BME children subject to a child protection plan or who are looked after (2006-2010): An evaluation on behalf of Buckinghamshire County Council

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Executive Summary
BME children subject to a child protection plan or who are looked after (2006-2010): An evaluation on behalf of Buckinghamshire County Council

The purpose of this research was to explore the data pertaining to Black and Minority Ethnic (BME) children in contact with Buckinghamshire County Council social care teams between April 2006 and September 2009 to ascertain whether evidence exists which may suggest ***disproportionality***: either under or over representation of BME children amongst the population who are subject to referral, become 'looked after' (LAC) or subject to a child protection plan (CPP) and to seek explanatory reasons for any significant findings. A further aim of the project was to consider whether children from BME families (or members of some ethnic groups) were as likely to receive access to appropriate support services as White children and families, or if decisions were made, or actions/omissions occurred at key decision making points because of their ethnicity, leading to outcomes which affected BME families (or members of certain groups or communities) more negatively than if they had been members of the White majority population (***disparity***).
The research team set out to:

- Undertake a literature review in relation to disproportionality (over/under representation of BME children in child welfare statistics) and disparity (whether different treatment or opportunities are afforded to BME families in contact with child welfare services).
- Examine comparative data on BME children in the welfare system and numbers in the general population across comparative authorities to see if Buckinghamshire demonstrates exceptional patterns.
- Explore the referral statistics for children and young people in Buckinghamshire between April 2006 and September 2009 to determine whether and where there might be an indication of under or over representation of black and minority ethnic children.
- Investigate whether any evidence exists which may explain findings or indicate specific patterns in relation to the history/referral routes of BME children who are LAC or subject to a CPP (e.g. increased disability rates amongst some communities; numbers of unaccompanied asylum seeking children; etc.)
- To review a sample of files of both BME and White British/White Other to examine whether any evidence exists which may explain findings or indicate specific patterns in relation to the history/referral routes of BME children who are LAC or subject to a CPP (e.g. increased disability rates amongst some communities; numbers of unaccompanied asylum seeking children; etc.)
- To explore with social care professionals (children and families' 'front-line' social workers and managers) their understanding of factors which may potentially lead to differing patterns of engagement or perceptions of/actual disparity in service delivery and/or outcomes when engaging with BME communities (e.g. poor record-keeping which fails to correctly identify ethnic origin of child on case files; limited contact with certain communities so that cases referred may have reached a greater level of severity before social care staff are alerted to concerns).

- To make a series of cost-limited/fiscally-neutral recommendations to assist BCC in shaping the direction of training needs and data recording protocols identified as arising from this project.

Literature Review: Summary of Key Findings by BME Group
Black Caribbean, Black African and Black Other

- Black children and young people appear to be over-represented in the child welfare statistics both in the primary and secondary school years.
- However, they are less likely to be subject to being placed on the Child Protection Register.
- Black Caribbean males are referred at a younger age than both their female same-ethnicity, and white counterparts. They have the youngest age at referral of all the ethnic groups.
- They are also more likely to receive a subsequent referral.
- They are less likely than their White counterparts to be identified as experiencing physical or sexual abuse.
- Black African children/ young people are the most likely ethnic group to be referred due to parental illness or disability.

British Pakistani, Bangladeshi, Indian or Asian Other

- Asian children tend to be over-represented in the 4 – 11 years age group, but there appears to be less disproportionality in the older age group.
    - They are the least likely group to receive a subsequent referral
    - British Pakistani females tend to referred at a younger age, but the British Pakistani males tend to experience a longer duration of referral
    - They are most likely to be referred due to parental illness/disability and absent parenting
- The British Bangladeshi group tend to experience twice the length of referral as their White counterparts
    - They demonstrate three times the likelihood of being referred over the age of 16 years
    - They demonstrate three times the likelihood of progressing onto the Child Protection Register
    - They tend to be over represented in the abuse /neglect need category
- British Indian children are the least likely group to be referred under the age of 5 years and most likely to be referred between the ages of 5 and 9 years.

- They are most likely, in combination with the Asian Other group, to be referred due to the child's own disability.

Mixed Ethnic Groups

- Children from Mixed groups aged 4 – 11 years tend to be over represented in the child welfare statistics. However, for children aged 12-16 years there appears to be less disproportionality.

- The need codes most likely to be applied to these groups are family dysfunction, and abuse and neglect.

- These children are those most likely to be referred pre-birth and under the age of one year

- Mixed White and Asian males are referred at a younger age than both their female same-ethnicity and White counterparts.

    - Males are referred for twice the duration of their female same-ethnicity counterparts.

    - Mixed White and Asian children are the most likely group to be referred between the ages of one and four years.

- Mixed White and Black Caribbean females tend to be referred at a younger age

    - This is the group most likely to be identified as experiencing physical, emotional and sexual abuse

Disproportionality in Buckinghamshire

In common with all comparator authorities, disproportionality in Looked After Children (LAC) statistics is found in Buckinghamshire in relation to all BME groups. In all comparator authorities, Mixed ethnicity children are over-presented in the figures of children living in care. Broadly comparable patterns of over and under-representation in LAC statistics according to ethnic origin exist across all comparator authorities.

- Buckinghamshire demonstrates the largest over-representation of mixed ethnicity children (5% in the population but 13% LAC) in comparison to Oxfordshire, Cambridgeshire, Bedfordshire and Hertfordshire.

- Whilst disproportionality is found across all BME groups (most noticeably children of 'mixed' ethnic origin who are significantly over-represented in terms of risk of becoming LAC when compared to their presence within the school population) when the percentage of children from BME communities is calculated within the county, utilising school census data (DCSF, 2009) rather than 2001 Census data, disproportionality is not as extreme as may appear when out-of-date statistics which fail to take account of 'natural growth' and in-migration of BME families are utilised.

Methodological Concerns

- The lack of up-to-date baseline data in relation to the size of the BME population in Buckinghamshire may potentially lead to identification of disproportionality or an excessive rate of referral/CPP/LAC for children of certain communities. Whilst we have posited that the 10% BME population of Buckinghamshire identified in the Buckinghamshire Joint Strategic Needs Assessment, (2009:35) is likely to represent too low a figure for the population and instead suggest that the school returns specified in Table 5 offer a more nuanced picture of the size of particular BME groups within the school age population we note that disproportionality can still be seen although at a lower rate than is found when utilising 2001 Census data.

- The data set analysed in Phase One of the research is based upon *referrals* rather than individual cases and it is therefore difficult to focus on the experience of individual children or families. Thus an increased rate of referrals of children from one particular community may potentially reflect on-going concerns in relation to one child or a particular family rather than evidence of disparity or ethnicity-specific issues.

- 873 out of 7,718 uniquereferral cases did not have any ethnicity recorded. Of these in 19 cases ethnicity was recorded as 'Refused' and the remaining 854 cases were categorised as 'Not Recorded'. Thus indicating that the ethnicity code is unavailable for 11.3% of this population.

- Analysis of individual case files found that discrepancies existed in front-line recording issues. Recording of ethnicity of children is not automatic at the point of referral and this data is gathered when identity issues are explored during work with the child and family. Where this data has been omitted at the point of referral or wrongly entered (as was evident in 16% of case files reviewed) this may give a skewed picture of the extent of referrals (either over or under-representation) of children within certain ethnic categories. For example, child categorised as Black Caribbean when they are actually of mixed Black Caribbean and White heritage.

- Need codes for referral were also subject to levels of variation in usage, with 'other' (Need code N9) providing extremely limited information. Where 'other' or 'no ethnicity' is recorded we cannot predict the likelihood of cases relating to children from specific ethnic groups or with particular types of need proceeding until the child received a protection plan or became looked after. Only one need code is mentioned on each referral which makes it difficult to establish when needs change over time.

- Although the team understood that all data relating to unaccompanied asylum seeking children had been removed from the cases analysed it would appear possible – based upon findings from the data-analysis (specifically some Black African children who were classified as 'other' rather than under the appropriate ethnic group - see Chapter 3) that some cases may have fallen within this category,

- Referrals fail to provide information on the person who is the *cause* of concern or danger to the child and thus not only does omission of this fact make it difficult to predict whether a situation is on-going or if a child will only receive an initial referral (for example if a report pertaining to domestic violence is resolved at an early stage by the alleged perpetrator leaving the household) or whether specific circumstances/individuals can be identified as representing a trend which could

potentially be taken into account in pro-active planning for child protection.

- The implementation of the Integrated Care System (ICS) in Buckinghamshire in 2007 created a relatively abrupt transition from paper to electronic files. As a result, many of the files reviewed have not been fully updated on the electronic system, and much data is still held on the paper file. Although some back-dated data has been entered, for many cases, information prior to 2009 is missing from the electronic files meaning that staff (and the research team) have to request access to paper versions which can be a lengthy process. The inability to easily access previous existing paper files means that a potential exists for recording errors to be replicated if data has not been accurately entered onto the database and/or a social worker is awaiting access to paper files from storage.

- As a result of the change to ICS some CLA files do not have comprehensive details recorded, including potential under-recording of placement moves, and period in care. ICS files opened after 2009 are more likely to have complete data recorded although some concerns still exist over accuracy - e.g. in relation to use of ethnic codes, needs category etc.

Findings from analysis of Referral Statistics in Buckinghamshire

- Although the situation in Buckinghamshire is broadly similar to the national picture some differences were found:

- The White population are slightly under represented in the child welfare statistics.

- Both the Asian and Mixed ethnicity groups appear to be slightly over represented amongst children aged 4 to 11 years, however, there appears to be greater proportionality in children and young people over the age of 12 years.

- Black children and young people are considerably over–represented in both age groups. This might account for the fact that there a greater proportion of Black youth who come into contact with the child protection system at a later age.

- The likelihood of receiving a subsequent referral is very slightly increased for children who are younger at the age of initial referral and of British Bangladeshi origin; and less likely for children of British African and, Mixed White and Black Caribbean origins.

- Amongst children aged 1-4 years of age ‘Mixed Other’ children are nearly 2.5 times as likely as White British children to be re-referred. Mixed White & Asian; Mixed White & Black African and Black British Other are all over 1.5 times as likely to be re-referred at this life stage.

- A decrease in referrals is found amongst mixed ethnicity children as they become older. It is presumed that this is because mixed ethnicity children about whom concerns exist will already have come to the attention of social care professionals at a younger age than other groups, perhaps as a result of

early stressors and lack of family support for parents, whom research suggests have an increased likelihood of being young White female care leavers.

- The British African and Mixed Other ethnic groups are very unlikely to receive a Child protection plan in comparison to their White British counterparts, this appears to be despite fairly high levels of abuse and neglect recorded for these two groups at the point of referral. Additionally British Caribbean children are also significantly less likely to be given a care plan although this is likely to relate to the age of referral which is often during teenage years for males from this community

- Children whose referral needs are associated with abuse and neglect are most likely to proceed to a child protection plan and/or become looked after regardless of their ethnicity.

- Two factors that strongly predict the likelihood of a child/ young person becoming looked after are an older age at referral and absent parenting (often associated with being an unaccompanied minor). Absent parenting confers over 17 times the risk of entering into the looked after children system over and above the risk conferred by abuse and neglect.

- For most ethnic groups there is little difference in the age at referral of males and females. However Mixed White/Asian males are referred at a considerably earlier age in comparison to their female counterparts (average of 5.15 years of age compared to 7.1 years), and the White British group (8 years for males and 8.62 for females). In the British Bangladeshi group there was a similar gender difference (average 7.67 years for males in comparison to 9.5 years for females) Referral periods by gender show no significant difference other than longer periods of contact with social care agencies/duration of CPP for Mixed Asian/White males (197.5 days in comparison to 147.5 days) although this may be accounted for by younger age at referral.

- Those most over represented in the referrals made when the children were aged 1-4 years are the Mixed White & Asian group. British Bangladeshi; British Pakistani and Mixed White and Black Caribbean children also demonstrate a slightly increased likelihood of referral when compared with their White British counterparts within this age-range.

- Findings indicate that Asian (specifically Bangladeshi and Pakistani) children who are at risk are first identified when entering school and thus come to the attention of social care agencies at primary school age.

- Mixed White & Asian children have almost seven times the likelihood of receiving a subsequent referral as children from other ethnic groups if a first referral is made pre-birth.

For cases which proceed to CPP:

- In comparison to the White majority group **Asian** children are far **less** likely to be considered for child protection on the basis of emotional and sexual abuse,

multiple forms of abuse or neglect. However, they are more than twice as likely to be subject to a protection plan under the category of physical abuse.

- With regard to cases concerning **Black** children and young people, little variation exists between this group and their White counterparts in the likelihood of receiving a CPP for emotional abuse, neglect and multiple forms of abuse. They are far **less** likely than White British children to be identified as having issues of physical or sexual abuse.

- It is in cases of **Mixed** ethnic group children that considerable over representation is identified in each of the abuse categories, with the exception of multiple forms of abuse. At the most extreme these children and young people are four times more likely to be identified as experiencing sexual abuse and three times more likely to have been identified as experiencing physical abuse.

Review of Case Files (both Child Protection and Children Looked After)

Sixty two percent CP/CLA cases relating to BME children and comparative 6.1% of White British/White Other cases were examined to determine routes into Child Protection and the Looked After system and to determine whether actions taken and information provided were congruent with the child's ethnicity code and service provision.

Ethnic coding, categories of need and actions undertaken formed the primary data source. In some cases a review of the paper file was also required to clarify information, for example where a child's case had initially been opened in a hard copy file and only some information had been transferred to the electronic system. In this section of the review the CP pre-conference report(s); initial/core assessments, CLA paperwork, family tree, chronology and case notes were all reviewed.

Out of the files reviewed, data recording issues were of concern in at least 26 cases (16% of the sample) where discrepancies existed in terms of incorrectly identified race/ethnicity. Significant concerns must therefore apparently exist on the accuracy of a) returns to the DCSF pertaining to ethnicity and more importantly b) whether children's identity needs are appropriately met if inaccurate recording of their ethnic origin remains uncorrected on the file.

Disparity

Examination of databases giving reasons for referral to social care, referral outcomes and the likelihood of children from some ethnic minority communities proceeding to a child protection plan or becoming looked after, demonstrate trends which are indicative of disparity for some BME communities.

The depth review of 61% of |CP/CLA case files relating to BME children and a comparative sample of 6.2% of White British and White Other cases, indicates good practice in the face of extremely heavy caseloads and lack of resources and that social workers are first and foremost concerned for the safety of the child or children regardless of their ethnicity, but that disparity does exist in some cases relating to BME families.

Specifically disparity exists in terms of lack of targeted resources and contact with some communities in Buckinghamshire leading to later and more serious referrals or decisions being made at an earlier stage after referral to place a child on a CPP

or for the child to become looked after. Case files reviewed found, in some cases, a limited understanding of the needs of certain communities and/or children (specifically those children of dual or multiple ethnic heritage). Lack of appropriate support or access to preventative services has in some cases led to less positive outcomes for some families – e.g. earlier or targeted support for White mothers of dual/multiple heritage children and young Black African or Caribbean lone parents may potentially have enabled some children to remain with birth families rather than proceeding to adoption.

Focus Group Findings

Two focus groups were undertaken with social care professionals to explore themes emergent from the data analysis and case file reviews, one with management level staff, and one with front-line practitioners. Although the same topic guide was utilised with both groups, within the first focus group (undertaken with six Team Managers and one specialist independent worker from both North and South of the County) the focus was on strategic planning of services and the impacts of inappropriate or inaccurate classification of children's ethnicity on providing a good quality service. In the second group five social workers who were between five and thirty-one years qualified were present, working within a range of teams: ICS, Children with Disabilities, Care and Protection and Adoption.

The key themes which emerged from the qualitative focus groups concerned predominantly:

- Staff culture in relation to recording data and lack of awareness of importance of statistical accuracy (this is not a problem in terms of practical working with families, merely in recording accurately).

- Uncertainty about ethnicity in some circumstances and not wishing to offend families by stressing the issue

- Over-stretched and under-resourced practice impacting on work-load

- Lack of knowledge in relation to some communities and uncertainty in working with certain families

- The limited contacts with some community groups leading to difficulties in establishing preventative work or effective lines of communication

Workers appeared to be concerned first and foremost with the safety and welfare of children of all ethnic groups. What is lacking in some cases is access to support for working with families, and with families in need of services. Comprehension of the need for strategic approaches to recording of ethnicity and how this can impact on county level resourcing is often low amongst front line practitioners. The lack of a clear county-wide strategy for engaging with the diverse communities present in Buckinghamshire appears to be counter-productive in terms of supporting vulnerable BME families.

Recommendations

The Recommendations arising from this report fall into three categories:

- Issues around accurate recording of Ethnicity/Need:
- Engaging with potential disparity issues – and awareness relating to support and preventative services appropriate to particular communities
- Preventative Work – in particular those which are directed at particularly vulnerable groups – e.g. Care-leavers and young parents of dual/multiple heritage children; Bangladeshi women with limited English language knowledge caring for young children.

For a full list of the recommendations, please see pages 78-80.

Conclusion:
Evidence exists within case files, (supported by the findings from focus groups) that staff are critically aware of the need to be sensitive to issues around ethnicity and culture when engaged in safeguarding children and supporting them whilst living out of the family home. Where disparity does exist this appears to relate to lack of knowledge of available resources; poorly targeted services or lack of cultural knowledge by staff members. Implementation of the recommendations detailed within the report are likely to have some impact in terms of engaging staff and parents/children at risk and reducing the numbers of children who proceed to become subject to a CPP or looked after. However, it is unlikely that disproportionality within the child welfare system can be totally eradicated given the additional stressors and risk factors associated with the 'ethnic penalty',

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Chapter 1
Introduction/Research Background

The purpose of the evaluation which forms the basis of this report was to explore the data pertaining to Black and Minority Ethnic (BME) children in contact with Buckinghamshire County Council social care teams between April 2006 and September 2009 to ascertain whether evidence exists which may suggest either under or over representation of BME children amongst the population who are subject to referral, become 'looked after' (LAC) or subject to a child protection plan (CPP).

Specific **aims** of this project consisted of:

- Identifying whether any indications of disproportionality exist (specifically, whether a higher or lower percentages of BME children are LAC or subject to a CPP than would be expected given the size of the BME population resident within Buckinghamshire when compared to the 'white'/non-BME population)[1]. To this end, data in the public domain pertaining to comparator local authorities was also examined (see Chapter 3 for a discussion on the limitations of the methodology employed) to enable consideration of whether the patterns found in Buckinghamshire were within standard parameters or represented significant variations from broadly similar localities.
- Investigating whether any evidence exists which may explain findings or indicate specific patterns in relation to the history/referral routes of BME children who are LAC or subject to a CPP (e.g. increased disability rates amongst some communities; numbers of unaccompanied asylum seeking children; etc.)
- To consider whether further areas for investigation were required – e.g. around the extent of BCC's engagement with specific communities – a factor which might potentially impact on timing of referrals and intervention.
- To explore with social care professionals (children and families' 'front-line' social workers and managers) their understanding of factors which may potentially lead to differing patterns of engagement or perceptions of/actual disparity in service delivery and/or outcomes when engaging with BME communities (e.g. poor record-keeping which fails to correctly identify ethnic origin of child on case files; limited contact with certain communities so that cases referred may have reached a greater level of severity before social care staff are alerted to concerns).

[1] We note here that significant difficulties for undertaking nuanced analysis inherent in use of reductionist terminology and pre-existing administrative categories such as 'black' and 'white' (ONS, 2003). In particular we note that particular categories of 'white' minority ethnic children e.g. Roma; Turkish; etc. are likely to remain un-identified and under-represented in both national and local data sets as a result of being subsumed within the category of 'white other'. Nb: Gypsy/Roma and Traveller of Irish Origin were first introduced as ethnic categories in DCSF looked after children returns in 2009.

- To make a series of cost-limited/fiscally-neutral recommendations to assist BCC in shaping the direction of training needs and data recording protocols identified as arising from this project.

Buckinghamshire County Council commissioned Buckinghamshire New University to undertake this research following an OFSTED review which was critical of the apparent over-representation of BME children within LAC and CPP statistics within the County. This short report (which is the primary output of the rapid responsive evaluation) is therefore directly concerned with evaluating the factors which might lead to apparent or actual disproportionality of BME children within relevant statistical categories and exploring whether any evidence exists to indicate disparity (unequal treatment of BME children) in processes leading up to a child becoming looked after or subject to a CPP.

