshi	Muslim	Cardiff	2	✓	✓	English
FR7	Mixed	Muslim	Swansea	1	✗	✓	English
FR8	Bangladeshi	Muslim	Newport	4	✗	✓	English Limited Ability

Table 2: Family Interview Respondents

Findings

Accounts of Domestic Abuse

A range of forms of abuse were reported by women. Physical abuse whereby husbands routinely slapped, punched and kicked women was common amongst most respondents as was financial/economic abuse which involved husbands failing to inform women that, as a family, they were in receipt of benefits for each family member but, instead, keeping the family income, using the money for their own interests and giving women little or no funds for food, clothes and other essentials for themselves or for the children. All women described verbal abuse, threats and emotionally abusive behaviour such as telling women that their children would be removed from them and/or that women would be returned to their countries of origin and no longer allowed any contact with their children. Some women spoke of being forced to have sex and some spoke of being bullied by members of their husbands' families and abused by their husbands in response to perceived disrespect by women towards their husbands' families.

Respondents' Family Backgrounds

Three of the eight respondents were brought up in the UK and of the remaining five, four described childhoods in rural settings which impacted on their opportunities to gain economic and educational resources within their countries of origin. Two of these respondents described childhoods which had been heavily influenced by experiences of civil war and these socio-political environments appeared to have had an impact on the respondents' and their families' views of childhood and the concept of the 'protection' and 'safety' of children:

"I was explaining the child services to my father; he thought it was a crazy thing because I was telling him "oh my son is on the child protection register" and he was just confused about it. He said "what did you do to your child for him to be there? X is fine, I talked to him, and he is happy so what?" I said "yes but they said that he is at risk", he [respondent's father] said "kids who are at risk are kids who are in Mogadishu, the guns are near them".

FR2

Respondents were asked to provide an account of their own experiences of childhood and family life. None of the accounts of childhoods included domestic abuse against mothers or children. Some of the respondents related accounts of physical chastisement but this occurred after their parents had explained why certain behaviour was unacceptable or after verbal chastisement had taken place. Typically, respondents described childhoods where parents had segregated roles within the family in that fathers would provide materially for their families whereas mothers undertook caring roles:

"She said it was the mother who had the responsibility to look after the family so this is the way she was brought up. The relationship between mum and dad was ok. She's saying, because their dad was somebody who used to go out and work to provide for the family so the mother was the one staying at home spending more time with the children."

FR3 via Interpreter

However, cultural differences regarding the division of domestic tasks and childcare were not necessarily described as problematic by the family respondents, although they may have been seen as such by the agencies involved during the child protection process:

"No I don't think so. I don't think he should tell me to cook for him all the time like cook, cook, cook. No, I think as a woman I should know because I'm home, he's working ... she [Health Visitor] said he shouldn't really be saying that he should let you sleep, that's abusive. It's written there, like 'X agrees her husband was being abusive because he's been asking her to cook' but I didn't mean it like that so everything was blown out of proportion and it became so big."

FR2

"She's saying it's her responsibility to feed her children at home...she said it's her responsibility to make sure she cooks and feed them...The father does the earning and the providing those things."

FR1 via Interpreter

The respondents described busy childhoods which included religious education or instruction alongside some formal secular education. Those respondents

Findings

who had grown up in countries other than the UK were generally positive about the experiences of being a parent in the UK and the opportunities that this has made available to them as individuals and as mothers in the provision of care and the upbringing of their children:

“She said it’s much different, its more different because there ... a child can ask you [for] something ... you have that will of offering but lack of, you know, you can’t give them ... You can promise but it will take time but here its different – your child can ask and even though you don’t have it today but tomorrow at least you can find something for the children... so here its more easier than home.” FR3 via Interpreter

FR1, FR2, FR5 and FR8 had moved to the UK to join their husbands after marriage and FR3 joined her husband in Cardiff seeking refugee status.

Perceptions of Extended Family and of Communities

There was some evidence that respondents’ experiences of being a member of an established or longstanding minority ethnic, cultural or religious minority community in the UK may be complex. Also, that problems can emerge when families are under pressure to remain members of these communities and to maintain the integrity of their families in the eyes of the community, particularly when the emphasis of such integrity is based upon concepts of ‘honour’ and ‘shame’ – which tend to focus on the behaviour and conduct of women.

