

An exploration of ethnic minority communities' understanding and awareness of child protection and the Children's Hearings System in Scotland



SCOTTISH
CHILDREN'S REPORTER
ADMINISTRATION



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Executive summary

Protection of children at risk of abuse and promotion of their rights continues to be at the forefront of policy and legislative developments in Scotland. Organisations such as the Scottish Children's Reporter Administration (SCRA) have both legal and ethical duties to protect the well-being and rights of children in Scotland, particularly the most vulnerable. The increasing ethnic diversity among Scotland's children raises the question of how effectively SCRA and its partner organisations can identify risks and effectively intervene to protect children of all ethnic backgrounds. However, there has been little research in Scotland on ethnic minorities and their involvement in child protection services. This research aimed to explore with agencies and third sector bodies working with ethnic minority groups in Scotland:

- their service users' understanding of child protection and children's rights; and
- what SCRA and its partner agencies could do to make the Children's Hearings System more responsive and accessible to families from Scotland's ethnic minorities and raise awareness of child protection and the role of the Hearings System within these communities.

The research comprised of:

- A review of the published literature on barriers to engaging ethnic minority communities in child protection.
- An electronic survey of 182 professionals working universal services on their views of what factors might affect ethnic minority children and families accessing child protection services.
- Interviews and focus groups with 31 individuals from ten organisations working directly with children and families from Scotland's ethnic minorities.

Findings

The barriers to services engaging with ethnic minority families in Scotland were found to be:

- **Language and communication barriers**, and linked to this concerns about confidentiality and poor quality of translation.
- **Fear and distrust of services**, and likelihood that services may underestimate the extent that ethnic minority community members fear them.
- **Lack of knowledge of services and child protection**, and that this may have wider implications for minority communities' integration and participation in Scottish society.
- **Culture-specific parenting** in terms of lack of understanding of abuse and neglect, and differences in concepts of good parenting and protecting their child.
- That **child welfare is the concern of the family rather than the state**, and lack of understanding of children's (and adults) rights.
- The **perception that services are racist or culturally insensitive** was the barrier rated lowest, although it was acknowledged to exist. The more significant barrier to services intervening to protect a child were difficulties in finding out when a child was at risk due to the **insular nature of some communities**.

Marginalised communities – many of the barriers above faced by ethnic minority families are very similar to those experienced by marginalised white Scottish families. It may be that poverty and social exclusion are more important barriers rather than ethnic background, and that SCRA and its partner organisations should focus their activity on engagement with marginalised communities from across Scottish society and not solely on ethnic minorities.

Recommendations

Improve cultural awareness:

- All Children's Hearings Improvement Partnership (**CHIP**) member organisations – to raise awareness amongst their staff on the extent that families from marginalised communities fear involvement with services, and how this may impact on their engagement with them.

Raising awareness of child protection and the Hearings System:

- **CHIP** to produce information materials for children young people and parents who have none or very little knowledge of the Hearings System and law related to child protection and children's rights in Scotland. These materials to be circulated via libraries, schools, colleges, nurseries, religious organisations, third sector organisations, hospitals, etc.; and to be in different languages, in formats suitable for those with limited literacy, and age appropriate. To do this will require dedicated resources.

1. Introduction

Scotland has become increasingly diverse in recent times. Census data reveals that in the decade to 2011, the proportion of Scotland's population made up of ethnic minorities roughly doubled, with around 9% of children in Scotland now identified with ethnicities other than White Scottish or White Other British¹ (Henderson, 2016). Ethnic minority families experience many of the same difficulties which can lead their ethnic majority counterparts into the child protection system (Henderson, 2016), and evidence suggests that controlling for levels of stress and poverty, rates of child abuse are similar across ethnic groups (Chand & Thoburn, 2005). In addition, while some child protection related issues may occur less frequently in ethnic minority communities than the national average (for instance, levels of alcohol abuse are lower among many ethnic minorities than among the White Scottish majority), other issues are likely to be over-represented (such as forced marriage, child trafficking and female genital mutilation (FGM)) (Henderson, 2016). Moreover, recent arrivals may be struggling with a range of problems not typical in the majority population, including insecure immigration status, traumatic histories, language barriers, and separation from loved ones (Bernard & Gupta, 2008; Sime & Fox, 2015a). Therefore it is clearly important to ensure that child protection services are able to identify and work with vulnerable ethnic minority children.

It is possible that children of some ethnic minorities are under-represented in the Scottish child protection system (Henderson, 2016), but we cannot be certain of this because the ethnicities of a substantial proportion of Scotland's looked after children are not recorded.² The data for England, which is more complete, indicates that overall, ethnic minority children are over-represented in the care system, but that when broken down, this is true only of African, Caribbean and multiple-ethnicity children; Asian children are under-represented (Barn, 2006; Gilligan & Akhtar, 2006). For instance, in Bradford, the Asian (mainly Pakistani) community is under-represented by around 50% for sexual abuse referrals, compared to the ethnic majority (Gilligan & Akhtar, 2006).

¹ Terms for ethnic groups (whether these are minorities or majorities in the country or area of interest) are inherently contentious, political and historical. They are also very varied, which can make comparisons between studies problematic. Ideally one would place all such terms in quote marks to acknowledge these issues, but since this makes for cumbersome reading, instead we note these problems here, and seek to interpret the literature and findings with these issues in mind.

² The 'mixed' ethnicity category is over-represented (1.5% of looked after children in 2014, compared to 0.9% of all children aged 0 to 19 years), while 'Asian, Asian Scottish or Asian British' (0.5% LAC compared to 3.3% all) and 'Black, Black Scottish or Black British' (0.6% LAC compared with 0.9% all) are under-represented (Scottish Government, 2015a). However, the ethnicities of 7.4% of Scotland's looked after children are not recorded, so these figures are likely to be underestimates. Until records improve, we cannot be confident about whether there really are disproportionately few 'Asian' and 'Black' ethnic minority children in the Scottish care system, especially for 'Black' ethnicities, for whom the discrepancy between those looked after and the general population is much smaller than for 'Asian' ethnicities.

Policy and legal context

The Equality Act 2010³ (which came into force in Scotland on 5th April 2011) places a duty on public bodies to eliminate discrimination, harassment, and victimisation of individuals; advance equality of opportunity between persons who share a protected characteristic and those who do not; and to foster good relations between people who share a protected characteristic and those who do not. Race⁴ is one of the nine protected characteristics. The Scottish Government (2016a) has stated its ambitions for there to be race equality in Scotland by 2030 and for Scotland to become the best place in the world for a child to grow up.

Successive Scottish Government administrations have recognised that there are children who may be at greater risk from certain types of abuse. Female genital mutilation, forced marriage and child trafficking are internationally recognised as abuse and violations of human rights. Scotland, like many countries, has introduced legislation and policies to help protect children (and adults) and take action against those who carry out such practices (Scottish Government, 2014).

Female Genital Mutilation has been unlawful in Scotland since 1985⁵. The Female Genital Mutilation (Scotland) Act 2005 makes it a criminal offence to have FGM carried out in Scotland or abroad. Scotland's National Action Plan to Prevent and Eradicate FGM was published in February 2016 (Scottish Government, 2016b).

The *Human Trafficking and Exploitation* (Scotland) Act 2015⁶ was passed by the Scottish Parliament on 1 October 2015. Section 6 makes a specific aggravation if the offence of human trafficking involves a child. In May 2017, the Scottish Government (2017a) published its Trafficking and Exploitation Strategy which aims to eliminate human trafficking and exploitation; section 5 sets out the actions to protect children.

The *Forced Marriage etc. (Protection and Jurisdiction)* (Scotland) Act 2011 introduced Forced Marriage Protection Orders to protect people from being forced to marry or who have already been so, and made forcing someone into marriage a criminal offence. The Children's Hearings (Scotland) Act 2011 introduced the ground of referral (section 67(2)(q))⁷:

'The child has been, is being or is likely to be forced into a marriage (that expression being construed in accordance with s1 of the Forced Marriage etc. (Protection and Jurisdiction) (Scotland) Act 2011), or is likely to become, a member of the same household as such a child.'

The Scottish Parliament (2017a) has recently raised if there should be a review of the s67(2) grounds to consider if they should also include allegations of child trafficking and FGM.

³ <http://www.legislation.gov.uk/ukpga/2010/15/contents>

⁴ Equality Act 2010 section 9(1) 'Race includes – (a) colour, (b) nationality, (c) ethnic or national origins'. We regret the use of the term 'race' and have only used it in this report where it is being quoted from legislation and policy documents; elsewhere the terms ethnic minority, ethnic groups, ethnicity, ethnic background and ethnic majority are used.

⁵ <http://www.legislation.gov.uk/ukpga/1985/38/contents>

⁶ <http://www.legislation.gov.uk/asp/2015/12/enacted>

⁷ <http://www.legislation.gov.uk/asp/2011/1/contents>

Research aims

Protection of children at risk of abuse and promotion of their rights continues to be at the forefront of policy and legislative developments in Scotland. Organisations such as SCRA have both legal and ethical duties to protect the well-being and rights of children, particularly the most vulnerable. The increasing ethnic diversity among Scotland's children raises the question of how effectively SCRA and its partner organisations can identify risks and effectively intervene to protect children of all ethnic backgrounds. This research aimed to explore with agencies and third sector bodies working with ethnic minority groups in Scotland:

- their service users' understanding of child protection and children's rights; and
- what SCRA and its partner organisations could do to make the Children's Hearings System more responsive and accessible to families from Scotland's ethnic minorities and raise awareness of child protection and the role of the Hearings System within these communities.

The research comprised of:

- A review of the published literature on barriers to engaging ethnic minority communities in child protection.
- A survey of those working in universal services on their views of what factors might affect ethnic minority children and families accessing child protection services.
- Interviews and focus groups with individuals from organisations working directly with children and families from Scotland's ethnic minorities.

2. Literature review - Barriers to engaging ethnic minority communities in child protection

Published research suggests that there are a number of barriers that can make engagement between ethnic minority communities and child protection professionals difficult; these barriers are described below.