When reading this report – certain **caveats** must be taken into account – (explained in further detail within the Methods and Findings chapters).

a) Paucity of base line data impacting on accurate identification of the size of the BME population in Buckinghamshire (see below) which could lead to identification of disproportionality or an excessive rate of referral/CPP/LAC for children in certain categories.

b) Discrepancies in front-line recording issues – specifically those in relation to recording of ethnicity of children where this data may have been omitted at the point of referral or wrongly entered (as was evident in 16% of cases reviewed in depth and 11.3% of the referral statistics). Inevitably this may give a skewed picture of the extent of referrals (either over or under-representation) of children within certain ethnic categories.

c) Need codes for referral were also subject to levels of variation in usage, with 'other' (Need code N9) providing extremely limited information which could not be utilised to predict the likelihood of cases relating to children from specific ethnic groups or with particular types of need, proceeding until the child received a protection plan or became looked after.

d) Although the team understood that all data relating to unaccompanied asylum seeking children had been removed from the cases analysed it would appear possible – based upon findings from the data-analysis (see Chapter 3) that some cases fell within this category.

e) The data set analysed was based upon referrals rather than unique case numbers and thus it has proved difficult to focus on individual cases and follow their history of contact with the social care team.

f) Where referral codes have varied across time, these have not been updated presenting a static view of the situation for any given case.

g) Referrals fail to provide information on the person who is the *cause* of concern or danger to the child and thus not only does omission of this fact make it difficult to predict whether a situation is on-going or if a child will only

receive an initial referral (for example if a report pertaining to domestic violence is resolved at an early stage by the alleged perpetrator leaving the household) or whether specific circumstances/individuals can be identified as representing a trend which could potentially be taken into account in pro-active planning for child protection.

h) The implementation of the Integrated Care System in 2007 (April for the North of the County; June for the South) created a relatively abrupt transition from paper to electronic files. The shift between different types of data storage means that some CLA files do not have comprehensive details recorded, including potential under-recording of placement moves, and period in care. ICS files opened after 2009 are more likely to have complete data recorded although some concerns still exist over accuracy - e.g in relation to use of ethnic codes, needs category etc.

i) The analysis undertaken on referral datasets found that it was impossible to identify children who were members of the same family. Accordingly an apparent over-representation of a relatively small ethnic group *might* in some cases be explained by a series of referrals relating to one or two relatively large families – thus indicating issues faced by one family rather than reflective of disproportionality, disparity or particular concerns faced by members of any specific ethnic group.

The report is structured as follows: Chapter 2 contains a brief literature review which identifies key recent texts and research findings which are relevant to a study of disproportionality, disparity, access to services for children from BME populations and potential explanations for statistical findings. In Chapter 3 the stages of the research undertaken are explained, and the limitations of the study (referred to in brief above) are expanded upon. The following two chapters present the findings from the research – firstly the quantitative findings which have emerged from the review of referral statistics and depth analysis of a selection of case files and in the Qualitative Data chapter, the results of focus groups undertaken with managers and front line children and family staff. In Chapter 6 a series of recommendations are made arising from the findings and limitations of the data identified throughout the report.

In undertaking this research we would like to express our thanks to the commissioning team and social workers who have provided us with support in accessing staff and sources of data drawn upon in this study.

Chapter 2
Literature Review

It has been recognised for many years that black and dual heritage/mixed ethnicity children are over-represented in looked after children statistics (Butt & Mirza, 1996) whilst Asian children are present in such statistics at a lower rate than is to be expected given their numbers in the overall population (Bebbington & Miles, 1989). Despite the persistence of these figures and concerns raised within the literature that these patterns of under and over-representation may result from lack of access to appropriate preventative services (Hunt et.al., 1999; Butt & Box, 1998; Greene et al., 2008); only limited explanatory categories – each of which will be discussed in more detail below – have been proposed to explain this phenomenon:

- that BME children are more likely to be resident in larger, poorer, more socially excluded households with higher rates of parental and child disability present within the household (Bebbington & Beecham, 2003; Ahmad, 2000; Chamba et al., 1999;
- that a number of variables exist in relation to entry into and histories whilst in the care system for children from certain minority groups such as age of becoming looked after; (Chand, 2000; Hunt et al., 1999)
- that families from BME populations may be reluctant to engage with services for a variety of cultural reasons including inappropriate or inaccessible services or that *disparity* may exist in terms of practitioners treatment of BME children and families with whom they engage, for example at key decision making points or when particular pathways are selected such as placement away from home, investigation of allegations of abuse or neglect, or offering services. (Flynn, 2002; Chahal, 2004; Kellett & Apps, 2009)

The DCSF commissioned research carried out by Owen and Statham (2009) undertook the most in-depth exploration to date of disproportionality and disparity in relation to BME children in the British child welfare system. That study included a comprehensive literature review and also comprised a report on the secondary analysis of three datasets of child welfare statistics supplied by the DCSF (Children in Need Census; children subject to a CPP/on the CPR and annual statistical returns on children looked after). It is not our intention to repeat the excellent discussion of relevant literature contained with that report but merely to note key themes and texts, supplemented by recently published literature and/or studies which may have been excluded in the Owen and Statham review, where they appear to us to be relevant in terms of suggesting explanations for the findings within the current study.

The concepts of *'disproportionality'* and *'disparity'*

Owen and Statham (2009) comprehensively review the above factors which are characteristic of much of the American research into differentials in rates (by ethnicity) of presence in child welfare statistics from initial contact with social care professionals through to return to family, adoption or closing of a case for other reasons. Within a far-ranging report into under/over representation of BME children in the American child welfare system Hill (2006) defined **disproportionality** as "differences in the percentage of children of a certain racial or ethnic group in the country as compared to the percentage of the children of the same group in the child welfare system" and **disparity** as "unequal treatment when comparing a racial or ethnic minority to a non-minority" (Hill, 2006:3). Disparity which can occur at a number of crucial decision making stages e.g. allocation of resources, investigation of neglect/abuse or when making a decision in relation to child protection plans, may thus arise as a result of institutional racism (Hill, 2004; Riddell-Heaney, 2003).

Comparative International Literature on Disproportionality/Disparity

American studies have tended to focus on several different stages of the child welfare to explore whether and where disparity occurs – these are: reporting of concerns; investigation, substantiation of allegations/concerns; what decisions are made about placement of a child and when and whether the child exits the case system – for example through being placed with family members; into other foster care; adoption or growing up and out of the care placement and whether a child re-enters the child welfare system – for example if a placement breaks down or a child returned home is unable to remain there.

Owen and Statham (2009:9) note that whilst Hill (2006) reports that 'race is related to ... decision making at almost every stage of the process" the majority of these studies fail to explore *why* such differences occur at different decision making stages. In seeking to identify explanatory categories which impact on the decisions taken, Owen and Statham refer to Bowser and Jones, (2004) which combined focus groups and qualitative interviews with social workers combined with statistical analysis of case files to explore disproportionate numbers of BME children in the welfare system in San Francisco.

This latter study considered a number of variables – in particular high levels of poverty and substance misuse amongst African American lone mothers; better educated/affluent families (who are less likely to be BME) being supported or 'being given the benefit of the doubt' when concerns are raised; and African-American mothers in crisis receiving limited support from relatives which is in part due to more 'stable' family members having moved from drugs and crime-ridden inner-city areas wherever possible. Further factors identified by Bowser and Jones (2004) include increased rates of reporting of abuse/neglect by African-American relatives when concerns exist about children – partially to access support services for families and secondly to ensure legal stability where a child is in an unofficial kinship care placement.

Blackstock (2009) in reviewing the limited data on over-representation of First Nation children in the welfare system in Canada and drawing comparisons to the situation of Aboriginal children in Australia emphasises poverty and social exclusion issues

similar to those identified for African-American families, with the additional impacts of being displaced national minorities within their traditional lands, a situation which creates a further set of identity tensions. Tilbury (2009) reports that both disproportionality and disparity beset Aboriginal and Torres Islander children in Australian in the child welfare system finding that *"the data show that child welfare interventions are persistently more intrusive for indigenous children, and that levels of disproportionality have not improved over time... despite calls by indigenous community agencies for more input to decision-making, their participation in the Australian child welfare system remains marginal".* A further Australian study (Kaur, 2007) reported that an in-depth review of literature found no survey or assessment tool used by social workers which was able to explore the concept of cross cultural competence within the child protection setting. When combined with limited knowledge of some cultural and ethnic groups, this limitation in service providers' knowledge may account for disparity in decision making.

In contrast to studies which found clear disparity and disproportionality between ethnic groups, Courtney and Skyles, (2003) reviewing American statistics on children in the welfare system – of all ethnicities - found that surrounding factors were often as important as race. The reported that disproportionality decreased in the US statistics when larger scale data sets were analysed, specifically when re-analysis controlled for poverty and explored factors such as rate of adoption and reunification or child's age and type of placement.

Wulczyn and Lery (2007) noted (particularly interestingly in the light of findings in Buckinghamshire pertaining to disproportionality across age/ethnic group – see further under quantitative findings) that in America higher rates of disproportionality exist for younger children and teenagers and that such variants by ethnicity are lowest in areas with greater poverty, more lone parents, families with lower educational status and higher percentages of BME residents.

Whilst the international (overwhelmingly American) studies may comprise informative background resources, the significant cultural variations between the UK and US/Australia and the rather different child protection systems in each country means that it is important not to assume that all the variables or practices identified in international settings hold true to Britain. Not least because Asian children (identified as being of particular concern in Buckinghamshire due to their disproportionate representation in child protection statistics), fail to warrant a mention in any American literature we were able to examine.

British Resources on Disproportionality/Disparity

UK studies have consistently reported over-representation of black and 'mixed' ethnicity children in child welfare statistics and an under-representation of Asian children when compared to their presence in the whole population (Owen & Statham, 2009).

Findings from research reports which seek to develop explanatory categories for disproportionality, tend to fall into three main groups: demographic explanations; cultural variables which lead, for example, to different patterns of entry into the

welfare system and thirdly, disparity within the child protection system including in access to appropriate preventative services.

Demographic Elements

Evidence exists to suggest that some categories of BME children; specifically from Bangladeshi; Pakistani and Somalian families (Craig, 2005; Modood et al., 1997) are vastly over-represented amongst children living in poor households. Platt (2007) found that of all BME groups the highest rates of poverty were found amongst Bangladeshi, Pakistani and Black African households with two-thirds of Bangladeshi families living in poverty. Adult unemployment is often excessively high amongst these communities with data from 2005/6 finding that 60% of Bangladeshi and 66% of Pakistani men were working, in contrast to 78% of Indian and 80% of White British males. Female engagement with paid work varies by ethnic group, and religious practice (often inextricably linked to culture) also appears to impact on employment status and thus the overall wealth of a household. Overall, 26% of Muslim women were employed in 2005/6 in contrast to 62% of Hindu and Sikh females. In that same year 23% of Bangladeshi females were reported to be in paid work as opposed to 65% of Black Caribbean and 'mixed' ethnic women (Spence, 2007).

Poverty rates are also linked to living in larger families, with over 50% of households with three or more children likely to be poor, despite the fact that only one third of households in the UK are in families with this number of children and only ten percent of families have four or more dependent children. Of families with three or more dependent children, most of the poorest are members of BME communities, particularly of Bangladeshi or Pakistani origins (Bradshaw et al., 2006). Ghate and Hazel (2002) found that despite often living amongst extended community networks, minority ethnic families tended to have relatively small support networks on which they could draw. Platt (2007) however reported that Bangladeshi and Pakistani families had fairly high levels of informal social contact (albeit this does not necessarily equate to support), but Black Caribbean and Black African women (particularly lone mothers) often reported feeling isolated. For BME families living in an area where they are part of a very small community, or indeed households where residents are a minority group within a larger or different BME population, greater risk of social isolation inevitably exist. Sinclair et al. (2007) reported that the 25% sample of BME children in a 7,000 study of looked after children were more likely that white children to enter into care for reasons connected to poverty and disadvantage.

Harriss and Salway (2008) in summarising the literature on ethnicity, long-term illness and poverty noted disparity in access to support and take up of both benefits and services amongst BME communities. When combined with evidence that disability rates amongst both adults and children are higher in BME households, particularly those Pakistani, Bangladeshi, Black Caribbean and (increasingly), Black African (ONS, 2004; ONS, undated; Bebbington & Beecham, 2003; Ahmad, 2000; Chamba et al., 1999) it is likely that the demographic issues outlined above are likely to explain at least certain elements of disproportionality at both referral and subsequent stages.

The under-representation of Asian children in child welfare statistics is noteworthy given the increased risk of extreme poverty and exclusion faced by some communities. We consider below the research evidence in relation to lack of take-up of services/disparity in services offered, which may a) potentially lead to those children coming into contact with child welfare services being at greater risk by the time social care has engaged with the family, and b) mean that some Asian communities may feel particularly reluctant to report concerns in relation to child protection for a combination of reasons, including fear of stigma or belief that children's welfare and protection could best be met by accessing support from within the family. Alternatively, it could be argued that under-representation in welfare statistics is in fact reflective of the degree of levels of parenting support available to families. Selwyn et al. (2008) reported that Asian children in the care system were most often initially referred in connection with acute stress within the family leading to risk of neglect or abuse – tending to support the supposition that families with strong social networks and relatively large communities will only be in contact with social care agencies once internal communities resources have been exhausted.

Welfare Contacts/Care Pathways for BME Children

A second common explanation for under and over representation of BME children in welfare statistics consists of examining variables which impact on timing and nature of contact with professional agencies.

One group of studies has indicated that cultural factors may be highly relevant in identifying the age at which, and reasons why, children from certain communities first come into contact with the welfare system. However, no clear conclusions can be drawn from reviews of research which explore issues ranging from parental attitudes towards corporal punishment; intra-community acceptability of reporting neglect and abuse, and stressors which may lead to referral (Chand & Thoburn, 2005b).

Thoburn et al. (2005) found that whilst physical abuse referrals for BME parents were no more likely than for 'White' parents, some communities (particularly Black Caribbean and Black African parents were more likely to have used an implement to hit a child than were White parents. Similarly, referrals for children being left 'home alone' were more commonly found within Black African families, which may be either reflective of safe and acceptable parenting practices when within a close knit community with family support available or related to low income and inability to pay for childcare when working (Gibbons and Wilding, 1995). Analysis of pathways to care by ethnic origin (Selwyn et al, 2008) found that mixed ethnicity and white children were most commonly referred over concerns about neglect; Asian children for severe family stress leading to a risk of neglect or abuse and Black Caribbean and Black African children for physical abuse.

Selwyn et al. (2008) noted however that the age of referral and contact with child welfare systems varied considerably by ethnicity (as we have found in the Buckinghamshire sample see Chapter 4). Their report found that physical abuse referrals amongst Black children were generally in relation to older children (as opposed to infants or very young primary school age) who may therefore (we can extrapolate) be engaging in challenging behaviours leading to parents perceiving of themselves as "chastisting" rather than physically abusing their children. Kellett and Apps (2009:3) quote a Black Caribbean family support worker as saying *"African and*

West Indian families' culture is … "I got beat when I was younger, didn't do me any harm" and from a personal point of view I can see where they're coming from but you've got to try to help them to understand that they need to find different ways of dealing with their child's challenging behaviour". Irfan and Cowburn, (2004) reported that of a sample of fifty 16-25 year old British Pakistani women, 75% reported they had been physically chastised with 65% stating that they had been slapped, 50% punched and 42% spanked, hit with a shoe or pushed – however over 74% of respondents felt that had not been abused but suitably chastised for unacceptable behaviour. Cultural variations may also explain some unwillingness to report concerns to social care agencies if physical punishment meted out to young people and children is regarded as being within acceptable community norms which may be at odds with child protection presumptions. Barn (2006) found however that no major differences existed between ethnic groups when parents were asked to consider attitudes towards physical punishment of children aged 7 to 11 years of age.

The NSPCC (2007) study on attitudes to child protection amongst South Asian families found that amongst the sample of 500 participants, over a third had suspected that a child was being abused within their community, but of these around half had not reported their concerns. Where no report had been made, the major reason given was that *'Izzat'* (family honour) of not only the child and family suspected of abusing or neglecting a child would be compromised if such a report was made, but also the individual who had made the report and their family would also risk having their own *Izzat* compromised if they spoke about the alleged abuse or neglect. Sexual abuse, followed by physical and emotional abuse were regarded as most compromising to *Izzat* and causing S*haram* (shame). Gilligan and Akhtar (2006) in a qualitative exploration of barriers to reporting child abuse concerns found similar concerns expressed by women in their sample. Selwyn et al. (2008) noted that mixed ethnicity Asian children were likely to be given up for adoption to preserve family *Izzat*.

Chand (2000) and Hunt (1999) note however that an interplay between cultural factors, stressors, gender and child's age at contact with the welfare system are all likely to be significant. Sinclair et al. (2007) in a study of looked after children found proportionately more girls from the Pakistani and Indian communities than boys and that Mixed White and Black African, Mixed White and Asian, Pakistani and Bangladeshi children were proportionately more likely to enter into care as babies under the age of one year. In contrast, African children were significantly more likely to become looked after as teenagers. A study of 200 BME children placed for adoption (Selwyn et al., 2008) found that children of mixed ethnicity (predominantly Caribbean or Asian fathers and White mothers) were overwhelmingly referred prior to one year of age and that in many cases the mothers were themselves care leavers. The generalisability of findings relating to Black or Asian children was low as a result of sibling groups and small numbers of cases, however, age and ethnicity were found to be the main determinants for whether adoption occurred. Babies were ten times more likely to be adopted than children over the age of three and mixed ethnicity children four times more likely to be adopted than those of Asian heritage – a factor potentially linked to availability of Asian adoptive parents and the wider pool of potential adoptive parents for mixed heritage children.

The final category of explanations which emerges from research studies into disproportionality within the child welfare system concerns inaccessibility or services which may assist families in crisis, and/or *disparity* of treatment of BME children and families with whom social care professionals come into contact.

Institutional Racism and Disparity

Significant concerns over institutional racism and the ways in which this may impact on social care professionals' engagement with and treatment of cases involving BME families have been raised in a number of high profile serious case reviews (Harran, 2002), not least, that of Victoria Climbie (Chand, 2003). A number of commentators have expressed concerns that accepted anti-oppressive practice within social care may in itself potentially be racist and endanger children from BME communities through ignoring or failing to recognise situations of harm (Healy, 2005; Humphreys et al., 1999; Riddell-Heaney, 2003).

Owen and Statham (2009:16) reviewing the limited studies on decision making and ethnicity report that *"anecdotal accounts…suggest that professionals ... may be more reluctant to act because of fears of offending community sensibilities or being accused of racism . however research studies provide little evidence to support this*". Gordon and Gibbons (1998) found no difference between white and BME children in terms of likelihood of being placed on the child protection register. Vulnerability factors such as parental mental health; substance abuse; step-parents in the household or the criminal record of a parent were more likely to impact on decisions in relation to child protection. Brophy et al. (2003) also found that concerns for children's wellbeing were based on substantive grounds and that by the time a case reached court 'cultural conflict' e.g. in acceptability of behaviour such as physical chastisement, were 'rarely pivotal' in deciding whether thresholds had been met (Owen and Statham, 2009:16).

Selwyn et al. (2008) reported that no systematic bias existed in decision making concerning BME children although social workers were often more hesitant and sometimes confused over how to best to meet the needs of BME children. Boushel and Sharma (1995) noted the importance of ensuring that out of home placements supported a child's identity and that dual heritage children had specific needs in finding a suitably matched placement. The balancing act between retaining a child at home in the absence of suitable alternative carers or alternatively placing a dual heritage child in a household where carers could only match or meet some of their identity support needs have to be balanced against undue delay in placing a child in a safe environment. Harman (2010) found that social workers of young white lone parents with dual heritage children often failed to engage with the extent of the racism and disapproval (from both their own and the child's father's family) experienced by mothers. Competing perspectives over whether a child was black or mixed ethnicity means that service providers and service users alike were often confused over lack of information, with social workers often explicitly criticising mothers or labelling them as 'racist' or 'politically unaware' of their children's experiences because of their privileged ethnic position or lack of knowledge over (for example) care of black hair or skin.

Boushel (2008) in reviewing the research on the experiences of vulnerable, poor, young multiracial families expressed concerned over how practitioners often failed

to engage with issues of family structure, locality and racism in supporting parents with young children. Given that Owen and Statham (2009:45) report that dual heritage children are most likely to become looked after below the age of seven, a clear role exists for enhancing early years practice and knowledge in relation to mixed heritage families, particularly when only one parent is providing care, a factor which is a stressor and leads to an increased likelihood of engagement with social care services for families of any ethnicity (Brandon, et al.1999; Devaney, 2009).

Whilst on the balance of evidence (both in our evaluation of case files in Buckinghamshire - see Chapter 3 - and from reviewing the existing literature) we would support Williams and Soydan's (2005) findings that social workers react in similar ways to any safeguarding referral – emphasising the need to protect the child regardless of a child's supposed ethnicity – we would endorse Barn's (2007) call to context. Barn (2007: 1432) emphasises the need to take a nuanced perspective when engaging with BME families, noting that given *"political, cultural and professional perspectives on race and ethnicity have important consequences for minority ethnic children and families, the social work profession needs to….[incorporate] a critical culturalist perspective… involve a paradigm shift from essentialist notions of race which view culture in rigid and inflexible ways to one in which cultural sensitivity is understood within the context of power relations".* Accordingly, the necessity of ensuring that services are not regarded as universally accessible, and the importance of acknowledging barriers to engagement with BME families, has the potential to impact on the success of preventative child protection strategies and reduce disproportionality in welfare statistics.

Availability and Appropriateness of Services for BME Families

Research findings persistently identify concerns that support services may not be appropriate or accessible for BME families. Where overt or covert barriers to engagement with support and preventative services exist, the inevitable corollary is a greater likelihood of children coming into contact with social care agencies at points of extreme crisis leading to more episodes of care, or, perhaps more alarmingly, that families are not in contact with child welfare systems at all, despite children being at risk, or actively experiencing harm.