Nonetheless, respondents emphasised the importance, from a very early age, of the involvement of extended family and of the wider cultural or religious community in influencing parenting practices and setting boundaries for acceptable behaviour. In particular, respondents talked about the differences between the roles and expectations of boys and girls when growing up and the reinforcing of differentiated gender roles for males and females in family and community life. Respondents stated that, as females, their behaviour, relationships and movements were much more restricted and monitored by their parents and that the wider community played an important

role in defining the boundaries of acceptable behaviour as well as policing behaviour:

“You couldn’t go anywhere without anyone seeing you. You couldn’t be talking to someone without them finding out ... the brothers carried on going to school, kept on doing what they wanted to do so with them it was kind of ... for the brothers it was kind of different because I think they were boys really.” FR4

“The Bengali community, especially in Cardiff, they are really bad even right now that I’m divorced they are giving me a hard time, even though my family are supporting me.” FR6

For one respondent, the involvement of Social Services and the experience of child protection registration were viewed as a buffer against hostile repercussions from local extended family after she separated from her husband:

“I think ... my husband and his family did not do anything bad because I’ve got a social worker... my husband didn’t make any problems because the social workers were involved but before he said “why the social workers? I don’t care, they are nothing” but now he thinks the social workers are a danger ... it’s been good for me that social workers are involved, nobody does anything bad because they [social services] know if there are any problems for me or the other children.” FR8

However extended family were also described as potentially valuable sources of support and the ‘gaze’ of the community at times worked to alert family members to abuse within a household. On the other hand, respondents reported that the pressures of extended family can impact on the levels of stress experienced by male members of the family who are seen as providers to wider family members including those still residing in the country of origin.

Thus it would seem that the nature of the involvement of extended family and community cannot be presumed and must be ‘unpacked’ by those seeking to provide support and assistance to a family.

Findings

Awareness and Understanding of the Role of Social Services

In all of the accounts provided by the respondents, including those of UK-born respondents, there was no experience of the concept of 'outside' intervention (i.e. formal agencies and/or sources of advice and support other than extended family community) having a bearing on family life during their own childhoods:

"Because back out in our country we don't go through all these things. It's all sorted out amongst the families and probably even if you go to court it's sorted out there but there's not any help like this out there, any organisation like this, things are all sorted out mutually amongst themselves like, you know. And it all goes off peacefully, I think ... all these things that came up here [in the UK] like all these different organisations and all, I had no clue no idea about it."
FR5

"... because we are Muslim, you know, the way the Western and us, we like same people but we are different; we've got different cultures, our relationships, the way we raise our children its different, you know?"
FR2

More specifically, none of the respondents who had been born and brought up outside the UK stated that they had any prior knowledge of the role of Social Services and the assistance that could have been provided to them from this source. For each of these respondents, Social Services involvement was prompted by the intervention of friends (in three cases) or by incidents that had involved the police (in two cases).

Whilst the three British-born respondents had some prior knowledge of Social Services and its function within the UK, the involvement of Social Services for each of them was prompted by a critical incident of domestic abuse which had necessitated police intervention. In those cases where social services involvement had not come about as a result of police intervention then female friends had played an active role by reporting abusive behaviour to Social Services:

"When this occurred with my husband and I went to a friend, a lady who I knew through my husband, I went to her, I was crying my eyes out because I was panicking I was all worried because it happened two three times you know... I went and met this lady and cried my eyes out to her... I never knew where to go and whose help to get. So when I met this lady she was the first one who told me what was Social Services. She tried to tell me that Social Services will help out for cases like this and ... I said I don't really know what Social Services is and I said I don't want to get into it at the moment. But she tried to talk me into it, she tried to talk me into it and then she called up the Social Services."

FR5

Perceptions and Experiences of Child Protection Registration

Respondents reported a variety of experiences with regard to case conferences, both positive and negative. Positive experiences were those where respondents felt that they had been adequately informed, in accessible language, about the conference and the nature of the information which was to be discussed.

Understanding the conversations that took place during the conference, familiarity with the representatives of the various agencies present at the meetings and feeling that their own views and opinions were heard, understood and taken account of throughout the process were also cited by respondents as key components of a satisfactory experience. Within these circumstances, even those respondents who had limited English or who required an interpreter were able to feel as though the statutory child protection process was one with which they could engage in the interests of the safety and wellbeing of their children:

"Yeah she said she was listened to and she felt really comfortable because they were providing an interpreter at any time they were calling for any appointment or any meeting. Yes, yes, everything was ok."

FR3 via Interpreter

Findings

“Yeah I talk everything because sometimes there is an interpreter and sometimes I manage myself, I can understand everything. But I am ok, not confused. Yes I am happy ... they listen to me, I can understand the social worker. I am happy to tell her everything, not confused or sad ... I explain to her, she explains to me.”

FR8

However, where these elements were not in place respondents' experiences were those of powerlessness, vulnerability and anxiety throughout the intervention as demonstrated by the following account of a case conference at which it was decided that the respondent's child should be placed on the Child Protection Register:

“Even my health visitor was not there, it was a different one. Everyone who was there who used to come and see me were not there ... only their managers. Everyone called in sick. X [social worker] was supposed to be there ... I really was looking forward to see her so that I can tell her ‘when did I say that to you?’ But she called in sick, she was not there. They gave me this report, X, [social worker] the first one, only the first one, but the other information I didn't have, things they were saying. I had to have a copy from there, they had to give us. It was with her manager, I have seen when I went there.