Communication problems

Perhaps the most obvious barrier occurs when ethnic minority community members cannot speak English fluently. This is widely documented as a barrier to child protection processes (Bernard & Gupta, 2008; Chand, 2005; Roshni, 2012), as well as to other state supports such as health care (Sime, 2014). The problem can be solved by providing a translator, but this brings with it a host of other difficulties. Interpreters are most likely to be present at the most formal meetings, and unavailable for spontaneous contact or phone calls, which can make it more difficult for professionals to form a relationship with the family (Humphreys et al., 1999, cited in Chand, 2005; Kriz & Skivenes, 2010). If insufficient time was allocated, the interpreter may leave before the end of the meeting, or the meeting may be rushed (Kriz & Skivenes, 2010). Sometimes the interpreter speaks on behalf of, and/or colludes with the parent, and makes mistakes and/or omissions, rather than simply directly translating what the parent says (Kriz & Skivenes, 2010; Owen & Farmers, 1996, cited in Chand 2005). The presence of an interpreter can also inhibit parents; for instance, a male interpreter may make it more difficult for women to disclose sexual abuse (Kriz & Skivenes, 2010), and if the interpreter is part of, or connected to the family's own community, then parents are likely to have concerns about confidentiality (Brandon et al., 1999; cited in Chand, 2005; Kriz & Skivenes, 2010; Roshni, 2012).

If an interpreter is not available, children may be called upon to translate to their parents, a practice which has a range of problems of its own (Chand, 2005). The child may feel forced to make a decision about where his/her loyalties lie, and respond to questions accordingly. The child may not have sufficient understanding and vocabulary for complex issues, and may acquire knowledge of sensitive issues in course of translation. The dynamic of children translating for their parents may also disturb the moral order of the family, by undermining boundaries parents place on their children (Chand, 2005).

In addition to barriers created by professionals and families not speaking the same language, taboos also create obstacles. Taboos against certain topics, especially sexual, mean that community members rarely if ever broach the topics in any circumstances, let alone with child protection professionals (Chand, 2005; Gilligan & Akhtar, 2006), and may lack vocabulary (for instance, there is no word for sexual abuse in Bengali; Chand & Thoburn, 2005). Taboos can thus inhibit disclosure, whether or not an interpreter is required.

Patriarchy

Patriarchal processes and beliefs have been documented in many societies, not least in the UK, but the form and strength of patriarchy varies cross-culturally (Toor, 2009). In many South Asian societies, patriarchy impacts upon family life via the concepts of modesty and shame, focused on women and girls (Toor, 2009) who are seen as upholders of their family's *izzat* or honour (Shaw, 2000; Toor, 2009). This is part of a wider patriarchal social system; for instance, among British Pakistanis in Oxford, boys are literally more valuable than girls because wealth, land and property are normally inherited by boys. Girls' main value to the family, then, is to produce sons connected (by their father) to the family's *biradari* (community based on extended family). Therefore girls' and women's chastity is a source of family honour and must be closely guarded by male family members (Shaw, 2000). If a girl is known to have lost her virginity, this brings shame on the family and damages her marriage prospects (Fontes & Plummer, 2010; Roshni, 2012). Girls can damage family honour in other ways too, for example by becoming involved in criminal activity or dating a boyfriend of a different religion (Toor, 2009). Moreover, male family members are obliged to recover the family's honour, which can lead to violence against the perpetrator, forced marriage, domestic violence, honour killing, or ostracism of the girl who is the perceived source of the dishonour (Toor, 2009).

The very serious implications for girls and their families of damage to *izzat* creates a strong pressure towards secrecy, since *izzat* is only damaged if events become public (Toor, 2009). The importance of chastity may make this particularly likely for sexual abuse (Gilligan & Akhtar, 2006). The protection of *izzat* through secrecy represents an important barrier preventing child protection professionals from helping South Asian girls who are victims of abuse. Moreover, *izzat* is an important force to be reckoned with by professionals who do work with South Asian families. For instance, Toor (2009) suggests that South Asian girls who offend receive a double punishment, both from the state and from their families and communities. State intervention can make girls' situations worse by making misdemeanours more public, with implications for family honour.

Patriarchal processes can have a range of other implications in some settings, including unconditional trust being placed in older male relatives, disbelief of females compared to males, and practices such as FGM (Bernard & Gupta, 2008; Fontes & Plummer, 2010). Fontes and Plummer (2010) suggest that some communities (for example, in Cambodia and Peru) are influenced by a sexual script whereby men are seen as always wanting sex and women and/or their families as responsible for preventing this. This normalisation of uncontrollable male desire makes sexual predation on younger women more acceptable, and potentially places the blame on female victims (Fontes & Plummer, 2010; see Shaw, 2000 for similar issues among Pakistanis in Britain). Therefore patriarchy represents a set of obstacles to child protection professionals, particularly in helping girls.

Differences in child rearing practices

The literature is mixed regarding the existence of differences in average child rearing practices between ethnic groups in the UK. African families may see physical chastisement and not supervising children as less serious issues compared with the contemporary ethnic majority (e.g. Brophy et al., 2003), but there is also some evidence against this claim (see Bernard & Gupta, 2008), and moreover, some ethnic majority parents approve of physical

chastisement (Chand & Thoburn, 2005). Norms around physical chastisement have changed enormously in the UK over the last fifty years or so, and continue to shift (Parker-Jenkins, 1999). If these norms mainly characterise the ethnic majority in the UK, then it is possible that ethnic group differences will become increasingly salient.

There are certainly differences between countries and ethnic groups in attitudes towards harsh corporal punishment (Runyan et al., 2010; cited in Raman & Hodes, 2012). An international study found that 40% of parents in Mongolia and Yemen, 29% of parents in the Central African Republic, and 28% in Iraq, reported that their child had experienced severe corporal punishment in the previous month, compared with only 1% of parents in Belarus, Kazakhstan and Ukraine (Lansford & Deater-Deckard, 2012). These large variations suggest that some families may enter the UK with very different norms around physical chastisement (both more and less accepting than mainstream UK views, given that physical chastisement is still legal in the UK).

Another area of difference concerns sexual behaviours. Many South Asian parents consider British norms as excessively liberal and permissive, such that children (especially girls) can be harmed by being given too much (particularly sexual) freedom, and thus dressing or behaving in ways which damage *izzat* and/or place children into dangerous situations (Barn, 2002; Shaw, 2000; Toor, 2009). For this reason, Pakistani British parents may try to send their daughters back to Pakistan for their teenage years in order to protect them (Shaw, 2000), and some ethnic minority parents may be concerned enough to use physical chastisement in an effort to prevent the westernisation of their children (Chand & Thoburn, 2005). There may, then, exist differences between ethnic communities in typical definitions of abuse, such that both view the outgroup's definition as too broad in some respects, and too narrow in others. For instance, one study found that Indian professionals defined sexual abuse more broadly than ethnic majority American professionals, and the converse was true for physical abuse (Segal, 1992; cited in Maitra, 1996).

Another difference which exists between the ethnic majority in the UK and some ethnic minority communities concerns neglect. These differences should not be overstated, since a large study found that child-reported rates of neglect did not differ much between a diverse range of countries (Lansford et al., 2015). Nevertheless there is evidence that ethnic groups differ in normative definitions of neglect to some extent. A study comparing child rearing by White Welsh and Bangladeshi mothers found that Bangladeshi mothers emphasised the vulnerability of their infants, while White Welsh mothers focused on and promoted their independence (Davies et al., 1993; cited in Webb et al., 2002). The authors suggest that this difference may explain the very low rate of infant mortality amongst British Bangladeshis (e.g. through the practice of co-sleeping). Adults in countries where co-sleeping is widely practiced, typically consider the Western norm of placing a child in a separate bed and room neglectful (LeVine et al., 1994).

While Western definitions of neglect may be narrower in some respects than some other cultures, they are broader in others. Some members of ethnic minorities in the UK, including traveller communities, may see leaving children unsupervised as more acceptable than the UK ethnic majority (Chand & Thoburn, 2005; Cemlyn, 2000). Thus there are also cross-cultural differences in definitions of neglect, with current ethnic majority views both narrower and broader than views prevalent in some other ethnic groups.

This literature review has focused mainly on specific issues pertaining to physical and sexual abuse and neglect. A range of other differences may exist between communities, including approaches to child disability (Webb et al., 2002), and respect towards elders (Fontes & Plummer, 2010). Traveller families also engage in gendered apprenticeship practices, whereby daughters and sons learn how to do tasks carried out by their mothers and fathers respectively, from a young age. Western norms of childhood as free from work can mean that such practices are seen by professionals as problematic (Cemlyn, 2000). The literature thus suggests that definitions of abusive behaviour can and do vary between groups. These differences may make it more difficult for professionals to intervene sensitively and helpfully in children's lives, and encourage tensions between families and professionals. Moreover, the research demonstrates that these variations cannot be understood simply as an omission on the part of ethnic minority families. Rather, many ethnic minority families living in the UK have their own child welfare concerns about the norms of the ethnic majority. It is plausible that these concerns might translate to an increased reluctance to trust ethnic majority organisations.

Unfamiliarity with child protection system and types of abuse

There is evidence that many ethnic minority families, including travellers, lack knowledge about the Scottish child protection system (Cemlyn, 2000; Gilligan & Akhtar, 2006; Henderson, 2016). Moreover, the Scottish child protection system represents state intervention in family issues. In some countries, the family is rarely if ever considered a concern of the state, and immigrants from these countries are likely to find child protection processes alien and unfamiliar. Bernard and Gupta (2008) suggest that this is an issue for many people arriving from Africa.

As well as being alien, Scotland's rights-based system of state intervention may contradict assumptions and practices normal in ethnic minorities' countries of origin. For instance, Shaw's (2000) account of British Pakistanis' attitudes towards the British criminal justice system demonstrates beautifully how British institutions contrast with social organisation in the parts of rural Pakistan from which most originate. According to Shaw, Pakistani families do not expect the criminal justice system to be fair; rather, they expect it to operate around the principle of preferential treatment for one's own *biradari* (conceived as extended kinship group). Therefore those in positions of influence are expected to help those who are 'below' them. This system of patronage works via the expectations people have of one another to demonstrate respect (from *biradari* member to patron), loyalty and care (from patron to *biradari* member). This contrasts with the underlying principles of British law based on impartiality, expressed in the form of the obligation that people in the system do not show any preferential treatment. From this point of view, Pakistanis' moral expectations may be seen as potentially corrupt and unjust. Meanwhile from the view of rural Pakistan, people operating impartially within the Western system may look uncaring and disloyal.

The importance of the *biradari* to British Pakistanis may also mean that care of children to whom one is not connected (via their *biradari*) is very strange. Therefore the idea of the state looking after children and becoming 'corporate parents' must seem peculiar, perhaps an oxymoron. This may lead Pakistani people in Britain to view social work and child protection as suspicious, motivated as they are by concerns so different from those that operate in the *biradari*.

In sum, there are reasons to believe that unfamiliarity with the Scottish child protection represents a substantial barrier for many ethnic minority families, whether through simple lack of knowledge, perception of state intervention as alien, and/or incongruity of state intervention with assumptions and social processes prevalent in country of origin.