Hunt et al. (1999) reported that as an overall group BME children are more likely to come into contact with social care agencies at times of crisis, and that moreover families have often not been known to social workers previously or, had not been in receipt of preventative or support services. Whilst cultural barriers (considered above) may offer some explanation for these discrepancies in care pathways, the systemic failure of social care agencies to engage with vulnerable families has been alleged by some commentators or BME community groups (Chahal, 2004: Butt & Mirza, 1996; Butt & Box, 1998; Greene, et al.,2008). Barn et al. (1997), reported that Black Caribbean and Black British children were more likely to be placed away from home quickly, followed by 'mixed' ethnicity, Asian and then White children indicating that limited support was available to enable children to remain with their carers or that their circumstances were extremely severe at the point of first engagement.

For BME families caring for severely disabled children services tend to be offered later support, less frequent respite, and lower cost services (Bebbington &

Beecham, 2003; Flynn, 2002). Chamba et al. (1999) found that two-thirds of parents caring for a severely disabled child said they needed more breaks from care, yet only a quarter of families received short-term breaks. Of a sample of nearly 600 parents, many families were unaware of respite schemes. Just over half of parents interviewed stated that they had positive contacts with professionals although those with a dedicated key worker reported receiving more supportive services.

It has been suggested that cultural issues may impact on take up of services – specifically when interpreters are required or a strong cultural expectation exists of caring for children without external agency support (Hatton et al., 2004; Divedi, 2002)

Problems with receiving interpretation services have been regularly reported for families where English is not their first language (Brophy et al., 2003; Brandon, et al. 1999; Chand & Thoburn, 2005a). Inevitably this impacts significantly on both comprehension of access to services and in engaging with child protection proceedings or working with service providers. Ashley (2005) found that Family Group Conferences which have a good success rate in supporting children to remain out of the looked after children system, or to be placed with extended family members were often little utilised by BME families, and/or offered to Black and Asian families at a lower rate than would be expected given their children's representation in care statistics.

For BME children who do become looked after, and where family carers are unavailable (often because of the demographic factors discussed above) coupled with difficulties in recruiting foster carers from some communities (Harrison, 2009) means that children from Black and Asian communities in particular are likely remain in non-culturally matched placements with potential impacts on their identity and well-being (Boushel & Sharma, 1995), or if freed for adoption have to wait an average of 8 months longer for a family to be found for them than are White children (Ivaldi, 2000).

Despite the generally bleak picture in terms of over-representation in poverty statistics and lack of accessibility and appropriateness of services for BME families a number of examples of good practice exist which are proving effective in supporting BME communities in engaging in empowering dialogue with social care providers. Whilst initiatives are not necessarily targeted at families engaged with social care departments in child protection proceedings, the development of specialist projects which assist individuals or groups (for example black learning disabled young adults in entering into partnership with social care agencies or Somalian-speaking disabled people engaging with direct advocacy – see further Singh, 2005) to work with social care providers create circumstances where further linkages can be built and trust developed which will potentially assist in encouraging local BME families in accessing services and realising that involvement with social workers does not have to be a negative experience.

Caballero et al. (2008) in a study of how parents of 'mixed' children negotiate identity and parenting issues found that issues of belonging and difference for their children may not be parents' main preoccupation. Although the sample in this study appears somewhat biased towards middle class 'intact' families, and contact with social care services is not considered within this report, the findings that racial, ethnic or faith

difference appear insignificance when compared with issues such as juggling a work-life balance, concerns about their children's health, etc. may well provide an insight into how parents and extended families of 'mixed' children who *are* in contact with child welfare services perceive of their families – that 'mixedness' is merely one part of their everyday lives and thus of less importance than it appears to social workers (and see Harman, 2010 op. cit. for discussion on white lone mothers' lack of engagement with politicised notion of race and ethnicity).

Ashley (2005 op. cit. cited in Owen and Statham, 2009:11) found that some Family Group Conference projects were successful in engaging with BME families. Page et al. (2007) reviewed the literature on good practice in engaging with BME parents in relation to children's services. In addition they undertook case studies on ten projects identified as offering particularly strong guidance and potential for replication. The use of staff from specific minority communities and the development of specialist services with the support of local community groups or places of worship appear to offer a particularly strong model for effective support of parents and families – considerations which will referred to briefly in our recommendations at the end of this report.

Chapter 3
Context, Methodology (and Limitations of study)

Background Issues

Undertaking an exploration of disproportionality and disparity within the British child welfare system is a relatively complex matter as data on ethnicity is often not routinely collected at the point of referral or during early contact with the child protection system. Owen and Statham (2009:18) in the leading study on disparity and disproportionality, note however that it is possible to identify three consistent levels of involvement with services where data on ethnicity is routinely available for analysis: Children in Need (most recent CIN census 2005), Children subject to a Child Protection Plan (CPP) and Looked After Children (LAC). **NB.**: in relation to CPP statistics *by ethnicity* (as opposed to gender/actual figures) this data is not routinely available in the public domain on a local authority basis and was made available to the authors by the DCSF (Owen & Statham 2009:18). In addition to secondary analysis of these data sets the research team undertook a review of anonymised longitudinal records to explore the likelihood of children from particular ethnic groups experiencing more than one period of care, or number of placements etc. Use of longitudinal data permitted the team to consider whether disproportionality could be a product of children remaining in the care system for a longer period of time (showing an over-representation of a particular ethnic group relative to their presence in a local population) or if they became looked after at a higher rate than would be expected.

In order to consider whether children were over or under-represented in child welfare statistics it was necessary for Owen and Statham to calculate the proportion of BME children/families in any given area. The only consistent data set available to them was the 2001 Census which is inevitably significantly out of date. In our own calculations we have been faced with the same difficulty in accessing up to date statistical evidence of the BME population of Buckinghamshire. We have therefore used such evidence as is available to suggest the likely growth rate of BME populations in the local authority area (see Table 3 below) although we have hesitated to identify an actual number of children. However as we suggest below (see under limitations) the projected growth rate and supporting evidence in relation to numbers of BME children in the education system in Buckinghamshire (Table 5 below) may indicate that lower rates of disproportionality exists in relation to children in contact with Children's Services than may at first appear when reliant upon 2001 Census data.

In order to frame the local area data it is important to consider the national picture in relation to representation of BME children in child welfare statisticsIn their review of the data sets listed above, Owen and Statham (2009) found some evidence of disparity in the treatment of BME children and young people when considering the mean odds ratios across England. However, they also note that there were significant differences in the odds ratios produced for each of the ethnic minority groups by the different local authorities. Thus, suggesting that there is little by way of uniformity in the inequalities experienced by the BME children across England in relation to the white majority children/young people.

Overall however, their findings indicate that:

- Children/young children of **mixed ethnic groups** tended to be over represented (OR) in all three stages of child welfare intervention: needs census (OR 1.75), Child Protection Register (OR 1.75) and Looked after Children (OR 2.5).
    - This group tend to:
        - Be younger that the time of initial referral
        - Stay longer in the welfare system
        - Be most likely referred for abuse and neglect (Bebbington & Beecham, 2003)
        - Be least likely referred for absent parenting *(ibid)*
        - Mothers are often care leavers themselves (Selwyn et al., 2008)
        - Mothers typically white and fathers tend to be either Black Caribbean or Pakistani *(ibid).*
- **Black** children/young people tended to be over represented both in terms of the needs census (OR 4.0) and Looked after Children (OR 3.5 – 10.0)
    - Sinclair et al. (2007) reported that Black African children were more likely to enter care as teenagers than any other ethnic group
    - Selwyn et al. (2008) Black African referrals are most likely to mention low income as the primary need
- Conversely, children/ young people of **Asian** origin tended to be under represented at all three stages of intervention; needs census (OR 0.75), Child Protection Register (OR 0.33) and Looked after Children (OR 0.5).
    - This group consists of those most likely to be referred due to their own disability (Bebbington & Beecham, 2003).
    - When exploring the issue of gender, females from Indian and Bangladeshi backgrounds are found to be over represented in the Looked after Children population (Sinclair et al., 2007).

Table 1: (Children looked after, starting to be looked after and ceasing to be looked after compared with whole population data by ethnic group - reproduced from Owen and Statham 2009:32)

Table 6 Children looked after, starting to be looked after and ceasing to be looked after by ethnic group, and children (0-17) from national census 2001: Percent of total

	Looked After at 31 March	First Started to be Looked After	Ceased to be Looked After	National Census
White British	77.2	74.3	75.5	84.3
White Irish	.8	.6	.8	.4
Other White	2.3	2.6	2.6	1.8
White / Black Caribbean	3.1	2.9	2.8	1.3
White / Black African	.8	.9	.8	.3
White / Asian	1.2	1.2	1.2	.9
Other Mixed	3.2	3.2	2.9	.7
Indian	.6	.6	.6	2.4
Pakistani	1.1	1.3	1.2	2.5
Bangladeshi	.5	.7	.6	1.1
Other Asian	.6	.8	.7	.6
Black Caribbean	2.9	3.1	3.0	1.2
Black African	3.0	4.1	3.8	1.4
Other Black	1.5	1.7	1.6	.4
Chinese	.1	.2	.2	.4
Other	1.2	1.7	1.6	.4
Total	100	100	100	100

Table 1 indicates that the percentages of children becoming looked after tend to vary from the percentages derived from the 2001 census data (from which the whole population data is drawn). Rate of entry into and leaving the looked after children statistics tend to match fairly well – thus disproportionality appears to be present in terms of percentage of children *becoming* looked after rather than length of time in the care system.

Reasons for becoming looked after are (across all ethnic groups) most commonly abuse or neglect (accounting for 60% of cases) although this is below 50% for Black African and 'other Asian' children and in excess (62-65%) for 'mixed' ethnic groups. However, 'absent parenting' as a reason for entry into care (at national level) accounts for 21% of Black African children; 19% of 'other Asian' and 24% of 'other' Ethnic groups – leading Owen and Statham to posit (2009:37) that despite the intentional exclusion of unaccompanied asylum seeking children from the data sets that category slippage has occurred with children in these circumstances being coded as having absent parents. They note too that Black African children had a high percentage of codes for entering care as a result of parental illness or disability (12%) as opposed to 7% overall for all groups of children. Family dysfunction (average all groups 12.8%) and family in acute distress (average 10.3%) were found to be below average for children of Bangladeshi, Pakistani, Black African and Indian groups but highest amongst BME children for Black Caribbean, and 'other mixed' categories. Socially unacceptable behaviour (average all groups 4.9%) was higher amongst Black Caribbean children (6.7%) and disability of a child as a reason for

becoming looked after at 3.9% across all ethnic groups was only found to be above average for Chinese children where it accounted for 12.9% indicating that Chinese families felt unable to care for disabled children, potentially for cultural reasons or as a result of long working hours and other responsibilities.

Table 2 below considers the average age (across England) at which children enter the looked after system. Children in the four 'mixed' categories have the lowest mean age for becoming looked after with Bangladeshi and Black African children tending to be older before coming into the care system.

Table 2: (Age of children at first becoming looked after by ethnic group (national statistics) - reproduced from Owen and Statham 2009:35)

Ethnic group	Mean	N	SD
White British	6.95	93790	5.19
White Irish	7.38	993	4.89
Other White	7.60	2770	5.56
White / Black Caribbean	5.91	3767	5.07
White / Black African	5.65	917	5.33
White / Asian	5.04	1500	4.95
Other Mixed	5.35	3838	5.12
Indian	7.08	673	5.54
Pakistani	6.95	1290	5.43
Bangladeshi	7.95	644	5.56
Other Asian	7.85	708	6.12
Black Caribbean	7.42	3527	5.52
Black African	8.69	3694	5.45
Other Black	6.76	1824	5.46
Chinese	8.54	155	5.95
Other	8.38	1474	5.92
Total	6.95	121564	5.26

The comparative Buckinghamshire statistics (age at contact with social care agencies and reasons for contact whilst not directly comparable in many cases, are presented in Chapter 4).

In conclusion to the National data: Owen and Statham (2009:45) suggest that whilst the factors considered within the literature (in particular lack of access to services and engagement issues over child protection with some communities may account for disproportionality and discrepancy, many factors including ecological issues (poverty, poor housing, disability etc.) impact on a child becoming 'in need' and hence more at risk of becoming looked after or subject to a protection plan. However, the greater risk of being poverty/social excluded experienced by Asian and some Black groups is not necessarily reflected in terms of prevalence rates in CIN statistics. Whilst Black children are over-represented in CIN data they were under-represented in terms of CPP statistics although Black and White children become present in CPP data at similar rates. Ultimately, Black children are more likely to become looked after than White children, which could *either* mean that they come into care for reasons unconnected with their safety(hence no prior CPP for many children) or due to a sudden crisis, or that disparity in terms of providing a protection plan exists in relation to Black children. Asian children are under-represented within all three datasets. Mixed ethnicity children are over-represented in terms of being in need, subject to a CPP and looked after.

Although Owen and Statham (2009) are unable to offer definitive answers for the disproportionality found at national levels, they recommend that local studies be undertaken to consider whether variation occurs across local authority districts, that ethnicity of children be routinely collected at each pathway or decision-making point and that family information data is collated alongside that of the children – all points which we have identified within our own review of the data in Buckinghamshire.

Buckinghamshire Data in Context

Whilst 2001 Census data suggests that 8% of the population are from 'non-white' minority ethnic communities; the 2005 ONS experimental population estimates by ethnic group proposed that 10% of Buckinghamshire residents were of BME origins (Buckinghamshire Joint Strategic Needs Assessment, 2009: 35). In the intervening five years since the ONS undertook this calculation we can however tentatively posit, based upon the ONS population trends and fertility rate by ethnicity calculations (Large & Ghosh, 2006) that the BME population of Buckinghamshire will have risen broadly in line with the rates detailed in Table 3 - albeit with a compound growth rate adding further to the overall size of the population. Platt (2009) found that 20% of children across Britain are of 'mixed' race, with 50% of males of Caribbean origin; 20% of men of African origin and 10% of both male and females of Indian heritage being in a relationship with somebody of a different ethnic origin. Accordingly – the BME population of both Buckinghamshire as a whole, and most specifically 'mixed' ethnicity children are likely to have risen to a rate which is statistically significant when contemplating whether disproportionality exists in terms of their presence within LAC and CPP data.

Table 3: Fertility Rates by Ethnic Groups (Components of change 2001-2003 – 'natural change')

Ethnic Group	Natural Growth %
White British	0.0
White Irish	-1.0
White Other	0.3
Mixed White/Black Caribbean	3.4
Mixed White/Black African	4.0
Mixed White/Asian	3.8
Mixed Other	3.4
Asian/British Asian Indian	0.8
Asian/British Asian Pakistani	1.9
Asian/British Asian Bangladeshi	2.1
Asian/British Asian - Other	1.2
Black/Black British Caribbean	0.5
Black/Black British- African	1.9
Black/Black British – Other Black	2.3

Source: Large, P. & Ghosh, K. (2006) *Estimates of the population by ethnic group for areas within England* Population Trends 124:10, London, ONS

As the first stage of exploring whether disproportionality and disparity exists in relation to BME children in Buckinghamshire's contact with the child welfare system, a simple comparison was undertaken measuring Buckinghamshire against

authorities with a similar profile to explore the percentage of looked after children (LAC) by ethnicity.

Table 4: Children Looked After at 31/3/09 (number and %) by ethnic origin and local authority (Buckinghamshire and comparator authorities)

Information extracted from *DCSF: Children Looked After in England (including adoption and care leavers) year ending 31 March 2009*

Local Authority		ETHNIC	ORIGIN	Numbers of children (where represented as % of total LAC - figure in brackets)		
	Mixed	Asian/Asian-British	Black /Black-British	TOTAL BME (excludes. 'other') as % of LAC	Other Ethnic Group[2]	TOTAL BME children (inc. 'other') expressed as % of LAC
Bucks	**40 (13)**	**10 (4)**	**20 (6)**	**23%**	**20 (6)**	**29%**
Beds.	**25 (10)**	**20 (8)**	**10 (3)**	**21%**	**15 (6)**	**27%**
Brack.Forest	**-**	**-**	**5 (7)**	**7%**	**-**	**7%**
Cambs.	**25 (5)**	**30 (6)**	**20 (5)**	**16%**	**10 (2)**	**18%**
Hants.	**30 (3)**	**20 (2)**	**20 (2)**	**7%**	**30 (3)**	**10%**
Herts.	**95 (10)**	**45 (4)**	**50 (5)**	**19%**	**30 (3)**	**22%**
Oxon	**40 (10)**	**35 (8)**	**25 (6)**	**24%**	**5 (2)**	**26%**
Surrey	**35 (4)**	**20 (3)**	**10 (1)**	**8%**	**90 (11)**	**19%**
W. Berks.	**-**	**5 (7)**	**-**	**7%**	**5 (6)**	**13%**
Windsor & Maidenhead	**10 (13)**	**-**	**-**	**13%**	**-**	**13%**
Wokingham	**-**	**-**	**-**	**n/a**	**-**	**n/a**

Notes: (from DCSF website)

- *To avoid identification of individual cases - numbers from 1 to 5 inclusive have been suppressed, being replaced in the table by a hyphen (-).*
- *At local authority level the England totals have been rounded to the nearest 10 in compliance with the rule referred to above.*
- *Percentages have been rounded to whole numbers unless the numerator was five or less or the denominator was 10 or less, in which case they have been suppressed and replaced by a hyphen.*

As can be seen in Table 4, although Buckinghamshire has a slightly lower percentage of BME children in the looked after children system that does neighbouring Oxfordshire, 'mixed' ethnicity children experience a greater likelihood

[2] Category includes information refused/not available or collected for first time in 2009. nb: Gypsy/Roma or Traveller of Irish origin included within 'White' statistics – first collected in 2009. Nationally as of 31/3/09 10 Travellers of Irish Origin and 20 Gypsy/Roma children were recorded as being looked after. It is impossible to tell if these children were in the comparator areas above as data recorded in compliance with rules listed above.

of becoming looked after (representing 13% of all BME children in care) than they do in any comparator authority other than Windsor and Maidenhead where 'mixed' ethnicity children represent the sole category of BME children who are looked after. However, see further under limitations of the study for a discussion on how data in relation to small numbers can be skewed by few family groups – a factor which is more likely to be relevant to Windsor and Maidenhead where only 10 BME children account for 13% of all LAC, than in Buckinghamshire where the 13% of LAC who are of 'mixed' ethnicity comprise 40 children.

Accordingly in the face of the comparative data, Buckinghamshire LAC statistics do appear to show a relatively dramatic over-representation of BME children when compared to the headline figure of 10% of residents being from minority ethnic communities (Buckinghamshire Joint Strategic Needs Assessment, 2009:35).

In an attempt to extrapolate further the size/percentage of children from BME populations in Buckinghamshire and selected comparator authorities, with the intent of establishing how great a discrepancy exists in terms of looked after children by ethnicity, in Table 5 we have utilised data from the 2009 DCSF school census and looked after children returns to indicate the percentages of children by broad ethnic group.

Table 5 clearly indicates an increase in children across 'mixed' and Asian ethnic groups between secondary and primary school age across all authorities, indicative of the rising population of BME children. Given that children of all ethnicities are more likely to become looked after at primary school age, disproportionality by ethnic group (particularly for 'mixed' ethnicity children), whilst still stark, is slightly less marked than when projected ethnicity data is used as a basis for analysis.

In Chapter 4 further comparative detail is provided on Buckinghamshire education statistics and contacts with child welfare services by broad ethnic group.

Table 5: School Age children by main categories of ethnicity[3] expressed as a (rounded) percentage of population (DCSF school census returns, 2009) and as percentage of *looked after children* (DCSF looked after children data, 2009). Buckinghamshire and four comparator authorities[4]

County	Ethnicity	Primary School census Returns (2009)	Secondary School census Returns (2009)	Looked After Children - all ages (2009)
Bucks	White[5]	80%	80%	70%
	Mixed	5%	4%	13%
	Asian	12%	11%	4%
	Black	2%	2%	6%
Oxon	White	87%	88%	75%
	Mixed	4%	3%	10%
	Asian	5%	4%	8%
	Black	2%	2%	6%
Beds.	White	84%	86%	74%
	Mixed	6%	4%	10%
	Asian	7%	6%	8%
	Black	3%	2%	3%
Herts.	White	84%	85%	78%
	Mixed	5%	4%	10%
	Asian	6%	5%	4%
	Black	3%	3%	5%
Cambs.	White	91%	91%	81%
	Mixed	3%	3%	5%
	Asian	3%	2%	6%
	Black	1%	1%	5%

Methodology of the Study

The research presented in this report was undertaken in four distinct phases:

Firstly, statistical analysis of all **referral statistics to children and family teams in Buckinghamshire between April 2006 to September 2009** to determine whether and where there might be an indication of under and over representation by ethnic group. This database included entries for 7,718 unique cases and a further 2,514 additional/ subsequent referrals. It is important to note however, that ethnicity was not recorded for 873 of the unique cases.