I haven't seen X [social worker] since then, I feel like she's been very unfair to me but I don't know if it was protecting her job or even one day I phoned them and tried to explain what's going. I phoned the office a long time, my son was just crying because he seen me on the phone but that doesn't mean he's being abused or anything it's just I'm calling to ask what's going to happen tomorrow and then the manager said ‘you will see when you come there, look after your son he is crying’. I felt, I felt like I'm not going to win with them apart from me saying yes to everything they say, so I was just saying yes, ok, yes. So that they can just finish it and leave me alone.”

FR2

“I had no clue that time I had no idea what was going on like you know? What were the conferences about? All I knew was what happened with him and then this organisation came into the picture and they support kids and they asked me to move out of his house because of the violence and you know that's all I understood at that moment. But I never knew like, you know, what's the whole big picture about it, what's the conference all about and all that, never knew much I think I was looked at that way and that's why I was never spoken to, it was always my support worker who would be spoken to when we had conferences and meetings and basically my support worker would talk for me and they would speak to her regarding things so I was treated that way.”

FR5

Respondents were uncertain about the periods of registration; many expressed uncertainty regarding the precise date that the period of registration had begun. Respondents described their period of registration as one of anxiety and upheaval with changes to living arrangements and security concerns being key issues. The involvement of social workers in the lives of families was also received with mixed feelings: some respondents appreciated the extra support and the presence of social workers to safeguard against family or community repercussions:

“Yes, good ... much help. Because social workers helped me and my children, I was happy. I relaxed so everything is ok. I was very confused, too much tension, but I was ok and social workers helped me very much and my children. My husband's families or anybody didn't give me any help.”

FR8

“I won't lie, they were really, really good because when they came back to see me she [social worker] was absolutely brilliant. They asked to look around the house and I was like thinking ‘shit’: the kids' beds were all broken; the bedding was all ripped because he wouldn't buy it – we were living in the dark ages. They went around the house and they'd go ‘the beds are broken’ and I was like ‘yeah, I know’ and I go ‘he does

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know because there was no money to repair them or to get anything else in'. So they bought all the children beds, a cot, they gave us bedding, they gave the kids presents, they gave me food vouchers and all sorts, they were really, really good. The first ones that got involved they were really good and the kids, X [son] particularly was totally relaxed, they seen him three times in school – they were absolutely fine.”

FR4

Other respondents, however, reported that they saw social work interventions as intrusive and inappropriate:

“ ... even my worst enemy, I will never wish them to be with Social Services. No, only people who are on drugs [or] if a child is being neglected then yes. But people who are having a little bit of problem with their partner I will never call Social Services in my life. I know they will make life very difficult. I don't think they do what's best interest on a child; I think they do what's best interest on them according to their work. I don't know. I've got nothing positive to say about Social Services.”

FR2

“Because they [Social Services] just, they follow their system so they won't think about your benefit, the children's benefit, it's just something they have to do. Some maybe do genuinely care and want to help but most of them, it's just their job and they do it how they think the system works... I felt like it was more about them controlling me.”

FR6

These more negative experiences, however, were ascribed to individual social workers, and their practice approach, rather than to Social Services as a whole. Of the respondents who discussed such negative experience, most were able to address the issue by talking about their concerns during meetings and conferences, as well as by making complaints and requesting a new social worker.

For all respondents, one result of the placing of their children's names on the Child Protection Register was that they and their children could no longer live with the abusive partner. Respondents expressed mixed feelings about this condition but all expressed relief and optimism about the future for themselves and their children upon a release from an abusive relationship and a separation which could be justified, in the face of extended family and community disapproval, as having been imposed by an outside agency:

“Yes the social worker said we had to separate, the court said we had to separate because I told them everything at court – that he tried to kill me, he used the knife. And court order was that he could not come back in his life. I was happy and unhappy. Happy because my children are safe, I am safe and sad because he is out and the children miss their dad. But important for my children because there was too much fighting, he hit me too much and too much problem that any time we talk or we have problems he takes out the knife, it's too dangerous. I think happy and unhappy. Mixed feelings, yeah.”