Distrust of child protection organisations

In addition to lack of knowledge, there is evidence that some ethnic minority families do not trust organisations involved in child protection. This may be particularly true of families coming from countries in political turmoil or oppressive regimes, who have good reason to distrust the state (Bernard & Gupta, 2008). Families may fear that involving social services may lead to the removal of their children (Fontes & Plummer, 2010; Roshni, 2012), a fear which may be justified historically in some cases. For instance, Fontes & Plummer (2010) review evidence suggesting that in the USA, Native American, Latino and African-American children removed from their homes stay in care for longer, and are less likely to achieve permanence, than European American children. Meanwhile in the UK, Cemlyn (2000) argues that traveller communities' distrust of social services is based partly in a history of removal of their children. Moreover some travellers she interviewed in England gave examples of police threatening that if they did not comply with their requests, social work would come to remove their children (Cemlyn, 2000), a tactic which can only increase distrust of social services.

Some families may fear that referral to social services may lead to deportation (Fontes & Plummer, 2010). Traveller families may see social service intervention and assessment as part of a process which will lead to eviction (Cemlyn, 2000). Therefore distrust is often based on fears of very serious outcomes for children and their families.

Barriers coming from professionals

There is evidence that many members of ethnic minorities view ethnic majority professionals as culturally insensitive (Gilligan & Akhtar, 2006; Roshni, 2012; Webb et al., 2002). No wonder, then that ethnic majority professionals may fear being culturally insensitive and/or appearing racist, and may lack confidence about delivering services to minority families (Gilligan & Akhtar, 2006; Roshni, 2012; Webb et al., 2002). Professionals may also avoid intervening because they see a case as too difficult, or resource intensive, or as someone else's job (Raman & Hodes, 2012).

Another possible barrier is cultural relativism on the part of professionals, such that they interpret the same behaviours differently depending on the ethnic group involved. This can lead to professionals failing to act when children are in danger. For instance, the Victoria Climbié inquiry found evidence that professionals who witnessed Victoria's substantial fear of her aunt interpreted this as a culture-specific expression of respect, and thus failed to act appropriately to protect Victoria (Laming, 2003; in Bernard & Gupta, 2008).

Confidentiality

We have already seen that privacy is important in the maintenance of *izzat* in South Asian communities, and this points to confidentiality as a potential barrier. In focus groups, (mainly) Pakistani women in Bradford spoke of their fear that disclosure to authorities would lead to public exposure of childhood sexual abuse (Gilligan & Akhtar, 2006), and Roshni (2012) notes a more widespread concern among ethnic minorities that organisations will not keep the issue confidential. A lack of confidentiality can cause damage to support systems and the reputation of family in community (Fontes & Plummer, 2010) - serious consequences that are likely to inhibit disclosures.

Cultural relativism versus universalism

Child protection across diverse ethnic minority communities poses a predicament to professionals in that it involves a tension between two widely held tenets of contemporary British society: the need to protect all children from harm, and the need to respect cultural difference (Raman & Hodes, 2012; Woods, 2013). At one extreme is the view that cultural difference is respected above all else, and thus that definitions of maltreatment are culturally relative, defined by consensus in the community (Korbin, 1991; cited in Maitra, 1996). This view assumes a uniformity within cultural or ethnic groups which rarely, if ever, exists in practice (Fontes & Plummer, 2010; Raman & Hodes, 2012). For instance, Sime and Fox (2015a, 2015b) describe how Polish parents in Scotland are selective about which fellow Poles they associate and share values with. Given this diversity, hegemonic definitions of maltreatment within a community are likely to reflect the views of the most powerful, and so may not adequately represent the experience of abuse victims (Wainryb, 2006). Moreover, generic claims about a community can easily entail stereotyping (Webb et al., 2002).

At the other extreme is a 'colour blind', universalising approach which applies current Scottish definitions of maltreatment regardless of ethnic or cultural considerations (Webb et al., 2002). This universalism is related to a view of ethnic minority communities as having deficits relative to the majority, and is widely criticised in the literature (e.g. Bernard & Gupta, 2008; Webb et al., 2002; Williams & Soydan, 2005). It can thus be oppressive in practice (Williams & Soydan, 2005). Moreover, this viewpoint is ethnocentric and naïve in its failure to recognise the historical and cultural specificity of current Scottish child protection practices and definitions (Maitra, 1996; Williams & Soydan, 2005).

Most commentators call for some kind of third, middle way, but there is no widespread agreement on what this would look like. Raman & Hodes (2012) suggest Koramoa et al.'s (2002) harm-based criteria, which call for a differentiated response to ethnic minorities depending on the type of cultural difference involved: PROMOTE beneficial child-rearing practices; RESPECT neutral practices; EDUCATE regarding potentially harmful, and PREVENT harmful practices. However, the definition of harm is itself contentious so it is not clear that this approach resolves the tension between universal principles of child protection and respect for cultural difference. This tension should be borne in mind throughout this report.

Overcoming barriers

The literature notes several ways in which the barriers outlined above may be overcome. One approach is to improve accessibility to child protection. This can be achieved by developing connections with non-statutory bodies and community organisations which

are often perceived as more approachable and trustworthy than universal services (Barn, 2002, 2006; Roshni, 2012). For instance, Bangladeshi women living in Tower Hamlets in London accessed help mainly from Bangladeshi community organisations. As one participant commented to Roshni (2012): *'It is all about whether you feel like support services are yours'* (p.40). Outreach work suggested by Pakistani women in focus groups (Gilligan & Akhtar, 2006) included providing a short booklet or single information sheet about child maltreatment (sexual abuse in this study) which include vignettes, and distributing these at nurseries, schools, mosques and in maternity packs. Another way in which access can be improved is through the recruitment of professionals from the ethnic minorities concerned (Barn, 2006; Gilligan & Akhtar, 2006).

Such connections can have multiple benefits. In focus groups in Bradford, Pakistani women suggested that sexual abuse could be tackled using arguments regarding good parenting derived from Islamic religious tenets (Gilligan & Akhtar, 2006). Such an approach could obviously only work if driven by community members.

Substantial barriers may exist between ethnic minority families and the ethnic majority in general, not only with respect to child protection, and this general divide likely also makes accessing help more difficult. This came across in focus groups with Eastern European (mainly Polish) immigrant children and young people in Scotland, and their families. Many felt isolated from their local communities, due to language difficulties or a desire among parents to protect their children from what they perceived as negative peer influences in the deprived areas in which they often lived (Sime & Fox, 2015a). Therefore efforts to forge connections to communities might be most beneficial if they were broader in remit than only child protection.

Several researchers suggest cultural competence training for professionals (Barn, 2006; Raman & Hodes, 2012). This is noted to be risky, in that basic information about specific cultures can lead to stereotyping (Fontes & Plummer, 2010; Webb et al., 2002). Webb et al. (2002) suggest that such training should not therefore make any claims about specific ethnic groups, but should instead enable practitioners to explore and reflect on their own culturally-specific beliefs and attitudes. An alternative approach teaches professionals generic skills for working with ethnic minority groups. While these would doubtless be beneficial in challenging universalising assumptions and aiding culturally appropriate responses, the academic discipline of anthropology demonstrates that it is perfectly possible to educate about cultural groups in a way which addresses norms in the context of diversity. It is hard to imagine how professionals can intervene effectively in families of specific ethnic groups, without some (diversity-acknowledging) ethnicity-specific understanding of these groups.

This literature review demonstrates that a range of obstacles can hamper engagement between ethnic minority families and professionals. Some of these are relatively specific to certain groups (e.g. *izzat* in South Asian communities) while others are more general (e.g. problems associated with using interpreters). While much of the research was conducted in the UK, we do not know for certain the extent to which these various barriers operate for ethnic minorities in Scotland today. Therefore the current study utilised a survey, interviews and focus groups to provide an up to date picture of contemporary challenges and how these might be tackled.

3. Survey - Exploring what factors might affect ethnic minority children and families accessing child protection services in Scotland

Methods

Survey distribution

A structured questionnaire was used to obtain views of professionals across Scotland in universal services (Child Protection Committee members, Children's Reporters, Children's Panel Members, police, health, education, Procurator Fiscal, third sector, community services, etc.) (see Appendix 1 for questionnaire). This was hosted electronically on Survey Monkey. Locality Reporter Managers in all SCRA's offices were asked to complete the questionnaire themselves, email the link to the survey to Children's Reporters in their teams and their colleagues in local Child Protection Committees. Members of the Children's Hearings Improvement Partnership (CHIP) were asked to circulate the survey within their organisations⁸. SCRA also tweeted about the survey. The survey was open from July to November 2016.

The survey was anonymous, no information about participants was collected other than the sector they worked in. In total, 182 participants began the questionnaire. Of these, 153 (84.1%) completed most items and were included in the analyses.

Survey design

After an initial item asking participants to identify their professional role from a list of 15 options on their job roles (plus a text box for 'other'), the questionnaire proceeded by asking, 'Do you have any experience of working with Pakistani children and families?' If the participant responded 'yes', they were asked, 'From your experience of working with Pakistani children and families, to what extent do you think that each of these factors affect these families accessing child protection services?' They were requested to respond on a scale from 1 (labelled 'significant barrier') to 5 (labelled 'no barrier') for each of the following items, even if they were unsure: Family honour and/or shame; Language barriers; Family concerns about confidentiality in their community; Family distrust of services; Family lack of knowledge of services available; Family belief that child welfare is a concern of the family not the State; Family perception that services are racist / culturally insensitive; Culture-specific attitudes towards parenting; Family unfamiliar with concepts of child abuse and/or children's rights; Taboos around child abuse; Families' lack of social support; Other (with an optional text box) (Appendix 1). These factors were identified from the literature review as the issues most likely to create barriers to families accessing child protection services.

⁸ For information about the CHIP go to: <http://www.chip-partnership.co.uk>

Having completed these items, or if the participant responded ‘no’ to the experience question, the questionnaire moved on to ask the same set of questions about Polish, Black African⁹, Indian and Chinese families. These five ethnicities were selected as they were of the most prevalent amongst the 9% of Scottish children identified from the 2011 as not of ‘White Scottish’ or ‘White Other British’ ethnicity. The most numerous were labelled in the Census as ‘Pakistani, Pakistani Scottish or Pakistani British’ (1.6%), ‘White Polish’ (1.4%), ‘Other White’ (1.3%), ‘Any mixed or multiple ethnic groups’ (1.0%), ‘African’ (0.8%), ‘Indian, Indian Scottish or Indian British’ (0.7%), and ‘Chinese, Chinese Scottish or Chinese British’ (0.5%).¹⁰

Findings

In most of the analyses below, the dependent variable (DV) is a single Likert scale rating of the importance of each barrier. Since there was only one Likert question assessing each barrier, the data are best considered to be at the ordinal level of measurement and so non-parametric tests were used. In those cases where the DV was at the interval level of measurement and other assumptions were met, parametric tests were employed. As noted in earlier footnotes^{1, 10}, we recognise that the labels used for ethnic groups are invariably political and historical, and do not necessarily represent meaningful or desired groupings or identities from the perspective of those thus categorised.