Secondly a **review of 162 case files of children referred to Children and Family teams and present within the child protection and looked after child databases** to explore reasons for referral, patterns of referral and decisions made/outcome of

[3] Excludes 'other/refused'
[4] Buckinghamshire and four comparator Local Authorities with highest recorded BME looked after children (DCSF, 2009). Excludes 'other' ethnic groups.
[5] 'White' category in school data includes Gypsy/Roma and Travellers of Irish Heritage. These populations were first included under looked after children statistics in 2009 as 'other' ethnic groups.

investigation by ethnic group, to examine whether disparity of treatment exists for BME children in the study area. The CP and CLA database containing file from April 2006-September 2009. A random sample of children's files was selected for review. Whilst the files of all children identified as being of BME origins were included with the sampling frame, with 130 out of 213 files (61%) of files of BME children subject to review and analysis. A smaller comparative sample of White British/White Other files (32/515 or 6.2%) was subjected to the same process. Whilst electronic files containing data such as unique ICS number, ethnic coding, categories of need and actions undertaken formed the primary data source, in some cases a review of the paper file was also required to clarify information, for example where a child's case had initially been opened in a hard copy file and only some information had been transferred to the electronic system. When undertaking the review of children's files the CP pre-conference report(s); initial/core assessments, CLA paperwork, family tree, chronology and case notes were all reviewed. Personal data on children was reviewed solely to determine that it matched the information on the database and that the information present was reflected within the remainder of the file. Particular attention was paid to analysis/reason for contact sections as well as the data included under the heading of *Identity* within the child's development needs. The emphasis of this aspect of the review was to determine whether the actions taken and information provided were congruent with the child's ethnicity code and service provision.

A simultaneous **literature review** of relevant publications (and where possible grey literature) was undertaken to enable consideration of pre-existing explanations for and patterns of disproportionality and disparity in relation to BME children in the child welfare system. Data was also sourced on **comparator authorities** to enable consideration of whether Buckinghamshire was unique or broadly similar in percentages of BME children in contact with child welfare services. Finally a data-review was undertaken to attempt to ascertain likely patterns of growth rate amongst BME communities in Buckinghamshire to enable consideration of whether natural growth could account for some elements of apparent disproportionality.

The final stage of the project consisted of holding **focus groups** to obtain qualitative data from both children and family managers and front line children and family team social workers. Two separate focus groups were undertaken, one with managers and one with social work front line staff. The topic guide (attached as an Appendix) focussed on practitioners' perceptions of whether disproportionality or disparity does exist, and if so, the reasons for such variance with regard to their contacts with BME families. Alternatively social workers and managers were invited to consider whether practice issues or administrative constraints impacted on the way in which data is recorded, or actions are taken with regard to BME families and the ways in which errors in recording ethnic coding could potentially skew the data on children in contact with the welfare system. A further element of the discussion consisted of considering barriers and solutions to engaging with local BME communities to strengthen access to preventative services and encourage earlier pro-active reporting of child protection concerns before a family reached crisis.

Limitations to the Study

- There is a paucity of baseline data in relation to the size of the BME population in Buckinghamshire which may potentially lead to identification of disproportionality

or an excessive rate of referral/CPP/LAC for children of certain communities. Whilst we have posited that the 10% BME population of Buckinghamshire identified in the Buckinghamshire Joint Strategic Needs Assessment, (2009:35) is likely to represent too low a figure for the population and instead suggest that the school returns specified in Table 5 offer a more nuanced picture of the size of particular BME groups within the school age population we note that disproportionality can still be seen although at a lower rate than is found when utilising 2001 Census data.

- The data set analysed in Phase One of the research is based upon *referrals* rather than individual cases and thus it is difficult to focus on the experience of individual children or families. Thus an increased rate of referrals of children from one particular community may potentially reflect on-going concerns in relation to one child or a particular family. In practice and for ease of future analysis it would be preferable to treat new referrals as additional variables to one particular case rather than opening another case. To overcome the problem and remove the risk of double-counting, the analysis was conducted on a split data file separating out the analysis of unique referrals (e.g. the first referral for a particular case or the only referral made), and subsequent referrals. However, caution must be exercised when interpreting the analyses based on the 'subsequent referrals' as this may be compromised by the fact that individual cases may be included more than once.

- Analysis of individual case files found that discrepancies existed in front-line recording issues. As noted above, recording of ethnicity of children is not automatic at the point of referral and (as has been noted within the review of case files and also referred to within focus groups) this data is gathered when identity issues are explored during work with the child and family. Where this data has been omitted at the point of referral or wrongly entered (as was evident in 16% of case files reviewed and 11.3% of the referral entries) this may give a skewed picture of the extent of referrals (either over or under-representation) of children within certain ethnic categories. For example, child categorised as Black Caribbean when they are actually of mixed Black Caribbean and White heritage.

- Need codes for referral were also subject to levels of variation in usage, with 'other' (Need code N9) providing extremely limited information which could not be utilised to predict the likelihood of cases relating to children from specific ethnic groups or with particular types of need proceeding until the child received a protection plan or became looked after. Only one need code is mentioned on each referral. For ease of analysis it would be preferable to record each of the needs as they apply to the individual case. Inevitably needs may change over time due to the interventions utilised, the natural aging of the child or due to a change in composition/dynamics or circumstances of the family. Thus it would be preferable to record the data longitudinally. Currently only the dominate need at the time of initial referral has been used in the analysis.

- Although the team understood that all data relating to unaccompanied asylum seeking children had been removed from the cases analysed it would appear possible – based upon findings from the data-analysis (specifically some Black African children who were classified as 'other' rather than under the appropriate

ethnic group - see Chapter 3) that some cases may have fallen within this category, an issue also identified by Owen and Statham in their study where Absent parenting was often found to be a proxy for unaccompanied minors (see above).

- Referrals fail to provide information on the person who is the *cause* of concern or danger to the child and thus not only does omission of this fact make it difficult to predict whether a situation is on-going or if a child will only receive an initial referral (for example if a report pertaining to domestic violence is resolved at an early stage by the alleged perpetrator leaving the household) or whether specific circumstances/individuals can be identified as representing a trend which could potentially be taken into account in pro-active planning for child protection.

- The implementation of the Integrated Care System in 2007 (April for the North of the County; June for the South) created a relatively abrupt transition from paper to electronic files. As a result, many of the files reviewed have not been fully updated on the ICS system, and hold much data in the paper file. The CLA teams, in particular, have very recently begun to implement some of the ICS framework, but much of the information on their files (prior to 2009) is blank (particularly in relation to the January 2010 introduction of the Fostering and Adoption ICS modules). It is highly likely that is because other cases had an easy 'entry-point' into ICS, i.e. with a new referral. With cases that were open at the time of the transition to ICS, there was no easy 'entry-point', which made the transition to ICS more difficult for those files.

- Accordingly some CLA files do not have comprehensive details recorded, including potential under-recording of placement moves, and period in care. ICS files opened after 2009 are more likely to have complete data recorded although some concerns still exist over accuracy - e.g. in relation to use of ethnic codes, needs category etc. When undertaking the review of individual cases paper files were requested when necessary, although this process was time-consuming, as the files had to be sourced from Central Administration, and were sometimes in other council locations, thereby creating delay in reviewing. The inability to easily access previous existing paper files means that a potential exists for recording errors to be replicated if data has not been accurately entered onto the database and/or a social worker is awaiting access to paper files from storage. It would appear that the workflow functions of ICS may have had an impact on data entry practice, as without completing the previous step, the workflow function would not allow a file to be moved on (closed, transferred to another team, etc.).

- The analysis undertaken on referral datasets found that it was impossible to identify children who were members of the same family. Accordingly an apparent over-representation of a relatively small ethnic group *might* in some cases be explained by a series of referrals relating to one or two relatively large families – thus indicating issues faced by one family rather than reflective of disproportionality, disparity or particular concerns faced by members of any specific ethnic group.

Chapter 4
Findings – Quantitative

Within this chapter findings are presented from the analysis of all child welfare referrals received by Buckinghamshire Children and Families teams between April 06 to December 09 and the sample of 162 case files treated to in-depth analysis.

DATA PERTAINING TO CHILD WELFARE REFERRALS

Table 6 Disproportionality of child welfare referrals in Buckinghamshire

	Combined School Aged		Secondary School Aged	
	Education	Child Protection	Education	Child Protection
White	78.8%	75%	81.1%	79.3%
Mixed	5%	6.4%	4.3%	4.5%
Asian	12.9%	14.1%	11.4%	11.6%
Black	2.3%	4.5%	2.1%	4.6%

As can be seen *referrals* vary quite significantly from the recorded LAC data shown in Table 5. Whilst Table 6 shows referrals of 'mixed' children of secondary school age accounting for 4.5% of initial child welfare contacts (only slightly above the rate at which this group is found within secondary school population), 'mixed' ethnic groups account for 13% of looked after children in the County, (DCSF, 2009) indicating disproportionality in rates of coming into care for this group. In effect, children and young people of Mixed ethnic origin are only slightly more likely (OR = 1.28) to be referred, yet more than two and a half times more likely to become LAC then one would expect on the basis of probability.

Since the baseline data on pupils' ethnicity produced by schools (schools' census) does not report comparable ethnic groups in all categories, it appeared preferable to draw comparisons using broad ethnic groups. However, it must be noted that where there were less than five pupils at a school of a particular ethnic origin they were recorded as '<5' rather than giving the actual number. A decision was therefore made to recode these entries as 'three' pupils. In some cases this would have been an over estimation and in others an under estimation, however such errors were unavoidable with the current recording practice.

When the national picture was produced for proportionality in child welfare intervention the general picture is that the white group is fairly under-represented in the child protection statistics with Asian groups being most under-represented in LAC, CPP and CIN figures (see Owen & Latham, 2009). In contrast, both Black and

Mixed ethnicity children and young people tend to be over-represented in the national figures.

In Buckinghamshire exploring actual referral statistics creates a somewhat different picture.

- The white population are slightly under represented in the child welfare statistics (75% of referrals, 70% of LAC, 79% of child population).

- Both the Asian and Mixed ethnicity groups appear to be slightly over represented amongst referrals of children aged 4 to 11 years (see below), however, greater proportionality in referrals of children and young people over the age of 12 years (14% of total referrals, 4% of LAC and 13% of population). Disproportionality therefore exists in terms of chance of becoming looked after. The increase in referrals for primary school-age Asian children is likely to be accounted for by educational professionals picking up on need which has previously not been noted if children are not accessing pre-school or SureStart provision and services.

- Black children and young people are considerably over–represented in referrals across all age groups. (4.5% of referrals at all age, 6% of LAC and 2% of population). Disproportionality therefore exists in chances of becoming looked after. The increase in percentage of referrals and disproportionality may partially be accounted for by the fact that there greater proportion of Black youth come into the child protection system at a later age (Sinclair et al., 2007) and moreover some Black African unaccompanied minors may exist within this referral category (see limitations note above).

Disparity in Treatment

To enable evaluation of disparity in treatment and disproportionality of raw data analysis was undertaken to consider ethnicity, age and need code as variables impacting on referral, likelihood of becoming subject to a CPP or becoming looked after.

(1) Predicting Subsequent Referral

Binary logistic regression was performed using the enter method. The predictors entered into the model included age at referral, gender, referral source, ethnicity and need code. This revealed a statistically significant predictive model ($\chi^2 = 497.167$, df = 49, p = .0005). Cox and Snells' $R^2 = .052$ and Nagelkerke $R^2 = .077$. 75.5% of cases were correctly classified by the model. The table below highlights the statistically significant findings and the borderline trends. When reading the predictive value of the ethnic groups these need to be read as in relation to their White British counterparts (the control group). Similarly, when examining the likelihood conferred by each of the need codes these must be interpreted in terms of their predictive power in relation to that conferred by abuse and neglect.

Table 7: Predicting Subsequent Referral

Variable	B	SE	Wald	df	sig	Exp (B)
Age at referral	-.031	.005	39.217	1	.0005	.969
Ethnic Group						
British African	-1.284	.346	13.749	1	.0005	.277
Mixed White & Black Caribbean	-1.195	.534	5.009	1	.025	.303
British Bangladeshi	.616	.346	3.180	1	.075	1.852
Need Code						
Disability	-.364	.074	24.345	1	.0005	.695
Family in Acute Stress	-.392	.177	4.914	1	.027	.675
Socially unacceptable behaviour	-.436	.072	36.600	1	.0005	.646
Low income	-.306	.117	6.815	1	.0009	.736

Thus the likelihood of receiving a subsequent referral is very slightly increased for children who are younger at the age of initial referral and of British Bangladeshi origin (even though this factor only attained a borderline level of statistical significance) and less likely for children of British African and Mixed White and Black Caribbean origins. See note above in relation to 4-11 year old Asian children being over-represented in terms of referrals once they enter into the education system. In comparison to the risk conferred by the abuse and neglect need category, disability, socially unacceptable behaviour and low income need categories confer slightly less risk of receiving a subsequent referral.

(2) Predicting which cases will result in a child protection plan (CPP)

Binary logistic regression was performed using the enter method on the first or only referral data. The predictors entered into the model included age at referral, gender, referral source, ethnicity and need code. This revealed a statistically significant predictive model ($\chi^2 = 591.389$, df = 49, p = .0005). Cox and Snells' $R^2 = .08$ and Nagelkerke $R^2 = .198$. 92.7% of cases were correctly classified by the model. The table below highlights the statistically significant findings and the borderline trends. When reading the predictive value of the ethnic groups these need to be read as in relation to their White British counterparts. Similarly, when examining the likelihood conferred by each of the need codes these must be interpreted in terms of their predictive power in relation to that conferred by abuse and neglect.

Table 8: Predictors of becoming subject to a CPP

Variable	B	SE	Wald	df	sig	Exp (B)
Age at referral	-.056	.010	31.316	1	.0005	.946
Ethnic Group						
British African	-2.653	.675	15.438	1	.0005	.070
Mixed Other	-2.382	1.138	4.378	1	.036	.092
British Caribbean	-1.530	.788	3.770	1	.052	.217
Need Code						
Parental Illness/Disability	-1.374	.584	5.539	1	.019	.253
Family Dysfunction	-.621	.247	6.313	1	.012	.537

The British African and Mixed Other ethnic groups are very unlikely to be given a child protection plan in comparison to their White British counterparts, this appears to be despite fairly high levels of abuse and neglect recorded for these two groups. Additionally the British Caribbean group are also significantly less likely to be given a CPP. Disparity of treatment therefore apparently exists in relation to Black children.

In comparison to the ability of the abuse and neglect need category to predict the likelihood of a CPP, need codes identified as parental illness/disability and family dysfunction are also less likely to be associated with the initiation of a protection plan across all groups.

(3) Predicting which cases will result in children becoming looked after (CLA)

Binary logistic regression was performed using the enter method on the first or only referral data. The predictors entered into the model included age at referral, gender, referral source, ethnicity and need code. This revealed a statistically significant predictive model ($\chi^2 = 78.439$, df = 49, p = .0005). Cox and Snells' $R^2 = .011$ and Nagelkerke $R^2 = .220$. 99.6% of cases were correctly classified by the model. The table below highlights the statistically significant findings. When examining the likelihood conferred by each of the need codes these must be interpreted as their predictive power in relation to that conferred by abuse and neglect.

Table 9: Predictors of becoming looked after (CLA)

Variable	B	SE	Wald	df	sig	Exp (B)
Age at referral	.108	.043	6.312	1	.012	1.114
Need Code						
Absent parenting	2.848	.718	15.742	1	.0005	17.255

Within the Buckinghamshire statistics it would appear that the two factors that predict the likelihood of a child/ young person entering local authority care are an older age at referral and absent parenting. Both factors are strongly associated with being an unaccompanied minor (UM). Absent parenting confers over 17 times the risk of

entering residential care over and above the risk conferred by abuse and neglect and once again we would propose that inclusion of UMs within this analysis is the most likely explanation for this finding.

Comparison of age at referral and duration of referral for males and females from each of the ethnic groups.

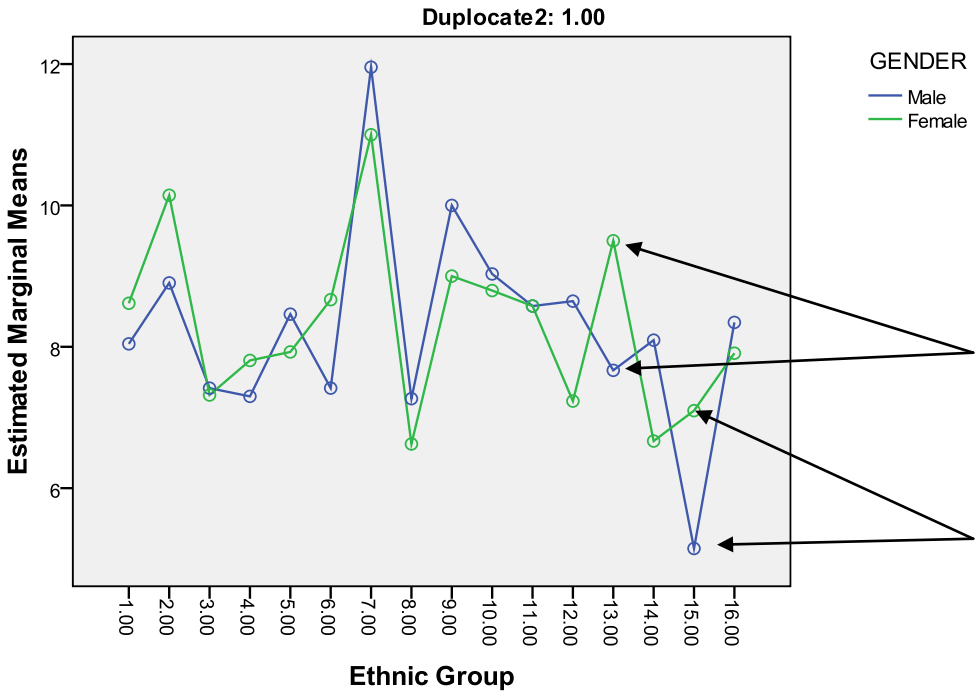
Owen and Statham (2009) refer to ethnicity, age and gender variables in relation to children's contact with the child welfare system. Accordingly the intersectionality of these variables when compared with needs codes may indicate that cultural elements – for example the value placed on children of a particular gender or attitudes to chastisement/corporal punishment as children become older and more challenging - impact on reasons for referral and age at which this occurs.

Using the Split data file, the 'Duplicate' variable was utilised to ensure each child was only captured once. Analysis was thus undertaken on cases that were **only referred once or on the initial referral for those who received subsequent referrals (unique referrals).**

A two-way MANOVA was conducted to examine the main and interactive effects of ethnic group and gender on the two dependent variables.

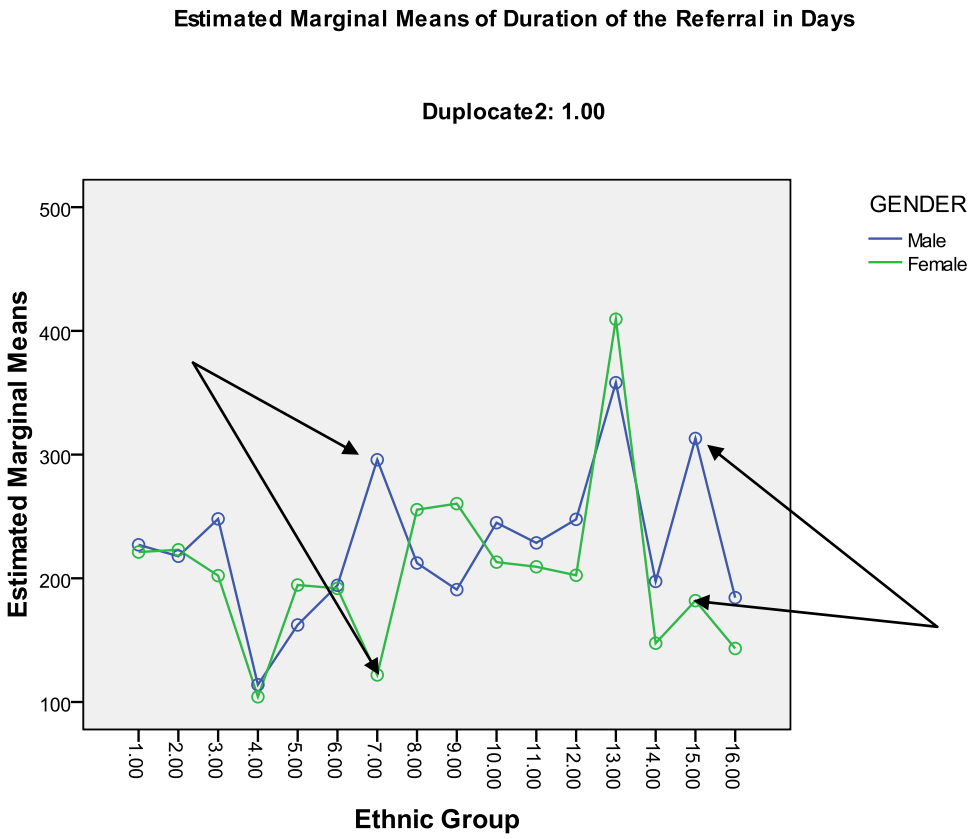
No main effect of gender was found, neither was there any evidence of a statistically significant interaction effect between gender and ethnicity. However the graphs below identify noteworthy trends.

Estimated Marginal Means of Age on the Date of Referral



For most ethnic groups there is little difference in the age at referral of males and females. However, for the Mixed White and Asian group, males appear to be referred at a considerably earlier age in comparison to their female counterparts (a mean of 5.15 years of age in comparison to 7.1 years), and the White British group (8 years for males and 8.62 for females). Similarly, in the British Bangladeshi group there was a similar gender difference (a mean of 7.67 years for males in comparison to 9.5 years for females) evident. Although overall, this group were referred at similar ages to the White British group.