FR8

Other outcomes of the period of registration varied from family to family although the end of the period of registration was universally one which freed all of the respondents from anxieties around the children being removed from their care. And some respondents described the period of registration as one by which they had become empowered to protect their children:

“To be honest it helped me because it made me more clearer thinking that if he does come back now, because things had gone so far along my trust in him had totally gone ... with them doing that it did help me because it made sure I kept away from him and he couldn't come to me in any sense or manner... with them [children] being on the at-risk register because of him it felt as though I had that little bit more power” FR4

Findings

Findings from Child Protection Social Work Practitioner Interviews

Profile of Practitioner Interview Respondents

Eight practitioner respondents were interviewed; six based in Cardiff, one based in Newport and one based in Swansea (this information has been omitted from the following table of respondents in order to protect respondent anonymity). Seven respondents are currently working in the statutory sector and one is presently employed within the independent sector.

All respondents are currently working – or have recently worked – with children and families. All respondents have experience of working with BME children and families generally and in the context of child protection specifically, and often with family situations involving domestic abuse. The length of qualified social work practice experience held by respondents ranged from 18 months to over 20 years.

Practitioner Respondent Identification	Statutory/ Independent Sector Employment	Current Post	Experience of child protection work with BME families	Length of qualified social work experience
PR1	Statutory	Mentor: Children's Services	✓	20 years
PR2	Statutory	Out of Hours Emergency Duty Team	✓	20 years plus
PR3	Statutory	Hospital Social Work, Children's Unit	✓	5.5 years
PR4	Statutory	Family Intervention and Support Team	✓	12 years
PR5	Statutory	Locum work, Children's Services	✓	6 years
PR6	Independent	Children's Charity	✓	12 years
PR7	Statutory	Family Centre District Team	✓	18 months
PR8	Statutory	Family Centre District Team	✓	5 years

Table 3: Shows Practitioner Interview Respondents

Findings

Perceptions of Child Protection Registration and BME Children and Young People

The majority view (six out of eight respondents) was that BME children and young people are under-represented on the Child Protection Register. Respondents did not disaggregate 'BME children and young people' in terms of different ethnic identities. However, previous research undertaken in Wales (Owen and Statham, 2009) found that whilst there is parity between the rates of child protection registration for Black and White children, Asian children are registered at one third of the rate of white children and thus are significantly under-represented on the Child Protection Register. Within this study, respondents proposed a range of explanations for this under-representation. First among these was a generalised and commonly held view that, despite their best efforts, social workers have difficulty in accessing – or connecting with – BME communities generally and BME children and families specifically:

“... some communities are more difficult for social workers to break into if you like. You haven't got the connections ... a number of BME communities in Cardiff that we deal with, we don't have the connections there that we do in the White population.” PR7

“... we originally tried to do a group in Butetown using Somali staff. Failed miserably – people just didn't come in; they didn't get the concept ... why would you take your children out of home to a separate place to play? No, no – didn't get it at all and we worked hard with the Imam, with the Sheikh, to get, you know, the elders' acceptance of the project. We did everything you could possibly do. No, failed miserably.” PR4

“Also with children, they will never allow you to speak to the children on your own and I've spoken to some children that have said to me “I won't speak to you because we don't speak to people outside of our community” and so it's completely closed. And so you know something is happening, you do as much as you possibly can but there's the closed doors all the time.” PR1

Another reason for the possible under-representation on the Child Protection Register of BME children and young people cited by practitioner respondents was a sense that BME families prefer, and are able, to resolve family problems without recourse to outside help:

“... [families] were very keen for us not to be involved but to manage the situation within the family, within the community, and not for Social Services to take an active role. And that's been apparent; that would be more often the case.” PR2

“Because those families tend to support each other and pick up – if I give you an example of a young person who came into the UK ... sinister domestic violence in the family house. When we went to talk to the family, they had already nominated somebody to care for this child, so he was still cared for but with family.” PR8

A minority position (two out of eight respondents) was that BME children and young people are over-represented on the Child Protection Register. Again, no distinction was drawn between different ethnic groups but the view was expressed that BME families are comparatively more vulnerable, and more subject, to structural forms of disadvantage – leading to the potential for effective parenting to become compromised:

“... from what I've seen – and it's only from experience and it's not scientific – but from what I've seen they generally are from more impoverished families and they then have these sort of added disadvantages of language issues, racism and so on – so I would expect them to be over-represented.” PR3

Interestingly, this respondent also spoke of a social work perception that BME communities and families are self-reliant but framed this as perhaps functional for services in creating a rationale for non-intervention:

“But at the same time I still actually think that not enough CP [Child Protection] work is necessarily done with them because I think, quite often, departments, managers and social workers are kind of a bit afraid to

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step in and kind of believe that these communities are looking after themselves ... I dread to think what goes on every day in XXX and XXX [street names] that we would not deem acceptable anywhere else in Cardiff, and yet we turn a blind eye to it in those places, with very violent cultures ...” PR3

The other respondent who proposed the over-representation of BME children and young people on the Child Protection Register discussed this in terms of uncertainty and limited understanding on the part of social workers:

“I think there is probably a kind of lack of understanding – or misunderstanding – of issues relating to BME families amongst social workers. I think social work practice is geared very much towards White, in Cardiff towards White Welsh families. There’s not really an understanding of perhaps different, people doing things differently ...” PR6

Perceptions of Social Work Sensitivity to Cultural Practices related to Family Life

All respondents professed their confidence in their professional sensitivity towards different cultural practices that may be encountered in their work with children and families. When expanding on this, however, a number of areas of ambivalence emerged. For example, one respondent emphasised the need to avoid making assumptions about how families from different ethnic groups lead their lives and rear their children yet also spoke of a lack of surprise to find evidence of domestic violence, for instance, within some cultures:

“... I would hope that I do come to things with fresh eyes ... my thinking is that you need to assess each family on its merits, you know ... there would certainly be issues that I wouldn’t be surprised if certain things came up. I wouldn’t be surprised if I was working with an Irish Traveller family if domestic violence came to light, I’d almost be surprised if it didn’t.” PR3

In particular, the issue of research and learning by

practitioners in order to extend their knowledge of different cultural practices was viewed with ambivalence in that this was seen as desirable, within limits, but not of a high priority within the context of statutory workloads:

“I’m not going into too great detail about it; I’m not looking to write a ten thousand word thesis, I just want some basic understanding...”

“I think sometimes when I am looking at more in depth pieces of research it’s probably too in depth for me and what I want at that time ... I haven’t got time to read a 14 thousand word comparative study, you know? If I did I’d probably just flick to the end of it, that’s the reality.” PR5

“I’ve got to say that I think it probably comes down to time ... I work in the voluntary sector ... we have the luxury of time; the luxury of being able to think about what we are doing and research what we are doing in a way that front line social workers don’t.” PR6

A further area of apparent contradiction within the respondent group relates to assertions of cultural sensitivity on the one hand yet the perception of child protection procedures as applicable to all families in a uniform and standard manner:

“I don’t think you can be flexible, you know, CP [Child Protection] is CP.” PR2

“... we’ve got those regs in place for a reason, they are for every family and every child ...” PR3

However, another respondent, when discussing physical chastisement of children and young people within families, appeared to be suggesting that this is somehow more likely to be accepted by practitioners if it occurs within BME families:

“For these [BME] cultures, that being a sore issue because most families are providing care in the way that they are providing care whereas if they were a British family, we tend to work with them because we know where we are going, but with ethnic minorities some things are never open to discuss.” PR8

This ambivalence appears to be captured effectively

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by the following expression of uncertainty and dilemma that appeared to characterise much of respondents' thinking:

"... because it's a part of their culture, they do physically chastise. And this child, what does that mean to him? So but I knew, fundamentally, that they couldn't hit him and leave marks for him to go to school. It's not okay, it's not accepted, you know, CP [Child Protection] is CP in this country but it does make you think when you go in and you're telling people how to live when they have a very particular way that they live. Is that right?" PR1

Responses to the Vignette

The following fictional scenario was drawn from the BAWSO experience of engagement with child protection situations and was presented at interview to each of the eight practitioner respondents:

Faheema is 23 years old, she is Bangladeshi and Muslim. She has been married to Litan for 7 years, there is a ten year age difference between them. They have 3 children Mahmoud is 5, Aliya is 3 and Rehan is 6 months old. Faheema has expressed deep unhappiness and stress within her marriage both to her health visitor and her GP. She states that her husband is frequently verbally abusive and is sometimes aggressive during arguments - shoving her and on one occasion slapping her. These arguments have taken place in the presence of the children. Faheema is subject to verbal abuse from her parents in law and psychological abuse in the form of them threatening to arrange a divorce and sending her back to her parents home without the children. Faheema left her husband when she went on a prolonged visit of three months to her mother's home in London after the birth of her youngest child but subsequently returned. Faheema has reported that Litan is also verbally abusive to the children and slaps the children if they annoy him. Litan is a waiter at

a restaurant and works long nights and sleeps during the day. Faheema states that she is often unable to provide appropriate clothing and toys for the children.