Background information on the sample

While 182 people undertook to complete the survey, 29 abandoned it, having entered little or no data. The data from these 29 participants were not included in the analyses that follow. Table 1 details the sample size for each profession before and after the removal of these cases of non-completion. Table 1 reveals that four professions each constituted more than 10% of the sample, they are: Reporters, Children’s Panel Members, social work and health. In combination, these professions accounted for 73% of the sample. Where it is appropriate to compare participants by professional background in the statistical analyses, only these four professions are included, as the sample size is too small for the others. Analyses which do not compare professions include all participants who completed the majority of the survey.

⁹ We regret the use of this term, and in future would recommend ‘African’, to avoid unnecessary racial connotations.

¹⁰ As is evident from these categories, the classification system employed in the census is based on an inconsistent set of criteria, including nations, both smaller and larger regions, racial characteristics, and what we might term ‘purity’ (with all children of multiple heritage placed together). Moreover, only some minority identities are described with dual labels (e.g. ‘Pakistani Scottish’ is included, but not ‘African Scottish’). Unfortunately, for the sake of giving some kind of national picture, we have had to draw on these categories, but recognise that they are deeply problematic.

Table 1. Professional backgrounds of sample

Profession	Full sample		Sample that completed majority of survey	
	Number	Percentage	Number	Percentage
Children's Reporter	32	17.6%	24	15.7%
Children's Panel Member	43	23.6%	39	25.5%
Police	7	3.8%	7	4.6%
Social work	28	15.4%	25	16.3%
Education	5	2.7%	3	2.0%
Health	32	17.6%	25	16.3%
Third sector	11	6.0%	7	4.6%
Community services	3	1.6%	3	2.0%
Other	17	9.3%	16	10.5%
Not given	4	2.2%	4	2.6%
Total	182	100%	153	100%

To examine whether some professions tended to have more experience with certain ethnic minority groups than others, a non-parametric Kruskal-Wallis test was carried out, with profession as the independent variable (4 levels: Reporter, Panel Member, social work, health), and experience as the DV (calculated as the total number of ethnic minority groups with which the participant reported having had experience with), with a maximum possible score of 5 and minimum of 0. Only participants who completed the experience question for all five ethnic groups were included in this analysis. A non-parametric test was employed because the professional groups' experience scores had significantly different variances. The test found that professions did differ in the amount of experience, $\chi^2(3) = 26.809$, $p < .001$. Mean (and median) experience scores were 2.25 (2) for reporters, 1.16 (1) for panel members, 1.61 (1) for social work, and 3.48 (4) for health professionals. Tamhane's T2 post hoc tests (which do not assume equality of variance) found that health professionals had significantly more experience than Panel Members ($p < .001$) and social workers ($p = .001$), and Reporters had significantly more experience than Panel Members ($p = .038$). A consequence of these differing levels of experience is that Reporters' and health professionals' views are disproportionately represented in the data on barriers, to which we now turn.

Barriers to ethnic minority communities' access to child protection services

See Table 2 for the percentage of respondents who scored each barrier above the scale midpoint for each ethnic group. This percentage can be interpreted as the perceived importance of that barrier for each ethnic group. The table shows that for all barriers and groups, a substantial proportion of respondents considered them important, ranging from 20% for lack of knowledge of services for Chinese families, to 81% for culture-specific parenting for African families. The same data is presented graphically in Figure 1.

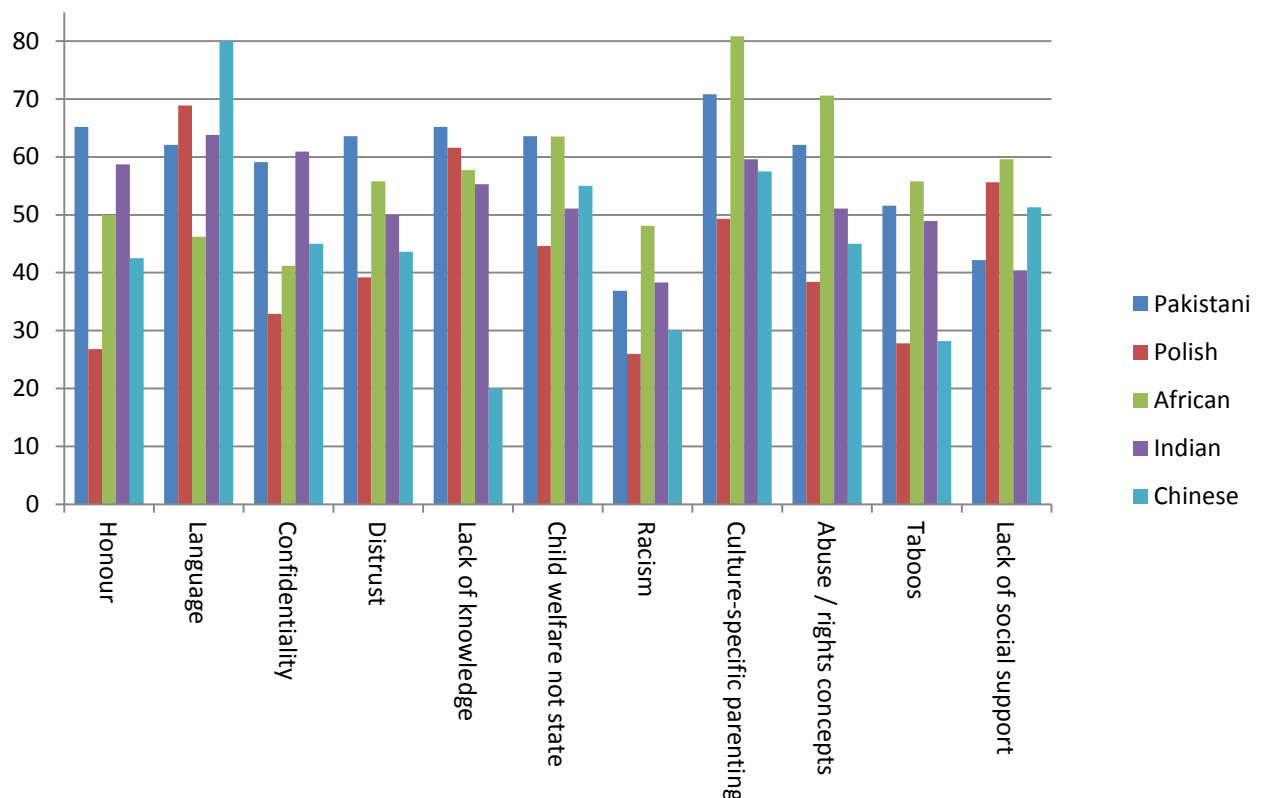
Table 2.

Percentage of respondents who scored the importance of each barrier above the scale midpoint

Barrier	% of responses above scale midpoint				
	Pakistani	Polish	African	Indian	Chinese
Family honour and/or shame	65.2	26.8	50.0	58.7	42.5
Language barriers	62.1	68.9	46.2	63.8	80.0
Concerns about confidentiality in community	59.1	32.9	41.2	60.9	45.0
Distrust of services	63.6	39.2	55.8	50.0	43.6
Lack of knowledge of services	65.2	61.6	57.7	55.3	20.0
View that child welfare is concern of family not state	63.6	44.6	63.5	51.1	55.0
Perception that services are racist or culturally insensitive	36.9	26.0	48.1	38.3	30.0
Culture-specific attitudes towards parenting	70.8	49.3	80.8	59.6	57.5
Unfamiliarity with concepts of abuse and rights	62.1	38.4	70.6	51.1	45.0
Taboos around child abuse	51.6	27.8	55.8	48.9	28.2
Lack of social support for family	42.2	55.6	59.6	40.4	51.3

The barriers scoring highest in each ethnic group are highlighted in bold

Figure 1. Percentage of respondents who scored the importance of each barrier above the scale midpoint per ethnic group



Comparisons of barrier importance within ethnic groups

To throw further light on differences in barrier importance within ethnic groups, a series of 55 Wilcoxon paired sample tests were carried out for each ethnic group to compare ratings of each barrier against each other barrier. To reduce the risk of making a type I error through multiple testing, a Bonferroni correction was applied, by dividing the usual p level required for significance by the number of tests for each ethnic group. This altered the usual .05 level of significance to a much more demanding .001. Table 3 details results that were significant ($p < .001$) and marginally significant ($p = .001$).

Tables 2 and 3 and figure 1 together demonstrate considerable variation in the importance assigned to each barrier for any given ethnic group:

- For **Pakistani families**, **culture-specific parenting and honour** stood out as particularly important barriers, while participants considered beliefs that services are racist or culturally insensitive, and lack of social support, as relatively minor barriers for Pakistani families.
- For **Polish families**, participants viewed **language barriers** as particularly important. Other barriers seen as important for Polish families **were lack of knowledge about services, lack of social support, and a view of child welfare as outwith state jurisdiction**. Honour was seen as relatively unimportant for Polish families.
- For **African families**, **culture-specific parenting** stood out as the most important barrier.
- For **Indian families**, there were few significant differences in the importance assigned to each barrier.
- Finally, respondents considered **culture-specific parenting and particularly language barriers** most important for **Chinese families**, and saw lack of knowledge of services as a relatively minor issue for this ethnic group.