Again in terms of duration of referral there was no significant effect of gender, although a couple of important trends were indicated. Mixed White and Asian males experience a considerably longer referral period in comparison to their female counterparts (a mean of 197.5 days in comparison to 147.5 days). This can be explained by the relatively younger age at which they were first referred. Similarly, the cases identified as 'Other Ethnic Group' also demonstrated a longer referral duration for males in comparison to females (a mean of 295.8 days for males in comparison to 121.9 days for females). However, on this occasion this is not paralleled by a difference in age at referral and no obvious explanation occurs.



The analysis suggested that there were main effects of ethnicity upon both age at referral ($F_{(15,7322)}$ = 7.898, p = 0.0005, $\eta^2 = 0.016$) and duration of referral ($F_{(15,7322)}$ = 10.086, p = 0.0005, $\eta^2 = 0.02$). Post hoc analysis employing Tukey's test revealed significant differences between the following minority ethnic groups in comparison to

the White British group (mean age at referral = 8.32 years and mean referral duration of 224.2 days).

Age at referral:

- Control group (White British mean 8.32 yeas)
- White Other (mean = 9.54, p = 0.0005) – thus slightly older than the comparison group
- British Pakistani (mean = 7.37, p = 0.002) – thus slightly younger than the comparison group
- Not recorded (mean = 7.54, p = 0.014) - thus slightly younger than the comparison group
- Other Ethnic group (mean = 11.72, p = 0.0005) – considerably older than the comparison group (potentially due to more recent migration from Eastern Europe. This group may also capture some UMs for example from Afghanistan and/or Iraq)
- Mixed White and Black Caribbean (mean = 6.97, p = 0.004) – considerably younger than the comparison group
- Mixed White and Asian (mean = 5.99, p = 0.013) – significantly younger than the comparison group

Overall 'mixed' groups are more likely to be referred at a younger age, and this may relate to the lack of support of parents and/or social disapproval of White lone mothers with mixed ethnicity children discussed within the literature review.

Regarding Duration of referral (in days)

- Not recorded (mean = 109.32, p = 0.0005) - less than half the length of referral of the White British group.

- British Bangladeshi (mean = 383.9, p = .070) – almost twice the length of referral of the White British comparison group

The same analysis was then conducted with the **'same child'** category of referral (N = 2234).

The analysis revealed no main effect or interaction effect of gender and ethnicity on duration of referral.

With regards to age of referral a main effect of ethnicity was evident ($F_{(15,2233)}$ = 3.458, p = 0.0005, $\eta^2 = 0.023$). However, post hoc analysis employing Tukeys demonstrated that the only significant deviation from the mean age of referral for children from the White British group was for the White Other group (p = 0.21). The average age at referral of the White British group was 7.4 years, whereas the White Other group appeared to be referral at a slightly older age of 8.99 years. Again this might possibly be associated with the more recent migration of Eastern European families and their existing children.

The same analysis was also conducted for the **'same ref'** group (N = 179). There was no evidence of any main or interaction effects for this sample.

A similar two way MANOVA was computed on the cases that went on to receipt of a child protection plan (CPP). In this analysis there were 317 males and 291 females. No main effect was found for gender on either age at referral or duration of referral/being subject to a Plan.

However, a main effect was found for ethnicity on both age at referral ($F_{(14,607)}$ = 2.580, p = 0.001, $\eta^2 = 0.059$).and the duration of intervention ($F_{(12,607)}$ = 3.060, p = 0.0005, $\eta^2 = 0.069$). Overall the mean age for referral of the White British cases was 6.7 years and the mean duration of contact with social welfare agencies for this group was 581 days.

For age at referral and duration of referral ethnic comparisons are only really feasible for groups with 12 or more cases. Thus, the following comparisons were drawn.

Table 10: Age at referral, duration of referral by ethnic group

	Age at Referral (Years)			**Duration of Referral (Days)**		
	Total	Males	Females	Total	Males	Females
White British	6.70 (419)	6.52 (223)	6.90 (196)	581	580	581
White Other	9.03 (40)	9.18 (17)	8.91 (23)	467	435	467
British Pakistani	6.03 (35)	7.50 (18)	4.47 (17)	657	765	542
Mixed White & British Caribbean	4.39 (41)	6.63 (19)	2.45 (22)	553	543	562
British Caribbean	4.30 (20)	3.50 (12)	5.50 (8)	640	665	603
Mixed White & Asian	6.08 (12)	4.88 (8)	8.50 (4)	710	850	428

Figures presented in parenthesis refer to the actual number of cases in each category

Importantly the analysis also revealed a statistically significant interaction effect between gender and ethnicity on age at referral ($F_{(12,607)}$ = 1.934, p = 0.028, $\eta^2 = 0.038$). However, the gender differences observed within ethnic groups for the duration of their referral did not attain a level of statistical significance (p = .371).

Key findings related to age at referral:

- Overall, cases from the Mixed White & British Caribbean and the British Caribbean groups who go on to receive a CPP tend to be referred at a significantly younger age than their White British counterparts potentially indicating long-term concerns over the parent(s) ability to care and/or lack of support of lone mothers (see literature review above).

- However, when the two gender groups are examined separately by ethnic group:

    - Females from the Mixed White & British Caribbean group are referred at a considerably younger age than their male same-ethnicity counterparts and overall are the group of children referred at the youngest age.

    - Similarly, the British Pakistani females are referred at a significantly younger age than both their British Pakistani male counterparts and the White British comparison group. This finding may potentially be a product of approaches to gender within specific communities and the privileging of males if neglect, family stress or low income are found to be key reasons for referral.

- Only female Mixed White & British Caribbean cases, male Mixed White and Asian and Black Caribbean males are referred at a significantly younger age than the White British cases. Mixed White & British Caribbean males tend to be referred at a similar age to the White British comparator group.

- When the whole group is considered the Mixed White & Asian group tend to be referred at a similar age to that of the White British comparison group. However, when the two genders are considered separately for this group the males are referred at a significantly younger age than their female counterparts and the White British comparison group.

- Similarly British Caribbean males are referred at a younger age than both their female same ethnic group counterparts and the White British comparison group. British Caribbean males have the youngest age of referral of all of the ethnic groups mentioned here.

Key findings related to duration of referral:

- Interestingly, whilst females in the British Pakistani group tended to be referred at a significantly younger age than the British Pakistani males, with regards to duration of referral the opposite trend is noted. That is, males tend to be referred for considerably longer than their female same ethnic group counterparts.

- In contrast, for the Mixed White & Asian group, the males tend to referred for twice as long as the same ethnicity females and this reflects the fact that on

average the females are referred at a considerably older age than their male same-ethnicity counterparts.

Comparison of Need Codes by Ethnic Group

In the light of demographic and other variables discussed within Chapter 2 it is important to consider the reasons why children come into contact with the child welfare system. Chi-squared analyses were computed to examine potential differences in the frequency of which the referral codes are applied to the different ethnic groups at point of first contact.

The initial analysis was conducted on the first or only referral group. This revealed a statistically significant effect of ethnic group on need code allocation ($\chi^2 = 525.931$, df $= 120$, p = .0005). The key differences are highlighted in the table below.

Table 11: Comparison of Need Code by Ethnic Group (Only or First Referral sample)

	Need 1 Abuse Neglect	*Need 2 Disability*	*Need 3 Parent illness/ disability*	*Need 4 Family in acute stress*	*Need 5 Family dys-function*	*Need 6 Socially unaccept-able behaviour*	*Need 7 Low income*	*Need 8 Absent parenting*	*Need 9 Other*
1 White British	29.7% (1291)	6.6% (288)	2.2% (95)	6.8% (294)	33.4% (1450)	5.9% (256)	0.2%	0.9%	14.3%
2 White Other									
3 British Pakistani			4.6% (28)						
4 Not recorded									
5 British African	44% (37)				19% (16)				
6 Mixed Other									
7 Other Ethnic Group	16.9% (15)					1.1% (1)			
8 Mixed White & Black Caribbean					41.2% (115)				
9 Refused		15.5% (3)			10.5% (2)	0%			21.1% (4)
10 British Indian		13.3% (10)							
11 Asian British Other		13.2% (15)							
12 British Caribbean									
13 British Bangladeshi	42.9% (2)		7.1% (2)						
14 Mixed White & Black African		1.5% (1)	7.7% (5)		44.6% (29)				
15 Mixed White & Asian									27.6% (21)
16 Black British Other									

Key findings:

- Significant over representation of British Bangladeshi and British African children receiving referrals classified as abuse/neglect, which is similar to the findings in the national statistics. Thus both the national data and the figures for Buckinghamshire indicate that there is an under-representation of Pakistani children under these categories.

- British Indian and Asian Other are twice as likely as the White British sample to be referred on the basis of the child's disability.

- The British Pakistani group are twice as likely to be referred due to parental illness or disability and the British Bangladeshi and Mixed White & Black African group are three times as likely to be referred on this basis matching national patterns and research literature considered above.

- Mixed White & Black Caribbean, and Mixed White & Black African are considerably more likely to referred on the basis of family dysfunction which may relate to age of mother, mothers being former care leavers or lack of family support. The British African group are the least likely to receive this need code.

- The Mixed White and Asian group are almost twice as likely to be allocated an 'other' need code although no clarity exists over what this entails.

The same analysis was then computed for those cases classified as 'same child' and 'same ref' in combination (subsequent referrals). Again this demonstrated that there was a significant difference in need code allocation on the basis of ethnic group ($\chi^2 = 186.931$, df = 120, p = .0005).

Table 12: Comparison of Need Code by Ethnic Group (Subsequent Referral sample)

	Need 1 Abuse Neglect	*Need 2 Disability*	*Need 3 Parent illness/ disability*	*Need 4 Family in acute stress*	*Need 5 Family dys-function*	*Need 6 Socially unaccept-able behaviour*	*Need 7 Low income*	*Need 8 Absent parenting*	*Need 9 Other*
1 White British	26.8% (438)	3.3% (54)	2% (32)	8.7% (142)	30.4% (497)	5.6% (91)	0.3% (5)	0.9% (15)	22.1% (166)
2 White Other									
3 British Pakistani		9.4% (14)						4.7% (7)	
4 Not recorded	18.8% (12)		7.8% (5)						
5 British African			10.3% (3)	20.7 (6)	10.3% (3)				
6 Mixed Other									
7 Other Ethnic Group					16.7% (1)	16.7% (1)	16.7% (1)	16.7% (1)	
8 Mixed White & Black Caribbean	37.4% (40)								
9 Refused									
10 British Indian	14.3% (2)	21.4% (3)				21.4% (3)			
11 Asian British Other		12% (4)		29.4% (10)					5.9% (2)
12 British Caribbean									
13 British Bangladeshi	50% (2)								50% (2)
14 Mixed White & Black African	52% (14)								
15 Mixed White & Asian						14.8% (4)			
16 Black British Other	36% (5)		7.1% (1)						

Key findings:

- Black British Other and Mixed White and Black Caribbean are considerably over represented in referrals on the basis of abuse and neglect. Additionally Mixed White and Black African and the British Bangladeshi are dramatically over represented in this need category.

- Most of the Asian groups (Indian, Pakistani and Asian Other) are significantly over represented in the need code indicating child disability. This would possibly explain the younger age of referral and longer duration of referral found for some of the Asian groups in the previous tables.

- Parental illness/disability is most likely to be recorded as a need category for Black African and Black British Other groups, in comparison to the White British Group.

- Black African and Asian British Other are over represented in the referrals made on the basis of the family experiencing acute stress – often associated with living in poverty.

- British Indian and Mixed White & Asian Other appear to be over represented in referrals made on the basis of socially unacceptable behaviour although whether this relates to behaviour of the child/young person or (potentially less likely, especially for British Indian children) of the parent(s) with care.

- The British Pakistani group appear to be over represented in the absent parenting need category. This finding is somewhat unexpected but may potentially relate to parents spending lengthy periods of time abroad and children residing with relatives during their absence and becoming in need of support services (for example if living with elderly grandparents, or where a father does not live in the UK as a result of immigration status issues).

Analysis was then undertaken of categories of need at first referral for children who subsequently became subject to a child protection plan.

Table 13: Comparison of Need Category between Ethnic Groups for all CPP Cases.

	Need 1 Abuse Neglect	*Need 2 Disability*	*Need 3 Parent illness/ disability*	*Need 4 Family in acute stress*	*Need 5 Family dys-function*	*Need 6 Socially unaccept-able behaviour*	*Need 7 Low income*	*Need 8 Absent parenting*	*Need 9 Other*
1 White British (N = 469, 7.6%)	36.1%	1.5%	2.8%	4.1%	29.6%	5.9%	0%	0.4%	19.6%
2 White Other (N = 45, 7.2%)	40.9%	0%	0%	6.8%	27.3%	9.1%	4.5%	0%	11.4%
3 British Pakistani (N = 37, 4.7%)	67.6%	0%	0%	0%	16.2%	10.8%	0%	0%	5.4%
4 Not recorded (N=9, 1.0%)	20.0%	0%	0%	0%	20.0%	0%	0%	20%	40%
5 British African (N = 1, 0.9%)	0%	0%	0%	0%	100%	0%	0%	0%	0%
6 Mixed Other (N = 10, 5.1%)	50%	0%	0%	0%	50%	0%	0%	0%	0%
7 Other Ethnic Group (N = 3, 3.1%)	0%	0%	0%	0%	33.3%	3.6%	0%	0%	66.7%
8 Mixed White & Black Caribbean (N = 55, 13.8%)	40%	0%	3.6%	12.7%	25.5%	0%	0%	0%	14.5%
9 Refused (N = 0, 0%)									
10 British Indian (N = 5, 5.4%)	20%	0%	0%	0%	60%	0%	0%	0%	20%
11 Asian British Other (N = 4, 2.7%)	25%	0%	0%	25%	50%	0%	0%	0%	0%
12 British Caribbean (N = 21, 8.3%)	42.9%	0%	0%	14.3%	33.3%	0%	0%	0%	9.5%
13 British Bangladeshi (N = 8, 23.5%)	75%	0%	0%	0%	25%	0%	0%	0%	0%
14 Mixed White & Black African (N = 4, 4.3%)	100%	0%	0%	0%	0%	0%	0%	0%	0%
15 Mixed White & Asian (N = 12, 11.3%)	58.3%	0%	0%	0%	16.7%	0%	0%	0%	25%
16 Black British Other (N = 6, 8.8%)	33.3%	0%	0%	0%	33.3%	0%	0%	0%	33.3%

Chi-squared analysis comparing the likelihood of receiving a child protection plan (CPP) for each of the ethnic groups demonstrated a statistically significant difference (N = 675, $\chi^2 = 125.653$, df = 15, p = .0005).

Overall 7.6% of the White British referrals culminated in a CPP. Thus for the British Bangladeshi group 23.5% of whom received a child protection plan, experienced almost a three-fold likelihood of this action being taken.

Furthermore both the Mixed White and Black Caribbean and Mixed White and Asian groups similarly demonstrated increased likelihoods for receiving a CPP (13.8% and 11.3% respectively). Whilst disproportionality clearly exists for all of these groups when considered against the comparator White British group, the effects of

ecological and demographic factors such as poverty, low levels of contact with social care agencies prior to crisis and inaccessible or inappropriate services for Bangladeshi children may offer an explanation for some of the gross disproportionality in relation to CPP for this group. 'Mixed' children are potentially more likely to be living in low income homes with a younger, lone parent carer.

British African, Mixed Other and Asian Other groups demonstrated considerably lower likelihoods of receiving a protection plans (0.9%, 3.1% and 2.7% respectively) potentially indicating that concerns for these groups are less likely to relate to child protection than to being a child in need or disabled.

With regard to a separate analysis computed to investigate potential differences in the need categories attributed to each CPP case on the basis of ethnic group, this exercise also revealed a statistically significant difference between ethnic groups overall ($\chi^2 = 169.308$, df = 112, p = .0005). Higher proportions of British Pakistani, British Bangladeshi, Mixed White and Black African and Mixed White and Asian groups were identified as being subject to a CPP under the category of abuse/ neglect.

The groups most likely to be identified as experiencing acute stress in the family are the Other Ethnic Group, Asian British Other and the British Caribbean groups.

CPP cases that were disproportionately identified as experiencing family dysfunction were drawn from the Mixed Other, British Indian and Asian British Other groups. In contrast, British Pakistani and the Mixed White and Asian groups were the least likely to be identified with this need code.

The two needs related to disability and illness of either the child or the parents rarely featured as need codes in cases that had progressed to child protection planning. Similarly, the need codes related to socially unacceptable behaviour, low income and absent parenting hardly featured in the CPP cases.

Table 14 Comparison of Need Category between Ethnic Groups for all Child Protection Cases.

	Need 1 Abuse Neglect	*Need 4 Family in acute stress*	*Need 5 Family dys-function*	*Need 6 Socially unaccept-able behaviour*	*Need 8 Absent parenting*	*Need 9 Other*
1 White British (N = 28, 0.5%)	35.7%	7.1%	35.7%	3.6%	7.1%	10.7%
2 White Other (N = 2, 0.3%)	0%	0%	0%	0%	100%	0%
3 British Pakistani (N = 5, 0.6%)	75%	0%	0%	0%	0%	25%
6 Mixed Other (N = 1, 0.51%)	0%	0%	0%	0%	100%	0%
7 Other Ethnic Group (N = 2, 2.6%)	0%	0%	0%	0%	100%	0%
15 Mixed White & Asian (N = 1, 1%)	0%	0%	0%	0%	100%	0%

Chi-squared analysis comparing the likelihood of children becoming looked after for each of the ethnic groups did not demonstrated a statistically significant difference, between the groups, however, the results were approaching statistical significance despite the relatively small sample size (N = 39, $\chi^2 = 20.604$, df $= 25$, p = .150). The key finding appears to be the predictive ability of the absent parenting need category to calculate the likelihood of being placed into local authority care for the following groups: White Other, Mixed Other, Other Ethnic Group and Mixed White and Asian. It is conceivable that this finding might be partly accounted for by the small number of unaccompanied minors in these categories claiming asylum.

Comparison of Need Category by Age Group for the Referrals

Chi-squared analysis was conducted on the first/lone referral sample to determine whether there is a difference in the need code attributed to the case on the basis of age group. This revealed a significant finding ($\chi^2 = 217.161$, df $= 40$, p = .0005). The table below highlights the most important differences.

Table 15 Need Code by Age Group (Lone/First referral Sample)

	Need 1 Abuse Neglect	*Need 2 Disability*	*Need 3 Parent illness/ disability*	*Need 4 Family in acute stress*	*Need 5 Family dys-function*	*Need 6 Socially unaccept-able behaviour*	*Need 7 Low income*	*Need 8 Absent parenting*	*Need 9 Other*
Unborn	**35.9%**	0%	**5%**	6.0%	32.2%	**3.0%**	0.3%	1.0%	16.4%
<1	25.8%	**8.5%**	**4.4%**	7.3%	32.7%	5.8%	0.2%	0.6%	14.7%
1-4	26.0%	**8.5%**	2.7%	6.4%	33.9%	5.8%	0.2%	0.7%	15.8%
5-9	29.5%	5.9%	2.3%	7.1%	32.8%	6.0%	0.1%	0.9%	15.5%
10-15	30.7%	5.9%	2.0%	7.3%	31.8%	5.6%	0.2%	**2.4%**	14.5%
16+	26.8%	**9.0%**	**7.0%**	7.6%	**26.6%**	5.6%	**1.1%**	**7.0%**	15.7%

Key Findings:

- The unborn cases have a greatest representation in the abuse/neglect need code category. This provides a strong indicator that these cases represent families known to social care agencies prior to the current pregnancy. Similarly relatively high representation of unborn children exists in cases where the need code of family dysfunction exists. Socially unacceptable behaviour in such cases must by definition refer to the mother or other parent if they are present in the household.

- From birth to five and again from 16+, cases are more likely to be referred on the basis of the child's disability than the other age group.

- Parental illness/ disability appear more frequently as a referral category in the case of children both under a year of age and in vitro and again in the older children aged 16+.

- The 16+ age group are the least likely age group to be referred on the basis of family dysfunction although they are relatively highly represented in cases of abuse/neglect.

- Socially unacceptable behaviour is least likely to be categorised as the need basis for referral in cases of unborn children.

- Low income as a need category at referral appears to be most likely applied to young people aged 16+.

- Postpartum, absent parenting appears to become an increasingly popular need category used at referral for each of the age groups. The greatest likelihood is for the 16+ age group – again this may be reflective of either UMs or family breakdown and young people becoming looked after as a result of their inability to remain at home.

Table 16 Comparison of Age of Child at Referral by Ethnic Group

Chi-square analysis was computed to examine the representation of referrals in each age category for each of the different ethnic groups and to determine whether there were any statistical differences with regards to the age/ethnic group representation. The analysis for the lone or first referral sample revealed a statistically significant difference ($\chi^2 = 354.684$, n = 7627, df = 74, p = .0005). The key differences are highlighted in the table below.