Respondents were asked to comment on this vignette in terms firstly of their perception of any cultural practices outlined within the scenario and secondly their view of the social work intervention that would be offered in response to the situation. Some respondents proposed controlling behaviour on the part of the husband/father within the vignette, and possibly his parents, as a specific cultural practice:

"... perhaps there is a very different dynamic in gender and I would argue that it's not as equal as perhaps we expect and understand over here. And I've interpreted that that's been passed through the domestic violence we've got here." PR5

"... that sort of Bangladeshi Muslim culture in its more traditional forms would see that when a woman is married to a man she becomes part of the man's family, that the man sort of has authority and that his family has authority over her ... and that within that culture women would have quite a subservient role compared to the men ..." PR3

Inter-generational living arrangements, and a daughter-in-law's position within these as vulnerable to exploitation, were also suggested as cultural practices characterising some BME groups:

"... if I were making an assumption that they were all living together then there would be an expectation that she should be doing the cooking, housework, etcetera, etcetera and caring for all those children." PR4

"I make the assumption that they are perhaps living with the in-laws which is not unusual, I think, in South Asian families; there's often multi generations living at home." PR5

Findings

“My perception of the cultural practices would be how Faheema is viewed within the family and it’s her husband’s family who have an esteemed role within the hierarchy of the family ...” PR2

“And the parents-in-law, they always, in themselves, they feel they have to put down this woman whereas it shouldn’t be like that.” PR8

Additional observations by respondents included the possibility of an arranged marriage and of a wife as significantly younger than a husband as indicative of particular cultures. The notion of the wife/mother in this vignette as isolated, possibly within a closed family system, was also suggested as typical of domestic abuse situations but more typical of those involving BME families. However, an alternative perspective was adopted by some respondents who recognised no culturally specific practices within the family situation outlined by the vignette:

“Well I wouldn’t recognise any cultural differences in this thing yet. I can see that there is this strong sort of focus on the paternal family and that seems to be a large part of this situation, but I wouldn’t recognise any culturally specific practices in this situation.” PR7

In relation to inter-generational bullying, another respondent commented:

“... I don’t know whether it’s necessarily cultural but I’ve certainly come across that in other, in White, Welsh families I’ve worked with.” PR6

Social work practitioner respondents described an appropriate intervention in response to the vignette situation as initially involving information-gathering as to the children’s welfare from a range of professionals, including the family health visitor and the GP:

Well, certainly it would be treated the same as any other case that came in and we would do an initial assessment and we would contact the health visitor and the GP and do all those lateral checks with any other agencies ...” PR1

Some respondents spoke of possibly seeking advice from more specialist resources such as BAWSO and Women’s Aid – but acknowledged that this may not be prioritised in the first instance. Others included analysis of the wife/mother’s familial and social networks in order to establish the sources of support available to her.

Discussion

This section comprises and addresses three areas as follows: methodological issues; the policy and practice implications emerging from the results of the family interviews; and those arising from the practitioner interviews.

Two particular methodological issues became recognised as significant in the course of the study. The first of these relates to the use of interpreters for some of the family interviews, as discussed in the Methodology section. Bridging and mediating language barriers between interviewer and respondents was recognised from the outset as an important matter for attention.

Many of the women accessing BAWSO services do not use English as either their first or preferred language and failure to appreciate and accommodate this would have disqualified a significant proportion of relevant BAWSO service users from participation in the study, as well as reducing its validity (Murray and Wynne, 2001).

Accordingly, professional interpreters were used to conduct two of the family interviews. The researcher who conducted the interviews was experienced in qualitative research interviewing with members of BME communities, those with limited English language skills and also in the use of interpreters as part of the interviews and so was able to use this prior experience to manage both the linguistic divide between themselves and the respondents and the participation of an interpreter.

Among the problems that can arise in cross-language research that involves the use of interpreters are the risk of overly brief interpretations that do not fully reflect what a respondent has said, or even distorts this (Humphries, 2008). Equally, a failure to acknowledge the presence and role of an interpreter in the misplaced belief that this party to the interview can be somehow rendered invisible (Squires, 2009) is problematic.

To address and resolve these potential difficulties a number of strategies were planned and drawn upon. These included establishing rapport and comfort within the interview situation for both respondent

and interpreter (assisted by comprehensive introduction to the project by BAWSO support workers prior to the interview taking place) and the use of prompts and follow up questions with both respondent and interpreter to encourage respondents to speak freely and fully and interpreters to provide a full interpretation of responses rather than abbreviated forms.

The researcher also addressed each question to the respondent, using their names in order to reinforce the fact that it was their response which of greatest importance within the interview. Maintaining eye contact with the respondent also helped to reinforce this message as well gave the researcher the opportunity to ensure that the respondent remained engaged within the interview setting and to observe any physical signs of confusion or anxiety during the interview.

The second methodological issue is linked to the use of interpreters but relates also to the dissemination event that was held with women respondents (and other interested women) and that is referred to in the Results section. Nineteen women attended this event and seven interpreters were also present, by arrangement, to support seven of the women who had no or limited use of English.

Each of these interpreters used a different language. Ostensibly, such a gathering may appear difficult to manage and to involve an almost inevitably high risk of limited participation only for many of those present. However, the use of strategic seating arrangements, the pacing of verbal communication and the presence of professional and experienced interpreters meant that in fact each of the women present appeared able to participate and contribute to the extent that in their evaluative feedback on the event many women asked for further similar group discussion opportunities.