Table 3. Significant differences between barriers for each ethnic group

Ethnic group	Significant differences in importance ratings of barriers
Pakistani (N=65 to 67)	Honour > perceptions of racism **, taboos*, lack of social support* Culture-specific parenting > lack of social support**, taboos*, perceptions of racism ** Lack of knowledge of services > lack of social support* Confidentiality concerns**, distrust of services**, belief that child welfare is not state concern**, lack of knowledge of services*, unfamiliarity with rights and abuse concepts* > perceptions of racism
Polish (N = 72 to 75)	Language > honour**, concerns about confidentiality**, distrust of services**, belief that child welfare is not state concern*, perceptions of racism **, unfamiliarity with rights and abuse concepts**, taboos** Knowledge of services > honour**, confidentiality concerns**, perceptions of racism**, taboos** Lack of social support > honour**, confidentiality concerns*, taboos** Belief that child welfare is not state concern > honour*, perceptions of racism*, taboos** Culture-specific parenting > honour**, taboos**
African (N = 51 to 52)	Culture-specific parenting > honour**, language**, confidentiality concerns**, distrust of services**, lack of knowledge of services**, belief that child welfare not state concern*, perceptions of racism**, taboos**, lack of social support*
Indian (N = 46 to 47)	Honour*, culture-specific parenting* > perceptions of racism
Chinese (N = 39 to 40)	Language > honour**, confidentiality concerns**, distrust of services**, belief that child welfare not state concern**, perceptions of racism**, unfamiliarity with rights and abuse concepts**, taboos**, lack of social support** Culture-specific parenting > distrust of services*, perceptions of racism**, taboos** Lack of social support > Perceptions of racism** Distrust of services*, perceptions of racism**, taboos** > Knowledge of services

* $p = .001$; ** $p < .001$

Comparisons of barrier importance between ethnic groups

Some barriers were considered important by a substantial proportion of participants for all ethnic groups. Table 2 shows that language barriers (46% to 80% responses above scale midpoint), the view that child welfare is the concern of the family rather than the state (45% to 64% above scale midpoint), and culture-specific attitudes towards parenting (49% to 81% above scale midpoint) were seen as consistently important obstacles across all groups. Similarly, the ‘perception that services are racist or culturally insensitive’ item stood out as the only barrier which was not rated as important by the majority of respondents for any ethnic group.

Nevertheless, there was also substantial variation in the perceived importance of each barrier across ethnic groups. In order **to ascertain whether participants believed that ethnic groups are differently affected by each barrier** included in the survey, a series of 12 non-parametric Friedman tests were conducted, with IV of ethnic group (5 levels) and DV of

barrier importance score (out of 4). The sample consisted only of those 17 participants who had experience with all five ethnic groups included in the survey. While this sample size is small, this option was considered preferable to the alternative, a series of two-way comparisons between each ethnic group for each barrier (which would require 120 Wilcoxon tests). Since not all these participants completed all items, some tests involved slightly fewer participants; see Table 4 for details. A Bonferroni adjustment was made, so that the p value required to register significance was set at .004. Statistical results are presented in Table 4. Please also refer also to Table 2 for percentage of all experienced participants who viewed the barrier as important (i.e. assigning a score above the midpoint of the Likert scale).

Statistically significant Friedman test results were followed up by Wilcoxon pairwise comparisons, making use of all participants who had experience with the two ethnic groups concerned (not only those who had experience with all five groups), so as to maximize sample size and therefore power. Those which were significant with an approximate Bonferroni adjustment to $p < .001$ are detailed in Table 4. It was found that **ethnic groups differed significantly in the importance participants assigned to family honour and shame (more important in Pakistani and Indian than Polish families); language barriers (a greater obstacle for Chinese than African families) and taboos** (although no pairwise comparisons were significant).

Table 4. Comparisons between ethnic groups for each barrier

Barrier (N=17 unless stated below)	Friedman test result (* = significant at $p = .004$)	Pairwise comparisons (significant at $p < .001$)
Family honour and/or shame (N=16)	$\chi^2(4) = 36.186, p < .001^*$	Pakistani, Indian > Polish
Language barriers	$\chi^2(4) = 15.491, p = .004^*$	Chinese > African
Concerns about confidentiality in community (N=16)	$\chi^2(4) = 10.969, p = .027$	
Distrust of services	$\chi^2(4) = 12.212, p = .016$	
Lack of knowledge of services	$\chi^2(4) = 3.558, p = .469$	
View that child welfare is concern of family not state	$\chi^2(4) = 10.411, p = .034$	
Perception that services are racist or culturally insensitive (N=16)	$\chi^2(4) = 11.437, p = .022$	
Culture-specific attitudes towards parenting	$\chi^2(4) = 7.345, p = .119$	
Unfamiliarity with concepts of abuse and rights	$\chi^2(4) = 11.923, p = .018$	
Taboos around child abuse (N=16)	$\chi^2(4) = 15.980, p = .003^*$	NS
Lack of social support for family (N=15)	$\chi^2(4) = 6.687, p = .153$	

Finally, to give a sense of **whether some ethnic groups were seen to be faced with more substantial obstacles overall than others**, participants' mean barrier scores were calculated for each ethnic group. These were compared in a repeated measures ANOVA, including those 13 participants who completed all items for all ethnic groups. (A parametric test was appropriate here because the DV combined multiple Likert items into a single mean score.) This found a main effect of ethnic group ($F = 4.204, df = 4, p = .005$, partial eta squared = .259, power = .896). Means (and standard deviations) for these 13 participants were 2.37 (0.98) for Pakistani families, 2.25 (1.19) for African families, 2.00 (1.14) for Chinese families, 1.99 (1.13) for Indian families, and 1.72 (0.76) for Polish families. This was followed up with paired sample t tests comparing all ethnicities against one another. These

analyses included all participants who had experience with the two ethnic groups concerned (not only those who had experience with all five groups), so as to maximize sample size and therefore power. A Bonferroni adjustment set the significance level at $p < .005$. The t-tests found that participants saw **Pakistani and African families as facing more substantial barriers than Polish families** ($p < .001$ and $p = .001$ respectively), and **Pakistani families facing marginally significantly more substantial barriers than Indian families** ($p = .005$).

4. Interviews and focus groups - Ethnic minority families' experiences and perceptions of child protection services in Scotland

Methods

Based upon the prevalence of minority ethnic children in education across Scotland¹¹, six areas were originally identified for inclusion in the research: Aberdeen City; Aberdeenshire; East Renfrewshire; Edinburgh; Fife; and Glasgow. These represent a mix of urban and rural areas. Staff in SCRA's offices in these areas were asked to identify agencies and third sector groups working with minority ethnic groups. SCRA's Information & Research Team also investigated what agencies/third sector bodies were available for minority ethnic communities. Finally, a snowball methodology was used to identify further organisations, by asking those who took part in an interview or focus group to suggest other bodies which would be of use to include in the research (Appendix 1).

From this a total of 52 organisations were approached to take part in an interview or focus group. Ten organisations took part. Nine expressed an interest in the research but did not take part, and the remaining 33 organisations did not respond. Similar difficulties in recruiting organisations and individuals to take part in research were also found in a recent study on forced marriage in Scotland (Chantler et al., 2017).

Interviews and focus groups

The ten organisations which took part work directly with children, young people and/or families from minority ethnic groups. Nine of these organisations are in the third or private sector and one is part of a local authority. These organisations are based in Aberdeen, Dundee, Edinburgh and Glasgow. They work with children, young people and families from a wide range of ethnicities including: Other White; White Gypsy/Traveller; White Polish; Arab, African, Pakistani, Indian; and Other Asian¹².

Face to face semi-structured interviews were carried out with workers from seven organisations, and two focus groups of three and five individuals were conducted with a further two organisations. In addition, there were two focus groups of ten and five women from Scotland's Muslim communities who are involved with one organisation (plus one of its staff members). All the interviews and focus groups took place in the offices of the participating organisations. A total of 31 individuals took part in the interviews and focus groups and all, except one, are female. Interviews and focus groups took between 1 and 1.5 hours, and took place between November 2016 and March 2017. The schedules for the interviews and focus groups are provided at Appendix 1.

¹¹ Scottish Government (2014) Pupils in Scotland Data

¹² Census categories – please refer to footnote 10.

Interviews and focus groups were recorded by Dictaphone and transcribed for analysis, or were recorded in writing¹³. The transcripts were analysed thematically to identify common issues. First, all data were examined to develop a set of codes capturing recurring themes; for example, the themes identified included: fear of repercussions, cultural norms, lack of awareness/understanding, etc. Second, all comments were coded according to the themes which they included. Third, all comments featuring a particular theme were collated and scrutinised to assess the prevalence of each theme. Fourth, comments were selected that best illustrated the breath of opinion within each theme, and are quoted in the analysis below.

Ethics

Ethical approval for their organisations to take part was obtained from Barnardo's Research Ethics Committee on 20th December 2016, and from SACRO's senior management on 6th December 2016.

All participants were provided with an information sheet and consent form prior to the interview or focus group (Appendix 1). Only those who consented to take part were involved, and consent forms were destroyed at the end of the research. No identifying information was recorded in the interviews and focus groups and in reporting. Interview and focus group transcripts were held on encrypted systems to which only the research team had access and were destroyed at the end of the research. Participating organisations were provided with the draft research report for their comments and to check that their views were accurately represented in the analysis.

Findings

Barriers to families or individuals from ethnic minorities reporting concerns about a child

The main constraints to families and individuals reporting concerns about a child were said to be fear of services and linked to this a lack of understanding of services and the law in Scotland. Difficulties with communication and protecting family honour were also raised by most participants as barriers to families seeking help.

Fear of services

A recurring theme across all the interviews and focus groups was families fear of service intervention and particularly that by the police or social work. A large part of this was to do with lack of understanding of the differences between how services operate in Scotland compared with those in their countries of origin where they can be associated with state oppression:

'We grow up with these systems, yes they change and evolve but we know them, but ethnic minority groups are foreign to this way of life and in their experience the state is to be feared.' (focus group 1)

'It is coming from [named country]. Most of the people were brought up in communism, in communism you were, anything you did, you were enemy of the

¹³ Those recorded in writing were not fully verbatim and therefore extracts from these interviews and focus groups are not always verbatim.

state. So any you known arm of the state was your enemy too, so you were not trusting any of the um, especially the police.' (interview 4)

'Some communities associate police with brutality, becomes a huge issue when you need to involve the police.' (interview 1)

Those with uncertain immigration status could be especially fearful of service intervention:
'Asylum seekers don't want any intervention, are afraid of services.' (interview 1).