	Unborn	*<1 year*	*1-4 years*	*5-9 years*	*10-15 years*	*16+ years*
1 White British	2.7%	6.2%	22.3%	25.9%	35.1%	7.9%
2 White Other	2.6%	**3.7%**	15.4%	26.5%	40.9%	10.9%
3 British Pakistani	1.8%	7.8%	**27.5%**	28..6%	26.7%	7.7%
4 Not recorded	**12.0%**	8.7%	25.3%	20.0%	25.9%	8.2%
5 British African	**4.8%**	**9.5%**	17.9%	26.2%	32.1%	9.5%
6 Mixed Other	7.0%	7.6%	19.0%	28.0%	31.2%	7.0%
7 Other Ethnic Group	**1.1%**	**1.1%**	**10.0%**	**15.6%**	**43.3%**	**28.9%**
8 Mixed White & Black Caribbean	**8.2%**	**11.0%**	**27.0%**	23.4%	24.8%	5.7%
9 Refused	**5.3%**	0%	15.8%	**36.8%**	36.8%	5.3%
10 British Indian	**0%**	6.5%	15.6%	**33.8%**	35.1%	9.1%
11 Asian British Other	3.5%	5.2%	20.9%	27.8%	36.5%	6.1%
12 British Caribbean	1.8%	6.5%	21.1%	26.8%	30.4%	10.1%
13 British Bangladeshi	3.3%	**3.3%**	**30.0%**	20.0%	**20.0%**	**23.3%**
14 Mixed White & Black African	**4.6%**	6.2%	23.4%	21.5%	35.4%	4.6%
15 Mixed White & Asian	**6.5%**	**14.3%**	**33.8%**	23.4%	**14.3%**	7.8%
16 Black British Other	1.9%	7.7%	17.3%	**32.7%**	38.5%	**1.9%**

Key findings:

- With regard to pre-birth referrals:

- The Mixed White & Black Caribbean group demonstrate a three-fold likelihood of being referred in this life stage than the White British population.

- Similarly the Mixed White & Asian group demonstrate a two-fold likelihood and the Mixed White & Black African and the Black African groups demonstrate odds ratios of referral pre-birth of 1.7 and 1.8, respectively. Referrals for all of these 'mixed' children at this stage of life are likely to relate to unsupported lone parents, or parents already known to the child welfare system (see Owen & Statham, 2009)

- Those groups least likely to be referred at this stage are British Indian (0), Other Ethnic group (OR 0.41), British Pakistani (OR 0.67), British Caribbean (OR 0.67) and the Black British Other (OR 0.70). Access to family support/strong social networks and the likelihood (particularly for Asian families) of children being born within a stable household/ marriage may to some extent account for these findings.

- With regard to referrals made under the age of one year:

  - The Mixed White & Asian group demonstrate a two-fold risk at this stage (OR 2.31).

  - Similarly both the Mixed White & Black Caribbean and the British African groups also demonstrate elevated likelihoods for referral at this stage, with odds ratios of 1.77 and 1.53 respectively.

- Accordingly disproportionality becomes more significant for 'mixed' ethnicity children at a relatively young age when compared to other groups.

  - The minority ethnic groups who demonstrated the least likelihood of referral during this life stage included Other Ethnic group (OR 0.18), British Bangladeshi (OR 0.53) and White Other (OR 0.60).

- Those most over represented in the referrals made when the children were aged 1-4 years are the Mixed White & Asian group with an odds ratio of 1.52.

  - Similarly, the British Bangladeshi (OR 1.35), British Pakistani (OR 1.23) and Mixed White and Black Caribbean (OR 1.21) groups also demonstrate a slightly increased likelihood of referral during this time.

  - The least likely groups to be referred during this time are the British Indian (OR 0.45) and the Other Ethnic Group (OR 0.90).

- In relation to referrals made when children are aged between 5 and 9 years:
  - Those most over represented are the British Indian (OR 1.31) and the Black British Other (OR 1.27) groups.

- Those referred least at this stage are the Other Ethnic Group (OR 0.60).

- In relation to referrals made when children are aged 10 to 15 years:
  - Those most over represented are the Other Ethnic Group (OR 1.23).
  - Those who are least likely to be referred at this stage are the Mixed White & Asian (OR 0.41) and the British Bangladeshi (OR 0.57) groups.

- It is arguable that Mixed ethnicity children who are in contact with the Child Welfare system will already have come to the attention of social care professionals at a younger age than other groups perhaps as a result of early stressors and lack of family support for parents. As noted elsewhere it is likely that Asian children at risk are first identified when entering school and thus come to the attention of social care agencies at primary school age.

- Finally, with regard to the referrals made of young people aged 16 years plus:
  - Those most over represented in the figures are the Other Ethnic Group (OR 3.66) and the British Bangladeshi (OR 2.95) groups.
  - The group least likely to be referred in this life stage is the Black British Other Group (1.9%).

The same analysis was then computed for the 'subsequent referral group', which demonstrated a statistically significant finding ($\chi^2 = 160.804$, n = 2498, df = 75, p = .0005).

Table 17 Comparison of Age of Child at Re-Referral by Ethnic Group

	Unborn	*<1 year*	*1-4 years*	*5-9 years*	*10-15 years*	*16+ years*
1 White British	3.1%	7.0%	26.8%	26.1%	33.4%	3.6%
2 White Other	2.5%	2.5%	17.2%	29.4%	**42.9%**	5.5%
3 British Pakistani	1.3%	5.1%	**38.2%**	28.%	24.8%	2.5%
4 Not recorded	**13.2%**	8.8%	23.5%	19.1%	26.5%	**8.8%**
5 British African	0%	6.9%	**10.3%**	24.1%	**55.2%**	3.4%
6 Mixed Other	2.4%	**17.1%**	26.8%	**19.5%**	29.3%	4.9%
7 Other Ethnic Group	0%	0%	**42.9%**	**14.3%**	0%	**42.9%**
8 Mixed White & Black Caribbean	4.3%	10.3%	27.6%	26.7%	28.4%	2.6%
9 Refused	0%	0%	0%	100%	0%	0%
10 British Indian	0%	0%	0%	50%	**43.0%**	6.3%
11 Asian British Other	0%	0%	**11.4%**	**37.1%**	**48.6%**	2.9%
12 British Caribbean	2.4%	4.8%	23.8%	26.2%	33.3%	**9.5%**
13 British Bangladeshi	0%	0%	50%	0%	25.0%	**25%**
14 Mixed White & Black African	0%	**11.1%**	25.9%	22.2%	37.0%	3.7%
15 Mixed White & Asian	**20.7%**	**13.8%**	31.0%	20.7%	**13.8%**	0%
16 Black British Other	**12.5%**	**12.5%**	18.8%	25.0%	31.3%	0%

Key findings:

- The White British group demonstrate a trend whereby the likelihood of re-referral dramatically increases for children aged 1-4 years and plateaux for those aged 5-9, then there is a slight increase again for those aged 10-15 years and a dramatic decline for those over the age of 16 years.

With regard to subsequent referrals made in the pre-birth phase:

- The Mixed White & Asian group have an odds ratio of 6.7, suggesting they have almost seven times the likelihood of receiving a subsequent referral in this life stage.

- Similarly the Black British Other group also demonstrated a considerably higher likelihood than would be expected (OR 4.0)

In relation to re-referrals made for children under the age of one year:

- The Mixed Other group appear to demonstrate the highest rate of re-referral (OR 2.4).

- Additionally, the Mixed White & Asian (OR 1.97), Mixed White & Black African (OR 1.6) and the Black British Other (OR 1.8) also appear to be over-represented at this life stage.

Of the re-referrals made for children aged one to four years:

- The Other Ethnic Group (OR 1.6) and the British Pakistani (OR 1.4) groups appear to be over-represented, which appears to counterbalance their relative under-representation in the younger age groups.

- The Asian British Other Group are under-represented for all children (born and un-born) under the age of five years.

- Whilst the re-referrals made from within the Black British Other group were considerably over-represented in the younger age groups, in this particular age group re-referral is less likely (OR 0.4).

With regards to the subsequent referrals made amongst children aged five to nine years:

- The highest rate of referral is in the Asian British Other group (OR 1.4), however this is counterbalanced by the fact that subsequent referrals in the younger age groups were under represented.

The two groups least likely to be referred at this stage were the Mixed Other (OR 0.75) and the Other Ethnic Group (OR 0.55), however, both had considerably higher rates of referral in younger age groups.

In respect of subsequent referrals made for young people aged 10 to 15 years demonstrate:

- Four ethnic groups have a slightly higher rate of re-referral that their White British counterparts: British African (OR 1.7), Asian British Other (OR 1.5), British Indian (OR 1.3), and White Other (OR 1.3).

Finally of the subsequent referrals made in the oldest age group (16 years plus):

- The Other Ethnic Group are the most highly over represented in terms of referral (OR 12.0) – suggesting that they are twelve times more likely to be referred than their White British similar aged counterparts.

- Similarly the British Bangladeshi (OR 7.0) and British Caribbean (OR 2.6) groups are also over represented.

A similar analysis was computed on the cases proceeding to CPP stage which produced a statistically significant finding ($\chi^2 = 94.761$, df = 70, p = .026).

Table 18 CPP cases - Age of Child at Referral by Ethnic Group

	Unborn	*<1 year*	*1-4 years*	*5-9 years*	*10-15 years*	*16+ years*
1 White British	10.7% (50)	7.9% (37)	26.7% (125)	27.3% (128)	26.2% (123)	1.3% (6)
2 White Other	11.1% (5)	0%	22.2% (10)	22.2% (10)	**42.2% (20)**	2.2% (1)
3 British Pakistani	5.4% (2)	8.1% (3)	**35.1% (13)**	29.7% (11)	18.9% (7)	2.7% (1)
4 Not recorded	0%	0%	22.2% (2)	11.1% (1)	66.7% (6)	0%
5 British African	0%	0%	**0%**	0%	**100% (1)**	0%
6 Mixed Other	40% (4)	10% (1)	0%	**10% (1)**	**40%** (4)	0%
7 Other Ethnic Group	0%	0%	**33.3% (1)**	**66.7% (2)**	0%	**0%**
8 Mixed White & Black Caribbean	**25.5%** (14)	**16.4%** (9)	32.7% (18)	12.7% (7)	12.7% (7)	0%
10 British Indian	0%	0%	40% (2)	60% (3)	0%	0%
11 Asian British Other	25% (1)	0%	25% (1)	25% (1)	25% (1)	0%
12 British Caribbean	4.8% (1)	**14.3%** (3)	**42.9%** (9)	28.6% (6)	4.8% (1)	**4.8% (1)**
13 British Bangladeshi	12.5% (1)	12.5% (1)	12.5% (1)	25% (2)	**37.5%** (3)	**0%**
14 Mixed White & Black African	**50%** (2)	**0%**	25% (1)	0%	25%	0%
15 Mixed White & Asian	**0%**	**16.7% (2)**	33.3% (4)	16.7% (2)	**33.4% (4)**	0%
16 Black British Other	**16.7% (1)**	**33.3% (2)**	0%	16.7% (1)	33.3% (2)	0%

The significant over-representation of Mixed Black/White ethnicity children in the pre-birth stage has been identified above as potentially resulting from lack of family and social support for parents who may themselves have been looked after children or families experiencing stress/family dysfunction (see literature review).

Comparison of the likelihood of each ethnic group being subject to a subsequent referral.

Chi-squared analysis comparing first and subsequent referrals within each ethnic group demonstrated a statistically significant finding ($\chi^2 = 262.538$, n = 10,125, df = 15, p = .0005). The proportions of subsequent referrals made within each ethnic group are represented in the table below. The sample size presented in parenthesis refers to the total sample and not just subsequent referrals.

Table 19 Likelihood of Re-referral by Ethnic Group

	Subsequent Referral
1 White British	(n = 6198) 27.5%
2 White Other	(n = 623) 26.2%
3 British Pakistani	(n = 783) **20.1%**
4 Not recorded	(n = 899) 7.6%
5 British African	(n = 113) 25.7%
6 Mixed Other	(n = 198) **20.7%**
7 Other Ethnic Group	(n = 97) **7.2%**
8 Mixed White & Black Caribbean	(n = 398) **29.1%**
9 Refused	(n = 21) 9.5%
10 British Indian	(n = 93) **17.2%**
11 Asian British Other	(n = 150) 23.3%
12 British Caribbean	(n = 252) **33.3%**
13 British Bangladeshi	(n = 34) **11.8%**
14 Mixed White & Black African	(n = 92) 29.3%
15 Mixed White & Asian	(n = 106) 27.4%
16 Black British Other	(n = 68) 23.5%

Black Caribbean and 'mixed' White and Black Caribbean children were highly likely to receive a re-referral once they had first had contact with child welfare systems. The data also suggests a possible trend whereby overall Asian groups may be less likely to experience a subsequent referral, whereas combined Black groups are more likely to be re-referred. Thus a subsequent computation was conducted to calculate the percentages of subsequent referrals made for these two collapsed groups. This revealed that 29.7% of the combined Black groups and 21.1% of the combined Asian referrals become subject to a subsequent referral. This effect may potentially be accounted for lack of access to culturally suitable services, disparity in treatment re: allocation of preventative or support services or a greater representation in neglect statistics leading to longer periods of referral and typically re-referral.

Comparison of Child Protection Category Allocation by Broad Racial and Ethnic Groups

Chi-squared analysis revealed a statistically significant difference in the child protection plan categories allocated to the children and young people of different broad racial groups ($\chi^2 = 126.284$, df = 18, p = .0005).

Table 20 Comparison of Child Protection Plan Categories by Collapsed Ethnic Groups

	Emotional Abuse	*Multiple Abuse*	*Neglect*	*Physical Abuse*	*Sexual Abuse*
1 White	3.4% (233)	1.8% (123)	4.3% (290)	0.6% (42)	0.5% (33)
2 Asian	1.5% (16) **OR 0.4**	1.1% (12) **OR 0.6**	0.9% (10) **OR 0.2**	1.3% (14) **OR 2.2**	0.2% (2) **OR 0.4**
3 Black	2.8% (12)	1.8% (8)	3.7% (16)	0%	0%
4 Mixed	5.2% (31) **OR 1.5**	1.0% (6)	6.7% (40) **OR 1.6**	1.8% (11) **OR 3.0**	2% (12) **OR 4.0**

In comparison to the white majority group the **Asian** cases are far less likely to be considered for child protection on the basis of emotional and sexual abuse, multiple forms of abuse or neglect. However, they are more than twice as likely to be subject to a plan under the category of physical abuse (see under literature review for a discussion on cultural attitudes to corporal punishment).

With regard to cases concerning **Black** children and young people, in terms of emotional abuse, neglect and multiple forms of abuse they are almost equally likely to be identified under these categories as their White counterparts. However, they are far less likely to be identified as having issues of physical or sexual abuse.

It is in cases of **Mixed** ethnic group children that considerable over representation is identified in each of the abuse categories, with the exception of multiple forms of abuse. At the most extreme these children and young people are four times more likely to be identified as experiencing sexual abuse and three times more likely to have been identified as experiencing physical abuse. The literature which suggests that mixed ethnicity children are more likely to reside with younger, white lone parent mothers who may potentially be less likely to receive from support from extended family members, and who themselves may have been looked after children reflects an increased likelihood that these children may be inadequately protected, or may live in chaotic environments with parents under stress, residing in dysfunctional families or who have poor personal and safeguarding skills – thus increasing the risk factors for children within this category. Alternatively, it may be that if the mothers are already known to child welfare that their parenting is already subject to official scrutiny and thus potential harm to their children is more readily identified.

Whilst distinct difference is noted between the CPP categories allocated to each of these broad racial groups, such analysis does not help to identify more subtle nuances that reflect distinct cultural differences and access to supportive networks/social capital between actual ethnic groups.

Comparison of Child Protection Plan Categories by Ethnic Group

In order to consider variance in categories of registration by ethnic group (rather than broad category) further analysis was undertaken. Chi-squared analysis revealed a statistically significant difference in the child protection categories allocated to the children and young people of different ethnic groups ($\chi^2 = 413.907$, df = 90, p = .0005).

Table 21 Comparison of Child Protection Plan Categories by Ethnic Group

	Emotional Abuse	*Multiple Abuse*	*Neglect*	*Physical Abuse*	*Sexual Abuse*
1 White British	3.5% (216)	1.9% (117)	4.2% (259)	0.6% (39)	0.5% (31)
2 White Other	2.7% (17)	1% (6)	5% (31)	0.5% (3)	0.3% (2)
3 British Pakistani	1.4% (11) OR 0.4	1.5% (12)	0.8% (6) **OR 0.2**	0.8% (6) **OR 1.3**	0.3% (2)
4 Not recorded	0%	0.1% (1)	0.7% (6)	0%	0%
5 British African	0%	0%	1.8% (2)	0%	0%
6 Mixed Other	2% (4)	2.5% (5)	2.5% (5)	0%	0%
7 Other Ethnic Group	1% (1)	0%	2.1% (2)	0%	0%
8 Mixed White & Black Caribbean	5.5% (22) **OR 1.6**	0.3% (1)	8.8% (35) **OR 2.1**	1.8% (7) **OR 3.0**	3% (12) **OR 6.0**
10 British Indian	1.1% (1)	0%	4.3% (4)	0%	0%
11 Asian British Other	0%	0%	0%	2.7% (40) **OR 4.5**	0%
12 British Caribbean	4.8% (12)	2% (5)	4% (10)	0%	0%
13 British Bangladeshi	11.8% (4) **OR 3.4**	0%	0%	11.8% (4) **OR 19.7**	0%
14 Mixed White & Black African	2.2% (2)	1.1% (1)	0%	1.1% (1)	0%
15 Mixed White & Asian	6.6% (7) **OR 1.9**	3.8% (4) **OR 2.0**	4.7% (5)	2.8% (3) **OR 4.7**	0%
16 Black British Other	0%	4.4% (3) **OR 2.3**	5.9% (4)	0%	0%
Total number	297	155	369	67	47

Whilst caution must be exercised when interpreting these findings since some of the small numbers in some of the ethnic groups may reflect family functioning rather than actual ethnic differences, they do help to illustrate that it may be erroneous to make generalisations from the findings related to broad racial groups.

Whilst the previous analysis indicated that the only child protection category in which Asian cases are over represented is physical abuse, this current analysis suggests

that this might only be applicable to the British Bangladeshi and ‘Asian Other’ cases rather than those of Pakistani or Indian origin.

Although overall the ‘Asian’ cases are very unlikely to be recorded as involving neglect, the British Indian cases appear to demonstrate some parity with the British White sample.

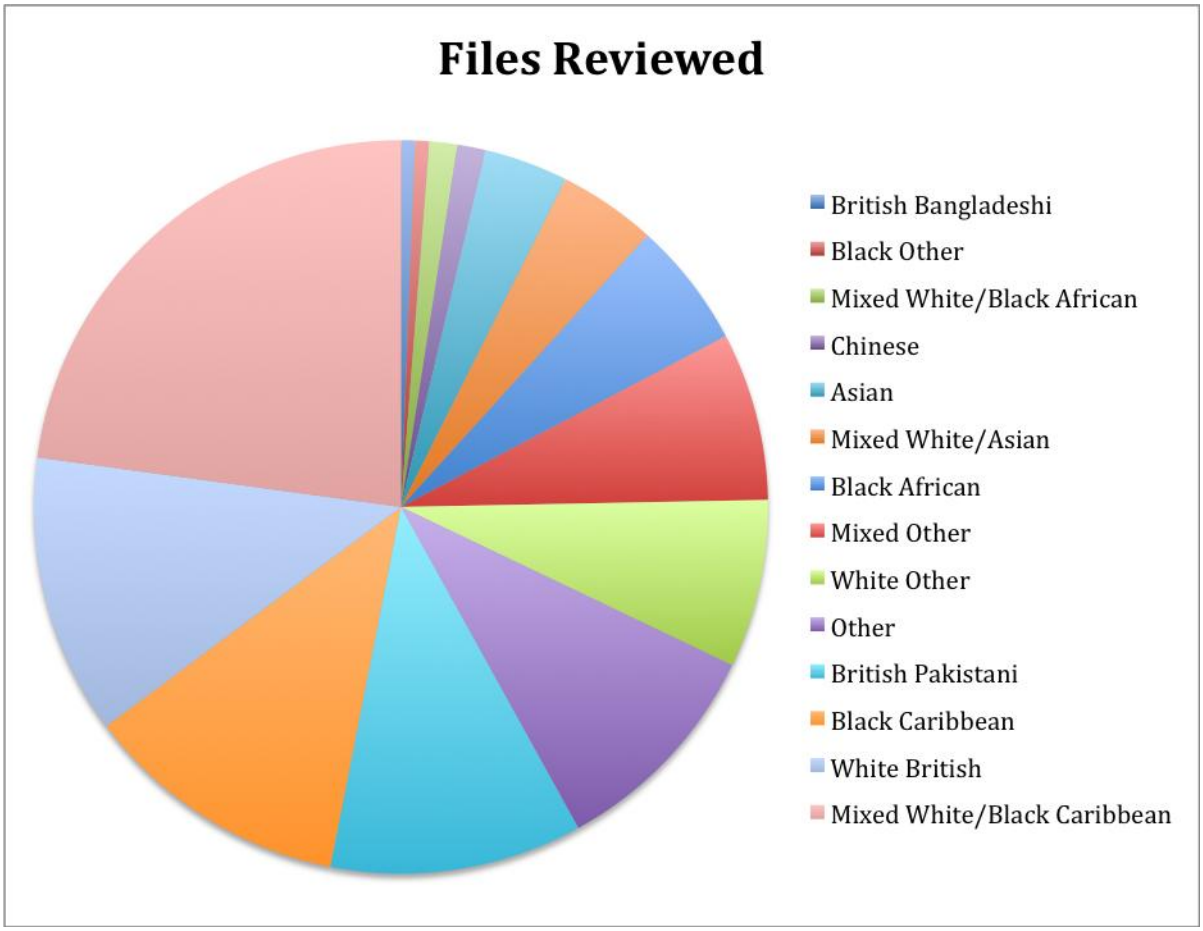
With regards to the elevated risk for most forms of neglect/abuse evident it in the ‘Mixed’ ethnicity cases, it appears that the those who are most likely to be identified as experiencing sexual abuse and neglect are the Mixed White and Black Caribbean group; whereas those most likely to be identified as experiencing multiple forms of abuse, physical and emotional abuse are the Mixed White and Asian group. No nuanced explanation can be provided for this variation in registration category by form of ‘mixed’ ethnicity family and it may well be that the small sample size reflects an individual family/small group of households in crisis rather than a broader trend.