The primary purpose of this event had been to present an overview of key interview findings, to jointly consider these further and to ask for women's thoughts as to recommended best practice for social workers and others in relation to child protection interventions with BME families

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where domestic abuse has taken place. This was achieved; the interview results discussed were endorsed not only by those present who had acted as interview respondents but also by the other BAWSO service users with experience of child protection interventions present. The overriding theme of women's observations regarding effective social work practice related to clear and accessible communication on the part of social workers.

Repeatedly, it was stated that explicit information as to the role of Social Services and the purpose, process and implications of child protection interventions and registration that is conveyed in a manner that women can access, together with opportunities for women to ask questions and to clarify their understanding is the single most important aspect of social work involvement and that which is most likely to enable women to feel able to respond to and engage positively with intervention in their family life by Social Services. This was succinctly captured by one interpreter on behalf of all present who stated:

"It all comes down to communication at the end of the day."

The planning of this dissemination event had not only provided for language barriers as an issue but had also incorporated recognition of the sensitivity of the content to be discussed. The event was held at the Cardiff BAWSO project offices, a setting with which all participants were familiar and wherein they had had positive previous experience, and BAWSO support workers were available to respond to women following the event.

The need for such careful forward planning was borne out by the distress that became manifest within the group of women participants as they listened to the summary of the interview findings and identified common threads of experience. The pace of the event, in terms of sharing information with the women, required a particularly sensitive approach. It seemed, however, from the interest shown by women in further group discussion opportunities that as well as evoking such distress, this dissemination event was also perhaps a potential source of comfort for women as a means of recognising that, despite the ongoing

upset caused by painful family experiences, they and their children had moved on from the domestic abuse to which they had previously been subjected to.

A number of implications for both social work policy and practice can be discerned from the results of the family interviews. First, it appears evident from respondents' discussion of their family backgrounds and perceptions of their current extended family and community networks that these aspects of BME family life may be involve levels of complexity that require careful analysis and understanding on the part of those seeking to provide and deliver relevant services.

Both the data contained in the case files and that derived from the family interviews indicated that, for many women, relations between their nuclear and extended families embody a complex mix of support and surveillance and that, across BME cultures, a strong emphasis is placed upon the expectations of the extended family.

Women interview respondents spoke of being supported, usually by members of their own wider family, in taking time out from their marital home and, with their children, going to stay with family members for a period of respite from their abusive partner – but always on the basis that women would eventually return to their marital home. Thus this form of extended family support appears to embody a tacit acceptance of the abuse through using respite from it as a short term means of maintaining the nuclear family unit in the longer term, notwithstanding the abuse taking place within it.

Women respondents' relations with their husbands' families were more usually described in terms of the need for them to display deference towards their husbands' relations and of conflict between themselves and their husbands, often culminating in abuse, if this deference was not perceived as adequately exercised. A further source of intra familial tension that was referred to by women respondents related to the economic hardship at times experienced by themselves and their children as a result of their husbands channelling family funds to support their own wider relations and also

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to the stress that this sense of responsibility could cause for husbands and the way in which this stress could be presented as a causal factor in male abusive behaviour.

BME communities too were seen by women respondents as simultaneous sources of support and oppression wherein some groups and individual friends within their ethnic and/or faith community were resources for support and advice but could also represent a form of monitoring of women's behaviour, of sanctioning and even endorsing male abuse and, at the very least, of disapproval through which a woman might become yet more isolated from those around her.

This potentially double-edged nature of both familial and community networks is a significant issue in the experience of women and children who are threatened and harmed within an abusive home and one which needs to be carefully approached and understood by practitioners with responsibility for protective interventions.

The findings from this study in relation to this issue reflect the contents of the report of the 2012 Conference of West Sussex BME Community Services (Chitembo and Tsikira, 2012) which also refers to the often intricate and enmeshed nature of BME family and community relations and the need for agencies to navigate these with insight as to their complex nature.

It is interesting to note that, prior to intervention, women respondents had had little or no knowledge or understanding of Social Services and the role and function of this agency within the UK. One aspect of this finding is the opportunity that this creates for positive images of Social Services, which emphasise the potential for help, support and protection that Social Services offers, to be conveyed people who have not been exposed to the kinds of negative myths and stereotypes regarding social work involvement that are typical of the UK media (Beresford, 2011).

Women who have either grown up within families and communities that have had limited and rare involvement with or awareness of Social Services or who have arrived in the UK with no concept of

such an agency may be more receptive to accurate information as to the range of possible help available to them and their children from Social Services than those who have been brought up within a culture of scepticism at best and hostility at worst towards the helping potential of Social Services.