'The uncertainty around their legal status is bound to make some ethnic communities feel more defensive. And I wouldn't think that you'd feel able to report issues if you're already feeling threatened by your situation.' (interview 2)

'I think that immigration though is a really big one for women in relationships where's there's any form of abuse towards the children because it would be a threat that you know, you will go back to that country from social work, you know. That can act as a real barrier.' (interview 5)

Social work intervention was associated with children being removed from their families:
'There is a fear culture, fear that the social work will take their children away.' (interview 7)

'They fear that their child will be removed from their care, and that they won't be supported, um, to, or sometimes not believed.' (interview 5)

'You don't know what it will lead to, children might get taken off them.' (focus group 3)

However, it was noted that this fear of social work involvement is not confined to those originating from other countries, and is more widespread in Scottish society:

'Are aware of social work but that they'll take away children. In society in general even now is a lack of awareness that social work can help.' (focus group 2)

'The fear around social workers is across the board [all cultures].' (focus group 3)

'I see very limited circumstances where Black African parents would self-refer their children to child protection services, but this is much like Scottish families.' (interview 3)

One service that was not feared was education, and was reported as being important especially to African families:

'If you are from an ethnic minority you don't want any trouble or issues. All you want to do is work, get your child to school and university and send money home.' (interview 6)

'Education is a very strong incentive for Black African communities. It is taken seriously by parents and children.' (interview 2)

Schools could be seen as a protective factor as not only are they a service trusted by children and their parents, they support children and help them understand their rights.

'Young people do understand that the guidance teacher is there to try to help and protect them.' (interview 6)

'Children are better informed than their parents, get told in schools.' (focus group 4)

'As children get older and they start to retaliate, and if there are physical abuses from a parent, they might speak to school, and they've got a big part to play in reassuring and making sure that it is OK for children to speak about their experiences.' (interview 5)

Lack of knowledge and understanding

'People are always afraid of what they don't know.' (focus group 4)

Lack of awareness of services and how the law operates in Scotland was a barrier to reporting concerns about a child and added to the fear of service intervention:

Families don't know what services are out there, lack of information. Also lack of understanding of Scots law and how it can help or harm, and how the law is enforced.' (interview 6)

The term child protection is unfamiliar in itself. Very rare to find someone who understands what it means.' (interview 1)

'I think that sometimes that ethnic minorities might not fully know what these different professionals do, and I think that the child protection path is very difficult for them to try to understand.' (interview 5)

This was not unique to those from ethnic minorities, participants also explained that lack of knowledge of child protection processes applies throughout Scottish society:

'There is limited to no knowledge of SCRA and organisations like that – it's difficult to find unless you know it's there, and this applies to Scottish communities every bit as much as it does to ethnic communities.' (interview 2)

Language and communication

Lack of understanding of English, poor quality of translation and concerns about confidentiality were all reported as contributing to families being reluctant to raise concerns and accept support. For those from smaller ethnic groups, interpreters could be known to them or others in their community. This was a concern not only to families but also to those organisations seeking to support them.

'The interpreter does not always fully translate depending on their own value base. There is also a fear that interpreters may breach confidentiality and discuss family matters outwith interview.' (focus group 1)

'We try to avoid using interpreters. If it's a small community the interpreter will be known.' (interview 1)

Language can be a significant barrier to ethnic minority families. For some interviewees it was the main difference between ethnic minority and Scottish families in their ability to seek support from services:

'For white Scottish families the barriers can be similar. All it takes away is the asking for help element. Hidden nature of abuse is the same but communication is easier.' (interview 1)

'[white Scottish families] have same barriers to some extent. Not exactly the same. Still have barriers in accessing information and lack of family support but don't have language barriers.' (interview 6)

Family honour and shame

Maintaining family honour was discussed as an important barrier to families seeking or receiving support. Having any service involvement at all could bring shame:

'Once social worker involved in your life and you're branded.' (focus group 3)

It was protecting the wider family and community honour that was the pre-eminent consideration, putting pressure on parents not to seek help:

'Parents may not speak up because the family is not lead by them but by elders. This is sometimes the grandfather.' (focus group 1)

'There is a stigma, you're not a good enough parent, you bring shame to the family, culture, religion.' (focus group 3)

The priority to not bring attention on the community and protect its honour could mean that concerns about children would never be raised no matter how serious the risk.

'Communities have no threshold for reporting concerns. No issue will ever be so serious to be reported. Never report anything.' (interview 6)

The pressure to maintain family and community honour was explained to lie mainly with women and girls, and this could make some types of abuse even more hidden:

'Sexual abuse will hush it up. Honour of community held in girls' virginity. No recognition that boys can suffer sexual abuse. If a girl, she's spoiled now.' (focus group 2)

The greater status of men in some communities means that abuse of women and children may be kept hidden to maintain male standing:

'The status of a person within that family who is probably an abuser, because of his status, because of his background or where he lives or whatever, then the woman will be judged. And I don't know how much that happens with Scottish families, or British families, as it would with ethnic minority families.' (interview 5)

Cultural differences in parenting

'Every culture raises their children in a different way.' (interview 6)

Interviews and focus groups explored how cultural differences in parenting combined with a lack of understanding of abuse and children's rights may mean that some types of abuse go unrecognised or are kept hidden.

Concepts of good parenting

For some ethnic minorities good parenting is about maintaining their cultural norms which can be very different from other minorities and wider Scottish society. It may also mean carrying out practices that are illegal and in breach of their children's human rights.

Practices such as FGM and forced marriage are considered by some families as being good parenting and protecting their child, and this contributes to these types of abuse being kept hidden.

'Parents say that they are good parents, all they want is for their daughter to get married. If she doesn't get married she'll be ostracised from the community. So we're good parents if daughter undergoes FGM'. (interview 6)

'That [FGM] is something that has been happening in their cultures for such a long time I think that it would not be brought forward to social work by I would say the majority of people involved in that'. (interview 5)

'Most child protection is short-term, about a year. Need to have a much longer viewpoint in forced marriage cases. All we can manage to do is delay for a couple of years until professional involvement dies down. Families are very patient, are doing what they think is best for the young person'. (focus group 2)

It was explained that differences in understanding of neglect, such as leaving children on their own, are seen by some ethnic minority families as normal and necessary if parents are to support them.

'African view of good parent is someone who pushes their child to get as much knowledge as possible and achieve. They will work 24/7 to provide for their children, even if this means leaving them on their own.' (interview 6)

It also shows that some aspects of the parenting role may be in conflict with one another for some ethnic minority families, such as ensuring material comforts, good food and education versus supervision.

Sometimes cultural differences in understanding of child neglect are a consequence of the circumstances that families have come from. One interviewee gave an example of a refugee family from a war torn country:

'The parents didn't understand that their child would need toys as they've never had them before.' (interview 1)

However, differences in parenting do not mean that children are not loved and supported.

'The parenting [in the traveller community] is totally different. It seems a lot more relaxed, you know, it's lovely to see the kids out playing. I mean they could be out playing three, four hours without even going near the caravan. But the parents'll know the kids are safe. So there's no concerns about neglect or whatever. The kids can't go far; you know what I mean, so nothing bad can happen. Nobody can come in and take them away or whatever you know what I mean so there's no worries there at all, none at all.' (interview 3)

Physical chastisement

Most participants discussed physical chastisement, how it is widely considered to be acceptable by some ethnic minority communities and viewed as a normal part of bringing up a child.

'Physical chastisement is common. Not seen as an issue.' (focus group 2)

As one interviewee explained:

'There is normally a family hierarchy and the father is the head of the family. One strong theme of this is the father dominates, hitting is the norm and is used to keep everyone in line.' (interview 7)

That physical chastisement of children is not currently illegal in Scotland makes it difficult for those working with ethnic minority families to explain what is currently considered to be unacceptable by professionals:

'Physical chastisement is culturally acceptable in ethnic minority groups. Although due to Scottish law it is difficult to explain what they can or cannot do physically.' (focus group 1)

There was also a view that:

'If physical chastisement were to be made illegal in Scotland would make it more problematic. If were to prosecute parents would make it a huge problem. Children do not want family members criminalised.' (focus group 2)

Concepts of abuse and children's rights

That children have rights was said, by most participants, to be an alien concept amongst the communities they worked with:

'It's about the rights of the parents to raise their children, rather than the rights of the child as we see them.' (interview 2)

'Concept of [children's rights] is foreign, non-existent, more about the collective family.' (focus group 2)

'Culturally ethnic groups are very religious and see children as property and not a human being in their own right.' (focus group 1)

This imbalance between what are seen as adult's rights and the status of the child, could mean that some types of abuse are not recognised as such and never addressed:

'I think that sexual abuse is often not, not seen as a form of abuse, and you know it's a man's right.' (interview 5)

Not surprisingly, children are not aware of their rights, although this is not necessarily confined to those from ethnic minorities:

'Children are surprised that they have rights and a voice, although some Scottish children don't realise their rights either.' (interview 7)

This lack of understanding was not confined to children, adults too did not always understand that the law in Scotland protects their rights:

'I think realising that some rules are based on human rights is just, for me was like eyes opening. So um, I think you don't get that concept in [named country], so it might be completely strange to them.' (interview 4)

Barriers to services intervening to protect a child

Most participants discussed how services respond differently to ethnic minority families, and also how some professionals try to overcome these barriers.

'Had some amazing experiences and had terrible experiences. Do get police officers and health visitors who are very culturally aware but do get others who fail to spot the signs, scared of being seen as racist. Huge variation. This stuff needs to be part of curriculum for social work, police, health - they need to know what risks are in a multicultural society.' (interview 1)

'People think police are bad guys or are scared of them. But police are fantastic, they try to get out there, do outreach work, show we're trying to support you.' (interview 6)

Difficulties in engaging with isolated, insular communities

The main barriers to services and professionals intervening were said to be the hidden nature of abuse and the insular nature of some ethnic minority communities. Participants said that it was not that services would not intervene, it was the difficulty in finding out when a child was at risk.

'I think most professionals, if they were concerned, would highlight concerns of a child protection nature. I can't see there being any problems here. It's the cases that don't get to professionals.' (interview 2)

'I anecdotally hear of a lot of abuse cases but rarely see them coming through, there is an aspect of it being a hidden problem.' (interview 7)

'Some communities are very insular and quite hidden and are incredibly difficult to conduct outreach in. These communities don't involve themselves in other communities and with other agencies and are almost impossible to penetrate.' (interview 2)

This is made more difficult by some ethnic minority communities being reluctant to seek help from services and instead would always want to deal with any problems themselves:

'I work a lot with trafficked children and this tends to be intra-community trafficking so solutions to any issues are found within that community. Their being so insular is a very powerful and significant barrier to seeking help.' (interview 2)

'It's only if they're really, really desperate for the help that they will accept it.' (interview 3)

'[named community] established for many years in [named city], no-one will go and see what they are doing. Cases of forced marriage wouldn't be picked up as they keep it tight between themselves.' (interview 6)

'In the Asian community you keep your problems to yourself or people will find out and you will be labelled.' (focus group 3)

Differences in attitudes to ethnic minorities

About half of participants discussed how services respond differently to concerns about ethnic minority families. Much of this was to do with fear of being seen as politically incorrect or racist, but participants were clear that this should not get in the way of services asking questions when there are concerns about a child.