DATA PERTAINING TO THE DEPTH REVIEW OF 130 CASE FILES OF BME CHILDREN AND COMPARATOR SAMPLE OF 32 'WHITE BRITISH/WHITE OTHER' CHILDREN

In Stage 2 of the review, a random sample was undertaken of CPP and CLA files dating from April 2006-September 2009. 130 out of 213 files (61% of the sub-sample) pertained to BME children whilst a smaller comparative sample of 32 White British/White Other files was subjected to the same process.
Table 21 shows the composition of files subjected to scrutiny and whilst this sample has not been explicitly matched to reflect the population size of each ethnic group, the spread of the sample is broadly in line with the population pattern of BME children in Buckinghamshire. A higher percentage of 'mixed' ethnicity children relative to their presence in CLA and CPP statistics are included in the sample.

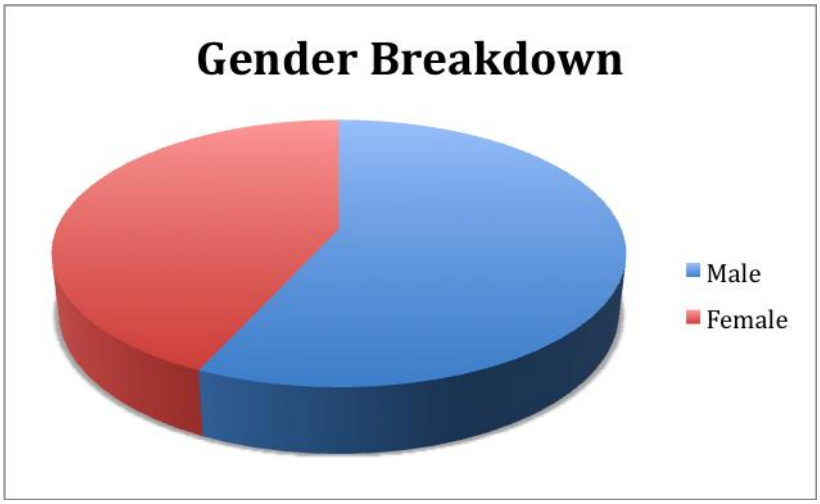
Table 22 Files Reviewed by Ethnic Group

Ethnicity	Files Reviewed	Percentage of total
British Bangladeshi	1	>1% (0.06%)
Black Other	1	>1% (0.06%)
Mixed White/Black African	2	1.2%
Chinese	2	1.2%
Asian	6	3.7%
Mixed White/Asian	7	4.3%
Black African	9	5.5%
Mixed Other	12	7.4%
White Other	12	7.4%
Other	16	9.9%
British Pakistani	18	11.1%
Black Caribbean	19	11.7%
White British	20	12.3%
Mixed White/Black Caribbean	37	22.8%
TOTAL	**162**	**100%**



Out of the 162 files reasons for referral, patterns of referral and decisions made/outcome of investigation by ethnic group were treated to particular scrutiny. Pre-conference report(s); initial/core assessments, CLA paperwork, family tree, chronology and case notes were also examined. As stated under methodology, particular attention was paid to analysis/reason for referral as well as the data included under the heading of *Identity* within the Child's development needs. The emphasis of this aspect of the review was to determine whether the actions taken and information provided were congruent with the child's ethnicity code and service provision.

Figure 4 (below) shows the Gender breakdown of files reviewed (43.2% female, 56.8% male).



Out of the files reviewed, data recording issues were of concern in at least 26 cases (16% of the sample) where discrepancies existed in terms of incorrectly identified race/ethnicity. Specific examples include:

- A child recorded as being *Black Caribbean* although the family tree and Identity section of the file show the mother as being *Black African*
- *Mixed Other* child with parents noted as being *White British* and *White Irish*
- *Black Caribbean* child whose parents were stated to be *Black Caribbean* and *White*. The child should thus have been categorised as *mixed White/Black Caribbean*.

Significant concerns must therefore apparently exist on the accuracy of a) returns to the DCSF pertaining to ethnicity and more importantly b) whether children's identity needs are appropriately met if inaccurate recording of their ethnic origin remains uncorrected on the file. This latter point was discussed in some detail during focus groups with practitioners and managers (see further Chapter 5) who indicated that despite mis-recording of ethnicity at referral stage, in practice the actual work undertaken with the child and family would allow social workers to accurately identify the ethnicity of a children and ensure that appropriate support would be put in place in relation to identity matters.

After reviewing these files it is possible to posit that inaccuracies in recording ethnicity may potentially arise in several circumstances:

- social workers (or other data entry personnel) being unsure as to which category a child or family should fit into, and, as a result, choosing incorrectly;
- ethnicity being mis-categorised at the point of referral (or initial entry to ICS) and no-one has rectified the issue;
- simple mis-categorisation, or poor data entry.
- An interview undertaken with a Service Manager has also identified that Police and a range of other agencies (for example PCTs) across Buckinghamshire may utilise different ethnicity codes which do not match up

DCSF ethnicity codes. Accordingly further opportunities for error may exist as first referral if the referring agency are using different terminology or coding.

Specific Issues by Ethnicity/Race

The following variables were identified as noteworthy with regard to files pertaining to BME children. Whilst it is not possible to generalise about the circumstances of particular ethnic groups as a result of these findings, certain trends can be noted which may indicate a greater likelihood of a case proceeding to CPP or a child becoming looked after for children of particular BME backgrounds (both in Buckinghamshire and nationally, based upon the existing literature). In any event, findings which relate to ethnicity recording practices generally, enable consideration of areas which could be potentially improved in relation to matching carers with (or ensuring that carers are alert to the needs of) children placed away from home, and/or providing identity support for CLA or those subject to a CPP.

Files relating to *Mixed White/Black Caribbean* children typically contained consistent domestic violence references. Whilst domestic violence is a common reason for referral and indeed noted by Masson et al., (2008) to be as prevalent within both BME and White families involved in child welfare cases, it may be that DV is reported more prominently in dual heritage families or as noted elsewhere that mixed Black Caribbean/White ethnicity children are frequently born to younger lone parents who have often been in care themselves, and who may be living unsupported, chaotic lifestyles (Selwyn, et al., 2008; Masson et al., 2008) which increases the likelihood that they and their children will experience domestic abuse.

The *British Pakistani* group tended to have serious initial referrals as is common in national statistics (and see further Owen & Statham, 2009). Lack of engagement with preventative services at an earlier stage before the situation had deteriorated significantly, and/or culturally accessible services would potentially impact on the severity at time of referral. For children from this community, 11 out of 18 cases (61%) were serious, later referrals, with:

- concerns pertaining to parental mental health and;
- domestic violence stated repeatedly;
- physical abuse particularly present when stepchildren involved.

Cultural barriers to reporting child protection concerns coupled with language barriers may have a particular impact on Bangladeshi women experiencing domestic violence and/or depression or mental ill-health leading to later, more serious child protection referrals.

Children included within the '*Other'* category (16 cases) which had, in initial discussions with Managers, been potentially identified as consisting mainly of unaccompanied minors (UM) were not in all cases found to be in this situation. Whilst UMs who are claiming, or have claimed, asylum fall mostly within the *Other* category, there are some exceptions. It appears important to note that this category is not comprised exclusively of UM children, or that all UM children are categorised in this manner. UM/asylum seeking children tended instead to fall into several major ethnic groups, Black African (although on review of the cases it was found that some of these children were still categorised as *Other*), Afghani, and Iranian/Syrian.

Mixed Other files. In a few of these cases no race or ethnicity was identified in the reports, continuing the confusion about the child's ethnicity, as frequently the 'mixture' of races were not-specifically noted – potentially creating concerns around how well a child's need would be met if they were placed away from home.

In addition, some *Mixed Black Caribbean/White* files had no reference to one of the parts of the dual heritage, or how identify support would be addressed to meet the needs that part of a child's heritage.

Children classified as *Mixed White/Asian* were again predominantly subject to a CPP or were a looked after child as a result of serious concerns. For this group concerns fell into a number of different areas – mental health, DV, substance use (specifically drugs) and serious child protection concerns

The categories of *White British* and *White Other* also appear to have some recording issues, with at least 3/32 files categorised as *White Other* that it was clear are reviewing the file should have been categorised as *White British*. *White Other* usually included pan-European children, although there were some exceptions, which could potentially have been mistakes at the time of categorisation

DV was a significant concern within *White British* and *White Other* files – and also, particularly, in files where the mother was White, and in an inter-ethnic relationship. (DV concerns featured in 9 of the 32 files (28%) of White British/White Other files. The second highest concern for children within these categories was alcohol and/or drugs misuse being included in 7/32 files, or 22% of this group.)

There were 3 cases of young black women (both *Black African* and *Black Caribbean*) who gave up their children for adoption. Because of the specific nature of the concerns for these young women, it may have been possible that with some targeted support, these children may not have needed to be placed into local authority care

Ethnicity recording concerns appear to be particularly problematic in cases relating to Eritrean children. Whilst several children from this community were identified as *Black African*, one child was identified as *Mixed Other*, while yet another was simply identified as *Other*. Clearly consistency in reporting practice would assist in service planning (specifically in terms of considering what support needs may be required for particular groups) across the authority as a whole, as well as enabling greater accuracy in terms of identifying particular BME populations resident within Buckinghamshire.

Finally, as has been noted in relation to the large scale datasets pertaining to referral statistics, sibling groups appear to have a significant impact on data, where small ethnic groupings exists. As a result, a single, multi-child family (or 2 such families), would significantly move the data spread and skew the findings. This was a particular problem for such groups as *British Pakistani* and *Mixed White*/Asian groups. Accordingly it is not possible to generalise on routes into the CLA or CPP statistics for small numbers of cases by ethnicity.

In conclusion – although both the quantitative review of referral statistics and depth exploration of a sample of case files indicate that reasons for referral, CPP and children becoming looked after are broadly in line with national patterns, there does appear to be disparity in terms of access to preventative services for some BME groups, the likelihood of children receiving a protection plan, and that rate (and stage) at which children become involved with the welfare system.

Whilst analysis of referrals indicates that disproportionality does exist – most noticeably for mixed ethnicity children, for Asian children this is less marked than their presence in CLA statistics would indicate. The increase in BME children within the population (calculations not undertaken but evidence provided to indicate that as an overall broad group they are now present at a rate above the 10% estimated within the Buckinghamshire Joint Strategic Assessment published in 2009) will also explain some apparent disparity within statistics pertaining to referral of children from these communities.

Record keeping and accuracy of recording of ethnicity data does however appear to be persistent and problematic although probably not above the error rate found in other authorities. Evidence from the review of case files suggests that social workers may be too 'colour-blind' or sensitive in recording ethnicity as this information may be noted in a way that is counter-productive to Buckinghamshire County Council's reporting needs. In some reports, there was no indication within the *Identity* section of the child's ethnicity, or how to engage with or support the child's ethnicity.

Finally clear evidence can be found (in common with national trends) for certain groups of BME children to be experiencing poverty, domestic violence within their households, social exclusion, low engagement with support and preventative services at an early stage, and parents experiencing stress and/or family dysfunction. Whist the picture in Buckinghamshire is by no means unique, it would appear that the development of preventative services targeted at particular communities, coupled with outreach and awareness raising around child welfare and child protection procedures and responsibilities could assist in ensuring that referrals concerning children from some minority communities take place prior to significant incidents or crisis being reached (see further under recommendations) or that children and families are supported to avoid children entering into the looked after children system at such a disproportionate rate.

Chapter 5
Findings – Qualitative

The qualitative findings consist of a summary of topics which were discussed within two short interviews, one with a Service Manager and one with an Independent Worker, and two focus groups held with social care professionals to explore themes emergent from the data analysis and case file reviews.

Although the same topic guide was utilised with both groups within the first focus group (undertaken with six Team Managers and one specialist independent worker from both North and South of the County) strategic planning of services and the impacts of inappropriate or inaccurate classification of children's ethnicity on providing a good quality service.

In the second group five social workers who were between five and thirty-one years qualified were present, working within a range of teams: ICS, Children with Disabilities, Care and Protection and Adoption. These front-line staff were more likely to discuss the actual day-to-day impacts on their work of excessive administration and heavy case loads, bringing to the group the benefit of their experience of current working practices *"there are times when you are given a case, you just run with it and you don't have time to look at stuff like that"*.

Accordingly all participants in focus groups were highly experienced professionals who brought a wealth of experience to the discussion groups.

Practitioners were aware that ethnicity *should* be recorded at an early stage of contact with a child and family *"you would hope that if it a professional making a referral that it would even go back as far as the numbered referral form".* Although as noted by the manager interviewed separately *"police and other agencies when they are referring to Bucks have different ethnicity codes which do not match up"* .

In many cases both managers and front-line staff agreed that *"we just pick up on what is said there* [referral form] *and that is what would be recorded and we'd run with that"*.

All staff were aware that when ethnic data was wrongly noted it could potentially take months for the record to be amended causing confusion or potential problems in planning. One manager reported that *"I noticed something the other day… two children called siblings and they two of them have different recordings of ethnicity. They are both dual heritage children but one of them is recorded as White British and the other as White British/Black Caribbean… I have flagged it up as wrong"*

When asked to consider when and how obvious errors were amended practitioners spoke about their concern to get things right "*well, I mean X* [manager] *wouldn't have the confidence of the child unless she was the child's social worker – whereas a child's social worker if they noticed an obvious error they they'd just do it themselves"*.

However, front-line practitioners were alert to the importance of non-oppressive practice and reluctant sometimes to raise the issue of ethnicity *"social workers don't*

want to offend, primarily the young person" "there are many people that will argue over whether they should be categorised as Black-Caribbean or Black British"

Accordingly for front-line practitioners they were more likely to state that they would find out about a child's ethnicity through their dealings with the child or when completing the section of the forms relating to **Identity** *"I don't even look at the 'front sheet' to see what the child's identified as, I can get that information from the rest of the file"*

Both managers and front-line staff were alert to cases where incorrect recording of ethnicity can have a negative impact on children and *families "we had a situation where a child was up for adoption and it wasn't clear at all. Eventually we found out it [father's ethnicity] was either Ghana or Guyana".*

Several practitioners reported that *"it is very difficult when they are withholding the paternity of the children from social workers and it is difficult to get confirmation from anyone"* . Cases of unspecified paternity appeared to mainly related to mixed race/dual heritage children a white mother, and were often those which were proceeding to adoption.

"There is a huge significance in adoption 'cos you are looking at adopting with the wrong ethnicity – you could be matching children incorrectly… which could impact on the rest of their lives. To get the ethnicity wrong is pretty fundamental for the identity of that child in the future"

"It also impacts on long term foster carers – even if you are not placing with foster carers who reflect the ethnicity you expect them to promote and explore but if they don't have the right details…"

One manager noted that *"there is still quite a lot of suspicion as to why we are having to define ourselves by ethnicity and I think people are still not asking the question because…it's a sensitive area"*

Within the managerial focus group, a discussion on training needs of social workers ensued, in part related to the difficulties of fitting children and families into the DCSF categories when their identity was complex *"when they come to put it on the system it doesn't fit… we are prescribed categories... but [we need] something underneath it make it possible for us to identify as what the families want to be classified as"*

"really the one that most clearly matches me is Afro Caribbean but what does that tell you about me and where I am from? What do you know about? That I am from Jamaica or where? In fact I was born here and consider myself Black British but what does that really tell you about other than I'm Black and I'm British…. The codes don't really tell you anything when you matching children… how does it tell you what someone's heritage really is"

"there's a training element in a sense of how the initial contact information on identity is obtained and what do workers in effect carry with them to obtain that… for me it could be about carrying an aide memoire in some form… but it is still a list of categories and where do you fit"

NB: in a discussion outside of the focus group a commissioning officer noted that children of British born Caribbean Asian origin or dual Black British/Caribbean Asian heritage – as may be found within the local population from St. Vincent - could well be mis-classified on ICS as a result of lack of suitable codes within the system.
One key theme which emerged from the focus groups was the lack of clarity amongst front line staff (and to some extent managers) about the impacts of recording of ethnicity on the local authority as a whole – ranging from Ofsted inspections which might raise concerns about disproportionality which was in fact not as extreme as could appear if recording was accurate - to the ability of local authorities to draw down resources which were dependent upon accurate statistics.

"You have to recognise that you record information for certain purposes – when you record your demographics you are talking government statistics and you are talking about management information… when you talk about filling in an assessment and filling in identity sections… the conversation [about identity] *should go in the identity section – that is the section you really want to know about"*

"I think we do fail a little bit on that – one question I thought about as I was coming to this meeting was do people know what the codes mean and should we be talking codes anyway but I think they need something that they have with them [see under proposals – a card which lists ethnic codes] to help in the initial stages – but also a recognition that that's not an end in itself and if things change along the way you go back and update"

The use of the code **'other'** was discussed with Managers in relation to training needs of staff. It had been suggested that most children within his category would be unaccompanied minors (UM) however analysis of case files found that was not always the case. *"it's Mums that don't want to disclose who the dads are…. I guess that would be the biggest area – where you've got mixed heritage but Mum might not know exactly who the partner is"* [in terms of paternity and/or ethnicity]

"I've had a mixed race child I worked with… went all the way to ... adoption – everyone was convinced was Afro-Caribbean and then the father surfaced and he was of mixed race himself, but he was Asian as well – half Asian and half African"

UM asylum seekers who were classified as 'other' were often from certain geographical areas such as Afghanistan or Iraq. Whilst these children do not necessarily fit well into existing ethnic codes the question of whether additional categories could be developed was considered, as well as the question of appropriate coding (e.g. as Black African) for some UM's currently listed as 'other'.

"It is really down to recording – if it's not done, but it would be picked up. Most of our unaccompanied asylum seekers arrive over the weekend and the emergency duty team have the ability to record information on the system so that would be one of the immediate problems coming up – identifying it – but I would say that we generally get told where they're from and what area"

"I wonder if that has improved more recently… there is [now] *a specialist worker and I know that that person has done a lot of work to improve things"*

When asked to consider issues of working with dual heritage families or those with a white mother typical responses included *"lack of disclosure of who the father is*" as a particularly complicating factor as well as *"not dual heritage, it's multi heritage... dual is less and less current. Dad is dual heritage but Mum is different dual heritage"*

Some front-line staff raised concerns that "*with dual heritage – we've ignored the white portion of their identity and looked for a black foster carer"* or that lack of appropriate support for parents and carers can lead to very poor outcomes for children *"there was a case where a child was taken to initial child protection case conference but they wouldn't have been if the family had been given some education and then the family wouldn't have been on the CP process…if it's not a worker with understanding [things can escalate]"*

The need for support for lone parents of mixed ethnicity children was emphasised particularly by front-line staff, who saw conflicting advice, lack of social worker awareness and few positive identity models for children as adding to the sense of isolation experienced by both children and their mothers:

"I once heard a social worker recommend to a mother that was White British with a dual heritage to daughter to 'cut the child's hair"

"A BME social worker to support that [social worker who gave poor advice] *would be good"*

"workshops would be good – both for families with mixed heritage children and social workers"

"I remember as a social worker [currently a manager] *working in … predominantly British area and we had a handful of children who were Afro Caribbean and we were their social workers… it was only because I had a friend who told me about different creams that needed to be used and different things for hair or I wouldn't personally know – and we don't have that training…. and then meeting the needs of children from different ethnic minorities who have health and dietary requirements unless there are parents who can tell us that – often we don't get that information and often young children don't have that information themselves"*

One manager and one front-line staff member explicitly referred to good practice in other localities for white social workers and parents working with dual heritage or children from diverse ethnic communities whose care they might be unfamiliar with:

"there was a BME mentor at X foster care…it is not just about Black children but children from all different cultures and ethnicities – we just don't have the training, we are expected to provide but we don't have the training, we don't have the services"

"when a child is of mixed parentage – other local authorities have special BME services – called a Heritage Framework Assessment in Northamptonshire – just like a Core Assessment"

"They [another authority] would have parties for the BME young people in care to help to support their identity"

Several front-line practitioners and managers mentioned the value of drawing upon the experience and knowledge of different members of teams and the way in which could be beneficial in terms of staff awareness-raising as well as supporting children. A database of worker's ethnicities and teams as a source of expertise was regarded as potentially too narrow a resource particularly *"some workers from some cultures may not want to be identified [just] by their ethnicity"*

When asked to contemplate whether practitioners were aware of specific issues that were found with more frequency in some ethnic groups, most discussion occurred around the needs of Asian women:

"In Pakistani families – I've had a few cases where the mother doesn't stimulate the children… she's not sure about what the issue is – the children are fed and cared for, but she doesn't understand about the stimulation needs of the children"

"With Muslim families and mixed gender groups – their children miss out on a lot of activities because there aren't single sex groups for swimming and such"

"Women without English are very isolated. They cannot access services"

"We really should have a service, a support service for new families in the UK"

"This service doesn't really have awareness of cultural diversity"

Two managers stressed the variability of services and resources across the County *"for example... I can sit here and say in the North that we've got a centre that's called the Multicultural Centre. If I was new here and was working with an Asian family or Chinese, let me go to the MC and find the information out about how wrong could I be – that's the ethos of the MC"*

"Being from the South what they have in the North is not reflected in the South so if you're going to get more resources you can imagine there's a whole part of the county sitting in X…. just getting here is quite difficult for me. The families who don't have the financial means or transport – depending on the part of the country where they live – can be in a major problem"

The topic of specific ethnic groups that would benefit from targeted services within Buckinghamshire led to quite heated discussion on resource allocation and engagement with BME families. In general it was regarded as Blue Skies thinking to ask for additional resources targeted at any one group when the service felt so over-stretched and often under-valued.