Regardless of BME families' existing perceptions of Social Services, their right to – and thus the need for – for clear and accessible information about 'outside' (the family/community) agencies is fundamentally important. The interviews with women revealed that they had disclosed the abuse that they and their children were suffering and been able to access help through two avenues: police intervention (in five cases) and the through the advice and guidance of friends (in three cases). This indicates that these friends (also BME women) had become informed as to the relevance and usefulness of Social Services in intervening in abusive situations and thus were able to pass this on to others.

Linked to the need for improved awareness and understanding of the role of Social Services on the part of BME families is a further aspect of information-giving, that of explanation. Some of the interview respondents spoke of their sense that in the course of the child protection intervention information was being exchanged almost exclusively about rather than with them, of not having timely sight of written reports concerning their circumstances and of professionals addressing their support workers rather than them.

When taken together with the dissemination event recommendation regarding the centrality of accessible information and clear communication, these findings represent a very strong call for improved practice in the area of communication and information giving. Once again, this finding reflects the 2012 Conference Report of West Sussex BME Community Services (Chitembo and Tsikira, 2012) which emphasises effective communication as a key feature of successful engagement with BME families. However, it is important to note also that the interview findings bear testimony to some very effective social work communication whereby women felt heard, understood and taken account of

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and, importantly, that information shared between them and their social worker was exchanged on a two-way basis as is captured by FR8 when speaking of her engagement with her social worker: "... I explain to her, she explains to me."

Practitioner interviews also demonstrated a number of social work policy and practice implications. First is the thematic expression of uncertainty and ambivalence by practitioner respondents regarding, for example, the over or under representation of BME children on the Child Protection Register, together with some inconsistency in the responses to issues of cultural sensitivity.

Such hesitance, even on the part of practitioners of long standing experience, may indicate that such uncertainty and ambivalence arises from more than limited confidence and/or experience regarding social work with BME families and perhaps equates to a fundamental lack of knowledge amongst practitioners. Bhatti-Sinclair (2011), among other social work education commentators, notes that emphasis within qualifying social work education and training upon learning regarding 'race' and ethnicity has diminished over time and the corresponding impact that this will have had upon practitioners' knowledge base. It would seem that social work education and training – at both pre and post qualifying stages – could perhaps usefully be more explicit and uniform in addressing requisite knowledge and skills for social work practice with BME service users.

Finally, practitioner interview respondents were asked directly for their views on how social work practice with BME families may be enhanced. Interestingly, while all respondents mentioned regular provision of relevant training and the importance of effective professional supervision, these were not their main area of emphasis. Instead, some respondents referred to networking, as a practice

approach, as the most immediately useful way of improving their practice. Respondents spoke of the need for them to make themselves and their role known to, and to develop working relations and alliances with, a range of community groups and independent sector organisations working directly within BME communities. This strategy was espoused by practitioner respondents as a key means not only of gaining access to communities and families that they at times perceive as closed to 'outside' agency intervention, but also of developing their own levels of confidence and knowledge in this area of practice.

Ideas including 'duty' staff within independent sector organisations such as BAWSO who could be quickly available to offer advice to practitioners and to carry out joint work in some situations and a member of social work staff within each team with specific responsibility for developing links with and knowledge of BME community groups were put forward by practitioner respondents.

To some extent, this appears to resonate with the finding from the family interviews that women's recourse to the advice and support of female friends is an important channel through which they have been able to access Social Services interventions for themselves and their children: both groups of respondents seem to recognise the actual or potential networks between themselves and others as crucial to service engagement.

Certainly it would appear that the question of professional networking as part of the social work approach may be a matter for policy attention and may perhaps signal the contemporary relevance of elements of community-based Social Services delivery for promoting the protection of BME children.

Conclusion

In examining interview responses from families and practitioners this research has highlighted a wide range of issues which are consistent with previous studies cited in the discussion section. The overriding theme of women's observations regarding effective social work practice related to clear and accessible communication on the part of social workers. In the case of social work respondents an overall theme is the lack of detailed knowledge amongst practitioners.

In order to safeguard children and alleviate the experience of families and to enhance the work of practitioners the following recommendations have been made to:

1. Develop wider understanding of different cultures and ethnicities and the complexities inherent in the relationships between nuclear and extended BME families and between BME families and communities. This would entail fostering prevention and intervention approaches that build on family and community strengths.
2. Improve communication methods to enhance understanding of the role of Social Services as well as to improve the engagement of BME families. In some instances this would mean the provision of good quality interpreters to ensure that dialogue between families and social service practitioners can be conducted on open and fluent basis.
3. Standardise pre and post qualifying social work education and training so that it is explicit in addressing basic knowledge deficits.
4. Increase opportunities for professional networking. This could be achieved through partnership working between statutory and third sector organisations.
5. Promote research that will expand understanding of experiences of safeguarding children in BME communities across Wales.

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