'They [universal services] may worry about causing offence and trying to be too politically correct. We are all the same, we are all humans, we should still ask direct questions to get the right answers.' (interview 7)

'Services won't touch some issues or have no knowledge. Fear of asking questions is always there and puts more and more young people at risk.' (interview 6)

'A lot of times professionals worry about being seen as racist but should be questioning in the same way as would for white Scottish women and children.' (focus group 2)

'We need to trust our gut more. Just need to say – no that's not right.' (interview 1)

A few participants noted differences in how services respond to certain ethnic minorities.

'Services do respond differently. Are more likely to remove children from African families. Asian children - services are less likely to get involved - community is so closed.' (focus group 2)

'Schools are looking out for Asian, specifically Muslim families with injuries.' (focus group 3)

However, participants also noted that services need to better understand cultural differences in how they respond to ethnic minority families.

'Professionals have to demonstrate that they understand their culture. And need to look at who they are speaking to - women have no chance to influence, no power to protect or change situation. Don't recognise that women are powerless.' (focus group 2)

I think that if they are approaching them they'll need to know a little bit about their culture at least, or you know, even show awareness.' (interview 5)

Suggestions for improvement

Although not a specific question in interviews and focus groups, suggestions were made by most participants as to how services could be more culturally aware and improve ethnic minority communities' understanding of child protection:

- Better resourcing of services so that they have time to undertake training on cultural awareness.
- Training for professionals on ethnic minorities and why they have different attitudes to services. Several of the organisations involved in this research offered to be involved in doing this.
- Religious organisations have an important role within some minority communities. Could churches, mosques, temples, etc. be asked to help in improving families understanding of child protection and rights in Scotland?
- Greater trust and involvement of third sector and community organisations by services (schools, social work, SCRA). Third sector organisations are often families first point of contact, may have a trusted relationship with them and come from same cultural background. About a third of the organisations we spoke to in this research have encountered reluctance from services in involving them in providing support to a family or taking action to protect a child.
- To produce first language materials to be disseminated via community channels (e.g. websites for and used by individual communities).

Participants in the two focus groups with women from Scotland's Muslim communities had many suggestions on how to raise awareness amongst ethnic minority communities and how services could be more culturally sensitive.

Raising awareness:

- SCRA giving presentations to ethnic community groups on the Children's Hearings System.
- SCRA and other organisations using playgroups, libraries, etc. to disseminate information (leaflets, posters) about child protection, and for these information materials to be in first languages as well as English
- Greater knowledge of services and what they do to help. Win trust. All we hear about are the bad experiences.
- Health visitors could do more. Could let new mums know about child protection.
- Could schools run courses or lectures for women from ethnic minorities to help them (e.g. coping with teenagers)?
- Women and parents can be very isolated here as no extended family. Might be helpful for mothers to know that there could be opportunities for them to get help or what they could use.
- Information should be translated into different languages

- Speakers going into groups, community centres, ladies groups, Mosques. Spend 10 to 15 minutes to educate men and ladies, all generations.
- Outreach with communities
- Be more accessible

Improving cultural sensitivity:

- There should be compulsory training [for professionals] across the board.
- Services need to be more culturally sensitive. Muslim women are less likely to access help if males are providing it.
- Teachers and schools need to be more educated about ethnic minorities
- Speakers [from ethnic minority groups] going into schools
- [Services to] take families situations individually and not generalise.
- How decisions are made are not right. Family factors should be taken into consideration.
- More resources.
- Social workers should have knowledge of cultural backgrounds. If I can work with white people, white people should work with me.
- Increase racial diversity of Children's Panels.

5. Discussion

There has been little research in Scotland on ethnic minorities and their involvement in child protection services. Most UK research has been carried out in other UK countries which have a higher proportion of families from ethnic minorities than Scotland. Our findings confirm that many of the barriers to services engaging with ethnic minority families identified in other studies are also common to Scotland.

That ethnic minority minorities in the UK face *language and communication barriers* to accessing services is well known (Bernard & Gupta, 2008; Chand, 2005; Roshni, 2012; Sime, 2014). This was also raised by professionals in our survey to be an issue for Polish and Chinese families in particular, although it was also raised as an important barrier for African families. In interviews and focus groups it was explained that this was not simply a matter of not understanding English but was linked to concerns about confidentiality and poor quality of translation. These could be linked especially for those from smaller minority groups where the interpreter may well be from their own community or know people within it. Many services (including SCRA, Scottish Courts & Tribunals Service, Crown Office Procurator Fiscal Service (COPFS)) use a centralised service for translation and interpretation. Is there a case for more flexibility to provide a balance between centralisation and need for a trusted relationship in who provides translation? For example, for third sector organisations who are working directly with ethnic minority families and children to translate for them instead of a centrally appointed translator?

Fear or distrust of services was not the main barrier identified for any of the ethnic groups in the survey. However, it was raised as an important concern in all the interviews and focus groups. Perhaps this reflects the difference between survey participants who were mainly from universal services with those in the organisations in the interviews and focus groups who work only with those from ethnic minorities and may have closer connections with them. If this interpretation is correct, does it mean that universal services may in some cases underestimate the extent to which ethnic minority community members fear them?

This fear and distrust of services was explained to come from families' experiences of state intervention in their countries of origin and also from stories circulating within minority communities in Scotland of children being removed from their parents. Both of these concerns have some basis, and are particularly real amongst those seeking asylum or of uncertain immigration status. A recent report by the Scottish Parliament (2017b) found inconsistencies in local authorities' interpretation and application of child protection legislation to asylum seeking families and those with uncertain immigration status, and reports of parents being threatened with the removal of their children. Other studies have also found that distrust of services stems from very real fears of removal of children and state intervention (Bernard & Gupta, 2008; Cemlyn, 2000; Fontes & Plummer, 2010; Roshni, 2012).

Trust of services is essential if families are to engage with them. A Scottish Parliamentary Inquiry on Gypsy Travellers and Care highlighted the importance of trusted relationships and face to face contact and how this was at odds with increasing centralisation of services and multiagency working (Scottish Parliament, 2012).

Lack of knowledge of services and child protection was identified as an important barrier in the survey (for all groups except Chinese families) and in interviews and focus groups where it was linked to fear and distrust of services. It has also been noted in other studies (Bernard & Gupta, 2008; Cemlyn, 2000; Gilligan & Akhtar, 2006). This lack of knowledge could have wider consequences for minority communities' integration and participation in society. One of the aims of the Race Equality Framework for Scotland is to increase participation and representation of minority ethnic individuals in governance and influence in decision making at local and national level (Scottish Government, 2016a; Georgiou, 2017). Similarly, one of the outcomes of SCRA's Equality Strategy is to have a workforce that is more representative of the Scottish population (Scottish Children's Reporter Administration, 2017). However, it is difficult to get involved in Scottish institutions and services if you do not know that they exist or what they do.

The Race Equality Framework for Scotland also aims to improve justice and safety for minority ethnic individuals (Scottish Government, 2016a). Greater knowledge and understanding of the Scottish child protection system would be a step in reducing fear of involvement in it and making it more accessible to ethnic minority families. The COPFS and Police Scotland with New College Lanarkshire, have produced an accessible guide to Scotland's laws for those coming to live here this first time (Crown Office Procurator Fiscal Service, 2016). Could a similar guide be produced on the child protection system and/or Hearings System?

Participants in this research gave many examples on how to improve understanding and trust of services such as them engaging more with communities and religious organisations; and the role of schools as protective factors for children and as a means to inform their parents. There is an opportunity for all services, including SCRA, to do more to reach out to minority communities to work with them to raise their awareness of child protection and the Children's Hearings System.

Culture-specific parenting stood out to survey respondents as an important barrier across all groups and particularly to Pakistani, African and Chinese families in engaging with child protection services. Participants in interviews and focus groups discussed this more broadly in terms of lack of understanding of abuse and neglect, concepts of good parenting and protecting their child. They explained that some types of abuse could be seen by a family as protecting a child's future within the community; for example, protecting a girl's marriage prospects by carrying out FGM or keeping her isolated without recognising the risks to her physical, mental and emotional health. This barrier has also been documented in the literature (Shaw, 2000; Toor, 2009; Chand & Thoburn, 2005).

That ***child welfare is the concern of the family rather than the state*** was also seen as an important obstacle by survey respondents. That children (and adults) have rights was explained in interviews and focus groups to be an alien concept in the communities they work with. Rights were explained to be associated with parents' right to bring up a child and those of the wider collective family; an example of this was the reported widespread acceptance of physical chastisement of children within ethnic minority communities and how this is viewed as normal in child rearing (Brophy et al, 2003; Chand & Toburn, 2005). Engagement with minority (and majority) communities to change perceptions about physical chastisement will need to be a priority if the proposed Children (Equal Protection from Assault) (Scotland) Bill becomes law (Scottish Parliament, 2017c).

Fear of service involvement and the shame it could bring may lead to problems being kept hidden and dealt with within the family and community, with protection of the honour of the family and wider community being paramount rather than the needs of individuals whether they are children or adults.

The *perception that services are racist or culturally insensitive* was the only barrier that was not rated as important by the majority of survey respondents. Likewise, interview and focus group participants did not consider this to be a major barrier; they did, however, acknowledge that it can exist and that fear of causing offence or being seen as politically incorrect should never get in the way of services intervening to protect a child. It was also noted that services could do more to be culturally sensitive. There was consensus in the interviews and focus groups that a more significant barrier to services intervening were difficulties in finding out when a child was at risk due to the insular nature of some communities.

Marginalised communities - Many of the participants in interviews and focus groups felt that the barriers faced by ethnic minority families in engaging with services are very similar to those experienced by marginalised White Scottish families; these included fear of services, lack of knowledge of child protection processes, and limited understanding of rights. In 2016 the Equality and Human Rights Commission published 'Race Report: Healing a divided Britain', which found that in Scotland: "if you are born into an ethnic minority household today, you are nearly four times more likely to be in a household that is overcrowded and up to twice as likely to be living in poverty and experiencing unemployment" (Equality and Human Rights Commission in Scotland, 2016). Recent research commissioned by the Scottish Government found that those living in poverty with children in Scottish society as a whole face social exclusion and unemployment, and a range of economic disadvantages (Barnes et al., 2017). It may therefore be that poverty and social exclusion are the more important barriers rather than ethnic background.

The work of Bywaters and colleagues (2014) argues against focusing on one aspect of identity and instead the importance of the 'intersectionality' between deprivation, disability, ethnicity and age to explain inequalities in child welfare outcomes. This resonates with our study, and presents a case for SCRA (and its partner agencies) to focus activity on engagement with marginalised communities from across Scottish society and not solely ethnic minorities.