"Other Boroughs for example London – the ethnic diversity is just much higher"

"There are an inordinate number of forms for Social Workers to complete – if there are five children coming into care there are 50 different forms to be filled out"

"Are we looking to engage beyond the individual and with the ethnic communities?"

"the difficulty we have every day is we don't have interpreters on site and equally again – being White British someone from Afghanistan, they speak a different type of language – we don't speak the language, we don't know which region they come from and we don't even have a rough pack to say people from X country could speak XXX or what regions have particular cultural issues"

"Is it a training package we need or recourses being available at our fingertips?"

Whilst both managers and front-line staff were generally pessimistic about the potential to draw down more funding to support what was recognised as an under-resourced area of work some suggestions were made for utilising pre-existing skills and resources to enhance the work already being undertaken.

"We do need to recognise... it's not just about having a training pack, we do need more resources, we have to be realistic – we are not going to have resources and people at our disposal to meet every situation, we're living in a changing world… we have a pool of resources within our team and with a bit of forethought they could be used for some level of interpreting and mentoring work but they would need to be insured for that, and paid and trained etc but if they used these people and teams all pulled together…. I think it is a resource which could be used"

"One of the other problems is about knowledge – what is available in the north, us in the south don't know about unless we speak to a colleague who says why don't you try such and such a person – the knowledge and information is not known across the county or just because someone has worked there longer – but if they go, that information is lost. We don't have continuity"

When asked to consider ways of overcoming barriers to communication and awareness of services amongst BME families – a factor which the review has identified as leading to later, more serious referrals for child protection concerns amongst some communities professionals were interested in, but aware of the difficulties in engaging with BME communities who did not have a history of positive contact or awareness of social care:

"There is a group that has recently been set up looking at recruitment of carers… how we can encourage people from different cultures to come into fostering and again it's going to be quite challenging and need to think outside of the box… in some communities you have to speak to them in a language they can understand and get something as opposed to saying 'why aren't you coming forward?'

"It's about talking in places – like talking to their leaders in their community.. I know from a case we had that if we went and talked to the mosque we would get a decent answer rather than trying to peddle my way through – fairly blind – but we could also go and pick out the right person – so it's about building links with the communities"

"We need to employ people to provide a service which doesn't respond in a knee-jerk way but is actually embedded and in place and it is their role…"

In conclusion – the key themes which emerged from the qualitative focus groups concerned predominantly:

- Staff culture in relation to recording data and lack of awareness of importance of statistical accuracy (this is not a problem in terms of practical working with families, merely in recording accurately).

- Uncertainty about ethnicity in some circumstances and not wishing to offend families by stressing the issue

- Over-stretched and under-resourced practice impacting on work-load

- Lack of knowledge in relation to some communities and uncertainty in working with certain families

- The limited contacts with some community groups leading to difficulties in establishing preventative work or effective lines of communication

What is clear is that, based upon both quantitative analysis and qualitative data, workers are concerned first and foremost with the safety and welfare of children or all ethnic groups. What is lacking in some cases is access to support for working with families, and with families in need of services. Comprehension of the need for strategic approaches to recording of ethnicity and how this can impact on county level resourcing is often low amongst front line practitioners. The lack of a clear county-wide strategy for engaging with the diverse communities present in Buckinghamshire appears to be counter-productive in terms of supporting vulnerable BME families.

In the final section of this report – we therefore build upon suggestions raised and debated within the focus groups and findings from the quantitative analysis to suggest simple steps which can assist in supporting families in need, and to ensure that clarity exists over the precise numbers of BME children in the welfare system and variables impacting on their likely history within the child protection process.

Chapter 6
Recommendations

In this final section a list of recommendations arising from the data analysis and focus groups is proposed. Whilst these are largely cost-neutral or relatively low cost to implement, some would require drawing down of training budgets to ensure appropriate levels of knowledge and skills are disseminated to staff, and others would require greater investment in staffing and staff time – for example those involving community work. However utilising community development officers in some initiatives rather than social work staff would reduce costs and could potentially be joint-funded from across the PCT/LEA/LA.

The recommendations are based upon the key findings relating to concerns over accuracy in recording ethnicity, likely causation of disproportionality (where this may potentially be impacted upon by undertaking preventative working with communities); and disparity where for example provision of appropriate support to BME groups – which was not offered (see under qualitative findings) may potentially have led to a different outcome for the child or family involved.

Accurate Recording of Ethnicity/Need: *impacts on drawing down of resources, enhanced knowledge base of client group/preventative planning and targeting of interventions and proof of meeting strategic targets across the authority*

- Provision of broad training or information dissemination on the reasons for ethnic codes within ICS, and the ability of the LA to then request funding from LGA to support these children with some very specific needs/strategic use of ICS.

- Train staff on the importance or consistency in coding e.g. Eritrean children were found under a variety of ethnicity codes; UM from Africa not coded as 'Black African'.

- Need codes not always accurately recorded/overuse of 'other'. Consider new structure for the database – entering each referral and need code as a new variable rather than adding as a new case

- Identification of the parents' ethnicities within case files/databases

- Consider the possibility of adding additional codes for UM children (e.g. Iraqi) and/or group them according to their ethnic background, so as to reflect the service provision needed for them

- Explore whether scope exists to increase the ethnic categories to include Afghani and/or Middle Eastern

- Provision of broad training around how to sensitively record a child's ethnic identity within a file, and how to identify if the child's ethnicity is being supported (or not) by it's current home provision.

- The provision of cards with different ethnic codes to social workers to hand out/talk through with service user to self-identity by ethnicity

Engaging with potential disparity issues: *Provision of Training and Support for Staff to ensure that staff are familiar with services and facilities available and can strategically and appropriately support BME families.*

- Workshops for social workers on diversity issues (e.g. hair and skin care for Black children) and supporting mixed ethnicity families.

- Buckinghamshire CC to replicate the use of Heritage Framework Assessments as used in Northamptonshire

- Development of additional support for CIN/CPP and CLA of dual heritage – e.g. parties to meet other children of similar background/heritage to strengthen awareness of identity.

- Additional relationship planning and parenting support for older children living in care given research evidence of greater likelihood of CLA becoming young parents and suggestions of over-representation of young care leavers as parents of dual or multi-ethnic heritage children

- The development of a database/resource list of expertise across the County – both within social care services and externally – e.g PCT; LEA, University expertise who can be contacted for advice/support in developing projects or individual working with families and communities e.g. Afghani of Gypsy/Traveller families

Preventative Work: *Engaging with stressors impacting on Disproprotionality*

- Greater collaborative engagement should occur with a range of agencies and LA departments, e.g., housing, debt advice, health visitors etc

- Provision of an embedded community opportunity/development officer working across the authority to engage with BME communities and develop strategies for working with diverse communities on Child Protection issues including identifying potential foster carers.

- Buckinghamshire County Council to become more pro-active in developing preventative work targeted at specific communities (e.g. Bangladeshi women; Support services for lone White mothers of Mixed Ethnicity children, etc.). Such work could be jointly undertaken with the PCT and other agencies e.g. Surestart, local community groups, etc.

- Preparation of resources on social care agencies, preventative work (such as access to parenting skills classes, enhanced take-up of family group conferences) and child protection issues in a range of community languages and formats (potentially jointly fundable via PCTs, SureStart, LEA funds, etc)

- The development of multi-agency mentoring teams (charged with supporting staff around cultural diversity) to work with faith and community leaders to engage in raising awareness around CP issues, enhancing knowledge of preventative services etc.

In conclusion whilst it is unlikely that disproportionality within the child welfare system can be totally eradicated given the additional stressors and risk factors associated with the 'ethnic penalty', we would recommend that the initiatives outlined above could assist in identifying those children and families most at risk, engaging staff and parents with relatively lost-cost support strategies and reducing the numbers of children who proceed to CPP or CLA status with all the personal, social and long-term life-chance implications engagement with the child protection system brings.

The pro-active involvement of communities and families whilst not unproblematic and potentially relatively resource intensive (at least in the early stages of the work) would we suggest bring significant dividends in terms of reducing both disparity and disproportionality and could utilise the resources and networks of a range of service providers, community and faith groups within the County through the development of participatory practice.

As a footnote, we would draw the County's attention to the Conservative pre-election policy paper on "Building a Big Society" and the outcomes of the coalition Government's 10 Downing Street roundtable discussion of 18th May 2010. We suggest that despite the likelihood of significant public sector cuts in the near future, that partnership working of the type suggested above might well be eligible for funding to assist in putting at least some the 'community-facing' proposals in place.

Appendix

Topic Guide Utilised with Children and Family Social Work Managers and Front-Line Staff

Where, When, How and by Whom is the child's ethnicity obtained?

Where is it recorded?

When is it reviewed?

Any problems over inappropriate identification of ethnicity?

What happens when a social worker is unclear about the child's ethnicity? Or when the information provided conflicts with what appears to be the ethnicity?

What happens when there is a single-parent of a dual heritage child? What are the provisions for the child's ethnicity? How is that captured?

Are there specific issues that seem to appear with more frequency in some ethnic groups? If so, what are the issues, and which groups?

Are there specific ethnic groups that would benefit from targeted services within Bucks? If so, which groups, and what possible services?

Bibliography

Ahmad, W. ed. (2000) *Ethnicity, Disability and Chronic Illness*, Buckingham, OUP

Ashley, C. (2005) *Family Group Conference Network Information, December 2005.* www.frg.org.uk/FGC/FGC%20survey%20results%20Dec%2005.doc (document no longer available on website – cited by Owen and Statham, 2009:11)

Barn, R. (2006) *Improving services to meet the needs of minority ethnic children and families*. ECM Briefing 13. Dartington, Research in Practice

Barn, R. (2007) ‘'Race', ethnicity and child welfare: a fine balancing act', *British Journal of Social Work* 37, 1425-1434

Bebbington, A. and Beecham, J. (2003) *Children in Need 2001: Ethnicity and service use*. PSSRU Analysis Report http://www.dfes.gov.uk/qualityprotects/work_pro/analysis1.shtml

Bebbington, A. and Miles, J. (1989) ‘The background of children who enter local authority care' *British Journal of Social Work* 19, 5, 349-68

Blackstock, C (2009) After the apology : why are so many First Nations children still in foster care? A summary of the research on ethnic over-representation and structural bias *Children Australia; Vol. 34, Issue: 1 22-29*

Boushel, M (2008) Vulnerable Multiracial Families and Early Years Services: Concerns, Challenges and Opportunities *Children & Society Vol. 10 Issue 4:305 - 316*

Boushel M and Sharma G (1995) *Looking after Black and other minority children* in Jackson S and Kilroe S (eds) Looking After Children: Good Parenting, Good Outcomes Reader, London HMSO

Bowser, B. and Jones, T. (2004) *Understanding the over-representation of African Americans in the child welfare system: San Francisco*. San Francisco, Inter-City Family Resource Network, Inc.

Bradshaw, J.,Finch, N., Mayhew, E., Ritakallio, V-M., & Skinner, C. (2006) *Child poverty in large families* Bristol, Policy Press

Brandon M., Thoburn J., Lewis A. & Way A. (1999) *Safeguarding Children with the Children Act 1989* London, Stationery Office

Brophy, J., Jhutti-Johal, J. and Owen, C. (2003) ‘Assessing and documenting child ill-treatment in ethnic minority households', *Family Law*, 33, 756-764

Buckinghamshire PCT/Buckinghamshire County Council (2009) *Joint Strategic Needs Assessment* (no place of publication) available at: http://www.buckspct.nhs.uk/?page_id=667

Butt, J and Box, L (1998) *Family Centred: a study of the use of family centres by black families*, London, REU

Butt, J and Mirza, K (1996) *Social care and black communities,* London, HMSO

Caballero, C., Edwards, R. & Puthussery, S. (2008) *Parenting 'mixed' children: difference and belonging in mixed race and faith families* York, JRF

Courtney, M. and Skyles, A. (2003) 'Racial disproportionality in the child welfare system', editorial from special issue of *Children and Youth Services Review*, 25, 5/6, 355-358

Chahal, K (2004) *Experiencing ethnicity: Discrimination and service provision* York, JRF

Chamba, R., Ahmad, W., Hirst, M., Lawton, D. and Beresford, B. (1999) *On the Edge: Minority ethnic families caring for a severely disabled* child. York: Joseph Rowntree Foundation

Chand, A. (2000) 'The over-representation of black children in the child protection system: possible causes, consequences and solutions', *Child and Family Social Work,* 5, 1, 67-77

Chand, A. (2003) 'Race' and the Laming Report on Victoria Climbie: Lessons for Inter-Professional Policy and Practice', *Journal of Integrated Care 11(4) 28-37*

Chand, A. and Thoburn, J. (2005a) 'Research review: child and family support services with minority ethnic families: what can we learn from research? *Child and Family Social Work,* 10, 2, 169-178

Chand, A. and Thoburn, J. (2005b) 'Research review: child protection referrals and minority ethnic children and families', *Child and Family Social Work,* 11, 368-377

Craig, G (2005) 'Poverty among black and minority ethnic children' in Preston, G ed. *At Greatest Risk: the children most likely to be poor* London, CPAG

Department for Children Schools and Families (2009) *DCSF: Children Looked After in England (including adoption and care leavers) year ending 31 March 2009,* London, DCSF

Devaney, J (2009) Chronic Child Abuse: The Characteristics and Careers of Children Caught in the Child Protection System *British Journal of Social Work 39(1):24-45*

Divedi, K (2002) *Meeting the Needs of Ethnic Minority Children: including refugee, black and mixed parentage children: a handbook for professionals* Jessica Kingsley Publishers

Flynn, R (2002) *Providing better access to short breaks for black disabled children and their parents* York, JRF http://www.jrf.org.uk/publications/providing-better-access-short-breaks-black-disabled-children-and-their-parents

Ghate, D. and Hazel, N. (2002) *Parenting in poor environments: stress, support and coping.*London: Jessica Kingsley

Gibbons, J. and Wilding, J. (1995) *Needs, risks and family support plans: Social Services Departments' responses to neglected children.* Interim report to the Department of Health. Norwich, University of East Anglia

Gilligan, P. and Akhtar, S. (2006) 'Cultural barriers to the disclosure of child sexual abuse in Asian communities: listening to what women say', *British Journal of Social Work*, 36, 8, 1361-1377

Greene, R., Pugh, R. and Roberts, D. (2008) *Black and minority ethnic parents with mental health problems and their children*. SCIE Research Briefing 29.

Harman, V (2010) Social Work Practice and Lone White Mothers of Mixed-Parentage Children British Journal of Social Work 2010 40(2):391-406

Harran, E (2002) Barriers to effective child protection in a multicultural society *Child Abuse Review Vol. 11: 411–414*

Harrison, C (2009) *A plea for more BME foster carers* BBC website article 7/10/2009 http://news.bbc.co.uk/local/northampton/hi/people_and_places/newsid_8292000/8292678.stm

Harriss, K & Salway, S (2008) *Long term illness, poverty and ethnicity, A Race Equality Foundation Health Briefing Paper*, London, REF

Hatton, C., Akram, Y., Shah, R., Robertson, J. and Emerson, E. (2004) *Supporting South Asian families with a child with severe difficulties*. London: Jessica Kingsley

Healy, K (2005) *Social work theories in context: creating frameworks for practice* Basingstoke, Palgrave Macmillan

Hill, R (2004) Institutional racism in child welfare *Race and Society, Vol. 7 (1): 17-33*

Hill, R. (2006) *Synthesis of research on disproportionality in child welfare: an update.* Casey-CSSP Alliance for Racial Equity in the Child Welfare System. http://www.racemattersconsortium.org/docs/BobHillPaper_FINAL.pdf

Humphreys, C., Atkar, S., Baldwin, N. (1999) Discrimination in child protection work: recurring themes in work with Asian families*. Child and Family Social Work 4: 4, 283-291.*

Hunt, J., Macleod, A. and Thomas, C. (1999) *The Last Resort: Child protection, the courts and the Children Act*. London: The Stationery Office

Irfan, S. and Cowburn, M. (2004). 'Disciplining, chastisement and physical child abuse: perceptions and attitudes of the British Pakistani community'. *Journal of Muslim minority affairs, 24 (1), 89-98.*

Ivaldi, G. (2000) *Surveying Adoption: A comprehensive analysis of local authority adoptions 1998-1999 (England)*, London: BAAF

Kaur, J (2007) Working with families from culturally and linguistically diverse communities in Queensland: an Australian exploratory study
Children Australia v.32 no.4 2007: 17-24

Kellett, J & Apps, J (2009) *Assessments of parenting and parenting support need* York, JRF

Large, P. & Ghosh, K. (2006) *Estimates of the population by ethnic group for areas within England* Population Trends 124, London, ONS.

Masson, J., Pearce, J. and Bader, K. (2008) *Care profiling study.* Ministry of Justice Research Series 4/08. www.justice.gov.uk/docs/care-profiling-study.pdf

Modood, T., Berthoud, R., Lakey, J., Nazroo, J., Smith, P., Virdee S & Beishon, S (1997) *Ethnic Minorities in Britain: diversity and disadvantage* Grantham, Grantham Books

NSPCC 92007) *Family' honour' dilemma for British Asians reporting child abuse.* Press release 19 March 2007. www.nspcc.org.uk

Office of National Statistics (undated) *Focus on Ethnicity and Identity* [webpage – accessed 12/5/10] available at:
http://www.statistics.gov.uk/cci/nugget.asp?id=464&Pos=3&ColRank=2&Rank=576

Office of National Statistics (2004) *The Health of Children and Young People: Chapter 10 – Disability*, London, ONS available at:
http://www.statistics.gov.uk/children/downloads/disability.pdf

Office of National Statistics (2003) *Ethnic group statistics. A guide for the collection and classification of ethnicity data*, London, ONS

Owen, C & Statham, J (2009) *Disproportionality in Child Welfare - Prevalence of Black and Ethnic Minority Children within 'Looked After' and 'Children in Need' populations and on Child Protection Registers in England*, London DCSF/IoE

Page, J, Whitting, G & Mclean, C. (2007) *Engaging Effectively with Black and Minority Ethnic Parents in Children's and Parental Services*, London: DCSF
http://www.dcsf.gov.uk/research/programmeofresearch/projectinformation.cfm?projectid=14986&resultspage=1

Platt, L. (2007) *Poverty and ethnicity in the UK*. Bristol: Policy Press

Platt, L (2009) *Ethnicity and family*, London, EHRC/ISER/University of Essex

Riddell-Heaney, J (2003) Safeguarding children: 2. Identifying and preventing institutional racism (on-line article published 1-2-03) http://www.nursingtimes.net/nursing-practice-clinical-research/safeguarding-children-2-identifying-and-preventing-institutional-racism/199590.article

Selwyn, J., Harris P., Quinton, D., Nawaz, S., Wijedasa, D. and Wood, M. (2008) *Pathways to permanence for black, Asian and mixed ethnicity children: dilemmas, decision-making and outcomes.* Research Brief DCSF-RBX-13-08 http://www.dcsf.gov.uk/research/data/uploadfiles/DCSF-RBX-13-08(V2).pdf

Singh, B (2005) *Making change happen for black and minority ethnic disabled people* York, JRF

Sinclair, I., Baker, C., Lee, J. and Gibbs, I. (2007) *The Pursuit of Permanence: a study of the English child care system.* London: Jessica Kingsley

Spence, A (2007) Skills, Employment and BME communities, London BTEG

Tilbury, C (2009) The over-representation of indigenous children in the Australian child welfare system *International Journal of Social Welfare 18(1) 54-67*

Thoburn, J., Chand, A. and Procter, J. (2005) *Child welfare services for minority ethnic families: the research reviewed.* London: Jessica Kingsley Publishers

Williams, C. and Soydan, H. (2005) 'When and how does ethnicity matter? A cross-national study of social work responses to ethnicity in child protection cases', *British Journal of Social Work*, 35, 6, 901-920

Wulczyn, F. and Lery, B. (2007) *Racial disparity in foster care*. Chapin Hall Center for Children, University of Chicago, USA. http://www.chapinhall.org/research/report/racial-disparity-foster-care-admissions