6. Recommendations

Improve cultural awareness:

- All **CHIP** agencies – to raise awareness amongst their staff of the extent that families from marginalised communities fear involvement with services, and how this may impact on their engagement with them.

Raising awareness of child protection and Hearings System:

- **CHIP** to produce information materials for children young people and parents who have none or very little knowledge of the Hearings System and law related to child

protection and children's rights in Scotland. These materials to be circulated via libraries, schools, colleges, nurseries, religious organisations, third sector organisations, hospitals, etc. (i.e. the places where families are likely to go). These materials need to be in different languages, in formats suitable for those with limited literacy, and age appropriate. To do this will require dedicated resources.

Limitations of this research

Mixed ethnicity

This group was not included in this research. This was because children of mixed ethnicity are a diverse group united only by multiple heritage, with no organisations specifically working with them. They are important because children of this parentage are over-represented in Scotland's care system (Scottish Government, 2015a), and likely to have poorer well-being than other children (Scottish Government, 2015b). There is a need for focused research on this population of children to understand and find solutions to address the inequalities they face.

Participants

Most of those who took part in this research were professionals from universal services or third sector organisations. There were two focus groups with women from Muslim communities. There is a need for further research to gain perspective of a wider range of Scotland's minority groups.

Low response

The low response to the survey and to requests for organisations to take part in interviews and focus groups was disappointing; for example there are approximately 3,000 Children's Panel Members and 200 Children's Reporters and only 39 and 24 respectively took part in the survey. Similar difficulties with low response rates was found in other recent research (Chantler, et al., 2017). Is this symptomatic of the importance placed on this issue across Scotland's child protection sector or simply 'research / survey fatigue'?

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Appendix 1 - Research Instruments

1. Survey exploring what factors might affect ethnic minority children and families accessing child protection services in Scotland

SCRA is exploring the barriers which might prevent families and children from ethnic minorities in Scotland from reaching out for help and support in relation to child protection. We are focusing on children whose ethnic backgrounds are Pakistani, Polish, Black African, Indian and Chinese, as these are the most common ethnic groups amongst children in Scotland.

Participation is voluntary and anonymous. The survey will only take a few minutes to complete and will remain open until the end of October 2016.

1. Please select your professional role

Children's Reporter

Children's Panel Member

Child Protection Committee Member

Police

Social Work

Education

Health

Third Sector

Procurator Fiscal

Solicitor

Safeguarder

Housing

Community Services

Drug/Alcohol Services

Courts

Other (please specify)

2. Do you have any experience of working with Pakistani children* and families?

Yes

No

3. From your experience of working with Pakistani children and families, to what extent do you think that each of these factors affect these families accessing child protection services? (please select one option for each line and answer all questions to the best of your knowledge even if you are unsure)

- | | 1 (significant barrier) | 2 | 3 | 4 | 5 (no barrier) |
|---|-------------------------|---|---|---|----------------|
| ▪ Family honour and/or shame | | | | | |
| ▪ Language barriers | | | | | |
| ▪ Family concerns about confidentiality in their community | | | | | |
| ▪ Family distrust of services | | | | | |
| ▪ Family lack of knowledge of services available | | | | | |
| ▪ Family belief that child welfare is a concern of the family not the State | | | | | |
| ▪ Family perception that services are racist/culturally insensitive | | | | | |
| ▪ Culture-specific attitudes towards parenting | | | | | |

- Family unfamiliar with concepts of child abuse and/or children's rights
- Taboos around child abuse
- Families' lack of social support
- Other (please specify in the comments box below)

***Questions 2 and 3 are then repeated for Polish children & families, Black African children & families, Indian children & families, and Chinese children & families**



2. Ethnic minority families and child protection in Scotland (information sheet)

SCRA would like to better understand ethnic minorities' engagement with the Children's Hearings System and child protection more generally in Scotland, and ways that the Children's Hearings System could be more accessible and helpful to ethnic minorities.

To aid our understanding, we are running focus groups and interviews with members of universal services (as well as with those working directly with ethnic minority communities) around Scotland. We will take notes on what people tell us, and use these notes to write a report summarising the issues raised and suggesting how the Children's Hearings System could become more accessible and helpful to ethnic minority communities.

We would like to invite you to take part in this research. The interviews / focus groups will be carried out by a member of the research team at SCRA. They will be recorded using a small dictaphone, and will take about an hour, with an upper limit of 90 minutes. You can choose whether to take part, and during the interview or focus group, you do not have to answer any or all the questions if you do not wish to do so. You can withdraw from the interview or focus group at any point.

The research is compliant with the Data Protection Act and the Freedom of Information Act. It will be completely confidential, and the data in the report will be anonymous. We will not record your name with the data, or use any data which might enable people to identify you. Data will be stored securely, and as soon as we have finished the analysis, dictaphone recordings will be destroyed. Consent forms will be destroyed at the end of the research.

The only exception to confidentiality is that if you tell us about harm or neglect of a child you know, which is not already known to universal services, we would need to report this to child protection and/or social services.

If, having taken part in the study, you decide that you would like to withdraw your data, you may contact us to do so until the end of January 2017. After this date, data cannot be withdrawn because analysis will be underway.

Thank you for reading this information sheet. If you have any questions, please contact us using the details below. **If you would like to take part, please complete the consent form overleaf.** If you would like to be emailed the results of the study, please include your email address in the consent form.

Gillian Henderson: Gillian.Henderson@scra.gsi.gov.uk (tel. 0300 2001573)

Indiya Kurlus: Indiya.Kurlus@scra.gsi.gov.uk (tel. 0300 2001576)

Ruth Oren-Woods: Ruth.Oren-Woods@scra.gsi.gov.uk (tel. 0300 2002137)

SCRA, Ochil House, Springkerse Business Park, Stirling, FK7 7XE

Now please turn over for the consent form



Ethnic minority families and child protection in Scotland

Interview / focus group consent form

Please sign 2 copies of the consent form; keep one and return one to the researcher

- I confirm that I have read and understood the information sheet overleaf.
- I understand that if I have any questions or concerns about the research, I can contact the Researchers, using the contact details overleaf.
- I agree to take part in the research and for the interview or focus group to be recorded and notes taken.

Would you like to receive a copy of the findings of this research (please tick one box)?

Yes ☐ No ☐

If yes, please provide your email address:

Participant's signature: _____ Date: _____

Participant's name: _____

Researcher's signature: _____ Date: _____

Researcher's name: _____

3. Ethnic minority families' experiences and perceptions of child protection services in Scotland

Focus group schedule

Distribute information sheets and consent forms.

Introduction

- **Hello and thanks** for agreeing to take part in this focus group, and for taking the time to join us.
- **Introduce myself (and scribe?)**
- Approx 1-1.5 hours
- **Reason:** SCRA would like to better understand the experiences of members of ethnic minorities, their perceptions of SCRA and child protection services, and possible ways that the organisation could make itself more accessible and helpful to them.

Ground rules

- Check voluntary; okay with audio recording; consent forms
- There are **no wrong answers but rather differing points of view**. Please feel free to share your point of view even if it differs from what others have said. You don't need to agree with others, only to **listen respectfully** as others share their views
- Keep in mind that we're just as interested in **negative comments** as positive comments; sometimes the negative comments are the most helpful. We would like you to be as honest as you can.
- Try to **talk one at a time** for note taking / recording
- Focus groups are most useful when **participants talk to each other**, not only to the moderator
- Completely **confidential and anonymous**: Only SCRA's Research team will have access to the notes; report will not include any names or identifying details. Ask participants to facilitate this by not sharing the discussion with others afterwards.

Schedule 1: Universal services / organisations that work with multiple groups

1. Barriers

Do you think that there are any barriers that make it more difficult for members of ethnic minority families to report child protection issues to professionals?

- What are they?
- Which ethnic groups are affected?
Prompts: Indian, Pakistani, Chinese, Black African, Polish, Travellers...
- Are there differences within that ethnic group? (Explore)
- Is this ever a barrier for white Scottish families, do you think?

2. Cultural differences in concepts

Do you think that there are differences in how members of particular ethnic minorities understand and interpret the concepts of children's rights, neglect and abuse?

Do you think there are differences in what members of particular ethnic minorities view as good parenting?

For any differences mentioned:

- Which ethnic groups are affected?
- Are there differences within that ethnic group?
- Do you think that these differences create barriers to reporting problems to services? How?

3. Awareness

- Which, if any, services linked to child protection do you think that members of ethnic minority groups are aware of?
- Are there any which you don't think they are aware of?
- Explore reasons for both sets.
- Are there any differences between ethnic groups in the typical level of awareness in the community?

4. Responding to concerns

- What factors would make you concerned about a child in any of the communities that you work with?
- What would you do about your concerns?
- How do universal services respond to concerns about ethnic minority children compared to those who are in the majority white Scottish / British group?

Barriers

- Do you experience any barriers to acting when the child is a member of an ethnic minority?
- Do you think many of the people you work with share this experience?

If yes to either:

- What are the barriers?
- What would help you / them to overcome these barriers?
- Are there any differences between ethnic groups here in your experience?

5. Effects of intervening

In your experience, are there any differences in how child protection intervention unfolds in an ethnic minority community compared to a mainly Scottish community?

What impact does a referral to child protection typically have on ethnic minority families?

Explore differences between and within ethnic groups.

6. Contacts

Do you know of any other organisations you think we should include in this research?

Schedule 2: Organisations focused on one ethnic group

1. Perceptions of child protection

How do people in your community view child protection and social services in Scotland?

Unpack perceptions as much as possible.

How much do people in your community know about the Children's Hearings System and the Children's Reporter's Office in Scotland?

What do you think would be the best way to increase people's awareness?

2. Barriers

How willing do you think people in your community are to approach child protection services if they are worried about a child?

What are the factors that might stop people from approaching child protection?

What alternative courses of action might people take instead of approaching child protection?

Is there a threshold of seriousness, beyond which people would approach child protection?

3. Cultural difference

Do you think that on average, there are differences between mainstream Scottish beliefs about children and parenting, and the beliefs of people in your community? Explore any differences identified.

Do these differences make it more difficult to access Scotland's child protection system?

4. Effects of intervening

What sort of impact would a referral to child protection have on a family in your community?

Are there any special issues that child protection services should take into account when intervening in your community?

What could be done to make people in your community more willing to approach child protection or social services, if they're worried about a child?

5. Contacts

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Gillian Henderson, Ruth Woods and Indiya Kurlus
Scottish Children's Reporter Administration
August 2017